BHUTAN VULNERABILITY BASELINE ASSESSMENT 2016

GROSS NATIONAL HAPPINESS COMMISSION SECRETARIAT
Thimphu. Bhutan

12th Five Year Plan National key Result Areas

1. Macroeconomic Stability Ensured
2. Economic Diversity and Productivity Enhanced
3. Poverty Eradicated and Inequality Reduced
4. Culture and Tradition Preserved and Promoted
5. Healthy Ecosystem Services Maintained
6. Carbon Neutral, Climate and Disaster Resilient Development Enhanced
7. Quality of Education and Skills Improved
8. Water, Food and Nutrition Security Ensured
9. Infrastructure, Communication and Public Service Delivery Improved
10. Gender Equality Promoted, Women and Girls Empowered
11. Productive and Gainful Employment Created
12. Corruption Reduced
13. Democracy and Decentralization Strengthened
14. Healthy and Caring Society Enhanced
15. Livability, Safety and Sustainability of Human Settlements Improved
16. Justice Services and Institutions Strengthened

SUSTAINABLE DEVELOPMENT GOALS

1. NO POVERTY
2. ZERO HUNGER
3. GOOD HEALTH AND WELL-BEING
4. QUALITY EDUCATION
5. GENDER EQUALITY
6. CLEAN WATER AND SANITATION
7. AFFORDABLE AND CLEAN ENERGY
8. DECENT WORK AND ECONOMIC GROWTH
9. INDUSTRY, INNOVATION AND INFRASTRUCTURE
10. REDUCED INEQUALITIES
11. SUSTAINABLE CITIES AND COMMUNITIES
12. RESPONSIBLE CONSUMPTION AND PRODUCTION
13. CLIMATE ACTION
14. LIFE BELOW WATER
15. LIFE ON LAND
16. PEACE AND JUSTICE
17. PARTNERSHIPS FOR THE GOALS

THE GLOBAL GOALS For Sustainable Development

Foreword

The Eleventh Five Year Plan adopted the achievement of "Self-reliance and Inclusive Green Socio-Economic Development" as its primary objective, which amongst other goals focuses on ensuring development is inclusive by reducing poverty and inequality through enhancement of the standards of living and quality of life of the most vulnerable sections of our society. The 2030 Agenda for Sustainable Development also has "Universality" as a defining feature and calls for "Leaving no one behind".

The 'Needs of the vulnerable groups addressed' has been identified as one the 16 National Key Result Areas (NKRAs) in the 11th Five Year Plan to address emerging social issues related to vulnerable groups. Accordingly, the Gross National Happiness Commission Secretariat with support from the UNDP Country Office initiated this Vulnerability Baseline Assessment (VBA), which identified 14 socio-economic vulnerable groups. The vulnerable groups identified include: Elderly in need of support; Orphans; Persons with Disabilities; Out of School Children; Unemployed youth; Children in conflict with the law; Victims of domestic violence; Those working in vulnerable workplaces like 'Drayangs'; Single parents and their children; People living with HIV/AIDS; Individuals engaging in risky sexual behavior; Persons using drugs and alcohol; People who Beg; and Vulnerable urban dwellers particularly living in slums in/near urban centers.

The VBA assesses the vulnerability related to each group, identifies causes, review current policy and program landscape, and how it enables these groups to deal with their vulnerabilities, while also identifying opportunities for further improvement.

This report is designed to improve the understanding of vulnerable groups and in the process guide the RGoB and its development partners in focusing the efforts of the current and future development plans. Such efforts will contribute towards the achievement of our national and international goals of "Leaving no one behind" and ensuring that development is truly inclusive.

Thinley Namgyel,
Secretary
GNH Commission Secretariat

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List of Acronyms

5DE	Five Dimensions of Exclusion
ABS	Ability Bhutan Society
AIDS	Acquired Immune Deficiency Syndrome
ALD	Alcohol Liver Disease
ART	Antiretroviral Drugs Therapy
ASRH	Adolescent Sexual and Reproductive Health
ATP	Apprenticeship Training Program
BICMA	Bhutan InfoComm and Media Authority
BMIS	Bhutan Multiple Indicator Survey
BNCA	Bhutan Narcotics Control Agency
BYDF	Bhutan Youth Development Fund
CCPA	Child Care and Protection Act of Bhutan
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CICL	Children In Conflict With Law
CMF	Conceptual and Methodological Framework
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSMI	Cottage, Small and Medium Industry
CSO	Civil Society Organization
CWSN	Children with Special Needs
DHS	Department of Human Settlement
DPAB	Disabled Persons' Association of Bhutan
DRC	Department of Revenue and Customs
DVPA	Domestic Violence Prevention Act
EDP	Economic Development Policy
G6PD	Glucose - 6 Phosphate Dehydrogenase
GEP	Guaranteed Employment Program
GNH	Gross National Happiness
HISC	Health Information Service Centers
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
MARP	Most At Risk Population
MDG	Millennium Development Goals
MoAF	Ministry of Agriculture and Forests
MoE	Ministry of Education
MoH	Ministry of Health
MoIC	Ministry of Information and Communication
MoLHR	Ministry of Labor and Human Resources
MoWHS	Ministry of Works & Human Settlement
MSME	Micro Small and Medium Enterprises
NACP	National HIV/AIDS and STD Control Program
NCWC	National Commission for Women and Children
NEP	National Employment Policy
NFE	Non Formal Education
NHDC	National Housing Development Corporation
NHS	National Health Survey
NSP	National Strategic Plan
Nu.	Ngultrum
NUDS	National Urban Development Strategy
OOSC	Out Of School Children
PLHIV	People Living with HIV/AIDS
PPP	Public-Private Partnership
RBP	Royal Bhutan Police
REF	Rural Education Foundation
RENEW	Respect, Educate, Nurture and Empower Women
RSSC	Royal Society for Senior Citizens
SDGs	Sustainable Development Goals
SEN	Special Education Needs
SHG	Self Help Group
SME	Small and Medium Enterprises
STI	Sexually Transmitted Infections
TB	Tuberculosis
TTI	Technical Training Institutions
TVET	Technical Vocational Education and Training
UIS	UNESCO Institute for Statistics
UNAIDS	Joint United Nations Program on HIV/Acquired Immune Deficiency Syndrome
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counseling and Testing
WCPD	Women and Child Protection Division
WFP	World Food Programme
WHO	World Health Organization
YDRC	Youth Development and Rehabilitation Centre

Executive Summary

The traditional agrarian economy of Bhutan is today developing at a fast pace, spurred by secondary and tertiary sectors. While the nation gradually evolves, including with the passive influence of external cultures, its society still places 'culture' and 'spirituality' at the heart of its existence. The Royal Government of Bhutan holds primary responsibility for ensuring rule of law and the safety, security, and welfare of its people. It measures the success of its governance through the Gross National Happiness (GNH) index. The use of such an index clearly demonstrates that the Government's focus is on sustainable and inclusive development. Recognizing this, RGoB identified the "needs of the Vulnerable Populations" as one of the National Key Result Areas (NKRAs) of Bhutan's 11th Five Year Plan. The 2014 UNDP Human Development Report (HDR) also highlights that the promotion of human and sustainable development requires a deep appreciation of the concepts of vulnerability and resilience. Unless vulnerabilities are addressed effectively and all people enjoy equal opportunities, development advances will be neither equitable nor sustainable.

The term 'vulnerability' can refer to the 'physical, economic, political or social' susceptibility of a community or individuals (or a group of individuals) to loss, damage and exclusion. Another interpretation views 'vulnerability' as the relationship between exclusion, risks due to exclusion, and efforts to manage these risks. A vulnerability assessment can help policy makers in successfully identifying risks, challenges, and barriers faced by various vulnerable groups and in developing policies and programs that can help mitigate the same -- or reduce the probability of the same materializing. Such an assessment can also serve as a baseline against which a government tracks the progress and success of policies and programs it develops to support vulnerable people.

Therefore, with sound policy interventions and effective monitoring of results, vulnerable groups can expect to enjoy better health, better access to education, and a better economic status as part of the pursuit of GNH, consequently also aiding RGoB's efforts to realize the Sustainable Development Goals.

Against this backdrop, this report includes:

- An analytical framework to assess vulnerability in Bhutan within the context of GNH; incorporating dimensions of human development and identifying causes of vulnerability.

- Identification of data & information gaps that continue to exist and need to be addressed through future research efforts.

- Mapping of the various policies & programs that are in place for helping the various groups in dealing with their vulnerabilities; identifying policy & program gaps that need to be addressed in a structured manner.

- Recommendations for future policy changes and programs.

Based on these objectives, the approach used to establish the vulnerability baseline presented in this report places the vulnerable groups in the center of its analysis. It covers 14 vulnerable groups as identified through various stakeholder consultations.

The definition for each vulnerable group has been taken from notable international conventions, lexicons and treaties or from Bhutanese policy documents and laws.

The 'causes' and 'vulnerabilities' covered under the assessment have been finalized through a three-layer filtering and search. Various points have been detailed out through an analysis of international literature and secondary data, Bhutan-specific literature and secondary data, and information collected from Government officials, staff of various UN agencies and representatives of leading Bhutanese Civil Society Organizations (CSOs). All 'causes' and 'vulnerabilities' covered under this report have been finalized through a detailed consultations workshop with relevant stakeholders.

The report begins with a brief contextual backdrop against which the study has been conducted. It includes the objectives of the study, followed by the research methodology used for collecting data and information on the various vulnerable groups and related aspects. The report then presents an in-depth analysis of each vulnerable group and attempts to establish the reasons/causes why the group has come to be in a vulnerable position. It then moves onto establishing how the vulnerabilities faced by the various groups manifest themselves. It concludes with a rapid assessment of the current policies and programs landscape, and how it enables these groups to deal with their vulnerabilities, while also identifying opportunities for further improvement.

The assessment has been carried out while being mindful of the fact that the causes and vulnerabilities of various groups might be interlinked i.e., what may be a 'cause' for one group, may be a 'vulnerability' of another. Such inter-linkages have been clearly marked in each group's write up.

Finally, the baseline assessment maps out gaps in data and research which the Government (or other relevant stakeholders) may want to address. Studies and surveys can provide the data/information required to facilitate more informed policy and program formulation.

The entire approach is directed towards reaching the eventual objective of collating the data and information (and the gap therein) required to address the vulnerabilities of various groups in Bhutan, thereby steering the country closer towards realizing both Gross National Happiness and the Sustainable Development Goals.

It is important to note here that the determined parameters of this study are to consider social and economic vulnerabilities. But for a more complete understanding of vulnerability in Bhutan, a review of the civil and political policy and legal framework will be important, examples of which are cited throughout the report. Equally important in developing a comprehensive understanding of vulnerability in Bhutan would be a full assessment of people's vulnerabilities to climate change and natural hazards, including flooding, forest fires, landslides and earthquakes in Bhutan; the relationship between their vulnerability -- or resilience -and their socio-economic situation; and the responding policy framework and institutional architecture in Bhutan. A number of studies are underway to address this latter component and there would be value in collating the knowledge generated through each.

The following table presents a birds' eye view of the assessment:

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
People who Beg	• Individuals and/or families in developing economies may have to take to begging in order to ensure **subsistence and/or because it is the only means of survival for them.** • In the absence of adequate **social safety and support structures,** individuals from vulnerable groups are left with no other option. • In certain countries/communities, **religious and ethical considerations** encourage people to give alms. This, in turn, can encourage individuals/families to view the same as an 'easy' source of money required for subsistence.	• **The lack of a safe, secure and healthy habitat** results in people who beg being forced to live in squalor, in unhygienic conditions that can, in turn, lead to them developing various health issues. • Many members of society can look down upon people who beg. They view them as a group that belongs to a lowly economic status and this can push people who beg out of the society's mainframe. It leads to their **social exclusion.** • As a response to repeated discrimination by society, people who beg may form groups which (or individually) can take to **socially deviant behaviours** such as vandalism, alcohol/drug abuse and organized crime.	• There is need for various Government Ministries, Departments and Agencies to coordinate their efforts towards tackling the issue. Socio-economic reforms in the areas of housing, health, livelihood support and nutrition are all crucial in checking the rise in the number of people who beg, as well as for addressing the vulnerabilities of the existing people who beg.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Children in Conflict with Law (CICL)	• Usually, children come in conflict with law as a member of a group that is engaged in unlawful activities (mostly petty crimes). As members, they can succumb to **peer pressure** and become partners in the unlawful activities that the group engages in. • According to a study conducted in 2015, a number of CICL can be traced to **disjointed/dysfunctional families.** Without sufficient care and supervision, they can engage in anti-social behavior. • 76.9% of CICL belong to the economically weakest sections, according to a study by RENEW. It can, therefore, be surmised that a significant number of children take to criminal activities in order to address **economic deprivation** and/or to fulfill their economic aspirations. • In the wake of relatively lenient juvenile laws, there are cases where children are **coerced** by adults to commit crimes and, in this process, can become the medium/instrument through which a crime was committed.	• Juvenile custody puts constraints on the CICL's mobility and level of social interaction. This leads to the CICL developing a **feeling of loss of freedom.** They can start losing valuable social skills. • As a result of their criminal record, CICL are **faced with fear of social rejection and uncertainty about their future.** • Due to **limited access to social and psychological support** at the juvenile reform homes, these children may start developing a feeling of abandonment.	• The Child Care and Protection Act of Bhutan provides a framework of laws and regulations for the protection of children in Bhutan. In the absence of a dedicated Ministry for Children and Women, the National Commission for Women and Children (NCWC) is the central agency for child protection and the authority overseeing the implementation of the Act. The Act provides for a comprehensive child justice system that is designed to work in the best interest of the child. The CCPA addresses issues related to the safety and treatment of CICL. It clearly specifies that it is the Government's responsibility to ensure that necessary measures are taken to treat all CICL equally and fairly. • The Prison Act (2009) states that Youth Development and Rehabilitation Centre shall provide shelter for rehabilitative and reformative education/training, while keeping in mind the eventual re-integration of CICL into mainstream society.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Elderly in Need of Support	• **Increased migration of children from rural to urban areas,** especially the breadwinner(s), leaves the elderly people with limited or no care and support. • Elderly people may be abandoned by their families **willfully or forcefully. Some are left alone due to absence of immediate family.** In such cases, they are left with no formal support, putting them in a very vulnerable position. • Old age, coupled with their dependency on children for care and support, leaves the elderly people open to **physical, psychological and financial abuse (from children/caretaker).**	• Elderly people who are subjected to physical and psychological abuse can **withdraw from social activities.** In other cases, their children can put restrictions on their movement, thereby curbing their social interactions. • Elderly people may not have an independent source of income. As a result, they may not able to afford treatment for many **age-related ailments.** • In absence of a network of State monitored old age homes/shelters, elderly abandoned by their families (or those who consciously choose to leave the house) face **vulnerabilities associated with being shelter less.**	• There is no specific legislation in place to address the needs of elderly persons. Retired population faces major challenges and there are no State-sponsored arrangements and amenities for the elderly. Although a National Pension Scheme does exist, it only covers Government employees. The draft National Social Protection Policy does propose a series of initiatives to provide income support to the elderly. However, it is yet to be discussed and cleared by the legislature. • The Royal Society for Senior Citizens (RSSC) looks after the welfare of the senior citizens. However, the CSO has limited funding as well as shortage of staff. There is no Government counterpart and limited partnerships. The Tarayana Foundation works for elderly people through an integrated rural development approach to provide basic needs in many districts. • A small number of retreat homes for elderly people have been established in the country, the first in Radhi, Trashigang in 2011. An assessment of such establishments to study how well this arrangement is working would be valuable.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Female Workers Working at *Drayangs*	• Many of the girls who choose to migrate to urban centers in search of work lack the education and skills required to get a well-paying job. The *Drayangs* are always on the lookout for employees. This, coupled with the **relatively high pay being offered by *Drayangs*,** is the primary reason why women take up this profession. • Many of the girls who join *Drayangs* view them as a platform to showcase their singing and dancing talents. Spurred by success stories, they believe that *Drayangs* can help them better in **entering the media and entertainment industry.** • Though the Ministry of Labor and Human Resources (MoLHR) has issued guidelines with respect to the working conditions that *Drayang* owners should provide to their employees and has also mandated that the owners provide their employees with formal and fair employment terms, *Drayang* workers lack **awareness about their rights and entitlements.** This leaves them vulnerable to exploitation at the hands of their employers.	• Given the nature of the profession, *Drayang* workers are criticized for their work. Their profession is held contrary to Bhutanese beliefs and culture. As a result, they are **stigmatized and discriminated against** by members of society. • A large part of their income is in the form of commissions received from clients. Under the influence of alcohol, clients may make **sexual advances.** In other instances, clients also expect *Drayang* workers to consume liquor, and this leaves them exposed to **vulnerabilities associated with alcohol use.** • The ambience in which *Drayang* workers work and the situation in which *Drayangs* operate leaves *Drayang* workers **vulnerable to health issues** emerging from loud music, dim lighting and odd work hours.	• *Drayangs* are licensed as entertainment businesses by Bhutan InfoComm and Media Authority (BICMA). Under the terms of the license, licensees must agree to ensure that prostitution offences are not committed on the premises. This is also stipulated in the Penal Code 2004, which criminalizes sex work and promotion of prostitution, including brothel keeping and soliciting. BICMA tries to ensure that *Drayangs* do not engage in any unlawful activities. It conducts inspections of entertainment establishments in collaboration with the Royal Bhutan Police and the Regional Trade and Industry Office, Thimphu. • The National Commission for Women and Children (NCWC) is the authority overseeing issues faced by women and children. The Commission in partnership with various stakeholders is responsible for addressing their issues, including those related to *Drayang workers*. • The Labor & Employment Act (2007) has put in place provisions related to prohibition of sexual harassment at the workplace and *Drayangs* are expected to adhere to these provisions/ guidelines. • The National Youth Policy 2011 has identified girls working in drayangs as a priority youth group and the draft National Youth Action Plan has plans to support them. The Ministry of Labor and Human Resources (MoLHR) has also issued guidelines with respect to the working conditions and terms of employment that Drayang owners should provide to their employees. The Ministry of Labour of Human Resources (MoLHR) is also responsible for ensuring that Drayangs operate as per the stipulated guideline.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Persons Practicing Risky Sexual Behavior	• **Lack of awareness and of access to information** pertaining to safe sexual behaviors, sexually transmitted infections (STIs) and their symptoms, means of prevention and about causes, diagnosis and therapy can cause individuals to engage in risky sexual behavior. • **Social and biological determinants** leave woman at greater risk of contracting STIs/HIV. This is largely due to the fact that women can find it difficult to negotiate safe sex and are more susceptible to contracting STIs/HIV. • A study (2004) on impact of drinking on Gross National Happiness (GNH) in Bhutan revealed that **substance use** leaves individuals more susceptible to high risk behavior and sexual promiscuity. • Certain groups of workers in Bhutan, such as sex workers and mobile populations (truckers, migrant workers etc.) have been found to engage in unsafe sexual practices. They have become vulnerable as a result of aspects associated with their **occupation.**	• High-risk sexual behavior can lead to **sexually transmitted diseases** like HIV/AIDS, Hepatitis B, syphilis and gonorrhea. • **Limited availability of medical services** such as shortage of health personnel (especially women) and dearth of certain health facilities discourage women from availing reproductive health services and constrains Bhutan's overall health system. • Stakeholder discussions revealed that individuals diagnosed with STIs or HIV and women who have children outside wedlock are not treated well by society. In many cases, they may be shunned by their family or peers. They may face **stigma and discrimination** at their work place, in educational institutions and within their own communities.	• The National Strategic Plan (NSP 2012-16) seeks to "achieve the Millennium Development Goal (MDG) of reversing and halting the spread of HIV and AIDS by 2015". The NSP's five priority strategies also include enhancing the prevention of STI and HIV transmission and improved access to treatment, care and support for people living with HIV and AIDS. • Bhutan's National Reproductive Health Strategy, which will be implemented from 2012 to 2017, focuses on Sexually Transmitted Infections including HIV, prevention of unsafe abortion and prevention of Reproductive Tract Infections • The National Youth Policy (2011) has put in place recommendations for awareness/education campaigns on "Sexual and Reproductive Health, for providing teachers with training on issues related to sexual and reproductive health and life skills and for integrating sexual and reproductive health into the existing curriculum". There are also number of youth centers, drop in centers and youth networks complementing the efforts.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Persons Using Drugs & Alcohol	• Liberal licensing policies, low rate of taxation and cross border exchange of substances has led to **wide availability and accessibility** of drugs and alcohol in Bhutan. • **Social acceptance** of alcohol in Bhutan in the form of religious offerings and consumption on auspicious occasions facilitates early acquisition of drinking habits amongst youth. • Facets such as peer pressure, curiosity and coercion are some of the ways which lead to youth experimenting with drugs and alcohol. • In other cases, an individual may take to alcohol and drugs to combat depressive disorders or **stress related factors** pertaining to adverse life events and/or trauma.	• Continued use of drugs and alcohol can **harm the body's immune system**, damage vital organs and also affect an individual's mental health. • Limited availability of trained and qualified counselors and psychologists, coupled with limited support from family, increase the **chance** of a substance user **relapsing** into drug and alcohol use even after he/she has received rehabilitation and detoxification treatment • Continuous use of drugs and alcohol may lead to children/youth becoming disillusioned, in turn, leading to reduced number of hours committed to studying, thereby **adversely impacting educational performance.** • Drug and alcohol use can **adversely impact the families of Persons who use drugs**. It may negatively affect his/her marriage and also impact the family's health and wellbeing.	• Under the purview of the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of Bhutan 2005, the Royal Government of Bhutan has established the Bhutan Narcotic Control Agency (BNCA) to act as a nodal agency for preventing the illicit trade of alcohol and drugs. • The Government has increased the level of taxation, duty and levies on alcohol so as to reduce the affordability of liquor. The Government has stipulated a minimum age for drinking (18 years) and fixed a specific day of the week as a dry day. • The Government's efforts towards controlling the affordability of and accessibility to alcohol have been rendered partially ineffective by the production and sale of *Ara* (home brewed alcohol). *Ara* brewers are known to add chemicals, clinical spirits, tobacco and a certain kind of rubber to the brew so as to make the alcohol stronger. The commercial production or selling of home-brewed *Ara* has been declared illegal. However, the current system to monitor the production and sale of home brewed alcohol is constrained by shortage of manpower and by the geographic expanse to be monitored. • The Ministry of Health has decided to design and deploy preventive programs/strategies for controlling the increase in the consumption of alcohol/drugs. • The Department of Youth and Sports at the Ministry of Education (MoE) has put in place a network of counselors who are working with educational institutions to check the rise of drug and alcohol addiction amongst adolescents and youth in Bhutan.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Persons with disability	• Disability may be a result of **congenital anomaly** characterized by structural deformities in developing fetus due to parental habits before conception, gene mutation etc. • **Acquired disabilities** arise from accidents, illness, working conditions that expose a person to an unhealthy environment, repetitive physical stress and advancing age.	• Absence of an enabling environment, in the form of disabled friendly infrastructure, assistive technology, special educators, care-givers, non-adaptive school curriculum and examination, and prevalence of stigma and discrimination at school, limits access to education for persons with disability. • Shortage of trained human resources, challenges pertaining to delivery of health services like early diagnosis, referral and intervention services and limited access to psychotropic medications aggravates their health related vulnerability. • Absence of quality education and life skills, limited employment opportunities, lack of disabled friendly infrastructure and discrimination at workplace limit the **employment opportunities** available to persons with disabilities. • Limited communication ability and fear of not being believed makes persons with disability a soft target for **physical and sexual abuse.**	• There is no specific Ministry or agency coordinating the various policies and programs related to persons with disability. Policies and programs are agency specific. For instance the Ministry of Education (MoE) has been responsible for providing special educational needs and Ministry of Health (MoH) in terms of health services. • In addition there are also other organizations such as Disabled Persons' Association of Bhutan (DPAB), Ability Bhutan Society (ABS), Bhutan Foundation and *Draktsho* Vocational Training Centre are helping the Government in reducing the vulnerabilities faced by persons with disability. • Under the Disability Prevention and Rehabilitation Program, the Government provides medical and vocational rehabilitation to persons with disability, promotes their integration into schools and fosters community awareness and social integration. • The Economic Development Policy of Bhutan details out the various infrastructure related constraints faced by the Bhutanese economy. However, it does not touch upon the need for disabled-friendly infrastructure. • While there is a provision on Special Education Needs in the draft National Education Policy, there is no specific legal framework specifying what children with disabilities are entitled to in terms of access to education and quality of education. • The 2014 Universal Periodic Review Report on Bhutan highlights that there is no government-sponsored social welfare scheme that specifically focuses on persons with disability. Benefits are granted to them under the National Pension and Provident Fund scheme • The GNHCS is currently in the process of formulating a policy for people with disabilities.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Orphans	• **Untimely demise of biological parents** due to accident or due to morbidity associated with diseases (often curable) such as malaria, tuberculosis, HIV/AIDS etc. is one of the most common causes for children becoming orphaned. • In the absence of adequate social safety, families in economic distress may **abandon their child/children** hoping that some other family may provide the child/children with better care. Some children are abandoned as their parents perceive them as a liability, pushing the family further towards penury.	• Orphans separated from their parents may develop emotional insecurity and a feeling of loneliness. In the absence of a conducive environment and **limited emotional care and support**, these children can become reclusive and even develop psycho-social ailments. • In the absence of parents and/or legal guardian, orphans are left socio-economically marginalized. As a result, their **access to education and health care is restricted.** • Orphans may be subjected to physical, psychological and sexual **exploitation and abuse at the hands of foster parents**. In some cases, they may be deprived of equitable access to family's property and may be pushed into child labor or disguised employment. • Limited understanding of an Orphan's position and of the **social stigma** attached to it may lead to bullying by their peers.	• The Child Adoption Act (2012) protects the rights of orphans and specifies a legal framework to support the adoption of orphaned children. • The 11th Five Year Plan identifies Ministry of Health and the Ministry of Education as the nodal agencies responsible for designing and deploying initiatives for supporting orphans in Bhutan. The National Commission for Women and Children (NCWC) is mandated to fulfil Bhutan's obligations towards the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC). • A large number of orphans do not necessarily come to the notice of the system. Under a notion of informal kinship, their extended family members and/or community members take on the responsibility of their upbringing. While this clearly highlights the strength of the Bhutanese culture, it also restricts the number of orphans that are formally/legally adopted by foster parents. Due to this practice of informal kinship, there are no foster homes (orphanages) in Bhutan.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Out of School Children	• **Economic considerations** can lead to a situation where parents are forced to pull their children out of school. Some families may do so due to the inability to meet the cost of education, while others may pull their children out of school to work and contribute to the household income. • Issues pertaining to lack of accessible infrastructure, coupled with inadequate teaching learning material and limited training of teachers to deal with children with **special education needs**, including the awareness aiming parents on existence of Schools that cater to children with special needs are the major reasons why they remain out of school.	• Children who remain out of school due to economic factors get trapped in a cycle of poverty. Limited or no exposure to formal education reduces their chances of finding **suitable employment** and also leads to a situation where they do not develop adequate **life skills**. • Limited exposure to formal education limits the development of **social skills**, increasing the chances of children taking to anti-social behavior.	• School Admission Policy 2014 allows children to be enrolled in school from the age of 6 to 13 years. It also allows children who failed to attend school at the corresponding age for their grade level to attend until the age of 13 years. • Early Childhood Care Development Policy 2011 aims to increase children's school-readiness, mitigate school dropouts and improve individual achievement levels and retention rates. • School Discipline Policy 2012 was central in establishing disciplinary protocol to be followed in Bhutanese schools. It banned corporal punishment in schools and proposed the need for softer and more considerate measures. • The Draft National Education Policy 2011 provisions include free basic education for all. Further, the policy has a section on Early Childhood Care and Development (ECCD). However, the policy has still not been endorsed and has been pending since 2012. • The draft National Education Policy calls for the inclusive education of children with special education needs. It supports the idea that majority of children who are cognitively or physically disabled should attend school along with other children. • Where required (in poor communities or schools where children have to walk long distances or board) the Government provides free meals to enable children to attend school under the Food for Education Program.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
People Living with HIV/ AIDS (PLHIV)	The rapid assessment on 'Sexual Behaviors and Networks' (2010) in Thimphu found that an increase in casual attitude of people towards sex can lead to **high incidence of Sexually Transmitted Infections (including HIV).** There exist **occupational risks** for certain groups such as sex workers, truckers, armed force personnel etc., who have a higher tendency of engaging in unsafe practices, increasing the possibility of occupation-related transmission of STIs. **Due to lack of awareness** about HIV/STIs and their symptoms, causes/ prevention, diagnosis and therapy, individuals are likely to succumb to misconceptions, be unaware of, or ignore the risks of acquiring HIV.	PLHIV in Bhutan have **limited access to required health care** services both due to shortage of trained professionals including limited availability of clinical services and limited treatment literacy of PLHIV. HIV-positive people are **stigmatized and discriminated** against firstly, because of unfounded fears of transmission of infection, and secondly, because the infection is associated with promiscuity, recreational drug use etc. PLHIV may be discriminated against at the work place and, therefore, face **livelihood-related vulnerabilities.**	The Royal Government of Bhutan acted early to initiate HIV prevention activities in the country and established a National HIV/AIDS and STD Control Program (NACP) under the Ministry of Health in 1988. NACP provides HIV/AIDS treatment and carries out public awareness activities for prevention of HIV/AIDS. But, presently, there is no specific legislation protecting psychosocial, employment and emotional needs of PLHIV. The second National Strategic Plan for HIV (NSP II 2012-2016) has been developed to address the changing dynamic of the epidemic. It has taken into consideration the recommendations from the review of National Program in 2011. NSP II was launched in 2012 with a goal to 'reduce new STI and HIV infections and provide continuum of care to people living with and affected by HIV". The NSP-II primarily focused on the following key affected populations defined under different categories which include people at highest risk of STI and HIV exposure such as sex workers and their clients, people who inject drugs and men who have sex with men and populations at increased risk to STI and HIV exposure such as youth, mobile populations including truckers, taxi drivers and migrant workers, uniformed services personnel. The third NSP (2017– 2023) is formulated with a goal to achieve 90-90-90 global targets for HIV response by 2020, and continue through the planning period, towards ending of the HIV epidemic by 2030. Consultations with stakeholders have revealed the need for having special packages for certain groups such as Men who have Sex with Men (MSM) and sex workers, to raise awareness and to motivate them to come forward for testing and treatment. System for Prevention of Mother to Child Transmission (PMTCT) of HIV is in place. Pregnant women are offered Voluntary Counseling and Testing (VCT) services during antenatal checkup, testing kits made available in all the health facilities, arrangement has been made for Early Infant Diagnosis (EID) of HIV and free supply of breast milk substitute (formula) till one year of age, and drugs are made available both for mother and the children for prevention as well as treatment.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Single Parents and their Children	• **Divorce** is a consequence of factors such as incompatibility, infidelity, alcohol and drug use, personality issues of either of the two partners, widening communication gap between the two partners, varying socio-economic status of the individuals in the relationship, problems with in-laws and physical and sexual abuse. It can leave the family broken, with the children in the custody of one parent. • **The death of a spouse** due to health-related issues or accidents results in a situation where a child's upbringing is dependent on a single parent. • Engaging in risky sexual behavior can lead to unwanted pregnancies amongst women which, in turn, can result in **children being born outside wedlock.** • Civil registration of children born to Bhutanese women where the identity of the father could not be ascertained is an ensuing problem. While there are provisions to register such children if the single mother reports to concerned Dzongkhag Civil Registration and Census office or the Ministry, there are children in Bhutan who remain unregistered until naturalization can take place at age 15 or later. The issue is deeply rooted in the societal stigmatization of the single mother.	• As per Labor Force Survey 2014, women can be economically dependent on their spouse. In the case of single mothers, this translates into **income-related vulnerability.** They have to bear the responsibility of managing the household's monthly expenditure, including the cost of their children's education. • Economic vulnerability of single mothers extends to their children, who may be forced to **drop out of school** due to the absence of funds required to cover the private cost of education, or because they are required to help out with household chores. • Single unwed mothers may have to face **stigma and discrimination** because the community deems it inappropriate to have children outside wedlock • Disruptive family conditions increase **the probability of substance use** amongst children. • The probability of a **child taking to** minor economic **crimes** is influenced by factors such as household poverty and domestic factors (including broken families).	• There are no specific programs/initiatives that seek to support single parents and their children. Policies such as the Child Care and Protection Act of Bhutan 2011 (CCPA 2011) and the Marriage Act of Bhutan (2009) do indirectly relate to this group. • Further, the Marriage Act of Bhutan (2009) stipulates that in case of a divorce, the custody of the child/children will remain with the mother. However, if the court finds compelling reasons such as neglect, abandonment, unemployment, substance use, ill-treatment of child etc., then the custody of the child can be given to the father or to a third person/ recognized organization established under the Civil Society Organization (CSO) Act. However, the aforementioned scenarios under which the child can be separated from the mother are still open to interpretation. While the policy also mentions that the custody of the child may be handed over to an organization based under the CSO Act, stakeholder consultations reveal that such CSOs do not exist in Bhutan. • As of today, there are only two sources of support for economically inactive single mothers - the 'home-based food production for markets' program being managed by the Rural Education Foundation (REF) for Bhutan and the educational scholarships that Loden Foundation provides to children of single parents.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Unemployed Youth	• Multiple barriers faced by private corporations to enter the Bhutanese economy have led to a situation where there **are increasing number of graduates and insufficient jobs in the market.** • **There is a clear expectation mismatch between employer and individual seeking employment.** • **Issues related to the quality and focus of Technical Vocational Education and Training (TVET) also exacerbate the situation.**	• Society can read an individual's employment status as an indication of his/her ability, attitude and intelligence. If left unemployed for a relatively long duration of time, an individual may be subjected to **unnecessary scrutiny and questioning** by society as well as employers. • Unemployment generally translates into the absence of a steady source of income due to which unemployed individuals may be **susceptible/ forced to commit crimes** in order to ensure subsistence. • Mental and physical **health related vulnerabilities** may arise due to the depression and strain related with unemployment.	• The National Youth Policy identifies 'Employment & Training' as a key focus area under the Gross National Happiness (GNH) pillar of 'Sustainable and Equitable Socio-Economic Development'. By doing so, it clearly highlights that a well engaged and productive young workforce is the key to a happy and prosperous society. • The Economic Development Policy (EDP) seeks to facilitate the setting up business in Bhutan. It aims to create an enabling environment for private sector investments and to create an ecosystem that encourages youth to take an entrepreneurial route to livelihood. • The Cottage, Small and Medium Industry Policy (CSMI) support the EDP by designing and deploying initiatives against key priority areas. • The National Employment Policy (NEP) outlines strategies that will accelerate employment growth, improve the quality of working conditions and provide equal employment opportunities, while addressing the requirement of producing an adequately skilled workforce aligned to the requirements of the job market. • The National Human Resource Development Policy covers several areas of importance, including tertiary education, TVET and human capacity development. It is guided by the Ministry of Labor and Human Resources (MoLHR). It also seeks to improve and develop vocational education to match up to labor market demand. It seeks to create greater awareness among students about the importance of vocational education through advocacy, counseling and career guidance in high schools. • Technical & Vocational Education and Training (TVET) Policy aims to ensure access to high-quality TVET services for all Bhutanese. It focuses on preparing the youth for the transition from a student to a member of the workforce. • However the various schemes and programs being run/ managed by the Government of Bhutan are still in a nascent stage. There is a need to further strengthen the design and roll out the same.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Victims of Domestic Violence	• Due to fewer job opportunities for women in Bhutan, **economic dependence on husbands** traps many women in abusive relationships. • Distinct gender stereotypes, rooted in patriarchal traditions, perpetuate and reinforce gender inequalities where women's roles are confined to providing support to their husbands, who are responsible for providing for the family and for taking key family decisions. As a result, some women rely on their husbands for **social and emotional support.** • Women may be compelled to endure an abusive partner because of the social **stigma associated with divorce or separation.** • Domestic violence is a culmination of power imbalances, where men misuse their power and exhibit **controlling behavior** over women in their household. • According to officials of the Women and Child Protection Unit, Royal Bhutan Police, 90.0 per cent of violence is perpetuated **under the influence of alcohol** where a man consuming alcohol beats up his wife or children.	• Women who face domestic violence can suffer physical and mental **health-related vulnerabilities.** These include physical injuries such as cuts, scrapes, bruises, fractures, dislocated bones, hearing or vision loss, miscarriage or early delivery and Sexually Transmitted Diseases. Long term health impacts may include post-traumatic stress disorders, gynecological problem and psychological problems like anxiety, depression, eating disorder and substance use. • **Livelihood related vulnerabilities** faced by women arise as a result of the husband forcing her to drop out of the workforce. In other cases, the situation at home may lead to frequent absenteeism from work or poor performance at the workplace.	• The Domestic Violence Prevention Act (DVPA) of 2013 contains a set of legal stipulations which aim to protect women and girls from any and all forms of violence and abuse. The Act facilitates access to legal recourse and remedies. It also directs the police to provide the victims with immediate and effective assistance, counseling and rehabilitation support. • The NCWC is the nodal agency responsible for safeguarding the rights of women in Bhutan. The Commission works in close coordination with the Multi-Sectoral Task Force and Community Based Support System towards creating a policy environment which reduces the incidence of violence against women and works with CSOs to design and deploy programs in the same direction. • The Women and Child Protection Division (WCPD) of the Royal Bhutan Police was setup to investigate cases of domestic violence. The officials who are a part of this specialized task force have received gender sensitization training to ensure that they have the contextual understanding required to handle cases of gender based violence.

Vulnerable Group	Causes	Vulnerabilities	Policy & Program Landscape
Vulnerable Urban Dwellers	• Migration from rural areas to urban centers in search for employment opportunities has resulted in **rapid urbanization in Bhutan.** Lack of affordable housing, coupled with inadequate urban infrastructure, forces poor immigrants to move into informal settlements characterized by inadequate civic amenities and squalor. • Urban poor work in the **informal sector of the economy,** where they face exploitation by employers, are paid low wages and made to work long hours. As a result, such households are forced to live on subsistence income and low levels of savings, while also being prone to income fluctuations.	• Vulnerable urban dwellers are **prone to natural and man-made hazards** as they reside in unplanned clusters and in unhealthy living conditions. • The absence of legal entitlements on property and assets means that slum dwellers face the risk of being evicted and displaced without any alternate relocation arrangements and therefore, always live under the **fear of being left homeless.** • Vulnerable Urban Dwellers have **limited access to healthcare** as, in most cases, medical centers are located in and around formal and approved settlements, leaving those who live in unregulated slums/colonies deprived of healthcare services. • Slums are non-secure areas where **crimes** such as violence against women are relatively more common.	• Severe pressure on existing urban resources has caused problems of water shortages, lack of sanitation and waste disposal facilities. A number of urban development programs such as the National Urban Development Strategy (NUDS) have been implemented to address these problems (particularly in Thimphu and Phuentsholing). However, the rural–urban migration trend continues to outpace the level of infrastructure creation/provision. The expansion of existing services is also constrained by limited land availability and by large scale unplanned developments. • The Ministry of Works & Human Settlement (MoWHS) oversees all urban development plans. However, the MoWHS does not have any programs specifically targeted at the urban poor. • In 2003, the National Housing Development Corporation (NHDC) was established to implement the National Housing Policy of 2002. The policy called for the provision of safe and affordable housing for all. But unfortunately, even after a decade of its establishment, results are limited. • Presently the Department of Human Settlement (DHS) is responsible for preparation of human settlement policies, strategies and plans. However, the Eleventh Five Year Plan points out that in the absence of clear legislation such as the National Spatial Planning Act and the National Human Settlement Policy, it has been difficult to plan coordinate and implement a human settlement strategy for the country.

What is Vulnerability?

The term 'Vulnerability' refers to the 'physical, economic, political or social' susceptibility of a community or individuals (or a group of individuals) to loss, damage and exclusion. Another interpretation views 'Vulnerability' as the relationship between exclusion, risks due to exclusion and efforts to manage these risks.[1] The term has also been used to directly refer to the risks, challenges and barriers faced by individuals or groups who are in a disadvantaged position, and is determined and established by the social, economic and political conditions of a population. The degree of vulnerability is determined by the inability to manage the risks.[2] It is also suggested that vulnerabilities originate from the physical and socio-economic fragilities of a country and its lack of resilience to absorb the impact of these vulnerabilities.[3]

While the concept of vulnerability is traditionally used to describe exposure to risk and risk management, the understanding of the concept has also evolved over time.[4] The concept is being increasingly seen as dynamic and relative in nature.[5] For instance, the UNDP Human Development Report (HDR) of 2014 adopts a much broader approach emphasizing the close links between reducing vulnerability and advancing human development. The report introduces the concept of *'human vulnerability'* to describe the prospects of eroding people's capabilities and choices. It draws attention to the risks of future deterioration in individual, community and national circumstances and achievements.

Vulnerability may also vary in its forms; it can be either temporary or persistent in nature. Temporary vulnerabilities may be a resultant outcome of a particular situation such as acute illness, family breakup, unemployment, community disasters or other severe losses, and are time bound. In contrast, persistent vulnerabilities are an outcome of a long-term pattern of severe and persistent illness and disability, chronic unemployment and poverty, and are permanent in nature. It is important to note that temporary vulnerabilities can transform themselves into persistent or permanent vulnerabilities, if the people and communities at risk lack adequate resources and resilience to cope with them.[6]

While anyone may be susceptible to risks, certain social groups such as women, children, elderly people, persons with disabilities, people suffering from malnourishment etc. are expected to be more at risk and more vulnerable than others, mainly due to their status and position in the society. What is also important to understand is that vulnerability can be cumulative over their life course. Early-life difficulties and the consequent vulnerabilities interact with later life events, increasing the chances of initial vulnerability getting transformed into chronic vulnerability or leading to the development of other interlinked vulnerabilities. An individual's vulnerability is majorly dependent on the trajectories of personal development, social and economic experiences of one's family and community, etc.[7]

Any discussion on vulnerability inevitably involves poverty and related issues of stigma and discrimination. Low levels of income and education, among other factors, are reasons behind a wide range of vulnerabilities

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1   Alwang,J., Siegel, P. B., & Jorgensen, S. L. (2001). Vulnerability: A View from Different Disciplines, Social Protection Discussion Paper Series, no 0115 Social Protection Unit, Human Development Network, World Bank.
2   Where the term 'risks' collectively refers to aspects such as loss of livelihood, unsecure livelihood, health related risks, risk of dropping out of formal education, risk of not having a voice in community and/or family level decision making etc.
3   Cardona, O.D. (2003). The Need to Rethinking the Concepts of Vulnerability and Risk from a holistic Perspective; A Necessary Review and Criticism for Effective Risk Management.
4   UNDP. (2014). The human Development Report; Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience. New York.
5   International Federation of Red Cross and Red Crescent Societies. (2009) What is vulnerability.
6   Mechanic, D. & Tanner, J. (2007). Vulnerable People, Groups, and Populations: Societal View. Health Affairs.
7   Mechanic, D. & Tanner, J. (2007). Vulnerable People, Groups, and Populations: Societal View. Health Affairs.

that people in disadvantaged positions are exposed to. Poor socio-economic status is associated with poor educational attainment, which puts people at risk of developing vulnerabilities related to employment, housing, nutrition and access to medical care, among others.[8]

Research has shown that in low income families, where parents have to work long hours to ensure basic sustenance, the resulting lack of attention can hamper a child's cognitive and social competence.[9] It has also been observed that difficulties in nurturing and protecting children increases the likelihood of them engaging in undesirable forms of activities and peer associations leading to school dropout, premature sexual experience, use of drugs and other forms of deviant behavior.[10]

Vulnerability, as mentioned, is also exacerbated by stigma, prejudice and discrimination, like in the case of those with serious and persistent disability, illnesses and substance use disorders. As stigmatized populations, they are not only excluded from society but, at times, also deprived of public welfare programs designed to help the vulnerable sections of a society.[11] At the same time, a major section of people are vulnerable because of their location, such as those living in impoverished rural areas, urban ghettos or other places associated with deteriorating infrastructure. Apart from their location, economic deprivation and limited opportunities lead to other forms of vulnerabilities such as lack of employment; inadequate medical, social and educational services, high incidence of crime and victimization.[12] Therefore, as evident from the above discussion, vulnerability is most often associated with poverty but it can also arise when people are isolated, insecure and defenseless in the face of risk, shock or stress. Some groups are more at risk mainly because people differ in their exposure to risks as a result of their social group, gender, ethnic or other identity, age, location and other factors. [13] In this context, one should also note that the HDR of 2014 highlights that if people remain at risk of slipping back into poverty because of structural factors and persistent vulnerabilities, development progress will remain precarious.

Nevertheless, ultimately vulnerability is expressed at the individual level, in spite of its wider social contexts. Physical and cognitive impairments and serious and persistent illnesses, for example, can exacerbate various dimensions of vulnerabilities. Therefore, it is crucial to understand the consequences of personal limitations and the resultant ability of these individuals to withstand adverse impacts from multiple stressors to which they are exposed.[14]

Against this background, vulnerability can be broadly summarized as susceptibility to harm, which is the consequence of an interaction between the resources available to individuals and communities and the life challenges they face. It is an outcome of developmental problems, personal incapacities, disadvantaged social status, inadequacy of interpersonal networks and support, degraded neighborhoods and environments, and the complex interactions of these factors over the life course of an individual or a community.[15] However, when using the concept of vulnerability, one has to be careful not to automatically describe people as vulnerable or victims without seeing their capabilities, competences and their own perception.[16] Therefore, as the concept has matured, practitioners have given greater emphasis to the

8   Mechanic, D. (2006). The Truth about Health Care: Why Reform is Not Working in America. New Brunswick, Canada: Rutgers University Press.
9   Gershoff, E. T., Aber, J. L., Raver, C. C., & Lennon, M. C. (2007). Income is not Enough: Incorporating Material Hardship into Models of Income Associations with Parenting and Child Development.
10   Evans, G.W. (2004). The Environment of Childhood Poverty. American Psychologist, 59 (2), 77-92
11   Gresenz, C. R., Watkins, K., & Podus, D. (1998, August). Supplemental Security Income (SSI), Disability Insurance (DI), and Substance Abusers. Community Mental Health Journal, 34(4), 337-350. doi:10.1023/A:1018779805833
12   Mechanic,D. & Tanner, J. (2007). Vulnerable People, Groups, and Populations: Societal View. Health Affairs.
13   International Federation of Red Cross and Red Crescent Societies. (2009). What is vulnerability.
14   Grosse, S.D. et al. (2006). From Public Health Emergency to Public Health Service: The Implications of Evolving Criteria for Newborn Screening Panels. Pediatrics, 117 (3). doi:10.1542/peds.2005-0553
15   Mechanic, D. & Tanner, J. (2007). Vulnerable People, Groups, and Populations: Societal View. Health Affairs.
16   Truger, A. (2015). In the Eye of the Storm:The Connection between Extreme Weather Events and Human Trafficking in the Case of Typhoon Haiyan in the Philippines. Lund

multidimensionality of vulnerability, working with a variety of approaches and frameworks to capture its complexity. [17]

A vulnerability assessment is the process of identifying, quantifying and prioritizing the vulnerabilities of individuals, households or various groups in a society. As noted earlier, practitioners from different disciplines have different interpretations of 'Vulnerability' and this, in turn, has led to diverse methods for measuring the same. For instance, an analysis of vulnerability in relation to poverty, malnutrition, insecurity, loss of livelihood(s), natural disasters, loss of political identity are all varying forms of 'Vulnerability Assessments'. It is equally important to note that a group can face multiple vulnerabilities and it is imperative to view these as interlinked and mutually reinforcing. However, it is still advised that these multiple vulnerabilities should not be aggregated into a single measure because, while some vulnerability are correlated, it is important to note that they are a resultant outcome of different factors and manifest in different ways. Therefore, the most common approach is to develop a vulnerability assessment for each group. Herein, it is also important to remember that a vulnerable individual/group faces that one core vulnerability which, in turn, results in the development of multiple secondary/peripheral vulnerabilities.

Identifying major risks is the first step towards conducting a risk and vulnerability analysis. However, whether a risk should be considered as major, depends on the characteristics of the risk and qualifying it as a major risk also requires comparing its potential impact across various welfare dimensions. With the prioritization of risks and focal groups identified, identification of the most appropriate mix of strategies and arrangements to prevent, mitigate and help concerned groups to cope with the risks are another set of important objectives. Deciding on the most appropriate strategies to manage vulnerabilities also depends on the type of risk and on the costs and effectiveness of the available instruments of interventions.[18]

Undertaking a vulnerability assessment is an effective method of analysis to help design targeted programs and policies because it provides insights into factors and root causes that determine vulnerability. Moreover, conducting a vulnerability analysis is important as, in many cases; a comprehensive analysis of vulnerable groups is not available because of concerns such as lack of data and technical knowhow. One of the objectives of a vulnerability analysis is to fulfill the mentioned gaps by focusing on vulnerable groups, in addition to dealing with their risk exposure which are commonly associated with the causes for vulnerability of these groups at risk.[19]

Vulnerability, which may arise from individual, community, or larger societal issues, requires different types of policy interventions-which can range from social and economic development of neighborhoods and communities, and educational and income policies, to individual public health interventions.[20] Therefore, based on the outcomes of a vulnerability assessment, policies and programs can be developed to reduce the risks faced by various vulnerable groups, improving upon their ability to respond to adverse situations and circumstances. Additionally, it can help in identifying and prioritizing the vulnerabilities of different groups, highlighting those who are most in need of assistance. This allows policy makers and social sector practitioners to utilize their time and resources in a prioritized manner.[21] It can also highlight the inadequacies that may exist in a social system and clearly highlights points where a society's development/progress is not inclusive in nature.[22]

University.
17 Moret, W.(2014).Vulnerability assessment methods. USAID.
18 Hoogeveen, J., Tesliuc, E., Vakis, R &Dercon, S. (n.d) A Guide to the Analysis of Risk, Vulnerability and Vulnerable Groups.
19 Hoogeveen, J., Tesliuc, E., Vakis, R &Dercon, S. (n.d). A Guide to the Analysis of Risk, Vulnerability and Vulnerable Groups.
20 Mechanic, D. & Tanner, J. (2007). Vulnerable People, Groups, and Populations: Societal View. Health Affairs.
21 Hoogeveen, J., Tesliuc, E., Vakis, R &Dercon, S. (n.d). A Guide to the Analysis of Risk, Vulnerability and Vulnerable Groups.
22 Alwang,J., Siegel, P. B., & Jorgensen, S. L. (2001). Vulnerability: A View from Different Disciplines, Social Protection Discussion Paper Series, no 0115 Social Protection Unit,

The economy of Bhutan, which had been centered on agrarian setups, has witnessed a rapid transition towards a landscape where growth is now fast paced and driven by the secondary and tertiary sectors. The society holds 'culture' and 'spirituality' at the heart of its existence, but, is gradually evolving under the passive influence of external cultures. The Government holds primary responsibility for ensuring rule of law, safety, security and welfare of its people. It measures the success of its governance through the Gross National Happiness (GNH) index. This index deviates from economic matrices of progress tracking. It is more complex than the Human Development Index (HDI) as it factors in multiple indicators which measure people's satisfaction in terms of cultural affinity, social cohesion, spiritual satisfaction, economic wellbeing and physical and mental health. The use of such an index clearly demonstrates that the Government's focus is on sustainable and inclusive development. Given this fact, it becomes extremely important in a country like Bhutan to identify vulnerable groups and the vulnerabilities that they are facing a risk from. Moreover, there is a growing perception of rising vulnerabilities and risks in the country that can be commonly associated with demographic changes and regional and global integration, among other factors, and can undermine progress in human development.

The HDR of 2014 also emphasizes that an assessment of progress in human development is incomplete without exploring and assessing vulnerability. The report further argues that promotion of human and sustainable development requires a deep appreciation of the concepts of vulnerability and resilience, because unless vulnerabilities are addressed effectively and all people enjoy equal opportunities, development advances will be neither equitable nor sustainable.

A vulnerability assessment can help policy makers in successfully identifying risks/challenges/barriers faced by various vulnerable groups and in developing policies and programs that can help mitigate the same (or reduce the probability of the same materializing).

Developing vulnerability assessments for each group can also serve as a baseline against which the Government can track the progress and success of policies and programs it develops to support the vulnerable. Therefore, with sound policy interventions and effective monitoring of results, vulnerable groups can expect to enjoy better health, better access to education and a better economic status, consequently advancing progress towards Gross National Happiness and aiding the Royal Government's efforts to realize the newly founded Sustainable Development Goals.

Human Development Network, World Bank.

Research Methodology

This assessment covers 14 vulnerable groups as identified through various stakeholder consultations in Bhutan in 2015. It is important to note that the determined parameters of this study are to consider social and economic vulnerabilities which includes access to justice, but for a more complete understanding of vulnerability in Bhutan, a review of the civil and political policy and legal framework will be important, examples of which are cited throughout the categorizations in the next section of the report. Equally important in developing a comprehensive understanding of vulnerability in Bhutan would be a full assessment of people's vulnerabilities to climate change and natural hazards, including flooding, forest fires, landslides and earthquakes in Bhutan; the relationship between their vulnerability -- or resilience -- and their socio-economic situation; and the responding policy framework and institutional architecture in Bhutan. A number of studies are underway to address this latter component and there would be value in collating the knowledge generated through each.

The approach used to establish the vulnerability baseline presented in this report places the vulnerable groups in the center of its analysis. It does so by establishing their identity/definition, as presented in international conventions and/or as given in National legislation(s). Subsequently, the assessment establishes the reasons/causes why the group has come to be in a vulnerable position. It then moves onto establishing how the vulnerabilities faced by the various groups manifest themselves. It concludes with a rapid assessment of the current policies and programs landscape and how it enables these groups to deal with their vulnerabilities, while also identifying opportunities for further improvement.

The assessment has been carried out while being mindful of the fact that the causes and vulnerabilities of various groups might be interlinked i.e., what may be a 'cause' for one group, may be a 'vulnerability' of another. Such inter-linkages have been clearly marked in each group's write up.

Finally, the baseline assessment maps out gaps in data and research which the Government (or other relevant stakeholders) may want to address. Studies and surveys can provide the data/information required to facilitate more informed policy and program formulation.

The entire approach is directed towards reaching the eventual objective of collating the data and information (and the gap therein) required to address the vulnerabilities of various groups in Bhutan, thereby steering the Country closer towards realizing both Gross National Happiness and the Sustainable Development Goals (SDGs). The SDG targets that the Government can seek to achieve by working with various vulnerable groups have been summarized at the beginning of each group's write up.

As mentioned earlier, the definition for each vulnerable group has been taken from notable international conventions, lexicons and treaties or from Bhutanese policy documents and laws. The 'causes' and 'vulnerabilities' covered under the assessment have been finalized through a three layer filtering and search. Various points have been detailed out through an analysis of international literature and secondary data, Bhutan specific literature and secondary data and information collected from Government officials, staff of various UN agencies and representatives of leading Bhutanese Civil Society Organizations (CSOs). All 'causes' and 'vulnerabilities' covered under this report have been finalized through a detailed consultations workshop with relevant stakeholders. The list of stakeholders who have been consulted while drafting this assessment report is given in Annex I. The vulnerabilities covered in this report have been broadly classified as:

Health Related Vulnerabilities

Education Related Vulnerabilities

Livelihood Related Vulnerabilities

Physical Security Related Vulnerabilities

Vulnerabilities Associated with Community Participation

The report also contains a listing of the gaps in existing data and information that the Government (and other relevant agencies) should expediently move to bridge if it wants to facilitate more informed policy and program formulation. The gaps have been summarized at the end of each group's write up and have been detailed out as a separate chapter. These gaps have been categorized as three types:

Availability of Data (In terms of enumeration)

Year of Publication

Quality of Data (In terms of geographic coverage and research methodology)

Where data is available, the checkbox illustrated above has been colored green, where data is partially available it has been colored yellow and where no data is available the checkbox is red. Similarly, where the data has been published during the past three years, the calendar icon is green; where data has been published between 2009 and 2012, it is yellow; and where it is from a year before 2009, it is red. Finally, the ribbon icon would be green if the data is of high quality; yellow, if it lacks the required geographic coverage and/or statistical significance; and red if it is based on a very small non-representative sample size. The subsequent chapters present a detailed vulnerability baseline assessment for 14 vulnerable groups. Each chapter opens with a summary of relevant SDG targets to each vulnerable groups. This is followed by providing a definition for the vulnerable group. It goes on to explore the factors that contribute to or lead to a group of individuals becoming vulnerable. It details out the vulnerabilities faced by the group of individuals. It concludes with a brief overview of the relevant policies and programs that the Government and CSOs have put in place to help the individuals/groups in dealing with their vulnerabilities. Each chapter also summarizes the gaps in data/information related to the 'physical count' of the vulnerable in each group, the factors responsible for the group being vulnerable and the vulnerabilities of each group.

People who Beg

A '*person who begs*' is a person who, usually due to economic compulsions, requests others for assistance in the form of money, food, shelter etc. They can be able bodied, handicapped, diseased or religious mendicants.[23] There are cases where they operate in organized groups or where an entire family takes to begging in order to ensure its subsistence. Given that the probability of them receiving alms can be linked to how destitute they appear, people who beg can employ strategies such as appearing/acting sick, pretending to be handicapped and sitting at strategic high footfall locations.[24]

Causes

Almost every society across the globe is grappling with issues related to poverty. The problem is more grievous in developing and lesser developed economies. However, it is a constant endeavor to ensure that individuals are not reduced to an economic position where they are forced to beg for alms. Some countries are trying to ensure the same by developing and rolling out suitable social safety nets and others are taking a legal route by declaring 'begging' to be an antisocial and illegal activity.

However, it is not necessary that individuals take to begging for economic reasons. Further, there can be a number of indirect factors, which when catalyzed by economic depravity, lead to people resorting to begging to ensure their subsistence. [25] Some of the key reasons why people have to resort to begging are discussed below:

- *Subsistence versus 'organized' begging:* As discussed above, individuals and families may have to resort to begging in order to ensure their subsistence. In developing and under developed economies, factors such as landlessness, unemployment or underemployment, displacement (due to multiple factors including natural disasters, calamities and famines) [26] can force people into a life of penury and, for many, begging for alms is left as the only means to survival. [27] In other cases, a group of individuals might take to begging under a more organized and strategic structure. This may happen when the income that these individuals expect to derive from begging on the streets starts exceeding what they expect to draw from an average blue collar job. This may happen in large metropolitan cities.

- *Lack of social safety and support:* Factors such as disintegration of family structures, disintegration of community bonds and the absence of social institutions that can provide support to vulnerable population may force individuals from groups such as orphans, elderly people, persons with disabilities, widows, divorcees etc. to take to the street to beg for their subsistence.[28]

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23   Saeed, S. (2013). Regulation of Begging in Mumbai: A Critique of Religious and Secular Laws and Notions of Power. University of Birmingham.
24   Namwata, B. M., Mgabo, M. R., & Dimoso, P. (2012). Categories of Street Beggars and Factors Influencing Street Begging in Central Tanzania. African Study Monographs, 33(2), 133-143.
25   Lynch, P. (n.d). Critique and Comment: Understanding and Responding to Begging.
26   Iqbal, R. (2013). Begging: A Growing Menace Iin India. International Journal of Advanced Research in Management and Social Sciences.
27   Iqbal, R. (2013). Begging: A Growing Menace in India. International Journal of Advanced Research in Management and Social Sciences.
28   Iqbal, R. (2013). Begging: A Growing Menace in India. International Journal of Advanced Research in Management and Social Sciences.

- ***Religious and ethical considerations:*** Religious mendicancy is not only tolerated but also supported by most world religions (Hinduism, Islam and Buddhism). There is a sort of religious sanctity attached to giving alms. It is also important to note that begging is considered a more acceptable (by the individual in need and by the society at large) means of satisfying immediate needs than resorting to other criminal activities such as theft, drug dealing or prostitution.[29] However, begging in the name of religion and by citing religious scriptures has fast emerged as a strategy being exploited by some groups that are structured for organized forms of begging.[30]

Vulnerabilities

It is commonly believed that people who beg are among the most marginalized, disadvantaged and disenfranchised in society.[31] Researchers argue that begging is a social problem which leads to dire psychological consequences for the person who begs and his/her family. It can also disrupt the order that is required for the smooth management and operation of urban centers.[32]

Absence of safe, secure and healthy habitat

Economic factors and considerations are the primary reasons why individuals are forced to take to begging to ensure their subsistence. It is observed that people who beg may lack access to adequate food, clothing and shelter. They have to rely on the generosity of the more affluent to acquire access to the same.[33] People who beg live amongst squalor, maintain poor hygiene and have poor nutritional habits. This, coupled with limited awareness about health issues as well as the stigma and discrimination they might face upon visiting health facilities, leads to them staying away from taking a medical opinion on minor or major health issues.[34]

Social exclusion and humiliation

People who beg face stigma and discrimination in almost every aspect of community participation. Their social mobility is generally restricted and people who beg may be looked down upon by sections of society. Individuals who have been forced to take to begging in order to ensure subsistence feel that it is a necessity which is humiliating, demeaning and degrading.[35]

Susceptibility to violence

While data in Bhutan is limited, research from Tanzania cites that street begging can often lead to the formation of groups which can adopt socially deviant behavior, such as vandalism, alcohol/drug abuse and organized crime. This can happen as a response to repeated discrimination by the rest of the society and/or as a means to escape from a position of economic depravity.[36]

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29   Lynch, P. (n.d). Critique and Comment: Understanding and Responding to Begging.
30   Iqbal, R. (2013). Begging: A Growing Menace in India. International Journal of Advanced Research in Management and Social Sciences.
31   Lynch, P. (n.d). Critique and Comment: Understanding and Responding to Begging.
32   Ahmadi, H. (2010). A study of beggars characteristics and attitude of people towards the phenomenon of getting in the city of Shiraz. Journal of Applied Sociology, 39(3).
33   Lynch, P. (n.d). Critique and Comment: Understanding and Responding to Begging.
34   Lynch, P. (n.d). Critique and Comment: Understanding and Responding to Begging.
35   Lynch, P. (n.d). Critique and Comment: Understanding and Responding to Begging.
36   Namwata, B. M., Mgabo, M. R., & Dimoso, P. (2012). Categories of Street Beggars and Factors Influencing Street Begging in Central Tanzania. African Study Monographs, 33(2), 133-143.

Current Policy & Program Landscape

There is limited data on People who beg in Bhutan. Apart from the Kidu (welfare) system usually providing support to persons who beg and support from individuals, there are hardly any support programmes in place. The police relocate people who beg to care centers. However, given that the factors that lead to an individual taking to begging and the vulnerabilities that people who beg face, there is a need for various Government agencies to coordinate their efforts towards tackling the issue. Socio-economic reforms in the areas of housing, health, livelihood support and nutrition are all crucial for checking the rise in the number of people who beg, as well as for addressing the vulnerabilities of existing people who beg.[37]

A number of groups who may have to resort to begging in order to ensure their subsistence have been covered in this report and it is clear that there is still work that needs to be done to address their vulnerabilities. Groups such as urban poor, orphans, elderly people in need of support, unemployed youth, individuals using drugs and alcohol, persons with disabilities etc., if not supported with suitable policies and programs, may be forced to beg to ensure their survival.[38]

Existing Data Gaps

Enumeration data	☑	🗓	🎗
Data pertaining to causes	☑	🗓	🎗
Data pertaining to vulnerabilities faced by the group	☑	🗓	🎗

Recommendations

1. There is a need to carry out a study to find/locate/enumerate people who beg in Bhutan. This exercise should go beyond simple enumeration and include a mapping of the reasons as to why they are in this position and their existing vulnerabilities. Also as a next step considering the institutional and legal framework in place to respond to the vulnerabilities.

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37   Lynch, P. (n.d). Critique and Comment: Understanding and Responding to Begging
38   The Vulnerability Baseline Assessment conducted by the Gross National Happiness Commission (GNHC) of Bhutan in 2015

Children in Conflict with Law

Supporting members of this vulnerable group through relevant policies & programs can help the Government in steering the Nation closer towards realizing the following SDG targets:

SDG Targets: 1.3, 3.5, 3.8, 4.1, 4.3, 4.7, 8.5, 8.6,10.2, 10.3, 16.3, 16.6, 16.a and 16.b.

The Child Care and Protection Act of Bhutan (CCPA) 2011, defines a '*Child in Conflict with Law*' as a child who is above 12 years of age and found to have committed an offence. It also includes children who have allegedly committed an offence. According to the Act, a person below the age of 18 years shall be treated as a 'child' on the basis of official records maintained by the Government or on the basis of other relevant evidence. Only those above the age of 12 years are liable for trial and sentencing. According to UNICEF '*Children in Conflict with the Law*' (CICL) refers to anyone less than 18 years of age who comes into contact with the justice system as a result of being suspected or accused of committing an offence.[39]

Causes

Nearly half of Bhutan's population is below the age of 25 years. According to the 2013 Tracer Study, rapid urbanization, a gradual breakdown of traditional and social fabric, and rising unemployment have led to a situation where Bhutan should expect a rise in the number of CICL.[40] The same study found that most CICL in Bhutan are in trouble with law because they have committed petty crimes such as vagrancy, truancy, begging or 'alcohol consumption'. Only a few of the children in juvenile reform homes have committed grievous/serious offenses.[41] The Penal Code of Bhutan (2004) recognizes over 38 different offenses and categorizes them under four types/groups of crimes viz. 'property related', 'crime (s) against another person', 'crime (s) that threaten public order' and 'others'. Looking at the record of juvenile offenses in Bhutan, one finds that crime against property[42] is the most common type of offense committed by children. Theft, burglary, drug and alcohol use and cattle lifting are the most recurrent forms of offenses committed by children.[43] The circumstances that lead a child to come in conflict with the law are usually a complex combination of several socio-economic disadvantages.[44]

- *Peer pressure:* In Bhutan, peer pressure has been identified as the main reason behind children coming in conflict with the law. This is followed by other factors such as drug and alcohol use, poverty and 'broken family'.[45] Peer groups are generally formed on the basis of the like-mindedness of their members. Members of a peer group may share interests, backgrounds, aspirations etc. As a result, a CICL may come in conflict with law as a member of a peer group. Such groups can be well organized, with internal hierarchies and shared modus operandi. They commit crimes in a group and subsequently share the loot (in case of property related crimes). A study conducted by Centre for

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39   UNICEF. (2006). Children in Conflict with the Law. Retrieved from http://www.unicef.org/chinese/protection/files/Conflict_with_the_Law.pdf

40   Mediamax Consultancy. (2013).Tracer Study on Children in Conflict with the Law Released from Youth Development & Rehabilitation Center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

41   Mediamax Consultancy. (2013).Tracer Study on Children in Conflict with the Law Released from Youth Development & Rehabilitation Center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

42   Broadly, Bhutanese law divides property into three types: movable (chattels), immovable (real property) and intellectual. Additionally, Bhutan has codified legislation on specific subtypes of property, such as livestock, and on general property-related transactions, such as security interests. Commonly, Property Crime is a category of crime that includes burglary, motor vehicle theft, theft, arson, vandalism and shoplifting. It involves the taking of property or money and does not include a threat of force or use of force against the victim.

43   Dorji, L. (2005). Juvenile Delinquency as Emerging Youth Prob*lem in Bhutan*. The Centre for Bhutan Studies. Retrieved from http://www.bhutanstudies.org.bt/publicationFiles/Monograph/mono-Yth-Bt.pdf

44   Mediamax Consultancy. (2013).Tracer Study on Children in Conflict with the Law Released from Youth Development & Rehabilitation Center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

45   Mediamax Consultancy. (2013).Tracer Study on Children in Conflict with the Law Released from Youth Development & Rehabilitation Center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

Bhutan Studies in 2005 says that in other cases, these groups "pressurize/influence other children to take to crime, manipulating their judgment by coaxing him/her as a collective."[46]

- *Family structure and characteristics:* International studies have shown that a number of CICL can be traced to families with a history of domestic violence (including violence against the child), large family size and/or broken families.[47] These children may be in conflict with law due to behavioral issues. They are in this position because they have taken to antisocial behavior such as vandalism, smoking, drug and alcohol consumption etc. Some of the others who may have got caught up in acts of domestic violence land up venting their displeasure/frustration by perpetrating physical violence against others (often peers/children).[48] A high proportion of Youth Development and Rehabilitation Center (YDRC)[49] graduates come from broken families. This suggests that children from broken homes (single parent, divorced, divorced and remarried) can be more vulnerable to crime.[50]

- *Economic deprivation:* A recent study by Respect, Educate, Nurture and Empower Women (RENEW) reveals that 76.9 per cent of CICL belong to the economically weakest quintile of families in Bhutan. It has been observed that these children can take to petty crimes to fulfill their subsistence needs.[51] An analysis of the Royal Bhutan Police's (RBP) arrest/apprehension records for 1984 to 2003 reveals that 80.9 per cent of the children who had been arrested in this time period were being prosecuted for property related crimes. Therefore, it can be surmised that a significant number of children take to criminal activities in order to mitigate certain economic shortcomings and/or to fulfill their economic aspirations. These children may view low-yielding crimes as adequate to fulfill short term conspicuous consumption. In these cases, it is observed that the child may take to crime with the objective of acquiring materialistic possessions that would position him/her at par with some of his/her more affluent peers. Economic gap/differences are observed to be wider in urban areas.[52] This, coupled with the fact that urban areas offer more choices in terms of materialistic possessions, may count as a reason why CICL rates are observed to be higher in cities.[53] This, once again, brings to light how peer pressure can push a child towards crime.

Coercion or adult accomplices: Research shows that children may be a medium through which a crime is committed and not necessarily criminal themselves. Children may sometimes coerced by adults to commit a crime. This can because of the understanding that a child may not be tried for the crime and, if tried, will be awarded a relatively lenient/reformatory sentence. Children can be pushed into criminal activities such as begging, drug peddling, prostitution etc.[54] Further, the Tracer Study has observed and documented that in many cases, the CICL were not aware or are not aware of the gravity of the offense they are about to commit or have committed.[55]

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46   Dorji, L. (2005). Juvenile Delinquency as Emerging Youth Problem in Bhutan. The Centre for Bhutan Studies. Retrieved from http://www.bhutanstudies.org.bt/publication-Files/Monograph/mono-Yth-Bt.pdf

47   Bilderaya, R. E. (2005). Juvenile Delinquency: Cause and Effect. Retrieved from http://www.corrections.com/articles/3984-juvenile-delinquency-cause-and-effect

48   iBilderaya, R. E. (2005). Juvenile Delinquency: Cause and Effect. Retrieved from http://www.corrections.com/articles/3984-juvenile-delinquency-cause-and-effect

49   Youth Development and Rehabilitation Center- Both the Penal Code of Bhutan and CCPA mandate provisions of "alternatives to incarceration" firstly, when a child in conflict with the law is arrested and not released on bail and secondly, if a child is "found guilty of an offence, the court may, in lieu of imprisonment consider other appropriate facilities and correctional institutions." Correspondingly the Police Act (2009) also mandates the RBP to establish Youth Development and Rehabilitation Center YDRC for children in conflict with law. Presently YDRC's have been established at Trashigatshel, Tsimasham in Chukha. Depending on the severity of crime convicted youth are remanded to custody of the YDRC as per the act.

50   Mediamax Consultancy. (2013).Tracer study on children in conflict with the law released from youth development & rehabilitation center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

51   Dorji, L. (2005). Juvenile Delinquency as Emerging Youth Problem in Bhutan. The Centre for Bhutan Studies. Retrieved from http://www.bhutanstudies.org.bt/publication-Files/Monograph/mono-Yth-Bt.pdf

52   Dorji, L. (2005). Juvenile Delinquency as Emerging Youth Problem in Bhutan. The Centre for Bhutan Studies. Retrieved from http://www.bhutanstudies.org.bt/publication-Files/Monograph/mono-Yth-Bt.pdf

53   Dorji, L. (2005). Juvenile Delinquency as Emerging Youth Problem in Bhutan. The Centre for Bhutan Studies. Retrieved from http://www.bhutanstudies.org.bt/publication-Files/Monograph/mono-Yth-Bt.pdf

54   UNICEF. (2006). Children in Conflict with the Law. Retrieved from http://www.unicef.org/chinese/protection/files/Conflict_with_the_Law.pdf

55   Mediamax Consultancy. (2013).Tracer Study on Children in Conflict with the Law Released from Youth Development & Rehabilitation Center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

Vulnerabilities

CICL face a number of vulnerabilities and these can be classified into two distinct yet interlinked sets. The first set of vulnerabilities surface during the time period when the CICL are in custody, being tried by the court or at juvenile reform homes. The second set of vulnerabilities surface after the child's release from custody or from the reform home.

Feeling of loss of freedom

CICL who are kept in custody or are sent to the juvenile reform homes can develop a feeling of loss of freedom. While curtailing their freedom and movement is an integral part of reform efforts, limited interactions with their family/peers and a dearth of group activities (sports or others) at the reform home may lead to a situation where the children feel severely constrained. The Tracer Study has shown that in certain cases, this can also lead to a situation where they start shedding social skills.[56]

Fear of social rejection and uncertainty about their future

CICL are most vulnerable once they are released from the reform homes.[57] The Tracer study (2013), based on interactions with children at YDRC, reveals that one of CICL's biggest fears is rejection by society. They fear that their criminal record would negatively affect the chances of them being accepted by the community.[58]

To address the issue of stigma and discrimination, the Royal Bhutan Police, YDRC, DYS, Depart of School and Education (DSE), Ministry of Education (MoE) and other relevant stakeholders work together to reintegrate released CICL into the the mainstream society through various programmes such as the Life and Livelihood Skills Development Program and admission to schools to continue their education. These children are further supported once in the school by the School Counselors who manage their case and work closely with them.

YDRC tries to ensure that while at the reform home, the CICL continue with their education and/or enroll in vocational training programs being run at the center. However, the Tracer Study on CICL found that most of the YDRC graduates are engaged in low paying work. Many of them were found to be working in the informal sector. Most of the employers are wary of their criminal past and decide to overlook their candidature. Further, it is observed that many of the children (above the age of 14 years) who came into conflict with law were either out of school or unemployed. The study by RENEW seconds this observation and reports that 48.1 per cent of CICL in Bhutan are illiterate. The stigma and discrimination they face at educational institutions and at the workplace can potentially push these children back onto the path of crime (for subsistence related reasons).

Limited access to social and psychological support

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56 i Mediamax Consultancy. (2013).Tracer Study on Children in Conflict with the Law Released from Youth Development & Rehabilitation Center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

57 Mediamax Consultancy. (2013).Tracer Study on Children in Conflict with the Law Released from Youth Development & Rehabilitation Center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

58 Mediamax Consultancy. (2013).Tracer Study on Children in Conflict with the Law Released from Youth Development & Rehabilitation Center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

The Royal Government of Bhutan considers psychological support to be an integral part of the services it provides to its children and youth. The MoE through Career Education and Counselling Division (CECD), DYS has formally instituted Comprehensive School Counselling Programe in all central schools and Higher Secondary schools across 20 Dzongkhags. The MoE, through DYS selects, trains and appoints School Guidance Counselors to provide Counselling services to children and youth apart from implementing other school based developmental, preventive and intervention programs to cater to the mental and psychological needs and well-being. The Bhutan Youth Development Fund (YDF) and Chithuen Phendey Association also provides counselling at their drop in centers. Similarly, Bhutan Narcotics Control Agency (BNCA) has setup counseling services for individuals using drugs and alcohol. However, there seems to be a general absence of a network of counselors who can work with CICL during their time at the reform home and post their release. Many of the CICL are shut out by their families and/or community and, in other cases, their families start differentiating them from their other children. In the absence of a support system at the family level, these children may start developing a feeling of abandonment. These children become in need of social and psychological support.[59]

Current Policy & Program Landscape

The CCPA provides a framework of laws and regulations for the protection of children in Bhutan. In the absence of a dedicated Ministry for Children and Women, the National Commission for Women and Children (NCWC) is the central agency for child protection and the authority overseeing the implementation of the Act. One of the main objectives of the Act is to create a uniform child justice system and a legal framework which hold adequate provisions for dealing appropriately with all legal aspects related to children in Bhutan.

The Act aims to provide a comprehensive child justice system that is designed to work in the best interest of the child. The CCPA addresses issues related to the safety and treatment of CICL. It clearly specifies that it is the Government's responsibility to ensure that necessary measures are taken to treat all CICL equally and fairly. It makes provisions for the establishment of institutions and facilities that are required for the care, treatment, education, training and rehabilitation of CICL.[60]

Chapter VIII of the Civil and Criminal Code (2001) of Bhutan dictates the rules for charging, arresting and trying a juvenile. The provisions under this chapter allow the judge to "determine whether to admonish the erring juvenile; keep him/her on probation or to retain them based on the police report, the state of his/her physical/mental health and/or the level to which he/she is a potential threat to society". Children who are on trial or have been granted a prison sentence are kept at the YDRC. However, on attaining the age of 18 years (attaining adulthood), they are transferred to prisons (where they serve the rest of their sentence). The organization, administration, management, command and control of the YDRC are in accordance with the Rules and Regulations specified in the Prisons Act (2009). The Act states that YDRC shall provide shelter for rehabilitative and reformative education/training, keeping in mind the eventual re-integration of CICL into mainstream society.[61] Further, Section 115 under Penal Code of Bhutan (2004) states that children above 12 years of age, if proven guilty, can be given a sentence which is a minimum of half of the sentence for adults. While section 116 also prescribes alternatives to imprisonment, the only alternative being currently used is rehabilitation via YDRC.

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59   Mediamax Consultancy. (2013).Tracer study on Children in Conflict with the Law Released from Youth Development & rehabilitation center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf
60   Royal Government of Bhutan. (2011).The Child Care and Protection Act of Bhutan (CCPA).
61   Royal Bhutan Police. Youth Development and Rehabilitation Centre (YDRC). Retrieved from http://www.rbp.gov.bt/ydrc.php

A Civil Society Organization (CSO) actively working in this area partners with the RBP and has provided support in developing the State's rehabilitation plan for CICL. It partners with YDRC and designs and implements vocational training programs and education programs for CICL. It also provides CICL with counseling support, providing them with guidance required for their eventual re-integration into society and reducing the changes of recidivism.[62] The organization is also supporting the RBP in running initiatives that can help check the rise of CICL in Bhutan. The Police Youth Partnership program is one such initiative.[63]

The RBP, the Royal Court of Justice, YDRC, United Nations Children's Fund (UNICEF), NCWC and CSOs regularly advocate for more women and child-friendly police and judicial procedures in the country.[64] However, presently there are no separate child courts or benches in Bhutan. Therefore, there is room to further improve the judiciary's capacity to deal with child related issues.[65]

There is also a need to update the vocational training being imparted at the YDRC. As of today, these trainings are not in accordance with current market requirements. Transition activities such as literacy programs, elementary and high school education, technical skills development and vocational trainings are very crucial to provide livelihood opportunities to the CICL. Substantial focus on these areas can greatly lower the chances of relapse.[66]

Existing Data Gaps

Enumeration data

Data pertaining to causes

Data pertaining to vulnerabilities faced by the group

Recommendations

- Develop and integrate the dedicated Apprenticeship Training Program (ATP) for Children in Conflict with Law (CICL) into the current systems. For this, the Government (MoLHR) should coordinate with Public Sector Undertakings (PSUs), Private Corporations and also the monastic institutions.

- Develop direct linkage between YDRC counselors and other counselors (DYS, RENEW, Chithuen Phendey Associassion, and Sports' Counselors. A CICL's file should directly move from YDRC counselors to the Department's counselors so that they can help with post rehabilitation support).

- Child Care and Protection Act, 2011 is the paramount Act for Children hence a further review of existing laws needs to be undertaken for trying persons under 18 years who come in conflict with law.

- Expand infrastructure at YDRCs to provide avenues for recreation and engage residents in a structured social service program. Avenues for recreation should be designed to encourage inhabitants to take up sports and fine arts, which they can make into a future profession.

62   SAVE the Children. Child Protection. Retrieved from https://bhutan.savethechildren.net/about-us/child-protection
63   SAVE the Children. Child Protection. Retrieved from https://bhutan.savethechildren.net/about-us/child-protection
64   SAVE the Children. Child Protection. Retrieved from https://bhutan.savethechildren.net/about-us/child-protection
65   Mediamax Consultancy. (2013).Tracer study on Children in Conflict with the Law Released from Youth Development & rehabilitation center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf.
66   Mediamax Consultancy. (2013).Tracer study on Children in Conflict with the Law Released from Youth Development & rehabilitation center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf

Elderly in Need of Support

Supporting members of this vulnerable group through relevant policies & programs can help the Government in steering the Nation closer towards realizing the following SDG targets:

SDG Targets: 1.3, 2.2, 3.8, 10.4 10.7, 11.1, 16.3, 16.6, 16.a and 16.b.

Elderly in need of support are those who face major societal, health and economic vulnerabilities emanating as a result of either being left alone by their children/caretaker or due to improper care being provided to them when they are living with their children/caretaker. Due to age and related vulnerabilities, they may not able to take care of themselves and, in absence of someone who can provide support, these vulnerabilities can negatively impact their lives. Further, qualitative interaction with stakeholders shows that they may be subject to physical abuse and neglect, even when they are living with their children, and this adds to the vulnerabilities being faced by them.

While the United Nations defines elderly as those in the age group of 60 years and above[67], the baseline survey (2012) conducted by The Royal Society for Senior Citizens (RSSC) in Bhutan categorizes elderly as those belonging to an age group of 55 years and above.

Causes

- *Increased migration of children from rural to urban areas:* Migration of a family member, especially one responsible for largely contributing to the household income, has a significant impact on the household members. Given that elderly people in the house may be dependent on the earning member of the family for both financial and care related needs, migration of the earning member may leave them in a situation where they require support from someone for meeting their day to day needs.

- *Abandonment:* In cases where the elderly people are left without the support of their children/earning member of their family, there is still a possibility that other members of the family (who have stayed back) support them. However, sometimes the elderly are abandoned by their families and may be left with no formal support. Abandonment can be a manifestation of three major causes that include:

  o *Willful abandonment:* This refers to cases where the children/family consciously choose to stay away from their parents, leaving them without any support.

  o *Forced abandonment:* This refers to cases wherein factors such as dearth of livelihood opportunities, resource shortages and natural disasters in certain areas (especially rural setting) force the children/family to migrate to safer or more prosperous settings (generally urban cities). Families may be compelled to migrate to towns because of poverty, poor living standards and lack of modern amenities in the villages. Many a times, the families are forced to leave the elderly people behind because they are too old to make the journey, because the families have no idea about where they will base themselves or simply because the elderly people do not want to leave the village/settlement. A report on Migration in Bhutan (2013) released by the Ministry of Agriculture and Forests (MoAF) shows that 42.5 per cent of the families migrating to cities are doing so in search of work. The report also clearly identifies the forced abandonment of the elderly as one of the major negatives of rural to urban migration.[68]

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67   WHO. (2002). Proposed working definition of an older person in Africa for the MDS Project. Retrieved from www.who.int/healthinfo/survey/ageingdefnolder/en/.
68   MoAF. (2013). Migration in Bhutan (its extent, causes and effects). Ministry of Agriculture and Forests. Bhutan.

○ *Absence of immediate or extended family who can take on the role of caregiver:* This is another scenario where the elderly people can be left without anyone to take care of them. The degree of vulnerability faced by elderly people without children depends upon the wealth and security acquired by these individuals in their early life. It has been found in international studies that internal capabilities of older persons are determined by their command over financial resources, their health, educational background, past employment and the level of social support available to them.[69] The absence of a few of the aforementioned elements, coupled with the absence of immediate or extended family, can leave elderly people in a very vulnerable position.

- **Physical, psychological and financial abuse faced from children/caretaker** – Elderly people can come in need of support due to reasons other than migration and abandonment. There are cases where they come in need of support because of the children/family members they live with. Age diminishes their ability to fight back or strongly voice their opinions. They may no longer be an earning member of the family and their children may start treating them as a liability. This may lead to a situation where the family members start taking them for granted or suppressing their opinions, demands and requests. They start subjecting them to physical, psychological and financial abuse. A study titled 'Elderly Abuse and Neglect in Thimphu (2013)', which covered a sample of 150 elderly within Thimphu, throws light on the types of abuse faced by the elderly people. As per the study, 24.7 per cent of elderly people in Thimphu reported that their family members threatened them with an object, 35.3 per cent reported that they are regularly subjected to verbal abuse/threats and 10.7 per cent of them said that their family members have stolen their money/property.[70] Abuse may also take alternative forms such as restricting the elderly person's diet/nutrition or his/her health expenditure. The baseline survey (2012) conducted by RSSC found that 81.6 per cent of the elderly people in Bhutan do not want to live with their children. Some of them feel that they are an unnecessary burden on their children and others want to escape ill-treatment at the hands of their family.

Vulnerabilities

Social vulnerability

As noted above, elderly people are subjected to various kinds of abuse. Their physical movement may also be restrained by their family members. This leads to a situation where they are closed out from society and from regular interactions with the family. Limited contact with society leads to withdrawal from social activities. Hence, social isolation can creep in and elderly people can start feeling burdened by loneliness.[71] The absence of social interactions, coupled with limited or no interactions with family members, can lead to a situation where they start ageing faster and can expedite the development of health issues.

Developing health issues due to advancing age

With advancing age, the elderly people are increasingly vulnerable to developing health issues (including various types of disabilities). Some of these may be chronic and, therefore, require constant medical care

69 Zaidi, A. (2014). Life Cycle Transitions and Vulnerabilities in Old Age: A Review. UNDP Human Development Report Office. Retrieved from http://hdr.undp.org/sites/default/files/hdr_2014_zaidi_final.pdf
70 Wangmo, N. (2013). Elderly Abuse and Neglect in Thimphu. Retrieved from http://202.144.157.211:8080/jspui/bitstream/1/86/1/Namgay%20Wangmo-%20Research%20Report.pdf
71 Ministry of Health. (2004). Social Isolation Among Seniors: An Emerging Issue. British Columbia: Ministry of Health. Retrieved from http://www.health.gov.bc.ca/library/publications/year/2004/Social_Isolation_Among_Seniors.pdf

and attention. Some health problems are accompanied by impaired functional capacity and this leads to a situation where the elderly develop a need for physical care and support. According to a survey carried out in 2012, 80.0 per cent of the elderly people in Bhutan are grappling with some form/type of chronic illness. Further, 50.0 per cent of elderly people are grappling with more than one chronic illness.[72] As per the survey conducted by RSSC, only 1.5 per cent of elderly people receive a monthly pension and more than 68.0 per cent elderly people rely on income from fixed assets (which cannot be liquidated easily). Therefore, it can be surmised that not many of the aged in Bhutan have the financial resources required to avail medical treatment. Public dispensaries do not necessarily have the capacity to treat chronic ailments that the elderly people commonly suffer from. In other cases, the elderly people may not have the finances required to buy essential medicines. Such reasons may contribute to the high percentage of elderly people in Bhutan - 98.0 per - who feel that there is a need for institutions such as old age nursing homes and for provisions such as doctors on call (who can visit their house).

Vulnerability pertaining to housing

In the absence of a network of State monitored old age homes/shelters, elderly people who may have been abandoned by their families can pushed out onto the streets. Also, elderly people may decide to leave their home rather than face humiliation at the hands of their children. Irrespective of the cause, they are forced to live on the streets and beg for alms to make ends meet.[73]

Current Policy & Program Landscape

While efforts are underway to safeguard the rights of a number of vulnerable groups in Bhutan, including children, adolescents and women, there is no specific legislation in place to address the needs of the elderly persons. Retired population faces major challenges and there are no State-sponsored arrangements and amenities for the elderly.[74]

Although a National Pension Scheme does exist, it only covers Government employees. As a result, most of the elderly people are left without any financial assistance/support. The Draft National Social Protection Policy does propose a series of initiatives to provide income support to the elderly, however it is yet to be discussed and cleared by the legislature.[75]

The RSSC established in 2012 under the Royal patronage is one of the few Civil Society Organization (CSO) working with the elderly. It has been setup to engage the elderly (especially retired Government officers) in social work, using their experience to support the growth and prosperity of Bhutan. One of the best practices apart from free healthcare and education as cited in the 2014 Universal Period Review (UPR) of Bhutan is the Kidu (welfare) system, a social safety net instituted by the Monarchs to address the needs of the vulnerable groups including elderly people.[76] The Tarayana Foundation also works for elderly people through an integrated rural development approach to provide basic needs in many districts and supports pilgrimages.

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72   Tenzin, P. (2012). Giving better care to ageing population Bhutan Observer. Retrieved from http://bhutanobserver.bt/5566-bo-news-about-giving_better_care_to_ageing_population.aspx

73   Wangmo, N. (2013). Elderly abuse and neglect in Thimphu. Retrieved from http://202.144.157.211:8080/jspui/bitstream/1/86/1/Namgay%20Wangmo-%20Research%20Report.pdf

74   Tenzin, P. (2012). Giving better care to ageing population. Bhutan Observer. Retrieved from http://bhutanobserver.bt/5566-bo-news-about-giving_better_care_to_ageing_population.aspx

75   MoLHR. (2013). Draft National Social Protection Policy for Workers in Bhutan. Bhutan. Retrieved from http://www.gnhc.gov.bt/wp-content/uploads/2011/05/Draft-Social-Protection-Policy-2-July-2013.pdf

76   UPR.(2014). National report submitted in accordance with paragraph 5 of the annex to Human Rights Council resolution 16/21. Retrieved from http://www.uprinfo.org/sites/default/files/document/bhutan/session_19__april_2014/a_hrc_wg.6_19_btn_1_bhutan_e_4.pdf.

The Baseline Senior Citizens Survey (2011) findings report that almost 98% of elderly people (age 55 years and above) crave improved special medical facilities. Out of the 98 per cent, 81.2 per cent would like doctors visiting old age retired homes and villages, 54 per cent think that establishment of old age nursing homes is needed and 57.5 per cent would like special visiting hours in the hospital for elderly people. The current practice is also that many elderly people opt to stay in monastic institutions or nearby monastic institutions. The Bhutan Observer article in 2011 reports the establishment of the first retreat home for elderly people in the country started in Radhi, Trashigang.[77] A small number of such retreat homes have since been established affiliated with monastic institutions. Given the current practice, it will be important to improve the conditions in these retreat homes such that they are elderly people-friendly.

Existing Data Gaps

Enumeration data	☑	📅	🎗
Data pertaining to causes	☑	📅	🎗
Data pertaining to vulnerabilities faced by the group	☑	📅	🎗

Recommendations

- Acknowledging that all elderly people are vulnerable to some extent, there is a need to design a dedicated geriatric program to account for changing demographic trends, where the ageing population will be increasing in the coming years. Demographic trends show that the elderly, as a percentage of total population, is on a rise. As per the demographic profile 2014, the elderly population accounted for 11.8% of the total population of Bhutan. This shifting demographic pattern will need to be responded to with appropriate social security measures.

- Build on the current practice of elderly people opting to stay nearby or in monastic institutions through, for example, improving access to basic services like health and sanitation in such facilities. The UNFPA 2015 Knowledge, Attitude and Practice (KAP)[78] survey on religious personnel on social issues shows that many monastic institutions are empty. These empty spaces could be created as retreat homes for elderly with enabling facilities especially health and sanitation. A Partnership model could be developed with the monastic institutions to house the elderly.

- Design and operationalize a National Pension Scheme where individuals from the informal sector, public sector and private sector can contribute a nominal amount to avail a post retirement pension that can help them in independently staying above the minimal level of subsistence. However, for such a scheme to be operationalized, the Government must define an age limit post which a Bhutanese National shall be considered elderly (also to be the official age for retirement from Government services) and/or eligible for pension.

- Deploy a network of counselors who can provide psycho-social support to the elderly.

77   Wangdi, T. (2011). Bhutan's first old age home starts in Radhi. Retrieved from www.bhutanobserver.bt: http://bhutanobserver.bt/3842-bo-news-about-bhutans_first_old_age_home_starts_in_radhi.aspx.
78   UNFPA. (2015). KAP Survey on religious personnel on social issues. Thimphu, Bhutan.

Female Workers Working at Drayangs

Supporting members of this vulnerable group through relevant policies & programs can help the Government in steering the Nation closer towards realizing the following SDG targets:

SDG Targets: 1.3, 3.7, 3.8, 4.1, 4.3 5.1, 5.2, 5.3, 8.8, 10.7, 16.3, 16.6, 16.a and 16.b

A *Drayang* is a legal entertainment establishment where women and men (including adolescents[79]) known as *Drayang* workers dance and sing karaoke. These establishments also sell alcohol. The activities at *Drayangs* highlight a woman's sexuality, which brings along with it a series of risks, exposing them to socio-economic and physical security related vulnerabilities.

Causes

There is a general dearth of information related to the number of *Drayang* workers and the factors that contribute to them choosing to work in *Drayangs*. A review of literature reveals that economic considerations, coupled with limited awareness about alternative livelihood opportunities, is the primary reason why women join *Drayangs*. Specific causes for girls taking up employment opportunities in *Drayangs* are as follows:

- *Economic factors:* Stakeholder consultations revealed that in rural Bhutan, not many families are able to support the educational needs/aspirations of the children. Given that an individual's education has a strong correlation with his/her future livelihood and income, these families generally get caught in a poverty trap. Individuals from these households may migrate to urban centers in search of employment opportunities which offer relatively higher wages. A number of girls who migrate to urban centers find *Drayangs* to be one such livelihood option. *Drayang* owners hire women on the basis of facets such as 'physical appearance/beauty' and the ability to sing and dance - educational qualification does not matter. It was revealed during discussions that a number of women who migrate to cities from rural areas are not aware of the various livelihood options available to them. This, coupled with the fact that *Drayang* owners are on a constant look out for employees, makes for a 'match of convenience'.[80]

It is also important to note that a *Drayang* worker can expect to earn up to Nu 25,000 a month[81]. Given the educational qualification of a typical *Drayang* worker, this is considered higher than what would be earned in a job requiring equal/equivalent education qualifications. A survey conducted by students at Gaeddu College of Business Studies across 20 *Drayangs* in the country found that 83.0 per cent of *Drayang* workers were females between the ages of 18 to 26, of which 33.0 per cent were uneducated and about 81.0 per cent came from poor, rural dwelling households.[82] Further, it was noted that a *Drayang* worker's monthly income included a fixed component and a significantly large component of variable pay. This variable pay is based on the number of clients/customers they can entertain and the number of requests (where a request is accompanied by a financial pay out) they collect for songs or dance numbers. Stakeholders interviewed indicated that this leads to *Drayang* workers seeking out

79   DYS. (2011). An assessment of vulnerable and at-risk adolescents (13-18 years) in Bhutan: Exploring social & health risk behaviours. Department of Youth and Sports, Ministry of Education.
80   DYS. (2011). An assessment of vulnerable and at-risk adolescents (13-18 years) in Bhutan: Exploring social & health risk behaviours. Department of Youth and Sports, Ministry of Education.
81   Anonymous. (2010). 80% drayang employees say they love their work. Business Bhutan. Retrieved from www.businessbhutan.bt: https://businessbhutan.bt/80-drayang-employees-say-they-love-their-work/
82   Roden, D. (2012). "Girls should come up" gender and schooling in contemporary Bhutan. Retrieved from http://repository.asu.edu/attachments/93714/content/tmp/package-I9WH0O/Roder_asu_0010E_11673.pdf

wealthy male customers to become regular clients. Stakeholders met during the data collection stated that some *Drayang* workers provide escort services or enter into transactional sex relationships to augment their earnings in order to pay for the rising cost of living in urban centers and/or to support family members in rural areas.

- ***Drayangs as a platform for entering the media & entertainment industry:*** A number of women and girls join *Drayangs* to pursue their passion to sing or dance. They view *Drayangs* as a platform where they can showcase their talent which, in turn, might translate into an opportunity to work in the media and entertainment industry. A few *Drayang* workers have made such a transition and this further deepens and perpetuates this thought/perception.[83] There is a general lack of other platforms or mediums through which women and girls can showcase their talent, which may contribute to *Drayangs* having emerged as a route to the media and entertainment industry.

- ***Lack of awareness about their rights and entitlements:*** In an inspection conducted by the MoLHR 47 in 2015, it was observed that *Drayang* workers are not given public holidays and they are only provided with a few days of sick leave. There are no proper wage records and no defined internal service rules.[84] *Drayang* workers are apprehensive of approaching their employers for changes in their employment terms or for demanding information pertaining to their entitlements (as per Government stipulations). They fear that if they approach their employers with such queries, they might be asked to leave the *Drayang*.

Vulnerabilities

Stigma and Discrimination

The media has generally been critical of *Drayangs* and *Drayang* workers. The profession has often been reported in a bad light. Stakeholder consultations revealed that *Drayang* workers are perceived as "anti-women and a blot on the tradition & culture of Bhutan". During past discussions, the National Assembly has also suggested that *Drayangs* should be banned because they are "immoral and socially destructive".[85] *Drayangs* are being criticized for eroding the Bhutanese culture. They play music of different genres and are places where alcohol is openly consumed, and the same is perceived by some to be contrary to the Bhutanese way of life. Qualitative interactions with stakeholders suggest that *Drayangs* are being viewed as places that facilitate transactional sexual relationships.

Consultations held with Government officials, UN representatives and representatives from CSOs working on gender and related issues highlight that the negative perception of *Drayangs* can leave *Drayang* workers vulnerable to social scrutiny and criticism. Stakeholder consultations have revealed that the stigma and discrimination faced by *Drayang* workers manifests itself in almost every sphere of their life. They find it difficult to change professions and prospective employers can be critical of their past experience. While some *Drayang* owners provide accommodation facilities for its workers, others who wish to stay in different localities face housing issues. This is because the stigma associated to their profession results in landlords being generally apprehensive of subletting their property to *Drayang* workers

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83   Anonymous. (2010). 80% drayang employees say they love their work. Business Bhutan. Retrieved from www.businessbhutan.bt: https://businessbhutan.bt/80-drayang-employees-say-they-love-their-work/
84   Anonymous. (2010). 80% drayang employees say they love their work. Business Bhutan. Retrieved from www.businessbhutan.bt: https://businessbhutan.bt/80-drayang-employees-say-they-love-their-work/
85   Roden, D. (2012). "Girls Should Come Up" gender and schooling in contemporary Bhutan. Retrieved from http://repository.asu.edu/attachments/93714/content/tmp/package-I9WH0O/Roder_asu_0010E_11673.pdf

Given that *Drayangs* operate on revenues from the sale of alcohol, they ensure that the same is readily available. This, coupled with the fact that many of the *Drayang* worker's regular clients expect her to drink with them, increases the chances of the workers developing an alcohol addiction. Alcohol can reduce their negotiation power which, in turn, leaves them susceptible to sexual exploitation.

A study conducted in 2011 found that under the influence of alcohol, the clients may make sexual advances, which the *Drayang* workers tolerate to retain the patronage of their client(s).[86] A survey conducted by a group of students from Gaeddu College of Business Studies concluded that most of the cases of sexual exploitation at *Drayangs* occur when the client is under the influence of alcohol. The report suggested that the 'request system' at the *Drayangs* makes women workers vulnerable to undesirable comments, harassment and sexual exploitation.[87]

Health issues owing to ambience of Drayangs

Drayangs are usually dimly lit, with the music being amplified at more than stipulated decibel levels. This leaves *Drayang* workers vulnerable to health issues related to sensory organs (especially their eyes and ears). Further, given the situation in which *Drayang* workers operate, they become susceptible to contracting STIs including HIV.

Stakeholder interviews held during the study revealed that *Drayang* workers with children face additional pressures. The children of *Drayang* workers can end up in the *Drayangs* also, given the anti-social hours during which they operate, and conditions whereby *Drayang* workers may not have alternative child care options. In such cases, children are also exposed to the dim lighting and high volume music. Such examples, as communicated during the stakeholder discussions on vulnerability, point to more significant child welfare considerations, which warrant further assessment. Also, many workers who have recently given birth are under pressure to lose weight and can damage their health in the process.

Current Policy & Program Landscape

Drayangs are licensed as entertainment businesses by Bhutan InfoComm and Media Authority (BICMA). Under the terms of the license, licensees must agree to ensure that prostitution offences are not committed on the premises. This is also stipulated in the Penal Code 2004 which criminalizes sex work and promotion of prostitution including brothel keeping and soliciting. This, in itself, is something that warrants further review, as the criminalization of sex workers may be a contributing factor in heightening their vulnerability. BICMA tries to ensure that *Drayangs* do not engage in any unlawful activities. It conducts inspections of entertainment establishments in collaboration with the Royal Bhutan Police and the Regional Trade and Industry Office.[88]

86   Lorway, R. et al. (2011). The Drayang Girls of Thimphu: Sexual Network Formation, Transactional Sex and Emerging Modernities in Bhutan. Culture, Health & Sexuality. Retrieved from: http://www.tandfonline.com/loi/tchs20
87   Tandin, P. (2011). Retrieved from http://baowe.org/category/news/page/3/
88   Godwin, J. (2012). Sex work and the Law in Asia and the Pacific - Laws, HIV and Human Rights in the Context of Sex Work. Retrieved from http://www.undp.org/content/dam/undp/library/hivaids/English/HIV-2012-SexWorkAndLaw.pdf

The National Commission for Women and Children (NCWC) is the authority overseeing issues faced by women and children and is responsible in partnership with various stakeholders to address their issues, including *Drayang workers* The Labor & Employment Act (2007) has put in place provisions related to prohibition of sexual harassment at workplace and *Drayangs* are expected to adhere to these provisions/guidelines. The Ministry of Labor and Human Resources (MoLHR) has also issued guidelines with respect to the working conditions that *Drayang* owners should provide to their employees. It has also mandated that the owners provide their employees with formal and fair employment terms. Officials from the Ministry are responsible for ensuring that *Drayangs* operate as per the stipulated guidelines.[89]

Recently, the MoLHR has also started ground level consultations to initiate a provident fund scheme for *Drayang* workers. The consultations are directed towards helping the employers and employees in developing a better understanding of the benefits of a provident fund. Some CSOs working with women and adolescents do extend their support to *Drayang* workers facing the aforementioned vulnerabilities. However, there is no specific CSO that works exclusively with them.

The MoLHR also tried to introduce a tailoring course to steer *Drayang* workers towards alternative livelihoods. However as per MoLHR, hardly any women are enrolled in this course. This was primarily because the income they would expect to derive after learning the skill under consideration is less than a quarter of what they earn by working at a *Drayang*.

While the aforementioned policies are in place to safeguard the rights of *Drayang* workers, it is clear that there are gaps in the monitoring and implementation of these provisions/guidelines. There are reports of sexual and physical violence against workers and cases where the *Drayangs* have been found to be employing adolescent girls. Most of the *Drayangs* continue to operate while violating environment and health safety norms related to sufficient lighting, ventilation, sound levels etc.

The physical safety and protection of employees is covered under the general terms and conditions against which a license is granted to a *Drayang*. Under these terms, it is specified that the employee's safety and security is the *Drayang* owner's responsibility.[90] However, the evidence suggests that not all owners respect the terms on which they have been granted their operating license.

The National Youth Policy 2011 has identified girls working in drayangs as a priority youth group and the draft National Youth Action Plan (2016) has plans to support them.

Existing Data Gaps

Enumeration data			
Data pertaining to causes			
Data pertaining to vulnerabilities faced by the group			

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89   Dema, D. (2012). The Drayang Woes. Retrieved from http://www.bbs.bt/news/?p=8463
90   Anonymous. (2010). 80% drayang employees say they love their work. Business Bhutan. Retrieved from www.businessbhutan.bt: https://businessbhutan.bt/80-drayang-em-ployees-say-they-love-their-work/

Recommendations

- One of the vulnerabilities that the *Drayang* workers face may be the risk of economic exclusion through loss of income if *Drayangs* are closed down. Though this surfaced only during stakeholder consultations and is not an official consideration, this is a potential risk and should be considered in assessing policy discussions on closing the *Drayangs*. At the same time, one also needs to focus on investing in women's economic development opportunities, both through Government investment and enhanced entrepreneurial training, such that the women have increased livelihood options.

- There is a need to revisit employment terms and labor standards in the context of *Drayangs*. For example, make provisions to ensure that Drayang workers with young children/infants are provided with adequate care and support and need for provision of maternity leave. The existing terms and standards need to be restructured in consultation with *Drayang* workers and owners ensuring that the rights holders and duty bearer's perspectives are more fully considered.

- The Ministry of Labor and Human Resource, National Commission for Women and Children and Bhutan InfoComm and Media Authority should coordinate their efforts and setup a unified system for concurrent monitoring of female worker's safety and security (physical, financial and health). There is a need to examine how the recruitment of Drayang workers take place, including the modus operandi of recruitment and the age of recruitment.

- The Report recommends developing groups of *Drayang* workers and engage them in alternative activities and trainings to open other employment opportunities. These groups could be developed into an informal collective to advocate for and safeguard worker's rights.

Persons Practicing Risky Sexual Behavior

Supporting members of this vulnerable group through relevant policies & programs can help the Government in steering the Nation closer towards realizing the following SDG targets:

SDG Targets: 1.3, 3.3, 3.7, 3.8, 5.6, 10.2, 10.3, 16.3, 16.6, 16.a and 16.b.

'Risky sexual behavior' is commonly defined as "behavior that increases one's risk of contracting Sexually Transmitted Infections (STIs) and experiencing unintended pregnancies."[91] Existing evidence from Bhutan suggests that, while the cases of STIs are more broadly spread across society,[92] those at highest risk of acquiring STIs including HIV are sex workers and their clients, people who inject drugs and men who have sex with men. Further, while youth, mobile populations including truckers, taxi drivers, migrant workers, men who have sex with men (MSM), transgender (TG) people and uniformed services personnel are at increased risk of acquiring STI and HIV, the people at increased vulnerability include the intimate partners/spouses of people from higher risk groups, prisoners and people in monastic institutions.[93]

Causes

- *Lack of awareness and access to comprehensive sexuality education:* Lack of information/awareness puts people at the risk of unwanted pregnancies and of contracting STIs, including HIV. In Bhutan, as in many countries, speaking about STIs and about HIV is stigmatized, and public awareness is, therefore, limited.[94] In the absence of better information, dialogue and awareness about safe sexual practices, as well as about STIs, their causes, symptoms, prevention methods and the treatments and services available if diagnosed, individuals can be more prone to engaging in risky sexual behavior. One of the most vulnerable groups, according to a study conducted by UNICEF in 2012, is young women in rural areas of Bhutan, who may have less awareness of and knowledge about sexual and reproductive health issues related to unsafe sexual habits.[95]

The National Health Survey (NHS 2012) defines the ability to correctly identify two major ways of preventing sexual transmission of HIV i.e., using condom and limiting sex to one faithful uninfected partner, as having comprehensive knowledge on HIV/AIDS. However, the survey found that prevalence of comprehensive correct knowledge of HIV/AIDS among the population aged 10-75 years was only 16.8 per cent. Only 20.2 per cent of the respondents were able to reject the two most common misconceptions in Bhutan that - "people can get HIV/AIDS from mosquito bites" and "people can get HIV/AIDS by sharing food". Secondly, as more males (20.7 per cent) compared to females (13.5 per cent) are reported to have comprehensive knowledge of HIV/AIDS, women may be unaware of or unable to follow healthy practices that can reduce their vulnerability. Additionally, the prevalence of comprehensive knowledge of HIV/AIDS among urban residents was found to be twice that of their rural counterparts.[96] Data also shows that only 27.9 per cent of women expressed an accepting attitude towards people living with HIV/AIDS.[97] Moreover, low contraceptive prevalence

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91 Centres for Disease Control and Prevention. (2010).Youth Risk Behaviour Surveillance-United States.). Department of Health and Human Services. United States. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5905a1.htmA
92 Ministry of Health. (2008).National Monitoring and Evaluation Guidelines for STI, HIV and AIDS Control activities in Bhutan. Ministry of Health, Thimphu, Bhutan.
93 Ministry of Health. (2012). National Strategic Plan 2012-2016 for HIV/AIDS and STI. Ministry of Health, Thimphu, Bhutan.
94 Ministry of Health. (2008). National Monitoring and Evaluation Guidelines for STI, HIV and AIDS Control Activities in Bhutan. Ministry of Health, Thimphu, Bhutan.
95 UNICEF. (2012).A Situation Analysis of Children, Youth and Women in Bhutan. Thimphu, Bhutan.
96 Ministry of Health. (2012). National Health Survey. Ministry of Health, Thimphu, Bhutan.
97 NSB, UNICEF & UNFPA. (2010). Bhutan Multiple Indicator Survey. Thimphu, Bhutan.

rate (48.0 per cent)[98] heightens the chances of unintended pregnancies as a consequence of unsafe sexual practices. However, data limitations make it difficult to ascertain the rate of unintended pregnancies and the magnitude of the issue in Bhutan.

- *Social and biological determinants of STI/HIV in women:* A woman can be compelled to engage in or be at the risk of unsafe sexual practices as it is closely linked to gender inequality, because of which she is often unable to negotiate safe sex.[99] To further explain, around 6.0 per cent of sexually active Bhutanese reported having experienced forced sex in the "HIV/AIDS Behavior Survey among the General Population in 2006." Urban and rural females in the same survey reported incidences two to four times more frequently compared to urban and rural males.[100] Subsequently, in the Bhutan Multiple Indicator Survey (BMIS 2010), about 7.0 per cent of females reported having been forced to have sex by friends, strangers or relatives, in contrast to 5.0 per cent of males.[101] Also, women are physiologically /biologically more susceptible to acquiring HIV than men. In addition to social and biological factors, infidelity by husbands can further expose women to higher risks of acquiring STI/HIV. The outcome of the "Sexual Behaviors and Networks" Study (2010) Thimphu, points to an emerging concern as "52.0 per cent of '*patrons*' [102] had multiple sex partners 12 months prior to survey, with an average of three partners".

- *Substance use:* A study (2004) on impact of drinking on Gross National Happiness (GNH) in Bhutan holds alcohol responsible for high-risk behaviors such as unsafe sex, sexual promiscuity and use of other psychoactive substances. The study argues that "men experience more alcohol-related problems than women, but women are often direct victims of the consequences of men's drinking". However "drinking by women of childbearing age may also increase the risk of unwanted pregnancies and other social complications".[103] Similarly, an assessment of vulnerable and at-risk adolescents (13-18 years) in Bhutan in the year 2009 clearly showed tobacco, alcohol and other drug use to be associated with high risk sexual experiences.

- *Occupation related causes:* The National Strategic Plan (NSP) of Bhutan identifies sex workers and mobile populations including truckers, taxi drivers, migrant workers and uniformed services personnel as "groups displaying high risk behavior". This is mainly because in the case of certain occupational groups, their chances of engaging in unsafe practices are comparatively higher, like in the case of sex workers where there is a strong possibility of occupational transmission of STI because of the nature of risks that sex workers face in their occupations. As per the Global AIDS Bhutan Report (2014), 14.1 per cent of reported cases of HIV/AIDS were from uniformed personnel.[104] In the case of other groups at increased risk like youth and adolescents, underlying causes of risky sexual behavior include tendencies to experiment sexually, low self-esteem, a preference for short-term relationships, unprotected sexual contact, alcohol and drug use, insufficient and low quality life-skills-based sexual and reproductive health education, among others.[105]

98   UNICEF. (2013). The Draft Common Country Programme Document for Bhutan. Retrieved from
     http://www.unicef.org/about/execboard/files/2013-BTN1-Bhutan_CCPD-final_approved-English.pdf
99   Marmot, M. (n.d). Social Determinants of Health. Commission of Social Determinants of Health, World Health Organization, Geneva. Retrieved from http://www.wpro.who.
     int/health_research/documents/dhs_hr_health_in_asia_and_the_pacific_07_chapter_2_social_determinants_of_health.pdf?ua=1
100 Ministry of Health. (2008). HIV/AIDS Behaviour Survey among the General Population in Bhutan: Technical report. Ministry of Health, Thimphu, Bhutan.
101 NSB, UNICEF & UNFPA. (2010). Bhutan Multiple Indicator Survey. Thimphu, Bhutan.
102 Patrons- Clients of Sex Workers Read more at - http://www.aidsdatahub.org/sites/default/files/documents/Sexual_Behaviors_and_Networks_in_Thimphu_Bhutan.pdf
103 Dorji, C. (2004). The Myth behind Alcohol Happiness. Retrieved from http://www.gpiatlantic.org/conference/papers/dorji.pdf
104 Ministry of Health. (2014). Bhutan Progress Report 2014: Global AIDS Response Progress. Retrieved from http://www.aidsdatahub.org/Bhutan-Global-AIDS-Response-Prog-
     ress-Report-2014
105 UNICEF. (2012). A Situation Analysis of Children, Youth and Women in Bhutan. Thimphu, Bhutan.

Vulnerabilities

Different groups have different behaviors that expose them to the risks of practicing unsafe sexual behavior. The rapid assessment on 'Sexual Behaviors and Networks' (2010) found high levels of STIs in Thimphu, with 20.0 per cent of men and 29.0 per cent of women reporting having an STI in the last 12 months prior to survey. The high prevalence rate of STI and its steady increase in Bhutan, has emerged as a major concern for the country. The crucial forms of vulnerabilities that impact the lives of individuals practicing risky sexual behavior are assessed in this section:

Increased health risks

High-risk sexual behavior can lead to HIV and other Sexually Transmitted Infections. Increasing cases of STIs including HIV has presented Bhutan with a serious challenge to the health and wellbeing of its people.[106] According to data presented by the Ministry of Health (MoH) in October (2010), among sexually active males and females in the age group of 15 to 19 year, urethral discharge was experienced by 10.0 per cent, ulcers by 15.0 per cent and 10.0 per cent suffered from other STIs.[107] Women, in particular, are exposed to additional gynecological problems like Reproductive Tract Infections, cervical cancer, unintended pregnancies and unsafe abortions.

While HIV prevalence remains low, high STI prevalence is a sign of worry because international experience shows that "STIs are important and sensitive biomarkers of high-risk behavior for HIV transmission."[108] Besides this, the stigma and discrimination associated with HIV/STIs has severe personal consequences that could also drive the infection underground, out of reach of the health system.[109]

Limited health services and community outreach services for HIV/STIs diagnosis and treatment

Rapid changes in the Bhutanese society have increased the vulnerability of some population groups and increased the need for more formal systems of support.[110] At the same time, gaps in the quality of care continue to constrain the Bhutanese health system.[111] For example. although the rapid HIV test is available in all the hospitals, in six Health Information Service Centers (HISC) located in major urban centers to improve access to services, and should be available in the Basic Health Units (BHUs), confirmatory tests are only available at the Royal Center for Disease Control in Thimphu.[112] Moreover there are only six CD4 count machines and no viral load machines. Limited access to health services has a potential relationship to the uptake of HIV testing and prevention services. This limitation is coupled by limited community outreach services for HIV/STIs diagnosis and treatment. Consequently, while UNAIDS estimates 1100 individuals are living with HIV in Bhutan, only 403 persons have been diagnosed with HIV. Only 184 persons are believed to be receiving Combination Antiretroviral Drugs Therapy (ART).

106 Ministry of Health. (2012). National Strategic Plan 2012-2016 for HIV/AIDS and STI. Ministry of Health, Thimphu, Bhutan.
107 UNICEF. (2012). A Situation Analysis of Children, Youth and Women in Bhutan. Thimphu, Bhutan.
108 Ministry of Health. (2012). National Strategic Plan 2012-2016 for HIV/AIDS and STI. Ministry of Health, Thimphu, Bhutan.
109 Marmot, M. (n.d). Social Determinants of Health. Commission of Social Determinants of Health, World Health Organization, Geneva. Retrieved from http://www.wpro.who.int/health_research/documents/dhs_hr_health_in_asia_and_the_pacific_07_chapter_2_social_determinants_of_health.pdf?ua=1
110 UNICEF. (2013). The Draft Common Country Programme Document for Bhutan. Retrieved from
     http://www.unicef.org/about/execboard/files/2013-BTN1-Bhutan_CCPD-final_approved-English.pdf
111 UNICEF. (2012). A Situation Analysis of Children, Youth and Women in Bhutan. Thimphu, Bhutan.
112 Ministry of Health. (2012). National Strategic Plan 2012-2016 for HIV/AIDS and STI. Ministry of Health, Thimphu, Bhutan.

Women who bear children out of wedlock and people with STIs including People Living with HIV (PLHIV) and AIDS, can be shunned by family, peers and the wider community, while others face poor treatment in availing health care and education settings, denial of their human rights and psychological damage.[113]

Current Policy & Program Landscape

"In countries like Bhutan with low HIV prevalence, a focus on controlling STIs can be an effective strategy for reinforcing prevention and ensuring that conditions remain unfavorable for HIV."[114] The overall goal of National Strategic Plan (NSP 2012-16) in Bhutan is to achieve the Millennium Development Goal (MDG) of reversing and halting the spread of HIV and AIDS by 2015. This is now a past deadline, with the remaining MDG gaps being taken up as part of efforts to reach the Sustainable Development Goals (SDGs). NSP's five priority strategies also include enhancing the prevention of STI and HIV transmission, access to treatment, care and support for people living with HIV and AIDS.[115]

Bhutan's National Reproductive Health Strategy, which will be implemented from 2012 to 2017, focuses on Sexually Transmitted Infections including HIV, cervical cancer, prevention of unsafe abortion and prevention of reproductive tract infections. The strategy also aims to address broader issues that include gynecological health, adolescent sexual and reproductive health and the sexual and reproductive needs of men.

The National Youth Policy (2011) has recommended priority interventions under health and well-being (Health Promotion) for the development of sensitization programs on various issues including "sexual and reproductive health, providing teachers with professional development in sexual and reproductive health and life skills, for themselves and to teach these skills in the schools; and to include subjects on sexual and reproductive health and life skills for pre-service teaching."[116]

The National STIs and HIV/AIDS Strategic Plan of the country has identified one of the key population at high risk of HIV as Men Who have Sex with Men (MSM) and Transgender population. The MSM are nineteen times at higher risk to HIV than straight men.[117] Bhutan through the Multi-Country South Asia Global Fund HIV program has integrated the "Enhancing HIV, STI and other sexual health services for MSM and Transgender people in Asia and the Pacific: training package for health care providers to reduce stigma in health care settings" in the National training curriculum of health care providers and trainings in all health centers are underway in 2016. Sexual and reproductive health services for youth are designed based on the 'National Standards for Youth Friendly Health Services and Implementation Guide' which emphasizes on youths' understanding and knowledge of sexual and reproductive health. In line with the National Youth Policy, the Department of Youth and Sports also has programs like life-skills manuals and in-service training for school teachers, principals, scout trainers, health coordinators and counselors.[118] There are also number of youth centers, drop in centers and youth networks complementing the efforts.

113 AVERT. (2015). Stigma, Discrimination and HIV. Retrieved from http://www.avert.org/professionals/hiv-social-issues/stigma-discrimination
114 Ministry of Health. (2008). National Monitoring and Evaluation Guidelines for STI, HIV and AIDS Control activities in Bhutan. Thimphu, Bhutan.
115 Ministry of Health. (2008). National Monitoring and Evaluation Guidelines for STI, HIV and AIDS Control activities in Bhutan. Thimphu, Bhutan.
116 UNICEF. (2012).A Situation Analysis of Children, Youth and Women in Bhutan. Thimphu, Bhutan.
117 Baral, S., Sifakis, F., Cleghorn, F. & Beyrer, C. (2007). Elevated risk for HIV infection among men who have sex with men in Low- and Middle-Income Countries 2000-2006: A Systematic Review. PLoS Medicine4(12):e339.doi:10.1371/journal.pmed.0040339
118 UNICEF. (2012).A Situation Analysis of Children, Youth and Women in Bhutan. Thimphu, Bhutan.

However, the capacities to make policy and to plan for effective sexual and reproductive health services are hampered by the lack of information about rates of STI. Therefore, it is "important to document direct markers of sexual transmission among the general population and to alert on the risk of HIV transmission, by the strengthening STI surveillance."[119] Lastly, other services like Adolescent Sexual and Reproductive Health (ASRH) are facing the problem of weak financing owing to limited HIV program budget.[120]

Existing Data Gaps

Enumeration data	☑	📅	🎗
Data pertaining to causes	☑	📅	🎗
Data pertaining to vulnerabilities faced by the group	☑	📅	🎗

Recommendations

- The Ministry of Health has been carrying out awareness campaigns on the modes and prevention of STIs, linked to HIV and AIDS awareness campaigns. However, as per the National Health Survey 2012, only 16.8% had comprehensive knowledge of HIV and AIDS. Therefore, it is very important to ensure development and implementation of effective and or innovative approaches to raise awareness on the modes of transmission and prevention of STIs.

- A multi-sectoral approach is very important while working with all vulnerable groups. One very good example of government's multi-sectoral approach is the recent Multi-sectoral National Action Plan for the Prevention and Control of Non-Communicable Diseases (2015-2020). The implementation of the action plan fully will ultimately have an impact, given the relation between substance abuse and risky sexual behavior. The National Policy and Strategic Framework (2013-2018) to reduce harmful use of alcohol mentions that alcohol consumption " can also aggravate the HIV/AIDS epidemic by its negative influence on ability to have safe sex."[121] .

- The National STIs and HIV/AIDS Control Program of Ministry of Health (through the Multi-Country South Asia Global Fund HIV Program) and the National Global Fund grant have conducted several trainings to strengthen the capacity of for health care providers on prevention, treatment and management STIs and HIV/AIDS in the country. More such trainings are planned through the new Global Fund National grant. This report recommends to integrate such training modules in the National training curriculum of health care providers.

119 Ministry of Health. (2014). Bhutan Progress Report 2014: Global AIDS Response Progress. Retrieved from http://www.aidsdatahub.org/Bhutan-Global-AIDS-Response-Progress-Report-2014
120 UNICEF. (2012).A Situation Analysis of Children, Youth and Women in Bhutan. Thimphu, Bhutan.
121 Castelo Branco,N Parera ,N Mendoza , Campos E Pérez,l Lete ,CEA Group (2014 Aug;30) Alcohol and drug abuse and risky sexual behaviours in young adult women Retrieved from http://www.uis.unesco.org/Library/Documents/out-of-school-children-nigeria-country-study-2012-en.pdf

Supporting members of this vulnerable group through relevant policies & programs can help the Government in steering the Nation closer towards realizing the following SDG targets:

SDG Targets: 1.3, 3.5, 3.6,3.8, 4.1, 5.4, 8.6, 10.3, 16.1, 16.3, 16.6, 16a, 16b

Drug and alcohol use is a subset of substance use and is a disorder characterized by a destructive pattern of using drugs and alcohol that can lead to significant health problems and/or chronic psycho-social problems such as distress. It is accompanied by a difficulty to cease substance use or modify the intensity with which it is used, and exhibits a determination to obtain the substances by almost any means.

World Health Organization (WHO), in its lexicon of "drug & alcohol terms", explains the term 'abuse' as a phenomenon where there is a maladaptive pattern and continued use of drugs despite experiencing persistent or recurrent social, occupational, psychological or physical problem. The term 'use' may also be interpreted as misuse, which the lexicon explains as the use of a substance for a purpose not consistent with legal or medical guidelines. Given this backdrop, WHO Expert Committee on Drug Dependence, in its sixteenth report, defined drug and alcohol use as "persistent or sporadic excessive drug/alcohol use inconsistent with or unrelated to acceptable medical practice".

Causes

The risk of use is influenced by a combination of biological, physiological, social, economic and age related factors.[122] An individual's susceptibility to drug and alcohol addiction/use is expected to increase when more than one of the aforementioned factors are at play.

- *Wide accessibility and availability:* Alcohol in Bhutan is not only widely accessible but is also very cheaply available. This is mostly because of liberal licensing policies and low rate of taxation. For example, expensive alcoholic beverages in Bhutan are taxed lower than the low budget brands, which increase the ease of accessibility to alcoholic beverages. Studies conducted in 2012 show that there are close to 5,500 bars in Bhutan[123], with over 1200 bars in Thimphu itself[124]. Further, as per the National Health Survey (NHS) 2012, most of the alcohol consumed in Bhutan is locally brewed at home. About 56.0 per cent of individuals consuming alcohol are consuming locally brewed varieties. In rural areas, more than 71.0 per cent of those consuming alcohol consume locally brewed varieties. On the other hand, about 68.0 per cent of those consuming alcohol in urban cities purchase liquor from shops/store/vendors.[125]

   The survey also revealed that 68.0 per cent of the people who use drugs/substances get them from their peers (in high likelihood local suppliers) and another 16.0 per cent get drugs/substances through cross border exchange. Further, a few hard drugs, particularly amphetamines and benzodiazepines,[126] are sourced from neighboring countries.[127] Anecdotal evidence suggests rising use of drugs and alcohol in the capital city of Thimphu and in the southern part of Bhutan. The affordability of drugs

122 The facts of Addiction. Retrieved from http://www.military.com/benefits/veterans-health-care/facts-of-drug-addiction.html
123 Rabgye, T. (2012). Alcohol and Bhutanese Culture. Retrieved from http://www.bbs.bt/news/?p=10018
124 Thamarangsi, T., Junsirimongkol, B., Waleewong, O.& Tessuwan, P. (n.d). Alcohol Policy in Bhutan Recommendations for the National Strategic Framework for Reducing Harmful Use of Alcohol in Bhutan. Retrieved from http://ihppthaigov.net/DB/publication/attachresearch/269/chapter1.pdf
125 Ministry of Health. (2012). National Health Survey. Retrieved from http://www.health.gov.bt/wp-content/uploads/moh-files/nationalHealthSurvey2012.pdf
126 Powell, D. Drug and Alcohol Abuse in Bhutan. Retrieved from http://www.williamwhitepapers.com/pr/Drug%20and%20Alcohol%20Abuse%20in%20Bhutan.pdf
127 UNICEF. (2012). A Situation Analysis of Children, Youth and Women in Bhutan. Retrieved from http://www.unct.org.bt/youthenvoy/wp-content/themes/Youth/report/SitAn_2012.pdf

such as cannabis clearly highlights why Bhutan finds itself grappling with the issue of drug use. In Bhutan, a small packet of cannabis can be purchased for as low as Nu 5.[128] Moreover, in some places, it can be collected straight from the cannabis plants which grow wildly in different parts of Bhutan.[129] As per the NHS (2012), cannabis users account for 72.0 per cent of the total number of drug users in Bhutan.[130] Bhutan also seems to be grappling with a high incidence of tobacco consumption. As per NHS (2012), 3.5 per cent of the population aged between 10 and 75 years are smoking, with high prevalence among males (6.0 per cent) in comparison to females (1.4 per cent). Further, 47.9 per cent of population aged between 10 and 75 years reported consumption of smokeless tobacco (chewing tobacco). As per data for 2013, it was found that 16.7 per cent males and 3.5 per cent females were daily tobacco consumers. Further, 18.3 per cent boys and 7.9 per cent girls reported that they regularly consume tobacco. This clearly highlights that consumption of tobacco is on the rise and this is a cause for concern.

- *Social acceptance:* In the Bhutanese society, alcohol has ritualistic and symbolic use. It is used as a religious offering and is regularly consumed on auspicious occasions such as marriages and child birth. The socio-cultural acceptance of alcohol usage facilitates early acquisition of drinking habits among the youth.[131]

- *Peer pressure:* Peers play a vital role in the social and emotional development of children and adolescents. Their influence begins at an early age and increases through the teenage years. It is natural, healthy and important for children to have and rely on friends as they grow and mature. While peer pressure can be positive and supportive in nature, it can also have negative consequences. Peer pressure is often cited as one of the major factors that may lead to substance use.[132] This negative facet of peer pressure can manifest itself in the form of being bullied into alcohol or drug consumption or take more subtle forms such as curiosity, enjoyment[133] and the desire to fit in.[134] The repercussions of continual use of alcohol and drugs can lead to addiction, which leads to an individual becoming disillusioned and, especially in the case of adolescents, may subsequently lead to dropping out of schools. As per National Baseline Assessment of Drugs and Controlled Substance use in Bhutan (2009), 2.0 per cent of male students and 0.4 per cent of female students believe that drinking alcohol is a 'smart thing to do'.[135] As per staff at the Chithuen Phendey Association, the number of adolescents being referred to their rehabilitation center has been on a constant increase. In 2010-11, the center received two to three adolescents a week for counseling or rehabilitation support. As of 2014-15, this figure had increased to more than 20 adolescents a week. Further, it is also important to consider migration, especially for youth moving to urban centers in search of work, as a direct cause for using drugs and alcohol. In the absence of care and supervision of parents, youth are exposed to unbound independence and seek support in the company of their peers. As a consequence, youth seeking support from peers who are regular users of drugs and alcohol may get persuaded/ influenced into using drugs and alcohol, thereby increasing their vulnerability.

128 Ministry of Health. (2012). National Health Survey. Retrieved from http://www.health.gov.bt/wp-content/uploads/moh-files/nationalHealthSurvey2012.pdf
129 Panda, S. et al. (2009). National Baseline Assessment of Drugs and Controlled Substance Use in Bhutan. Thimphu. Retrieved from http://www.unodc.org/documents/southasia/reports/National_Baseline_Assessment_of_Drugs_and_Controlled_Substance_use_in_Bhutan_2009.pdf
130 Ministry of Health. (2012). National Health Survey. Retrieved from http://www.health.gov.bt/wp-content/uploads/moh-files/nationalHealthSurvey2012.pdf
131 Dorji, L. (2012). Alcohol Use and Abuse in Bhutan. National Statistics Bureau. Retrieved from http://www.nsb.gov.bt/publication/files/pub1vc5889ov.pdf.
132 Dielman, T.E., Campanelli, P., Shope, J.& Butchart, A. (1987). Susceptibility to Peer Pressure, Self-Esteem, and Health Locus of Control as Correlates of Adolescent Substance Abuse. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.455.630&rep=rep1&type=pdf
133 Tikoo, V., Dhawan, A., Pattanayak, R. & Chopra, A. (n.d). Assessment of Pattern, Profile and Correlates of Substance Use among Cshildren in India. Retrieved from http://www.ncpcr.gov.in/view_file.php?fid=17
134 (2012). Peer Pressure. Facts for Families Guide – American Academy Of Child & Adolescent Psychiatry. Retrieved from https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Peer-Pressure-104.aspx
135 Panda, S. et al. (2009). National Baseline Assessment of Drugs and Controlled Substance Use in Bhutan. Thimphu. Retrieved from http://www.unodc.org/documents/southasia/reports/National_Baseline_Assessment_of_Drugs_and_Controlled_Substance_use_in_Bhutan_2009.pdf

- *Stress related factors:* Drug use can occur alongside other conditions like depressive disorders. While depression itself is not thought to be a cause of drug or alcohol use or vice versa, one condition may indicate and/or be complicated by the other. For example, a person with depression may repeatedly use drugs and alcohol as an escape from his/her depressive mood.[136] Further, adverse life events and trauma related to loss of parent or child, domestic disputes, isolation and abandonment, physical and sexual abuse, poor performance in key examinations and unemployment can increase the susceptibility to use drugs and alcohol.[137]

Vulnerabilities

Continued use of drugs and alcohol can lead to many negative consequences, particularly in terms of straining existing health conditions.[138] It is commonly seen that, persons who use drugs and alcohol face higher probability of failure to complete education, establish lasting relationships and of dropping out of the workforce.[139] Some of the vulnerabilities faced by individuals using drug and alcohol are mentioned below:

Increased risk of developing health issues

Continual use of drugs and alcohol can harm the body's immune system and also affect an individual's mental health.[140] Drug and alcohol use has been identified as an important risk factor which contributes to more than 60 acute and chronic ailments.[141] Chronic drinking causes several types of liver diseases, including pathological changes in liver such as fibrosis, cirrhosis, steatosis and alcoholic hepatitis. As of 2009, Alcohol Liver Disease (ALD) accounted for 11.5 per cent of deaths at the Jigme Dorji Wangchuck National Referral Hospital (JDWNRH).[142] As per the Statistical Yearbook of Bhutan 2014, the country recorded 774 cases of mental and behavioral disorders due to alcohol addiction and 137 cases due to the use of psychoactive substances.

Substance use can aggravate the spread of HIV/AIDS as it can be argued that substance use can alter people's judgment, which can result in users taking risks like sharing needles to inject drugs.[143] During stakeholder consultations, tobacco consumption was also cited as a major health risk. NHS (2012) shows that 3.5 per cent of the population aged 10-75 years are current smokers with high prevalence among males (6.0 per cent) in comparison to females (1.4 per cent). As per the tobacco atlas 2010, in Bhutan, about 4.6 per cent of untimely deaths amongst men and 2.3 per cent of untimely deaths amongst women were due to tobacco consumption.[144]

136 Zwolinski, R.(n.d). Depression and Substance Abuse: The Chicken or the Egg?. Retrieved from http://psychcentral.com/lib/depression-and-substance-abuse-the-chicken-or-the-egg/

137 Singha, R. (2008). Chronic Stress, Drug Use, and Vulnerability to Addiction. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2732004/table/T1/

138 Helen, H., Saxena, S. &Moodie, R. (2005). Promoting Mental Health Concepts, Emerging Evidence, Practice. Retrieved from http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf

139 Brannigan, R., Falco, M., Dusenbury, L.&Hansen, W. (n.d). Teen Treatment: Addressing Alcohol Problems among Adolescents. Reducing Underage Drinking: A collective Responsibility. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK37585/

140 (2011). What is the Connection between aAcohol, Other Drugs and HIV?. HIV InSite, University of California, San Francisco. Retrieved from http://hivinsite.ucsf.edu/InSite?page=basics-00-16

141 Thamarangsi, T., Junsirimongkol, B., Waleewong, O., Tessuwan, P. Alcohol Policy in Bhutan Recommendations for the National Strategic Framework for Reducing Harmful Use of Alcohol in Bhutan. Retrieved from http://ihpptthaigov.net/DB/publication/attachresearch/269/chapter1.pdf

142 Dorji, L. (2012). Alcohol Use and Abuse in Bhutan. National Statistics Bureau. Retrieved from http://www.nsb.gov.bt/publication/files/pub1vc5889ov.pdf

143 (2011). What is the Connection between Alcohol, Other Drugs and HIV?. HIV InSite, University of California, San Francisco. Retrieved from http://hivinsite.ucsf.edu/InSite?page=basics-00-16

144 Retrieved from http://www.tobaccoatlas.org/country-data/bhutan/

The country is also grappling with issues related to dearth of rehabilitation services and shortage of counselors, psychologists and psychiatrists. The Psychiatry Department in the National Referral Hospital in Thimphu has a small ward with ten beds which caters to psychiatric patients and drug users. As a result, a number of patients have to be referred to hospitals in India. Moreover, the quality of rehabilitation and counseling services being provided at these hospitals is also a cause of concern.[145] It is only recently that the Government has authorized Youth Development Fund to open a rehabilitation center in Serbithang. Further, there are a total of seven drop-in-centers opened in different part of the country which are providing outreach, counseling, referral and aftercare services. However, this is still a limited network and it needs to be seen whether these facilities will be able to provide the care and attention required by the people who use drug and alcohol.[146]

High chances of relapse

Limited availability of trained and qualified counselors and psychologists, coupled with limited support from the family, makes a substance user susceptible to relapsing into drug and alcohol use even after receiving rehabilitation and detoxification treatment. Discussions with stakeholders reveal that many of those who go through counseling or rehabilitation do not receive aftercare services. Many of the patients simply ignore follow up treatment.[147] In many cases, the addict's family does not have a sound understanding of the care he/she requires and are, therefore, not able to provide sufficient post treatment support.

Adverse impact on educational performance of adolescent

Continuous use of substance and alcohol may lead to children/individuals becoming disillusioned. This can result in poor academic performance because of reduced number of hours committed to studying, completing homework assignments and attending school. Further, it may also cause the individuals to drop out of school, thereby reducing their chances of completing their education. This may, consequently, lead to loss of livelihood due to lack of education and behavioral instability.

Adverse impact on the family of the Persons using drugs and alcohol

The impact of drug and alcohol use can percolate down to the addict's family. It may negatively affect his/her marriage and also impact the family's health and wellbeing.[148] Literature suggests that heavy bouts of drinking have a positive correlation with instability in marriages, leading to an increased chance of the marriage failing.[149] The Bhutan Poverty Assessment (2014) recognizes alcohol use as an emerging issue having an adverse impact on Bhutanese families. Alcohol use affects the psychological wellbeing of the addict's family members. As per NHS (2012), 3.2 per cent of women reported that their husbands psychologically abuse them under the influence of alcohol. Further, 6.2 per cent of women reported that their husbands engage in physical abuse and another 2.1 per cent reported cases of sexual violence.

145 (2015). Bhutan: In Conversation with Dr. Chencho Dorji on Treatment for Drug Users. Retrieved from http://anticorruptionday.org/southasia//frontpage/2009/june/bhutan_-in-conversation-with-dr.-chencho-dorji-on-treatment-for-drug-users.html

146 Albertin, C. (2009). Bhutan: Mission to the elusive kingdom. Retrieved from https://www.unodc.org/southasia//frontpage/2009/November/bhutan-the-elusive-kingdom.html

147 (2009). Bhutan: In Conversation with Tshewang Tenzin on Recovery and Treatment for Drug Users. Retrieved from http://anticorruptionday.org/southasia//frontpage/2009/august/bhutan_-interview-with-tshewang-tenzin.html

148 Retrieved from http://www.medic8.com/drug-addiction/social-effects.html

149 Retrieved from http://www.drugs.ie/resourcesfiles/ResearchDocs/Global/TheImpactOfAlcoholUseDisordersOnFamilyLife.pdf

Alcohol use can also have a negative impact on children, depriving them of a normal childhood. Children from such families have to grow up in an environment where they may not be able to develop adequate social skills and life skills.[150]

There exists a positive correlation between poverty and alcohol consumption.[151] According to Bhutan Living Standards Survey (2012), at least 52.9 per cent of households in rural Bhutan reported that they spent more than one third of their monthly budget on alcoholic beverages. Further, 50.0 per cent of the households where men from the family drank regularly reported that the alcohol addict/user is the sole bread winner.[152] Given that the sole earner in the family is responsible for making financial decisions pertaining to the needs of the family, his preference to spend income on purchasing alcohol over incurring expenses on his children's education and/or his family's health & nutrition, limits their wellbeing & prosperity.

Current Policy & Program Landscape
The Royal Government of Bhutan has recognized the vulnerabilities associated with the use of drugs and alcohol. Under the purview of the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of Bhutan 2005, the Royal Government of Bhutan has established the Bhutan Narcotics Control Agency (BNCA). BNCA has been established to act as a nodal agency for preventing the illicit trade of alcohol and drugs, so as to check ready availability of the same, thereby controlling the rapid increase in cases of addiction. Further the government, with the objectives to strengthen enforcement of all existing alcohol policies, legal provisions, reducing morbidity and mortality from harmful use of alcohol and to empower communities in recuing harmful use of alcohol has developed and implementing a National Policy and Strategic Framework (2013-2018) to reduce harmful use of alcohol.

Recently, the Government has also increased the level of taxation, duty and levies on alcohol so as to reduce the affordability of liquor.[153] The Government has stipulated a minimum age for drinking (18 years) and fixed a specific day of the week as dry day. These steps have been taken to reduce the consumption of alcohol. The Department of Revenue and Customs (DRC) holds the mandate of approving all the labels on liquor products. It regulates advertisements of alcohol, monitors the arrival of raw materials at the distilleries and breweries and regulates the strength and quality of the spirits. This is being done in order to check for contamination/adulteration of liquor and to ensure that the industry engages in ethical/responsible information dissemination.

The Government's efforts to control the affordability and accessibility of alcohol have been rendered partially ineffective by the production and sale of *ara* (home brewed alcohol). *Ara* brewers are known to add chemicals, clinical spirits, tobacco and a certain kind of rubber to the brew so as to make the alcohol stronger.[154] Given that home brewed alcohol is not supervised by the DRC, there are chances of adulteration/contamination. Spurious quality home brewed alcohol can have a major negative impact on the health of those who consume the same.

As per the provisions of the Civil and Criminal Court Procedures of the Kingdom of Bhutan, an individual commercially producing or selling home-brewed alcohol shall be viewed as a serious offender who can

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150 Retrieved from http://www.drugs.ie/resourcesfiles/ResearchDocs/Global/TheImpactOfAlcoholUseDisordersOnFamilyLife.pdf
151 Chitrakar, R. (2009). Overcoming Barriers to Girls' Education In South Asia. Retrieved from http://www.unicef.org/rosa/whole_book_b.pdf
152 Ministry of Health. (2011). The National Policy and Strategic Framework to Reduce Harmful Use of Alcohol. Retrieved from http://www.gnhc.gov.bt/wp-content/uploads/2011/05/Final-NPSF.pdf
153 Retrieved from http://www.mof.gov.bt/wp-content/uploads/2014/07/Rule_SaleTaxCustomsExcise.pdf
154 (2010). Illegal Ara Flows in Gallons. Retrieved from http://bhutanobserver.bt/2850-bo-news-about-illegal_ara_flows_in_gallons.aspx

be imprisoned for up to five years. Longer prison sentences can be handed out to repeated offenders. However, it is observed that the current system to monitor the production and sale of home brewed alcohol is constrained by multiple factors. Shortage of manpower and the geographic expanse to be monitored has led to a situation where violations continue to various degrees and at various locations.[155] The Penal Code of Bhutan 2004 also treats public intoxication, illegal sale of alcohol and substances other than tobacco and the sale and possession of narcotic drugs or psychotropic substances as serious crimes.

The Ministry of Health (MoH) has recognized persons using alcohol and drug as a vulnerable group and is expediently moving towards building its capacity to provide support and care services to people using alcohol and individuals suffering from mental ailments that are an outcome of alcohol and/or drug use. The Ministry has also recognized that drug and alcohol use related ailments account for a considerable part of the burden of non-communicable diseases in Bhutan. Therefore, the Ministry has decided to design and deploy preventive programs/strategies for controlling the increase in the consumption of alcohol/drugs. In this regard, the Ministry's strategy is detailed out under the Multi-Sectorial National Action Plan for The Prevention and Control of Non-communicable Diseases (2015-2020). The Action Plan has just been launched. The action plan involves a multi-sectoral approach and will need strong coordination and ensure adequate funds to implement the action plan.

The Department of Youth and Sports at the Ministry of Education (MoE) has put in place a network of School Guidance Counselors (SGC) who are working with secondary schools to check the rise of drug and alcohol addiction amongst adolescents and youth in Bhutan[156].

The National Youth Policy (2011) aims to:

- Facilitate access to health information and services that are youth-friendly;
- Promote a social environment which strongly inhibits the use of alcohol, drugs and other forms of substance use, wards off diseases (like HIV/AIDS), ensures measures for de-addiction and mainstreaming of the affected persons; and
- Enhances the availability of sports and recreational facilities as constructive outlets for the abundant energy of the youth.

It emphasizes the need for a strong network of school and youth counselors who can help adolescents and youth in dealing with the various factors that can lead to them using drug/alcohol.

Presently, the School Guidance Counselors' role in addressing Substance and Alcohol Use and Dependence among High School Students in Bhutan are as follows[157]:

a. Prevention and Education Program for all student Population through dissemination of ill-effects of substance, cost on personal health, relationships, effects on personal growth and development and other awareness activities. The prevention program also covers teaching life-skills training help students make proper decisions.
b. Identifying vulnerable children who are at risk or have just initiated use but not dependent on substances. Brief Counselling Intervention and Drug /Substance Education program and activity is conducted for these group.

155   Dorji, L. (2012). Alcohol Use and Abuse in Bhutan. National Statistics Bureau. Retrieved from http://www.nsb.gov.bt/publication/files/pub1vc5889ov.pdf
156   Retrieved from http://www.dys.gov.bt/divisions/career-education-counselling-division/.
157   Retrieved from http://www.dys.gov.bt/divisions/career-education-counselling-division/.

c. The SGCs also refer Individuals who are severely dependent or addicted for Detox and medical treatment. Upon completion of rehab and treatment, students who come back to schools are provided with follow up support and care.

The Career Education and Counselling Division (CECD), DYS of MoE, also supports a lot of Youth Groups such as Y-VIA, Peer Helpers, Peer Mentors and Scouts who initiate a lot of advocacy and awareness activities that also include Substance use and other youth issues, in addition to supporting Peer Counselors from BNCA who work directly with youth with Substance issues. The YDF is actively supporting the Department of Youth and Sports in implementing the aforementioned strategies.[158] Moreover, YDF is the only NGO recognized to deliver rehabilitation services to Substance Use Disorders (SUDs) in the country and, currently, YDF operates an interim drug rehabilitation center in Serbithang. Gradually, YDF will be launching a new national level rehabilitation center in Chimithangkha with funding support from Royal Government of Bhutan.

Existing Data Gaps

Enumeration data	☑	📅	🎖
Data pertaining to causes	☑	📅	🎖
Data pertaining to vulnerabilities faced by the group	☑	📅	🎖

Recommendations

- This report recommends full and effective implementation of the Multi-Sectorial National Action Plan for The Prevention and Control of Non-communicable Diseases (2015-2020). The action plan involves a multi-sectoral approach and will need strong coordination and mobilization of adequate funds to implement the action plan.

- Increase the number of rehabilitation centers and develop short term activities and/or skills trainings which can be used to constructively engage individuals coming in for counseling and rehabilitation.

- Strengthen the number of skilled and qualified counselors by developing a short term course on 'counseling and rehabilitation therapy'.

- Engage those seeking counseling and rehabilitation support as peer counselors and/or role models who can work in the community and reduce the incidence of substance use. These peer counselors can also help with post rehabilitation support for others.

- Child Care and Protection Act, 2011 is the paramount Act for Children hence a further review of existing laws while trying persons under 18 years who are accused of carrying and/or consumption of banned substances is recommended.

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158 Retrieved from http://www.bhutanyouth.org/drug-education-rehabilitation/

Persons with Disabilities

Disability is a complicated concept. In common usage, it means different things to different people. Disability is also very heterogeneous, varying by type, severity, cause, age of onset, and the way people's impairments interact with a wide range of environments.

As per the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), 'persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

An impairment is a personal characteristic that can limit an individual's functional capacity separate from their environment. That is, it describes difficulties people have in basic body functions. However, environmental barriers are what make this person disabled. In other words, environmental barriers disable people by preventing (or limiting) those with such impairments from exercising their rights to participate fully in society. These barriers go beyond simply physical ones to include social and policy barriers. Inaccessible buildings, roads and transport systems, and the lack of assistive devices, can pose barriers to participating in education and training, employment, and family and community life, but so can negative attitudes, low expectations, and laws and institutions that do not support inclusion.

Thus, disability should not be thought of as a medical condition but rather as something that emerges from the interaction between personal functioning and the environment. The old medical model or charity model approaches tend to focus policy solely on the individual – "fixing" their condition or supplying them with a safety net. The approach in the CRPD broadens the role of policy to creating inclusive environments where people, regardless of their impairments, can fully participate in society, which is seen as their right.

Similarly, the World Health Organization (WHO)'s International Classification of Functioning, Disability and Health (IFC) defines disability as "…an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)".

It is not necessary that an individual may suffer from only one form of disability. A combination of factors such as genetic disorders like chromosomal abnormalities, premature birth and difficulties after birth, infections or injuries from accidents may result in an individual developing multiple disabilities.[159]

Causes
There are several causes that lead to different kinds of disabilities. These range from inherited disabilities, which are a result of birth complications to acquired disabilities that might have resulted from accidents/ injuries and poor nutrition. The latest Bhutan Population and Housing Census (2005), reports 21,894

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159   (2013). Multiple disabilities. NICHCY Disability Factsheet 10. Retrieved from http://www.parentcenterhub.org/repository/multiple/

persons, accounting 3.4 percent of the total population, with one or more disabilities. According to the census 6,476 of them had disability at birth and 15,867 persons developed disability later in life. Sex disaggregated data for types of disability (overall male proportion 54 per cent, female, 46 per cent) does not reveal any wide gender disparity except with regard to sight and movement disabilities, the latter of which may be due to gender division of labor. The Two-Stage Disability Study 2010, among children 2 – 9 years, estimates that 21 per cent of children in Bhutan have a disability. As per March of Dimes Report (2006)[160], annually, there are 876 children born with disability in Bhutan, of which, 13.6 per cent children are born with defects of the cardiovascular system, 8.1 per cent with neglected tropical diseases, 3.6 per cent with down syndrome and glucose - 6 phosphate dehydrogenase (G6PD) deficiency each and the remaining 71.0 per cent suffer from other forms of disabilities (primarily physical). The main causes leading to disability are as follows:

- *Congenital anomaly:* Congenital anomaly is characterized by structural deformities and involves defects in a developing fetus. It is influenced by parental habits such as consumption of alcohol[161] [162] and smoking[163] during pregnancy. Congenital anomaly can also be the outcome of the mother's or father's addiction to smoking (even prior to conception).[164] Inherited disabilities, which are a subset of congenital disabilities, occur as a result of gene mutation due to interaction between the parents' genes and the environment. In some cases, these mutations get passed down from the parent to the child. In many cases, disabilities due to mutation may not surface at the time of birth. They may surface as a child grows up, hampering his/her development process. Economic status of the family also plays an important role in determining the health (including disabilities) of a new born. Expecting mothers from poor households may experience poor health as a result of restricted diets and high degree of exposure to environmental pollutants. All of these factors affect fetal development.[165] It is also observed that the likelihood of a child being born with a disability is inversely correlated with the mother's level of education and awareness. According to research conducted in Bhutan, while 22.8 per cent of children with disabilities were born to mothers with no education, the corresponding figure for children born to mothers who had completed primary education and to mothers who had completed secondary education were 18.6 per cent and 13.5 per cent respectively.[166] This may be because a mother's level of awareness contributes to the level of care and precaution she observes when she is pregnant (or even once the child is born).

- *Acquired disabilities:* Acquired disabilities commonly arise from accidents, illness, working conditions that expose a person to an unhealthy environment (such as coal miners who breathe in coal dust) or repetitive physical stress (such as repeated heavy lifting).[167] Acquired disabilities also include the disabilities that develop in an individual as they age.[168] Old age may result in disabilities associated with chronic diseases and sensory disorders which limit mobility.[169] As per the Population and Housing Census (2005), 20.8 per cent of persons with physical impairment acquired their disability

160 Howson, C. P. & Modell, B. (2006). Global Report on Birth Defects: The Hidden Toll of Dying and Disabled Children. March of Dimes Birth Defects Foundation. Retrieved from http://www.marchofdimes.org/global-report-on-birth-defects-the-hidden-toll-of-dying-and-disabled-children-executive-summary.pdf

161 Streissguth, A.P. et al. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. Developmental and Behavioural Pediatrics. Retrieved from http://www.cdc.gov/ncbddd/fasd/facts.html

162 Streissguth, A.P., Barr, H.M., Kogan, J. & Bookstein, F. L. (1996). Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE). Retrieved from http://www.cdc.gov/ncbddd/fasd/facts.html

163 Preventing smoking and exposure to secondhand smoke before, during, and After Pregnancy. Retrieved from http://www.cdc.gov/nccdphp/publications/factsheets/prevention/pdf/smoking.pdf

164 Zhang, J., Savitz, D. A., Schwingl, P. J.& Cai, W. W. (1992). A case-control study of paternal smoking and birth defects. International Journal of Epidemology. Retrieved from http://www.popline.org/node/320419#sthash.ToXFlrNB.dpuf

165 (2012). Early childhood development and disability: A discussion paper. WHO Library Cataloguing in Publication Data. Retrieved from http://www.who.int/disabilities/publications/other/ECDD_final_word.doc

166 Two-stage child disability study among children 2-9 years Bhutan. Retrieved from http://www.nsb.gov.bt/news/files/attach1tz9416bn.pdf

167 Disability. Human Diseases and Conditions Forum. Retrieved from http://www.humanillnesses.com/Behavioral-Health-Br-Fe/Disability.html

168 What is disability? Australian Network on Disability. Retrieved from https://www.and.org.au/pages/what-is-a-disability.html

169 (2004). Disability in old age final report conclusion and recommendation. Jyväskylä University Press. Retrieved from http://www.jyu.fi/burdis/FinalReport.pdf

after birth. The corresponding figure for cases of mental, visual, speech and hearing disabilities were 5.7 per cent, 30.3 per cent, 7.7 per cent and 35.5 per cent respectively.

Vulnerabilities

Stigma, discrimination and exclusion

The latest Bhutan Population and Housing Census (2005), reports a prevalence of 3.4 per cent of the total population, with one or more disabilities. A number of countries in the Asia Pacific Region collect data on disability but the statistics are based on severe impairments and do not capture broader measures of disability, leading to lower reported prevalence. This could be an indication of the predominance of the medical model over the social approach. While Bhutan is signatory to the UNCRPD, and is in the process of formulating a national disability policy, the UNCRPD is not ratified. While the landscape of services for children with disabilities has broadened, there is lack of awareness among policy makers and service providers across sectors about the UNCRPD and the social/rights-based model of disability. "Poor awareness of current resources, negative attitudes, and negative cultural beliefs persist in communities."[170]

There is also lack of awareness among persons with disabilities themselves and their carers about their rights and the services available to them, illustrated by the comments of participants in a 2015 workshop on disability, where for example the grandmother (care taker) of a child with cerebral palsy said, *"I am not sure if he is sick, I think it is his past karma. I do not know what help we need from the Government but any kind of help would be great"*.

Education-related challenges due to quality, infrastructure and stigma

Imparting a quality education to persons with disabilities is largely determined by the ability of teachers to create a conducive environment to meet the needs of persons with disabilities. As per the study Investigating Teachers' Concerns and Experiences in Teaching Children with Special Educational Needs (SEN) in Bhutan (2015)**,** 69.0 per cent of respondents said that they were not trained and equipped to teach students with SEN. The same study clearly specifies that Bhutanese schools do not have the infrastructure and resources required to engage with children with disabilities.[171] Ramps, railings, disabled friendly toilets, apt teaching learning material, teaching aids etc. are not available in all schools including in SEN schools Teachers have been given the responsibility of contextually adapting existing curriculum and developing their own pedagogy to engage children with disabilities. However, this has led to a lack of standardization and the quality of education varies from classroom to classroom. There is a paucity of master trainers and special educators, and this limits the system's ability to train the teaching cadre.

Further, international research has found that children with disabilities may be subjected to stigma and discrimination from their peers and teachers. This is largely due to community's limited knowledge about disability and the prevailing negative attitudes associated with it. Also, the regular curriculum does not address the needs of the children with disabilities. As a result, it may leave them out in various activities or leave them behind in terms of understanding the subject clearly, highlighting that children with disabilities

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170 Promoting Equal Opportunities for Children with Disabilities in Bhutan, UNICEF, retrieved from: http://www.unicefbhutan.org.bt/wp-content/uploads/2015/10/4.-Promoting-equal-opportunties-for-Children-with-Disabilities.pdf
171 Chettri, K. (2015). Investigating teachers' concerns and experiences in teaching children with special educational needs in Bhutan. Retrieved from http://eprints.qut.edu.au/84747/1/Kishore%20Kumar_Chhetri_Thesis.pdf

are different.[172] This can cause students with disabilities to face discrimination and bullying from their peers. As a result, children may develop low self-esteem and have limited interaction with the community. This, in turn, negatively affects their educational outcome.[173]

Shortage of trained health professionals

In the case of Bhutan, shortage of human resources and inadequate training have been cited as the major reasons behind challenges pertaining to delivery of services to persons with disabilities. Further, access to psychotropic medications is very limited and they may not available at the community health centers. A study conducted to assess the attitudes of health professionals towards persons with disabilities in Bhutan revealed that doctors and nurses in Bhutan hold negative attitude towards persons with disabilities. They were noted to carry gross misconceptions about 'disability' and a general sense of pessimism, in terms of providing services to persons with disabilities.[174]

Livelihood challenges owing to structural issues

International studies prove that employment is positively correlated with an individual's educational qualifications. Detailed discussions with various stakeholders in Bhutan revealed that the absence of quality education, coupled with inadequacy of life skills are major barriers which restrict a persons with disabilities' ability to find suitable employment. This is further amplified by the fact that livelihood opportunities for persons with disabilities are very limited. Additionally, livelihood vulnerabilities for persons with disabilities are aggravated by discrimination at the workplace and the lack of disabled friendly infrastructure at the workplace. Persons with disabilities are discriminated against in terms of salary, terms of employment, promotion at work, general relations at work and training and enrichment courses.[175]

Susceptibility to physical and sexual abuse

Susceptibility of persons with disabilities to physical and sexual abuse has been highlighted by numerous international studies/reports. It has been observed that persons with disabilities stand at a higher risk of facing physical and sexual abuse. Reasons such as limited communication ability and fear of not being believed increases their susceptibility to being abused. Further, predators perceive persons with disabilities as easy targets since they are less likely to report the issue. Persons with disabilities live in segregated environments, such as group homes, where abuse can occur and be hidden more easily.[176] As per a review commissioned by WHO in 2012[177], it was observed that children with disabilities are 3.7 times more likely (than children without disabilities) to be victims of violence. They are 3.6 times more likely to be victims of physical violence and 2.9 times more likely to be victims of sexual violence.

172

173 Milsom, A. (2006). Creating Positive School Experiences for students with disabilities. Professional School Counselling Journal. Retrieved from http://www.readingrockets.org/article/creating-positive-school-experiences-students-disabilities

174 Dorji,S (2009) ATTITUDES OF HEALTH PROFESSIONALS TOWARD PERSONS WITH DISABILITIES IN BHUTAN. Retrived from http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol20_2/04_originalartcles2.html

175 Alfasi, M. (n.d). Discrimination against people with disabilities in the workplace and employers' attitudes regarding their employment. Retrieved from http://www.moital.gov.il/NR/rdonlyres/DB61E5CA-7505-4CC8-B2F8-161F0DE2E03A/0/Discriminatiomaginstpeoplewithdisabilitiesinthelabormarket.pdf

176 Retrieved from http://disabilityjustice.org/justice-denied/abuse-and-exploitation/

177 (2012). Children with disabilities more likely to experience violence. WHO Media Centre. Retrieved from http://www.who.int/mediacentre/news/notes/2012/child_disabilities_violence_20120712/en/

Current Policy & Program Landscape

The Eleventh Five Year Plan of Bhutan recognizes the importance of inclusive social development and aims to address poverty and access related issues faced by persons with disabilities. Recent Government programs and policies carry a distinct disability lens and aim to foster inclusion and community participation of persons with disabilities. Although there should be one lead agency to coordinate and manage initiatives, programs and interventions for persons with disabilities, disability should not be addressed as a "distinct" issue, but mainstreamed into government policies and programmes across sectors.

No specific Ministry or agency is responsible for protecting the rights of persons with disabilities.[178] This responsibility lies with the Ministry of Education (MoE) and the Ministry of Health (MoH). While this situation presents an example of coordinated effort to design and implement programs for persons with disabilities, it does not make one agency responsible and accountable, leading to complacency and dependency. The MoH has a separate program called Disability Prevention and Rehabilitation Program under Department of Public Health which provides Medical Rehabilitation services and prevention and promotion services, while also looking after the health needs of persons with disabilities in Bhutan. The Department of School Education at the MoE has a separate division looking into early childhood education and special education. As the prime responsible agency for the promotion and protection of child rights, the National Commission for Women and Children was identified as the interim lead coordinating body for children with disabilities until such Disability Policy identifies a permanent coordination body. The Department of Youth and Sports (DYS) is responsible for supporting youth with disabilities and adolescents. These two Ministries are supported by a set of Civil Society Organizations (CSOs) working for persons with disabilities. Organizations such as Disabled Persons' Association of Bhutan (DPAB), Ability Bhutan Society (ABS), Bhutan Foundation and Draktsho Vocational Training Centre are helping the Government in improving the socio-economic status of persons with disabilities in Bhutan.

In principle, the Disability Prevention and Rehabilitation Program collates and guides the effort of the various Government Ministries and CSOs. It is not clear whether this is effective in practice. Under the program, the Government seeks to provide medical and vocational rehabilitation for persons with all types of disabilities, promote integration of children with disabilities in school, and foster community awareness and social integration.

The Economic Development Policy of Bhutan details out the various infrastructure related constraints faced by the Bhutanese economy. However, it does not touch upon the need for disabled-friendly infrastructure. It is only under the Draft National Population Policy that a proposal has been made for ensuring that all important infrastructures are disabled friendly. As per the Bhutan Human Rights Report (2014), the law stipulates that new buildings must be constructed to allow access to persons with disabilities. However, the Government is facing challenges in implementing this directive, including due to its hilly/mountainous terrain. Further, the number of persons with disabilities in Bhutan (in an absolute sense) is considered low while the cost of modifying buildings to be disabled friendly is considered high and therefore constrained by economic considerations. As of today, the Government expects all new infrastructure of public importance to be made under a disabled friendly blue print. In accordance to this, the National Health Policy mentions the Government's priority to promote facilities and services which are disabled friendly. It further states that all health infrastructures shall be of sustainable design, integrating disabled friendliness and other necessary features. However, while most of the hospitals in

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178   (2014). Bhutan 2014 human rights report. Country Reports on Human Rights Practices for 2014. Retrieved from http://www.state.gov/documents/organization/236848.pdf

Bhutan have been made disabled friendly, the same cannot be said for institutions such as banks, hotels, public offices and educational institutions. Even most of the sidewalks and bus stands continue to be disabled unfriendly.

The lack of a strong early childhood education system in Bhutan means that an important platform for early identification of children with disability is missing. Early identification is crucial as it can lead to timely therapeutic interventions. Simple medical interventions, counseling and physiotherapy can reduce or curtail the severity of disability. The limited availability of therapists, physiotherapists and counselors is also a cause of concern. Early interventions, especially in case of mental disability, play a key role in reducing the negative impacts of a disability. It controls the formation of obstructive skills within a child and the building up of negative and disruptive patterns of behavior.[179]

Bhutan continues to work with an educational model which is a combination of the concepts of 'differentiation' and 'integration'. While there are separate specialized schools catering to visually and hearing impaired children, there are 12 SEN schools around Bhutan where children with various types of disabilities are taught on the same campus as other children. However, their classes are held separately. Most of the schools in the country continue to suffer from insufficient infrastructure, faculty and resources required to work with children with disabilities (let alone work under a model of 'inclusion').

While draft National Education Policy has provision for children with special needs, there is no specific legal framework specifying what children with disabilities are entitled to in terms of access to education and quality of education. The policy document encourages teachers to adapt/adopt curriculum based on the specific needs of a child with disability. It also encourages teachers to adapt their pedagogy to suit the requirements of Children with Special Needs (CWSN) and to adapt the methods they use to evaluate their learning outcomes. However, the policy leaves it to the teachers to determine the way in which the aforementioned are to be done. As a result, the quality of education being imparted to CWSN is expected to vary from classroom to classroom as each teacher may adopt a different technique to teach CWSN. Given this approach, while a few techniques may work in favor of providing quality education to CWSN, in the absence of a uniform methodology to teach CWSN, other techniques adopted may not ensure quality teaching learning processes and, therefore, might have a corresponding adverse impact on the child's learning outcome. The child might, in fact, be exposed to multiple pedagogies as he/she transitions through various grades. There is a lack of resource teachers (special educators) who can support teachers in adapting the curriculum and their pedagogy to suit the needs of a CWSN. The Bhutan Foundation is closely working with schools to improve upon their ability to work with CWSN.

Consultations with officials from the Ministry of Labor and Human Resources (MoLHR) reveal that the workforce participation rates for persons with disabilities are low. And the limited number currently working have only minor disabilities and are noted to be have low levels of income. Cases where individuals with severe disability are currently working can either be attributed to dedicated/focused efforts of the Ministry or to the efforts of CSOs such as Draktsho Vocational Training Centre for persons with disabilities.[180] Recognizing this issue, the MoLHR has recently commissioned a project aimed at the formulation of strategies for employment of persons with disabilities in Bhutan.

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179 Karanth, P. (n.d). Early Identification and Early Intervention - The need of the hour for children with developmental disabilities. Retrieved from http://www.academia.edu/3594046/Early_Identification_and_Early_Intervention_The_need_of_the_hour_for_developmental_disabilities
180 International Labour Organization, Social Security Department. Retrieved from http://www.ilo.org/dyn/ilossi/ssimain.viewScheme?p_lang=en&p_scheme_id=681&p_geo-aid=64

The Bhutan Universal Periodic Review Report 2014 also highlights the fact that there is no Government-sponsored social welfare scheme that specifically focuses on persons with disabilities. Benefits are granted to them under the National Pension and Provident Fund scheme. The Draft Social Protection policy, most recently updated in December 2015, has a component on "Disability insurance" for people who work in the formal sector. This policy has been designed with a view towards eventually expanding coverage to all workers in Bhutan. However, the Kidu (welfare) system is a social safety net instituted by the Monarchs to address grievances of the vulnerable groups including people with disability.[181]

The Government, led by GHNC, formed a multi-sectorial task force to formulate a National Disability Policy. The task force includes members from disability organizations and the private sector. UNDP is supporting the capacity development of the task force in 2016 to enhance understanding of disability and the process of formulation of the policy. Once in place, the policy will provide direction to Ministries, CSOs and the business community to help better coordinate efforts.

Existing Data Gaps

Enumeration data	☑	📅	🎖
Data pertaining to causes	☑	📅	🎖
Data pertaining to vulnerabilities faced by the group	☑	📅	🎖

Recommendations

• Ongoing efforts should be pursued towards the ratification of the UNCRPD, including strengthening the enabling environment for ratification and implementation thereafter.

• Awareness raising activities targeting policy makers and service providers across sectors on the UNCRPD and the social/rights-based model of disability should be carried out, in order to ensure that policies do not focus solely on the individual, fixing" their condition or supplying them with a safety net – as it is the case under the current prevailing medical/charity model, but create inclusive environments where people, regardless of their impairments, can fully participate in society. Awareness raising activities targeting persons with disabilities should be also carried out, for PwDs to have a better knowledge and understanding of their rights and the services available to them.

• The National Disability Policy should provide direction to the various Ministries and CSOs, and help them in better coordinating their efforts. In this regard, identifying one lead/nodal agency to coordinate and manage initiatives, programs and interventions for persons with disabilities will be critical. Persons with disabilities encounter three kind barriers - social/attitudinal, institutional and structural barriers. The policy should provide directives on developing and supporting disability programs and policies which will break these barriers. The policy formulation process should review the existing legal framework, policies and regulations related to disability. The process should be inclusive and participatory, and conduct extensive consultations among all stakeholders, including persons with disabilities.

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181 http://www.upr-info.org/sites/default/files/document/bhutan/session_19_-_april_2014/a_hrc_wg.6_19_btn_1_bhutan_e_4.pdf

- More generally, national, subnational and local policies and programmes should be based on plans that are explicitly inclusive of persons with disabilities and that also prioritize the active participation of persons with disabilities, through their representative organizations, in relevant decision-making processes. Organizations of and for persons with disabilities, self-help groups and self-advocacy groups, with support, as required by families and caregivers, should participate in decision-making, as appropriate, to ensure that the interests of PwDs are adequately addressed;

- The necessary budgetary support should be provided at all levels for disability-inclusive development and tax policies facilitate the inclusion of persons with disabilities;

- Effective and timely collection and analysis of sex-disaggregated disability data should be pursued for evidence-based policymaking;

- The capacities of DPOs and PWDs to actively engage in policy research, advocacy and coalition-building should be strengthened;

- Persons with disabilities should be included in mainstream community life and supported with life choices equal to those of others, including the option to live independently;

- National, subnational and local policies and programmes should also ensure that persons with disabilities have access to the physical environment, public transportation, knowledge, information and communication, in a usable manner, through universal design and assistive technologies with reasonable accommodation provided, and taking into consideration the need to accommodate economic, geographic, linguistic and other aspects of cultural diversity, which altogether constitute a critical bridge to fulfilling their rights; The Government should invest in pre-service and in-service training of teachers working with CWSN in integrated learning environments, providing them with support through a network of special educators/resource teachers and helping them in adapting existing curriculum and teaching pedagogy to suit the learning needs of CWSN. Further, teachers should also be trained on early identification of disability;

- The Government should develop a dedicated Apprenticeship Training Program (ATP) for persons with disability. For this, the Government should coordinate with Public Sector Undertakings (PSUs) and Private Corporations.

Orphans

Supporting members of this vulnerable group through relevant policies & programs can help the Government in steering the Nation closer towards realizing the following SDG targets:

SDG Targets: 1.3, 2.1, 2.2, 3.8, 4.1, 4.2, 4.3, 5.1, 5.2, 10.2, 10.3, 16.2, 16.3, 16.6, 16a and 16b.

The term '*orphan*' is used to refer to a child deprived by the death of both of his/her parents or because he/she has been permanently abandoned by his/her parents. According to the legal definition used in Bhutan, '*orphans*' are individuals who are less than 18 years of age and whose parents are not alive.[182]

Causes

As per the Bhutan Multiple Indicator Survey (BMIS) of 2010, about 7.4 per cent of children in Bhutan are living without the care of a biological parent and, of this, 5.4 percent are children who are orphans. The proportion of girls (8.9 per cent) living without the care and supervision of their biological parents in Bhutan is higher than the corresponding figure for boys (6.0 per cent). Also, such vulnerable children are more likely to be found in urban centers- 10.0 per cent as- against 6.3 per cent in rural areas. While it falls outside the legal definition of 'orphan' in Bhutan, children can be 'orphaned' through abandonment. The BMIS also reveals that abandonment is more common in the case of girls.

- *Untimely demise of parents:* The most common cause for children becoming orphaned is the untimely loss of their biological parents. They may lose their parents to an accident or to morbidity associated with diseases (often curable) such as malaria, tuberculosis, HIV/AIDS etc. Herein, accidents refer to natural calamities, incidents at the workplace, road accidents etc. Morbidity due to diseases may be an outcome of low levels of awareness and/or inadequate public health infrastructure/facilities.[183]

- *Child abandonment:* Poverty may be the root cause of child abandonment. In the absence of adequate social safety, families in economic distress may be forced to abandon their child/children. They do so with the belief of leaving the child/children to an alternate fate, hoping that someone will provide them with better care. They may also abandon the child/children as they start viewing them as a liability which is pushing the family further towards penury (or below subsistence).

Vulnerabilities

Children without parents/guardians are recognized as amongst the most vulnerable members of society. Their care and protection poses a significant challenge for the Government and their communities.[184] The National Youth Policy of Bhutan identifies orphans as a category of children/youth that are most vulnerable. The BMIS (2010) recognizes orphans as a group that is most at risk of neglect and exploitation.

Limited emotional care and support

Separation from their parents may lead to a situation where orphans start developing emotional insecurity and a feeling of loneliness. Numerous studies have shown that '*grieving*' is a process and some children

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182   Armed Forces Pension and Provident Fund Scheme Rules and Regulations of the Kingdom of Bhutan, 2002.
183   Tatek Abebe,(2009) Orphanhood, Poverty and the Care Dilemma: Review of Global Policy Trends. Vol 7, Norwegian Centre for Child Research, Trondheim, Norway http://socwork.net/sws/article/view/46/348
184   Tatek Abebe,(2009) Orphanhood, Poverty and the Care Dilemma: Review of Global Policy Trends. Vol 7, Norwegian Centre for Child Research, Trondheim, Norway http://socwork.net/sws/article/view/46/348

never stop grieving the loss of their parents. In the absence of a conducive environment and apt emotional and psychological support, these children can become reclusive and even develop psycho-social ailments. Some of them start feeling insecure because they have to depend on others for their needs. They start becoming anxious and confused about their future.[185]

Restricted access to education and healthcare

Global evidences indicate that, in the absence of biological parents and/or a legal guardian, orphans are left socio-economically marginalized.[186] With no one to look after their educational and health needs, they can fall behind in terms of their holistic growth and development. Even in societies where the State provides access to free education and health care, they may suffer due to aspects such as private cost of education (uniforms, textbooks, stationary etc.) and the cost associated with a nutritious diet. Limited access to education can limit their ability to gain suitable employment opportunities, pushing them into a cycle of poverty. On the other hand, health problems such as malnutrition can lead to stunted growth. Being pushed below subsistence levels may even force these children to come in conflict with law.

In Bhutan, in efforts to promote access to education and health care for girls (including orphan girls), the DYS, MoE initiated the Winter Youth Engagement Programme (WYEP) under the command of His Majesty the King in 2014, which identifies vulnerable and at risk girls who are from economically disadvantaged families. Since the first WYEP, a total of 1910 girls (411 girls attended the first, 821 the second and 678 the third one).[187]

Exploitation and abuse at the hands of foster parents

World over, Governments have put in place fairly comprehensive systems for monitoring the progress and wellbeing of orphans who have been placed at a foster home or have been legally adopted. This is to ensure that the care giver or the adoptive parents provide the child with the emotional and socio-economic support he/she needs. In cases where the adoptive parents have their own biological child, the adopted child might be subtly/passively discriminated against. Foster parents or adoptive parents may physically, psychologically or sexually exploit the child (especially girls).[188] Moreover, in the absence of a comprehensive legal provision protecting orphans, they might be deprived of equitable access to the family's property.[189] In some cases, they might even be economically exploited and pushed into child labor or engaged as disguised employees taking care of household chores. Adoptive parents might also try to shrug off their responsibilities by pushing their adopted girl child into early marriage. This, in turn, could negatively affect the girl's health and her social life.[190] These issues are expected to be of major concern in Bhutan as orphans are cared for under 'informal kinship' where the guardians do not take legal custody of the child and are not monitored by a suitable entity/institution.[191]

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185 Datta, D. (2009) Addressing the needs of orphans and vulnerable children: Strengthening ongoing community actions in Nyanza province, Kenya
186 Wiseman Chijere Chirwa, (2002) Social Exclusion and Inclusion: Challenges to Orphan Care in Malawi Nordic Journal of African Studies 11(1): 93-113 University of Malawi, Malawi
187 678 girls from six eastern dzongkhags benefit from Winter Youth Engagement Programme in Gyelpozhing. (Jan, 2016). The Bhutanese. Retrived from http://thebhutanese. bt/678-girls-from-six-eastern-dzongkhags-benefit-from-winter-youth-engagement-programme-in-gyelpozhing/.
188 Datta, D. (2009) Addressing the needs of orphans and vulnerable children: Strengthening ongoing community actions in Nyanza province, Kenya
189 Wiseman Chijere Chirwa, (2002) Social Exclusion and Inclusion: Challenges to Orphan Care in Malawi Nordic Journal of African Studies 11(1): 93-113 University of Malawi, Malawi
190 UNICEF. (2012). Situation Analysis of Children, Youth and Women in Bhutan. Thimphu,Bhutan
191 Literature review, Kinship care https://www.communities.qld.gov.au/resources/childsafety/foster-care/kinship-care-literature-review.pdf

By its very definition, the term 'orphan' refers to individuals who belong to a fairly young and impressionable age. Limited understanding of their position and a lack of sensitization may lead to bullying by their peers. This can adversely affect a child's emotional welfare and mental and physical health, as well as their capacity to develop social skills.

Current Policy & Program Landscape

Ensuring that orphans receive due care and the protection they require depends on the resources available to a society, the legal framework supporting the rights of orphaned children and the society's understanding of the issue.[192]

The Child Adoption Act (2012) protects the rights of orphans and specifies a legal framework to support the adoption of such children. It aims to ensure that these children are protected and can develop to their full potential. It outlines the duties and responsibilities of foster parents and adoptive parents. It also specifies that it is the State's responsibility to ensure the safety and security of these children and to ensure that they are not abducted or trafficked. The Act also specifies that it is the State's duty to ensure that an adopted child is not left uncared for or denied the right to equal inheritance of property (as compared to biological children). Further, the Act proposes the need to establish a Child Justice Court. It suggests that while the court should look into all cases involving children, one of its primary responsibilities should be the protection of orphans through legal interventions to ensure that their interests are taken care of.

The Eleventh Five Year Plan identifies the Ministry of Health (MoH) and the Ministry of Education (MoE) as the nodal agencies responsible for designing and deploying initiatives for supporting orphans in Bhutan. The National Commission for Women and Children (NCWC) is mandated to fulfill Bhutan's obligations towards the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC). It is expected to work in close coordination with the aforementioned Government ministries and support them in working for the benefit of orphans.

There is a Kidu (welfare) system instituted to address the grievances and needs of the vulnerable people including orphans. In addition under a notion of informal kinship, their extended family members and/ or community members take on the responsibility of their upbringing. While this clearly highlights the strength of the Bhutanese culture, it also highlights the fact that a number of orphans are not formally/legally adopted by their foster parents/adoptive parents/guardians. As a result, the progress and development of these children is never really monitored from the point of view of the vulnerabilities that an orphan might face.[193] Due to this practice of informal kinship, there are no foster homes (orphanages) in Bhutan. However, a number of orphans are actually sent to monasteries and nunneries. These institutions fill in for the absence of orphanages. However, by construct, these monasteries and nunneries offer very basic services (let alone child care services). Children receive informal education and a very basic diet. In fact, as per an expert committee's review of young monks and nuns in Bhutan, about 25.0 per cent of children and adolescents in monasteries and nunneries were there because they were not looked after by their parents. Of this, 5.4 percent were orphans.[194]

192 Tatek Abebe,(2009) Orphanhood, Poverty and the Care Dilemma: Review of Global Policy Trends. Vol 7, Norwegian Centre for Child Research, Trondheim, Norway http:// socwork.net/sws/article/view/46/348
193 Bhutan Children's Rights References in the Universal Periodic Review (2014) second Universal Periodic Review. https://www.crin.org/en/library/publications/bhutan-chil-drens-rights-references-universal-periodic-review-0
194 UNICEF. (2012). Situation Analysis of Children, Youth and Women in Bhutan. Thimphu,Bhutan

The DYS, MoE initiated the Winter Youth Engagement Programme (WYEP) under the command of His Majesty the King in 2014, which identifies vulnerable and at risk girls who are from economically disadvantaged families, including orphan girls. Since the first WYEP, a total of 1910 girls (411 girls attended the first, 821 the second and 678 the third one). The main objective is to give the girls an opportunity to spend their holidays learning useful skills, supplementing their school-education, and enjoying their vacation like other children elsewhere. During the recent three week long third WYEP at Gyalposhing held from 30th December 2015 onwards, 678 girl students aged 16-20 years studying classes IV –XII from 69 schools attended the programme.[195] At the end of the programme His Majesty provides each girl adequate cash to help them take care of their school expenses.

Existing Data Gaps

Enumeration data	☑	📅	🎖
Data pertaining to causes	☑	📅	🎖
Data pertaining to vulnerabilities faced by the group	☑	📅	🎖

Recommendations
- The National Commission for Women and Children (either directly or through a network of CSOs) should take up the responsibility of monitoring the well-being of orphans who have been informally adopted by their kin.
- Under their existing schemes/initiatives, the Ministry of Education and the Ministry of Labor and Human Resource should provide supplementary incentives, scholarships, stipends etc. to orphans.

The National Commission for Women and Children should carry out a situational assessment to ascertain the need for orphanages in Bhutan. There is a need to develop a comprehensive programme for orphans in the country to provide services to ensure protection and care.

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195 678 girls from six eastern dzongkhags benefit from Winter Youth Engagement Programme in Gyelpozhing. (Jan, 2016). The Bhutanese. Retrieved from http://thebhutanese. bt/678-girls-from-six-eastern-dzongkhags-benefit-from-winter-youth-engagement-programme-in-gyelpozhing/.

Out of School Children

The Conceptual and Methodological Framework (CMF) developed by United Nations Children's Fund (UNICEF) and UNESCO Institute for Statistics (UIS) as part of the Global Out Of School Children (OOSC) Initiative defines out-of-school children and children who are at risk of dropping out in terms of five dimensions of exclusion (5DE), namely:[196]

- Dimension 1 – Children of pre-primary school age who are not in pre-primary or primary school
- Dimension 2 – Children of primary school age who are not in primary school or at higher level
- Dimension 3 – Children of junior secondary school age who are not in primary or junior secondary (or higher)
- Dimension 4 – Children who are in primary school but at risk of dropping out
- Dimension 5 – Children who are in junior secondary school but at risk of dropping out

The CMF further categorizes dimensions 2 and 3 under three mutually exclusive sub-groups based on school exposure, as follows:

- Those who attended school in the past and dropped out (drop-outs);
- Those who never attended school but will enter in future (late entrants);
- Those who will never attend school.

Going by the definition provided under the CMF, school drop outs are considered as a subset of out of school children.

Causes

- ***Inadequate family income:*** Meager household income is one of the major barriers that prevent parents from sending their children to school. The data from Bhutan Multiple Indicator Survey (BMIS 2010) establishes a correlation between wealth index quintiles and percentage of children that have never attended school. The percentage of out of school children for families from poorest quintiles was 19.8 per cent; while the corresponding figure for children from the richest quintile was 3.5 per cent.

  In Bhutan, while education is free for children, it is the private cost of education – transport, token fee, School Development Fund, *Rimdro* fee, clothing, food, stationary, etc. - that dissuades parents from sending their children to school. Expenses on school uniforms[197] and transport-related expenses have been reported to be as high as Nu. 5000 per child per year. The Ministry of Education study on enrolment and retention strategies in Bhutan reports that "poverty" is the major cause for school dropouts, particularly in rural areas. Upgrading to the next level of school may entail relocating to another place which will mean costs that parents have to bear.[198] The same study on enrolment and retentions strategies, reports

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196 UNICEF. (2012). Nigeria country study conducted within the conceptual and methodology framework (CMF). Global Initiative on Out-of-School Children. Retrieved from http://www.uis.unesco.org/Library/Documents/out-of-school-children-nigeria-country-study-2012-en.pdf

197 Subedi, U., Nepal, S. A study on enrolment and retention strategies in Bhutan. Ministry of Education Policy & Planning Division. Retrieved from http://www.education.gov.bt/documents/10180/12859/Bhutan_Enrolment_retention_strategies.pdf/76eb31ec-efc0-4926-a933-40eacf400a8a?version=1.0

198 Subedi, U., Nepal, S. A study on enrolment and retention strategies in Bhutan. Ministry of Education Policy & Planning Division. Retrieved from http://www.education.gov.bt/documents/10180/12859/Bhutan_Enrolment_retention_strategies.pdf/76eb31ec-efc0-4926-a933-40eacf400a8a?version=1.0

that among the other reasons cited impacting retention are: scattered settlements and difficult walking conditions to schools in many remote areas and limited employment opportunity for educated youth after completion of basic education. While substantial portion of poor children (69.2%) were enrolled at Primary level, only a few (2.7%) could continue in secondary level.[199]

Consultations held with various Civil Society Organizations (CSOs) led to an understanding that while boys help with farm work in order to add to the household income, girls help with taking care of younger siblings and managing domestic household chores. It was also found that even though some parents had an understanding of the economic possibilities and opportunities resulting from education, economic vulnerability discouraged them from sending their children to school under a formal setup. Instead, parents sent their children to monasteries, which are treated as a substitute for formal schools. This is may be because monastic education is provided free of cost and includes provision of food, accommodation and clothing, which is not the case in formal schools where parents incur cost of uniforms, transport etc. Also, the respect and social status associated with monks (who also have secure self-employment) encourages parents to send their children to monasteries.[200]

- *Inaccessibility due to terrain challenges:* Rugged mountainous terrain was a a major barrier and during the 10th Five Year Plan, the MoE initiated the concept of Extended Classrooms (ECRs) mainly to enroll every child in the school system. In 2015 Bhutan reports Adjusted Net Primary Enrollment of 98.8 per cent, indicating that Bhutan is very close to achieveing the goal of Universal Primary Education. [201] However, issues with inaccessibility still persists and are further aggravated because parents, especially staying in rural areas, do not risk sending their children to schools as it requires walking long distances through dense forests.[202] The BMIS Thematic Analyses (2010) found that girls may face sexual harassment during the long commute to the nearest school. This has been cited as one of the factors that lead to girls from rural areas dropping out of school.[203] While the Government has in place specific policies and guidelines to establish schools within a certain distance, the higher cost of constructing schools in rugged terrains makes it difficult to set up schools in these regions. Consultations held with CSOs led to an understanding that most of the tribal population resides at high altitudes which are inaccessible and where establishing schools has been a major hurdle due to implications pertaining to both high cost and difficulty in construction of schools.

- *Out of school children with disabilities:* As per the Two Stage Disability Study (2010-11), overall prevalence of disability among children 2- 9 years of age stands at 21.0 per cent. During consultations held with CSOs and other stakeholders, it was found that currently there are 12 schools in Bhutan that cater to the needs of children with disabilities. However, these schools are still grappling issues involved in establishing a disabledfriendly environment. It was reported that lack of accessible infrastructure, coupled with inadequate teaching learning material and limited training for teachers to deal with children with disabilities, act as demotivating factors for parents to enroll their children in such schools. Further, with no availability of data disaggregated by enrolment rate, retention rate and progression of children with disability at school level (given that number of children with disabilities in Bhutan is not known), it becomes hard to comment upon the current status of education for

199 National Statistics Bureau. (2007). Poverty Analysis Report
200 Subedi, U., Nepal, S. A study on enrolment and retention strategies in Bhutan. Ministry of Education Policy & Planning Division. Retrieved from http://www.education.gov.bt/documents/10180/12859/Bhutan_Enrolment_retention_strategies.pdf/76eb31ec-efc0-4926-a933-40eacf400a8a?version=1.0
201 Ministry of Education. Annual Education Statistics. (2015). Ministry of Education, Royal Government of Bhutan. Retrieved from http://www.education.gov.bt/documents/10180/12664/Annual+Education+Statistics+2015.pdf/54daad9f-036d-4556-8b1e-cfe991014904?version=1.0.
202 Subedi, U., Nepal, S. A study on enrolment and retention strategies in Bhutan. Ministry of Education Policy & Planning Division. Retrieved from http://www.education.gov.bt/documents/10180/12859/Bhutan_Enrolment_retention_strategies.pdf/76eb31ec-efc0-4926-a933-40eacf400a8a?version=1.0   http://www.education.gov.bt/documents/10180/12859/Bhutan_Enrolment_retention_strategies.pdf/76eb31ec-efc0-4926-a933-40eacf400a8a?version=1.0
203 UNICEF. (2010). BMIS thematic analyses series - education.

differently abled children. It has also been reported that in Bhutan, there is no data available on children out of school due to disability.[204]

Vulnerabilities

Poverty trap

As highlighted above, due to meager household income which leads to economic vulnerability, parents are unable to finance the private cost attached with a child's education and, as a result, these children never enroll in schools. In the absence of formal education and essential skills to participate in the labor force of the economy, these children face barriers in seeking livelihood when they grow up. It has been found that lack of basic education contributes to weak human development, thereby making access to economic activities and resources more difficult and increasing chances of poverty.[205]

As a consequence, such children are unable to emerge from poverty and, instead, continue with the existing livelihood of the family, which, as per evidence from the current trends in Bhutan, does not generate high economic returns. Bhutan has a Continuing Education (CE) Program targeting children who drop out early to complete class X or XII. The CE programmes follow the same curriculum as the formal school and are conducted by the same tutors teaching the formal school. However,an older child, as a consequence of not being the same age as others in the class, may face barriers in acquiring education through formal setups which, thereby, increases the risks of them dropping out completely. As per BMIS, it was observed that approximately 40.0 per cent of 6 to 18 year-olds who remain in school were behind their age appropriate class. This percentage increased with age up to 13 years and then decreased with age, indicating that many children initially repeated classes, thus becoming over-age and then, unfortunately, move from being behind schedule to dropping out of school entirely. Further, there are currently no programs for accelerated learning for children who drop out of primary grade or to get them back into school.

Inadequate life skills and social skills

Under mainstream education, apart from imparting education through textbooks, there is a major emphasis on providing life skills and social skills to children in order for them to become responsible citizens in the future. In the absence of formal education, an out of school child faces a high risk of getting into drug and alcohol use, which may further lead to other health related concerns. One of the components of BMIS aimed at assessing the level of HIV and AIDS transmission related knowledge amongst girls and women. It was observed that overall 22.0 per cent of girls aged 15-18 years had comprehensive knowledge on HIV and AIDS. However, the percentage differed when disaggregated by school participation status, with 31.0 per cent school going girls having this knowledge as compared to only 12.0 per cent girls who did not attend school. As a consequence, girls who do not attend school face a higher degree of vulnerability. From this data, it may be surmised that there exists a high correlation between less knowledge and increased vulnerability.

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204 UNICEF. (2012). Promoting equal opportunities for children with disabilities in Bhutan. Retrieved from http://www.unicefbhutan.org.bt/wp-content/uploads/2015/10/4.-Pro-moting-equal-opportunties-for-Children-with-Disabilities.pdf
205 (2011). Nepal - A country analysis with a human face. Retrieved from http://un.org.np/reports/country-analysis-2011

Current Policy & Program Landscape

The Government has in place various policies and programs that focus on providing education to all in Bhutan. The educational structure in Bhutan comprises of three forms namely, formal education, monastic education and non-formal education (NFE). While monastic education remains the oldest form of education system, it is the modern education, in the form of formal education that is the largest. The NFE provides basic literacy courses for all those who could not attend or complete formal or monastic education and is targeted for those 15 years and above.[206] The existing policy of providing free education and supporting mass education for Bhutanese children is being realized through establishment of Community Primary and Primary Schools and provision of boarding facilities and feeding program, where needed.[207] The report on *The Education Resilience of Out-of-school Children in Bhutan* captures policies and programs in place for enabling children to go to school to attain education. Findings against each of these policies and programs have been described below:

- *School Admission Policy 2014:* This policy allows children to be enrolled in school from age of 6 years and above. With the current policy allowing once a year admissions, education officials are of opinion that bi-annual admissions should be conducted for the convenience of parents. According to the MoE Education Policy Guideline and Instructions (EPGI) 2012, in order for a child to be admitted to school, either both or one of the parents shall be a Bhutanese citizen. The parent(s) shall produce Citizenship Identity Card or a letter of certification from MoHCA. [208]

- *School Discipline Policy 2012:* This policy banned corporal punishment in schools. Discussions held during this study revealed that while corporal punishments were reduced, there have been increasing disciplinary issues, and students are unable to re-integrate into school after they are expelled.

- *National Youth Policy 2011:* The policy facilitates youth skill building. It has very little reach and coverage as Bhutan has only 10 youth centers, mostly clustered in the towns. Rural children may not have access to skill development initiatives. In efforts to increase accessibility and to understand the needs of out of school youth (a priority category of youth as per the policy), the Youth Center Division (YCD) of DYS, MoE conducted a study and developed a training manual, followed by training of trainers. The Ministry has plans to train more out of school youth with participation from both rural and urban. The draft National Youth Action Plan is currently being reviewed and yet to be endorsed by the Cabinet.

- *Draft National Education Policy 2014:* The provisions of the Draft National Education Policy include provision of free basic education and ensuring accessibility. It outlines the Government's oversight on private schooling as well, and high enrolment numbers in these schools are not encouraged. Respondents during the study claimed that the quality of education is a major issue as the skills imparted to children do not match the needs of the job market The policy has a section on Early Childhood Care and Development (ECCD) which aims to increase children's school-readiness, mitigate school dropout and improve individual achievement levels and retention rates. However, the policy, pending since 2012, is still not endorsed, while only 17 per cent [209] of children have access to ECCD services. The policy also has a section on Special Education Needs and calls in part for the inclusive education of children with special education needs. It supports retaining majority of

206 Ministry of Education, Royal Government of Bhutan. (2015). Non-Formal Education Programme Review Report Findings of the cross-sectional study. Retrieved from http://www.education.gov.bt/documents/10180/828562/nfe+review+report+page.pdf/ba8354f8-a61b-4d7c-a060-7b88380a50f9?version=1.0.

207 Subedi, U., Nepal, S. A study on enrolment and retention strategies in Bhutan. Ministry of Education Policy & Planning Division. Retrieved from http://www.education.gov.bt/documents/10180/12859/Bhutan_Enrolment_retention_strategies.pdf/76eb31ec-efc0-4926-a933-40eacf400a8a?version=1.0

208 Policy and Planning Division Ministry of Education. (2012). Matters: 30th Education Policy Guidelines and Instructions EPGI. Retrieved from http://planipolis.iiep.unesco.org/upload/Bhutan/Bhutan_EPGI_2012.pdf

209 Annual Education Statistics, 2015

children with cognitive or physical impairment in formal schools along with other children. It has been found that only a few SEN schools offer boarding facilities and the majority are located in urban areas. Also, these schools are aimed at integration rather than fostering inclusion as noted during consultations.

- **Educating for Gross National Happiness:** This program aims to promote mutual respect and cooperation between the educated, the intellectuals and the non-educated. It aims to create the right conditions for children to think, reflect and show concern for each other. The perception of our key informants was that this fostered a conducive learning environment and also reduced discipline problems in school. The program takes a holistic approach to improve the quality of education and ensures principals deal with teachers, and teachers deal with students, in a just and equitable manner.

- **Food for Education Program:**[210] In order to encourage parents to send their young children to school, the scheme was initiated wherein food/stipend was provided to children who were sent to school.

   - Currently World Food Programme (WFP) targets school children from PP-Class VIII along with Ministry of Education's (MoE) support where Nu 240 per student is provided for students studying at boarding schools. The Government bears the cost of one meal and transportation for students who are enrolled at day schools and hence, they do not get any stipend.

   - Classes IX-XII are covered by MoE with a stipend of Nu. 1000 per child for boarders and Nu.335 for day scholars of Central schools.[211]

   - Royal University of Bhutan supports students and trainees (day and boarding) at tertiary and vocational training institutions by granting them a monthly stipend of Nu 1500, which includes free accommodation. Some universities deduct a certain amount for food from this amount. However, in other cases, students have to arrange for their own food.

   - Monastic institutes supervised by central Monastic body are supported by Government wherein each monk is given a stipend of Nu 1705 per month and also provided with accommodation. The stipend is used for providing basic food, clothes and education.

The Eleventh Five Year Plan of Bhutan recognizes the challenges associated with out of school children and has planned strategic interventions to address these challenges. The Government plans to implement programs that would decrease dropout rate to less than 10.0 per cent. It also focuses on increasing the literacy rate by enabling adequate access to education and improving the quality of education. It aims to promote the route of NFE – designed for illiterate adults rather than children who are out of school - for attaining stipulated literacy levels while ensuring the curriculum is revamped, including the introduction of functional English. It is also mindful of the higher attrition rates of instructors at NFE institutes and the sustainability issues associated with withdrawal of financial aid for most activities under NFE by development agencies. Keeping these in mind, it has formulated the program aiming at adult literacy and lifelong learning. Further since 2006, the Ministry of Education in collaboration with higher secondary schools has initiated a Continuing Education Programme to allow children who drop out of school the opportunity to improve their qualifications.

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210 Dolkar, C. (2012). Kingdom of Bhutan: Updating and improving the social protection index. ADB Technical Assistance Consultant's Report. Retrieved from http://www.adb.org/sites/default/files/project-document/76052/44152-012-reg-tacr-04.pdf

211 Ministry of Education, Royal Government of Bhutan. (2014). Operational Guidelines for Central Schools. Retrieved from http://www.education.gov.bt/documents/10180/10998/Operational+Guideline+Central+Schools+(final+draft).pdf/1409bf64-8980-48cd-8716-d41288ec9ae0?version=1.0

As reported in the Kuensel article from September, 2015 entitled "*When fathers don't claim their children*", the impact of "fatherless children" and the resulting lack of citizenship if the child is not registered at birth can have a lifelong impact on access to education. Therefore this factor needs further review in relation to this vulnerable group.

Existing Data Gaps

Enumeration data	☑	📅	🎖
Data pertaining to causes	☑	📅	🎖
Data pertaining to vulnerabilities faced by the group	☑	📅	🎖

Recommendations

- Plan and carry out a detailed study to understand the factors responsible for children being out of school

- Strengthen the current Continuing Education Programme by maximizing the utilization of the present school infrastructure and human resources (with the potential of engaging retired teachers) to hold evening classes/schools for out of school children who belong to low income households. The programme could also look at introducing Accelerated Learning programme for early drop outs.

- A proper assessment may need to be undertaken to determine the causes for children dropping out of school particularly those from poorer households.

- Develop and deploy a network of School Management Committees (SMCs) that include parents, community leaders, retired teachers and teachers. The SMCs should prioritize reaching out to families of children who are out of school. They should also support with enrolment drives.

- Strengthening the system to monitor children who are Out of School through EMIS.

People Living with HIV/AIDS

Supporting members of this vulnerable group through relevant policies & programs can help the Government in steering the Nation closer towards realizing the following SDG targets:

SDG Targets: 1.3, 3.3, 3.5, 3.7, 3.8, 5.6, 4.4, 8.8, 10.2, 10.3, 10.4, 16.3, 16.6, 16a and 16b.

The term 'People Living with HIV/AIDS', which is abbreviated as 'PLWHA' or 'PLHIV', refers to people who have tested positive for HIV antibodies.

Causes

The first HIV case in Bhutan was detected in 1993 through a routine medical screening, making it the last country in the South Asian region to have detected the infection.[212] Since then, there has been an increase in the prevalence and detection of HIV with 38 cases being detected in 2000[213] to 515 (M- 265 F- 250) in 2016.[214] The estimates by Joint United Nations Program on HIV/ Acquired Immune Deficiency Syndrome (UNAIDS), however, show the number of positive cases to be 1100, which further suggests that there are 585 people unaware of their status. HIV positive people who are unaware of their status have the potential to unknowingly pass on the infection, thus contributing to a rise in the number of PLHIV.[215] However, data limitations make it difficult to determine the actual level of HIV epidemic in the country.[216]

- *High incidence of Sexually Transmitted Infections:* Presence of Sexually Transmitted Infections (STIs) in a person increases the chances of his/her becoming infected with HIV. While the data from Bhutan suggests low HIV prevalence, high prevalence of STI is a cause of concern since "STIs are important and sensitive biomarkers of high-risk behavior for HIV transmission".[217] The rapid assessment on 'Sexual Behaviors and Networks' (2010) found high levels of STIs in Thimphu, with 20.0 per cent of men and 29.0 per cent of women reporting having an STI in the last 12 months prior to survey. Further, increasing casual attitude of people towards sex has emerged as a major challenge in the battle against HIV/AIDS in Bhutan. [218] According to the same rapid assessment, 19.0 per cent of respondents reported having sex with unknown partners. Men (25.0 per cent) were about two and a half times more likely to have sex with strangers than women (10.0 per cent). The assessment also shows that individuals between 25 and 29 years of age (21.0 per cent), students (23.0 per cent), and widowed, divorced or separated (23.0 per cent) are more likely than others to have had casual sex with strangers.

- *Occupational risk:* Studies have pointed out that there is a substantial presence of commercial sex networks in the country at present. A high proportion of men, particularly in Thimphu, visit bars/restaurants (42.0 per cent), followed by 24.0 per cent visiting public places seeking female sexual partners.[219] Further, the National Strategic Plan, (NSP- II, 2012-2016) of Bhutan, besides sex workers, identifies mobile populations including truckers, taxi drivers, migrant workers and uniformed services personnel as groups displaying high risk behavior. A significant proportion of PLHIV presently are

212 Lhak- sam. (2011).Need assessment report: baseline survey and need assessment to understand the circumstance and growing needs Bhutanese living with HIV/AIDS. Thimphu Bhutan.
213 Royal Govt of Bhutan. (2013). Eleventh five year 2013- 2018. Plan Document, Vol – 1, Thimphu, Bhutan.
214 Ministry of Health. (2016). National HIV/AIDS Control Progeamme Press release. Thimphu Bhutan
215 Lhak- Sam, Bhutan Network of People Living With HIV and AIDS. (2014). Annual report. Thimphu Bhutan
216 Global AIDS Response Progress. (2014) Bhutan progress report.
     Retrieved from http://www.aidsdatahub.org/Bhutan Global-AIDS-Response-Progress-Report-2014
217 Royal Government of Bhutan. (2012).National strategic plan 2012-2016 (NSP) for HIV/AIDS and STI. National STIs and HIV/AIDS Control Programme Ministry of Health, Thimphu, Bhutan.
218 Royal Government of Bhutan. (2013). Eleventh five year 2013- 2018. Plan Document, Vol – 1, Thimphu, Bhutan.
219 Ministry of Health, National AIDS Control Program, and Centre for Global Public Health – University of Manitoba. (2010). Sexual behaviours and networks in Thimphu, Bhutan: a rapid assessment

reported to be drivers and armed force personnel (40 and 33 respectively out of 403 PLHIV).[220] This is mainly because in the case of certain occupational groups, their chances of engaging in unsafe practices are comparatively higher, like in the case of sex workers where there is a strong possibility of occupational transmission of STI. The situation is exacerbated owing to low use of condoms. While there exists a general awareness about condom usage as a protective measure against HIV, its use among vulnerable adolescents varied from 22.0 per cent to 60.0 per cent, and was found to be more common among urban respondents. Commonly cited reasons for not using condoms included 'reduced pleasure' (35.0 per cent) and 'non-availability' (25.0 per cent).[221]

- *Inadequate awareness:* Adequate information and knowledge is of prime importance in effectively responding to HIV. Comprehensive media campaigns and awareness raising programmes were held to educate the public on signs and symptoms of HIV/AIDS, modes of transmission, diagnosis modalities, service availability and treatment services. Despite the huge investment in carrying out the IEC campaigns through different channels, the National Health Survey (NHS 2012) found that prevalence of comprehensive correct knowledge of HIV/AIDS among the population aged 10-75 years was only 16.8 per cent. Only 20.2 per cent of the respondents were able to reject the two most common misconceptions in Bhutan that, "people can get HIV/AIDS from mosquito bites" and "people can get HIV/AIDS by sharing food". The lack of comprehensive information on the modes of transmission and prevention lead to spread of HIV, while misconceptions regarding HIV fuel stigma and discrimination against those infected with HIV.

Vulnerabilities

Access to required healthcare- bridging the HIV detection gap

Despite the massive scale-up of HIV diagnosis and treatment services across all levels of health facilities, there is still a detection gap of 42% as per the UNAIDS estimates of 2013. Timely diagnosis of HIV is of prime importance in linking the individuals to preventive interventions and treatment continuum. Currenntly, the upfront HIV diagnosis services are available across all levels of health centers including primary health care centers (Basic Health Units) and free standing Health Information & Service Centers are established in major towns to create easy accessibility for the urban dwellers including the most-at-risk population groups. The program policies and plans are centered to bridge the current detection gap through enhanced reach of HIV prevention and treatment services including through strengthened community outreach.

Stigma and discrimination

People living with HIV may be discriminated against, firstly because of unfounded fears of infection, and secondly, because the infection is negatively associated with promiscuity, homosexuality and recreational drug use. It has been observed that not all PLHIV revealed their status and choose not to for the fear of stigma and discrimination in the country. According to the Need Assessment Report by Lakh-Sam (2011), 65.0 per cent of the respondents said they did not experience any form of stigma and discrimination and 15.0 per cent said they do not know whether they were stigmatized or discriminated against. However, 20.0 per cent of respondents said that they were stigmatized and discriminated against. The same report also

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220   Lhak- Sam, Bhutan Network of People Living With HIV and AIDS. (2014). Annual re port Thimphu Bhutan.
221   UNICEF. (2012).A situation analysis of children, youth and women in Bhutan. Thimphu, Bhutan.

states that 58.1 per cent of the respondents who were HIV positive have full support from their immediate family members while the remaining do not. Further, the data from the Bhutan Multiple Indicator Survey (BMIS 2010) also shows that only 27.9 per cent of women surveyed express an accepting attitude towards people living with HIV/AIDS. [222]

Livelihood challenges due to unequal status

The economic repercussions of being identified as a PLHIV can be devastating, from the denial of one's right to be treated equally at the workplace to the loss of one's job in extreme cases. Also, PLHIV in the armed forces have reported facing serious difficulties, including being asked to resign.[223] According to reports, 35.1 per cent of PLHIV in Bhutan enjoy support at the workplace. More than 50.0 per cent of women living with HIV are economically productive.[224]

Current Policy & Program Landscape

The Royal Government of Bhutan has demonstrated a strong political commitment to preventing and controlling the spread of HIV/AIDS in the country. The Royal Decree issued by His Majesty the Fourth Druk Gyalpo Jigme Singye Wangchuck in 2004 is the guiding principle for developing any plans and policies related to HIV prevention, treatment, care and support services in the country. Following the need to scale-up the programmatic reach, the National HIV/AIDS Committee was upgraded to National HIV/AIDS Commission (NHAC) in 2004 with the mandate to provide policy directives for the prevention and control of HIV/AIDS in the country'.

The Royal Civil Service Commission 2012 also clearly sets out the need to "provide equal opportunity to all eligible Bhutanese citizens for employment and career advancement in the Civil Service on the basis of merit, qualification, fair and open competition without discrimination on the grounds of race, sex, language, religion and other status".

The World Bank highlights that NACP "needs to focus on areas that are most effective in a low-prevalence setting: providing prevention services to and empowering those who are most at risk of contracting HIV (MARPs); reducing stigma and discrimination; and making greater use of available data on the epidemic in defining program direction, and decision making, and improved field supervision to ensure better outcomes."

The National Strategic Plan for HIV/AIDS and STI (NSP-I, 2008–2013) was launched in 2008, in line with the Government's Tenth Five Year Plan, to provide strategic direction for STI and HIV response in the country. In absence of empirical data on the epidemic, NSP-I focused majorly on thorough collaboration and meaningful participation of all key stakeholders to mitigate the impact of the epidemic and to create a supportive environment for PLHIV. Various fundamental guidelines and policies were developed in addition to building the capacity of the health care providers and other HIV services providers in the country under NSP I. [225]

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222 National Statistics Bureau, UNICEF and UNFPA, Thimphu, Bhutan. (2010). Bhutan multiple indicator survey (BMIS)
223 Lhak- sam. (2011).Need assessment report: baseline survey and need assessment to understand the circumstance and growing needs Bhutanese living with HIV/AIDS. Thimphu Bhutan.
224 UNICEF. (2013). The draft common country programme document for Bhutan. Thimphu Bhutan. Retrieved from
     http://www.unicef.org/about/execboard/files/2013-BTN1-Bhutan_CCPD-final_approved-English.pdf
225 Global AIDS Response Progress. (2014). Bhutan progress report
     Retrieved from http://www.aidsdatahub.org/Bhutan-Global-AIDS-Response-Progress-Report-2014

Consultations with stakeholders have revealed the need for special packages for certain groups such as Men who have Sex with Men (MSM) and sex workers to raise awareness and to motivate them to come forward for testing and treatment. However, this is not to undermine the efforts put in by Lhak-Sam, one of the few NGOs working with the Government to combat the HIV epidemic in the country. Lhak-Sam is working with MSM and Transgender population in partnership with the NACP through the UNDP Multi-Country South Asia Global Fund HIV Program to address their needs as much as possible.

The National Global Fund HIV grant has a "module on removal of legal barriers". The grant includes a proposal to review existing legal frameworks to ensure that the human rights of key affected groups (defined in the NSP II) are fully reflected and respected in the domestic law. In 2016 the Ministry of Health is working in partnership with the UNDP to conduct the legal environment assessment and as a result develop a costed action plan for implementation. ARTs are included as a part of the National Essential Medicines list and the Royal Government of Bhutan through Ministry of Health provides it free of cost to people living with HIV. A system for Prevention of Mother to Child Transmission (PMTCT) of HIV is in place. Pregnant women are offered Voluntary Counseling and Testing (VCT) services during antenatal checkup, testing kits made available in all the health facilities, arrangement has been made for Early Infant Diagnosis (EID) of HIV and free supply of breast milk substitute (formula) till one year of age, and drugs are made available both for mother and the children for prevention as well as treatment.

Development partners in the country have been working in close collaboration with the various stakeholders to gear towards the UNAIDS "Fast Track mode" of the 90-81-73 (90 % of all people living with HIV will know their HIV status; 81 % of all people with diagnosed HIV infection will receive sustained Anti-retroviral therapy; 73% of all people receiving antiretroviral therapy will have durable viral suppression) targets by 2020. The ART guideline has been revised in 2014 and follows several key recommendations of the WHO. Training of health workers on PMTCT and VCT (Voluntary Counselling and Testing) and development of PMTCT and Paediatric HIV/AIDS management guidelines has been carried out. In 2016, The Ministry of Health, launched its NSP III (2017-2023)- "On Fast Track to Ending AIDS" during the World AIDS Day. It has a goal to achieve 90-90-90[226] global targets for HIV response by 2020, and continue through the planning period, towards ending of the HIV epidemic by 2030. Key and vulnerable populations remain the main focus of the NSP III and these include female sex workers (FSW), transgender people (TG), gay men and other men who have sex with men (MSM), people who inject drugs (PWID), incarcerated and mobile and migrant populations, with special attention to young vulnerable people. Males and Females at higher risk for HIV, such as the clients of FSW and their female partners, and MSM, are another priority group. [227] The document articulates four targeted strategic directions and two crosscutting strategies to achieve the national vision of ending AIDS:

1. Prevention of HIV transmission through outreach and in reach.

2. Universal access to HIV and STI testing and screening.

3. Comprehensive continuum of care for PLHIV and people with STI and TB/HIV co-infection

4. Strategic information for evidence informed programming.

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226 90-90-90 targets: 90% of key populations tested for HIV and knowing their results, 90% of people infected with HIV placed on ART, and 90% of these adhering to treatment resulting in suppressed viral load. The first fast tracking phase also aims to reach 90% of key populations with effective prevention.

227 National HIV/AIDS and STIs Control Programme (NACP), Department of Public Health, Ministry of Health. (2016). National HIV, AIDS and STIs Strategic Plan 2017-2023 "On Fast-Track to Ending AIDS".
Department of Public Health, Ministry of Health(2016) National HIV, AIDS and STIs Strategic Plan 2017-2023 "On Fast-Track to Ending AIDS"). National HIV/AIDS and STIs Control Programme (NACP).

Crosscutting strategies:

1. Development of synergies: Governance, Partnerships and Programme management.
2. Improving Health and Community systems for health, including resource mobilization for sustainability of HIV response.

Existing Data Gaps

Enumeration data	✅	📅	🏅
Data pertaining to causes	☑️	📅	🏅
Data pertaining to vulnerabilities faced by the group	☑️	📅	🏅

Recommendations

- While there are awareness campaigns and peer-led interventions being carried out by Ministry of Health and by Lhak-Sam, it is very important for them to work together to spread awareness on STIs and HIV. This report recommends to develop an advocacy manual or a tool kit with an implementation plan to work together. The tool kit or manual should cover aspects on engagement with local media for effective awareness programmes.

- There is a need to develop special packages of services for specific targeted groups. The special packages should include components on outreach and communication, services, enabling environment and community mobilization.

- The Government should move from camp-based testing to a more structured center-based testing facility. The latter would be more cost effective and perform better in terms of maintaining confidentiality of people coming to the center. The effects of HIV and AIDS are concentrated in the most productive age group (15-49 years), and people living with HIV often face challenges from stigma and discrimination– as jobseekers and applicants, as workers in formal and informal workplaces, as per International Labor Organization. The Ministry of Health in coordination with the Ministry of Labor and Human Resource should design and deploy a 'Work Place Intervention Program'. The program could be designed based on the International Labor Organization recommendations on HIV and to reduce HIV related stigma and discrimination in the workplace.

Single Parents and their Children

Supporting members of this vulnerable group through relevant policies & programs can help the Government in steering the Nation closer towards realizing the following SDG targets:

SDG Targets: 1.3, 2.1, 2.2, 3.5, 3.7, 3.8, 4.1, 4.2, 5.1, 5.4, 8.5, 10.2, 10.3, 10.4, 16.2, 16.3, 16.6,16.9, 16a and 16b.

Single parents and their children or single parent families are those where a parent lives with a dependent child/children, without the support of his/her spouse.[228] Single parenting can result from divorce or death of one's spouse. It can also be the outcome of being abandoned by one's spouse or having children outside wedlock. It is a situation where an individual is left to independently fend for himself/herself and his/her children. This report focuses primarily on single mothers and their children.

Causes

As per the Bhutan Multiple Indicator Survey (BMIS 2010), 13.4 per cent of children in Bhutan are under the care of a single parent. Of this, 11.0 percent are children living with their mother and 2.4 percent are children living with their father. This situation can be the result of the following factors:

- ***Divorce:*** Divorce is a multi-dimensional phenomenon which occurs due to a combination of multiple factors and leads to broken or disjointed families. Various studies have been undertaken to map out the causes that lead to divorce. Specific causes include, but are not limited to, infidelity, incompatibility, drug and alcohol use, personality issues of either of the two partners, widening communication gap between the two partners, varying socio-economic status of the individuals in the relationship, problems with in-laws and physical and sexual abuse.[229]

- ***Death of spouse:*** Death of either of the spouses can have adverse effects on the family. This may be more so when women are left widowed. They have to bear the burden of earning for the family and, at the same time, ensure that they devote adequate time towards household chores and their children's upbringing. In developing countries, it has been found that the primary causes for premature male deaths include high levels of poverty and the prevalence of health issues such as HIV/AIDS, malaria and tuberculosis. Road accidents, accidents at work-place/home, involvement in violent and criminal activities are also some of the reasons that result in premature deaths.[230]

- ***Children born outside wedlock:*** In the section that covers individuals engaging in risky sexual behavior, it has been established that there is a considerable prevalence of unsafe sexual practices within Bhutan (especially amongst youth). There are several reasons that lead to individuals engaging in risky sexual behavior. These include, but are not limited to, a lack of awareness about contraception, substance use and occupational factors/outcomes. All these factors can lead to unwanted pregnancies. Further, as per a study conducted in the USA, issues related to parenting such as poor communication and supervision can also add to the risk of unwanted pregnancies amongst adolescents and youth.[231]

228 (2003). Single parent families. International Encyclopaedia of Marriage and Family. Retrieved from http://www.encyclopedia.com/topic/Single-Parent_Families.aspx
229 Amato, P., Previti, D. (2003). People's reasons for divorcing: Gender, social class, the life course, and adjustment. Journal of Family Issues Sage Publications. Retrieved from http://www2.psychology.uiowa.edu/faculty/harvey/People's%20Reasons%20for%20Divorcing.pdf
230 Harma, R. (2015). The global widows report 2015: A global overview of deprivation faced by widows and their children. The Loomba Foundation. Retrieved from http://theloombafoundation.org/wp-content/uploads/2015/07/Loomba-Foundation-Global-Widows-FULL-Report-2015-V2.2.pdf
231 US Department of Health and Human Services. (1995). Report to congress on out-of-wedlock child bearing. Retrieved from http://www.cdc.gov/nchs/data/misc/wedlock.pdf

- ***Civil registration at birth:*** Civil registration of children born to Bhutanese women where the identity of the father could not be ascertained is an ensuing problem. The National Plan of Action for Child Protection, 2012, refers to concerns regarding the civil registration of children born to Bhutanese women where the identity of the father could not be ascertained[232].While there are provisions to register such children if the single mother reports to concerned Dzongkhag Civil Registration and Census office or the Ministry, there are children in Bhutan who remain unregistered until naturalization can take place at age 15 or later. The issue is deeply rooted in the societal stigmatization of the single mother.

Vulnerabilities

While vulnerability pertaining to being a single parent applies to men and women, the focus of this section is on the vulnerabilities faced by single mothers and the resulting vulnerabilities faced by their children.

Income related vulnerability

An individual's socio-economic status is correlated to the level of education attained by him/her and the skills that he/she possesses to participate in the labor force. In the case of Bhutan, it is observed that while enrolment in primary schools is almost equal for both men and women, gender parity decreases while progressing to higher levels of education. Lower levels of education amongst women reduce their chances of being labor force participants. As per the Labor Force Survey (2014), the labor force participation rate for men was 71.0 per cent and the corresponding figure for women was moderately lower and stood at 54.8 per cent. Further, a number of women are actually disguised unemployed with no secure and distinct source of income. As a result, it can be surmised that a large percentage of women in Bhutan are economically dependent on their spouse. In the case of single mothers, this translates into serious economic vulnerability. These women have to bear the responsibility of managing the household's monthly expenditure, including the cost of their children's education. The Bhutan Living Standard Survey (BLSS 2007) found that 9.3 per cent of the households where a single parent is expected to bear all economic responsibilities live below the poverty line.[233] This is significantly higher than the overall estimate for Bhutanese households living below the poverty line.

Social exclusion owing to stigma and discrimination

Detailed consultations with stakeholders revealed that single mothers may have to face stigma and discrimination because of their marital status. The community deems it inappropriate to have children outside wedlock. As a result, unmarried mothers can be stigmatized as immoral. Also, studies show that divorced women are subject to scrutiny and questioning related to their failed marriage and are indiscriminately considered the sole reason behind it.[234] Single mothers experiencing stigma and discrimination may partially withdraw from society or can be shut out by many of the community members. This leads to them becoming socially isolated and vulnerable.[235] The effects of this isolation are not limited to the single mother. Their children may also be drawn into the issues and may be stigmatized and discriminated against by their peers (in the community or at schools).

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232 National Commission for Woemen and Children and UNICEF. (2012). Mapping and Assessment Report and National Plan of Action for Child Protection.
233 Dorji, L. (2012). Child poverty and disparity in Bhutan. Monograph No.3, National Statistics Bureau. Retrieved from http://www.nsb.gov.bt/publication/files/pub7pr5089mh.pdf
234 Kwok, L. K. [   ]. (1996). The stress, social support, and psychological well-being of single-parent mothers. (Thesis). University of Hong Kong, Pokfulam, Hong Kong SAR. Retrieved from http://dx.doi.org/10.5353/th_b3197808
235 Withers, R. (2011). Re-positioning the experiences and situation of single mothers: Accounts from Samoa. Women's Studies Journal, Women's Studies Association of New Zealand. Retrieved from http://www.wsanz.org.nz/journal/docs/WSJNZ251StewartWithers47-62.pdf

Vulnerability to dropping out of school

As mentioned earlier, single mothers may be left economically vulnerable. This vulnerability extends to their children who may be forced to drop out of school due to the absence of funds required to cover the private cost of education. In other cases, children may drop out of school to add to the household income. They take up work in the informal sector to help the family meet its subsistence needs. Many of them are still below 13 years of age and enter the labor force as child laborers. A child labor survey conducted by the National Commission for Women and Children (NCWC) has also identified poverty and broken families as two key factors pushing children towards child labor.[236] Excerpts from a study undertaken on youth in Bhutan revealed that as a result of economic hardship faced by single parents; children may attend school with torn uniforms and without stationary. Such children can be faced with the thought of dropping out of school.[237] In efforts to prevent this, the RGoB has initiated the Winter Youth Engagement Programme (WYEP) under the command of His Majesty the King in 2014, which identifies vulnerable and at risk girls who are from economically disadvantaged families, including girls from single parents. Since the first WYEP, a total of 1910 girls (411 girls attended the first, 821 the second and 678 the third one). The girls were engaged in a three week long residential camp at Gyalposhing during the third winter youth programme held from 30th December 2015 onwards, and girl students aged 16-20 years studying classes IV –XII from 69 schools attended the programme.[238]

Probability of taking to substance use

A survey conducted by the Bhutan Narcotics Control Agency (BNCA) and the United Nations Office on Drugs and Crime (UNODC) found that 37.3 per cent of students enrolled in lower secondary schools and 48.3 per cent of students enrolled in middle secondary schools have consumed alcohol at least once during their lifetime. This indicates that underage drinking is quite common in Bhutan. Consultations with various stakeholders revealed that disruptive family conditions increase the probability of substance use amongst children. Children from broken or troubled families may take to substance use as a means to deal with their stress.[239]

Susceptibility to committing crimes

As mentioned earlier, children of single parents may be left to fend for themselves. In a number of cases, they have to pull out of school to contribute towards household income. A single mother may have to balance multiple responsibilities and may not necessarily have the time to monitor and supervise the children's daily routines. This increases the probability of such children becoming a part of peer groups which exhibit socially disruptive behavior.[240] These children might also resort to petty economic crimes

236 Kinga, S., Dorji, L. ,. (2005). Youth in Bhutan: Education, employment, development. The Centre for Bhutan Studies. Retrieved from http://www.bhutanstudies.org.bt/publica-tionFiles/Monograph/mono-Yth-Bt.pdf

237 Kinga, S., Dorji, L. (2005). Youth in Bhutan: Education, employment, development. The Centre for Bhutan Studies. Retrieved from http://www.bhutanstudies.org.bt/publica-tionFiles/Monograph/mono-Yth-Bt.pdf

238 678 girls from six eastern dzongkhags benefit from Winter Youth Engagement Programme in Gyelpozhing. ().
The Bhutanese. (Jan, 2016) 678 girls from six eastern dzongkhags benefit from Winter Youth Engagement Programme in Gyelpozhing. Retrived from http://thebhutanese. bt/678-girls-from-six-eastern-dzongkhags-benefit-from-winter-youth-engagement-programme-in-gyelpozhing/

239 Kinga, S., Dorji, L. (2005). Youth in Bhutan: Education, employment, development. The Centre for Bhutan Studies. Retrieved from http://www.bhutanstudies.org.bt/publica-tionFiles/Monograph/mono-Yth-Bt.pdf

240 Kiran, U., Singh, A. (2014). Effect of single parent family on child delinquency. International Journal of Science and Research (IJSR). Retrieved from http://www.ijsr.net/archive/v3i9/U0VQMTQ0MA%3D%3D.pdf.

just to meet their subsistence needs. The Tracer Study by YDRC graduates seconds these hypotheses and found that the probability of a child taking to crime is influenced by factors such as poverty and domestic factors (including broken homes).[241]

Current Policy & Program Landscape

The Government of Bhutan has put in place a series of policies, programs and initiatives to safeguard the rights and interests of vulnerable groups in the Country. However, there are no specific programs/initiatives that seek to support single parents and their children. Policies such as the Child Care and Protection Act of Bhutan 2011 (CCPA 2011) and the Marriage Act of Bhutan (2009) do indirectly relate to this group. For instance, the CCPA addresses the rights of child laborers and children in conflict with law. It talks about the Government's responsibilities towards children in difficult circumstances. However, it does not cover children of single parents as a subset of children in difficult circumstances.

Further, the Marriage Act of Bhutan (2009) stipulates that in case of a divorce, the custody of the child/children will remain with the mother. However, if the court finds compelling reasons such as neglect, abandonment, unemployment, substance use, maltreatment of child etc. then the custody of the child can be given to the father or to a third person/recognized organization established under the Civil Society Organization (CSO) Act. However, the aforementioned scenarios under which the child can be separated from the mother are still open to interpretation. As explained earlier, with high unemployment rate amongst females as compared to males, an unemployed single mother who is not able to find work may be put into a delicate situation with respect to the custody of her child. Further, a child may be unintentionally neglected by the mother if she is the sole earner in the family. While the policy also mentions that the custody of the child may be handed over to an organization based under the CSO Act, stakeholder consultations revealed that such CSOs do not exist in Bhutan.

As of today, economic support for single mother are the His Majesty's Kidu scheme, Tarayana Foundation, YDF, RENEW and support from Central schools and also alternatively for children of single parents to attend Monastic education. Two other major support for economically inactive single mothers is a 'home-based food production for markets' program managed by the Rural Education Foundation (REF) for Bhutan[242] and the educational scholarships that Loden Foundation provides to children of single parents.[243]

Existing Data Gaps

Enumeration data	☑	📅	🎖
Data pertaining to causes	☑	📅	🎖
Data pertaining to vulnerabilities faced by the group	☑	📅	🎖

241 Mediamax Consultancy. (2013).Tracer study on children in conflict with the law released from youth development & rehabilitation center in 2010, 2011 & 2012. Bhutan. Retrieved from http://www.bhutanyouth.org/wp-content/uploads/2014/12/Report-on-the-Tracer-Study-on-CICL-2014.pdf
242 Why REF. The Rural Education Foundation. Retrieved from http://www.ruralbhutan.org/why-ref/
243 Loden scholars for higher education. Retrieved from http://www.loden.org/loden-scholarship-for-higher-education/

Recommendations

- This report recommends a nationwide study on the situation of single parents especially mothers and children born out of wedlock.

- The Government should work with CSOs to design and deploy a network of single mother's Self Help Groups (SHG). The groups should provide its members with the seed capital required to setup up micro-enterprises and home based businesses.

- The Ministry of Labor and Human Resource is already running an entrepreneurial training program. This program can be further deepened and contextualized to the aforementioned SHGs. Under the program, the Government can provide the SHG members with trainings related to business management, basic finance and marketing/advertising.

- The SHGs should be designed to hold women from varying economic and educational backgrounds; and the groups should be designed in a way that would encourage its members to be each other's support system.

- In line with the NPAC 2012 and the Strategic Plan of Child Protection and Care services 2014 this report recommends development of SoP to provide children with birth and civil registration.

Unemployed Youth

Unemployment refers to a state wherein an individual who is actively seeking employment is unable to find work.[244] Unemployment rate is defined as the share of the labor force that is without work but actively seeking employment.[245]

Globally, unemployment among youth is defined as the share of the labor force aged 15-24 years that is without work but actively seeking employment. However in Bhutan, the age bracket being referred to under the aforementioned definition is slightly different. This is because the National Youth Policy (2011) defines youth as individuals in the age bracket of 13-24 years.

Causes

- An individual's educational attainment and his/her prospects of finding suitable employment are positively correlated.[246] The Gender and Employment Survey (2013) seconds this empirical finding. Individuals with no formal schooling account for 22.0 per cent of unemployed in Bhutan and the corresponding figure for those with at least a graduation degree is 13.2 per cent. However, there has been a constant rise in the proportion of unemployed graduates (or above). This is made evident by the fact that in the year 2006, individuals with at least a graduate degree accounted for only 6.9 per cent of unemployed.[247] Bhutan has witnessed a demographic shift in favor of youth. Therefore, the change in the profile of unemployed highlights the possibility of a shift in the reasons for youth unemployment.

- ***Increasing number of graduates and insufficient number of jobs in the market:*** Bhutan has made significant strides in the direction of human capital development. The Ministry of Education (MoE) has systematically worked towards increasing enrolment, retention, transition and completion rates across all levels of education. The change in levels of educational attainment has not necessarily been accompanied by a corresponding change in the type and volume of employment opportunities available in the market. As of today, 58.0 per cent of the Bhutanese workforce is employed in the agriculture sector.[248] The manufacturing sector provides employment to 8.6 per cent of the Bhutanese workforce and the service sector accounts for the remaining 29.1 per cent. These figures clearly highlight that there is a mismatch between the type of jobs that educated youth are looking for and the type of jobs that are available in the market. An increase in the proportion of youth graduating from secondary schools or undergraduate courses calls for a shift in the share employment in the manufacturing and service sectors.[249] Bhutan is finding it difficult to industrialize its economy and has been somewhat unsuccessful in attracting service sector firms. This is, somewhat, due to the multiple barriers that private corporations face in entering the economy. Some of the barriers to

244 Kaplan, J. (2002). Labour markets and unemployment. Retrieved from http://www.colorado.edu/economics/courses/econ2020/section5/section5-main.html
245 ILO (2001). Unemployed . glossary of statistical terms. Retrieved from https://stats.oecd.org/glossary/detail.asp?ID=2791
246 Mincer, J. (1991). Education and unemployment. NBER Working Paper Series. Retrieved from http://www.nber.org/papers/w3838.pdf
247 NCWC. (2013). Gender and employment challenges in Bhutan. Retrieved from http://www.ncwc.gov.bt/en/files/publication/Unemployment%20study_Final%20Report.pdf
248 (2015). Labour Market Information Bulletin. Retrieved http://www.molhr.gov.bt/molhr/wp-content/uploads/2015/07/Final-draft-Labour-Market-Information-Bulletin-2014-1.pdf
249 (2014). Country partnership strategy: Bhutan, 2014–2018. ADB Publication. Retrieved from http://www.adb.org/sites/default/files/institutional-document/42844/files/cps-bhu-2014-2018.pdf

doing business in Bhutan include:[250]
- ○ Limited access to finance
- ○ Inadequate transport infrastructure
- ○ Limited access to skilled/trained workers

As per World Bank's 'Doing Business Report', Bhutan faced problems in the following aspects:
1. Starting a business
2. Protection of Minority Investors
3. Resolving Insolvency
4. Getting credit
5. Dealing with construction permits.

According to the report, while the ease of doing business enhanced in 2014, the methodology changed from one year to the next, and accounting for much of the shift.

- *Expectation mismatch between employer and individual seeking employment*: Many youth remain unemployed because they are unable to find jobs that align with their aspirations. "Most young men and women (well above 70 per cent) spent more than a year searching for employment. [251] On the other hand, a number of employers in the market are not being able to find suitable employees. In some cases, candidates with relevant educational qualifications pass on the opportunities as they do not match their aspirations. In other cases, the employers are unable to find employees with relevant vocational skills/training. This mismatch is seconded by the findings of the Labor Market Information Bulletin (2014). As per the bulletin, in the year 2013, a total of 6,937 jobseekers registered with the labor exchange. During the same time period, the labor exchange received 6,576 requests from prospective employers. However, the labor exchange was only successful in placing 1,075 individuals. Therefore, it is quite evident that Bhutan is grappling with an issue of structural unemployment.[252]

The issue of structural unemployment is further highlighted by the fact that 82.7 per cent of youth covered under the Unemployed Youth Perception Survey (2014) reported that they wanted a job with a Government Department or a Public Sector Enterprise. As per estimates given in the Labor Force Survey (2014), the public sector provides employment to approximately 15.4 per cent of the workforce. Therefore, there is a clear mismatch between the youths' employment related aspirations and the type of job opportunities available to them.

Further, 77.3 per cent of youth reported that they would prefer a desk based job. They associate a field based job with aspects such as poor working conditions, low salary and low social status. This finding also brings to light the community's perception about the jobs that Bhutanese youth should strive for. Families hold a notion that investments in education should only be considered fruitful if the individual finds a Government job.

- *Issues pertaining to quality and focus of Technical Vocational Education and Training (TVET):* The high unemployment rate of youth can be partly attributed to the limited relevance of the existing

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250 2014). Country partnership strategy: Bhutan, 2014–2018. ADB Publication. Retrieved from http://www.adb.org/sites/default/files/institutional-document/42844/files/cps-bhu-2014-2018.pdf
251 Ministry of Education. Tracer study- "School-to-work-Transition of youth in Bhutan". (2005-2008). Retrieved from http://www.education.gov.bt/documents/10180/12833/tracer+study+report.pdf/ecdfa036-11cb-4c63-bc37-437d4d4cd600?version=1.0
252 (2015). Reasons for unemployment. Boundless Economics. Retrieved from https://www.boundless.com/economics/textbooks/boundless-economics-textbook/unemployment-22/understanding-unemployment-104/reasons-for-unemployment-394-12491/

education and skill development programs. Young Bhutanese avoid enrolling in vocational training programs. They feel that the current set of trainings being offered by TVETs is not relevant for them and would not enable them to find a suitable job with the Government or the corporate sector. They associate vocational courses with low paying blue-collared jobs.[253] As a result, in the year 2014, only 649 students graduated from Technical Training Institutions (TTIs).[254]

An analysis of the courses being offered by the TTIs reveals that they mostly offer trainings on low to medium level skills such as carpentry, masonry, plumbing, welding etc. In fact, 16.0 per cent of individuals who have received formal skills training are currently unemployed. This is exceptionally high given that the overall unemployment rate in Bhutan is 1.2 per cent in rural areas and 3.5 per cent in urban areas.

The Unemployed Youth Perception Report (2014) provides insights into the unemployment status of youth who have completed higher education. The level of mismatch between aspirations and opportunities is highlighted by the fact that 57.4 per cent of the unemployed youth have been looking for a job for the last one year (or more). Further, 40.8 per cent of these unemployed youth were high school graduates and another 39.9 per cent were graduates.

There is also a significant movement of the unemployed from rural to urban areas. As per a migration study carried out by the Ministry of Agriculture and Forests (MoAF) (2013), a number of individuals/families migrating to cities are doing so to seek a better life. Many people migrate with the aspiration of drawing a better income.[255] However, a large percentage of these migrants have low levels of education and skills. Some of them face difficulties in finding employment in the cities, many others get disguised employed, where they do not have productive full-time employment.

Vulnerabilities

Social exclusion

Social exclusion is defined as the 'process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, lack of basic competencies and lifelong learning opportunities, or as a result of discrimination'.[256] Due to this, the individual is not able to fully integrate into the society and participate in political, economic, social and cultural life.[257] Society may read an individual's employment status as an indication of his/her ability, attitude and intelligence. If left unemployed for a relatively long duration of time, an individual may be subjected to unnecessary scrutiny and questioning. It was brought to light during stakeholder analysis that employers also think on similar lines. They may discriminate against individuals who have been out of work for a long time.

253   (2013). Millennium development goals (MDG) acceleration framework: Youth employment in Bhutan. Retrieved from http://www.undp.org/content/dam/bhutan/docs/MDGs/MAF%20-%20Youth%20Employment%20in%20Bhutan%2030%20Dec%202013.pdf
254   Ministry of Labour and Human Resources (2013). Labour market information bulletin 2014. Ministry of Labour and Human Resources Publication. Retrieved from http://www.molhr.gov.bt/molhr/wp-content/uploads/2015/07/Final-draft-Labour-Market-Information-Bulletin-2014-1.pdf
255   Royal Government of Bhutan Ministry of Agriculture and Forests (2013). Migration in Bhutan (its extent, causes and effects)..
256   (2007). Social exclusion and the EU's social inclusion agenda. Retrieved from http://siteresources.worldbank.org/INTECONEVAL/Resources/SocialExclusionReviewDraft.pdf
257   (2011). Nepal - A country analysis with a human face. Retrieved from http://un.org.np/reports/country-analysis-2011

Social control theory, developed by Travis Hirschi in 1969, proposes that people engage in criminal activity when their bond with society has weakened. Being employed is also a bond that an individual shares with society. This, coupled with the fact that unemployment generally translates into the absence of a steady source of income, means that individuals might be forced to take up criminal activities in order to ensure subsistence.[258] Data from the Crime and Operations Branch of the Royal Bhutan Police reveals that of the number of youth arrested (for various crimes) in Thimphu, 48.5 per cent were unemployed at the time of committing the crime.

Health related risks

Health related vulnerabilities of unemployed youth include their mental and physical condition. The chances of developing the former are largely due to the depression and strain (hypertension) that an individual feels when unemployed. The latter can be the result of excessive drinking or drug use that an individual might resort to, to treat his/her depression. According to the Youth Knowledge and Clinical Depression Report carried out in Bhutan in 2013, 116 respondents out of 150 surveyed cited unemployment as the primary reason for clinical depression.[259] Further, as per the National Baseline Assessment of Drugs and Controlled Substance Use (2009), out of the 917 males surveyed, 418 cited using drugs to deal with the depression of being unemployed.

Current Policy & Program Landscape

The National Youth Policy identifies 'Employment & Training' as a key focus area under the Gross National Happiness (GNH) pillar of 'Sustainable and Equitable Socio-Economic Development'. By doing so, it clearly highlights that a well engaged and productive young workforce is key to a happy and prosperous society. Under this policy, the Government identifies unemployment as a key concern facing the youth of Bhutan and establishes its intent to tackle the issue on a proactive basis.[260]

The Eleventh Five Year Plan has projected that about 120,000 job seekers (youth) will enter the market during the plan period. It is envisioned that while natural job creation by the economy would provide opportunities to 42,000 of these workforce participants, there is a need to come up with innovative strategies to support the creation of an additional 82,000 jobs.

The Economic Development Policy (EDP) seeks to improve upon the ease of doing business in Bhutan. It aims to create an enabling environment for private sector investments and to create an ecosystem that encourages youth to take an entrepreneurial route to livelihood.[261]

The Cottage, Small and Medium Industry Policy (CSMI) supports the EDP by designing and deploying initiatives against six priority areas:[262]

- Strengthening the policy environment and institutional framework;
- Strengthening the legislative framework and enterprise environment;

258 Dumitru, R. (2012). The relationship between crime rate, unemployment rate and the Share of total school population - A multifactorial model. Retrieved from http://docs.manupatra.in/newsline/articles/Upload/4DD00DE0-7E2A-43B6-A717-36CAAB563C9E.pdf

259 Tenzin "A". Karma (2013). Your knowledge and Awareness of Clinical Depression. Retrieved from http://202.144.157.211:8080/jspui/handle/1/84

260 Ministry of Education. (2011). National youth policy. Retrieved from http://www.youthpolicy.org/national/Bhutan_2011_National_Youth_Policy.pdf

261 Royal Government of Bhutan.(2010). Economic development policy of the Kingdom of Bhutan. Retrieved from http://rtm.gnhc.gov.bt/wp-content/uploads/2013/10/EDP.pdf

262 (2012). Cottage, small and medium industry policy of the Kingdom of Bhutan. Retrieved from http://www.gnhc.gov.bt/wp-content/uploads/2012/10/CSMI-Policy-2012.pdf

- Facilitating access to finance and incentives;

- Enhancing competition and innovation;

- Improving access to markets; and

- Enhancing employment and developing a culture of entrepreneurship.

The National Employment Policy (NEP) outlines strategies that will accelerate employment growth, improve the quality of working conditions and provide equal employment opportunities, while addressing the requirement of producing an adequately skilled workforce aligned to the requirements of the job market.[263]

The National Human Resource Development Policy covers several areas of importance, including tertiary education, TVET and human capacity development and is guided by the Ministry of Labor and Human Resources (MoLHR). It also seeks to improve and develop vocational education to match up with labor market demand. It seeks to create greater awareness among students about the importance of vocational education through advocacy, counseling and career guidance in high schools. The policy also stresses on the need to strengthen human resource capacity in the Technical Training Institutes/Colleges and to foster a Public-Private Partnership (PPP) approach to providing quality vocational training.[264] The policy has, in turn, led to the Technical & Vocational Education and Training Policy (TVET Policy). This policy aims to ensure access to high-quality TVET services for all Bhutanese, focusing on preparing the youth for a transition from being students to being a part of the workforce.[265]

In order to achieve the objective of linking youth to suitable employment opportunities and to create an ecosystem where youth receive the skills required to be productive members of the workforce, the Government of Bhutan has launched the Guaranteed Employment Program (GEP). The program holds under its ambit three distinct schemes:

- The Direct Employment Scheme
- The Employment Skills Scheme (which, in turn, is further divided into the Youth Employment Skills initiative and the Graduate Skills Program)
- The Overseas Employment Scheme

Further, the Department of Human Resources under MoLHR has also put in place an Apprenticeship Training Program (ATP) wherein job seekers are attached to the enterprises/industries to gain knowledge, skills and experience. ATP covers both occupation related instruction and on-the-job skills training.[266] It is largely targeted at individuals who have only studied till secondary education or below. The Ministry has also put in place an entrepreneurship facilitation program where it provides youth with training on business management skills.

The Youth Development Fund (YDF) support the MoLHR by helping them in conducting training programs directed at making the Bhutanese youth more employable.[267] The other Civil Society Organization (CSO) working in this space is Loden Foundation. It raises fund from international and national partners/donors

263 (2013). National employment policy. Retrieved from http://www.molhr.gov.bt/molhrsite/wp-content/uploads/2014/07/NEP_2013.pdf
264 Ministry of Labour and Human Resource,Royal Government of Bhutan. (2010). National human resource development policy of the Kingdom of Bhutan. Retrieved from http://www.gnhc.gov.bt/wp-content/uploads/2011/05/NHRD.pdf
265 Ministry of Labour and Human Resource,Royal Government of Bhutan. (2013). Technical & vocational education and training policy. Retrieved from http://www.gnhc.gov.bt/wp-content/uploads/2011/05/TVET_Policy_draft_FINAL.pdf
266 Retrieved from http://www.molhr.gov.bt/molhrsite/wp-content/uploads/2013/09/ATp_guidelines_22.pdf
267 Retrieved from http://www.bhutanyouth.org/about-us/

and uses them to provide necessary incubation support and in addition they also provides internship training and mentoring services. [268]

However, the various schemes and programs being run/ managed by the Royal Government of Bhutan are still in a nascent stage. There is a need to further strengthen the design and roll out of the same. Under the 'Millennium Development Goals (MDG) Acceleration Framework: Youth Employment in Bhutan' report from 2013,[269] the United Nations Development Programme (UNDP) has identified the areas where there is a need for further improvement:

- There is a need to align TVET programs with labor intensive growth sectors offering attractive employment opportunities.

- There is a need to provide need based financial assistance so as to enable more individuals to access TVET programs.

- There is a need to introduce technical and vocational training programs in schools and allow lateral entry into tertiary education, linking it to vocational training and secondary education, providing seamless tracks for students to transition.

- There is a need to create an enabling environment for Small and Medium Sized Enterprises (SMEs) promotion and private sector growth.

- There is a need to improve access to credit and finance for Micro Small and Medium Enterprises (MSMEs), including to women-owned MSMEs.

- There is a need to increase employment-based growth of private sector and women enterprises through access to infrastructure, markets, finance and skills to ensure growth, particularly in sectors such as tourism and Information and Communication Technology (ICT).

The Bhutan Education Blue print 2014-2024: Rethinking Education, provides a road map to align TVET programmes to the emerging needs. [270]

With respect to the various employment programs and schemes initiated by the Government, it has been observed that these programs need further iterations to align themselves with the market. This thought is seconded by officials from the MoLHR. As per the Unemployed Youth Perception Survey (2014), not more than 17.5 per cent of unemployed youth know about the Overseas Employment Scheme. The corresponding figure for other schemes such as the Entrepreneurship Course and the Apprenticeship Training Program are 15.9 per cent and 10.4 per cent respectively.[271]

Limited awareness about these programs, coupled with the youth's preference for certain sectors and types of jobs, has led to a situation where these schemes are going undersubscribed. For example, under the Overseas Employment Scheme the Government had set a target of sending 30,000 Bhutanese overseas for work exposure. However, so far, the Government has only been able to send 1,194 Bhutanese overseas.

268 Retrieved from http://www.loden.org/
269 UNDP (2013 December)"Millennium Development Goals Acceleration Framework: Youth Employment in Bhutan". Retrieved from: http://www.undp.org/content/dam/bhutan/docs/MDGs/MAF%20%20Youth%20Employment%20in%20Bhutan%2030%20Dec%202013.pdf
270 Ministry of Education. (2014). Bhutan Education Blueprint 2014-2024. Retrieved from http://www.globalpartnership.org/content/bhutan-education-blueprint-2014-2024.
271 Khilji, T. (2014). Unemployed youth perception survey 2014 report. Retrieved from http://www.molhr.gov.bt/blmis/sysadmin/publications/1427441821loyed-Youth-Perception-Survey-2014-Report.pdf.

The success of these programs and schemes also seems to be curtailed by limited coordination between the facilitating Ministry/Department and the Ministries/Departments who regulate the industry/sector where the program/scheme graduates are expected to work.

Existing Data Gaps

Enumeration data	☑	📅	🎗
Data pertaining to causes	☑	📅	🎗
Data pertaining to vulnerabilities faced by the group	☑	📅	🎗

Recommendations

- The existing set of courses being offered through the network of TVETs should be further enhanced to include more professional polytechnic courses which link up to jobs that are either desk based or carry a combination of desk and field based work, and that target labor intensive growth sectors, such as tourism and information and communication technologies (ICTs). Needs-based financial assistance to facilitate more people to access TVETs should be considered. A road map for TVETs is being prepared, efforts should be directed to ensure its implementation.

- There should be increased focus in the education system and curriculum on entrepreneurial skill development, including how to set up a business, such that a culture change in what is considered to be 'a good job' is deepened and the job landscape, over time, broadened. Technical and vocational training programs could be introduced in schools to facilitate lateral entry into tertiary education, linked to vocational training and secondary education.

- The current model of career counseling at the middle secondary and higher secondary schooling level should be expanded to include 'parents' as an active stakeholder.

- This report recommends designing and deploying a mass media campaign to spread awareness of existing Government projects and schemes on employment. The Ministry of Labor and Human Resource should coordinate with the Ministry of Information and Communications (MoIC) and leading telecommunication service providers for designing and rolling out the same.

- The enabling environment for Micro, Small, and Medium Sized Enterprises (MSMEs) could be enhanced to promote private sector growth, with improved access to credit and finance particularly for women-owned MSMEs.

Victims of Domestic Violence

The Domestic Violence Prevention Act 2013 (DVPA) of Bhutan defines '*domestic violence*' as "violence against a person by another person with whom that person is, or has been, in a domestic relationship." Accordingly, a person is in a 'domestic relationship' if he or she is a spouse/partner, family member or ordinarily sharing a household with the defendant, other than also including those who have a close personal or intimate relationship with the defendant. In DVPA '*Violence*' refers to any act, omission or behavior towards a person which results in physical, sexual, emotional or economic abuse. For the purpose, of this report victims of domestic violence refer to women and children.

Causes

Men, women and children can all experience domestic violence, but women in Bhutan suffer from it more frequently.[272] This is mainly because there are various socio-economic factors that put women at an increased risk of violence throughout their life cycle. Violence against women can take various forms such as battering, forced marriage, coerced pregnancy, abandonment etc. Further highlighting the issue of violence against women, a study by the National Commission for Women and Children (2013) on the Situation of Violence against Women in Bhutan revealed that around 24.0 per cent of women aged between 15- 49 years had experienced emotional, physical or sexual violence perpetrated by their husbands or partners. In other words, nearly one in four women reported experiencing some form of domestic violence. The following factors contribute towards shaping and perpetuating gender-based violence in Bhutan:

- *Economic dependence on husbands:* Financial and emotional dependence on husbands may trap many women in abusive relationships because their lack of economic independence discourages them from breaking the relationship.[273] This is mainly because there are fewer job opportunities for women in Bhutan. The lack of technical skills and educational qualifications narrows their economic options.[274] According to the Labor Force Survey (2014), the workforce participation rate for women in Bhutan stands at 54.8 per cent while the corresponding figure for men is moderately higher and stands at 71.0 per cent. Further, a large share of women in the workforce is disguised employed in the agriculture sector where they act as labor on family landholdings and do not earn an income for their efforts. A study (2007) conducted by Respect, Educate, Nurture and Empower Women (RENEW) shows that the presence and acceptance of domestic violence is higher among women with little or no education, highlighting the direct impact of education on violence.[275]

- *Emotional dependence on husbands:* In Bhutan there is no overt discrimination against women. However, there are distinct gender stereotypes rooted in patriarchal traditions that perpetuate and

272 Asian Development Bank. (2014).Gender analysis - country partnership strategy: Bhutan, 2014 2018. Retrieved from http://www.adb.org/sites/default/files/linked-documents/cps-bhu-2014-2018-ga.pdf.
273 Ganley, A. Understanding Domestic violence. Retrieved from https://pdfs.semanticscholar.org/8581/78656243a73d46927025b4fd58287d1bf578.pdf
274 Asian Development Bank. (2014).Gender analysis - country partnership strategy: Bhutan, 2014 2018. Retrieved from http://www.adb.org/sites/default/files/linked-documents/cps-bhu-2014-2018-ga.pdf
275 Wangmo, T. (2012). The law of contention; Bhutan and the domestic violence bill. The Raven, Bhutan. Retrieved from http://himalaya.socanth.cam.ac.uk/collections/journals/raven/pdf/Raven_01_01.pdf

reinforce gender inequalities.[276] Consequently, women's roles are confined to providing support to their husbands, establishing a perception that many a times, male members are responsible for representing the family and for taking key family decisions. As a result, women rely on their husbands for social and emotional support.[277]

- *Stigma associated with divorce or separation:* Women may be compelled to endure an abusive partner because of the social stigma associated with divorce or separation. Decision to part ways with one's spouse can result in unnecessary public scrutiny and/or allegations. Given the patriarchal nature of the society, the community can hold the woman accountable for the failed marriage. Bhutan also seems to have a number of cases where couples have entered into wedlock but failed to register their marriage in the court. In such cases, separation can also mean loss of legal identity for the woman and her children. The Marriage Act seeks to protect women and children on legal identity and property ownership. Interactions with Civil Society Organizations (CSOs) reveal that a number of public institutions, in accordance with the national policies of the country, continue to provide services to children while identifying them through their paternal lineage.

- *Controlling behavior of husbands:* The roots of domestic violence and other types of violent relationships are frequently linked to the dynamics of power and control. Broadly speaking, power struggles exist at all levels of society and power and control dynamics are also integral part of every human relationship.[278] Domestic violence is a culmination of power imbalances, where men misuse their power and position to maintain control over women in their household[279] Over half of married women, aged 15-49 years in Bhutan reported having experienced at least one form of controlling behavior, as per NCWC 2013.[280] This controlling behavior can range from restricted mobility, decision making, economic independence and/or health related issues. Traditional Gender Roles are still practiced in Bhutan as reported in the 2008 NCWC gender study.

- *High level of acceptability:* Violence against women is not considered normal in Bhutan but it has always existed.[281] It is said that Bhutanese people are very "reticent and undemonstrative towards domestic violence"[282]. While there are constitutional protections for women, and open access to healthcare, education and public services, domestic and workplace violence against women remains common. Societal and family pressure may discourage victims from reporting abuse or accessing help. The Bhutan Multiple Indicator Survey (2010) reveals that most women are receptive to violence and consider violence as a trivial matter. According to the National Health Survey (NHS 2012), 74.0 per cent of Bhutanese women said that they would consider it acceptable if their husband was to beat them if the wife cheated on him, if she disobeyed him, if he suspected her of cheating on him and/ or refused to have sex with him. The high incidence and tolerance of domestic violence in Bhutan suggests that it is not sufficiently challenged.[283]

276 Bhutan Observer Focus; Violence against Women. (2014). Responding to end to Violence against women. Thimphu, Bhutan.
277 Ganley, A. Understanding Domestic violence. Retrieved from https://pdfs.semanticscholar.org/8581/78656243a73d46927025b4fd58287d1bf578.pdf
278 Namgyal, G. (2014). Domestic violence trends in villages. Bhutan Observer Focus; Violence against Women. Thimphu, Bhutan.
279 Morgan, A. & Chadwick, H. (2009). Key issues in domestic violence research in practice. Australian Institute of Criminology, Canberra. Retrieved from http://www.aic.gov.au/publications/current%20series/rip/1-10/07.html
280 National Commission Women & Child. (2013). Situation of violence against women in Bhutan. Bhutan. Retrieved from http://ncwc.gov.bt/en/files/publication/Study%20on%20Situation%20of%20Violence%20against%20Women%20in%20Bhutan.pdf
281 Bhutan Observer Focus; Violence against Women. (2014). Responding to end to Violence against women. Thimphu, Bhutan.
282 Namgyal, G. (2014). Domestic violence trends in villages. Bhutan Observer Focus; Violence against Women. Thimphu, Bhutan.
283 Asian Development Bank. (2014).Gender analysis - country partnership strategy: Bhutan, 2014 2018. Retrieved from http://www.adb.org/sites/default/files/linked-documents/cps-bhu-2014-2018-ga.pdf

- *Alcohol induced violence:* Excessive consumption of alcohol is also one of the major factors that could lead to violence against women and children.[284] According to officials of the Women and Child Protection Unit, Royal Bhutan Police, 90.0 per cent of cases of domestic violence occur under the influence of alcohol.[285] This view is seconded by the NHS which found that 43.0 per cent of women whose husbands drank regularly reported having experienced physical violence. The corresponding figure for women whose husbands did not drink regularly was 20.0 per cent. The vulnerability of women in rural areas of Bhutan is high where police stations and health service centers are not accessible.

Violence against children and its contributing factors are not unique to Bhutan. According to the NCWC's Phase II Qualitative Assessment of 2012, children in Bhutan are also susceptible to being subjected to physical, sexual and emotional abuse. There are also issues related to bullying by peers in schools and in the community. Common factors leading to violence against children have been identified as poverty, substance use by elders, inability to fulfill social expectations of parents, divorce and restructuring of families, corporal punishment for non-performance of chores at home or for poor performance at work by child laborers.[286] Interactions with relevant stakeholders reveal that despite strong kinship bonds, orphans are at a greater risk of experiencing domestic violence as they can be subjected to economic exploitation and to verbal and physical abuse. Child marriage can also be attributed to violence experienced by children in Bhutan. The Marriage Act of Bhutan, as amended in 1996, set the minimum legal age of marriage at 18 years for both men and women. However, there are no laws which protect children from forced or child marriage. The International Center for Research on Women for the UNFPA Asia Pacific Regional Office reported that rate of child marriage is about 14 percent in Bhutan which is high compared to the population demographic.[287]

Vulnerabilities

Domestic violence is not only a human rights violation, it also impedes a woman's progress in various aspects of her life. Enduring violence has a negative impact on her health, her ability to pursue or complete her education, her ability to be fully productive at her workplace etc. World Health Organization (WHO) argues that "different forms of violence often occur manifested in a continuum of multiple, interrelated and sometimes recurring forms thus exacerbating the traumatic potential of the experience". It is estimated that 33.0 to 50.0 per cent of women who have faced physical violence have also been sexually assaulted by their spouse. However, vulnerabilities faced by the victims of domestic violence vary depending on social, economic, cultural and political contexts.[288] The following section discusses the common vulnerabilities of victims of domestic violence in Bhutan:

Violence leading to physical and mental health problems

Women who experience violence are significantly more likely to suffer from physical and mental health issues.[289] Immediate health impacts may include physical injuries such as cuts, scrapes, bruises, fractures, dislocated bones, hearing or vision loss, miscarriage or early delivery and sexually transmitted

284 National Institute on Alcohol Abuse and Alcoholism. (1997). Alcohol alert. Retrieved from http://pubs.niaaa.nih.gov/publications/aa38.htm
285 Wangmo, T. (2012). The law of contention; Bhutan and the domestic violence bill. The Raven, Bhutan. Retrieved from http://himalaya.socanth.cam.ac.uk/collections/journals/raven/pdf/Raven_01_01.pdf
286 (2015)Bhutanese children still vulnerable to violence. .Retrieved from http://www.kuenselonline.com/bhutanese-children-still-vulnerable-to-violence/
287 International Center for Research on Women for the UNFPA Asia Pacific Regional Office Report. Retrieved https://resourcecentre.savethechildren.net/sites/default/files/documents/child_marriage_paper_in_south_asia.2013.pdf
288 RENEW. (2007). Violence against women. Thimphu, Bhutan.
289 RENEW. (2007). Violence against women. Thimphu, Bhutan.

diseases. Long-term health impacts may include post-traumatic stress disorders, gynecological problems, psychological problems like anxiety, depression, eating disorders and substance use.[290] The fear of being talked about or ridiculed by others in the community discourages women from seeking help, guidance, counseling or support from both formal and informal networks. This traps women in a perennial state of emotional distress. Further, a worrisome interrelated vulnerability is that women who have experienced violence are up to three times more likely to be infected with HIV than those who have not. Violence increases the risk of HIV infection in women as a result of physiological and psychological reasons.[291]

Looking at the trends of domestic violence in Bhutan, one finds that severity of domestic violence is directly related to geographical and social isolation.[292] The perpetrator can take advantage of the victims' isolation, making them more susceptible to violence.[293] Moreover poor coverage of critical health services further exacerbates the issues of geographical remoteness. Geographic isolation limits the availability and accessibility of counseling, legal and medical services.

Occupational Hazards

Domestic violence can also jeopardize a woman's livelihood opportunities. In some cases, the husband may force her to drop out of the workforce. In other cases, the situation at home may lead to frequent absenteeism from work or poor performance at the workplace. As per a NCWC study titled 'Situation of Violence against Women in Bhutan' (2013), 16.7 per cent of victims of domestic violence faced disruption of work, 33.3 per cent experienced difficulties in concentrating on their work and around 24.4 per cent reported losing self-confidence.

Instances of domestic violence not only affect a woman but also have a negative impact on her surroundings, her family and her children. A victim's health, social and economic statuses are interrelated. Further, when an economically dependent wife is abandoned by her husband (or separates from her husband), she becomes susceptible to further emotional, physical and sexual violations because of her disadvantaged position.

Furthermore, a child witnessing a parent or a care giver being subjected to violence becomes more prone to developing social, emotional, psychological and behavioral problems. Studies have also pointed out that such children face higher risks of abusing alcohol/drug and of facing post-traumatic stress disorder.[294]

Current Policy & Program Landscape

The incidence of violence against women in Bhutan is reportedly relatively less than what has been recorded in neighboring countries. However, Bhutanese women still face various direct and indirect forms of violence/abuse.[295] The DVPA contains the entire set of legal stipulations which aim to protect women and girls from any and all forms of violence and abuse. The Act facilitates access to legal recourse and remedies. It also directs the police to provide the victims with immediate and effective assistance, counseling and rehabilitation support.

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290 World Health Organisation. (2000). Women and mental health: an evidence based review. Geneva .Retrieved from http://whqlibdoc.who.int/hq/2000/who_msd_mdp_00.1.pdf
291 Fustos, K. (2011). Gender-based violence increases risk of HIV/AIDS for women in Sub-Saharan Africa. Population Reference Bureau, Washington. Retrieved from http://www.prb.org/Publications/Articles/2011/gender-based-violence-hiv.aspx
292 Namgyal, G. (2014). Domestic violence trends in villages. Bhutan Observer Focus; Violence against Women. Thimphu, Bhutan.
293 Namgyal, G. (2014). Domestic violence trends in villages. Bhutan Observer Focus; Violence against Women. Thimphu, Bhutan.
294 Pelden, S. & Dahal, C. (2014). Understanding violence against women. Bhutan Observer Focus; Violence against Women. Thimphu, Bhutan.
295 Bhutan Observer Focus; Violence against Women. (2014). Responding to end to Violence against women. Thimphu, Bhutan.

One of the core objectives of NCWC's operation is to ensure the socio-legal protection of women, working towards their economic empowerment and spreading awareness required to create a more gender equitable society. Therefore, the NCWC is the nodal agency responsible for safeguarding the rights of women in Bhutan. It works towards creating a policy environment which reduces the incidence of violence against women and works with CSOs to design and deploy programs in the same direction.[296] The Commission works in close coordination with the Multi-Sectoral Task Force and Community Based Support System. The Women and Child Protection Division (WCPD) of the Royal Bhutan Police has been setup to investigate cases of domestic violence. The officials who are a part of this specialized task force have received training on gender sensitization so as to ensure that they have the contextual understanding required to handle cases of gender based violence.[297]

The Jigme Dorji Wangchuck National Referral Hospital has set up 'One Stop Crisis Centres (OSCC)' to provide services such as medical treatment, forensic investigation and counseling from one place to the victims of violence. The OSCC was established as per the mandate of the Domestic Violence Prevention Act 2013. The Act further states that health and medical personnel shall conduct medical examination with due regard to the right of privacy of the victim.

RENEW has been providing victims of domestic violence with the care and support and legal aid whenever necessary to re-establish them in society. The CSO provides counseling support to survivors of domestic violence and provides shelter and economic support to them (and their children). It also provides the victims with vocational skills training and microfinance support so as to enable them to become economically independent. The agency works in close coordination with the NCWC and plays a pivotal role in the protection and rehabilitation of victims of domestic violence in Bhutan.[298] RENEW also partners with private sectors, community volunteers, the district level multi-sectoral task force and the monastic institutions. It has established a rescue and rehabilitation center near Thimphu and also operates two small shelters in the central and southern regions of Bhutan. The CSO has also operationalized a network of volunteers who work across *Dzongkhag's,* spreading awareness about domestic violence and providing basic counseling support to those seeking guidance/advice.

The perception of stakeholders consulted for this report is that the collaborative efforts of NCWC, RENEW, the police and the judiciary have helped in reducing the incidence of domestic violence in Bhutan. Cases are being probed, heard and settled at an expedient pace. However, some of the stakeholders at the aforementioned institutions feel that the current set of legislations (including the DVPA) are strong but due to lack of awareness, their implementation has been ineffective in ensuring protection and rehabilitation of victims of domestic violence.

Finally, given that a number of women continue to silently suffer domestic violence/abuse, it is important for the various aforementioned agencies/institutions to be proactive in reaching out to the community. It is also important that the staff and officials of these institutions be approachable and accessible so that victims can easily and comfortably approach them for legal resource, counseling, rehabilitation etc.[299]

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296 Pelden, S. & Dahal, C. (2014). Understanding violence against women. Bhutan Observer Focus; Violence against Women. Thimphu, Bhutan.
297 Pelden, S. & Dahal, C. (2014). Understanding violence against women. Bhutan Observer Focus; Violence against Women. Thimphu, Bhutan.
298 Pelden, S. (2014). Economic empowerment of women to reduce cases of gender based violence. Bhutan Observer Focus; Violence against Women. Thimphu, Bhutan.
299 Pelden, S. & Dahal, C. (2014). Understanding violence against women. Bhutan Observer Focus; Violence against Women. Thimphu, Bhutan.

Existing Data Gaps

Enumeration data	☑	📅	🏅
Data pertaining to causes	☑	📅	🏅
Data pertaining to vulnerabilities faced by the group	☑	📅	🏅

Recommendations

- There is a high level of acceptance of domestic violence. The National Commission for Women and Children in coordination with the MoIC should device a comprehensive media strategy to spread awareness on this issue.

- The Ministry of Education should be considered as strategic entry point to educate community people on the domestic violence issue. Extensive media coverage is another way to draw attention on the importance of GBV incidence.

- The Government should expand the existing network of counseling centers and bolster the network of counselors. The Government should encourage more men to come forward and become counselors. Further, the process of counseling should also involve the men (especially the spouse) from the victim's household.

- The role of civil society is critical and to address RENEW has been instrumental. However, it is recommended that RENEW should strengthen its partnerships with the local leaders and the monastic institutions. Further, through the community based volunteers, RENEW should increase their presence in the communities.

- Setup a Nationwide network of Self Help Groups (SHGs). While these SHGs will help women in gaining some level of economic freedom, they will also act as a platform where they can discuss social issues, form a consensus, challenge myths/misconceptions and debate traditions and social norms.

- Strengthen the implementation of Domestic Violence Prevention Act 2013 to set up Women and Child Protection Unit or desk at every police station with adequate trained staff. One way could be through compulsory reporting of DVPA at every level of government institution through the government Annual Performance Agreement (APA).

Vulnerable Urban Dwellers

Supporting members of this vulnerable group through relevant policies & programs can help the Government in steering the Nation closer towards realizing the following SDG targets:

SDG Targets: 1.1, 1.2, 1.3, 3.3, 3.5, 3.8, 3.9, 5.2, 6.1, 6.2, 10.1, 10.2, 10.3, 10.4, 10.7 11.1, 16.3, 16.6, 16a and 16b.

'*Vulnerable Urban Dwellers*' and '*Slum Dwellers*' are largely similar groups facing vulnerabilities that are an outcome of their socio-economic position.[300] Therefore, for the purpose of this study we are using both the terms interchangeably. The World Bank and United Nations-Habitat defines a '*Slum Dweller*' as an inhabitant of a household that lacks one or more of the following characteristics – security of tenure, structural quality and durability of dwellings, access to safe water, sufficient living area and/or access to sanitation facilities.[301]

Causes

The Bhutan Poverty Assessment (2014) indicates that urban poor account for 3.1 per cent of the total population of Bhutan. Presently, it is estimated that 10.0 per cent of the total population in Thimphu lives in slum settlements.[302] Poverty estimates in rural areas stand at a relatively higher percentage of 17.8 per cent. However, Bhutan seems to be going through a process of 'urbanization of poverty'. Poverty rates in urban areas are noted to be on a steady rise and the rates in rural areas have dropped.[303] In Thimphu, new informal settlements are taking shape in areas like Hejo, Jungzhina, Dechenchholing, Motithang, at the vegetable market and Kala Bazar. These settlements share similar characteristics and are an outcome of a combination of similar demographic, social, economic and political factors.[304] It is quite evident that urban centers in the country will continue to receive an influx of migrants and many of those who come to the cities would not be in a position to afford proper housing.[305] Therefore, it is important to identify the reasons why there is a rapid increase in the slum population in urban centers.

- *Rapid urbanization:* Migration of people from rural areas to urban centers is perhaps the most critical factor behind the formation and expansion of slums. The lack of affordable housing and inadequate urban infrastructure forces poor immigrants to move into accommodations in heavily populated urban informal settlement characterized by inadequate civic amenities and squalor. This migration is largely driven by the search for employment opportunities that can provide the individual/family with a higher level of income and/or by the availability of better health and education services. In the case of Bhutan, the overall urbanization level is about 31.0 per cent. However, the unequal distribution of urban population has led to 45.0 per cent urbanization level in the Western Region.[306] The highly skewed pattern of urbanization has severely challenged the existing infrastructure in these areas. It has compelled the urban poor to live with inadequate housing and civic amenities. As per a migration study (2013) conducted by the Ministry of Agriculture and Forests (MoAF), every year, 10.9 in 1,000 Bhutanese migrate from a rural area to an urban center. [307]

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300 Peri-urban areas (also called rurban space, outskirts or the hinterland) are defined by the structure resulting from the process of peri-urbanisation. It can be described as the landscape interface between town and country, or also as the rural—urban transition zone where urban and rural uses mix and often clash.
301 UN-Habitat. (2014).Background paper on world habitat day. United Nations Human Settlement Programme, Kenya. Retrieved from http://unhabitat.org/wp-content/up-loads/2014/07/WHD-2014-Background-Paper.pdf
302 World Health Organization. (2011). Addressing health of the urban poor in South-East Asia Region: challenges and opportunities. Retrieved from http://apps.searo.who.int/PDS_DOCS/B4755.pdf
303 National Statistics Bureau. (2014).The Bhutan poverty assessment. Thimphu, Bhutan.
304 Pelden, S. (2010). Living on the fringe,Thimphu's growing slums. Bhutan Observer. Retrieved from http://bhutanobserver.bt/2782-bo-news-about-living_on_the_fringethim-phus_growing_slums.aspx
305 World Health Organization. (2011). Addressing health of the urban poor in South-East Asia Region: challenges and opportunities. Retrieved from http://apps.searo.who.int/PDS_DOCS/B4755.pdf
306 Royal Govt of Bhutan. (2013). Eleventh Five Year 2013- 2018. Plan Document, Vol – 1, Thimphu, Bhutan.
307 Ministry of Agriculture and Forests. (2014). Migration in Bhutan- its extent, causes and effects. Thimphu, Bhutan.

- ***Workforce participation in the informal economy***: Young men and women migrating to urban areas may do so in search of a better standard of living. However, they migrate because of their aspirations and not after securing proper employment in the city. They reach the city and then start looking for work. As a result, most of these migrants work in the informal economy. They can be exploited by their employers and treated as a source of cheap labor. They can be paid low wages and made to work for long hours. As a result, urban poor households are observed to work with a subsistence income, have low levels of savings and are more prone to economic/income shocks. Their position within the workforce traps them into a cycle of poverty, with generation after generation living in slum clusters.[308]

Vulnerabilities

Slum dwellers can be considered as an economically marginalized group and their position restricts their access to available civic amenities and services. In turn, this exposes them to health, economic, environmental as well as social vulnerabilities.[309]

Vulnerable to natural and man-made hazards

Slums are commonly located on illegal land near drains, dumping grounds and highways. Most of the slums are not recognized and people live out of makeshift housing arrangements. The settlements are overcrowded and haphazardly laid out. Such unplanned clustering of households leaves them vulnerable to hazards such as fire breakouts, vector proliferation and accidents. In other cases, where the slums are based close to drains etc., it leaves the inhabitants exposed to high levels of toxicity, air pollution, sound pollution etc. Moreover, slums are commonly deficient in basic amenities like water, sanitation and proper drainage and sewerage.[310] Unhealthy living conditions in the slum clusters accelerate the transmission of various water borne diseases like diarrhea, cholera and have a direct impact on health.[311]

Fear of homelessness

The absence of legal entitlements on property and assets means that slum dwellers face the risk of being evicted and displaced without any alternate relocation arrangements. In 2004, the Government carried out an eviction drive and cleared all squatter settlements in Thimphu. But due to lack of availability of suitable alternative accommodation, the inhabitants made it back to the same locations to re-establish their slum clusters.[312]

308   World Health Organization. (2011). Addressing health of the urban poor in South-East Asia Region: challenges and opportunities. Retrieved from http://apps.searo.who.int/PDS_DOCS/B4755.pdf

309   Aggarwal, S. Vulnerability assessment of slums: assessing multi-dimensions of urban poverty for better program targeting. Urban Health Resource Center, New Delhi, India. Retrieved from http://www.google.co.in/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiC1IvTx7jJAhVQC44KHdkKCEsQFggk-MAA&url=http%3A%2F%2Fuhrc.in%2Fname-CmodsDownload-index-req-getit-lid-87.html&usg=AFQjCNGBQsSexUpiAdp1_04eNeLdcGxSpQ&sig2=nyxH8qEAWuy-4bYEkz1g4ow

310   Khosla, R. (2013). Informality as the root of urban vulnerability. The World Bank. Retrieved from http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDEC-PROSPECTS/0,,contentMDK:23394670~pagePK:64165401~piPK:64165026~theSitePK:476883,00.html

311   Sufaira, C. (2013). Socio economic conditions of urban slum dwellers in Kannur municipality. IOSR Journal Of Humanities And Social Science. Retrieved from http://iosrjournals.org/iosr-jhss/papers/Vol10-issue5/C01051224.pdf?id=6240

312   Pelden,S. Living on the fringe,Thimphu's growing slums, May 14, 2010 - Bhutan Observer. Retrieved from http://bhutanobserver.bt/2782-bo-news-about-living_on_the_fringethimphus_growing_slums.aspx

As noted earlier, urban poor are more susceptible to developing health problems. Experience from developing countries suggests that most often, State run medical machinery is constrained by the availability of trained/qualified medical staff. In such a situation, focus is on providing services to those who reside in the vicinity of the medical center. In most cases, these centers are located in and around formal and approved settlements, leaving out those who live in unregulated slums/colonies. Further, some of the slum clusters hold a population that is large enough to govern the provision of dedicated civic amenities (including health facilities). However, given that these clusters are not legally recognized, such infrastructure cannot be setup/established.

Violence against women and increase in crime incidence

Slums are non-secure areas, with limited formal policing. As a result, women living in slums can be more susceptible to physical and sexual violence.[313] Inability to improve and secure the living conditions of the urban poor could result in slums becoming breeding ground for social problems such as crime, drug use, alcoholism, high incidence of mental illness and suicide as observed in other developing countries.[314]

Current Policy & Program Landscape

There is a need for a comprehensive policy on urbanization that can streamline and guide urban development across cities in Bhutan.[315] Severe pressure on existing urban resources as a result of poorly managed urbanization has caused problems of water shortages, lack of sanitation and waste disposal facilities. A number of urban development programs such as the National Urban Development Strategy (NUDS) have been implemented to address these problems (particularly in Thimphu and Phuentsholing). However, the rural-urban migration trend continues to outpace the level of infrastructure creation/provision. The expansion of existing services is also constrained by limited land availability and by large scale unplanned developments.[316] The majority of the people who migrate to urban centers are youth looking for employment living in unhealthy conditions and environment and the YCD, DYS of MoE in its draft National Youth Action Plan (NYAP) has proposed for building hostels for youth in towns. [317]

The Ministry of Works & Human Settlement (MoWHS) oversees all urban development plans in cities, but neither the MoWHS nor other Government agencies have any programs specifically targeted at the urban poor. The Thimphu *Thromde* (Thimphu City Corporation) is building low-cost housing for its staff in Changangkha in Thimphu. However, the project is only expected to cater to the low-income staff working for the Thimphu *Thromde*. As a result, it will cater to a very small portion of the urban poor in Thimphu.

In 2003, the National Housing Development Corporation (NHDC) was established to implement the National Housing Policy of 2002. The policy called for the provision of safe and affordable housing for all. However, provision of housing to all still remains a challenge. The need for such housing arrangements is

313   Vivian, F. (2003). When HIV-prevention messages and gender norms clash: the impact of domestic violence on women's HIV risk in slums of Chennai, India. AIDS and Behavior.

314   Pelden, S. (2010). Living on the fringe, Thimphu's growing slums. Bhutan Observer. Retrieved from http://bhutanobserver.bt/2782-bo-news-about-living_on_the_fringeth-imphus_growing_slums.aspx

315   Pelden, S. (2010). Living on the fringe, Thimphu's growing slums. Bhutan Observer. Retrieved from http://bhutanobserver.bt/2782-bo-news-about living_on_the_fringeth-imphus_growing_slums.aspx#sthash.zKUceLOW.dpuf

316   Royal Govt of Bhutan. (2013). Eleventh Five Year 2013- 2018. Plan Document, Vol – 1, Thimphu, Bhutan.

317   Draft National Youth Action Plan

further highlighted by the fact that as per NHDC's assessment, urban low income households spend about 50.0 to 60.0 per cent of their income on house rent (against an ideal proportion of 30.0 per cent of income).[318]

Presently, the Department of Human Settlement (DHS) is responsible for preparation of human settlement policies, strategies and plans. However, the Eleventh Five Year Plan points out that in absence of a clear legislation such as the National Spatial Planning Act and the National Human Settlement Policy, it has been difficult to plan, coordinate and implement a human settlement strategy for the country. The sector is facing acute shortage of human resources in terms of qualified urban planners, urban designers, architects, infrastructure planners and engineers. In addition to struggling with timely availability of land, the development and implementation of an apt strategy is expected to be constrained by limited financial resources and people's resistance to the introduction of new levies/taxes.

The Eleventh Five Year Plan highlights the need to focus on human settlements. It emphasizes on the fact that a growing number of unplanned settlements in urban areas is constraining urban expansions and provision of civic amenities. Further, the Eleventh Five Year Plan mandates NHDC to construct affordable housing particularly in *Dzongkhags*/towns like Thimphu, Phuentsholing, Samdrup Jongkhar, Lhuentse and Gasa where housing shortage is a major problem. Lastly, the Eleventh Five Year Plan also promises to ensure sustainable development of human settlements, promising the formulation of apt legislations and policies and reviewing and improving existing rules and regulations.

Existing Data Gaps

Enumeration data	☑	📅	🎖
Data pertaining to causes	☑	📅	🎖
Data pertaining to vulnerabilities faced by the group	☑	📅	🎖

Recommendations

• The Government should design and roll out a Low Income Group (LIG) housing scheme for the urban poor (especially slum dwellers). The scheme should not provide free-of-cost housing, but affordable housing that the urban poor can access on the payment of the cost of construction.

• Although the *Thromde* does not recognize slum clusters, they should provide the residents with access to adequate water, sanitation and electricity facilities. While the *Thromde* should not seek to put in place permanent infrastructure, portable sanitation facilities, temporary water lines etc. should be provided. Services should be provided on a paid basis and the slum community should be made responsible for maintenance and upkeep.

• The Royal Bhutan Police should create a 'community watch' system and/or its mobile cycle riders to patrol slum clusters (and similar high density low income habitations).

• A comprehensive review of possible interventions for the legal empowerment of slum dwellers, particularly those without or with the inability to prove their land or business rights should be conducted. This would include ensuring the capacity to establish a financial presence (bank account, access a loan etc.) to benefit from any affordable housing schemes.

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318   Royal Govt of Bhutan. (2013). Eleventh Five Year 2013- 2018. Plan Document, Vol – 1, Thimphu, Bhutan.

Conclusion and Overarching Recommendations

This '*Vulnerability Baseline Assessment*' has focused on the 14 vulnerable groups identified through initial stakeholder consultations in 2015. Given that these groups were identified in the absence of a specific national definition of 'vulnerability', their assessment has been based on the following definition:

Vulnerability can be summarized as the susceptibility to harm, which is the consequence of an interaction between the resources available to individuals and communities and the life challenges they face. It is an outcome of developmental problems, personal incapacities, disadvantaged social status, inadequacy of interpersonal networks and supports, degraded neighbourhoods and environments, and the complex interactions of these factors over the life course of an individual or a community.[319]

However, there still remains a major need to develop a detailed definition of 'vulnerability' specific to the Bhutanese context, as this will help in developing a more holistic understanding of vulnerable groups, in assessing their vulnerabilities and in preparing apt mitigation plans.

In the context of this assessment, 'vulnerability' has been viewed as a multidimensional phenomenon. Vulnerability can not only be temporary or persistent in nature, it can also be correlated (with other vulnerabilities) and can manifest in diverse ways. The assessment shows that some groups such as women, children, differently abled, elderly people, among others, can be considered more vulnerable than the others. This is because their socio-economic position in the community and/or their physical health does not necessarily support their negotiation power to protect their rights or seek their entitlements. Moreover, while the assessment finds that vulnerabilities are a resultant of different factors, it also notes that often there is a primary/root vulnerability which facilitates or is deepened by other peripheral/secondary vulnerabilities.

The assessment presents a macro perspective, and was constrained by a limited availability of data/information on various vulnerabilities and their causes, by the pre-determination of the vulnerable groups to assess, and by the reliance on secondary data and literature in the absence of the timeframe required for more in depth field research.

Therefore, a number of overarching, interrelated recommendations are proposed:

- *Strengthen institutional capacity – within the civil service, Government bodies, and with Civil Society Organizations in Bhutan – to tackle issues of vulnerability:* As articulated through the Report, significant efforts are already underway both through Government mechanisms and through the mandates of Bhutan's civil society to address issues of vulnerability. To enhance those efforts, such that the ambition of the 11th Five Year Plan can be fully met and vulnerability-related recommendations implemented, there is a clear need to invest in the institutional capacity of all entities involved on issues related to vulnerability, both from a macro perspective and related to the identified vulnerable groups.

- *Enhance vulnerability data and the capacity necessary for data to influence vulnerability-related policy development:* Within the defined parameters of the Assessment, i.e., the pre-determined vulnerable groups, further data and information, as well as capacity to analyse and draw meaning from

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319   David Mechanic, Jennifer Tanner. (2007). Vulnerable people, groups, and populations: societal view. Health Affairs.

the data across vulnerable groups, will be required. Should the current classifications of vulnerable groups be carried forward into the development of the 12ᵗʰ Five Year Plan, a micro-assessment for each is recommended, along with an assessment of the interrelationships between the groups. This requires building the volume of quantitative and qualitative data available, from Census information to personal narratives, such that an effective policy framework can be developed. Specific interventions to close the data gap for each group are set out in the table below, but an overarching approach should also be considered.

Positive steps are already underway in this respect, with the proposed 2016 Census – and the stakeholder engagement which preceded the finalization of the Census questionnaire – set to provide a better, more timely insight into the population dynamics and related vulnerabilities in Bhutan. While the Census and the results of the 2015 Gross National Happiness survey are a natural starting point for further data-related analysis of vulnerable groups in Bhutan, additional critical sources and avenues exist, including: the Bhutan Living Standards' Survey (2012 and that proposed for 2017); Bhutan's GeoSpatial Data site[320]; the My World survey results, where over 2,600 people from Bhutan voted for in the world's largest online survey on what mattered to them most[321]; the National Health Survey (2012); the STEP Survey (2014) which presents risks factors for non-communicable diseases; the Nutrition Survey (2015); and the Renewable Natural Resources Statistical Compendium (2015)[322], complemented by routine data collection efforts such as those carried out by the Ministry of Health from all health facilities using a web-based system supported by the World Health Organization.

Given 1) The imminent drafting of the 12ᵗʰ Five Year Plan, for which better disaggregated data sets will be critical to help articulate and address vulnerabilities, 2) RGOB's commitment to implement the SDGs through its national development framework, and 3) The increasing importance of understanding the implications of data between and across ministries and sectors in order to tackle the multiple dimensions of vulnerability in Bhutan, this Report recommends a full assessment of Bhutan's data framework, including its capacity to gather, share, and analyze data such that it informs policy development, including in identifying, and meeting the needs of, vulnerable groups.

- ***Continue to review Bhutan's legal framework, with a focus on vulnerabilities:*** As noted in the introduction, and as per a number of specific references under vulnerable groups, equally important to advance Gross National Happiness and progress towards the SDGs – including Goal 10 on inequality – will be a review of the civil and political environment in Bhutan and its impact on vulnerabilities, including the legal framework.

Noting the Constitution of Bhutan, which states "All persons are equal before the law and are entitled to equal and effective protection of the law and shall not be discriminated against on the grounds of race, sex, language, religion, politics or other status", and the stipulation in the 11ᵗʰ Five Year Plan that "needs of the vulnerable populations [are] met," and in line with implementing the 2014 Universal Period Review recommendations[323], this Report therefore recommends further analysis of the potential impact of laws, policies and regulations, on vulnerability in Bhutan.

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320 http://www.geo.gov.bt/
321 http://data.myworld2015.org/
322 www.moaf.gov.bt/download/Rates/Bhutan%20RNR%20Statistics%202015.pdf
323 UPR 2014 recommendations include: Recommendation 120.31 from Austria to "amend relevant legislation in order to ensure civil registration for all children, including fatherless children" and Recommendation 120.32 from Switzerland to "Guarantee the fundamental rights of all the country's inhabitants without discrimination and reform the Citizenship Act accordingly". See full report at: http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session27/Documents/A_HRC_27_8_ENG.doc

Critical progress is already underway in this respect in Bhutan. Following a decision by His Majesty Jigme Khesar Namgyel Wangchuck that all laws should be reviewed for any conflicts with the Constitution, such that the country's legal framework may be harmonized, a multi-stakeholder task force was formed[324] comprising members from the Judiciary, the Office of the Attorney General (OAG), the Cabinet Secretariat, Bhutan National Legal Institute, the Royal Bhutan Police and a private firm. The task force has completed its first review of Bhutan's 126 Acts, as referenced by the Prime Minister in his State of the Union address in June 2015[325], and determined that:

- 14 Acts conflict with Constitution and other Acts, and requires consolidation/harmonisation.
- 14 Acts should be repealed.
- 2 Acts are redundant and should be repealed.
- 3 Acts have not been implemented.

Further, in July 2016, in collaboration with UNDP, the Justice sector met for the very first time with the objectives towards a justice sector indicators system for the 12th FYP and towards a justice sector strategy for the 12th FYP. This report would like to commend and encourage such efforts in future.

- ***Maximise the 12th Five Year Plan development process for inclusive discussion on vulnerabilities, and to review the current categorization of vulnerable groups:*** This Report recommends that the Government maximizes the opportunity presented by the consultation process set to commence in 2016 for the 12th Five Year Plan's preparation, to review the categories of vulnerable groups on which this analysis is based. From the current categorization, for example, the Government may want to explore through inclusive stakeholder dialogue, the merit of continuing to consider persons who beg as a standalone vulnerable group. Equally, as tabled by stakeholders during this assessment process, the Government may wish to consider whether other groups, such as Bhutan's mobile population (including truck drivers and cross-border migrants engaging in daily migration); domestic workers, and individuals in Bhutan who do not possess a National Identity Cards, should be further explored.

- ***Explore vulnerabilities related to climate change and natural hazards and the responding policy and institutional framework:*** The Report recommends a comprehensive analysis from a vulnerability perspective of the multiple ongoing efforts of the Government and other stakeholders to mitigate and adapt to the impact of climate change and other natural hazards – real and potential – on people's lives in Bhutan. While this was outside the scope of this Report, a significant body of work and assessment was found to exist under the direction of different sectors. A consolidated review of this work from a vulnerability, risk and resilience perspective, combined with enhanced geo-spatial data, could offer insight for the 12th Five Year Plan on effective or ineffective policy interventions to reduce people's vulnerabilities, opportunities for inter- or cross-sectoral engagement and policy or institutional gaps that warrant further consideration.

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324 http://www.cabinet.gov.bt/Report/annual%20report%202015.pdf
325 http://www.cabinet.gov.bt/Report/annual%20report%202015.pdf

Data gaps and suggested studies/indicators for bridging the same

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
1	**People who Beg**				
1.1	**Enumeration**	☑			The Government should first undertake an enumeration exercise to determine if Bhutan has any People who beg or not; and if yes, then how many? This exercise should be undertaken by the *Thromdes*.
1.2	**Causes**				
1.2.1	Subsistence and begging as the only livelihood option	☑			The Government should first undertake an enumeration exercise to determine if Bhutan has any People who beg or not; and if yes, then how many?
1.2.2	Lack of social safety and support	☑			
1.3	**Vulnerabilities**				
1.3.1	Absence of a safe, secure and healthy habitat	☑			The Government should first undertake an enumeration exercise to determine if Bhutan has any People who beg or not; and if yes, then how many?
1.3.2	Social exclusion and humiliation	☑			
1.3.3	Susceptibility to violence	☑			
2	**Children In Conflict with Law**				
2.1	**Enumeration**	☑	📅	🏅	The RBP and the Royal Court of Justice maintain MIS which contain up to date data.
2.2	**Causes**				
2.2.1	Peer Pressure	☑			While there is Bhutan specific qualitative (academic) literature establishing 'peer pressure' and 'family structure and characteristics' as causes, a dedicated qualitative study assessing the reasons why children come in conflict with law is necessary. This study should work with CICL at the YDRCs as primary respondents but also cover their families, peers, community members, teachers etc. Further, the study may be designed as a compilation of 15 to 20 cases.
2.2.2	Family structure and characteristics	☑			
2.2.3	Economic deprivation	☑	📅	🏅	The MIS maintained by the RBP provides data on number of children who have been detained for crimes categorized under 'property'. A recent publication by RENEW provides information on the percentage of CICL from low income households. However, the report does not cover all Dzonkhags on Bhutan. Its coverage needs to be improved. The RBP may also want to include a few more background related indicators in its MIS. Such information will help the counselors at the YDRCs.

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
2.3	**Vulnerabilities**				
2.3.1	Feeling of loss of freedom	☑			While there is Bhutan specific qualitative (academic) literature discussing the vulnerabilities of CICL, there is no dedicated study which explores the same under a mixed methodology approach. It might help if the RBP MIS is linked forward to a MIS which the YDRC counselors and the Department of Youth and Sports' counselors can use to record data and information on the progress of CICL. The extension of the MIS should include quantitative and qualitative fields. These fields can be analyzed at regular intervals to shed light on the vulnerabilities faced by CICL.
2.3.2	Fear of social rejection and uncertainty about future	☑			
2.3.3	Limited access to social and psychological support	☑			
3	**Persons with Disabilities**				
3.1	**Enumeration**	☑			As of today, the Population and Housing Census (2005) and the 'March of Dimes' report is the only source of information on number of persons with disabilities. The report is based on approximations and is quite dated. There is a need for an enumeration exercise to determine the number of persons with disabilities. This may be a distinct, recurring exercise or may be covered under the existing census enumeration. The former is expected to return relatively robust results as appropriate training and attention is required for such enumeration.
3.2	**Causes**				
3.2.1	Congenital anomaly	☑			Data related to congenital anomalies is directly linked to aforementioned enumeration exercise.
3.2.2	Acquired disabilities	☑	📅	🎖	The Population and Housing Census (2005) does touch upon the number of persons who acquired disabilities as a result of age or accidents. However, the data is dated. The forthcoming census exercise should continue to record such data. Also, an analysis of the indicators covered under the survey suggests that there is a need for greater technical rigor while developing this section of the census questionnaire.
3.3	**Vulnerabilities**				
3.3.1	Stigma, discrimination and exclusion				There is very little data on stigma faced by persons with disabilities. The study on Children with Disabilities in Bhutan conducted jointly by UNCEF and Ministry of education, reports lack of adequate legislation to protect, support, and enforce their rights and poor awareness of current resources, negative cultural beliefs and attitudes. There needs to be sensitization and awareness raising on the disability to shift the mindset from charity/medical to social model among the policy and law makers including the PWDs themselves.
	Education challenges due to quality, infrastructure and stigma	☑			There is very little or no data available on persons with disabilities' position in schools and universities in Bhutan. The Ministry of Education should explore to include disability as a distinct lens under any and all MIS and research studies.

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
3.3.2	Shortage of trained health professionals	☑			The Ministry of Health and the Ministry of Labor and Human Resource should also work towards covering disability as a distinct lens under their existing MIS and research studies. Further, there is a need for a study centered on 'stigma and discrimination'. This study should ideally be based on a mixed methodology approach. Such an approach will help in understanding the extent and the depth of the vulnerabilities faced by persons with disabilities.
3.3.3	Livelihood challenges owing to structural issues	☑			
3.3.4	Susceptibility to physical and sexual abuse	☑			Given that most of such cases go unreported, it is difficult to structure a quantitative exercise to collect data/information against the same. However, a case studies based qualitative research exercise can help in developing a better understanding of such incidents. This, in turn, could better inform policies & programs that seek to check incidence of physical and sexual abuse.
4			**Elderly In Need of Support**		
4.1	**Enumeration**	☑			It would be wrong to cover all elderly as vulnerable. Therefore, while there is data on the percentage of population in the elderly age group, there is no data available on the number of elderly in need of support. A Study on the factors which lead to the elderly becoming vulnerable can help in identifying proxy indicators which when included in the forthcoming census exercise can help in identifying the number of elderly in need of support.
4.2	**Causes**				
4.2.1	Increased migration of children from rural to urban areas	☑	📅	🎗	Data related to this 'cause' has been covered under the Ministry of Agriculture and Forests recent study on impact of migration from rural to urban areas. However, the report is purely quantitative in nature and does not detail out the link between migration and 'elderly in need of support'. A qualitative research study which explores this connect can help in better informing relevant policies & programs.
4.2.2	Abandonment (Wilful, Forced or Absence of an immediate/extended family)	☑			While there is Bhutan specific qualitative (academic) literature discussing the issues of abandonment, there is no study which can shed light on the number of elderly left vulnerable due to the same. Herein, the Government might want to conduct a case study approach based qualitative study to determine why the elderly were abandoned by their children (in terms of the context). The study would primarily be based on interactions with elderly who are already under the care of the State.
4.2.3	Physical, psychological and financial abuse faced from children/caretaker	☑	📅	🎗	A study conducted by the Royal Society of Senior Citizens, Bhutan sheds light on the incidence of physical, psychological and financial abuse at the hands of children/caretakers. However, the study is very restrictive in terms of its geographic coverage and weak in terms of its statistical significance. The National Health Survey collects data/information on violence against women. The Government may want to cover violence against elderly as a distinct question set in future National Health Surveys.

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
4.3	**Vulnerabilities**				
4.3.1	Social exclusion	☑			There is no study that highlights the vulnerabilities & hardships faced by elderly who are physically, psychologically or financially abused by their children/caretakers. A case study approach based qualitative study centered on respondents who have left their homes due to such abuse can help shed more light on this issue.
4.3.2	Developing health issues due to advancing age	☑	📅	🎖	While there is data on number of elderly accessing health care facilities and on the percentage of elderly developing one or multiple health issues; there is no study which details out their ability to meet the medical expenses related with such ailments. This should be a distinct question set/category under the National Health Survey which explores this vulnerability in greater detail. The question set should also probe on the source from which the elderly arrange for the required funds.
4.3.3	Vulnerability pertaining to housing	☑	📅	🎖	The study conducted by the Royal Society of Senior Citizens, Bhutan provides a statistic for percentage of elderly asking for old age homes and shelters. However, as mentioned earlier, the study is very restrictive in terms of its geographic coverage and weak in terms of its statistical significance. This issue may be covered under a onetime sample enumeration exercise.
5	**Female Workers Working at *Drayangs***				
5.1	**Enumeration**	☑			There is no reliable estimate of the number of females working at *Drayangs*. There are no details on their age, their residential status, their educational status etc. Given that female workers working at *Drayangs* can be covered at their workplace, a rapid listing/enumeration can be carried out by the Ministry of Labor and Human Resource. However, this enumeration should be done in close coordination with the National Commission for Women and Children.
5.2	**Causes**				
5.2.1	Economic factors	☑	📅	🎖	Students from Gaeddu College of Business Studies have conducted a survey of female workers working at 20 *Drayangs* in Bhutan. The survey provides information on the economic and educational backgrounds of the *Drayang* workers. There is, however, a lack of clarity regarding the methodology used for the study under consideration and the rigor with which it was carried out. The aforementioned enumeration exercise should be carried out to validate the findings of the existing study. It should also consider using a more comprehensive questionnaire. The National Commission for Women and Children may consider rolling out a case study approach based qualitative study to develop a better understanding of *Drayang* workers, their backgrounds, their aspirations and what makes them choose the profession under consideration.
5.2.2	*Drayangs* as a platform for entering the media & entertainment industry	☑			There is Country specific literature that suggests that women from *Drayangs* may join the profession with the hope that it will facilitate a move into the media & entertainment industry. The aforementioned case study approach based study can help in developing a better understanding around this point.

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
5.2.3	Lack of awareness about their rights and entitlements	☑			The paucity of data available on this cause can be bridged through the aforementioned Ministry of Labor and Human Resource led enumeration exercise. As mentioned earlier, the enumeration exercise should not be a simple count of number of workers but a count backed by profile, level of awareness, points of vulnerability etc.
5.3	**Vulnerabilities**				
5.3.1	Stigma and Discrimination	☑			Literature suggests the presence of these vulnerabilities and the same is seconded by the various stakeholders covered under through consultations. However, there is no study that provides in-depth information on these points. The aforementioned cases study approach based qualitative research study can help in bridging this information gap.
5.3.2	Vulnerabilities associated with increased alcohol consumption	☑			
5.3.3	Health issues owing to ambience of *Erayangs*	☑			
6	**Persons Practicing Risky Sexual Behavior**				
6.1	**Enumeration**	☑			There is a lack of comprehensive data on the number of individuals practicing risky sexual behavior. The National Health Survey provides values for awareness/practices related to condom usage. A sample survey based estimation of individuals engaging in risky sexual behavior is required and should ideally be carried out by a CSO that has the capacity and sensitivity required to deal with the subject.
6.2	**Causes**				
6.2.1	Lack of awareness and access to comprehensive sexuality education	☑	📅	🎖	The National Health Survey covers indicators related to this cause.
6.2.2	Social and biological determinants of STI/HIV in women	☑			The National Health Survey covers indicators that directly or indirectly provide insights on this 'cause'. However, there is a need to revisit the grid of questions pertaining to unsafe sex practices and violence against women; developing inter-linkages between the two. As of today the insights pertaining to this 'cause' are the result of a normative assessment of data collected under the National Health Survey, the Bhutan Multiple Indicator Survey and the Bhutan Sexual Behaviors and Networks study.
6.2.3	Substance use	☑			There is a general lack of data on the factors that lead to individuals engaging in risky sexual behavior. However, there is a general agreement around the groups that are most susceptible to practicing the same. Mixed methodology based studies directed at covering these specific groups can help in developing a better understanding of why they are susceptible. These can be standalone studies or be commissioned/carried out as multiple packages/components under a single large study.
6.2.4	Occupation related causes	☑			

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
6.3	**Vulnerabilities**				
6.3.1	Increased health risks	☑ (green)	📅 (red)	🎖 (green)	Under one of its studies, the Ministry of Health had collected data which explains the gravity of this vulnerability. However, the study was conducted in 2010 and is now quite dated. Also, it is not necessary that the study covered all groups that may be practicing risky sexual behavior. This is because certain groups such as MSMs, transgender etc. may not have been covered and/or may not have come out to provide data/information.
6.3.2	Limited availability of medical services	☑ (red)			There is a need for a comprehensive public health facility and public health adequacy assessment that maps out health related vulnerabilities of the Bhutanese population and the level of access and services available to counter/control the same. HIV/AIDS and STIs should be two of the main health related vulnerabilities that such an assessment should cover.
6.3.3	Social stigma	☑ (red)			A study by Lhak-Sam provides data/information on the stigma and discrimination being faced by PLHIV. However, there is very little data/information related to the stigma and discrimination faced by those with STIs (who come out into the open with their health issue) and other groups engaging in risky sexual behavior. The Government may want to explore the idea of a stigma and discrimination study specifically covering these groups. Given that most of the individuals to be covered under such a study maintain their status (and/or sexual preferences) as confidential; the study may be based out of public health facilities where diagnosis takes place. Such a study will have to ensure confidentiality of respondents. It would have to remember that most of the individuals under this group try to hide their vulnerability in order to avoid the associated social stigma and discrimination.
7	**Persons Using Drugs & Alcohol**				
7.1	**Enumeration**	☑ (green)	📅 (green)	🎖 (green)	The National Health Survey provides data on number of individuals using alcohol, psychotropic substances and tobacco. There is data on the consumption of home brewed alcohol. However, there is no recent survey which provides substance wise disaggregated data on number of users. A UNODC study that carries such data is rather dated and it is expected that the drug use patterns have changed significantly since that study took place.
7.2	**Causes**				
7.2.1	Wide accessibility and availability	☑ (green)	📅 (green)	🎖 (green)	Data and information pertaining to this 'cause' is readily available.
7.2.2	Social acceptance	☑ (red)			There is a volume of Bhutan specific literature which highlights how these factors cause individuals to become regular users of drugs & alcohol. However, there are no Bhutan specific in-depth studies that detail out how and why these factor play out. Case files of individuals who have undergone or are undergoing rehabilitation provide the details required to carry out such a study. But these files and records should only be referred to after seeking their consent and the Government (or the agency/ entity contracted to carry out the study) must keep their identity confidential.
7.2.3	Peer pressure	☑ (red)			
7.2.4	Stress related factors	☑ (red)			

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
7.3	**Vulnerabilities**				
7.3.1	Increased risk of developing health issues	☑ (green)	📅 (green)	🎗 (green)	The Ministry of Health has data on the number of individuals who have developed health issues as a result of using drugs or alcohol. However, this data is spread across numerous studies/reports. Statistics related to this vulnerability need to be collated into a singular annual report. Herein, it is also important to note that the existing data may not necessarily be counting individuals who are going overseas in search of medical support/services.
7.3.2	High chances of relapse	☑ (red)			There is no data available to establish the extent and magnitude of this vulnerability. It is possible that a number of cases of relapse do not come back to rehabilitation/counseling centers. Data on this parameter can be collected through a dedicated field on the registration form(s) that are filled up when an individual visits a rehabilitation/counseling center.
7.3.3	Adverse impact on adolescent's educational performance	☑ (red)			As proposed under the vulnerable group of 'Out of School Children', there is a need for a study on the reasons why children are out of school. The point of drug & alcohol use leading to (directly and indirectly) adolescents dropping out of school should be covered under this proposed study. Further, records with school counselors or the Department of Youth and Sports' counselors can also be used for the analysis required to develop a qualitative report on how alcohol and drug use impact a child/adolescent's educational performance. However, a qualitative study of this nature should also include/cover the children's parents, peers and teachers.
7.3.4	Adverse impact on the addict's family	☑ (green)	📅 (green)	🎗 (green)	The National Health Survey and the Bhutan Poverty Assessment provide data points on this vulnerability. However, there is definitely a scope for a case study approach based qualitative study to understand the magnitude of the 'adverse impact'.
8					**Orphans**
8.1	**Enumeration**	☑ (green)	📅 (red)	🎗 (green)	The Bhutan Multiple Indicator Survey provides estimates for number of orphans in the Country. However, this data is now dated and fresh information shall only be available after the next edition of the survey.
8.2	**Causes**				
8.2.1	Untimely demise of parents	☑ (red)			As of today, members of the extended family come forward to informally adopt and take care of any orphan(s). One of the key recommendations under the section on 'Orphans' is that the Government should make it mandatory for these family members to register this informal adoption (thereby bringing it to the attention/notice of the system). Once this starts to happen, the Government would automatically get to know the reason(s) why a child has been left orphaned.
8.2.2	Child abandonment	☑ (red)			

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
8.3	**Vulnerabilities**				
8.3.1	Limited emotional care and support	☑			Once the aforementioned recommendation has been implemented, the NCWC should start tracking the progress and wellbeing of all orphans in the Country (including those who have been adopted by members of the extended family). This tracking will provide the data/information required to understand the prevalence of these vulnerabilities.
8.3.2	Restricted access to education and health care	☑			
8.3.3	Exploitation and abuse at the hands of foster parents and/or adoptive parents	☑			
8.3.4	Social Stigma	☑			
9			**Out of School Children**		
9.1	**Enumeration**	☑	📅	🎗	The Ministry of Education maintains an annual estimate of out of school children (including dropouts). However, these figures should be treated as a 'minimum' possible estimate as the enumeration/listing might be missing out on a number of children who have never come to school, who are based out of difficult to access terrain etc.
9.2	**Causes**				
9.2.1	Inadequate family income	☑			There is a need for a comprehensive study on out of school children in Bhutan. The study should maintain a mixed methodology focus; while prioritizing quantitative data collection. This out of school children study should enable the Government to establish a baseline of the reasons why children are not coming to school. Qualitative interactions with students, their parents and their teachers (in case of dropouts) should be used to delve deeper into the reasons. The study should cover both 'pull' and 'push' related factors.
9.2.2	Inaccessibility due to terrain challenges	☑			
9.2.3	Out of school differently abled children	☑			
9.3	**Vulnerabilities**				
9.3.1	Poverty trap	☑			Understanding the gravity of this vulnerability requires a more academic investigation (say a regression model). This is because poverty is the resultant of multiple factors. A prima facie assessment reveals that the data required for such an exercise is available in the public domain (across multiple data sets).
9.3.2	Inadequate life skills and social skills	☑			A case and control approach based mixed methodology research study with a stronger qualitative focus can help in determining the nature and magnitude of this vulnerability.

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
10	**People Living with HIV/AIDS**				
10.1	**Enumeration**	☑ (green)	📅 (green)	🎗 (red)	The Ministry of Health maintains a record of number of PLHIV (identified by the system and being supported by it). Institutions such as UNAIDS have provided official estimates for the expected number of PLHIV. However the number of PLHIV in Bhutan will only become clear once the Government is able to improve upon the public health machineries outreach and is able to encourage (including helping them in understanding when they should get tested) people to come forward for voluntary center based testing.
10.2	**Causes**				
10.2.1	High incidence of sexually transmitted infections	☑ (green)	📅 (red)	🎗 (red)	The 'Sexual Behaviors and Networks in Thimphu' does carry statistics and information on these 'causes'. However, the report is quite dated and is not representative of the Country as a whole.
10.2.2	Occupational risk	☑ (green)	📅 (red)	🎗 (red)	
10.2.3	Lack of awareness	☑ (green)	📅 (green)	🎗 (green)	The National Health Survey covers indicators linked with this 'cause'.
10.3	**Vulnerabilities**				
10.3.1	Limited access to required healthcare	☑ (red)			There is a need for a rapid assessment of the public health machinery in Bhutan. This assessment should check for the system's ability to respond to different types of health issues, diseases and infections. HIV/AIDS should be one of the main infections covered under the assessment. The assessment should focus on adequacy & availability of doctors, paramedics, public health workers, pathologists, psychologists, infrastructure, medicines, testing facilities etc.
10.3.2	Stigma and discrimination	☑ (green)	📅 (green)	🎗 (green)	A study conducted by Lhak-Sam provides adequate data/information on these two vulnerabilities. However, the study must be repeated at regular intervals. Also, in the future, the study may be rolled out with a relatively stronger qualitative research rigor.
10.3.3	Livelihood challenges due to unequal status	☑ (green)	📅 (green)	🎗 (green)	
11	**Single Parents Including their Children**				
11.1	**Enumeration**	☑ (green)	📅 (red)	🎗 (green)	There is no publically available data on the number of single parents in Bhutan. However, the census (and many other enumeration exercises) contain questions which can facilitate the computation of a reliable estimate. Further, data on the number of children who have one living parent is covered under the BMIS. However this data is quite dated and there is a need for more up to date figures.
11.2	**Causes**				

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
11.2.1	Divorce	☑ (red)			There are no reliable estimates for the number of cases of divorce, separation and abandonment in Bhutan. Data on these indicators can only be considered reliable if it becomes a nationwide practice to formally register one's marriage.
11.2.2	Death of spouse	☑ (red)			
11.2.3	Children born outside wedlock	☑ (red)			
11.3	**Vulnerabilities**				
11.3.1	Income related vulnerability	☑ (red)			There is a need for a situational assessment study directed at understanding the vulnerabilities faced by single parents (men & women) and their children. The study should be structured to have two parts; a case-control approach based quantitative study; followed by an in-depth case study approach based qualitative study.
11.3.2	Social exclusion owing to stigma and discrimination	☑ (red)			
11.3.3	Vulnerability to dropping out of school	☑ (red)			
11.3.4	Probability of taking to substance abuse	☑ (red)			
11.3.5	Susceptibility to committing crimes	☑ (red)			
12	**Unemployed Youth**				
12.1	**Enumeration**	☑ (green)	📅 (green)	🎗 (green)	The data available with the Ministry of Labor and Human Resource covers for indicators such as total unemployment rate, unemployment rate disaggregated by gender, unemployment rate disaggregated by age groups, workforce participation rate etc. However, unemployment rate for persons with disabilities and disguised employment (gender and age disaggregated) are two key indicators that the Ministry should also seek to cover under its labor force surveys.
12.2	**Causes**				
12.2.1	Increasing number of graduates and the insufficient number of jobs in the market	☑ (green)	📅 (green)	🎗 (green)	The Ministry of Labor and Human Resource has conducted numerous studies (often recurring) that provide data on a labor supply side perspective. However, there is a need to carry out a skill gap assessment which can compare this aforementioned data with an industry demand side perspective. The skill gap study should only focus on demand side indicators. It should be quantitative in nature and also collate the industry's perception of the quality of skills trainings being imparted by TVETs or the quality/aptness of higher education being imparted by educational institutions.
12.2.2	Expectation mismatch between employer and individual seeking employment	☑ (green)	📅 (green)	🎗 (red)	
12.2.3	Issues pertaining to quality and focus of Technical Vocational Education and Training (TVET)	☑ (red)			

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
12.3	**Vulnerabilities**				
12.3.1	Social exclusion	☑ (red)			There is a need for a case study approach based qualitative study so as to understand the social ramifications of being unemployed. However, such a study should not be considered a priority. The focus should be on the skill gap study which can help inform policies & programs than, in turn, can help in reducing the number of unemployed youth in the Country.
12.3.2	Susceptibility to committing crimes	☑ (green)	📅	🎗 (green)	The RBP MIS provides the data required to understand the magnitude of this vulnerability.
12.3.3	Health related risks	☑ (green)	📅	🎗 (red)	The current data on this vulnerability comes from a sample study. The results of this study cannot be considered statistically significant. The National Health Survey already covers questions related to drug & alcohol use. The data/case histories being maintained by the rehabilitation centers can also be used to determine a more precise and statistically significant estimate.
13	**Victims of Domestic Violence**				
13.1	**Enumeration**	☑ (green)	📅	🎗 (green)	The National Health Survey and a recent report published by NCWC provide estimates for the percentage of Bhutanese women who experienced physical, psychological and sexual violence during the year in which the studies were conducted.
13.2	**Causes**				
13.2.1	Economic dependence on husbands	☑ (green)	📅	🎗 (green)	Data from the Labor Force Survey shows how majority of women in Bhutan have no independent source of income.
13.2.2	Emotional dependence on husbands	☑ (red)			These two 'causes' need to be better understood. This is important because a media campaign on the issue of violence against women must be mindful of the family dynamics and social factors that lead to the same (or the acceptance of the same). A case study approach based qualitative study spearheaded by the NCWC or a relevant CSO can help in collecting and collating the required information/insights.
13.2.3	Stigma associated with divorce or separation	☑ (red)			
13.2.4	Controlling behavior of husbands	☑ (green)	📅	🎗 (green)	A recent report by the National Commission for Women carries data points that establish the prevalence of this 'cause'.
13.2.5	High level of acceptability	☑ (green)	📅	🎗 (green)	The National Health Survey includes indicators that shed light on the extent to which women accept and tolerate violence.
13.2.6	Alcohol induced violence	☑ (green)	📅	🎗 (green)	RBP's MIS provides the data required to understand the frequency with which alcohol induced violence takes place.
13.3	**Vulnerabilities**				
13.3.1	Violence leading to physical and mental health problems	☑ (red)			Arranging for data pertaining to this vulnerability would be difficult. This is because a number of women choose to silently bear with cases of abuse and violence. They do not come into the open with the issues they are facing. However an agency such as RENEW can leverage upon its network of volunteer counselors/ peers to collect multiple vignettes related to this vulnerability. After a point in time, the vignettes can be meta-analyzed to develop a report on this issue.

S No.	Cause/Vulnerability	Data Gap			Suggested Strategy for Bridging Data Gap
13.3.2	Occupational hazards	✅	📅	🎖	A recent report by the National Commission for Women carries data points that establish the magnitude and negative impact of this vulnerability.
14	**Vulnerable Urban Dwellers**				
14.1	**Enumeration**	☑			The Government has no official estimates for the number of vulnerable urban dwellers in Bhutan. The various *Thromdes* should be asked to immediately carry out a slum enumeration/ census for their cities. This enumeration exercise may be clubbed with the below mentioned habitat assessment. It may also go further to include the vulnerability baseline.
14.2	**Causes**				
14.2.1	Rapid urbanization	✅	📅	🎖	A number of Ministries and Departments have data that established the magnitude of this 'cause'. A recent study by the Ministry of Agriculture and Forests also establishes the reasons why people are migrating to urban centers.
14.2.2	Workforce participation in the informal economy	☑			The Ministry of Labor and Human Resource should look into the need to include disguised employment and employment in the informal economy as key indicators under any future Labor Force Surveys.
14.3	**Vulnerabilities**				
14.3.1	Prone to being affected by natural and man-made hazards	☑			There is no data available on the habitat related indicators that can help in understanding the standard of living of slum dwellers in Bhutan. There is a need for a habitat study which carries out the required comprehensive mapping/assessment.
14.3.2	Fear of homelessness	☑			This need for data pertaining to vulnerable urban dwellers calls for a quantitative, field based vulnerability assessment/baseline for this group.
14.3.3	Limited access to healthcare	☑			
14.3.4	Violence against women and increase in crime incidence	☑			

Annexure 1- Sustainable Development Goals

S. No	Sustainable Development Goals
1	**End poverty in all its forms**
	Targets
1.1	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day
1.2	By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
1.3	Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
1.4	By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
1.5	By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
1.a	Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions
1.b	Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions
2	**End hunger, achieve food security and improved nutrition and promote sustainable agriculture**
	Targets
2.1	By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
2.3	By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment
2.4	By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality
2.5	By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed
2.a	Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries
2.b	Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round
2.c	Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility

3	Ensure healthy lives and promote well-being for all at all ages
Targets	
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3.b	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
3.c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
Targets	
4.1	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
4.3	By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
4.4	By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
4.5	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
4.6	By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy

4.7	By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development
4.a	Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
4.b	By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries
4.c	By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States
5	**Achieve gender equality and empower all women and girls**
	Targets
5.1	End all forms of discrimination against all women and girls everywhere
5.2	Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
5.3	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
5.4	Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
5.5	Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
5.6	Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
5.a	Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
5.b	Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
5.c	Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
6	**Ensure availability and sustainable management of water and sanitation for all**
	Targets
6.1	By 2030, achieve universal and equitable access to safe and affordable drinking water for all
6.2	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
6.3	By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
6.4	By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity
6.5	By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate
6.6	By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes

6.a	By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
6.b	Support and strengthen the participation of local communities in improving water and sanitation management
7	**Ensure access to affordable, reliable, sustainable and modern energy for all**
	Targets
7.1	By 2030, ensure universal access to affordable, reliable and modern energy services
7.2	By 2030, increase substantially the share of renewable energy in the global energy mix
7.3	By 2030, double the global rate of improvement in energy efficiency
7.a	By 2030, enhance international cooperation to facilitate access to clean energy research and technology, including renewable energy, energy efficiency and advanced and cleaner fossil-fuel technology, and promote investment in energy infrastructure and clean energy technology
7.b	By 2030, expand infrastructure and upgrade technology for supplying modern and sustainable energy services for all in developing countries, in particular least developed countries, small island developing States, and land-locked developing countries, in accordance with their respective programmes of support
8	**Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all**
	Targets
8.1	Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries
8.2	Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors
8.3	Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services
8.4	Improve progressively, through 2030, global resource efficiency in consumption and production and endeavour to decouple economic growth from environmental degradation, in accordance with the 10-year framework of programmes on sustainable consumption and production, with developed countries taking the lead
8.5	By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
8.6	By 2020, substantially reduce the proportion of youth not in employment, education or training
8.7	Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
8.8	Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment
8.9	By 2030, devise and implement policies to promote sustainable tourism that creates jobs and promotes local culture and products
8.1	Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all
8.a	Increase Aid for Trade support for developing countries, in particular least developed countries, including through the Enhanced Integrated Framework for Trade-Related Technical Assistance to Least Developed Countries
8.b	By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization

9	**Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation**
	Targets
9.1	Develop quality, reliable, sustainable and resilient infrastructure, including regional and trans border infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all
9.2	Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries
9.3	Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets
9.4	By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities
9.5	Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending
9.a	Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States
9.b	Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities
9.c	Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020
10	**Reduce inequality within and among countries**
	Targets
10.1	By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average
10.2	By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
10.3	Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
10.4	Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
10.5	Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations
10.6	Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions
10.7	Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
10.a	Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements
10.b	Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes
10.c	By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent

11	Make cities and human settlements inclusive, safe, resilient and sustainable
	Targets
11.1	By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
11.2	By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
11.3	By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
11.4	Strengthen efforts to protect and safeguard the world's cultural and natural heritage
11.5	By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
11.6	By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
11.a	Support positive economic, social and environmental links between urban, per-urban and rural areas by strengthening national and regional development planning
11.b	By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels
11.c	Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials
12	Ensure sustainable consumption and production patterns
	Targets
12.1	Implement the 10-year framework of programmes on sustainable consumption and production, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries
12.2	By 2030, achieve the sustainable management and efficient use of natural resources
12.3	By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses
12.4	By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment
12.5	By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse
12.6	Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle
12.7	Promote public procurement practices that are sustainable, in accordance with national policies and priorities
12.8	By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature
12.a	Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production
12.b	Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products

12.c	Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities
13	**Take urgent action to combat climate change and its impacts**
	Targets
13.1	Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
13.2	Integrate climate change measures into national policies, strategies and planning
13.3	Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
13.a	Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly $100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible
13.b	Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities
14	**Conserve and sustainable use the oceans, seas and marine resources for sustainable development**
	Targets
14.1	By 2025, prevent and significantly reduce marine pollution of all kinds, in particular from land-based activities, including marine debris and nutrient pollution
14.2	By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their resilience, and take action for their restoration in order to achieve healthy and productive oceans
14.3	Minimize and address the impacts of ocean acidification, including through enhanced scientific cooperation at all levels
14.4	By 2020, effectively regulate harvesting and end overfishing, illegal, unreported and unregulated fishing and destructive fishing practices and implement science-based management plans, in order to restore fish stocks in the shortest time feasible, at least to levels that can produce maximum sustainable yield as determined by their biological characteristics
14.5	By 2020, conserve at least 10 per cent of coastal and marine areas, consistent with national and international law and based on the best available scientific information
14.6	By 2020, prohibit certain forms of fisheries subsidies which contribute to overcapacity and overfishing, eliminate subsidies that contribute to illegal, unreported and unregulated fishing and refrain from introducing new such subsidies, recognizing that appropriate and effective special and differential treatment for developing and least developed countries should be an integral part of the World Trade Organization fisheries subsidies negotiation
14.7	By 2030, increase the economic benefits to Small Island developing States and least developed countries from the sustainable use of marine resources, including through sustainable management of fisheries, aquaculture and tourism
14.a	Increase scientific knowledge, develop research capacity and transfer marine technology, taking into account the Intergovernmental Oceanographic Commission Criteria and Guidelines on the Transfer of Marine Technology, in order to improve ocean health and to enhance the contribution of marine biodiversity to the development of developing countries, in particular small island developing States and least developed countries

14.b	Provide access for small-scale artisanal fishers to marine resources and markets
14.c	Enhance the conservation and sustainable use of oceans and their resources by implementing international law as reflected in UNCLOS, which provides the legal framework for the conservation and sustainable use of oceans and their resources, as recalled in paragraph 158 of The Future We Want
15	**Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss**
	Targets
15.1	By 2020, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and drylands, in line with obligations under international agreements
15.2	By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally
15.3	By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world
15.4	By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for sustainable development
15.5	Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species
15.6	Promote fair and equitable sharing of the benefits arising from the utilization of genetic resources and promote appropriate access to such resources, as internationally agreed
15.7	Take urgent action to end poaching and trafficking of protected species of flora and fauna and address both demand and supply of illegal wildlife products
15.8	By 2020, introduce measures to prevent the introduction and significantly reduce the impact of invasive alien species on land and water ecosystems and control or eradicate the priority species
15.9	By 2020, integrate ecosystem and biodiversity values into national and local planning, development processes, poverty reduction strategies and accounts
15.a	Mobilize and significantly increase financial resources from all sources to conserve and sustainably use biodiversity and ecosystems
15.b	Mobilize significant resources from all sources and at all levels to finance sustainable forest management and provide adequate incentives to developing countries to advance such management, including for conservation and reforestation
15.c	Enhance global support for efforts to combat poaching and trafficking of protected species, including by increasing the capacity of local communities to pursue sustainable livelihood opportunities
16	**Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels**
	Targets
16.1	Significantly reduce all forms of violence and related death rates everywhere
16.2	End abuse, exploitation, trafficking and all forms of violence against and torture of children
16.3	Promote the rule of law at the national and international levels and ensure equal access to justice for all
16.4	By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime
16.5	Substantially reduce corruption and bribery in all their forms
16.6	Develop effective, accountable and transparent institutions at all levels
16.7	Ensure responsive, inclusive, participatory and representative decision-making at all levels
16.8	Broaden and strengthen the participation of developing countries in the institutions of global governance
16.9	By 2030, provide legal identity for all, including birth registration

16.1	Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
16.a	Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime
16.b	Promote and enforce non-discriminatory laws and policies for sustainable development
17	**Strengthen the means of implementation and revitalize the global partnership for sustainable development**

Targets	
Finance	
17.1	Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection
17.2	Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of ODA/GNI to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries
17.3	Mobilize additional financial resources for developing countries from multiple sources
17.4	Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress
17.5	Adopt and implement investment promotion regimes for least developed countries
Technology	
17.6	Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism
17.7	Promote the development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed
17.8	Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology
Capacity Building	
17.9	Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation
Trade	
17.1	Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda
17.11	Significantly increase the exports of developing countries, in particular with a view to doubling the least developed countries' share of global exports by 2020
17.12	Realize timely implementation of duty-free and quota-free market access on a lasting basis for all least developed countries, consistent with World Trade Organization decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitating market access
Systematic Issues	
17.13	Enhance global macroeconomic stability, including through policy coordination and policy coherence
17.14	Enhance policy coherence for sustainable development
17.15	Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development

Multi-stakeholder partnerships	
17.16	Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries
17.17	Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships
Data monitoring and accountability	
17.18	By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts
17.19	By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries

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