

Child Friendly School Initiative Program

The five points outlined in the President's Action Plan-2011[1] to make our schools child friendly, are truly commendable. We however feel that equal emphasis should be laid on improving the mental health of our children. Towards this end, we would like to put forward five additional points for inclusion in the Child Friendly School Initiative (CFSI) under the IAP Action Plan 2011.

1. *Appointment of counselors in all schools to cater to the emotional/psychological needs of children:* The counselors should provide services for prevention, early identification and management of child abuse, support children with emotional and psychological problems, and children from broken families, and render bereavement counseling as well. In schools where a child counselor cannot be appointed, at least one teacher should be empowered to take on the role of a counselor after receiving adequate training in child and adolescent psychology. IAP could be the nodal agency to impart this training.
2. *Schools should be a zero discrimination zone:* No child should be discriminated against based on his/her gender, religion or caste, social class, by virtue of being differentially abled or suffering from chronic illnesses. This would include provision for wheel chair access to class rooms and play areas, reading aids for the visually challenged and listening aids for the hearing impaired. HIV positive children should be

treated with dignity and not discriminated against. A watchdog committee should oversee the implementation of this strategy, look into complaints and take redressal action.

3. *Child centered education facilities with provision for individualized education through resource room training for slow learners and poor achievers:* There should be at least one special teacher in every school to impart remedial training to children with learning disabilities. If services of special teachers cannot be made available, one teacher should be given training in remedial education.
4. *Child psychology training to all teachers:* This will help in prevention, early identification and referral of children in need of child psychiatry evaluation.
5. *Effective school health services for detection and referral of physical and mental health problems:*

We feel that the Indian Academy of Pediatrics with more than 17000 members and a committed leadership at the helm could take a proactive stand in order to make both the physical and psychological environment of our schools child friendly.

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REFERENCE

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Retracted Nipple- Innovative Solutions

A recent article in *Indian Pediatrics* was an interesting read [1]. The method suggested by the authors for treatment of retracted nipple, though not innovative, but is certainly worth noting. The age old techniques of using a syringe to protract the nipple may not work in all

circumstances. Another recent article suggests tying a latex rubber band around the base of the nipple during feeding, with the help of a syringe applicator, to make it prominent [2]. Mothers could achieve latching at the breast with good attachment within one month. The other bedside technique for helping mothers with retracted nipple is "Make" a nipple. By holding the breast well back on the areola using index finger on the lower side and thumb on the upper side, more breast tissue can be