



Original Research Article

A CROSS-SECTIONAL SURVEY CHILD FRIENDLY SCHOOL INITIATIVE ACROSS SCHOOLS, IN WEST MAHARASHTRA

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Received : 04/08/2025
Received in revised form : 21/09/2025
Accepted : 11/10/2025

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DOI: 10.70034/ijmedph.2025.4.164

Source of Support: Nil,
Conflict of Interest: None declared

Int J Med Pub Health
2025; 15 (4); 918-923

ABSTRACT

Background: Child Friendly School Initiative (CFSI), backed by UNICEF, aims for education that is inclusive, equitable, holistic, and protective. Apart from academics, education should also provide protection and care for children, adequate and safe school infrastructure and sanitation, safety, and cooperation from the community. CFSI is still considered a child-centric model, and the implementation is still patchy in the state. Maharashtra is experiencing educational progress, but in places like the Thane district, CFSI and other child-centric models are not implemented consistently. **Objectives:** To document and assess the implementation of the CFSI in the chosen educational institutions.

Materials and Methods: A cross-sectional observational study for this project was conducted in co-educational Government and Government Aided schools of the State Board after obtaining permissions from school authorities. Schools were chosen based on the convenience sampling. For the observations, a checklist based on the UNICEF Child Friendly Schools Manual1 and IAP2 was employed. Key domains of infrastructure, sanitation, hygiene, safety, inclusivity, parent participation, child protective policies and health education were assessed and recorded through standardized forms. Data was computed descriptively through Microsoft Excel and presented in the form of frequencies and proportions.

Results: All school buildings were well structured; classrooms were adequately lit and ventilated. Meals were taken in verandas or corridors, and the mid-day meal was served daily by SHGs on a fixed menu. Non-teaching staff were inconsistent: peons were Absent in 20% of schools and guards in 10%; some schools shared staff. Although structural facilities were acceptable, only 40% of schools had adequate furniture. Projectors were installed in two schools (20%) and no school displayed educational charts or visual aids. Desktops were present for administration in all schools, but computer education was offered in only 4 (40%); 2 (20%) had a designated computer teacher. Libraries existed in all schools, but utilization was low. Most schools had adequate toilets and urinals and handwashing stations were inadequate in 50%. Sanitary napkin vending machines were installed in all schools. Only two schools (20%) maintained basic first-aid kits and none had staff trained in emergency care. PTMs were held once or twice annually with poor parental attendance. Playgrounds were available in 3 (30%), no school offered Scouts, Guides or NCC. Cultural events were found to take place routinely but structured extracurricular programs were lacking. Informal academic counselling was provided to students with slow learning abilities.

Conclusion: From the standpoint of structures in Government and aided schools, the availability of facilities and the student-teacher ratio were

reasonably adequate. However, the substantial areas of the CFSI, such as inclusive teaching and health education as well as community involvement were still inadequately addressed. The findings highlight the urgent need for systemic capacity building, efficient monitoring and intersectoral coordination .

Keywords: Child Friendly School Initiative, Curriculum, School sanitation, Teacher training.

INTRODUCTION

The Child-Friendly School (CFS) strives to reconceptualize the idea of schooling as a right-based schooling that integrates learning, safety, health and child participation. Among others, the Child Friendly School Initiative (CFSI) delineates operational standards regarding safe, inclusive, and child-centred schools.^[1]

In India, the school-health linkages enjoy integration with health screening and referral through the Rashtriya Bal Swasthya Karyakram (RBSK).^[2] Moreover, the national framework articulated under Ayushman Bharat positions the school health services within the primary health outreach and wellness-centre linkages.^[3]

Intervention studies within the policy framework cite curriculum reform, community participation and teacher capacity as foundational pillars within the community to facilitate systemic adoption of the CFSI.^[4] More recent studies focusing on school-environment frameworks underline the absence of structural adjustments and active custodianship of the local ecosystem as factors that inhibit the realization of systemic policy shifts that are taking place in India.^[5]

Research studies that assess the framework of these initiatives empirically indicate that implementation varies by region. For example, one southern Karnataka cross-sectional study described strong domain scores but there were noteworthy urban–rural differences in community support.^[6] In Karkala field evaluators noticed that staff rooms in government schools were poorly equipped with first-aid materials.^[7]

Schools have a strategic advantage for health promotion and service delivery, as emphasized in global public-health frameworks.^[8] The WHO information series on school health identifies foundational elements for designing and evaluating programs. WHO's 2021 guideline on school health services presents updated recommendations on the integration of basic health services into schools.^[9]

Mixed results were shown by national monitoring and household-education surveys with respect to learning, sanitation as well as parental engagement. Community- based ASER reports highlight ongoing challenges related to learning outcomes and dimensions of community- engagement that impact child-friendliness.

The health-promoting schools and accreditation models and associated health-education and hygiene outcomes frameworks show that integrated audits, teacher training and intersectoral collaboration assess

outcomes. Program reviews at the national level capture low-cost and scalable models of responsive programs. Recent applied research on school-environment needs underscores the significance of context- sensitive tools to assess the teaching models, infrastructure and community linkages.^[10]

Although Maharashtra has been a proactive state in educational development, the penetration of child-centric models like CFSI remains uneven, especially in urban and semi-urban areas. Due to limited data, this study was conceptualized to systematically observe CFSI implementation across selected government and aided schools in district. The study also seeks to compare local findings with published research, thereby providing contextual evidence to improve child-centred school health strategies.

MATERIALS AND METHODS

A cross-sectional observational survey for the Child Friendly School Initiative (CFSI) was performed within the region of Thane district, Maharashtra. The focus of this survey was state-board government and government-aided co-educational institutions. Based on convenience sampling, and for reasons of feasibility and administrative permission, 10 (n = 10) schools were chosen. The criteria for inclusion were schools granting permission for on-site infrastructure observations and staff (teachers and administrators) interviews. Schools were also selected based on the absence of major construction activity. Schools were excluded if they did not have key staff members present on the day of the visit.

Essentially a valiative instrument, a structured checklist was adapted from the UNICEF Child Friendly Schools Manual as well as the IAP guidance. The checklist included both measurable and qualitative indicators in the following domains: infrastructure (condition and maintenance of the school buildings, availability of light and ventilation, and furniture), health and hygiene (condition of toilets, urinals, washing facilities, provisions of handwashing, and menstrual hygiene), water and sanitation (availability of drinking water and methods of treatment), and the academic environment (teaching aids, presence of computer education, and student–teacher ratio). It also included provisions and maintenance of extracurricular and sports facilities, protective practices focused on child discipline, functionality of the PTA, provisions of health education, first aid, inclusivity and safety mechanisms as well as grievance redressal. The checklist was checked to ascertain clarity, ensuring

uniform understanding and interpretation by the investigator.

Visits to each school were conducted once during usual hours to limit disruptions. The same trained investigator used the standardized checklist to conduct physical inspections of each facility: classrooms, restrooms, kitchens, libraries, administrative offices and playgrounds. Where available, institutional records were reviewed, such as sanitation logs, health checklist registers, PTA meeting minutes and records of attendance sheets for midday meals. The school head, teachers and housekeeping staff (e.g. peons, custodians, guards) were informally interviewed to gather contextual qualitative data. All observations as well as notes from the interviews were captured in standardized school-specific documents.

Prior communication to and approval from educational authorities and the school head were part of the procedure. Participating staff provided verbal consent. Ethical approval exempt under institutional guidelines was obtained due to the absence of student-level identifiers.

Data that was collected was analyzed descriptively using Microsoft Excel, and summarized findings were organized into frequencies and proportions. These findings highlighted CFSI domains to summarize the implementation status and the priority gaps that needed to be addressed.

RESULTS

All ten schools were state board affiliated and co-educational and most were established from 1983 onward as the local population expanded. Student-teacher ratios were adequate in the majority though two schools had insufficient. Only one school had a formally appointed principal the remaining nine were managed by deputed in-charge teachers who combined administrative and teaching duties. Non-teaching staff availability was uneven: peons were absent in 20% of schools and watchmen in 10%. Some schools shared support staff (20% shared peons and watchmen, 10% shared a sweeper). [Table 1]

Table 1: Distribution of schools as per academic level

SR. NO	Name of school	Pre-primary	Primary	Middle school	High school up to 8 th Std
1	A	Present	Present	Present	Present
2	B	Present	Present	Present	Present
3	C	Present	Present	Present	Absent
4	D	Present	Present	Present	Present
5	E	Present	Present	Present	Present
6	F	Present	Present	Present	Absent
7	G	Present	Present	Present	Present
8	H	Present	Present	Present	Present
9	I	Present	Present	Present	Present
10	J	Present	Present	Absent	Absent

Amongst the studied schools only 1 school (10%) had an award for academic performance, none (0%) had awards for behavior/moral values, 3 schools (30%)

had awards for sports, 2 schools (20%) had awards for other extracurricular activities and 4 schools (40%) had at least one award. [Table 2]

Table 2: Distribution of awards

Sr. No	Name of school	Academic performance	For behavior and moral values	For sports	Extracurricular
1	A	No	No	No	No
2	B	No	No	Received	No
3	C	No	No	No	No
4	D	No	No	No	No
5	E	No	No	Received	No
6	F	No	No	Received	Received
7	G	No	No	No	No
8	H	Received	No	No	Received
9	I	No	No	No	No
10	J	No	No	No	No

All schools had desktops for administrative use (10/10) but only 4 schools (40%) offered computer education to students and only 2 schools (20%) had a designated computer teacher; machines appear underused. None of the schools ran Scouts, Guides or NCC. Teaching aids were limited to textbooks and chalkboards in all schools; no school displayed maps

or charts and projectors were available in 2 schools (20%). Most schools hold PTMs only twice or thrice a year and parental participation is poor. Celebrations of national days, local festivals and cultural events were frequent but structured extracurricular programs were lacking. [Table 3]

Table 3: Availability of computers and computer education in school

SR. NO	Name of school	Computer	Computer education
1	A	Present	No
2	B	Present	Given
3	C	Present	No
4	D	Present	No
5	E	Present	No
6	F	Present	Given
7	G	Present	Given
8	H	Present	Given
9	I	Present	No
10	J	Present	No

Every school had a library facility (10/10, 100%) but utilization was quite low (10/10 state low usage). Only 3 schools (30%) had a separate library room, and only 2 schools (20%) had a reading corner. This

shows that while physical resources may exist, they may be underutilized due to a lack of active usage, management, integration into the curriculum, and other student-friendly structural elements.[Table 4]

Table 4: Library facility

SR. NO	Name of school	Library	Designated room	Reading corner	Utilization of library
1	A	Yes	No	No	Less
2	B	Yes	Present	No	Less
3	C	Yes	No	No	Less
4	D	Yes	No	No	Less
5	E	Yes	No	No	Less
6	F	Yes	Present	Present	Less
7	G	Yes	No	No	Less
8	H	Yes	Present	Present	Less
9	I	Yes	No	No	Less
10	J	Yes	No	No	Less

The performance within CFSI domains demonstrates inconsistencies as noted the facility audit. All schools (100%, n=10) reported no excess baggage and no corporal punishment. All schools (100%, n=10) also reported having clean mid-day meal areas and adequate toilets/urinals. Most schools (80%, n=8) performed periodic health checkups and seven schools (70%, n=7) provide four or more games periods. Safe drinking water was available in 50% (n=5) of the schools and only 40% (n=4) had water filters. Dustbins in 30% (n=3) of the schools were adequate. Classroom count were insufficient in about 50% of schools however, ventilation and lighting were adequate in all. 60% of schools had adequate

furniture. While libraries and reading corners exist, they have limited hours of operation. Playgrounds were available in 30% (3 schools) of the schools. Sanitary-napkin vending machines were present in all schools but only 2 (20%) had first-aid kits and no emergency personnel were identified. Parental turnout was low for rarely scheduled PTMs (1-3 per year). No schools provided Scouts/Guides/NCC or offer the NCC. Teachers offered remedial support and counselling to underperforming and dropout students, and assigned homework was minimized. Students were not provided with transport and make their way to school on foot or in the company of someone .[Table 5]

Table 5: Percentagewise distribution of Key domains

Sr no	Key domains	Present % (n)
1	No physical punishment practiced in school	100 (10)
2	No excess baggage carried by students	100 (10)
3	Availability of safe and proper transportation	None
4	Availability of hygienic drinking water	50 (5)
5	Availability of a clean place where children can eat mid-day meal	100 (10)
6	Minimum four games period in one week	70 (7)
7	Properly ventilated and illuminated classrooms	100 (10)
8	Periodic health check-ups and health related lectures conducted	80 (8)
9	Availability of facility for first aid in emergency	20 (2)
10	Availability of adequate number of toilets	100 (10)

DISCUSSION

The present study evaluated Child-Friendly School (CFS) indicators across ten schools. These observations revealed key infrastructural, administrative, hygiene-related and psychosocial

domains affecting the learning environment and overall well-being of school children. The current research findings were compared with two notable research studies: a cross-sectional assessment conducted by Rakshitha et al (2020),^[6] which included 23 schools in Karnataka and a comparative

study by Hegde et al. (2008),^[7] which covered 40 schools (20 private and 20 government) in Karnataka. In the present study, it was found that schools had a designated principal, qualified and handling both teaching and administrative responsibilities. Additionally, the student-teacher ratio was found to be inadequate in two schools. Study done by Rakshitha et al did not emphasize on the shortage of the principal but reported that most of the school heads in their study were postgraduates (56.5%).^[6] Meanwhile, Hegde et al did not explicitly mention lack of administrative leadership however he found significant lapses in staff preparedness particularly with respect to availability of first-aid training and student health supervision.^[7] Similar gaps were noted in the present study.

This study found that the availability of non-teaching staff such as peons, watchmen and sweepers was suboptimal. Shared responsibilities and missing support staff was seen in nearly 20–30% of schools. These findings were similar to the study of Hegde et al who reported that even basic sanitation infrastructure (such as latrines and urinals) were missing or inadequate in numbers in many of the assessed schools.^[7] While Rakshitha et al did not detail non-teaching staff, their scoring system indirectly evaluated safe and protective spaces, where they reported a median score of 58/68 which showed variation between rural and urban schools with rural schools performing better.^[6]

The schools observed in the present study had well-constructed buildings with adequate lighting and ventilation; however, they lacked classroom furniture, projectors and modern teaching aids. Only 2 schools had projectors and none had maps or charts. These findings are similar to the findings of Hegde et al who noted that while government schools often had spacious rooms these were poorly lit and under-furnished.^[7] The study further found that Private schools had slightly better condition in terms of furniture but they suffered from overcrowding because of relatively small area of school buildings. Rakshitha et al also reported similar findings while comparing government and privately owned schools.^[6] The findings of above studies were similar to our study in terms of comparison of government and government-aided but privately owned schools. In terms of hygienic infrastructure most schools had adequate urinals and toilets. However, cleaning frequency of these toilets was low in 20% schools. Only 30% were found to have adequate numbers of dustbins. Sanitary napkin vending machines were installed across all schools. Many schools were found to have just one washbasin for hundreds of students. Hegde et al. found that only 28% of schools had access to safe drinking water and Only 10% had adequate toilets which pointed to a long-standing systemic issue in sanitation infrastructure.^[7] These infrastructural challenges were found to be more common in government schools. Rakshitha et al assessed the domain of health and wellbeing with a median score of 39/44 which indicated better hygiene

promotion in their study area.⁶ Moreover urban-rural disparities were observed with urban schools scoring lower in community support and participation

In the current study, although all schools had functional Parent-Teacher Associations (PTAs), Parent-teacher meetings were infrequent and inconsistent (once or twice a year). Despite these meeting being parental response was minimal. This denotes a gap in community engagement and support for education. Rakshitha et al found that rural schools performed better than their urban counterparts.^[6] This aligns with the findings of the present study, where urban schools, though structurally developed lacked community integration. This is a major concern for sustainability of child-friendly models. Only 33% of schools had received any awards, mostly in sports. None of the schools had NCC, Scouts or Guides programs. Also, playgrounds were present in only 30% of schools, with most others relying on multi-purpose halls and none had trained physical education instructors. Rakshitha et al. scored schools highly in the academic achievement and teachers' morale domains, with scoring of 30/32 and 28/32 respectively.^[6] This may have been influenced by structured co-curricular and engagement activities not present in the sample. Hegde et al. also found that only 60% of schools conducted four periods related to outdoor games per week.^[7] These findings reflects inconsistencies in physical activity opportunities for children.

All schools had conducted annual health checkups. Sex education sessions were conducted by an NGO in only one or two schools. Emergency preparedness was found to be poor and only 20% schools having a basic first-aid kit. An interesting finding was that even in schools where basic first-aid kit was available no trained personnel available to use these kits. Hegde et al,^[7] noted better figures here with 72% of schools conducting health checkups and lectures. Similarly, Rakshitha et al included health and wellbeing under their framework with relatively high scores.^[6]

Teachers in the present study reported minimal use of homework, citing parental illiteracy. Evaluations were consistent with unit tests and flexible exam timing. Supportive counselling was given to underperformers and school dropouts. While these aspects weren't quantitatively evaluated in Hegde et al.^[7]

CONCLUSION

Under the Child-Friendly School Initiative, some schools were noted to be taking initiatives in the structural and health-related domains. However, some determinants such as gaps in administration, absence of teaching aids, limited community participation and poor hygiene practices were found to be far from satisfactory. In consideration of the higher median scores of rural schools in Rakshitha et al and the critical observations in Hegde et al policy

adherence without systematic support is insufficient. The implementation of CFSI requires elements of functional leadership, training, adequate supervision, and parent–school relationships to realize the vision of a truly child-friendly school.

Conflict of Interest: None

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