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## NCPCR WRITES TO STATES TO INTRODUCE CONCESSIONS FOR CHILDREN WITH TYPE 1 DIABETES IN SCHOOLS

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The NCPCR has urged States and Union Territories to ensure that children with Type 1 diabetes are properly provided for. Photo: Twitter/@NCPCR\_

The National Commission for Protection of Child Rights (NCPCR) has written to the Chairman/Secretary Education Boards of all States and Union Territories, stating it is the duty of schools to ensure that children with Type 1 diabetes (T1D) are provided with proper care and required facilities.

In its letter, the NCPCR said it had taken cognisance of the petitions it received from parents of the children diagnosed with juvenile diabetes or T1D in the country.

T1D is diagnosed in childhood or adolescence as a condition where the pancreas produces little or no insulin. This requires the children to constantly monitor their sugar levels and diet, and regulate physical activity. Treatment involves taking multiple injections of insulin daily, lifelong.

According to data from the International Diabetes Federation Atlas 2021, India has the world's highest number of children and adolescents living with Type I Diabetes Mellitus (TIDM), at over 2.4 lakh, in the southeast Asia region.

In 2017, the CBSE issued a circular allowing children with T1D in Classes X and XII to carry certain eatables with them to the board examination hall, to prevent occurrence of hypoglycaemia or low sugar episodes. The NCPCR chair Priyank Kanungoo raises a hat tip to the CBSE and says that more such concessions should be granted to all children with T1D in schools.

As per the note, a child with T1D who requires a mid-afternoon snack should be permitted by the class teacher to consume it. Those writing exams may be allowed to carry medicines, snacks and water with them, a glucometer and glucose testing strips to test blood sugar and continuous/flash glucose monitoring devices or insulin pumps. In fact, the NCPCR appeals to States that in case a smart phone is required to monitor sugar levels, it should be allowed and can be held by the invigilator in the hall.

This is a huge step in the right direction, says V. Mohan, chairman at Dr. Mohan's Diabetes Specialities Centre. "Children with T1D are discriminated against so much. An episode of hypoglycaemia while writing an exam might have an impact on the child's life. This is a big step for patients. These children too have rights."

Welcoming the step, A. Panneerselvam of Aruna Diabetes Centre, says it is also important to train the teachers. "Even today, most teachers tend to get flustered if a child faints because of a hypoglycaemic episode. They have to be oriented properly on what to do in certain circumstances."

It is also important to make insulin available to all children with T1D and the State has a key role in ensuring this, he said. While philanthropic efforts in various parts of the country do provide free insulin to children, Tamil Nadu had been providing free insulin for its children with T1D since 1988. Sadly, it has remained the only State to do so, he added.

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