



NATIONAL PLAN OF ACTION FOR GENDER 2008-2013

Gross National Happiness Commission

National Commission for Women and Children

Royal Government of Bhutan

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FOREWORD

The theme of women in development has always featured as an integral part of the country's five year plans with the Royal Government constantly ensuring that equal opportunities are provided for men and women alike to participate and share in the benefits of development. Evolving from a Women in Development approach noted in the Fifth to Eighth Plans to a more integrated approach for gender in the Ninth Plan, a comprehensive strategy for gender mainstreaming is expected to be implemented in the Tenth Plan.

Given the recent transition of Bhutan from a Monarchy to a Constitutional Democracy, more than ever there is a greater need to promote and respect basic democratic principles, which demand gender equality. Bhutan signed the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 1981 and has been fully committed to achieving its full provisions and the other international and regional gender goals and targets contained in the Millennium Development Goals (MDGs) and the SAARC Development Goals (SDGS). In order to facilitate the achievement of these goals and targets, the National Plan of Action on Gender (NPAG) was formulated.

The NPAG the first of its kind in Bhutan is a result of a series of consultations with national gender focal points (GFPs) and comes at an opportune time. A living and continually evolving document the NPAG would serve as a very useful guide for implementing strategies and activities that address gender issues and seek to close current gaps. It is meant as a reference from which government agencies, autonomous agencies, development partners, NGOs and individuals can strategise for mainstreaming gender into plans and programmes.

The NPAG is focussed on seven key areas identified as critical for action during the National Gender Planning Retreat in November 2005: good governance; economic development, with a focus on employment; education and training; health; ageing, mental health and disabilities; violence against women; and prejudices and stereotypes.

The NPAG document is divided into three chapters. Chapter 1 includes relevant background information related to gender planning and the country's international commitments, as well as a brief introduction to the preparation of the NPAG. Chapter 2 presents the overall strategy for gender mainstreaming in the country. A detailed overview of the gender 'terrain' for the seven critical areas for action is provided in Chapter 3, which lists challenges in these areas. The chapter also contains two tables for each critical area for action: one presents the expected goal, outcomes and outputs, including targets, indicators and activities to be undertaken, while a second details responsible agencies and partners for the activities. These tables form the main basis for implementation, monitoring and evaluation of the NPAG.

In light of the Royal Government's vision to work towards a sovereign and prosperous nation of enlightened citizens committed to the pursuit of Gross National Happiness through growth with equity and justice, encompassing economic self reliance, social harmony, environmental integrity and political justice, we are of the firm belief that the NPAG is the very foundation that would ensure gender mainstreaming into all policies and programs of the RGoB which in turn would devise the means to realizing equity and justice for the Women and Children of Bhutan.

Tashi Delek!



Secretary

Gross National Happiness Commission

ACKNOWLEDGEMENT

The National Commission for Women and Children (NCWC) has the honour to present Bhutan's first National Plan of Action for Gender (NPAG). The NPAG takes into account key gender issues that are central to the Bhutanese context and makes a pioneering effort to facilitate and guide mainstreaming gender into all future policies, programmes, projects and activities in the country. The NPAG also stands as a testimony to the most productive partnership between the NCWC, the Gender Focal Points and the development partner agencies. It is also an important output of the NCWC's collaboration with the Gross National Happiness Commission.

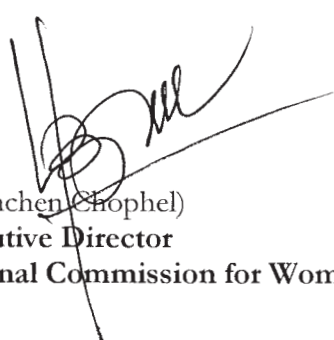
The NPAG identifies seven specific gender interventions for the period 2008-2013, setting a time frame set in line with the Royal Government of Bhutan's 10th Five Year Plan which has set gender equality as a cross cutting theme. The NPAG is presented as the main reference point for all agencies, both governmental and non-governmental, to initiate, redirect or transform plans and programmes to achieve gender equality and equity in Bhutan.

The development of the NPAG also greatly benefited from the two very successful National consultations held with the Police and the Judiciary on Women and Child Friendly Police and Judicial Procedures and the subsequent collaboration with these esteemed organizations. I take this opportunity to extend my gratitude and appreciation to the Royal Bhutan Police and the Royal Court of Justice for their unwavering support to the NCWC.

The NPAG is a result of a series of consultations that took place with the National Gender Focal Points (GFPs) and the key stakeholders over a stretch of time. The GFPs as a group and in their individual capacities have been exceptionally instrumental in the development and finalisation of the NPAG. I take this opportunity to express our sincere appreciation and gratitude to all the dedicated GFPs, who have become a source of great strength for the NCWC.

I would also like to acknowledge the most valuable support and guidance of our partner donor agencies, namely UNDP and UNICEF in Bhutan, and UNIFEM South Asia. Their contributions both in terms of financial and technical resources have been critical in developing the NPAG.

Last but not the least, I would like to state that the development of the NPAG could not have been possible if it wasn't for the great dedication and effort of my colleagues in the NCWC (Some who are no longer with the NCWC now). I take this opportunity to thank all of them for their untiring support and faith in me when I embarked on this journey.



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ACRONYMS AND ABBREVIATIONS

ACC	– Anti-Corruption Commission
ANC	– Antenatal Care
ANM	– Auxiliary Nurse Midwives
ATP	– Apprenticeship Training Programme
BBSC	– Bhutan Broadcasting Service Corporation
BCCI	– Bhutan Chamber of Commerce and Industry
BCSR	– Bhutan Civil Service Rules and Regulations
BDFC	– Bhutan Development Finance Corporation
BHU	– Basic Health Unit
BLSS	– Bhutan Living Standards Survey 2003/2007
BMF	– Biwako Millennium Framework for Action
B.Sc	– Bachelor of Science
CAPSD	– Curriculum and Professional Support Division, Ministry of Education
CBRP	– Community Based Rehabilitation Programme
CCM	– Coordination Committee Meeting
CEDAW	– Convention on the Elimination of All Forms of Discrimination Against Women
CPS	– Community Primary School
CRC	– Convention on the Rights of the Child
CSW	– Commercial Sex Workers
DEO	– District Education Officer
DHSOs	– District Health Statistical Officers
DMOs/DHOs	– District Medical Officers/District Health Officers
DMPA	– Depo-Provera
DoAHE	– Department of Adult and Higher Education, Ministry of Education
DoP	– Department of Planning under the Ministry of Finance (now the Gross National Happiness Commission)
DVTCD	– <i>Drak Tsbo</i> Vocational Training Centre for the Disabled
DT	– <i>Dzongkhag Tshogdu</i> , equivalent to a District Committee
ECB	– Election Commission of Bhutan
ECCD	– Early Childhood Care and Development
EMIS	– Education Management Information System
EmOC	– Emergency Obstetric Care
FGD	– Focus Group Discussions
FYP	– Five Year Plan
GFP	– Gender Focal Point

GNH	– Gross National Happiness
GNHC	– Gross National Happiness Commission
GPS	– Gender Pilot Study 2001
GT	– <i>Genyog Tshogde</i> , equivalent to a Block Committee
HMIS	– Health Management Information System
HSS	– Higher Secondary School
ICB	– Information and Communication Bureau, Ministry of Health
IDU	– Injecting Drug User
IMR	– Infant Mortality Rate
IUD	– Intra-Uterine Device
JDWNRH	– Jigme Dorji Wangchuck National Referral Hospital
KAP	– Knowledge Attitudes Practices
LDD	– Local Development Division, GNH Commission
LSS	– Lower Secondary School
MCH	– Maternal and Child Health
MDGs	– Millennium Development Goals
MMR	– Maternal Mortality Ratio
MoA	– Ministry of Agriculture
MoE	– Ministry of Education
MoEA	– Ministry of Economic Affairs
MoF	– Ministry of Finance
MoFA	– Ministry of Foreign Affairs
MoH	– Ministry of Health
MoHCA	– Ministry of Home and Cultural Affairs
MoIC	– Ministry of Information and Communications
MoLHR	– Ministry of Labour and Human Resources
MoWHS	– Ministry of Works and Human Settlement
MSS	– Middle Secondary School
MSTF	– Multi-Sectoral Task Force (established in every district for the HIV/AIDS programme)
NAS 2003	– National Anaemia Study 2003
NCWC	– National Commission for Women and Children
NER	– Net Enrolment Rate
NLFS	– National Labour Force Survey
NEC	– National Environment Commission
NFE	– Non-Formal Education
NGO	– Non-Governmental Organisation

NGPR	– National Gender Planning Retreat
NID	– National Institute for the Disabled
NIE	– National Institute of Education
NNCB	– National Narcotics Control Board
NPAG	– National Plan of Action for Gender
NPPF	– National Pension and Provident Fund
CNR	- College of Natural Resources
NSB	– National Statistics Bureau
NWAB	– National Women’s Association of Bhutan
OAG	– Office of the Attorney General
ORC	– Outreach Clinics
PC	– Planning Commission (now the GNHC)
PHCB	– Population and Housing Census of Bhutan, 2005
PMTCT	– Prevention of Mother-to-Child Transmission
PNC	– Prenatal Care
PPH	– Postpartum Haemorrhage
PS	– Primary School
PWD	– People With Disabilities
RAA	– Royal Audit Authority
RAC	– Royal Advisory Council
JNP	– Jigme Namgyal Polytechnic
RBP	– Royal Bhutan Police
RCJ	– Royal Court of Justice
RCSC	– Royal Civil Service Commission
RENEW	– Respect Educate Nurture and Empower Women (a national NGO)
RGoB	– Royal Government of Bhutan
RH	– Reproductive Health
CHS	- College of Health Sciences
RIM	– Royal Institute of Management
RMA	– Royal Monetary Authority
RUB	– Royal University of Bhutan
SMEs	– Small and Medium Enterprises
SP	– Superintendent of Police
SPEA	– School Parenting Education Programme
STI	– Sexually Transmitted Infection
ToR	– Terms of Reference

U5MR	– Under-5 Mortality Rate
UNDP	– United Nations Development Programme
UNESCAP	– United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	– United Nations Population Fund
UNICEF	– United Nations Children’s Fund
VAW	– Violence Against Women
VCT	– Voluntary Counselling and Testing
VIDP	– Ventilated Improved Double Pit latrine
VTI	– Vocational Training Institute
WCPU	– Woman and Child Protection Unit
WHO	– World Health Organization
WID	– Women in Development
YDF	– Youth Development Fund (a national NGO)
YDRC	– Youth Development and Rehabilitation Centre

Executive Summary

The Royal Government of Bhutan (RGoB) has maintained a gender-neutral position in the formulation and implementation of its plans, policies and programmes. However, a review of Bhutan's Five Year Plans (FYPs) shows an evolution from a Women in Development approach as recently as 20 years ago to a gendered approach to development in preparations for the Tenth Plan (2008-2013).

The National Plan of Action for Gender (NPAG), the result of a series of consultations with national Gender Focal Points (GFPs) and key stakeholders, is the first of its kind in Bhutan. The NPAG should be considered a continually evolving document; it looks at advances and challenges in promoting and achieving gender equality in seven areas identified as critical for action during the National Gender Planning Retreat in November 2005: good governance; economic development, with a focus on employment; education and training; health; ageing, mental health and disabilities; violence against women; and prejudices and stereotypes. The overall gender mainstreaming strategy for the period of the NPAG will focus on three aspects: (i) strengthening capacity of the GFPs, the Gross National Happiness Commission (GNHC) and the National Commission for Women and Children (NCWC); (ii) strengthening collection, analysis and use of sex-disaggregated data and gender-related information; and (iii) integrating gender into monitoring and evaluation.

The NPAG identifies specific gender interventions for the period 2008-2013, a time frame set so that the end of the NPAG coincides with the end of the Tenth Plan. Two tables for each critical area of action form the main basis for implementation, monitoring and evaluation of the NPAG: The first presents the expected goal, outcomes and outputs, including targets and indicators, as well as activities to be undertaken; the second identifies responsible agencies and partners for the activities. While full details are presented in Chapter 3 in the main document, a summary is presented below.

Good Governance

Complementing principles such as the rule of law, transparency and accountability, good governance also is concerned with the promotion and achievement of gender equality, including equal representation of women and men in public decision making and the quality of their participation. While the Government has given attention to increasing women's participation in development activities and in public decision making, women remain under-represented. In 2006 women comprised only 3 percent of National Assembly members; women's representation in the judiciary (6 percent) and civil service (28 percent) also was low, with an even lower proportion at top levels. Similarly, public offices at the local level, such as *Gup*, *Chimi*, *Mangmi*, and *Tshogpa* are still largely held by men. In the 2007 National Assembly sessions, out of a total of 150 members, and under people's representatives, women comprised of only 5 with no representation under Government and Clergy representatives. Of the first Parliament and out of the 47 members of the National Assembly, 4 comprises of women and out of the 25 members of the National Council, 6 are women. According to the Rapid Impact Assessment of Rural Development Report 2007 by the GNHC, women's participation in decision making and planning at the local level is very poor and separate efforts need to be made to include women. Women's low participation in decision making has been attributed to a number of factors, still not validated, including the physically demanding workload

attached to public office at the local level. At the same time, women and men enjoy equal rights such as the right to vote and are accorded equal criteria in terms of selection and training in the civil service. However, an in-depth revisiting of policies and legislation in general, and especially those relevant to good governance, from a gender perspective is needed to ensure that women and men equally and equitably benefit from all plans, policies and legislation. A Legislative Committee was launched in 2003 with the purpose to encourage and enable the National Assembly members to develop special interest and expertise in particular aspects of policy and legislative matters. The members of the Committee are elected from amongst the elected representatives in the National Assembly. The present 5 member Legislative Committee includes one female member of Parliament.

Therefore, the major challenges in relation to good governance include having a gender perspective integrated into policies and legislation, especially those related to good governance, and increasing women's representation at all levels of governance, particularly the local level. Activities identified to address these challenges include conducting research; reviewing legislation and policies; sensitising key actors about gender equality and equity; introducing gender-sensitive civic and voter education; conducting leadership programmes for women; using the media to help change attitudes toward women in public decision making; and providing affordable daycare facilities at the national level. Agencies and partners to be involved in implementing these activities include NCWC, NWAB, RCSC, National Assembly, ECB, RCJ/OAG, MoHCA, GNHC, local governments and the media.

Economic Development (Focus on Employment)

As is the case for public decision making, gender disparities remain visible with regard to employment, even though the Gender Pilot Study 2001 found no distinct division of roles between the majority of rural women and men who are mainly involved in agricultural work. Women's disadvantage in the area of employment mainly has been attributed to Bhutan's late start in introducing modern education, for women in particular; women's traditional tie to the land, prevailing inheritance patterns, cultural stereotypes and perceptions, and the lack of urban sector skills in an increasingly urbanised society constitute other barriers to women's opportunities for paid and skilled employment.

Male labour force participation is significantly higher than that of women, especially in urban areas, at 76.8 percent to 41.5 percent. Labour Force Surveys also reveal a constant rise in the rate of female unemployment, which in 2006 was 3.8 as compared to 2.6 as that of men. Although by far most of the employed are unpaid family workers, a higher proportion of women are found in these categories, while fewer are regular paid employees. In addition, although nearly three-fourths of employed women are engaged in the agricultural and forestry sector, it appears that women farmers do not benefit equally from agricultural extension services, especially training programmes. In the private sector, meanwhile, a lack of sex-disaggregated data renders it difficult to obtain a better picture of women's involvement. Access to credit also remains an obstacle for women, particularly rural women.

Therefore, the major challenges in relation to economic development include increasing incomes of those family workers, especially rural women, who currently receive little or no remuneration; enhancing skills of women farmers and vulnerable groups of women; promoting cottage and small rural-based enterprises and providing access to credit; addressing the problem of rising female unemployment,

especially in urban areas; better understanding women's involvement in the informal sector; and addressing socio-cultural perceptions and other possible barriers. A particular challenge will be to address the issue of under-aged girls employed as domestic workers. Activities identified include conducting research; raising awareness; developing gender-sensitive private sector policies and a policy to increase access to affordable day-care services; encouraging men to share household responsibilities; establishing self-help groups; developing an incentive system and providing adequate facilities for women agricultural extension workers; providing trainings to women in leadership skills, business management and technical skills; and providing women with microfinance. Key agencies for implementing these include the MoLHR, MoEA/BCCI, BDFC and MoA. Important partners will be NCWC, NWAB, Tarayana and the private sector.

Education and Training

The Constitution guarantees the right to free education up to Class X for all children of school-going age and availability of technical and professional education as well as equal access to higher education for all on the basis of merit. The country has made impressive progress towards realising the Millennium Development Goals related to achieving universal primary education and ensuring gender equality in education. Building of schools in rural and remote areas has particularly contributed to reducing the gender gap at primary level, to only 1 percentage point in 2006 (primary NER for girls 79 percent; boys 80 percent). As of 2008, this gap was not only removed but NER for girls exceeded that of boys by 2 percentage points (girls NER at 89% and boys NER at 87%).

Despite rapid progress, however, gender disparities still exist, especially at higher levels of education. While gender parity in basic education is imminent, the female:male ratio falls sharply at higher secondary level (Classes XI and XII) to 71 girls for every 100 boys (2006), now improved to 81 girls for every 100 boys in higher secondary school (as of 2008) – and to 48 girls for every 100 boys at tertiary level (overall enrolment in the nine institutes under the Royal University of Bhutan). Moreover, efficiency indicators point out to a lower performance of girls compared to boys at middle and higher secondary levels. Further desegregation of enrolment statistics also reveals gender disparities in overall enrolment at primary and secondary levels between districts and in net enrolment at primary level between urban/rural areas and the poor/non-poor. The government has been expanding and improving vocational education and training, and females now represent more than 1 in 3 students enrolled in the six vocational training institutes. At tertiary level and in vocational training, differences between girls and boys are visible in fields of studies/areas of training. Statistics also indicate a low number of women teachers at higher levels of education and training, as well as in remote community primary schools.

An ambitious adult literacy target has been set for the Tenth Plan at 70 percent, which is particularly challenging because literacy among rural adult (15+) women is as low as 29 percent (for rural adult men, 57 percent). In this regard, literacy courses offered under the NFE programme – where 70 percent of learners are women – will continue to be important. In the Tenth Plan it is targeted to enhance the enrolment of girls in tertiary institutes to 80 girls for every 100 boys.

Since the education sector represents an important entry point for challenging and removing possible gender prejudices and stereotypes prevailing in society, it is important to note that gender mainstreaming

efforts have begun under the recently initiated curriculum reform and at the two national teachers' training institutes.

The major challenges in relation to education and training include promoting greater female enrolment at tertiary level and at technical, professional and vocational institutions, while ensuring continuing efforts toward gender parity at primary and secondary levels, particularly higher secondary level; raising literacy rates among women, particularly in rural areas; and promoting women's participation in teaching at all levels. Reaching children from hard-to-reach areas and addressing the issue of 'informal boarders' also represent major challenges, as does ensuring a safe and protective environment for all students. Activities identified to address these challenges include constructing and expanding educational and training facilities; constructing boarding facilities for 'informal boarders' at primary level; providing meals and financial support to needy students; developing/reviewing an incentive system for teachers in rural, remote, very remote and difficult areas; conducting research on relevant issues, such as reasons for girls' lower performance from Class X onward; appointing female staff to supervise girls' hostels/dormitory facilities and providing them with adequate facilities; developing a reporting system for harassment issues; raising awareness among the public as well as teaching staff; and reviewing education policies and teaching materials and curricula from a gender perspective. Key agencies responsible for implementation include MoEA, RUB and MoLHR for each respective level/type of education. Important partners will be NCWC, RCSC and the media organizations.

Health

The commitment by the RGoB to provide free access to health care for all women and men has produced gains in the population's health status, with recent improvements for women in particular. Life expectancy has increased, with similar rates for women and men; the infant and under-5 mortality rates are lower for girls than boys; and, the total and gross fertility rates have recently decreased, most likely because of intensified family planning programmes. But while the proportion of births attended by trained health personnel has increased and Emergency Obstetric Care is more available, 45 percent of pregnant women still deliver at home without trained health professionals. Moreover, the issue of unsafe abortion services, to which young women and girls resort in neighbouring border towns, requires further examination. Despite legislation prohibiting early marriage, marital unions among teenage girls continue, and teenage pregnancies remain an area where improvement is needed. Nutritional problems, such as anaemia, also are widespread in Bhutan.

Unlike many other countries where women constitute the majority of HIV/AIDS cases, no stark difference is evident between the number of women and men detected with HIV/AIDS in Bhutan (84 females for every 100 males). The patterns of infection in Bhutan – with significant proportion of detected cases being housewives – call for prevention efforts among the general population. It also has been found that most HIV-positive women are younger than 25, thereby indicating the vulnerability of young Bhutanese women. To improve the success of efforts on HIV/AIDS, sex-disaggregated data and gender analysis will be required to better understand the fundamental ways that gender influences the spread of the disease, its impact and the success of prevention efforts, and to bring a gendered perspective into the national programme and policies. Similarly, given a paucity of data regarding gender and water/sanitation in Bhutan, the collection and analysis of gender-related information will be needed for more effective evidence-based decisions in this area.

Through the Tenth Plan, the Ministry of Health (MoH) will address various remaining challenges in women's health such as further improving the institutional delivery rate, strengthening maternal death investigation and monitoring, and ensuring male involvement and responsibility in safe motherhood, as well as in nutrition and water and sanitation. The major challenges in the area of health to be covered under the NPAG include mainstreaming gender into various health plans, policies and programmes, including the national HIV/AIDS and STI Control programme; increasing access to information on important sexual and reproductive health issues; addressing the issue of teenage pregnancy; and improving the understanding of the extent of unsafe abortions. Activities identified to address these challenges include upgrading the existing Health Management Information System to encompass gender-related information; providing counselling services for pregnant teenagers, teenage mothers and post-abortion patients; conducting research; creating awareness on issues such as women's reproductive rights, gender-related aspects of health, and the rights-based approach to HIV/AIDS; and providing training in negotiation skills for condom use among young people and women. MoH will be the key agency responsible for implementing the majority of these activities, in partnership with NCWC, NGOs and the media.

Ageing, Mental Health and Disabilities

With nearly 56 percent of the population younger than 25, a population older than 65 of just 4.7 percent and an ageing index standing at 14.2, Bhutan has a very young population. Issues related to ageing thus are only now beginning to receive prominence in national health plans and policies, and social programmes to support the elderly are still nascent. Although demographic data are lacking on gender ageing issues, relevant available information (average life expectancy, age breakdown of the elderly population, distribution of disabilities among the elderly) does not reveal major differences between women and men. One notable finding is that the widowed population is female-dominated, pointing out the need to ensure these women adequate care and financial support; similarly, a large proportion of older women are likely to be left out of social protection schemes such as the National Pension and Provident Fund (NPPF) because the workforce is still predominantly male. Given the foreseeable rapid ageing of the Bhutanese population in the near future, an urgent need exists to learn more about and address the changing trends in health and social needs of older adults, including gender differences.

Much has been done to upgrade the quality of care of those with mental disorders, including formulation of a mental health policy, establishment of a psychiatric ward at the National Referral Hospital, and provision of regular training to primary health care professionals. At the same time, sex-disaggregated data and reliable information are lacking in the critical areas of mental health and substance abuse, both of which require urgent attention. Similarly, disability only recently has begun to receive attention in the country, but a supportive legal and policy environment to address the needs of people with disabilities (PWDs) now exists. PWDs appear to represent more than 3 percent of the population (with 54 percent men, 46 percent women). The RGoB recognises the importance of mainstreaming children with special needs, via special institutes and some secondary schools catering to these children; even so, data indicate that overall the number of girls with disabilities enrolled in the various special institutes/inclusive schools is half that of boys with disabilities. Reasons for these gender disparities and differences between special institutes/inclusive schools in this respect are yet to be analysed.

Common challenges in relation to ageing, mental health and disabilities include better understanding of gender differences in relation to these areas and promoting and integrating a gender perspective for them, as well as developing appropriate social protection systems. Increasing access to related services represents another challenge. Activities identified to address these challenges include conducting research; upgrading existing monitoring systems such as Health and Education Management Information Systems; reviewing existing plans, policies and programmes from a gender perspective; creating awareness among key stakeholders; building capacity of village health workers; expanding existing support mechanisms/safety nets; proposing modifications to public buildings and facilities to accommodate PWDs; increasing the number of and upgrading inclusive schools; and scaling up prevention, treatment and rehabilitation services for substance-dependent persons. The key agencies responsible are MoH, MoE, NCWC and the NNCB. Among others, important partners will be NPPF, NGOs and the media.

Violence Against Women

The Government is committed to recognising violence against women (VAW) as both a development and a fundamental human rights issue. Despite being considered a society free of overt gender biases, Bhutan does face VAW. It is, however, very difficult to obtain a full picture because of a lack of available and reliable data; hardly any study has been conducted, and there is no established system for systematic collection and analysis of VAW-related data. Nevertheless, participants at the National Consultation on Violence Against Children indicated that violence occurs in workplaces, schools and institutions, homes and families, and communities. A need thus exists to have adequate measures to prevent/address sexual harassment in the educational and work settings, and to recognise practices such as rural ‘night hunting’ and violence against female domestic workers as forms of VAW in Bhutanese society. Records from Royal Bhutan Police (RBP) Thimphu reveal that more than half of the cases of domestic violence reported in 2005 were withdrawn. It will be important to equip police and judiciary officials with the skills to deal adequately and sensitively with victims of violence, and to develop women-friendly police and judicial procedures. Focus Group Discussions conducted by the national NGO RENEW revealed alcohol consumption, financial pressure and jealousy arising from suspicion of infidelity to be leading causes for domestic violence, although the cultural belief in the fate of being born as a female was also recognised as playing a role. Most focus group participants agreed that domestic violence is usually accepted in silence, thus leading to vast under-reporting. This also clearly came out from records of wife battery cases reported to the National Referral Hospital. In only about 60 percent of cases had the incident also been reported to police; moreover, for about one-third of the total cases, the reported incident represented the fifth to tenth episode of wife battery.

Turning to the legal and policy framework, the Constitution reiterates the Government’s commitment to eliminating all forms of VAW, while the Penal Code of Bhutan 2004 includes several provisions for crimes that constitute gender-based violence. Eleven categories of rape are classified as felonies of the fourth degree or higher, except for marital rape, which is a petty misdemeanour. Prostitution also is criminalised, which could have a negative impact in terms of adequate access to health care by commercial sex workers. A pressing need exists to draft and enact legislation on domestic violence. Moreover, although sexual harassment is included under the sexual offences dealt with by the Penal Code, this issue, including its definition, must be more adequately addressed. The issue of VAW is now gaining focus, largely due to coverage by the media and the efforts of agencies such as the NCWC and RENEW.

Major challenges toward the elimination of VAW include recognising VAW as a cross-cutting issue as well as a major threat to public health; better understanding the situation in the country; and taking appropriate measures to prevent VAW and care for survivors of all forms of violence, while also promoting substantive gender equality and transforming gender roles and stereotypes. Activities identified to address these challenges include creating awareness on all forms of VAW and on women's rights among key stakeholders; integrating VAW issues into relevant multi-sectoral committees; conducting research and creating a database for systematic collection and analysis of disaggregated data; reviewing existing/drafting new legislation on domestic violence; developing women- and child-friendly police and judicial procedures and health facilities and services; and providing training to police, judiciary and health professionals. Other activities include operation of a complaints and response mechanism within the police; establishment of help lines and shelters; and provision of legal aid, counselling services, skills training and microfinance for victims of VAW. Key agencies responsible are RENEW, NCWC and MoH. Other important implementing agencies and partners will be RBP, RCJ/OAG, MoE, RUB, RCSC, BCCI, MoLHR, the media, and immigration officials.

Prejudices and Stereotypes

As in other societies, the status of women in Bhutan has been influenced by socio-cultural perceptions and clear gender roles and responsibilities assigned to women and men. Socio-cultural perceptions generally hold women as less confident, capable, strong and sexually more vulnerable than men. Reference to superiority of the men over the women also can be found in some adages and common beliefs. While traditional perceptions have not prohibited women from involvement in agriculture, household decision making, property inheritance or participation in community activities, they have kept most Bhutanese women confined to the home and limited their social boundaries, including access to education, employment opportunities and governance. Now, however, women and men are increasingly engaged in activities generally not considered typical of their sex, and women are especially coming forward to challenge culturally accepted stereotypes.

The major challenge in this area but also cutting across all other areas is to challenge these socio-cultural beliefs and perceptions. Activities identified to address this include conducting research; reviewing teaching materials and curricula content from a gender perspective; sensitising and creating awareness on gender and prejudices and stereotypes among key stakeholders; and using the media to portray women and men in a positive way. The NCWC, MoE/RUB/MoLHR/RCSC for various levels/types of education, and the media are the key agencies responsible, in which various partners such as the local governments also will have an important role to play.

Chapter 1: Introduction

1.1 Background

Gender Planning in Bhutan

The Royal Government of Bhutan (RGoB) has maintained a gender-neutral position in the formulation and implementation of its plans, policies and programmes. However, a review of Bhutan's Five Year Plans (FYP) shows an evolution from a Women in Development (WID) approach during the Fifth Plan (1981-1987) to a gendered approach to development in preparations for the Tenth Plan (2008-2013).¹

It was in the Fifth Plan that the Government first included a separate chapter on women.² The Sixth Plan (1987-1992) revealed the realisation that “*Bhutan's full human potential, as well as ensuring that the whole population benefits from development, requires special efforts to involve women in development.*” As such, plans and programmes were developed to integrate women into the development goals, but were limited to the delivery of basic services in the areas of health, education, nutrition and sanitation. The National Women's Association of Bhutan (NWAB) was established in 1981 to assist the Government in promoting the participation of women in development. While NWAB concentrated on identifying women's needs and interests, Government Ministries and Departments attended to the enhancement of women's participation in their sectors.

The chapter ‘*Women's Involvement in Development*’ in the Seventh Plan (1992-1997) identified women and girls as the beneficiaries of health and education services. Accordingly, efforts were made to involve women in development through the provision of income-generating trainings such as weaving; agro-based industries and food processing. A move also was made to increase the number of women agricultural workers and village health workers.³ The Eighth Plan (1997-2002) outlines the status of women and their access to credit, health and education services in a chapter on ‘*Women in Development*,’ stating ‘*While there will be no parallel projects formulated specifically for women, measures related to the promotion of women in development will be incorporated in all sectoral projects and programmes. Appropriate policies and development planning will enhance the contribution of women by reflecting their special needs, role and potential.*’

Lastly, the Ninth Plan (2002-2007) chapter on ‘*Women, Children and Gender*’ highlighted the Government's continued commitment to promoting wider representation and participation of women in broader decision-making bodies, as well as in the civil service.

1 The need for gender mainstreaming was emphasised at the Tenth Plan brainstorming session involving various Ministries and agencies and subsequently in the Tenth Plan Preparation Guidelines.

2 Phuntshok Tshering (1999). ‘Case Study in Bhutan,’ in *Searching for Women's Voices in the Hindu-Kush Himalayas*.

3 Ibid.

Gender Pilot Study and CEDAW

The Gender Pilot Study (GPS) 2001, the first study on gender in the country conducted by GNHC & the NSB, found that although no overt gender discrimination existed in Bhutan, subtle forms were found in the areas of education, employment and public decision-making. The GPS, which formed the basis for the Ninth Plan's chapter on '*Women, Children and Gender*,' also provided critical input for the preparation of Bhutan's combined Initial to Sixth Periodic Report on the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW), submitted to the United Nations CEDAW Committee in 2002. Bhutan defended its report in New York in January 2004. The Concluding Comments and Recommendations of the Committee to the RGoB identified areas of concern such as women's low representation in public decision-making, women's equal employment, insufficiency of sex- disaggregated data, low participation of women and girls in secondary and tertiary education, prejudices and stereotypes, women's access to vocational training, women's health, and violence against women and girls. These concerns are now addressed in the National Plan of Action for Gender.

1.2 National Plan of Action for Gender (2007-2013)

Involvement of All Stakeholders

The National Plan of Action for Gender (NPAG) is the first of its kind in Bhutan, and has a time frame of 2007-2013, coinciding with the end of the Tenth Plan. The NPAG is a result of a series of consultations and brainstorming sessions with national Gender Focal Points (GFPs) and key stakeholders that began with the National Gender Planning Retreat (NGPR) in November 2005, jointly organised by the erstwhile Department of Planning (DoP) now the GNHC and the National Commission for Women and Children (NCWC), with support from the United Nations Development Programme (UNDP).

The NGPR 2005 involved GFPs representing Government agencies, autonomous agencies, non-governmental organisations (NGOs), the private sector and students. At the retreat, participants analysed the existing situation of gender in the country and reviewed key documents and policies of each organisation represented. Based on the discussions, participants identified seven critical areas for action for the country's first NPAG. Participants also endorsed a framework with possible strategies in each area. This framework formed the basis for developing the first table incorporated at the end of each critical area for action in Chapter 3.

Critical Areas for Action

The seven critical areas for action are:

1. Good Governance
2. Economic Development (Focus on Employment)
3. Education and Training
4. Health

5. Ageing, Mental Health and Disabilities
6. Violence Against Women
7. Prejudices and Stereotypes

The NPAG should not be considered a comprehensive solution for gender mainstreaming in the country. Rather, it is a living and continually evolving document, and should be regarded as a guiding framework for implementing strategies and activities that address gender issues and seek to close current gaps. The NPAG is meant as a reference from which Government agencies, autonomous agencies, NGOs and individuals can strategise for mainstreaming gender into plans and programmes.

Structure of the NPAG

The document is divided into three chapters. This chapter includes relevant background information related to gender planning and the country's international commitments, as well as a brief introduction to the preparation of the NPAG. Chapter 2 presents the overall strategy for gender mainstreaming in the country. A detailed overview of the gender 'terrain' for the seven critical areas for action is provided in Chapter 3, which lists challenges in these areas. The chapter also contains two tables for each critical area for action: One presents the expected goal, outcomes and outputs, including targets, indicators and activities to be undertaken, while a second details responsible agencies and partners for the activities. These tables form the main basis for implementation, monitoring and evaluation of the NPAG.

Chapter 2: An Overall Strategy for Gender Mainstreaming

1.1 Introduction

Progress toward an overall strategy for gender mainstreaming within the Five Year Plans (FYP) has occurred recently. Evolving from a WID approach noted in the Fifth to Eighth Plans to a more integrated approach for gender in the Ninth Plan, a comprehensive strategy for gender mainstreaming is expected to be implemented in the Tenth Plan. Until now, gender has been treated as a separate ‘sector’ with little spill over to other sectors and areas. However, the Guidelines for Preparation of the Tenth Plan, which state that ‘*Each sector shall mainstream gender issues while formulating the Tenth FYP and disaggregate data by gender wherever possible,*’ suggest that effective implementation of a gender mainstreaming approach will occur in the Tenth Plan. In addition, under the crosscutting development themes of the Tenth Plan Main Document, policies, strategies and measures to promote gender mainstreaming in keeping with the NPAG has been included.

As defined by the United Nations, gender mainstreaming is ‘*...the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated.*’⁴ Gender mainstreaming thus is a process rather than a goal, with the ultimate goal being the achievement of gender equality.

In a gender mainstreaming approach, gender thus is no longer viewed as separate but becomes a concern in all policies and programmes. Further, gender mainstreaming does not examine women in isolation, but looks at both women and men, as actors in as well as beneficiaries of the development process.⁵

1.2 Benefits of Gender Mainstreaming and Promotion of Gender Equality

Given that the country’s political processes are in transition to parliamentary democracy, it is particularly important to promote and respect basic democratic principles, which demand gender equality. Gender equality is considered fundamental to international and regional instruments, including CEDAW and the Beijing Platform for Action, to which Bhutan is a party. Moreover, the principle of non-discrimination also is reflected under the principles of State Policy in the Constitution of Bhutan, including Article

4 United Nations (1997). Report of the Economic and Social Council for 1997.

5 Neimanis A. (2001). Gender Mainstreaming in Practice: A Handbook.

9 (3), which states: *'The State shall endeavour to create a civil society free of oppression, discrimination and violence, based on the rule of law, protection of human rights and dignity, and to ensure the fundamental rights and freedoms of the people,'* and Article 9 (17), which declares: *'The State shall endeavour to take appropriate measures to eliminate all forms of discrimination and exploitation against women, including trafficking, prostitution, abuse, violence, harassment and intimidation at work, in both public and private spheres.'* Reference to the value of equality also is made in other articles in the Constitution (e.g., Article 7 (8), (15)).

Gender mainstreaming is necessary for ensuring the success of social justice, and equitable and sustainable human development, for which governments are responsible. In Bhutan, women form a large portion (47.5 percent) of the population, with men at 52.5 percent. It is therefore essential that any data or action recognises and addresses both genders equally in order to ensure credibility and accountability. Gender equality not only offers benefits by improving the lives of individual women and men; equal inclusion of women and men in all aspects of development and society, along with recognition of the contributions and economic and social capacities of both women and men in all spheres, also pays off for the country as a whole. The United Nations Millennium Declaration (2000) called for the promotion of *'gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable.'* Many cross-border and country-specific studies have confirmed the instrumental benefits of gender equality for the general well-being of households, communities and societies, for productivity and economic growth, and for good governance. Specifically, these studies have estimated the substantial costs of gender inequality in hindering development, in terms of higher population growth, child mortality, poor health, lower school performance, less efficient allocation of household resources, lower economic growth and higher levels of corruption.⁶

Lastly, gender equality can produce a chain reaction of benefits and function as a catalyst that increases the impact of other investments in health, nutrition, family planning, agriculture, industry and infrastructure.

1.3 Components of the Overall Gender Mainstreaming Strategy

Complementing the specific gender interventions identified for each of the seven critical areas for action under the NPAG, the overall gender mainstreaming strategy for 2007-2013 will focus on:

- Strengthening capacity of Gender Focal Points, the GNHC and the NCWC
- Strengthening collection, analysis and use of sex-disaggregated data and gender-related information
- Integrating gender into monitoring and evaluation.

Sufficient technical capacity and allocation of human and financial resources must be ensured to successfully implement the gender mainstreaming approach. Allocation of adequate human and financial resources will be an indicator of the importance given to the issue and of the degree of the Government's commitment to promoting the gender mainstreaming process.

6 Asian Development Bank, UNDP, UNESCAP (2006). Pursuing Gender Equality Through the Millennium Development Goals in Asia and the Pacific.

Strengthening Capacity of Gender Focal Points, the GNHC and the NCWC

In November 2001 the GNHC, formed a 21-member theme group of GFPs across all sectors in order to facilitate a multi-sectoral approach to gender issues, to strengthen linkages for coordination of gender activities, and to ensure greater sharing, learning and capacity building for gender mainstreaming. Through this network, the Government developed and submitted its combined Initial to Sixth Periodic Report for CEDAW in December 2002. However, the gender theme group lacked the necessary mandate and capability to effectively mainstream gender issues.

In September 2005 the NCWC and the GNHC under the Ministry of Finance (MoF) revitalised the network of GFPs. The network now has representation from all 10 Ministries, Government and autonomous agencies, constitutional bodies, NGOs, academia, the armed forces, and the National Assembly.

The NCWC also developed a Terms of Reference (ToR) that clearly spells out the roles and responsibilities of the GFPs. The ToR (Annexure 1) was developed as a means of recognising the contributions of the GFPs towards the gender mainstreaming initiatives of the RGoB. Even so, the GFPs often have noted a lack of recognition in this respect within their own Ministry/agency in particular and the civil service in general, which they contend renders it difficult to effectively carry out their responsibilities. In July 2008, the RCSC endorsed the incorporation of the GFP's TOR into their regular responsibilities. In view of gender mainstreaming being a collective responsibility, it is necessary to have all staff involved, but the process needs specialist human resources to act as driving forces. One responsibility of GFPs is to initiate, support and advocate for gender mainstreaming efforts in their own Ministry/Department/agency and its programmes and projects. GFPs also are responsible for conducting gender sensitisation/gender capacity building trainings and workshops in their respective Ministry/agency, which will create an enabling environment and can be a way of getting other staff involved. However, this needs to be complemented by creating mechanisms to promote collective responsibility in gender mainstreaming.

GFPs also have raised the issue of their own limited skills to implement the gender mainstreaming process. While they have actively participated in workshops, consultations and briefings on gender issues and trainings on gender mainstreaming organised across the country since the revitalisation of the network, it is essential to continue strengthening their capacities in gender and gender analysis and mainstreaming by providing them with further training.

The GFPs have been instrumental in the development of a framework for the NPAG and its further development. They are expected to play a crucial role in the implementation, monitoring and evaluation of the NPAG, particularly in relation to specific interventions for which their Ministry/agency has been identified as an implementing agency or partner.

Equally important is to strengthen capacities of the GNHC and NCWC staff in gender and gender analysis and mainstreaming. The GNHC remains the national focal agency for gender, and NCWC is the institution responsible for monitoring implementation of and coordinating activities under CEDAW, the Convention on the Rights of the Child (CRC) and other related international and regional commitments.

The GFPs are required to prepare progress reports for their respective sectors every year to enable the NCWC to prepare the Annual Progress Report of the NPAG.

Strengthening Collection, Analysis and Use of Sex-Disaggregated Data and Gender-Related Information

Sex-disaggregated data and gender-related information are critical to undertaking gender analysis, which is the necessary starting point of gender mainstreaming. Indeed, any type of planning requires information and analysis of this information as its starting point. Effective policies, programmes and projects can only be made based on a clear, comprehensive understanding of the state of matters at hand. Without sex-disaggregated data, it is difficult to pinpoint gender gaps, to plan adequate gender-related interventions that will significantly contribute to the promotion of gender equality and socially just human development, and to monitor and analyse the development, or lack thereof, over time. Such data also are needed to analyse trends in order to identify persistent and emerging problems.

The lack of sex-disaggregated quantitative and qualitative data – and even more, the lack of analysis of such quantitative data where available – became evident while developing the NPAG. In some cases relevant data are available, but it seems that the necessary skills to compile, analyse and use the data, and to translate the implications of statistics into policies, are missing. Therefore, collection, analysis and use of sex-disaggregated data and gender-related information have been identified as serious challenges that require close attention. It will be necessary to expand the current base of quantitative and qualitative information on gender and social analysis to highlight specific challenges for women/girls and men/boys by age, location and social background. Efforts need to be made to hold the Government accountable in collecting and disseminating such data and information. Currently, collection and use of sex-disaggregated data are ‘encouraged’ but not ‘mandated.’ No specific office is responsible for providing financial and technical assistance in the collection and use of sex-disaggregated data.

Capacity development of statistical officers, as well as technical assistance to policymakers in the use of data for policy formulation and budget preparation (as noted below), are therefore necessary to improve collection, analysis and use of sex-disaggregated data and gender-related information for policy formulation purposes. At the same time, responsibility and accountability for the collection and use of such data and information must be clarified and visibly established. The NCWC is currently involved in the establishment of the SAARC Gender Infobase, a SAARC-UNIFEM project and a commitment of the RGoB. The Infobase will be seeded with data and information on three prioritized themes identified as common areas of concern by member states, i) violence against women, ii) women’s over all health, including women and HIV/AIDS, iii) feminization of poverty. Although the InfoBase will be focused on the three thematic areas, it also aims to be a comprehensive data pool on all gender issues.

The NCWC is the national lead agency for initiating the process in Bhutan with the GNHC and the NSB as members of the Core Committee. A National Committee was also formed from all sectors both Government and Non- Government.

Gender-Sensitive Monitoring and Evaluation

Monitoring is an indivisible aspect of gender mainstreaming. As the definition of gender mainstreaming given above points out, it involves integrating a gender perspective into and using gender analysis during all stages of design, implementation, monitoring and evaluation of projects, programmes and policies.

The Tenth Plan has a results-oriented approach with clear and measurable goals, objectives and targets indicated for the five-year period. The budget also will, for the first time, be prepared in a results-oriented framework. Hence, indicators and targets at all levels (i.e., impact, outcome, output and input levels) to measure progress of the gender equality situation will be necessary if the Tenth Plan is to be monitored and evaluated in its entirety from a gender perspective. Integrating a gender perspective into monitoring and evaluation starts with establishing clear and gender-sensitive results, indicators and targets that will lead to a progressive reduction of gender inequities. This will enable measurement of the extent to which a programme or project has addressed the different needs of women and men and has made an impact on their lives and overall social and economic well-being. It also will enable crucial adjustment of the programme or project to fit and respond to gender issues and needs in a more comprehensive, timely manner, and will provide useful information for more effective future planning and programme or project delivery that contributes to the promotion and achievement of gender equality.

It is important that indicators provide disaggregated data by sex because information is not neutral and is likely to differ between women and men; such indicators help to identify the gender-differentiated impact of interventions, as well as remaining gaps to be addressed. Moreover, because women and men do not constitute homogeneous social groups, data will need to be further disaggregated along other lines such as age, urban/rural location, and other socioeconomic factors. It is equally important to use a variety of indicators providing both quantitative and qualitative information (e.g., perceptions), the latter being needed to understand the underlying dynamics of a situation. Effective participation in the monitoring and evaluation process also is essential for more efficient, effective programmes and projects in the long run. A participatory monitoring and evaluation process allows women and men, as well as 'gender stakeholders' (i.e., individuals or groups with a gender perspective, such as NWAB, NCWC, GFPs), to have genuine input into the establishment of goals, indicators and targets.

The NCWC has engendered the forms to be used at national and local levels for preparing programme profiles; these forms were presented at a gender briefing conducted during the National Monitoring and Evaluation System training workshops in June 2006. In particular, essential questions to be addressed at each level of the matrix to ensure integration of the gender perspective have been incorporated. The suggested format for ToR for evaluations has been revised to ensure gender mainstreaming, as shown in Annexure 2, while the engendered forms 1A (Sector Programme Profile) and 1B (*Dzongkhag* Sector Programme Profile) can be found in Annexures 3 and 4. These programme profiles will be used as the basis for preparing a) Multi-Year Rolling Plans and Budgets, b) Annual Work Plans and Budgets, and c) Monitoring and Evaluation; thus, it is essential that they are gender-mainstreamed. Similarly, the semi-annual and annual progress report forms provided in the National Monitoring and Evaluation System manual have been engendered (Annexure 5).

Chapter 3:

Critical Areas for Action: Situation Analysis and Plan of Action

Introduction

The seven critical areas for action identified and elaborated by this NPAG are presented in this chapter as:

- 1.1 Good Governance
- 1.2 Economic Development (Focus on Employment)
- 1.3 Education and Training
- 1.4 Health
- 1.5 Ageing, Mental Health and Disabilities
- 1.6 Violence Against Women
- 1.7 Prejudices and Stereotypes

Moreover, promoting achievement of gender equality in these seven areas requires numerous actions for implementation. Each critical area for action thus has two dedicated Tables: the first is an elaboration of various Outcomes, Outputs and Activities that form the basis of the Plan of Action, and a second Table details the responsible agencies and partners for the set activities.

1.1 Good Governance

Introduction

The relationship between “gender” and “good governance” has been an area of ongoing debate because of the centrality of both in the attainment of sustainable development.⁷ Indeed, both gender equality and gender equity determine the nature of governance. Thus, promoting and maintaining gender equality/gender equity and good governance are critical for achieving Bhutan’s central development philosophy, Gross National Happiness (GNH).

Among the basic principles of good governance is to uphold and protect the fundamental and universal rights of all. Supported by other good governance principles – rule of law, transparency and accountability

⁷ World Bank (no date). Gender and Governance: A Proposed World Bank Action Plan

– this allows both women and men to live in a society that is just, democratic and equitable, while providing mechanisms through which women and men can practice their right to make and influence decisions that affect their lives.

But good governance is concerned not only with the equal representation of women and men in the public decision making process; it also looks at the quality of their participation. Evidence increasingly demonstrates that gender-balanced participation in public decision making is positive, with different and better decisions being articulated, discussed and negotiated. This is because a wider range of issues and concerns are discussed and the priorities of the entire population taken into consideration.

Overview of the Current Situation

The RGoB has given attention to increasing women's participation in development activities and in public decision making, bringing women into the mainstream, a move that has been further strengthened by the issuance of a Royal Decree in 1998 that stressed the importance of women's representation in the National Assembly. However, affirmative measures, such as quotas or reserved seats for increasing women's participation in public decision making, have not received consideration.

Despite the enabling policy environment, women are still under-represented in the decision making process. Balancing work with family life is still considered a woman's issue in Bhutan, and the impact of this may contribute to low representation of women in public decision making, especially at the higher levels of governance.

Women's low participation in public decision making has been attributed to factors including the physically demanding workload attached to public office and the lack of education and low literacy of women, along with less access to information and fewer opportunities to travel outside their communities. In addition, many women themselves believe that men can better understand and participate in matters of governance.⁸ Research is required to examine the validity of this reasoning and further analyse the causes in order to address the low participation of women in public decision making and governance.

An in-depth revisiting of policies and legislation in general, and particularly those relevant to good governance, from a gender equity perspective will be needed to ensure that women and men benefit equally and equitably. A review below of current policies and legislation provides an overview of the policy scenario in relation to women's participation in public decision making:

Legal Framework

Constitution

While not explicitly referring to both women and men, the Constitution illustrates the objectives of the RGoB to allow all citizens to participate in the mainstream. In Article 7 (8), the draft Constitution

⁸ Asian Development Bank (2004). Bhutan Gender Diagnostic Study; Planning Commission Secretariat et al (2001). Gender Pilot Study: Bhutan.

provides Bhutanese citizens with equal access and opportunity to join the public service, while Article 7 (6) affirms the right to vote and to exercise adult franchise. These provisions are reinforced for women by Article 9 (17), which outlines the responsibility of the State to take appropriate measures to eliminate discrimination against and exploitation of women in the public and private spheres. Article 25 (4), meanwhile, directs the Royal Civil Service Commission (RCSC) to *‘endeavour to ensure that civil servants render professional service, guided by the highest standards of ethics and integrity, to promote good governance and social justice in implementing the policies and programmes of Government.’*

At the same time, scope may exist to consider Article 23 (9) (d) from an equity perspective to modify *‘educational and other qualifications’* as a criterion for elective office, as such alone is not an effective measure for assessing the capabilities of the candidate.

Other Relevant Legislation

The Election Bill, enacted in 2008, does not differentiate between women and men; no seats are reserved for women in the National Assembly, for example, and political parties are not required to have a certain proportion of women members or candidates. The Bhutan Civil Service Act, meanwhile is schedule to be put up in the third session of the new Parliament in 2009.

At the same time, the *Chathrim*s establishing *Dzongkhag Yargay Tshogdues* (DYT) and *Genyog Yargay Tshogdues* (GYT) make no explicit distinction between women and men in terms of eligibility criteria for DYT/ GYT members, indicating any Bhutanese citizen can be a candidate as long as the criteria are fulfilled. Under the *Chathrim*s, all registered Bhutanese citizens are eligible to vote in local elections.

Likewise, the Bhutan Civil Service Rules and Regulations 2006 (BCSR) does not distinguish between female and male civil servants. Both are accorded equal criteria when considered for selections, appointment, upgrading, trainings, promotions and transfers, based on their qualifications and merit. No clauses in the BCSR 2006 give priority in service to ethnic minorities, rural people or women. Remuneration is based on *‘equal pay for equal value of work.’*

The Rules cover sexual harassment or general harassment, although not specifically mentioned, as well as the abuse of authority. Offences related to the conduct or violation of the RCSC Code of Conduct and Ethics encompass all forms of harassment and, as a result, protect civil servants from such behaviour. Sexual harassment also can be included under *Abuse of Official Authority and Position*, which the BCSR 2006 identifies as an offence related to the performance of official duties.

Female civil servants are entitled to three months of maternity leave with full pay or one month with full pay in case of a miscarriage. On completion of maternity leave, they may resume their work without loss of seniority, turn of promotion or any other opportunity. Male civil servants are entitled to five days of paternity leave, which may be combined with other forms of leave.

Finally, civil servants can avail of flexi-time, allowing them the flexibility of work hours *‘to attend to personal needs during a normal working day.’* Scope thus exists for breastfeeding mothers to use the flexi-time

arrangement after their three months of maternity leave.

Women's Participation in Decision Making at the National Level

The Legislative

Women's representation at the national level is inadequate and low. In 2007, women represented only 3 percent of National Assembly members – a decline from 11 percent representation in 2001. Similarly, only 4 percent of *Chimis*, or people's representatives at the National Assembly, are women, a sharp fall from 16 percent in 2001 and 4 percent in 2007. Reasons for this decline in women's participation need to be studied.

Between 2001 and 2005, meanwhile, there has been only one female Councillor of the Royal Advisory Council (RAC). Bhutan's first female Councillor was appointed in 1971,⁹ but the second was elected only in 2002. No information is available on whether any women have stood for RAC elections before 2002.

Table 1: Members of the National Assembly by Gender, 2001-2005

National Assembly Sessions	Government Representatives		Dratshang Representatives		Royal Advisory Councillors		Peoples' Representatives (Chimis) ¹		Female: Male Ratio of National Assembly Members	Proportion of Female National Assembly Members
	Male	Female	Male	Female	Male	Female	Male	Female		
79th Session	36	0	10	0	6	0	83	16	0.12	11%
80th Session	38	0	10	0	5	1	88	12	0.09	8%
81st Session	38	0	10	0	5	1	85	15	0.12	10%
82nd Session	34	0	10	0	5	1	87	13	0.10	9%
83rd Session	34	0	10	0	6	0	92	8	0.06	5%
84th Session	34	0	10	0	6	0	92	8	0.06	5%
85th Session	34	0	10	0	6	0	96	4	0.03	3%
86th Session	34	0	10	0	6	0	100	4	0.02	3%
87th Session	34	0	10	0	6	0	100	4	0.02	3%

Source: National Assembly Secretariat

Also from 2001 to 2005, no women representatives have been named to the National Assembly from the RGoB or the *Dratshang*. The absence of women representatives from the Government may be closely linked to the low number of women at executive levels in the civil service.

The Judiciary

As in the National Assembly, women's overall representation in the judiciary is low, at barely 6 percent. However, an analysis of data provided by the Royal Court of Justice (RCJ) shows a proportionately higher representation at the lower grades. Women's low overall representation in the judiciary may result from requirements for receiving Government scholarships for law degrees, which include high pass marks in *Dzongkha*, as well as a lack of interest by women in postings outside Thimphu.

Although women account for only 3 percent of *Drangpons*, and 4.2 percent of *Drangpon Rabjams*, women's representation as Registrars stands at 30 percent.¹⁰ While women's representation at the top levels still leaves much to be desired, their representation at lower levels indicates a positive trend toward more equitable representation and participation of women in the judiciary.

Table 2: Female Representatives in the Judiciary

	Female: Male Ratio	Proportion of Women
<i>Drangpon</i>	0.03	3%
<i>Drangpon Rabjam</i>	0.04	4.2%
Registrar (includes Registrar General and Deputy Registrar General)	0.3	30%

Source: Royal Court of Justice, December 2008

The Executive

The executive branch of Government consists of ten Ministries and the autonomous agencies.

Representation of women in the civil service is increasing but still falls short. In 2006 women accounted for 28 percent of civil servants (or 40 females for every 100 males), up 3 percentage points from 2002 and 12 percentage points from 1996. Women's representation is lowest at the top levels (Grades 1-3), accounting for only 5 percent of civil servants; this can partly be explained by the late participation of women in the education process. At the same time, women's representation in the civil service is highest, at 32 percent, in the category of Grades 9-13, which appears to indicate that younger women are entering the civil service or are on their way up to higher grades.

This analysis is further supported by Figure 1. In examining the number of women across individual grades, it is evident that women's representation is highest individually in Grade 8, followed by Grades 10 and 9. Also from Table 3, we may be able to predict a gradual increase of women in the civil service as a whole, in the next five to ten years. However, at higher grades, the increase may be slow unless support mechanisms are provided.

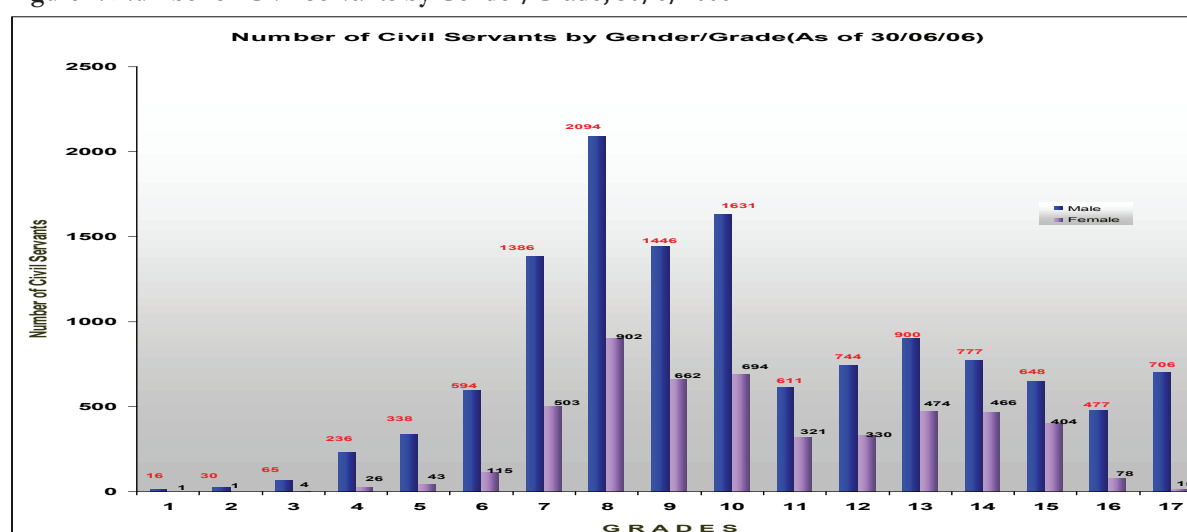
¹⁰ However, it should be noted that there are only ten Registrars altogether in the country; three of these are women.

Table 3: Proportion of Female Civil Servants by Grade

	Date: 30/9/2002		Date: 30/6/2006	
Grade	Female: Male Ratio of Civil Servants	Proportion of Female Civil Servants	Female: Male Ratio of Civil Servants	Proportion of Female Civil Servants
1-3	0.03	3%	0.05	5%
4-8	0.27	21%	0.34	25%
9-13	0.40	29%	0.47	32%
14-17	0.28	22%	0.37	27%
Total	0.33	25%	0.40	28%

Source: Royal Civil Service Commission

Figure 1: Number of Civil Servants by Gender/Grade, 30/6/2006



Source: Royal Civil Service Commission

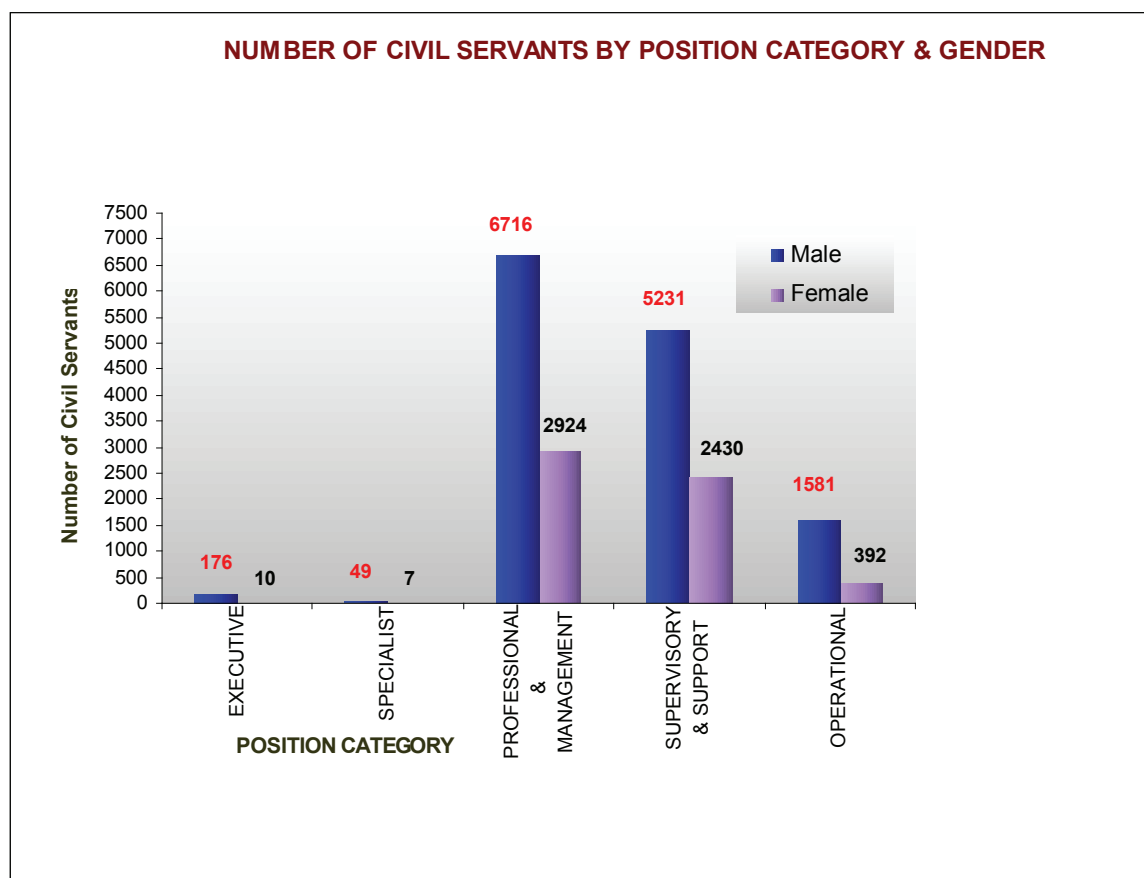
As of June 2008, women constituted 29.5 percent of the civil service. Women comprise 12.5 percent in the specialist category, 5.37 percent at the executive level, 30.33 percent in the professional and management (P1 to P5 levels) category, 31.71 percent in the supervisory and support category and 19.86 percent of the operational category.

Table 4: Proportion of Female Civil Servants by position levels

Position levels	Female:Male Ratio of Civil Servants	Proportion of Female Civil Servants
Ex1-Ex3	0.05	5.37%
Es1-Es3	0.14	12.5%
P1-P5	0.43	30.33%
S1-S5	0.46	31.71%
O1-O4	0.24	19.86%
Total	0.42	29.5%

Source: Royal Civil Service Commission, June 2008

Figure 2: Number of Civil Servants by Gender/Position levels, 30/6/2008



In 2006 among individual Ministries, the Ministry of Education (MoE) and the Ministry of Health (MoH) had the highest percentage of female civil servants, at 40 percent and 38 percent respectively. The lowest female representation was in the Ministry of Works and Human Settlement (MoWHS) (16 percent), the Ministry of Agriculture (MoA) (16 percent) and the Ministry of Information and Communications (MoIC) (17 percent). MoF had the highest representation of women in Grades 1-3, with 29 percent (2 of 7 officers), followed by MoE with 20 percent (1 of 5 officers). No other Ministry had female civil servants in those grades.

In all Ministries, women's representation was higher in the lower grades compared to Grades 4-8, except for the Ministry of Foreign Affairs (MoFA) and the MoWHS.

Table 5: Proportion of Female Civil Servants by Ministry and Grade, 2006

Ministry	Grade 1-3	Grade 4-8	Grade 9-13	Grade 14-17	All Grades
Ministry of Information and Communications	0	7%	23%	19%	17%
Ministry of Labour and Human Resources	0	25%	31%	37%	26%
Ministry of Finance	29%	21%	27%	32%	26%
Ministry of Home and Cultural Affairs	0	7%	26%	24%	22%
Ministry of Agriculture	0	8%	16%	20%	16%
Ministry of Health	0	34%	40%	40%	38%
Ministry of Education	20%	34%	45%	57%	40%
Ministry of Works and Human Settlement	0	9%	29%	6%	16%
Ministry of Trade and Industry	0	11%	37%	24%	24%
Ministry of Foreign Affairs	0	36%	39%	7%	27%

Source: Royal Civil Service Commission, based on number of civil servants as of 7/8/ 2006.]

Table 6: Proportion of Female Civil Servants by Ministry and Position levels, 2008 -

Ministry	Executive	Specialist	Professional & Management	Supervisory & Support	Operational	All Levels
Ministry of Information and Communications	0	0	12.9%	25%	14%	19.7%
Ministry of Labour and Human Resources	20%	0	27.5%	30%	29%	29%
Ministry of Finance	0	0	22.9%	28.8%	31%	27%
Ministry of Home and Cultural Affairs	0	0	13.8%	28.5%	24.7%	23%
Ministry of Agriculture	0	0	9%	19%	7.8%	15.8%
Ministry of Health	0	20%	35.8%	40.7%	33.7%	38%
Ministry of Education	33%	0	39%	55%	55%	41.5%
Ministry of Works and Human Settlement	0	0	10%	30.8%	3.8%	16.8%
Ministry of Economic Affairs	0	0	17.6%	32.8%	6.5%	23.5%
Ministry of Foreign Affairs	20%	0	36.5%	42.8%	3.7%	35%
Autonomous & Other Agencies	5.7%	0	19%	33%	15.8%	23.5%

Source: RCSC, June 2008

As per 2008 data, among the various ministries, the Ministry of Education, Ministry of Health and the Ministry of Foreign Affairs has the highest proportion of female civil servants, at 41.5%, 38% and 35% respectively. The lowest female representation is in the Ministry of Agriculture (15.8%), Ministry of Works and Human Settlements (16.8%) and the Ministry of Information and Communication (19.7%).

The Ministry of Education has the highest representation of women in the executive level with 33% (2 of 6 officers), followed by Ministry of Foreign Affairs and Ministry of Labour and Human resources with 20% each. No other ministries have female civil servants in those levels.

In all ministries and autonomous agencies, women's representation is higher at the supervisory and support levels and improving at the professional and management level.

Women's Participation in Decision Making at the Local Level

With the decentralisation of decision-making to the grassroots in 1981, the Government has carefully been relinquishing its responsibilities to the administrations of the 20 *Dzongkhags* and the 201 *Geowgs* through Dzongkhag Tshogdue (DT) and Geowg Tshogde (GT)

A DT consists of all *Gups*, *Mangmis* and *Chimis* of the *Dzongkhag*, or district, while the GT is the lowest rung of local government, chaired by the *Gup* and supported by the *Mangmi*. Both have voting rights, as does the *Tshogpa*. Currently no mechanisms exist to promote the participation of groups that are under-represented in DTs and GTs.

Local public offices such as *Gup*, *Chimi*, *Mangmi* and *Tshogpa* are still overwhelmingly held by men. Data from the 20 *Dzongkhags* reveal that only 4 percent of the 2,117 elected representatives in the country are women. Most women in public office are either *Tshogpas* or *Chimis*. However, the turnover rate among *Tshogpas* is believed to be high, and hence, relevant data are incomplete. The *Gup*, as the highest office, had been all male until November 2005, when Bhutan's first female *Gup* was elected; a second followed in April 2006.

Causes underlying the higher representation of women as *Tshogpas* in particular need to be analysed. A need also exists for the Department of Local Governance (DoLG) and *Dzongkhag* administrations to collect sex disaggregated data through a standardised data collection system.

It will be necessary to further increase women's participation as *Mangmis* and *Tshogpas*, ensuring that this is accompanied by the provision of necessary skills. Because these two positions often are considered stepping stones to the higher positions of *Chimi* and *Gup*, this combined approach will cumulatively affect the total number of women in local governance.

Table 7: Number of Elected Representatives in Local Governance by Gender

	Female: Male Ratio	Proportion of Female Elected Representatives
<i>Gups</i>	0.01	1%
<i>Chimis</i>	0.04	4%
<i>Mangmis</i>	0.03	2.5%
<i>Tshogpas</i>	0.04	4.2%

Source: Compiled by NCWC from the 20 *Dzongkhags*. (Status as of March-June 2006)

Women's Participation in DTs vs. GTs

In individual *Dzongkhags*, the percentage of female voting members in DTs is highest in Gasa (10 percent), and in GTs in Bumthang and Pema Gatshel (21 percent). Underlying causes for more or less representation of women in individual *Dzongkhags* likewise needs to be documented and analysed.

Table 8: Proportion of Female Voting Members (Gups, Chimis, Mangmis and TshogpaS) in DTs and GTs

Dzongkhag	Proportion of Female Voting Members in DTs	Proportion of Female Voting Members in GTs
Bumthang	0	21%
Chukha	8%	2%
Dagana	7%	1%
Gasa	10%	10%
Haa	8%	2%
Lhuentse	5%	0
Mongar	5%	2%
Paro	0	6%
Pema Gatshel	0	21%
Punakha	0	5%
Samtse	3%	2%
Samdrup Jongkhar	0	1%
Sarpang	3%	5%
Thimphu	0	5%
Tsirang	0	3%
Trashigang	0	2%
Trongsa	0	6%
Wangduephodrang	0	5%
Trashiyangtse	0	5%
Zhemgang	0	1%
All Dzongkhags	2%	3.8%

Source: Compiled by NCWC from the 20 *Dzongkhags*. (Status as of March-June 2006)

Community Decision Making

Despite the low representation of women in DTs and GTs, women do participate in decision making in their local communities. They are known to attend *dzomdues*, or village meetings, and can represent up

to 70 percent of participants.¹¹ While the debate continues on whether there is meaningful participation by women in these meetings, it would be worthwhile to target *dzomdues* as forums when, for example, implementing activities such as providing leadership skills training targeted to women.

Challenges

Based on the analysis above, major challenges in relation to good governance thus include:

- Integrating a gender perspective into all policies and legislation in general, and into policies and legislations related to good governance in particular
- Addressing the causes for the low participation of women in good governance
- Increasing women's representation at all levels of governance, especially local governance
- Ensuring the availability of gender-disaggregated data available for all levels of governance

11 Department of Planning, Ministry of Finance, et al. (2002). Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): Report of the Kingdom of Bhutan, Combined Initial First, Second, Third, Fourth Fifth and Sixth Periodic Reports.

TABLE A: Results-based Action Plan – GOOD GOVERNANCE

GOAL: GOOD GOVERNANCE STRENGTHENED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
1. Increased women's representation and participation in public decision making	1. Percentage of women in the National Assembly	8.5%	20%	Interest of women in participating in governance
	2. Percentage of women in the National Council	24%	20%	Quality of women's participation increased
	3. Percentage of women in the judiciary by level	<i>Drangpons</i>	6%	Not enough capable/qualified women still living in villages
		<i>Drangpons Rabjums</i>	15%	
		Registrars	50%	
				Increased number of female students graduating in law
				Increased number of female lawyers joining the judiciary
				Increased female literacy
				Increased number of females with higher education qualifications

GOAL: GOOD GOVERNANCE STRENGTHENED (2008-2013)				
Outcomes, Outputs and Activities	Indicators		Baseline	Target
	4. Percentage of women in executive branch	Total	28%	40%
		Position Levels	5%	
		Ex1 - Ex3=5.37%	25%	
		Es1 – Es3=12.5%	32%	
		P1 – P5=30.33%		
		S1 – S5=31.71%		
		O1 – O4=19.86%		
		Total=29.5%	27%	
	5. Percentage of women in DTs	Total	2%	6% ¹³
		<i>Gups</i>	1%	5%
		<i>Mangnis</i>	2.5%	5%
		DT Chairpersons	0	5%
	6. Percentage of women in GTs	Deputy DT Chairpersons	0	5%
		Total	3.8%	7%
		<i>Gups</i>	1%	5%
		<i>Mangnis</i>	2.5%	5%
		<i>Tshogpas</i>	4.2%	7%
Outputs				
1. A supportive and enabling environment created for increasing women's participation in public decision making			None	Translating findings of the study on the low participation of women into concrete measures

GOAL: GOOD GOVERNANCE STRENGTHENED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
1.1 Adequate additional measures implemented that address the causes of low participation of women in public decision making	1. Types of additional measures implemented that address the causes of low participation of women in public decision making	NA		
1.2 Laws, policies, rules and regulations related to governance promote equal rights and non-discrimination, as outlined in the draft Constitution	2. Number and types of laws, policies, rules and regulations related to governance that promote equal rights and non-discrimination as outlined in the draft Constitution	NA	Relevant laws, policies, rules and regulations	
1.3 Awareness created on gender equality and equity, gender issues and concerns, and importance of the Government's international commitments and legal obligations among policy makers, lawyers, civil servants, <i>Dzongdas</i> , DT and GT Chairpersons, local communities, parliamentarians and political parties	3. Knowledge/perceptions of policy makers, lawyers, civil servants, <i>Dzongdas</i> , DT and GT Chairpersons, local communities, parliamentarians and political parties on gender in general, and on the importance of women's participation in public decision making in particular	NA		
1.4 Gender stereotypes related to women's participation in decision-making challenged	4. Perceptions and attitudes of the general public on women's participation in public decision making	(Gender Pilot Study/Kuens el articles)		
1.5 Gender-sensitive awareness on civic and voter rights and responsibilities created among students, teachers and Non-Formal Education (NFE) learners and instructors, as well as local communities	5. Knowledge/perception and attitudes of students, teachers and NFE learners and instructors, as well as local communities, on their civic and voter rights and responsibilities	NA		
1.6 Women's capacity strengthened to participate in local government bodies and at the national level	6. Percentage of women in political positions at national level	3%	20%	
	7. Percentage of women in political positions	4%	Look at	

GOAL: GOOD GOVERNANCE STRENGTHENED (2008-2013)					
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks	
	at the local level		outcome		
	8. Perceptions of women in political positions on their participation	NA			
Activities					
1. Conduct a study to document and analyse the causes of women's low participation in public decision making	1. Research and disseminate paper /document on the causes of low participation of women in governance, with concrete recommendations	0	1	Adequate resources (financial and technical) to carry out the activities	
2. Review and make recommendations for the amendment of laws, policies, rules and regulations (draft and existing) related to governance for fulfilling the provisions on equal rights and non-discrimination, as outlined in the Constitution	2. Number and types of laws, policies, rules and regulations related to governance revised and amended	0	All relevant laws, policies, rules and regulations		
3. Sensitise and create awareness among policy makers, parliamentarians, political parties, <i>Dangdas</i> , DT and GT Chairpersons and others on gender equality and equity, gender issues and concerns, and on the Government's international commitments and legal obligations	3. Number of advocacy materials (print, audio, audio-visual) on gender equality and equity, gender issues and concerns, and on the Government's international commitments and legal obligations developed	0	Brochures, radio programmes, TV programmes		
	4. Number of awareness and sensitisation workshops organised by target group on gender equality and equity, gender issues and concerns, and on the Government's international commitments and legal obligations	0	10		
4. Introduce gender-sensitive civic and voter education into the curricula of schools, NFE learners, teaching training programmes, and vocational training	5. Module on gender- sensitive civic and voter education integrated into school curricula	0	1		
	6. Module on gender- sensitive civic and voter education integrated into NFE curricula	0	1		
	7. Module on gender- sensitive civic and voter	0	1		

GOAL: GOOD GOVERNANCE STRENGTHENED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
training	7. Module on gender- sensitive civic and voter education integrated into the teacher training programme curricula	0	1	
	8. Module on gender- sensitive civic and voter education integrated into vocational training curricula	0	1	
	9. Module on gender equality and equity introduced in the national training programme for lawyers	0	1	
5. Introduce gender equality and equity training in the national legal training programme	10. Number of workshops or sessions on gender equality and equity organised	0	6	
6. Create awareness on gender equality and equity among post-graduate candidates at the Royal Institute of Management				
7. Organise gender-sensitive civic and voter education workshops/campaigns for local communities in all <i>Dzongkhags</i> and <i>Genags</i>				
8. Conduct leadership programmes for women	11. Number of gender- sensitive civic and voter education workshops or campaigns organised for local communities in all <i>Dzongkhags</i>	0	20	
	12. Number of gender- sensitive civic and voter education workshops or campaigns organised for local communities in all <i>Genags</i>	0	30	
9. Create awareness in the media, including through the participation of men, to portray the image of women in a positive and sensitive way	13. Number of women candidates provided with coaching and training	33	200	
	14. Number of women already in political positions provided with support and training	0	10	
	15. Number of articles, talk shows, documentaries and stories that portray women in a positive and sensitive way	0	Articles, talk shows, stories, documentaries	
10. Create awareness through the media,	16. Number of articles, talk shows,	0	Articles, talk shows, stories,	

GOAL: GOOD GOVERNANCE STRENGTHENED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
including the participation of women in successful positions, to present positive female role models for society	documentaries and stories		documentaries	
11. Provide affordable daycare facilities and parental support at the national level	17. Affordable daycare facilities and parental support provided at the national level	No	Yes	

TABLE B: Responsible Agencies and Partners – GOOD GOVERNANCE

Activities	Responsible Agencies	Partners
1. Conduct a study to document and analyse the causes of women's low participation in public decision making	NCWC & GNHC	National Assembly, DLG, RCSC, RCJ, NWAB, media
2. Review and make recommendations for the amendment of laws, policies, rules and regulations (draft and existing) related to governance for fulfilling the provisions on equal rights and non-discrimination, as outlined in the Constitution	NCWC	National Assembly, Cabinet Secretariat, Office of Attorney General (OAG), RCSC, GNHC, DLG
3. Sensitize and create awareness among policy makers, parliamentarians, political parties, <i>Dzongkhag</i> , DT and GT Chairpersons on gender equality and equity, gender issues and concerns, and of the Government's international commitments and legal obligations	NCWC & GNHC	National Assembly Secretariat, ECB, RCSC, Ministry of Foreign Affairs, MoHCA, <i>Dzongkhag</i> Administrations, RIM, NWAB, media
4. Introduce gender-sensitive civic and voter education into the curricula of schools, NFE learners, teaching training programmes and vocational training	MoE, MoLHR	ECB, RCJ/OAG, NCWC
5. Introduction of gender equality and equity training in the national legal training program	RCJ	OAG, RCSC, NCWC
6. Creation of awareness on gender equality and equity among post graduate candidates at the Royal Institute of Management	RIM	NCWC
7. Organize gender sensitive civic and voter education workshops/campaigns for local communities in all dzongkhags and gewogs	ECB, OAG	MoHCA, NWAB, NCWC, <i>Dzongkhag</i> administrations
8. Conduct leadership programs for women	NCWC, GNHC	NWAB
9. Using the media (with the participation of men), to portray the image of women in a positive and sensitive way	Media	NWAB, RENEW, Tarayana Foundation, YDF, NCWC
10. Using the media with the participation of women in successful positions to play as role models	Media	NWAB, RENEW, Tarayana Foundation, YDF, NCWC
11. Provision of affordable day care facilities and parental support at the national level	NCWC	MoWHS, MoLHR, RCSC, BCCI

3.2 Economic Development (Focus on Employment)

Introduction

By the standards of other countries in South Asia, women in Bhutan do quite well, but the country is yet to achieve gender equality in employment.¹² Much of this employment disadvantage is attributed to the late start that Bhutan made in introducing modern education, for women in particular; although this is certainly not the only reason.

Women's traditional tie to the land in Bhutan, reinforced through matrilineal inheritance patterns especially in western and central areas, also has increased their responsibility in caring for their parents, hence limiting their social and economic choices. However, they have more social freedom as well as recognition of their economic contribution and enjoy relative equality with men as compared to the women in the *Lhotsampa* communities of the south, where a more patriarchal system is found. The social freedom of these latter women is far more restricted and their economic contributions are undervalued.¹³ In terms of traditional customs in the area of inheritance prevailing in the east of the country, patrilineal inheritance is generally the norm.¹⁴

While most women engage in a career of homemaking, child-rearing or other unpaid work, cultural stereotypes or other barriers that restrict their ability to choose the paid labour force as a career option constitute a violation of their right to self-determination and gainful employment. As noted with regard to public decision making as well, socio-cultural perceptions generally hold women as less capable than men. The perception that women are physically weaker and sexually more vulnerable has greatly influenced their access to educational and employment opportunities. Indeed, women's own perception of themselves in Bhutan seems to be based on these two factors.¹⁵

No distinct division of roles exists between the majority of rural women and men. Ploughing with oxen is generally regarded as a man's job and housekeeping as a woman's job. Nonetheless, in a household short of women, men engage in routine domestic work. Cultivation activities, from sowing to harvesting, are fully shared. Husbands and wives in most regions jointly own farm resources, but women usually have control of family income. This practice may differ among communities in the south.

The Gender Pilot Study (GPS 2001) found that more women than men were involved in household activities, especially in urban areas. In more than 80 percent of rural households, women cooked, washed clothes, worked in the kitchen garden, preserved food and collected manure. More than two-thirds of rural women took care of children, fetched water, looked after domestic animals and distilled alcohol. Among rural men, almost 60 percent were engaged in collecting firewood. Men and women were equally engaged in collection of fodder and in buying food, clothes and other items. Meanwhile, in more than 90 percent of households in urban areas, women cooked, purchased food, washed clothes and cleaned

12 United Nations Country Team (2006). Common Country Assessment for Bhutan.

13 UNFPA (2004). Investing in People: National Progress in Implementing the ICPD Programme of Action 1994-2004.

14 Department of Planning, Ministry of Finance et al (2003). Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): An Updated Summary of the Report of the Kingdom of Bhutan.

15 UNICEF/NCWC (2006). Situation Analysis of Children and Women in Bhutan.

the house, while between 60 and 80 percent of women in urban areas took care of the sick and children, and preserved food. In both rural and urban areas, more than two-thirds of women engaged in primary reproductive tasks.¹⁶

While most of Bhutan's population still lives in rural areas (69 percent¹⁷), urban centres have emerged in recent decades in most *Dzongkhags* and have attracted a considerable number of people from rural communities, in large part because of the access to cash income. Almost 60 percent of migrants are men, thus leaving women further behind to take care of the farms.¹⁸ Among those women who migrate to urban areas, many find employment as domestic helpers for the urban elite, particularly in childcare. Younger girls engaged in this type of work often do not attend school, further limiting their development.¹⁹

Overview of the Current Situation

Labour Force Participation

Based on the Bhutan Living Standard Survey 2007 the men's labour force participation rate is higher (74.4%) than that of women (60.6), as shown in Table 9. Comparing to the data from 2004, the female participation in 2007 has increased and the gap between male and female participation is not very high. The discrepancy is more visible in the urban areas, where the female participation rate is only 41.5 percent compared to 76.8 percent for men. A similar trend had been found in 2003: Female labour force participation in the urban areas was significantly lower, at 28.1 percent, than that for men at 76.9 percent. The difference also was visible in the rural areas, but again was much less than in urban areas.

Table 9: Labour Force Participation by gender and urban/rural location

Gender	Urban	Rural	Bhutan
Female	41.5%	67.3%	60.6%
Male	76.8%	73.6%	74.4%
Total	58.6%	70.4 %	67.3%

Source: Bhutan Living Standard Survey ,2007 (NSB)

Employment Status

Table 10 shows that a higher percentage of female employees (47.8 percent) is found to be without education compared to employed men (35 percent) without education. In 2004, an even higher percentage of employed females had not received any education (71 percent), while 18.5 percent had received formal education, 8.3 percent Non-Formal Education (NFE) and 2 percent monastic education. For that year the male employed population without education consisted of 54 percent, while 28.3 percent were covered by formal education, 2.3 percent by NFE and 9.7 percent by monastic education.

¹⁶ GNHC, NSB et al. (2001). Gender Pilot Study: Bhutan.

¹⁷ Office of the Census Commissioner (2006). Population and Housing Census of Bhutan 2005.

¹⁸ Ministry of Agriculture (2005). Rural-Urban Migration in Bhutan.

¹⁹ Department of Planning, Ministry of Finance, et.al. (2002). Op.cit.

Thus, the percentage of female employees without education has declined compared to 2004, but not in proportion to those who have received formal education. There appears to have been a decline in the percentage of employed females in this period who received NFE from 8.3 percent in 2004 to 2.4 percent in 2006

Table 10: Percent of Employed Population by completed level of education and gender

Gender	Level of Education			
	No Education	Non-Formal Education	Monastic Education	Formal Education
Female	47.8	2.4	0.5	49.3
Male	35.0	1.0	4.5	59.4
Both Female and Male	41.2	1.7	2.6	54.6

Source: Labour Force Survey 2006, MoLHR

Table 11 shows that a large majority of employed people fall under the categories of unpaid family workers and regular paid. The percentage is higher for women in the unpaid family worker category than for men. What is important to note is that many who are classified as employed do not necessarily have a year-round job but work seasonally, with little or no remuneration. Furthermore, female representation in the regular paid employee category is significantly lower, at 12.3 percent, compared to male (31.9 percent).

Table 11: Employed people by employment status and gender

Gender	Employment Status					
	Employer	Regular Paid	Casual Paid	Unpaid Family	Own Account Worker	Self Employed
Female	0.0	12.3	5.3	64.2	14.9	3.4
Male	0.3	31.9	6.3	45.7	13.4	2.5
Both Female and Male	0.2	23.4	5.9	53.7	14.0	2.9

Source: Labour Force Survey 2006, MoLHR

Employment by Economic Activity

Although the Bhutanese economy has progressed considerably since the early 1960s, it remains rudimentary. The majority of the population depending on agriculture and other traditional activities in the rural sector. Employment in the modern sector is limited to about 7,000 jobs, predominantly in public service and small-scale trade, of which expatriates occupy about a quarter.

Table 12 shows that among employed females, 72 percent are in the agricultural and forestry sector, compared to 55.7 percent for employed males. This trend is confirmed by the Population and Housing Census of Bhutan 2005 (PHCB) (62.8 percent of employed females, compared to 32.6 percent of employed males).²⁰ The second-highest percentage of both female and male employees is in the industrial

20 Office of the Census Commissioner (2006). Op. cit. Calculated based on Table 7.12, p. 395.

sector (16 percent females, 17 percent males), followed by the category of other community, social and personal service activities (10 percent females, 12 percent males). While male representation is higher in all sectors, female representation is particularly low in the public administration and defence as well as the transport, storage and communications sectors (10 percent and 10.4 percent respectively).

Table 12: Employed people by economic activity and gender

Main Economic Activity	Female	Male	Total
1.Agriculture and Forestry	69,200	70,600	139,800
2.Mining and Quarrying	0	200	200
3.Manufacturing	4,100	2,500	6,600
4.Electricity, Gas and Water Supply	600	3,500	4,100
5.Construction	700	5,200	5,900
6.Wholesale and Retail Trade; Repair of Motor Vehicles, Motorcycles and Personal and Household Goods	4,600	5,300	9,900
7.Hotels and Restaurants	3,300	2,800	6,100
8.Transport, Storage and Communications	500	4,300	4,800
9.Financial Intermediation	500	800	1,300
10.Real Estate, Renting and Business Activities	1,100	1,400	2,500
11. Public Administration and Defence; Compulsory Social Security	1,800	15,500	17,300
12. Education	2,800	4,200	7,000
13. Health and Social Work	1,000	2,100	3,100
14. Other Community, Social and Personal Service Activities	1,100	4,000	5,100
15. Private Households With Employed Persons	4,800	4,000	8,800
16. Not Classifiable by Economic Activity	0	300	300
Total	96,100	126,700	222,800

Source: Labour Force Survey 2006, MoLHR

Agriculture

Social expectation, inheritance patterns and lack of urban sector skills contribute to the fact that the majority of women are engaged in the agriculture sector. These women are poor and more vulnerable than their urban counterparts, given issues of access and isolation (markets and services), food shortages, lack of off-farm employment opportunities and the associated skills, limited arable land and labour shortages in some areas, as well as natural disasters such as floods and fires.

Although the percentage of women employed in the agriculture sector fell sharply from 95 percent in 1984 to 60 percent in 2001, it seems to have picked up momentum again in 2004, when it rose 12 percentage points again.²¹ Similarly, agriculture accounted for 55.7 percent of GDP in 1980 but plummeted to 33.2 percent by 2002, although by 2004 it again accounted for a significant 50 percent

21 Ministry of Labour and Human Resources (2004). National Labour Force Survey 2004.

of GDP.²² However, in 2006 it seems to have dropped again to 21.4 percent. This indicates that overall agriculture production has grown modestly despite limited arable land and growing farm labour shortages arising from rural-urban migration. Much of this progress can be attributed to the Government's commitment to strengthen agricultural growth and promote rural income generation. In line with this, the MoA provides incentives to farmers by supplying subsidised seeds, farming tools, paddy transplanting equipment and other inputs through Druk Seed Corporation, and machineries through the Agriculture Machinery Centre. It also organises farmers' trainings and study tours within and outside the country, allowing them to better understand farm management and cultural practices as well as to gain exposure. Trainings also are held through the NFE programme, and many women farmers turn up for the annual cattle and vegetable products shows organised at the district level by MoA. Through prizes for the best cattle and farm produce, as well as other incentives, these shows encourage farmers. Even so, according to the GPS 2001, only 40 percent of women in rural areas had participated in training programmes of the Agriculture and Animal Husbandry Departments, indicating that the majority of rural women have not received adequate information for enterprise development. In Focus Group Discussions (FGDs), women also have expressed interest in learning new skills and felt that many skills training programmes were more focused on men.²³

Industrial Sector

Based on the National Labour Force Survey 2006, the industrial sector constitutes the second-highest source of employment for both women and men (16 percent and 17 percent respectively). This includes mining and quarrying, manufacturing, electricity, gas and water supply, and construction. Nevertheless, table 10 shows that men are more numerous in all industrial activities, except for manufacturing. Data from the PHCB 2005²⁴ also confirm a higher male representation (88 percent) in the industrial sector. However, the census provides markedly different figures regarding the proportion of employed people in the industrial sector by gender (6 percent and 24 percent of employed females and males respectively, compared to the earlier noted 16 percent and 17 percent in the NLFS 2006).

It must be noted that many rural women are engaged in road infrastructure projects. Of the total workforce of about 3,350, 43 percent are female workers.²⁵ These women are amongst the most vulnerable groups in the country, with large families, lack of income-generating resources or property, and limited opportunities for education and alternative employment. Living conditions for these women are poor, with no proper access to clean water and medical facilities. In most cases, they are affected by hunger and poverty disproportionately to men because they have to perform considerable domestic duties in addition to the physically demanding work on the roads.²⁶

22 National Statistical Bureau (2005). Statistical Yearbook of Bhutan 2005.

23 Planning Commission Secretariat, Central Statistical Office et al. (2001). Op. cit..

24 Office of the Census Commissioner (2006). Op.cit. Calculated based on Table 7.12, p.395.

25 Ministry of Works and Human Settlement, Department of Roads. Information available as of July 2005.

26 Asian Development Bank (2004). Op. cit.

Private Sector

Women head several prominent private sector firms and are represented on the Board of Directors of prominent institutions in Bhutan. Nevertheless, women accounted for 25% of total recruits from 2000 to 2002, in corporate and private organisations²⁷. Most modern economic development has historically been in the public sector, leaving Bhutan's private sector relatively underdeveloped; moreover, the private sector itself tends to be dominated by a small number of large corporations. As of December 2004, a total of 20,345 trade licenses, mostly retail licenses, had been issued to Bhutanese nationals.²⁸ In the industrial sector, 17,257 licenses had been issued as of December 2005, with most being contract licenses (9,519), followed by licenses for services (6,753) and for production and manufacturing (985). In terms of the scale of licensed industries, the large majority are cottage enterprises.²⁹ Although there appears to be notable growth in the number of licensed businesses, the figures indicate only the total licensed business activities in the country and do not necessarily reflect the number actually in operation. Unfortunately, sex-disaggregated data regarding trade and industrial license holders and areas of trade/industry are not readily available. Even having a license in a man's or a woman's name is not an indicator of that person being in business himself/herself. The Ministry of Trade and Industry (MTI) has plans to conduct a gender diagnostic study to look into streamlining relevant data in a sex-disaggregated manner.

The steps and time involved to start a business are relatively complex and long (it takes 62 days,³⁰ with 11 processes, to register a company in Bhutan, compared to the South Asia average of 47 days).³¹ However, it should be noted that procedures for obtaining a business license have now been simplified; according to MTI, it now takes only a few days to obtain a license for small cottage enterprises.

The slow growth in the private sector and the lack of an entrepreneurial culture is seen as one cause of growing overall unemployment in the country. In order to promote entrepreneurship and enterprises in the micro, small and medium sectors, the Entrepreneurship Promotion Centre, established under the Department of Industry, has been providing training and non-training assistance and services to prospective and established entrepreneurs and enterprises. Data for 2003-2006 indicate that female participation in the comprehensive and basic entrepreneurship courses has fluctuated, although a higher proportion of female participants (43 percent and 47 percent respectively) was observed for courses in 2006 compared to those in 2003 to 2005. In the *genovog* advocacy workshops organised under the Rural Enterprise Development Programme of the MTI to spread entrepreneurial culture and generate interest in income-generating activities in rural communities, women represented 41 percent of participants, with the majority of participants (55 percent) being farmers.

Based on sex-disaggregated data available on membership in the associations under the Bhutan Chamber of Commerce and Industry (BCCI), it was found that representation in the associations tends to be male-dominated, except in the Handicrafts Association of Bhutan (proportion of female members: 58 percent). Compared to other associations, the Association of Bhutanese Tour Operators also has a

27 United Nations Country Team, 2006. Common Country Assessment for Bhutan

28 In addition, as of December 2004 a total of 343 trade licenses had been issued to expatriates.

29 Source: Ministry of Trade and Industry.

30 This is the average number of days needed to register a company; registering large industries takes much longer.

31 United Nations Country Team (2006). Op. cit.

substantial proportion of female members (41 percent).³²

Access to Credit

Women with assets have access to credit, and about 60 percent of rural women and 45 percent of urban women hold land/property registration titles from Bhutan National Bank and Bhutan Development Finance Corporation (BDFC).³³ According to the GPS 2001, BDFC was a popular source of credit in rural areas, whereas in urban areas loans were largely taken from commercial banks.

Cumulative data on rural credit disbursement for 2002, 2005 and 2006 (till June), disaggregated by sex, indicate that although more men are taking loans than women, a slight but gradual increase in the proportion of females has occurred (35 percent in 2002, 37 percent in 2005 and 38 percent in 2006). Nevertheless, this percentage is still low: As of June 2006, 5,965 women were benefiting from BDFC rural credit, compared to 9,843 men. However as of September 2008, the proportion of females has lowered slightly to 36.8 %. The female proportion is especially high in Bumthang (64 percent) and Punakha (58 percent) and especially low in Phuentsholing (15 percent) and Samdrup Jongkhar (15 percent). In Sarpang the female portion increased from 19 % in 2006 to 29 % in 2008.³⁴ Moreover, differences between districts were found in the proportion of women taking loans: Such loans are generally for small-scale trade, house renovation, purchase of livestock and transport of produce. BDFC conducts mobile banking each month in all *Dzongkhags*, during which awareness also is spread on credit programmes.

Although both women and men in rural areas are aware of credit programmes, most do not take loans, particularly because of fear of inability to re-pay. Access to credit thus remains an obstacle for women, especially rural women, for whom alternative forms of income generation are becoming increasingly important for livelihood activities.³⁵ Female road workers in particular are unable to take loans and have little or no savings.

Weekly Earnings of Paid Employees

A majority of both female and male paid employees were found to be earning weekly wages of Nu. 500 to Nu. 1,999. As is evident from, more females than males earn less than Nu. 500 a week, and fewer females than males earn more than Nu. 10,000. Even so, there seems to be a slight increase in females earning more than Nu.10,000, from 1.5 percent in 2004³⁶ to 27.8 percent in 2006. According to the Ministry of Labour and Human Resources (MoLHR), however, data on weekly earnings should be referred to with caution

32 Data from BCCI. It should be noted that this analysis is based on information of registered members only.

33 Department of Planning, Ministry of Finance, et al (2002). Op. cit.

34 Bhutan Development Finance Corporation Limited. Data available for 2002, 2005 and 2006 (till June).

35 Asian Development Bank (2004). Op.cit.

36 Department of Employment, MoLHR. National Labour Force Survey 2006.

Table 13: Range of weekly earnings of paid employees by gender

Gender						
	<500	1000-1999	2000-2999	3000-3999	4000-4999	10000+
Female (%)	2.8	13.0	12.0	25.9	18.5	27.8
Male (%)	40.3	2.8	3.8	17.2	18.7	17.2
Both Female and Male (%)	33.3	4.7	5.4	18.8	18.7	19.2

Source: National Labour Force Survey 2006

Unemployment

Table 14 shows that overall female unemployment is higher than male, at 3.9 percent for female and 3.5 percent for male. The difference is especially visible in the urban areas, where the female unemployment rate is considerably higher, at 9.5 percent, compared to male unemployment at 5.3 percent. Significantly, the highest unemployment rate is found in the age group of 15- to 19-year-olds in urban areas with 9.9 percent (as per BLSS2007, for females, 24.2 percent; for males, 25.3 percent).

Table 14: Unemployment rate by gender and urban/rural location

Gender	Urban	Rural	Bhutan
Female	9.5%	2.7%	3.9%
Male	5.3%	2.9%	3.5%
Both Female and Male	6.8%	2.8%	3.7%

Source: Bhutan Living Standard Survey 2007, NSB

Urbanisation has occurred in concert with increased financial pressures and unemployment, particularly for women, because of their lack of urban sector skills relative to men and corresponding impact on their status. Successive Labour Force Surveys reveal a constant rise in the rate of female unemployment. In 2005 the female unemployment rate was estimated at 3.3 percent, only 4 percentage points higher than for males. However, in 2007 the rate of female unemployment had increased to 3.9 percent.

Table 15: Unemployment rate by gender between 2003 and 2007

Year	Unemployment Rate	
	Female	Male
2005	3.3%	2.9%
2006	3.8%	2.6%
2007	3.9%	3.5%

Source: Department of Employment, National Labour Force Survey 2005; National Labour Force Survey 2006; BLSS 2007

As also noted under Good Governance, findings from a recent study³⁷ aimed at determining the causes of rising female unemployment show that females are more likely to demand preferential places for

37 MoLHR (2005), A Matter of Gender: A Study Exploring Causes for Female Unemployment in Bhutan (draft).

posting, while males are more flexible toward their place of work. The study also reveals that employers are likely to give preference to male job seekers, based on the idea that males are more competent than females (opinion of 52 percent of respondents). While 48 percent of respondents believe that females are equally competent as males, it is interesting to note that none believe that females are more competent than males. Employers also believe that male employees are more versatile than females.

Although different figures regarding unemployment rates can be found in the PHCB 2005, the earlier observation regarding higher female unemployment (3.3 percent vs. 2.9 percent for males) remains valid. The census also confirms that the gender difference in unemployment rate is especially visible in urban areas (7.6 percent for urban women, 3.6 percent for urban men). In Thimphu and Chukha *Dzongkhags*, female unemployment rate is double that of males. It also is interesting to note that overall unemployment seems higher in Thimphu, Pema Gatshel and Zhemgang

Table 16: Unemployment rate by gender and district

Dzongkhag	Female	Male	Both Female and Male
Bumthang	1.9%	2.4%	2.2%
Chukha	6.0%	2.9%	3.7%
Dagana	0.6%	1.5%	1.1%
Gasa	0.6%	1.3%	1.0%
Haa	2.8%	2.2%	2.4%
Lhuentse	0.7%	1.0%	0.8%
Mongar	2.0%	2.9%	2.5%
Paro	3.6%	3.4%	3.5%
Pema Gatshel	4.8%	5.5%	5.2%
Punakha	1.7%	1.8%	1.7%
Samdrup Jongkhar	3.4%	4.2%	3.9%
Samtse	2.3%	2.1%	2.2%
Sarpang	3.8%	3.1%	3.3%
Thimphu	8.1%	4.2%	5.4%
Trashigang	1.2%	1.7%	1.4%
Trashiyangtse	1.2%	1.9%	1.6%
Trongsa	2.1%	1.9%	2.0%
Tsirang	1.1%	1.9%	1.6%
Wangduephodrang	2.3%	2.3%	2.3%
Zhemgang	4.4%	4.9%	4.7%

Source: Office of the Census Commissioner (2006), *Population and Housing Census of Bhutan 2005*.

Challenges

Based on the analysis above, major challenges in relation to economic development (with focus on employment) thus include:

- Promoting greater female enrolment in formal education, especially at higher levels
- Providing greater access for women in professional, technical and vocational training
- Formally recognising the right to equal pay for work of equal value
- Increasing incomes of those family workers who currently receive little or no remuneration, especially rural women
- Enhancing skills of women farmers and vulnerable groups of women to encourage diversification of their income-generating activities
- Promoting cottage and small rural-based enterprises, and providing increased access to financial services to accelerate growth in such enterprises
- Making rural-based skills trainings programmes more women-friendly to encourage more female participants
- Addressing the problem of rising female unemployment, especially in urban areas
- Better understanding the extent and nature of women's involvement in the informal sector
- Addressing the issue of women's heavy workload for those having family as well as professional responsibilities
- Addressing socio-cultural perceptions, prevailing stereotypes and other possible barriers to greater female participation in the formal employment sector
- Addressing the issue of under-aged girls employed as domestic workers
- Strengthening collection, analysis and use of gender-disaggregated data

TABLE C: Results-based Action Plan – ECONOMIC DEVELOPMENT

GOAL: WOMEN'S PARTICIPATION IN THE ECONOMIC SPHERE INCREASED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
Outcomes				
1. Female productive labour force participation increased	1. Female and male productive labour force participation rate by urban/rural areas	F: 41.5%; M: 76.8% (Urban) F: 67.3%; M: 73.6% (Rural) (BLSS 2007)	F: 30% (Urban); F: 50% (Rural)	
2. Unemployment among women reduced, especially in urban areas	2. Female and male unemployment rate by urban/rural areas	F: 4.3%, M: 1.1% (Urban) F: 3.2%, M: 2.2% (Rural) (NLFS 2004)	F: 1% (Urban) F: 1% (Rural)	
3. Rural poverty reduced	3. Percentage of rural households below poverty line	38% (overall) F: x; M: x?	20% (overall) F: x; M: x:	
4. Women's participation in private sector increased	4. Female:male ratio of owners of businesses by size and type	F: 44.5%; M: 55.5% (Overall Trade Licenses) F: 41%; M: 59% (Overall Industrial Licenses) (Gender Assessment Study 2007)		Gender-disaggregated data on owners of businesses will become more accurate but may not be indicative of who actually owns or runs the business Data on average private sector wage, collected from enterprises, might not reflect real situation
	5. Percentage of female and male memberships in private sector associations	M: 76.2% F: 23.7%		
	6. Women and men's average private sector wage, by skilled and unskilled			
Outputs				
1. An enabling and supportive environment for women's employment created	1. Gender-sensitive employment, private and public sector policies, legislation, guidelines/rules and regulations	Private sector: rules and regulations. Labour and Employment Act Public sector: gender-neutral	Policies, legislation, guidelines/rules and regulations are gender-sensitive	
	2. Female:male ratio of hours spent on household	NA		

GOAL: WOMEN'S PARTICIPATION IN THE ECONOMIC SPHERE INCREASED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	responsibilities where both partners are involved in full-time jobs			
	3. Adequate policy on daycare*	No		
	4. Number and type of business management and technical skills training programmes available	Currently providing 2 day 6 business advocacy workshops at grassroots' level through the regional offices. Basic Entrepreneurship Course (BEC), Comprehensive Entrepreneurship Course (CEC) and other business management programmes of the Entrepreneurship Promotion Centre at MoEA . The program was transferred to MoLHR in 2008.		Training programmes available will not be limited to educated women (Class X-, XII-passed)
	5. Percentage of women benefiting from training in business management and technical skills	F: 41% as of 2008 for business advocacy workshops. 48% for CEC & BEC Training programmes as of 2008. These are transferred to MoLHR. from MoEA		
4. Increased involvement of women in all aspects of the RNR sector	6. Female:male ratio of RNR extension workers	1:5	2:5	RNR extension workers are well-equipped to collect such data
	7. Female:male ratio of participants in training organized/facilitated by RNR extension workers	NA		
	8. Sex disaggregated data on utilization of relevant services and facilities provided by the RNR extension centers	NA	NA	

GOAL: WOMEN'S PARTICIPATION IN THE ECONOMIC SPHERE INCREASED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
5. Capacity and technical skills developed for women's participation in private sector	9. Female: male ratio of owners of businesses by size and type	F: 44.5%; M: 55.5% (Overall Trade Licenses) F: 41%; M: 59% (Overall Industrial Licenses) (Gender Assessment Study 2007) Details in write-up	NA	
	10. Female proportion of employees in the private sector	Female: 25%		
	11. Number and type of business management and technical skills training programmes available	Currently providing 2 day 6 business advocacy workshops at grassroots' level through the regional offices. Basic Entrepreneurship Course (BEC), Comprehensive Entrepreneurship Course (CEC) and other business management programmes of the Entrepreneurship Promotion Centre at MoEA will be transferred to MoLHR from 2008	NA	
	12. Percentage of women availing training in business management and technical skills	F: 41% as of 2008 for business advocacy workshops. 48% for CEC & BEC training programmes as of 2008. These will now be transferred to MoLHR.	NA	
1. Conduct a study on factors influencing unemployment among women and men	1. Research paper produced and disseminated	<i>A Matter of Gender: A Study Exploring Causes for Female Unemployment in Bhutan</i> (Male-2.6, Female-3.8, NLFS, 2006)	1 research paper	
2. Raise awareness among the private sector on gender issues along with	2. Number of awareness raising campaigns conducted/materi	0	Once a year at the Executive Committee meeting, Annual	

GOAL: WOMEN'S PARTICIPATION IN THE ECONOMIC SPHERE INCREASED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
obligations of employers and rights of employees to prevent sexual harassment	als produced		General Meeting, regional meetings; 1 brochure	
	3. Number of private sector businesses where measures to prevent and redress sexual harassment are in place	0	All companies employing at least 20 persons	
4. Raise awareness on the rights and responsibilities of employees and employers	4. Number of awareness raising campaigns conducted/materials produced	0	NA	
	5. Percentage of employees and employers aware of their rights and responsibilities	NA	NA	
6. Develop gender-sensitive private sector and Small and Medium Enterprises (SME) policies, guidelines/rules and regulations, and legislation	6. Private sector and SMEs policies, guidelines/rules and regulations, and legislations that are gender-sensitive	No	Gender-sensitive private sector and SME policies and legislation.	
7. Establish mobile police stations in urban areas	7. Mobile police stations in urban areas established	0	NA	
8. Increase frequency of police rounds, especially at night	8. Frequency of police rounds during the night	NA	NA	
9. Implement the Labour and Employment Act, which includes provisions for non-discrimination based on gender, flexi-time (breastfeeding),	9. Measures to enforce the relevant provisions included in the Labour and Employment Act	Act just endorsed by the National Assembly	Awareness-raising campaigns; Complaints board; inspectors; and other effective measures	

GOAL: WOMEN'S PARTICIPATION IN THE ECONOMIC SPHERE INCREASED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
harassment, maternity and paternity leave, and the right to equal pay for work of equal value				
10. Establish a complaints board for employment-related issues	10. Complaints board established	No	Yes	
	11. Number of complaints received, investigated and resolved by the board	0		
12. Implement and enforce the national legal provisions regarding child labour	12. Number of child labour cases recorded, investigated and resolved/prosecuted by the complaints board and the courts	NA	NA	MoLHR with capacity to implement and enforce, and NCWC to advocate for effective implementation and enforcement and identification of mechanisms
13. Develop a policy to increase access to affordable daycare* services	13. Policy developed	NA	Adequate policy developed (in line with employment, public and private sectors rules and regulations, e.g., flexi-time and so forth)	Government-/large company- subsidised daycare centres monitored by MoE/NCWC
	14. Minimum cost of childcare services per year	Nu. 15,000 child care per child per year	MoE to determine, taking into account average salary, expenditure and average size of family	
15. Through media, encourage men to share household responsibilities	15. Female:male ratio of hours spent on household responsibilities where both partners are involved in full-time jobs	NA		

GOAL: WOMEN'S PARTICIPATION IN THE ECONOMIC SPHERE INCREASED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
16. Provide safe night shelters at a nominal fee for short duration for out-of-town vendors in urban areas	16. Night shelters for short duration for out-of-town vendors constructed in urban areas	0	1	
17. Establish self-help groups and cooperatives	17. Number and types of self-help groups and cooperatives established	NA		
18. Study the nature and extent of women's involvement in the informal sector	18. Research paper produced and disseminated	No	1 research paper	
19. Conduct a study on the division of labour (productive, reproductive)	19. Research paper produced and disseminated	Information available in the Gender Pilot Study	1 research paper	
20. Revise enrolment criteria for CNR	20. Enrolment criteria for CNR revised	No	Yes	
21. Increase recruitment of female CNR students	21. Female:male ratio of RNR extension workers recruited	3:14		
22. Provide adequate facilities for women RNR extension workers	22. Adequate facilities provided	NA		
23. Develop an incentive system for women RNR extension workers	23. Incentive system developed	NA		
24. Target women farmers as beneficiaries of trainings and relevant agricultural inputs	24. Female:male ratio of participants in trainings organised/facilitated by agricultural extension workers	75% female turn out for the trainings in rural areas		

GOAL: WOMEN'S PARTICIPATION IN THE ECONOMIC SPHERE INCREASED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	25. Sex-disaggregated data of beneficiaries of relevant agricultural inputs provided by RNR extension centres	NA		
26. Provide trainings on leadership skills for women entrepreneurs	26. Number of women entrepreneurs trained in leadership skills	0		
27. Identify new opportunities available in the market, based on studies conducted by MoEA	27. New opportunities in the market identified	NA		
28. Provide trainings on business management and technical skills for women in both urban and rural areas	28. Number of women trained in business management skills by urban/rural area	Same as before but does not include trainings imparted in the Tourism sector		
	29. Number of women trained in technical skills by skill and by urban/rural area	[Same as before but does not include trainings imparted in the Tourism sector		
30. Provide microfinance specifically targeted toward women in rural areas	30. Number of women benefiting from microfinance by urban/rural area	NA		
	31. Type and size of loans disbursed by gender and urban/rural area	NA		

* Day care understood as care provided to children after the end of the maternity leave till entry in Class PP, and with flexible hours.

NOTE:

Interventions aimed at increasing access to education and vocational training and increasing female literacy covered under 'Education and Training.'

Interventions aimed at challenging socio-cultural perceptions and stereotypes covered under 'Prejudices and Stereotypes.'

TABLE D: Responsible Agencies and Partners – ECONOMIC DEVELOPMENT

Activities	Responsible Agencies	Partners
2. Conduct a study on factors influencing unemployment among women and men	MoLHR	NSB, private sector
3. Raise awareness among the private sector on gender issues, along with obligations of employers and rights of employees to prevent sexual harassment	BCCI/MoEA/MoLHR	RENEW, NCWC, private sector
4. Raise awareness on the rights and responsibilities of employees and employers	MoLHR	BCCI, MoEA, media
5. Develop gender-sensitive private sector and SME policies, guidelines/rules and regulations, and legislation	MoEA/MoLHR	BCCI, NCWC
6. Establish mobile police stations in urban areas	RBP	NCWC
7. Increase frequency of police rounds, especially at night	RBP	
8. Implement the Labour and Employment Act, which includes provisions for non-discrimination based on gender, flexi-time (breastfeeding), harassment, maternity and paternity leave, and the right to equal pay for work of equal value	MoLHR	National Assembly
9. Establish a complaints board for employment-related issues	MoLHR	
10. Implement and enforce the national legal provisions regarding child labour	MoLHR	NGOs, NCWC
11. Develop a policy to increase access to affordable daycare services	MoE	NCWC, MoLHR, MoEA, BCCI, RCSC
12. Through the media, encourage men to share household responsibilities	Media, NCWC	
13. Provide safe night shelters at a nominal fee for short duration for out-of-town vendors in urban areas	Thimphu City Corporation	MoHCA
14. Establish self-help groups and cooperatives	MoA/MoHCA/BDFC/MoEA	
15. Study the nature and extent of women's involvement in the informal sector	NWAB, NCWC	MoEA, MoA, MoLHR
16. Conduct a study on the division of labour (productive, reproductive)	NCWC	MoEA, MoA, MoLHR
17. Revise the enrolment criteria for NRTI	RUB	MoA
18. Increase recruitment of female NRTI students	RUB	MoA
19. Provide adequate facilities for women RNR extension workers	MoA	
20. Develop an incentive system for women RNR extension workers	MoA	RCSC
21. Target women farmers as beneficiaries of trainings and relevant agricultural inputs	MoA	
22. Provide trainings on leadership skills for women entrepreneurs	MoEA/BCCI	
23. Identify new opportunities available in the market based on studies conducted by MoEA	MoEA/MoLHR	
24. Provide trainings on business management and technical skills for women in both urban and rural areas	MoLHR/MoEA/BCCI/MoA	
25. Provide microfinance specifically targeted toward women in rural areas	BDFC/NWAB/NGOs	MoA

3.3 Education and Training

Introduction

Article 9 (16) of the Constitution states: *‘The State shall provide free education to all children of school-going age up to tenth standard and ensure that technical and professional education shall be made generally available, and that higher education shall be equally accessible to all on the basis of merit.’* This Article confirms the mention made in Vision 2020³⁸ of access to basic education (up to Class X) as being an inalienable right of all Bhutanese.

The goals and objectives set for the Ninth Plan (2002-2007) include enhancing enrolment of children aged 6-12 in primary schools to 90-95 percent; increasing the basic level from Class VIII to X; increasing the promotion proportion between Class X and XI from 38 percent to 56 percent; developing a higher education system under the umbrella of a National University; and enhancing the literacy rate from 54 percent to 70 percent.

Although women and men in Bhutan enjoy equal rights to educational opportunities at all levels and in all areas, no explicit reference is made to gender equality and equity in the main policy documents related to education. The education policy is gender-blind, and thus, a pressing need exists to mainstream gender into the programmes and activities of the education sector. In the Ninth Plan document, critical gender disparity issues were raised with regard to education under the chapter on ‘Women, Children and Gender,’ where it is also mentioned that *‘improving enrolment of girls in schools, in particular their proportion in higher education levels, in vocational training, science and technology, are important areas of current action to ensure development and empowerment of women.’* Yet apart from the text allocated as one of the development themes, gender equality does not appear in the part of the Ninth Plan document devoted to sectoral objectives and strategies.

It is therefore very positive to see that the Guidelines for Preparation of the Tenth Plan include some gender-related targets for the education sector, such as achieving gender parity in primary and basic education and increasing the proportion of females to males in tertiary education to 80 percent.³⁹ However, no gender-related targets could be found in this document regarding higher secondary level and adult literacy. With regard to the latter, it should be noted that the target currently set, at 80 percent, represents a major challenge for the Government given the prevailing low levels of adult literacy, especially among women and even more among rural women. Based on the results of the PHCB 2005, the overall reported adult (15+) literacy rate was 53 percent (urban areas: female 60 percent, male 80 percent; rural areas: female 29 percent, male 57 percent).⁴⁰

Despite the absence of explicit reference to gender equality and equity in the main education policy documents, the country has impressively progressed toward the realisation of the Millennium Development Goals (MDGs) related to achieving universal primary education and ensuring gender equality in education. Through the school building programme, schools are now more accessible to

38.

39 Planning Commission (2006). Guidelines for Preparation of the Tenth Plan (2007-2012).

40 Office of the Census Commissioner (2006). Op. cit. Calculated using Table 6.4.

population groups in rural and remote parts of the country, which has contributed to reducing the gender gap at primary level.

Overview of the Current Situation

Gender Balance/Gaps in Enrolment and Completion Statistics

Primary and Secondary Education

The country made progress toward increasing the primary Net Enrolment Rate (NER) during the Ninth Plan, moving from 70 percent overall (girls, 67 percent; boys, 73 percent) in 2003⁴¹ to 79 percent in 2006.⁴² In addition, the gender gap for primary NER had been virtually eliminated to 1 percentage point in 2006 and in fact, by 2008, the gender position had reversed favouring girls by 2 percentage points as the table shows.

Table 17: Primary Net Enrolment Rate (NER) by gender

Primary NER	2003	2006	2008
National	70%	79%	88%
Girls	67%	79%	89%
Boys	73%	80%	87%
Gender Gap	6 Percentage Points	1 Percentage Point	2 percentage points

Source: NSB (2004), *Bhutan Living Standards Survey 2003*, and MoE, *General Statistics 2006 and 2008*.

However, while the gender gap in general seems to have improved, some districts still show some differences in the gender gap for primary NER. For example, Gasa (27 percentage points), and Samdrup Jongkhar (5 percentage points) have the largest gender gaps in favour of boys, while Haa (10 percentage points), Dagana (10 percentage points), Bumthang (7 percentage points) and Punakha (6 percentage points), have the largest gaps in favour of girls.⁴³ Reasons behind district-level differences are not known although generally data on districts with very small population base, like Gasa, Haa and Bumthang, do not give reliable indications since very small differences can change the ratios radically.

No sex-disaggregated data are available for secondary NER. However, another perspective on gender equality comes from considering the ratio of girls to boys enrolled in primary and secondary education. Gender parity in overall enrolment at primary and secondary levels is imminent, with an overall female: male ratio of 0.98. The number of girls is 98 and 97 for every 100 boys at the primary and secondary education levels respectively⁴⁴. Achievement toward closing the gender gap at the primary level is largely accountable to a higher annual enrolment growth rate for girls, with an average of 2.1 percent over boys' enrolment for the last 11 years.⁴⁵ Since 1996-1997, the student survival rate for girls up to the end of the

41 National Statistical Bureau (2004). *Bhutan Living Standards Survey 2003*.

42 Ministry of Education (2006). *General Statistics 2006*.

43 Ibid. See Table 3.3.

44 Ministry of Education (2008), *General Statistics, 2008*

45 Ibid.

primary cycle also has been consistently higher, with the rate generally climbing each year. In 2002 the student survival rate till Class VI for boys was 73.2 percent, compared to 85.5 percent for girls,⁴⁶ while in 2005 it was 81.1 percent compared to 87.7 percent for girls. The MoE has estimated student survival rates over time and across grades using repetition and dropout data. From 2000 to 2005, repetition and dropout rates at primary level are found to have been consistently lower for girls than for boys.

While the female: male ratio of enrolment is very similar across classes at the Basic Education Level (PP-X), there is a perceptible gap between enrolment rates of girls and boys in higher secondary education (see Table 16). Although the female: male ratio of enrolment is 1.03 and 0.98 at lower and middle secondary levels respectively, it falls to 81 girls for every 100 boys at higher secondary level (thus, girls make up just 44.8 percent of enrolment as the table below shows). In this respect, it is interesting to note that girls make up a higher percentage of Classes XI and XII students enrolled in private schools (51 percent) compared to Government schools (39.6 percent).⁴⁷ This is attributable to the fact that girls' performance at higher level is lower than that of boys and that the requirements regarding examination pass marks for students to continue education at the higher secondary level are set lower in private schools compared to Government schools. Promotion rates in 2005 are higher for girls than for boys across grades up to Class VI and are similar for boys and girls at lower secondary level – yet they are significantly lower for girls at middle secondary level (Class IX: boys 91 percent, girls 86 percent; Class X: boys 94 percent, girls 91 percent). Meanwhile, repetition rates are higher for girls than for boys from Class VII onward, as well as dropout rates from Class IX onward.⁴⁸ Research analysing the factors leading to lower girls' enrolment in higher secondary level classes and girls' lower performance at middle and higher secondary levels needs to be carried out.

Table18: Girls' enrolment in primary and secondary education by level/type of school

Class	Private Schools		Communi- nity Pri- mary Schools (CPS)		Primary Schools (PS)		Lower Secondary Schools (LSS)		Middle Second- ary Schools (MSS)		Higher Second- ary Schools (HSS)		All Schools	
	2006	2008	2006	2008	2006	2008	2006	2008	2006	2008	2006	2008	2006	2008
PP to VI	49.7%	47.8%	47.8%	48.9%	48.6%	49.5%	50.1%	50.2%	48.5%	49.4%			48.9%	49.5%
VII-VIII		39.5%					49.3%	51.4%	51.9%	49.8%	50.7%	50.8%	50.0%	50.7%
IX-X	54.8%	27.1%							45.6%	47.3%	51%	51.6%	48.6%	49.5%
XI-XII	50.1%	51.0%									35.6%	39.6	41.6%	44.8%
PP-XII	50.0%	49.6	47.8%	48.9	48.6%	49.5%	49.9%	50.5%	48.3%	49.0%	45.9%	47.4%	48.6%	49.4%

Source: MoE, *General Statistics 2006 and 2008*.

While girls' enrolment has caught up with boys' enrolment at all levels except at the higher secondary level, differences in gender equality at all levels/types of schools can be found between districts: Pema Gatshel, Samtse, Trashigang, Mongar and Tsirang – all in the south or east – fall well below the national average, while Bumthang, Haa, Trongsa, Paro, Thimphu, Punakha and Wangduephodrang – all in western or central Bhutan – have ratios greater than 1.0 (see Table 19). Although the reasons for these differences

46 Note that the student survival rate for girls till Class VIII also has been consistently higher than that for boys. In 2002 the survival rate for girls was 73.1 percent, compared to 62.1 percent for boys (Ministry of Education, General Statistics 2003).

47 Ministry of Education (2006). General Statistics 2006.

48 Ibid.

still need to be assessed, one may be that security reasons in the south and east may have made parents reluctant to send their daughters to school. As of 2008, there are noticeable improvements in the gender differences in enrolment, both in terms of national average and for individual dzongkhags as the table shows. The only exception being Gasa dzongkhag where due to the smallness of the population base, even a small change in the enrolment can result in radical differences in overall percentages.

Table 19: Overall girls' enrolment from class PP to XII by Dzongkhag

Dzongkhag	Female:Male Ratio of Enrolment	
	2006	2008
Bumthang	1.01	1.01
Chukha	0.93	0.96
Dagana	0.94	0.97
Gasa	0.97	0.87
Haa	1.04	1.06
Lhuentse	0.91	0.92
Mongar	0.87	0.91
Paro	1.05	1.04
Pema Gatshel	0.83	0.88
Punakha	1.06	1.10
Samdrup Jongkhar	0.89	0.91
Samtse	0.84	0.91
Sarpang	0.92	0.97
Thimphu	1.05	1.07
Trashigang	0.86	0.91
Trashiyangtse	0.89	0.95
Trongsa	1.01	1.01
Tsirang	0.87	0.93
Wangduephodrang	1.01	1.07
Zhemgang	0.89	0.93
All Dzongkhags	0.94	0.98

Source: MoE, *General Statistics 2006 and 2008*.

Disparities in enrolment also exist between urban and rural areas. Table 20 shows the gender gaps between the primary net enrolment rates in rural and urban areas and for the poor and non-poor.

Table 20: Primary School net enrolment rate across urban and rural areas for boys and girls Aged 6-12 (2003)

As a Percentage of All Children Aged 6-12	Poor		Non-Poor		Bhutan	
	Boys	Girls	Boys	Girls	Boys	Girls
Rural Net Enrolment	60%	55%	78%	68%	70%	62%
Urban Net Enrolment	78%	80%	90%	86%	89%	85%

Source: NSB (2004). *Poverty Analysis Report Bhutan*.

Furthermore, the Poverty Analysis Report found a strong correlation between level of education and poverty status. As the education level of an adult increases from the primary to secondary level, the percentage of poor is widely reduced. Similarly, children aged 6 to 19 from poor households were found less likely to attend school. Among the poor, a greater proportion of male children attend school for all age groups; this also is true for children from non-poor households, although the gender gaps are smaller for children aged 13 and older.⁴⁹

Among the main factors that prevent both girls and boys from attending school are associated costs of schooling, the need for labour on the family farm, perceptions regarding relevance of schooling to life, and perceived quality of education (shortage of teachers, style of teaching, school infrastructure). In addition, long walking distances remain a problem for some children at primary level, especially in remote areas.

For girls, the following issues are specifically believed to influence their school participation, especially at secondary level: distant location of secondary schools and sub-standard toilets, perceptions and attitudes toward girls' schooling, pregnancy and early marriage, and lack of female role models, particularly in rural areas.⁵⁰ The issue of school facilities will further be dealt with in the Facilities section below.

Tertiary Education

The Royal University of Bhutan (RUB) was established in June 2003, linking nine institutes providing tertiary education across Bhutan. As of 2008 there are ten member Colleges of RUB with the recent establishment of Gedu College of Business Studies. As is the case at lower levels of education, progress has been significant in reducing gender disparity at the tertiary education level. Even so, female enrolment in tertiary institutes remains very low, with 48 girls for every 100 boys (or girls comprising only 32 percent of the total of 3,525 students studying at RUB member institutes). Therefore, attainment of gender equality in this respect by 2015 presents a serious challenge for the country.

49 National Statistical Bureau (2004). *Poverty Analysis Report*.

50 National Statistical Bureau (2004), *Ibid.*; United Nations Country Team (2006). *Common Country Assessment*.

Table 21: Female enrolment at tertiary level by institute under RUB

Institute	2005	2006		2007		2008	
	Female: Male Ratio of Enrol- ment	Female: Male Ratio of Enrol- ment	Proportion of Female Students	Female: Male Ratio of Enrol- ment	Proportion of Female Students	Female: Male Ratio of Enrol- ment	Proportion of Female Students
Institute of Language and Culture Studies*	0.47	0.53	35%	0.58	36.98%	0.57	36.57%
Paro College of Education – Paro	0.69	0.66	40%	0.56	36.03%	0.47	32.29%
Samtse College of Education – Samtse	0.52	0.52	34%	0.55	35.50%	0.66	39.95%
National Institute of Traditional Medicine	0.08	0.04	4%	0.09	8.57%	0.29	22.5%
College of Natural Resources	0.34	0.11	10%	0.19	16.42%	0.21	17.68%
College of Science and Technology	0.27	0.24	20%	0.30	23.48%	0.37	27.05%
Royal Institute of Health Sciences	0.63	0.86	46%	0.96	49.02%	0.96	38.29%
Royal Institute of Management	0.52	0.53	35%	0.47	32.08%	0.51	33.93%
Sherubtse College	0.54	0.48	32%	NA	NA	0.57	36.36%
All 9 Institutes under RUB	0.51	0.48	32%	0.25	20.52%	0.28	22.31%

Source: *RUB Staff and students statistics as of August 2007, RUB staff and students statistics as of 2008*

*Excluding ILCS students in Classes XI and XII.

A comprehensive set of sex-disaggregated data made available by RUB allows a closer look at gender gaps in different fields of study. shows that the National Institute of Traditional Medicine had the lowest female enrolment in 2007, followed by the College of Natural Resources (CNR) and Jigme Namgyal Polytechnic; all three institutes also show a decrease in female enrolment compared to 2005. In contrast, a higher percentage of female students is found in both the Samtse College of Education and the Royal Institute of Health Sciences (RIHS) compared to the other institutes, with a female:male ratio for the latter moving from 0.63 in 2005 to 0.86 in 2006. Data with respect to completion rates at various institutes of the RUB are not readily available.

Similar trends can be found based on the records kept by the Department of Adult and Higher Education (DoAHE) under the MoE with regard to undergraduates studying abroad and benefiting from a scholarship. As of February 2006, only 20 percent of all such undergraduates were female. This is not surprising, given that the scholarship system is entirely based on merits and given the figures provided earlier regarding girls' enrolment and performance at the higher secondary level. In 2006, out of the 138 slots available for undergraduate programmes abroad, only 26 girls were selected based on the required qualifications; most were recipients of science- related scholarships. According to DoAHE, completion rates are generally 100 percent for the students, both boys and girls, attending such programmes under the scholarship division.

Meanwhile, female students comprise almost half (43 percent) of all undergraduates currently studying in India and abroad under private funding and registered at DoAHE. A large majority of all female and male students are either in the arts or business programmes. The female:male ratio is much higher for privately funded students than for scholarship students in medicine (0.77 vs. 0.21), sciences (0.85 vs. 0.29) and arts (1.08 vs. 0.36). These records do not provide a complete picture, however, because there is no systematic data collection on students studying under private funding outside Bhutan.

Vocational Education and Training

During the Ninth Plan, the Government has been expanding and improving vocational education and training, which is being accorded increasing attention given the growing unemployment among the youth. The draft vocational training policy states: '*All Vocational Education and Training-related services will be available to every Bhutanese citizen irrespective of gender, different abilities, origin and religion.*'

Six vocational training institutes (VTIs), which are directly under the administration of the Ministry of Labour and Human Resources (MoLHR), have been established and produce skilled people in such areas as construction, including carpentry; automobile engineering and driving; electrical engineering; and traditional arts and crafts. Although these areas traditionally have been dominated by males, as is typical in many countries, the number of females enrolled at VTIs is increasing. In 2005, women represented 36 percent of total enrolment, or 56 females for every 100 males. Female representation is lowest in automobile engineering and driving, with no women enrolled in driving courses, and is highest at the two institutes providing courses in construction and electrical engineering, with a higher proportion of female students in civil construction.

At the National Institute for *Zorig Chusum*, girls comprise 79 percent of students in the short-term training programme, which provides courses in doll making and tailoring. The proportion of female students enrolled in the long-term training programme is much lower (31 percent), with no girls enrolled for courses in leather, casting and *chazho*. In contrast, weaving (100 percent), lacquering (100 percent) and embroidery (77 percent) are female-dominated areas.

Table 22: Female enrolment in vocational training by institute

Institute	Female:Male Ratio of Enrolment	Proportion of Female Students
VTI, Construction (ThimphuChumey, Bumthang)	0.77	43%
VTI, Khuruthang (Punakha)	0.49	50%
VTI, Rangjung (Trashigang)	0.73	33%
VTI, Samthang (Thimphu)	0.10	12%
National Institute for <i>Zorig Chusum</i> (Thimphu)	0.49	33%
Trashiyangtse Institute for <i>Zorig Chusum</i>	0.84	27%
VTI Construction (Serzhong, Sarpang)	0.81	45%
CSC Thimphu	0.64	39%
All Vocational Training Institutes	0.56	39%

Source: MoLHR, Department of Human Resources, figures for ,2007.

Under the Apprenticeship Training Programme (ATP), the proportion of female students enrolled (34 percent) is similar to the overall percentage of females in VTIs. Under this programme, skills training are being offered in areas such as auto mechanics, hairdressing, tailoring, earthmoving equipment operation and computer hardware repair.

Although no detailed figures on survival or completion rates seem available, according to MoLHR almost all students in VTIs and under the ATP complete the training successfully, with no difference between female and male students.

For girls from economically disadvantaged families who have not qualified for further studies and other vocational trainings, the Youth Development Fund through the Bhutan Souvenir Production and Training Centre in Punakha, provides a one-year training course in souvenir making and basic financial skills.

As is the case at the tertiary education level, in vocational education and training a need exists to actively promote greater female enrolment. Furthermore, possibilities of expanding vocational training beyond those areas that have been traditionally dominated by males should be looked into.

Non-Formal and Continuing Education

The Non-Formal Education (NFE) programme was scaled up during the Ninth Plan. In 2006,⁵¹ the programme had 18,550 learners enrolled in 646 centres, compared to 300 learners in six centres in 1992, when NFE started. The NFE programme offers a one-year basic literacy and a nine-month post-literacy course in *Dzongkha* aimed at providing functional literacy and numeric skills to those who have either missed out on or dropped out of the formal education system. Subjects include agriculture, health, sanitation, culture and tradition, forestry and environment, and use of smokeless stoves. The

51 Ministry of Education, General Statistics 2006.

majority of the centres are in rural areas, and 70 percent of learners are women.⁵² The causes for low male participation in the NFE programme have not been formally assessed yet, but lack of time for men to attend classes and a need to have someone at home are often cited, according to DoAHE. As of December 2004, more than two-thirds of centres were Basic Literacy Centres, in which 28 percent of learners were males. The percentage of males enrolled was slightly higher (30 percent) in Post-Literacy Centres.

As of 2008, the overall number of learners has dropped to 13,829 while the number of centres has increased to 747, possibly indicating the success of the programme in reaching the target populations in the easier to reach areas and the continued efforts to ensure wider coverage of the programme. With regard to the gender balance, the situation has also improved with 43 male learners enrolled for every 100 female learners overall. Specifically, at the BLC level and PLCs levels, there are 45 and 39 male learners for every 100 female learners respectively.⁵³

Data on dropout and completion rates disaggregated by sex are not available. However, the Bhutan Gender Diagnostic Study (2004)⁵⁴ mentions a relatively high dropout rate arising from high work burdens, especially during peak agricultural season.

The Ministry of Education had also started a pilot continuing education programme in collaboration with a private school in Thimphu in 2006. At that time, there were 70 women and 78 men enrolled in classes IX and XI and while women made up a higher percentage of Class IX students enrolled (17 women out of 31 enrolled), the reverse situation was observed for Class XI (64 men out of 117 enrolled).⁵⁵ As of 2008, the programme has expanded to two other private schools in Paro and Chhukha and the gender balance has changed with 311 women and 266 men enrolled in classes IX-XII. Infact, now there are more women enrolled in class XI while there are more men enrolled in class IX unlike in 2006⁵⁶.

Gender Balance/Gaps in Teaching Staff Statistics

Primary and Secondary Education

Although sex-disaggregated data on primary and secondary education teachers by type of schools are available, data on the proportion of primary and secondary female teachers by level are more difficult to obtain.

Overall, as of 2008, 39 percent of teachers in primary and secondary schools are women. Table 22 shows that the proportion of female teachers is lowest in Community Primary Schools (CPS), and in Higher Secondary Schools (HSS), especially private HSS. This can be attributed to the fact that most community schools are located in remote and rural locations where the living conditions are very difficult.

52 Ministry of Education. General Statistics 2006.

53 Ministry of Education, General Statistics 2008.

54 Asian Development Bank (2004). Bhutan Gender Diagnostic Study.

55 Ministry of Education, General Statistics 2006.

56 Ministry of Education, General Statistics 2008.

The highest percentage of female teachers is found in Primary Schools (PS), followed by Lower Secondary Schools (LSS). In private primary schools, the number of female teachers is more than double the number of male teachers.

Table 23: Female teaching staff in primary and secondary schools

Type of Schools	Female:Male Ratio of Teaching Staff in Government Schools		Female:Male Ratio of Teaching Staff in Private Schools		Overall Female:Male Ratio of Teaching Staff		Overall Proportion of Female Teachers	
	2006	2008	2006	2008	2006	2008	2006	2008
CPS	0.28	0.29	-		0.28	0.29	22%	23%
PS	0.85	0.88	2.15	2.15	0.99	0.99	50%	50%
LSS	0.92	0.95	-	1.37	0.92	0.96	48%	49%
MSS	0.70	0.69	-		0.70	0.69	41%	41%
HSS	0.44	0.44	0.25	0.31	0.40	0.41	28%	29%
All Schools	0.65	0.65	0.78	0.76	0.66	0.65	40%	39%

Source: MoE, *General Statistics 2006 and 2008*

The low proportion of female teachers, combined with the fact that the percentage of female students in teaching institutes (37 percent in 2006⁵⁷) fell between 1998 and 2005,⁵⁸ indicates the need to actively promote women's participation in the teaching profession. An important issue that also needs to be addressed is the lack of female teachers in CPS, which results in a lack of female role models for children in rural and remote areas. Such a lack of female role models in these areas may have an impact on girls' overall growth and development. On the positive side, meanwhile, each secondary school where teachers have received the training in career education counselling is required to have one male and one female teacher counsellor.

Not surprisingly, women also are under-represented in top-level education management positions. Only two out of 20 District Education Officers (DEOs) and two out of 30 Assistant DEOs are women. Moreover, indicates that women represent only 6 percent of all head teachers and principals in primary and secondary schools. According to the Human Resource Division of MoE, the low participation of women in top-level education management positions can be attributed to the higher mobility of men (e.g., the nature of the post of DEO, which involves monitoring of all schools in the district, implying significant travel).

As can be seen, the proportion of female head teachers/principals increases as the type of school considered provides a higher level of education. As is the case for female teachers, it is the lowest in CPS because of difficult living conditions and accommodation problems in these remote areas, while it is highest in HSS.

⁵⁷ Royal University of Bhutan, Staff and Student Statistics as of May 2006.

⁵⁸ Totalling 38 percent in 2005, 39 percent in 2004, 43 percent in 2003, 41 percent in 2002 and 2001, 42 percent in 2000, 47 percent in 1999 and 56 percent in 1998. Calculated based on raw data presented in Table 5.15, p. 36, in Ministry of Education, General Statistics 2006.

Table 24: Female head teachers/principals in primary and secondary schools

Type of Schools (Including Private Schools)	Female:Male Ratio of Head Teachers/Principals	Proportion of Female Head Teachers/Principals
CPS	0.01	1%
PS	0.06	6%
LSS	0.09	8%
MSS	0.22	18%
HSS	0.42	30%
All Schools	0.06	6%

Source: MoE, Human Resource Division, figures for 2006.

Tertiary Education

While women's participation in teaching is low in the general education system, it is even less at the tertiary education level. The overall ratio of female teachers to male teachers in institutes of the RUB is 24 females for every 100 males as of 2008, with a slightly higher ratio in the two teaching institutes and the Royal Institute of Management. Interestingly, the ratio is greater than 1.0 for the RIHS, but equal or close to 0 for the National Institute of Traditional Medicine, and Jigme Namgyel Polytechnic.. In addition, a higher female:male ratio of teaching staff can be observed among Bhutanese (26 females for every 100 males) compared to non-Bhutanese (16 females for every 100 males).

Table 25: Female teaching staff (Bhutanese and non--Bhutanese) in the Institutes of RUB

Institute	2005	2006	
	Female:Male Ratio of Teaching Staff	Female:Male Ratio of Teaching Staff	Proportion of Female Teachers
Institute of Language and Cultural Studies	0.04	0.08	7%
Paro College of Education	0.32	0.30	23%
Samtse College of Education	0.23	0.29	22%
National Institute of Traditional Medicine	0	0	0%
College of Natural Resources	0.13	0.13	11%
College of Science and Technology	0.09	0.09	8%
Royal Institute of Health Sciences	1.75	1.66	62%
Royal Institute of Management	0.22	0.22	18%
Sherubtse College	0.14	0.12	11%
All Institutes Under RUB	0.20	0.21	17%

Source: RUB, Staff and Student Statistics as of April 2005, and RUB, Staff and Student Statistics as of May 2006

Table 26: Female teaching staff (Bhutanese and non-Bhutanese) in the Institutes of RUB

Sl. No	Institute/College	2007 Female: Male ratio of teaching staff	2008 Female: Male ratio of teaching staff	Proportion of female teachers	
				2007	2008
1	Institute for Language and culture Studies	0.14	0.14	13%	12%
2	Paro College of Education	0.30	0.35	23%	26%
3	Samtse College of Education	0.23	0.25	19%	20%
4	National Institute of Traditional Medicine	0.00	0.00	0%	0%
5	College of Natural Resources	0.28	0.20	22%	16%
6	College of Science and Technology	0.16	0.12	14%	10%
7	Royal Institute of Health Sciences	1.66	1.18	63%	54%
8	Sherubtse College	0.25	0.30	20%	23%
9	Gedu College of Business Studies	NA	0.21	NA	17%
10	Jigme Namgyel Polytechnic	0.00	0.00	0%	0%

Source: RUB staff and students statistics as of 2008

Vocational Education and Training

The overall female: male ratio of teaching staff in vocational training institutes is very low, with only 20 female teachers for every 100 male teachers. The two institutes providing training in automobile engineering and driving, has no female teachers and these institutes have the lowest female enrolment as well. At the same time, among the four women teachers in the National Institute for *Zorig Chusum*, three are non-nationals.

Table 27: Female teaching staff in vocational training by institute

Institute	Female: Male Ratio of Teaching Staff	Proportion of Female Teachers
VTI, Construction (Thimphu Chumey Bumthang)	0.71	42%
VTI, Khuruthang (Punakha)	0.36	36%
VTI, Rangjung (Trashigang)	0.07	7%
VTI, Samthang (Thimphu)	0	0%
National Institute for Zorig Chusum (Thimphu)	0.05	5%
Trashiyangtse Institute for Zorig Chusum	0.13	11%
VTI Construction, Serzhong, Sarpang	0.09	8%
CSC Thimphu	0.17	42%
All Vocational Training Institutes	0.20	15%

Source: MoLHR, Department of Human Resources, figures for 2007.

Non-Formal and Continuing Education

In 2006 women represented 48 percent of the 669 NFE instructors, similar to the percentage of female teachers serving in LSS. The higher participation of women teaching in the NFE programme compared to the formal education system partly arises from the entry qualifications for NFE instructors, set at Class X passed. According to DoAHE, more female NFE instructors tend to serve in urban and semi-urban areas, but detailed data on instructors disaggregated by sex and by area are lacking. The proportion of female teachers found within the pilot continuing education programme (33 percent) is similar to that in both MSS and HSS combined (34 percent).⁵⁹ As of 2008, the number of female NFE instructors has increased dramatically, with 414 female instructors compared to 322 male instructors⁶⁰.

School Curricula and Teacher Training

The education sector represents an important potential entry point for challenging prevalent gender roles and stereotypes. According to the Curriculum and Professional Support Division (CAPSD) under MoE, gender mainstreaming efforts with the assistance of a gender adviser are taking place within the curriculum reform initiated in 2004. These efforts take different forms: integration of a gender perspective while reviewing textbooks and other teaching materials, ensuring a gender-balanced representation among writers, and inclusion of gender-related activities in the teacher guide where relevant.

Similar initiatives have been taken by the two national teacher training institutes at Paro and Samste. In addition to paying attention to gender issues when annually reviewing the teacher training curriculum and materials, teacher training includes a module in physical health and education that deals specifically with gender and relevant topics such as sex education.

Facilities

Water and Sanitation Facilities

It is generally recognised that safe water and sanitation are essential to protect children's health as well as to create a better learning environment and keep children in school. This is especially true for schoolgirls; girls' education can be significantly supported and fostered by providing access to something as basic as a decent girls-only toilet.

Figures are not readily available regarding access to safe water and sanitation facilities, including separate facilities for girls, but it appears that schools recently established have been supplied with such facilities on-site and that MoE is continuously attempting to provide such facilities for schools without previous access to or defunct water/sanitation. It will remain important to continue to improve water and sanitation facilities because many schools still appear to have sub-standard water supplies and sanitation systems.⁶¹

59 Ministry of Education, General Statistics 2006.

60 Ministry of Education, General Statistics 2008.

61 United Nations Country Team (2006). Common Country Assessment.

Boarding Facilities

The Government policy is to provide primary schooling within easy walking distance and to limit boarding as much as possible. However, given the mountainous terrain, dispersed settlement patterns and resource constraints, it is not possible for all children to attend school near their homes. Reaching children from nomadic communities and remote settlements represents a major challenge. A study on local innovative approaches to enhance and accelerate enrolment in general, and with particular emphasis on the girl child of hard-to-reach areas,⁶² reports that the main factors contributing to non-enrolment include lengthy walks to the nearest CPS; dangers of wild animals, flooding rivers/streams in summer and snowbound passes in winter; and children considered too young to take care of themselves and their belongings. The summary of children for the villages under study showed that a higher percentage of girls who should be enrolled (59 percent) were not attending school compared to boys (39 percent). Recommendations based on the study findings included establishment of extended classrooms in scattered settlements located beyond manageable walking distance for children, as well as building of community schools in small settlements and creation of stipend boarding for children from remote settlements and nomadic communities.

Until 2008, there were only four official boarding primary schools. In these four schools, sleeping arrangements for students have been made temporarily (e.g., in one school, students sleep in the mess hall). As observed earlier, the proportion of female teachers is smallest in such remote CPS due to difficult living conditions; therefore, it is a reasonable assumption that in some cases no female staff will be available to supervise female students using these temporary sleeping arrangements. In another, students are temporarily sleeping in the classroom while a hostel is being constructed. Moreover, even as many more schools have become more accessible in remote areas, the issue of ‘informal boarders’ in many remote off-road schools remains a problem. In such cases, children live in temporary shacks of bamboo and tarpaulin to attend the nearest CPS, given that the nearest school is too distant. The living conditions of these informal boarders are extremely difficult, with up to 50 boys and girls living in such huts. In some cases, older adults accompany their children, while in others, children live on their own without proper supervision and protection. In such situations, the lack of supervision is of major concern, especially with regard to the welfare of female students, who may be particularly vulnerable to abuse and violence. From 2008, many of these informal boarding schools have been formalized into proper boarding schools with the provision of stipends and construction of hostels. There are now over 6000 students in the primary boarding facilities.

At the secondary level, almost half of LSS, more than half of MSS and almost all HSS provide boarding facilities. Because of a lack of data with regard to separate hostel facilities for girls and boys, and to the presence of female staff to supervise girls’ hostels, it is difficult to assess the extent to which female boarding students receive adequate protection. According to MoE, however, separate hostel facilities for girls and boys are available in all lower, middle and higher secondary boarding schools. In most cases, a female staff (female teacher in the majority of the cases, matron as such in a few cases) supervises the girls’ hostel. A provision in the new design of hostels for family quarters for matrons and wardens is expected to positively influence adequate supervision of female boarders.

62 MoE (2004). Report on the Study to come up with the local innovative approaches to enhance and accelerate enrolment.

It is, however, essential that separate hostel facilities for girls and boys are available and that female staff are appointed to supervise girls in both formal and informal boarding facilities. If girls' safety and dignity can be ensured in this way, parents will be more likely to permit their daughters to attend school and fewer girls will drop out once they reach adolescence. It is equally important to have procedures in place in schools to deal with any form of gender-based harassment.

Challenges

Based on the analysis above, major challenges in relation to education and training thus include:

- Attainment of gender parity at the tertiary education level
- Promoting greater female enrolment into technical, professional and vocational institutions
- Easing the transition of females from the secondary to tertiary levels and reducing females' dropout rates after completion of secondary education
- Raising literacy rates among girls and women, particularly in rural areas
- Continuing efforts toward achievement of gender parity at primary and secondary levels, particularly at higher secondary level
- Reaching children, both girls and boys, of nomadic populations and remote scattered settlements
- Promoting women's participation in the teaching profession at all levels
- Increasing the percentage of female teachers serving in remote CPS and finding appropriate mechanisms toward this end
- Ensuring a safe and protective environment for students
- Addressing the issue of 'informal boarders'

Table E: Results-based Action Plan – EDUCATION AND TRAINING

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)																																																																																												
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks																																																																																								
Outcomes																																																																																												
1. Gender gap closed in basic education (till Class X)	1. Net Enrolment disaggregated by gender and district	From MoE, <i>General Statistics 2006</i> : <table><tr><th>NER in 2006</th><th>Boys</th><th>Girls</th><th>Overall</th></tr><tr><td>Bhutan</td><td>80%</td><td>79%</td><td>79%</td></tr><tr><td>Bumthang</td><td>93%</td><td>95%</td><td>94%</td></tr><tr><td>Chukha</td><td>71%</td><td>70%</td><td>71%</td></tr><tr><td>Dagana</td><td>76%</td><td>74%</td><td>75%</td></tr><tr><td>Gasa</td><td>69%</td><td>66%</td><td>68%</td></tr><tr><td>Haa</td><td>80%</td><td>88%</td><td>84%</td></tr><tr><td>Lhuentse</td><td>83%</td><td>79%</td><td>81%</td></tr><tr><td>Mongar</td><td>78%</td><td>77%</td><td>78%</td></tr><tr><td>Paro</td><td>85%</td><td>88%</td><td>86%</td></tr><tr><td>Pemagatshel</td><td>89%</td><td>89%</td><td>89%</td></tr><tr><td>Punakha</td><td>83%</td><td>94%</td><td>88%</td></tr><tr><td>Samdrupjongkhar</td><td>81%</td><td>76%</td><td>78%</td></tr><tr><td>Samtse</td><td>67%</td><td>63%</td><td>65%</td></tr><tr><td>Sarpang</td><td>72%</td><td>71%</td><td>72%</td></tr><tr><td>Thimphu</td><td>86%</td><td>88%</td><td>87%</td></tr><tr><td>Trashigang</td><td>87%</td><td>78%</td><td>82%</td></tr><tr><td>Trashiyangtse</td><td>89%</td><td>84%</td><td>87%</td></tr><tr><td>Trongsa</td><td>90%</td><td>94%</td><td>92%</td></tr><tr><td>Tsirang</td><td>70%</td><td>67%</td><td>68%</td></tr><tr><td>Wangdue</td><td>81%</td><td>85%</td><td>83%</td></tr><tr><td>Zhemgang</td><td>88%</td><td>90%</td><td>89%</td></tr></table>	NER in 2006	Boys	Girls	Overall	Bhutan	80%	79%	79%	Bumthang	93%	95%	94%	Chukha	71%	70%	71%	Dagana	76%	74%	75%	Gasa	69%	66%	68%	Haa	80%	88%	84%	Lhuentse	83%	79%	81%	Mongar	78%	77%	78%	Paro	85%	88%	86%	Pemagatshel	89%	89%	89%	Punakha	83%	94%	88%	Samdrupjongkhar	81%	76%	78%	Samtse	67%	63%	65%	Sarpang	72%	71%	72%	Thimphu	86%	88%	87%	Trashigang	87%	78%	82%	Trashiyangtse	89%	84%	87%	Trongsa	90%	94%	92%	Tsirang	70%	67%	68%	Wangdue	81%	85%	83%	Zhemgang	88%	90%	89%	Near 100% ⁶⁵ , at all levels and in all dzongkhags	Girls/parents/teachers/ community increasingly aware of the importance of girls' education and training RGoB will continue to give high priority to education sector RGoB and donors' commitment to gender equality translated into adequate resource allocation for implementing required activities 'Soft' strategies will contribute to achieving gender equality in education and training without having to review the education policy based solely on merits and qualifications Quality of education
NER in 2006	Boys	Girls	Overall																																																																																									
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2. Female access at higher secondary level increased																																																																																												

⁶⁵ In: Guidelines for Preparation of the Tenth Plan

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	2. Net Enrollment Rate in basic education (PP-X) disaggregated by gender	75% in 2006 for both boys and girls (gender disaggregated data unavailable)	90%	improved Employment prospects for young educated and trained girls and boys
	3. Girls:boys ratio at all levels of primary and secondary education (by district for primary education)	Girls Boys Ratio in 2006 (MoE Figures) : PP-VI: 0.958033252 VII - VIII: 1.001954843 IX-X: 0.943963384 XI-XII: 0.711449092	Girls:boys ratio at primary and basic education levels: 1.00%	
		Girls:boys ratio at primary level by district: MoE, <i>General Statistics 2006</i>	[1.0]	

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)																																																
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks																																												
		<table><tr><td></td><td>GPI</td></tr><tr><td>Bhutan</td><td>0.99</td></tr><tr><td>Bumthang</td><td>1.02</td></tr><tr><td>Chukha</td><td>0.99</td></tr><tr><td>Dagana</td><td>0.97</td></tr><tr><td>Gasa</td><td>0.96</td></tr><tr><td>Haa</td><td>1.10</td></tr><tr><td>Lhuentse</td><td>0.95</td></tr><tr><td>Mongar</td><td>0.99</td></tr><tr><td>Paro</td><td>1.04</td></tr><tr><td>Pemagatshel</td><td>1.00</td></tr><tr><td>Punakha</td><td>1.13</td></tr><tr><td>Samdrupjongkhar</td><td>0.94</td></tr><tr><td>Samtse</td><td>0.94</td></tr><tr><td>Sarpang</td><td>0.99</td></tr><tr><td>Thimphu</td><td>1.02</td></tr><tr><td>Trashigang</td><td>0.90</td></tr><tr><td>Trashiyangtse</td><td>0.94</td></tr><tr><td>Trongsa</td><td>1.04</td></tr><tr><td>Tsirang</td><td>0.96</td></tr><tr><td>Wangdue</td><td>1.05</td></tr><tr><td>Zhemgang</td><td>1.02</td></tr></table>		GPI	Bhutan	0.99	Bumthang	1.02	Chukha	0.99	Dagana	0.97	Gasa	0.96	Haa	1.10	Lhuentse	0.95	Mongar	0.99	Paro	1.04	Pemagatshel	1.00	Punakha	1.13	Samdrupjongkhar	0.94	Samtse	0.94	Sarpang	0.99	Thimphu	1.02	Trashigang	0.90	Trashiyangtse	0.94	Trongsa	1.04	Tsirang	0.96	Wangdue	1.05	Zhemgang	1.02		
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4. Completion/survival rates for all levels of Basic education disaggregated by gender	Completion rates for basic education (2006): Primary: 77% Basic: 43%		Near 100% for both levels																																													

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
3. Female access at tertiary level increased				
	5. Girls:boys ratio at tertiary level in Bhutan by institute/area	Girls:boys ratio at tertiary level in Bhutan: 0.48.	Girls:boys ratio at tertiary level: 0.80 ⁶⁷	
	6. Girls:boys ratio at tertiary level abroad under scholarship/private funding by field of study;	Percentage of female undergraduates studying abroad under scholarship: 20%; under private funding: 43% Also see above Gender Balance/Gaps in Enrolment and Completion Statistics, Tertiary Education, p. 54.		
	7. Completion rates for tertiary education in Bhutan by gender and by institute/area;	Completion rates for tertiary education: See with RUB and DoAHE if baseline data is available		
	8. Completion rates for tertiary education abroad under scholarship by gender and field of study			
	9. Girls:boys ratio in vocational training by institute/area of training	Girls:boys ratio in VTIs: 0.56		
4. Female access in vocational training increased				

⁶⁷ Ibid

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)																																								
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks																																				
	11. Completion rates for vocational training by gender and by institute/area of training;	Completion rates for vocational training: see with MoLHR if baseline data available																																						
5. Female teaching staff at all levels of education and training increased	12. Percentage of female teaching staff at all levels of education and training	Female Ratio of teaching staff in 2006: <table><tr><th>Type of Schools</th><th>Female Teachers in Schools</th><th>Male Ratio of Teachers in Govt Schools</th><th>Female:Male Ratio of Teachers in Pvt Schools</th><th>Overall Female:Male Ratio of Teachers</th><th>Overall Proportion of Female Teachers</th></tr><tr><td>CPS</td><td>0.28</td><td>-</td><td>-</td><td>0.28</td><td>22%</td></tr><tr><td>PS</td><td>0.85</td><td>2.15</td><td>-</td><td>0.99</td><td>50%</td></tr><tr><td>LSS</td><td>0.92</td><td>-</td><td>-</td><td>0.92</td><td>48%</td></tr><tr><td>MSS</td><td>0.7</td><td>-</td><td>-</td><td>0.7</td><td>41%</td></tr><tr><td>HSS</td><td>0.44</td><td>0.25</td><td>-</td><td>0.4</td><td>28%</td></tr></table>	Type of Schools	Female Teachers in Schools	Male Ratio of Teachers in Govt Schools	Female:Male Ratio of Teachers in Pvt Schools	Overall Female:Male Ratio of Teachers	Overall Proportion of Female Teachers	CPS	0.28	-	-	0.28	22%	PS	0.85	2.15	-	0.99	50%	LSS	0.92	-	-	0.92	48%	MSS	0.7	-	-	0.7	41%	HSS	0.44	0.25	-	0.4	28%	Parity as far as possible.	
Type of Schools	Female Teachers in Schools	Male Ratio of Teachers in Govt Schools	Female:Male Ratio of Teachers in Pvt Schools	Overall Female:Male Ratio of Teachers	Overall Proportion of Female Teachers																																			
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HSS	0.44	0.25	-	0.4	28%																																			
6. Female adult literacy increased, especially in rural areas;	13. Female adult literacy rate by urban/rural areas	Female adult (15+) literacy rate: overall 39%, urban 60%, rural 29%	Overall adult literacy: 70% ⁶⁸ Overall female adult literacy: 50%																																					
7. Education and training made more gender-sensitive	14. Gender-sensitive policy document for all levels of education and training	Gender-neutral education policy	Gender-sensitive policy																																					
	15. Gender-sensitive curricula and textbooks for all	Gender perspective especially integrated within the curriculum reform initiated from 2004	Gender-sensitive curricula and textbooks																																					

⁶⁸ *Ibid.*

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	levels of education and training			
	16. Gender-sensitive teaching methodology for all levels of education and training.	NA	Gender-sensitive teaching methodology	
Outputs				
1. Increased physical access to primary level schools in all districts	1. Net Primary Enrolment Rate disaggregated by gender and by district		Near 100% for both boys and girls in all districts	Primary-level schools, especially CPS, will offer as much as possible Classes PP to VI
2. Increased financial access to primary and secondary education for girls and boys from economically disadvantaged families	2. School feeding programme continued for needy students as an incentive for the parents to send their children, especially their daughters, to school ⁶⁹	Yes	Yes	
	3. Number of children from economically disadvantaged families benefiting from financial support for primary/secondary	NA		

⁶⁹ See criteria set by MoE and World Food Programme for the selection of schools that are to benefit from the WFP-assisted school feeding programme

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	education by gender			
4. Safe environment created for both formal and informal boarding students	4. Types of measures taken to create a safe environment for formal boarding students			
	5. Types of measures taken to create a safe environment for informal boarding student			
6. Increased access to girl-friendly facilities	6. Proportion of schools with access to safe drinking water by type of schools (for primary-level schools by district)	NA		Increased access to safe drinking water and separate latrines for girls and boys as an important factor for girls' enrolment and retention in schools also valid for Bhutan
	7. Proportion of schools having separate latrines for girls and boys by type of schools (for primary-level schools by district)	NA		
	8. Proportion of boarding schools	NA		
				Additional resources made available for

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
9. Number of VTIs increased and skills training expanded beyond traditionally male-dominated areas	having separate shower blocks for girls and boys by type of schools (and for primary-level schools by district)			provision of separate shower blocks for girls and boys in boarding schools
	9. Number of new VTIs	6 VTIs	8 new VTIs	
	10. Areas of skills training available	See above Gender Balance/Gaps in Enrolment and Completion Statistics, Vocational Education and Training, p. 54.	NA	
	11. Perception of girls/women on skills training areas available in vocational training	NA		
12. Girls encouraged to continue higher education	12. Number of female students in Classes XI and XII, at tertiary level and vocational training	Number of Girls Enrolled in Classes XI and XII in 2006 (as per MoE, <i>General statistics 2006</i>): 3368. RUB, <i>Staff and Student Statistics as of May 2006</i> MoLHR records 2005	Equivalent to boys enrolment.	
	13. Types of measures adopted that address issues of student pregnancy, girls' lower performance from Class X onward and low transition to higher secondary and tertiary levels,			

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	including professional, technical and vocational training			
14. Women encouraged to take up teaching profession at all levels of education and training especially at primary level and in rural and remote areas	14. Number of female teachers at all levels of education and training	MoE, <i>General statistics of May 2006</i> RUB, <i>Staff and Student Statistics as of May 2006</i> MoLHR records 2005		
	15. Number of female students at the two teachers training institutes	RUB, <i>Staff and Student Statistics as of May 2006</i>		
16. NFE programme expanded, especially in rural areas	16. Number of NFE centres by urban and rural areas	646 centres	[Planning Commission to provide based on dzongkhag plans]	
17. Female completion in the NFE programme increased	17. Female completion rates in the NFE programme by level	NA	[Planning Commission to provide based on dzongkhag plans]	
18. Gender-sensitive policy for all levels of education and training	18. Gender-sensitive policy adopted for all levels of education and training	Gender neutral policy	Gender-sensitive policy	
19. Gender roles and stereotypes removed from classrooms, in	19. Budget allocation for general education/tertiary education/vocational	NA		

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
curricula and textbooks for all levels of education and training	1 training/NFE to remove gender roles and stereotypes from classrooms, in curricula and textbooks			
Activities				
1. Construct new primary-level schools in rural, remote, very remote and difficult areas where not yet available	1. Number of new primary-level schools constructed in rural, remote, very remote and difficult areas by district		NA	
2. Provide meals to needy students as an incentive for parents to send their children, particularly their daughters, to school	2. Number of needy students receiving meals through the school feeding programme disaggregated by gender	NA	NA	
3. Provide financial support to girls and boys from economically disadvantaged families, enabling them to attend primary/secondary school	3. Number of children from economically disadvantaged families benefiting from financial support for primary/secondary education by gender	NA	NA	

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
4. Appoint female staff to supervise girls' hostels/dormitory facilities	4. Proportion of formal/informal boarding facilities with at least one female staff appointed to supervise girls' hostels/dormitory facilities	NA	100%	
5. Construct adequate facilities in existing schools for female staff supervising girls' hostels/dormitory facilities	5. <i>Indicator will depend on MoE's agreement on what can be done regarding existing schools in this respect. Similarly, target to be given by MoE</i>	NA	NA	All new schools will have adequate* facilities for female staff supervising girls' hostels/dormitory facilities Additional resources made available regarding adequate facilities in existing schools for female staff supervising girls' hostels/dormitory facilities
6. Construct boarding facilities for informal boarders at primary level	6. <i>Indicator will depend on criteria set by MoE in this respect. Similarly, target to be given by MoE.</i>	NA	NA	
7. Develop a reporting system and follow-up procedures to deal with any harassment-related issue in schools/institutes	7. Reporting system and follow-up procedures developed to deal with any harassment-related issue in schools/institutes	No formal reporting system and follow-up procedures	Reporting system and follow-up procedures developed	

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
8. Raise awareness on the importance of having female teachers at all levels of education and trainings, and particularly at primary level in remote and rural areas, through campaigns and career counselling	8. Number of awareness campaigns conducted on the importance of having female teachers at all levels of education and trainings, and particularly at primary level in remote and rural areas	[0]	NA	
9. Develop/review incentive system/mechanisms for teachers posted in rural, remote, very remote and difficult areas	9. Incentive system developed/reviewed for teachers posted in rural, remote, very remote and difficult areas			
10. Construct adequate facilities* to attract female teachers at all levels of education and training, and particularly in rural, remote, very remote and difficult areas	10. Number of schools/institutes with adequate facilities to attract female teachers by type of schools/institutes			
11. Carry out a study	11. Study carried out to	None	1 study	

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
to analyse the reasons for girls' lower performance from Class X onward as well as the reasons for the girls' dropout at higher level of education and for girls' low transition to higher education, including professional, technical and vocational training	analyse the reasons for girls' lower performance from Class X onward as well as the reasons for girls' dropout at higher level of education and for girls' low transition to higher education, including professional, technical and vocational training			
12. Improve and expand youth guidance and career counselling, especially for girls	12. Perceptions of girls and boys on youth guidance and career counselling	NA		
13. Use media to encourage girls to continue higher education	13. Number of spots, programmes, talk shows, etc., aimed at promoting higher education for girls	NA		
14. Construct new water and separate latrine and shower facilities where not	14. Number of schools with safe drinking water facilities by type of schools	NA	NA	

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
available yet	15. Number of schools with separate latrine facilities for girls and boys by type of schools	NA	NA	Additional resources made available regarding the provision of separate shower blocks for girls and boys in boarding schools
	16. Number of boarding schools with separate shower blocks for girls and boys by type of schools	NA	NA	
17. Construct new VTIs	17. Construction of new VTIs	6 VTIs	8 new VTIs	
18. Provide skills training in areas beyond traditionally male-dominated ones	18. Areas of skills training available in vocational training	See above Gender Balance/Gaps in Enrolment and Completion Statistics, Vocational Education and Training, p. 54.	NA	
19. Establish new NFE centres, especially in rural areas	19. Number of new NFE centres by rural/urban areas	646 centres	NA	
20. Carry out a study on enrolment (including male participation) and dropouts of the NFE programme;	20. Study on enrolment (including male participation) and dropouts of the NFE programme carried out	None	1 study	
21. Implement	21. Types of measures	NA		

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
recommendations from the study on enrolment (including male participation) and dropouts of the NFE programme	adopted aiming at reducing dropout rates and increasing completion rates as well as increasing male enrolment in the NFE programme			
22. Review policies from a gender perspective at all levels of education and training (including taking into account the results of the studies conducted)	22. Policies reviewed from a gender perspective at all levels of education and training	No review	Review completed	
23. Review teaching materials and curricula content from a gender perspective at all levels of education and training	23. Teaching materials and curricula content reviewed from a gender perspective at all levels of education and training	Gender perspective especially integrated within the curriculum reform initiated from 2004	Gender-sensitive curricula and teaching materials	
	24. Gender roles and stereotypes removed from teaching materials and curricula at all levels of education and training	No	Yes	
25. Integrate gender	25. Module on gender	None	1 module	

GOAL: GENDER EQUALITY IN EDUCATION AND TRAINING ACHIEVED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
sensitivity training into the teachers/lecturers/ NFE and VTI instructors training curriculum	sensitivity integrated into the teachers/lecturers/ NFE and VTI instructors training curriculum			
	26. Session on gender sensitivity integrated into in-service training for teachers/lecturers/ NFE and VTI instructors	No	Yes	

* For a definition of adequate facilities, see existing standards set by MoE.

TABLE F: Responsible Agencies and Partners – EDUCATION AND TRAINING

Activities	Responsible Agencies	Partners
1. Construct new primary-level schools in rural, remote, very remote and difficult areas where not yet available	MoE	RGoB
2. Provide meals to needy students as an incentive for parents to send their children, particularly their daughters, to school	MoE	RGoB
3. Provide financial support to girls and boys from economically disadvantaged families, enabling them to attend primary/secondary school	NGOs	
4. Appoint female staff to supervise girls' hostels/dormitory facilities	MoE, RCSC	
5. Construct adequate facilities in existing schools for female staff supervising girls' hostels/dormitory facilities	MoE	
6. Construct boarding facilities for informal boarders at primary level	MoE	
7. Develop a reporting system and follow-up procedures to deal with any harassment-related issue in schools/institutes	NCWC	RCSC and MoE, RUB, MoLHR, for its respective level/type of education, and RIM
8. Raise awareness on the importance of having female teachers at all levels of education and training, and particularly at primary level in remote and rural areas, through campaigns and career counselling	MoE, RUB, MoLHR for its respective level/type of education	Media, NCWC
9. Develop/review incentive system/mechanisms for teachers posted in rural, remote, very remote and difficult areas	MoE	RCSC
10. Construct adequate facilities* to attract female teachers at all levels of education and training, and particularly in rural, remote, very remote and difficult areas	MoE, RUB, MoLHR for its respective level/type of education	
11. Carry out a study to analyse the reasons for girls' lower performance from Class X onward as well as the reasons for girls' dropout at higher level of education and for girls' low transition to higher education, including professional, technical and vocational training	MoE as leading agency, in close collaboration with RUB and MoLHR	NCWC
12. Improve and expand youth guidance and career counselling, especially for girls	MoE	
13. Use media to encourage girls to continue higher education	MoE, MoLHR, RUB	Media, NCWC
14. Construct new water and separate latrine and shower facilities where not available yet	MoE	
15. Construct new VTIs	MoLHR	

Activities	Responsible Agencies	Partners
16. Provide skills training in areas beyond traditionally male-dominated ones	MoLHR	
17. Establish new NFE centres, especially in rural areas	<i>Dzongkhag</i> administrations	MoE
18. Carry out a study on enrolment (including male participation) and dropouts of the NFE programme;	MoE	NCWC
19. Implement recommendations from the study on enrolment (including male participation) and dropouts of the NFE programme;	MoE	
20. Review policies from a gender perspective at all levels of education and training (including taking into account the results of the studies conducted)	MoE, RUB, MoLHR for its respective level/type of education	NCWC
21. Review teaching materials and curricula content from a gender perspective at all levels of education and training	MoE, RUB, MoLHR for its respective level/type of education	NCWC
22. Integrate gender sensitivity training into the teachers/lecturers/NFE and VTI instructor training curriculum	MoE, RUB, MoLHR for its respective level/type of education	NCWC

3.4 Health

Introduction

The RGoB's commitment to the provision of free and accessible health care to all women and men in Bhutan is reinforced by Article 9 (21) of the Constitution, which states, *'The State shall provide free access to basic public health services in both modern and traditional medicine.'*

Since the establishment of the first hospital in 1961, Bhutan has made impressive efforts to improve health care and reach everyone. Today, 29 hospitals, 178 Basic Health Units (BHUs) and 519 Outreach Clinics (ORC) are located across the country.⁶⁹ All hospitals, BHUs and ORCs provide primary health care facilities for free.

The hospitals run daily Maternal and Child Health Clinics (MCH), and the BHUs weekly and monthly Antenatal Care (ANC) Clinics. The ORCs, covering 205 *gewogs*, run daylong clinics each month, including MCH, ANC and child immunisation services provided by BHU and/or hospital staff.

Overview of the Current Situation

Demographic Indicators

Sex Ratio

The PHCB 2005 indicates a sex ratio of 111 males for every 100 females.

Life Expectancy

Life expectancy in Bhutan increased from 37 years in 1960 to 66.1 years in 2000, with a very small difference between men and women (male 66.0; female 66.2).

Fertility Rates

Various improvements have occurred in health-related indicators, denoting an enhanced situation for women in Bhutan. The Total Fertility Rate among 15- to 49-year-olds decreased from 4.7 in 2000⁷⁰ to 2.5 (2.1 urban; 2.7 rural) in 2005⁷¹ (Table 25). The general fertility rate also fell from 142.7 in 2000 to 86.4 (75.3 urban; 92.5 rural) in 2005.

Although the age-specific fertility rates for 15- to 19- and 20- to 24-year-olds have decreased significantly

⁶⁹ Ministry of Health (2008). Health Bulletin of Bhutan 2008.

⁷⁰ Ministry of Health (2000). National Health Survey 2000.

⁷¹ Based on: Office of the Census Commissioner (2006), Population and Housing Census of Bhutan 2005.

between 2002 and 2005 (Table 28), one area that requires further improvement is pregnancy among young girls. In 2005, 11 percent of all births were among 15- to 19-year-olds and 10.2 percent of all 15- to 19-year-olds reported having at least one child.⁷²

Table 28: Age-Specific Fertility Rates in 2000 and 2005

Age Group	2000*		2005**		Change National
	National	National	Urban	Rural	
15 to 19	61.7	36.5	22.1	44.9	-25.2
20 to 24	245.4	138.9	115.3	154.4	-106.5
25 to 29	248.7	141.6	138.8	143.2	-107.1
30 to 34	162.2	89.4	78.1	95.3	-72.8
35 to 39	116.3	54.5	39.5	61.3	-61.8
40 to 44	79.7	31.3	18.8	35.3	-48.4
45 to 49	24.2	9.9	7.1	10.7	-14.3
Total Fertility Rate***	4.7	2.5	2.1	2.7	-2.2
Gross Fertility Rate****	142.7	86.4	75.3	92.5	-56.3

*Ministry of Health (2000). *National Health Survey 2000*.

** Office of the Census Commissioner (2006). *Population and Housing Census of Bhutan 2005*. Calculated using the number of births in the last year for each age group (Table 5.2), divided by the total female population in each age group (Table 3.4).

*** For 2005, used the following formula: $[(\text{Sum of age-specific fertility rates}) \times 5] / 1000$

**** For 2005, used the following formula: $[\text{Total number of births in year preceding the census}] / [\text{total female population aged 15 to 44}]$. These figures were from Tables 5.2 and 3.4 respectively of the 2005 census.

Infant Mortality and Under-5 Mortality

Improvements can be seen in the Infant Mortality Rate (IMR) and the Under-5 Mortality Rate (U5MR) per 1,000 live births between 2000 and 2005, when the IMR decreased from 60.5 to 40.1 and the U5MR from 84.0 to 61.5. Although no sex differences in IMR and U5MR were found in 2000, the 2005 census findings revealed higher ratios among boys, perhaps indicating that boys – especially rural boys – are at a greater risk of dying than girls.

72 Calculated using information sourced from Tables 5.2, 5.4 and 3.4 of: Office of the Census Commissioner (2006), Ibid.

Table 29: Infant and Under-5 Mortality Rates, 2005

	IMR*	U5MR**
NATIONAL	40.1	61.6
Urban	32.8	52.8
Rural	43.4	65.5
Female	37.4	57.6
Male	42.8	65.5
Female-Rural	38.6	60.3
Female-Urban	34.7	51.5
Male-Rural	48.1	70.6
Male-Urban	30.9	54.0

Source: MoH, *Annual Health Bulletin of Bhutan 2006*

* IMR calculated as follows: [Total number of deaths among under-1-year-olds] / by [total number of live births] by [1000].

** U5MR calculated as follows: [Total number of deaths among under-5-year-olds] / by [total number of live births] by [1000].

According to the Annual Health Bulletin of Bhutan 2006, the top three causes of morbidity in children under 5 are common cold, diarrhoea and skin infections. An analysis of sex-disaggregated data for these health problems for 2005 shows no significant gender differences (common cold: 51 percent girls and 49 percent boys under 5; diarrhoea: 49 percent girls and 51 percent boys under 5; skin infections: 51 percent girls and 49 percent boys under 5).

Factors believed to contribute to child mortality also include the low adult female literacy rate, especially in rural areas; poor hygiene and nutrition; and limited access to emergency obstetric care and skilled birth attendance.

Reproductive Health

Reproductive health services are a vital component of the country's primary health care system. High priority has been given to the improvement of maternal health. Moreover, advocacy on reproductive health issues has been actively promoted by His Majesty the Fourth King Jigme Singye Wangchuck; Her Majesty the Queen Ashi Sangay Choden Wangchuck, the UNFPA Goodwill Ambassador; and His Holiness the Je Khenpo.

Maternal Mortality Ratio

Although maternal mortality has declined since the 1980s, the trend in the decline has remained low for the last 10 years. In 2000 the Maternal Mortality Ratio (MMR) was 255 per 100,000 live births, down from 770 in 1984 and 380 in 1994.⁷³ No update is available for the MMR, but process indicators such as ANC attendance and institutional delivery rates are important to track progress in women's health.

⁷³ Ministry of Health (2006). *Annual Health Bulletin of Bhutan 2006*.

Table 30: Maternal Mortality Ratio

	Number Rate			
	1984	1994	2000	2005
Maternal Mortality Ratio (per 100,000 live births)	770	380	255	NA

Source: MoH, *Annual Health Bulletin of Bhutan 2006*

According to the Annual Health Bulletin of Bhutan 2007, there were eight maternal deaths reported in 2006. All maternal death reviews since 2001 found that postpartum haemorrhage (PPH) was the leading cause of registered maternal deaths, constituting 53 percent of the 29 deaths reviewed between January 2004 and April 2005. In addition, 41 percent of these deaths occurred at home; 50 percent of the deliveries were not attended by health workers; 72 percent of the women were younger than 30; and 38 percent did not have adequate ANC attendance.⁷⁴

National policies and programmes to reduce maternal mortality focus on increasing institutional deliveries and raising the proportion of births attended by trained health personnel. Services such as antenatal, intra-partum and post-natal care are continuously provided.

Antenatal and Post-Natal Care

In 2005, 70 percent⁷⁵ of pregnant women visited ANC clinics four or more times during pregnancy, indicative of high service use by pregnant women. This high ANC attendance may have contributed to the zero maternal/neonatal tetanus status maintained between 2002 and 2005. In 2006, one neonatal tetanus was reported.

Institutional Delivery

Despite the high ANC attendance rate, 45 percent⁷⁶ of pregnant women still deliver at home, without trained health professionals. Nevertheless, it should be noted that the institutional delivery rate more than doubled between 2000 and 2005, from 19.8 percent to 42 percent (). Deliveries attended by a trained health professional (home and institutional) also increased, to 55 percent in 2005.

⁷⁴ Ibid.

⁷⁵ Ministry of Health (2006). *Annual Health Bulletin of Bhutan 2006*

⁷⁶ According to . However, the Annual Health Bulletin of Bhutan 2006 cites 48 percent as untrained deliveries.

Table 31: Percent of Attended Deliveries, 2005

	% Deliveries Attended by a Health Professional*	Institutional Delivery Rate**	% of Deliveries Attended at Home by Trained Health Staff	% of Deliveries Attended by Trained Health Staff (Home and Institutional)****
National	51%	42%	13%	55%
Urban	75%	NA	NA	NA
Rural	40%	NA	NA	NA

Source: MoH, *Annual Health Bulletin of Bhutan 2006*

* Office of the Census Commissioner (2006). *Population and Housing Census of Bhutan 2005*. Calculated using number of births attended by a health professional (Table 5.6) divided by number of live births (Table 5.1).

** Ministry of Health (2006). *Annual Health Bulletin of Bhutan 2006 (AHB)* and Office of the Census Commissioner (2006). *Population and Housing Census of Bhutan 2005*. Calculated using number of births attended in a health facility (Annex 3, AHB) divided by number of live births (Table 5.1, Census).

*** Ministry of Health (2006). *Annual Health Bulletin of Bhutan 2006 (AHB)*. and Office of the Census Commissioner (2006). *Population and Housing Census of Bhutan 2005*. Calculated using number of births attended in at home by trained health personnel (Annex 3, AHB) divided by number of live births (Table 5.1, Census).

**** Ministry of Health (2006) *Annual Health Bulletin of Bhutan 2006 (AHB)*. and Office of the Census Commissioner (2006). *Population and Housing Census of Bhutan 2005*. Calculated using total attended deliveries at home and health facility (Annex 3, AHB) divided by number of live births (Table 5.1, Census).

The MoH adopted a policy of 100 percent institutional delivery as a means to prevent maternal deaths. The MoH has been working toward making delivery services at health facilities more women-friendly in order to generate demand for services. In 2005 and 2006, more than 130 BHUs were equipped with heaters and sheepskins; remote BHUs lacking electricity were provided with kerosene heaters. These efforts are important, as delivery outside of the home in cold, mountainous areas can be uncomfortable. In addition, the labour rooms of some hospitals were upgraded to have attached toilets for the convenience of women, and nearly 178 BHUs were to be equipped with delivery beds by the end of 2006.

Also to improve delivery services, the Midwifery Standards were revised in 2004 and all health staff were trained on the revised standards by District Medical Officers. Given their role in maternal health and delivery at BHUs, an attachment programme for in-service Auxiliary Nurse Midwives (ANM) was initiated in 2005. So far, 54 ANMs have undergone an attachment at the National Referral Hospital, where they gained experience in dealing with birth complications. The programme will be expanded to include other health care providers who perform deliveries, such as Health Assistants and Basic Health Workers, with a focus on female staff.

Efforts in Emergency Obstetric Care (EmOC) for pregnant women also further increased availability of this service. To equip comprehensive EmOC centres with required staff, between 2002 and 2006 twenty five health care professionals, including six doctors, received specialised training in comprehensive

EmOC service provision. Equipment was purchased to upgrade two hospitals to comprehensive EmOC centres during the same period. In 2003 MoH introduced a training programme on basic EmOC service provision for all new doctors and B.Sc. nurses entering the health care system. All health facilities with medical doctor provides basic EMOc services at all times.

It has been difficult to maintain the number of comprehensive EmOC centres given frequent transfer of staff between health facilities. As of 2007, there were 8 functional comprehensive EmOCs. The further expansion and strengthening of EmOC services and their effective use will prove critical for reducing maternal mortality.

A cervical cancer screening programme also was piloted in three *Dzongkhags* in 2001.⁷⁷ Previously, Pap smear screening services were available only at the National Referral Hospital. Findings of the cervical cancer screening pilot were presented at the 2006 Annual Health Conference, and the programme is soon to be expanded to cover all 20 *Dzongkhags*. Reducing the time taken to get Pap smear test results is needed; according to a comment made in a media interview, it takes more than three months to get the test results.⁷⁸ In 2004, 48 women were diagnosed with cervical cancer and 27 women in 2005 and 49 women in 2006.⁷⁹

Family Planning

The Government has demonstrated a strong commitment toward family planning since its introduction of family planning in 1971. All hospitals, BHUs and ORCs provide family planning services, including free contraceptives such as Intrauterine Devices (IUD), Depo-Provera® injections (DMPA), contraceptive pills, condoms, vasectomies and tubectomies. For permanent sterilisation, referrals are made by the BHUs and ORCs to hospitals.

The contraceptive prevalence rate rose steadily from 19 percent in 1994 to 31 percent in 2000, with vasectomy being the leading method (44 percent), followed by DMPA injection (19 percent), IUD (11 percent), pills (11 percent), tubectomy (10 percent) and condom use (4 percent).⁸⁰ Although there is no update since 2000, the steady improvement in the contraceptive prevalence rate, along with the decrease in fertility rates noted above, may arise from the effectiveness of various programmes on family planning and reproductive health. It is notable that the *National Health Survey 2000* indicated that 95 percent of women in the reproductive age group had heard of family planning.

77 Ministry of Health (2002), Annual Health Bulletin of Bhutan 2002.

78 Kuensel, 9 September 2006, 'Another Pap-Smear Centre.'

79 Ministry of Health (2007) Annual Health Bulletin of Bhutan 2007

80 Ministry of Health (2000). National Health Survey 2000.

Table 32: Family Planning Methods administered by Number and Percent

	2004		2005		2006	
	No.	Percent	No.	Percent	No.	Percent
IUD inserted	2111	0.2	1305	0.1	1598	0.1
Oral Pills prescribed	18807	1.8	20210	1.6	32074	2.0
DMPA Injected	40745	3.8	41005	3.3	57985	3.6
Male Sterilization	4919	0.5	4919	0.4	7202	0.4
Female Sterilization	1364	0.1	1364	0.1	1844	0.1
Condoms distributed	1000679	93.6	1163234	94.5	1517705	93.8
Total	1068625	100	1232037	100	1618408	100

Ministry of Health (2007) *Annual Health Bulletin 2007* RGoB

An analysis of family planning methods administered in 2004 and 2005 reveals that condoms are most widely availed (93.6 percent in 2004, 94.5 percent in 2005 and 93.8 percent in 2006). However, this number only reveals the number of condoms distributed, not usage. The second most administered method is DMPA injections (3.8 percent in 2004, 3.3 percent in 2005 and 3.6 percent in 2006), followed by oral contraceptives (1.8 percent in 2004, 1.6 percent in 2005 and 2 percent in 2006).

Female condoms, in addition to emergency contraceptives, are available in all 29 hospitals and the seven Grade 1 BHUs, although the use of these condoms is quite low. The first female condoms were introduced in Thimphu and Phuentsholing in a 2003 pilot programme.

The number of abortions reported in Bhutan has increased sharply, from 311 to 657 between 2002, and 2005,⁸¹ indicating that women in need have access to such services. Some confusion exists on how the category “abortions” in the morbidity report should be understood; the figures reported include all terminations of pregnancy before 28 weeks, including miscarriage, as well as complication from abortion. MOH is aware that young women and girls continue to resort to unsafe and questionable abortion services in neighbouring towns in other countries. (Abortion in the morbidity report is defined as “Unsafe abortion is an emerging concern”).⁸² However, the extent of the problem is unknown.

81 Ministry of Health (2006) *Annual Health Bulletin of Bhutan 2006*; (2004), *Annual Health Bulletin of Bhutan 2004*; (2002) *Annual Health Bulletin of Bhutan 2002*.

82 Ministry of Health (2005). *Implementing the ICPD Programme of Action in Bhutan*.

Adolescent Sexual and Reproductive Health

For school-going children, awareness on adolescent reproductive health issues is created at middle and higher secondary levels through the Comprehensive School Health Programme implemented by MoH and MoE.

Awareness raising activities on reproductive health are carried out extensively, with the most influential being the regular high-level visits to rural schools and communities by the UNFPA Goodwill Ambassador, Her Majesty Ashi Sangay Choden Wangchuck. During her visits, Her Majesty imparts information on reproductive health, including family planning, protected sex and teenage pregnancy; Sexually Transmitted Infections (STIs), including HIV/AIDS; women's health, including cervical cancer; and other health issues.

Although the Amendment to the Marriage Act 1996 has set the legal marriageable age at 18 for both boys and girls, the PHCB 2005 shows (Table 33) that 15.4 percent of all girls aged 15 to 19 are married (urban 9.8 percent; rural 18.7 percent), with an additional 0.3 percent of girls aged 10 to 14 also married (urban 0.1 percent; rural 0.3 percent).

Table 33: Percent of 10- to 14- and 15- to 19-year-olds in marriage unions

Area/ Age Group	Percent Currently Married*		Percent Currently or Previously Married**		Percent Living Together***	
	Girls	Boys	Girls	Boys	Girls	Boys
National						
10 to 14	0.3%	0.1%	0.3%	0.1%	0.01%	0.02%
15 to 19	15.4%	3.8%	16.1%	4.0%	0.21%	0.08%
Urban						
10 to 14	0.1%	0.1%	0.1%	0.1%	0.02%	0.03%
15 to 19	9.8%	1.5%	10.2%	1.6%	0.15%	0.07%
Rural						
10 to 14	0.3%	0.0%	0.4%	0.0%	0.01%	0.02%
15 to 19	18.7%	5.2%	19.5%	5.4%	0.25%	0.09%

Source: Office of the Census Commissioner (2006). *Population and Housing Census of Bhutan 2005*,

* Calculated using number of people married by sex and age group (Table 3.12)/ by total population in that sex and age group (Table 3.4).

** Calculated using number of people married, widowed, divorced or separated by sex and age group (Table 3.12) / by the total population in that sex and age group (Table 3.4).

*** Calculated using number of people living together by sex and age group (Table 3.12)/by total population in sex and age group (Table 3.4)

Moreover, in 2005, 11 percent of all births were among 15 to 19-year-olds, as shown in Table 34.⁸³ As mentioned above, the issue of teenage pregnancy is therefore one area that still requires improvement. Moreover, it should be noted that early initiation of sexual activity in girls also may put women at higher risk of HIV/AIDS infection.

Table 34: Percent of 15- to 19-year-olds with children

Percent With Child Ever Born	Percent With Live Birth in Last Year			Percent of All Live Births in Last Year From 15- to 19-Year-Olds		
Both Areas	Both Areas	Urban	Rural	Both Areas	Urban	Rural
10.2%	3.6%	2.2%	4.5%	11.0%	8.0%	12.3%

Source: Office of the Census Commissioner (2006). *Population and Housing Census of Bhutan 2005*.

HIV/AIDS and STIs

HIV/AIDS

The first HIV/AIDS case in Bhutan was detected in 1993; since then, the numbers have risen steadily at a disturbing rate. The cumulative figure of infected cases in November 2008 totalled 156 people, an increase from 77 cases in 2005 and just two cases in 1993. In 2004 alone, 23 new cases were reported. The first mother-to-child transmission, meanwhile, was detected in 2001. The RGoB has adopted the prevention of mother-to-child transmission as an integral part of HIV/AIDS prevention and control.

Table 35: Cumulative Number of People Detected with HIV/AIDS 1993-2008

	Male	Female	Total	Female : Male Ratio	Proportion of Female
End 1993	1	1	2	1	50%
End 1994	2	1	3	0.5	33%
End 1995	NA	NA	NA	NA	NA
End 1996	5	2	7	0.4	29%
End 1997	6	3	9	0.5	33%
End 1998	NA	NA	NA	NA	NA
End 1999	NA	NA	NA	NA	NA
End 2000	9	9	18	1	50%
End 2001	15	10	25	0.67	40%
End 2002	23	17	40	0.74	43%
End 2003	26	19	45	0.73	42%
End 2004	38	30	68	0.79	44%
End 2005	39	38	77	0.97	49%
End September 2006	55	46	101	0.84	46%
End 2007	70	70	140	1	50%
End 2008	77	79	156	0.4	50.6%

Source: STI and HIV/AIDS Programme, Ministry of Health, 2006, Annual Health Bulletin 2007, An update on Human Immuno Deficiency Virus/Acquired Immuno Deficiency Syndrome (HIV/AIDS), November 2008, MoH

83 Calculated using information sourced from Tables 5.2, 5.4 and 3.4, in: Office of the Census Commissioner (2006) Population and Housing Census of Bhutan 2005

At the end of 2005, women accounted for 49 percent of people detected with HIV/AIDS (i.e., 97 females for every 100 males detected). As of 2007, the proportion of women detected was 50 percent. Thus, unlike many countries where women constitute the majority with HIV/AIDS, the numbers of women and men detected with HIV/AIDS in Bhutan are equal. It should be noted, however, that many more people are likely to be infected but remain undetected. Moreover, statistics worldwide show that more men are diagnosed than women.

Since detection of the first case in 1993, 22 patients (18 males, 4 females) have died of HIV/AIDS and 1 additional female of complications related to HIV/AIDS. As of end 2007, 114 people were living with HIV/AIDS out of which nine (all females) had left the country.

Table 36: Number of HIV positive cases who have died or left the country, September 2006

		Male	Female	Total
Deaths	End September 2006	18	5	23
Left the Country	End September 2006	0	8	8

Source: STI and HIV/AIDS Programme, Ministry of Health, 2006.

Mode of Transmission and Diagnosis

The most common mode of transmission or infection for HIV/AIDS appears to be through heterosexual activities (87 percent), with 11 percent through mother-to-child transmission. So far, only two cases of infection have been detected as transmitted through intravenous drug use (2 percent). No formal study has been carried out to study the prevalence of homosexual activity in Bhutan.

While the identified HIV-positive cases are distributed throughout a wide range of occupations, majority are concentrated in the following groups as of September 2006:

- Housewives (20 percent)
- Uniformed Personnel (17 percent)
- Businesspeople (13 percent)
- Infants and Minors (11 percent)
- Girls (73 percent)
- Boys (27 percent)

It is important to note that among the detected cases, HIV/AIDS infection is the highest among housewives (20 percent) in comparison to other groups traditionally considered high-risk, such as Commercial Sex Workers (CSW, 8 percent), uniformed personnel (17 percent), businesspeople (13 percent) and drivers (6 percent). Equally important is that almost half of the females with HIV/AIDS are housewives (43 percent). On the other hand, the majority of the males with HIV/AIDS are uniformed personnel (30 percent) and businesspeople (20 percent).

Based on the gender analysis of the profiles of those identified as HIV-positive, it will prove essential that prevention efforts reach all women in the general population, and not only target population groups generally considered at risk.

Most cases are detected through sentinel surveillance, contact tracing and medical screening/check-up. A total of 50 percent of women with HIV/AIDS have been diagnosed through contact tracing and 30 percent through sentinel surveillance. The proportion of cases detected through voluntary testing is very low for both women (2 percent) and men (5 percent).

Table 37: Percentage of People Detected with HIV/AIDS by Occupational Background and Mode of Transmission, September 2006

Occupational Background	Mode of Transmission	Male	Female	Total
Businesspeople	Heterosexual	11%	1%	12%
Businesspeople	IDU/Sexual	1%	0	1%
Housewives	Heterosexual	0	20%	20%
Uniformed Personnel	Heterosexual	17%	0	17%
Commercial Sex Workers	Heterosexual	0	8%	8%
Civil Servants	Heterosexual	7%	3%	10%
Farmers	Heterosexual	2%	5%	7%
Corporate Employees	Heterosexual	2%	0%	2%
Minors	Mother-to-Child Transmission	3%	8%	11%
Unemployed	IDU	1%	0%	1%
Drivers	Heterosexual	6%	0	6%
Others	Heterosexual	5%	1%	6%
Total		55%	46%	100%

Source: STI and HIV/AIDS Programme, Ministry of Health, 2006.

To encourage people to voluntarily seek counselling and HIV testing, a voluntary counselling and testing (VCT) strategy was adopted in 2005. VCT offers pre- and post-test counselling to clients while ensuring confidentiality. Two Health Information and Service Centres opened by MoH in 2005 provide information and confidential and free testing for HIV/AIDS and other STIs outside of the formal health care setting. The Centres also provide free counselling services on family planning, substance and alcohol abuse, tobacco control and mental stress.⁸⁴ Similar centres in each *Dzongkhag* are planned by 2007.

Table 38: Mode of Diagnosis, September 2006

Mode of Diagnosis	2006		Total
	Male	Female	
Sentinel Surveillance/Survey	14	14	28
Medical Screening/Check-Up	14	5	19

84 Kuensel, 3 November 2005, 'Taking Health Services Closer to the People.'

Contact Tracing	11	23	34
Blood Donor Screening	11	1	12
ANC	0	1	1
Voluntary Testing	5	2	7
Total	55	46	101

Source: STI and HIV/AIDS Programme, Ministry of Health, 2006.

HIV/AIDS Cases by Age and Sex

Women are usually infected with HIV/AIDS at earlier ages than men or boys. For instance, in Bhutan, the majority of the HIV-positive women are younger than 25, while most men are older than 25. Based on an update on Human Immuno Deficiency Virus/Acquired Immuno Deficiency Syndrome (HIV/AIDS) from MoH, infection levels for women are higher than men between the age groups of <5-24, with the highest rates of infections for women aged 20-24, followed by girls younger than 5. This shows that young women and men in Bhutan are vulnerable.

Table 39: Number and Percentage of People Detected with HIV/AIDS by Age and Sex, November 2008

Distribution	Age Group (Years)								Total No.	Total %
	<5 years	5-14	15-19	20-24	25-29	30-39	40-49	50+		
Male	0	0	0	0	1	5	1	0	7	43.75
Female	1	0	0	3	1	3	1	0	9	56.25

Source: An update on Human Immuno Deficiency Virus/Acquired Immuno Deficiency Syndrome (HIV/AIDS), November 2008, MoH

A 2005/2005 exploratory study on Knowledge, Attitude and Practices toward HIV/AIDS among out-of-school youth revealed that both girls and boys were exposed to multiple partners, ranging from a single partner to eight partners within the previous three months. Condom use during the last sexual encounter was found to be about 60 percent for both boys and girls.

MoH recognises that “gender dynamics plays an important role in the spread of HIV infection. Biologically, it is much easier for a woman to contract HIV from sexual contact with a man than it is for a man with a woman. Lack of power for condom negotiation in females and early initiation of sexual activity in girls may also put females at a higher risk.”⁸⁵ Other causes of enhanced women’s vulnerability to HIV/AIDS include gender inequality and women’s subordination, their lack of awareness of the need for safe sex, limited access to information on protection from HIV/AIDS, and violence against women. Therefore, although it is difficult to draw conclusions based on the relatively small number of people detected with HIV/AIDS in Bhutan, it will be important to bring a gendered perspective into national HIV/AIDS plans, policies and programmes related to prevention, control and treatment of the epidemic. To this end, sex-disaggregated data and gender analysis will be required in order to better understand the fundamental ways that gender influences the spread of the disease, its impact and the success of prevention efforts in Bhutan.

85 Ministry of Health (2006). Annual Health Bulletin for Bhutan 2006.

STIs Excluding HIV/AIDS

STIs appear to be widespread in Bhutan, with pockets of high prevalence in some areas; this represents a concern because STIs increase the risk of HIV transmission. Their presence also is indicative of prevailing unprotected sexual behaviour in Bhutan, and particularly in these high-prevalence areas.

At least 61 percent of STI cases (excluding HIV/AIDS and early syphilis) diagnosed in 2004 were men, which in 2005 increased to 66 percent. However, from 2004 to 2005 the overall numbers of men and women diagnosed (aged 5 and older) fell by 47 percent for men and 42 percent for women. This may indicate the effectiveness of STI outreach and awareness campaigns and treatment services. However, what is alarming among cases reported is that children younger than 5 also have been diagnosed with STIs excluding HIV/AIDS, with numbers higher for girls than boys.

Table 40: STIs excluding HIV/AIDS in < 5 and ≥ 5 and older

	2004				2005			
	< 5		≥ 5		< 5		≥ 5	
	Male	Female	Male	Female	Male	Female	Male	Female
STIs Excluding HIV/AIDS	14%	86%	61%	39%	29%	71%	66%	34%
Early Syphilis	38%	62%	54%	46%	55%	45%	64%	36%

Source: Ministry of Health, *Annual Health Bulletin 2005*; *Annual Health Bulletin 2006*, RGoB

Nutrition

A 2002 national anaemia survey found women and children at highest risk for anaemia, with prevalence rates of 28 percent for men, 55 percent for women of childbearing age and 81 percent for children younger than age 2. As a means to address the problem through the life cycle approach, MoH and MoE joined forces and initiated a school iron supplementation programme in 2004. The programme provides all primary school boys and girls, and all girls in higher education, with a weekly iron folate tablet and a six-monthly de-worming tablet. In 2005 the same programme was introduced to NFE learners, most of whom were women. Adolescent girls and women are a target of this programme, given their biological vulnerability to anaemia and the consequences of anaemia among this group and their children during pregnancy and delivery.

Table 41: Overall prevalence of anaemia among men, women and children.

	Men	Women	Children
Prevalence	27.6	54.8	80.6

Source: Ministry of Health (2003). *Anaemia Among Men, Women and Children in Bhutan: How Big Is the Problem?*

Table 42: Prevalence of anaemia among children (6 to 60 months)

	Male	Female
Prevalence	81.4%	79.9%

Source: Ministry of Health (2003). *Anaemia Among Men, Women and Children in Bhutan: How Big Is the Problem?*

Breastfeeding

The *National Health Survey 2000* found that among all women with children younger than 1 year, exclusive breastfeeding⁸⁶ was practiced in only 42 percent of cases. A need thus exists to strengthen effective implementation of the breastfeeding policy.

The National Assembly ratified and adopted the SAARC Code for the Protection of Breastfeeding and Young Child Nutrition on August 11, 2003. The main purpose of this Code is that health workers and the public would be able to know the benefits of breastfeeding the infants and to regulate and control the marketing and promotion of other supplementary food and related products that are harmful to the health of infants. The countries that are signatory to this Code must make policies, laws, mechanisms and guidelines on the basis of this Code and implement them.

The Bhutan Civil Service Regulations 2006 do not specifically provide for female civil servants for breastfeeding. However, as cited in the Good Governance section, civil servants can use flexi-time, allowing them the flexibility of work hours *‘to attend to personal needs during a normal working day.’* Lactating civil servants thus can use flexi-time for nursing breaks.

It should be noted that Section 114 of the Labour and Employment Act provides that female employees may interrupt their work every four hours for one hour, for a period of one month immediately after the expiry of maternity leave, to nurse a child, and for those interruptions to be treated as work time for which employees will be paid.

Water and Sanitation

Under MDG7, the target of halving by 2015 the proportion of people without sustainable access to safe drinking water and sanitation has been achieved.⁸⁷

In 2005, coverage of households with access to improved water facilities was 84.3 percent (urban 98

⁸⁶ Exclusive breastfeeding understood here during the first four months of life.

⁸⁷ Ministry of Finance (2005). Millennium Development Goals Progress Report Bhutan

percent; rural 78.2 percent), while households with access to improved sanitation facilities stood at 81 percent (urban 79.1 percent; rural 81.8 percent).

Table 43: Access to Improved Water and Sanitation Facilities, 2005

Access to Improved Water Facilities*			Access to Improved Sanitation Facilities**		
National	Urban	Rural	National	Urban	Rural
84.3%	98.0%	78.2%	81.0%	79.1%	81.8%

* Office of the Census Commissioner (2006). *Op.cit.* Calculated from Table 5.18 (p 223), using the following as improved: (1) piped water within house; (2) piped water outside house; and (3) rainwater collection. Therefore, actual coverage may be higher, as some may be using protected springs or protected tube wells; however, given that the categories were not distinct (e.g., category of spring/river/pond and artificial pond/tube well) no other categories could be included.

** Office of the Census Commissioner (2006). *Op.cit.* Calculated from Table 5.21 (p 231), using the following categories as improved: (1) independent flush toilet inside house; (2) independent flush toilet outside house; (3) VIDP latrine outside house; and (4) pit latrine.

Although progress in improving the supply of safe drinking water and sanitation has been made rapidly, important challenges remain if the national target of achieving full safe water coverage and sanitation is to be attained. Improving the coverage and quality levels of water supply in some districts and rural areas will require continued attention. Many rural households still are considerable distances from the springs and streams where they fetch water. Furthermore, the protection of water sources from contamination, along with the seasonality and irregularity of the supply of safe drinking water – including the issue of functionality of rural water supply schemes – represent other constraints faced by many rural communities.

It has been internationally recognized that improvements in access to safe water and improved sanitation carry a number of gender-related benefits. States one report: ‘*Measures to provide safe water sources close to rural communities will free up women’s and girls’ time for other activities, including income-generating activities and school attendance. Access to safe water and basic sanitation also significantly reduces the risk of contracting waterborne and other diseases, which are major health risks especially for pregnant women, infants and children. In both urban and rural areas, constructing sanitation facilities closer to settlements lowers the security risks for women and girls, especially at night. Providing safe water and appropriate toilet facilities in primary and secondary schools encourages school attendance, especially for girls.*’⁸⁸ Moreover, it also is recognised that women are disproportionately affected by the contamination of water sources, since women and girls must walk longer distances to collect water or use the inferior water that is nearby and suffer the health consequences.

In Bhutan, no sex-disaggregated data and information are available on access to safe water and sanitation. Given what is mentioned above, a need thus exists to collect related information in order to monitor the situation in the country.

88 Asian Development Bank, UNDP and UNESCAP (2006). Pursuing Gender Equality Through the Millennium Development Goals in Asia and the Pacific.

In urban areas, important challenges include upgrading the levels of improved sanitation, as well as planning and implementing urban water supply for new urban growth centres and emerging satellite towns.

Challenges

Based on the analysis above, major challenges in relation to health are divided into two parts. The challenges in Part I will not be addressed in the current document because they are expected to be adequately covered by MoH under the Tenth Plan, while the challenges in Part II will be covered under the NPAG.

Part I (MoH, Tenth Plan):

- Reduce maternal mortality, including:
 - Increase institutional deliveries
 - Increase proportion of births attended by skilled personnel
 - Expand and strengthen EmOC facilities and effective use by communities
 - Enhance ANC and PNC coverage
 - Address cultural factors that influence use of maternal health services (e.g., cultural preferences to deliver at home)
 - Strengthen maternal death investigation and monitoring
 - Ensure male involvement and male responsibility in safe motherhood
 - Strengthen activities for prevention and timely detection of cervical cancer in women
- Increase contraceptive prevalence rate in general, and with regard to HIV/AIDS, enhance condom usage in particular
- Reduce prevalence of anaemia in women of childbearing age and in children younger than age 2
- Reduce the IMR and U5MR
- Achieve universal access to safe drinking water and improved sanitation, including regularity and quality levels of water supply improved

Part II (under NPAG):

- Improve the collection and analysis of gender-related health information (quantitative and qualitative information related to gender differences on various issues in health) for more

effective evidence-based decisions

- Mainstream gender into health plans, policies and programmes in general, and into the national HIV/AIDS and STI Control Programme, plans, policies and activities related to the prevention, control and treatment of HIV/AIDS in particular
- Ensure that national-level planning and budgetary processes are engendered to guarantee that funds are available for the implementation and evaluation of gender-sensitive policies and programmes
- Increase access to information and awareness on important sexual and reproductive health issues
- Address the issue of teenage pregnancy
- Better understand the extent of unsafe abortions practiced inside and outside Bhutan and reduce the numbers
- Increase female adult literacy and educational attainment

TABLE G: Results-based Action Plan – HEALTH

GOAL: GENDER PERSPECTIVE INTEGRATED INTO HEALTH (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
1. Unsafe abortions practiced inside and outside the country monitored 2. Prevention and support efforts for teenage pregnancies strengthened	1. Information available on unsafe abortions	No	Yes	Able to get information on abortions from other countries
	2. Percentage of all live births among 15- to 19-year-olds	11% (PHCB 2005)	8%	
	3. Percentage of all live births between 10- to 14-year-olds	NA		
	4. Types of measures implemented to support pregnant teenagers and teenage mothers	Counselling at MCH clinics		
6. Gender-evidence-based planning strengthened	5. Health plans, policies, programmes informed by gender-disaggregated data and gender-related information	Gender-neutral/gender-specific	Gender issues highlighted and addressed	
	6. Perceptions of women and men on gender sensitivity of the health care services delivered	NA		
8. Gender-based approach to reverse the spread of HIV/AIDS adopted	7. Number of HIV/AIDS cases reduced, disaggregated by age, sex, occupational background and mode of diagnosis	Refer to Situation Analysis on Health in NPAG	To halt and reverse the trend of HIV/AIDS	
Outputs				
1. Adequate measures implemented to monitor the number of unsafe abortions practiced inside and outside the country	1. Types of measures implemented to monitor and address the issue of unsafe abortions practiced inside and outside the country	Guidelines for health workers on abortion care; issue of abortion raised during advocacy campaigns; introduction of emergency contraceptive pill		

GOAL: GENDER PERSPECTIVE INTEGRATED INTO HEALTH (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
2. Adolescent sexual and reproductive health programme expanded	2. Percentage of all live births among 10- to 19-year-olds	11% of all live births among 15- to 19-year-olds (PHCB 2005)	8%	
	3. Types of additional measures implemented that address the issue of teenage pregnancies	Comprehensive School Health Programme; high-level advocacy		
	4. Knowledge among adolescents on sexual reproductive health	Comprehensive School Health Programme promote adolescent reproductive in schools	Adolescent health including reproductive health included in co-curriculum activity in schools.	
	5. Types of measures implemented to support pregnant teenagers and teenage mothers	Counselling at MCH Clinics		
6. MoH's HMIS strengthened to collect, analyse and use gender-related health information	6. Gender-related health information presented in MoH's publications	Morbidity disaggregated by sex in Annual Health Bulletin	Sex-disaggregated information analysed and used	
7. Gender approach institutionalised into the health sector in general, and into the National HIV/AIDS and STI Control Programme's plans, policies and activities related to the prevention, control and treatment of HIV/AIDS in particular	7. Health plans, policies and programmes that take into consideration gender issues	Gender-neutral/gender-specific	Gender issues highlighted and addressed	
	8. National HIV/STI Control Programme's plans, policies and activities related to the prevention, control and treatment of HIV/AIDS that take into consideration gender dynamic	Gender-neutral		
Activities				
2. Conduct study on nature of abortions practiced inside and outside the country	1. Research paper/document on nature of abortions practiced inside and outside the country, with concrete recommendations, completed and disseminated	0	1 research paper	Adequate resources (financial and technical) to carry out the activities

GOAL: GENDER PERSPECTIVE INTEGRATED INTO HEALTH (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
3. Conduct study on teenage pregnancy in the country	2. Research paper/document on teenage pregnancy, with concrete recommendations regarding adequate prevention and support measures, completed and disseminated	0	1 research paper	
4. Create awareness on women's reproductive rights, including their right to control their own body and sexuality, among policy makers, teachers, health care professionals and community leaders	3. Number of awareness raising sessions/materials	0	Annual Health and Annual Education Conferences; DYT/GYT briefings; high-level advocacy; MSTF campaigns; print, audio and audio-visual materials	
5. Develop module on women's reproductive rights, including right to control their own body and sexuality, into Comprehensive School Health Programme	4. Module integrated into the Comprehensive School Health Programme	0	1 module	
6. Provide counselling and other related services for pregnant teenagers and teenage mothers	5. Types of services provided for pregnant teenagers and teenage mothers	Basic counselling sessions at MCH clinics		
7. Provide counselling services for post-abortion patients	6. Number of post-abortion patients who have availed the services provided	0		
8. Create awareness of existence of counselling services for post-abortion patients	7. Number of awareness campaigns/materials	0		
9. Review criteria for medico-legal abortions	8. Criteria for medico-legal abortions reviewed and recommendations made	No	Yes	
10. Sensitise and create awareness among health policy makers, health practitioners and health service providers on gender and	9. Number of target population sensitized on gender and gender-related aspects of health	0	600 Persons	

GOAL: GENDER PERSPECTIVE INTEGRATED INTO HEALTH (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
the gender-related aspects of health	10. Module on gender sensitivity training integrated into the curriculum of RIHS	No	Yes	
12. Upgrade HMIS to ensure the collection, reporting, analysis and use of gender-disaggregated data and gender-related information	11. Gender-related information produced by HMIS	Morbidity disaggregated by sex in the annual Health Bulletin	Gender-related information produced	
13. Organise training workshops for HMIS staff, DMOs/DHOs, DHOS and facility in-charges at national and local levels on the upgraded HMIS	12. Number of HMIS staff, DMOs/DHOs, DHOS and facility in-charges at national and local levels trained	0	300 persons	
14. Sensitise and create awareness among health policy makers, health practitioners, health service providers, staff of ICB and the media on the rights-based approach to reducing the vulnerability to HIV infection, and to providing care and support services	13. Number of awareness campaigns/sessions	0	Annual Health Conference Briefing to media by ICB Workshops related to HIV/AIDS Campaigns conducted by MSTF	
15. Create awareness among policy makers, health practitioners, health service providers, people living with HIV/AIDS on importance of PMTCT programmes	14. Number of women and men availing PMTCT services	0		
16. Create awareness on the importance of men's involvement in all aspects of HIV/AIDS prevention, treatment and control	15. Perception of the general population toward men's involvement	NA		
17. Provide training in negotiation skills for condom use among young people and women	16. Number of young people trained in negotiation skills for condom usage	0		

GOAL: GENDER PERSPECTIVE INTEGRATED INTO HEALTH (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	17. Number of women trained in negotiation skills for condom use	0		
19. Develop gender-sensitive change and communications messages	18. Gender-sensitive behaviour change and communications messages	Gender-neutral	Gender-sensitive	

TABLE H: Responsible Agencies and Partners – HEALTH

Activities	Responsible Agencies	Partners
1. Conduct a study on the nature of abortions practiced inside and outside the country	NCWC	MoH
2. Conduct a study on teenage pregnancy in the country	MoH (Epidemiology and Research Unit)	MoE, NCWC
3. Create awareness on women's reproductive rights, including their right to control their own body and sexuality, among policy makers, teachers, health care professionals and community leaders	MoH(ICB)	MoE, MoHCA (DLG), RENEW, NCWC, media
4. Develop module on women's reproductive rights, including their right to control their own body and sexuality, into the comprehensive school health programme	MoH/MoE	RENEW, NCWC
5. Provide counselling and other related services for pregnant teenagers and teenage mothers	MoH /MoE (Department of Youth and Sports)	NGOs
6. Provide counselling services for post-abortion patients	MoH	
7. Create awareness of the existence of counselling services for post-abortion patients	MoH (ICB)	Media
8. Review criteria for medico-legal abortions	NCWC	MoH
9. Sensitise and create awareness among health policy makers, health practitioners and health service providers on gender and the gender-related aspects of health	NCWC	MoH
10. Upgrade the existing HMIS to ensure the collection, reporting, analysis and use of gender-disaggregated data and gender-related information	MoH	NCWC
11. Organise training workshops for HMIS staff, DMOs/DHOs, DHSOs and facility in-charges at the national and local levels on the upgraded HMIS	MoH	
12. Sensitise and create awareness among health policy makers, health practitioners, health service providers, the staff of ICB and the media on the rights-based approach to reducing the vulnerability to HIV infection, and to providing care and support services	MoH (HIV/AIDS and STI Control Programme), NCWC	Media
13. Create awareness among policy makers, health practitioners, health service providers and people living with HIV/AIDS on the importance of PMTCT programmes		
14. Create awareness on the importance of men's involvement in all aspects of HIV/AIDS prevention, treatment and control	MoH (ICB, HIV/AIDS and STI Control Programme)	NCWC, media

15. Provide training in negotiation skills for condom use among young people and women	MoH (ICB)	
16. Develop gender-sensitive behaviour change and communications messages	MoH (ICB)	NCWC, media

3.5 Ageing, Mental Health and Disabilities

Introduction

From the start of planned development, Bhutan adopted a policy of an integrated health care delivery service system to its scattered population across a difficult mountainous terrain. Since the adoption of the primary health care approach in 1978, Bhutan's health services have been able to achieve unprecedented progress with health coverage exceeding 90 percent of the population.

Utmost importance is given to striking a balance between economic growth and the preservation of age-old traditions and culture. Human development continues to remain the highest priority and GNH its development paradigm. It is thus not surprising that the Government has consistently maintained high investments in social sectors. The health sector in 2004/05 received a budget outlay of 11.38 percent.

With the start of the Eighth Plan (1997-2002), the MoH initiated Community-Based Rehabilitation (CBR) and Mental Health Programmes to address the quality of care services. Examination of some perspectives on gender and its implications vis-à-vis ageing, mental health and disabilities is useful in underlining the common as well as specific challenges related to these areas.

Overview of the Current Situation

Ageing

The term “older” is an arbitrary concept but, according to the World Health Organization (WHO), it generally refers to age 60 and above. A series of international conferences on ageing has resulted in adoption of three pillars as a conceptual approach toward active ageing, namely, health, participation and security. Bhutan has a very young population, with close to 56 percent younger than 25 and only 4.7 percent older than 65; therefore, the issue of ageing is just beginning to receive prominence in national health plans and policies. With time, however, ageing, and more particularly gender ageing,⁹⁰ will need to be considered more comprehensively as the Government embarks on the Tenth Plan and the larger institutional transitions in governance.

Demographic Trends in Bhutan

Sex-disaggregated data and gender analysis are necessary tools to inform policies on ageing. A discussion on ageing demographic trends takes into consideration factors such as fertility, mortality, life expectancy and related parameters. Currently, however, it is problematic to critically analyse gender ageing issues in Bhutan because of a lack of demographic data in this respect.

⁹⁰ Ageing that takes gender into account.

As noted in Section 3.4, the average life expectancy at birth of 45.6 in 1980-85 had increased by 2000 to 66.0 for men and 66.2 for women.⁹¹ This increase has been attributed to health improvements in immunisation, nutrition, water supply and sanitation, and control of communicable diseases as well as to higher literacy rates. In Bhutan, the gender difference in average life expectancy is now negligible. Yet worldwide, women have a higher life expectancy than men, which means that women are the majority of the elderly, especially the oldest age group. This trend will need to be monitored in Bhutan in the future, and life expectancy will need to be considered in conjunction with the quality of life.

The PHCB 2005 indicates not only the overall young population noted above, but also a smaller proportion in younger ages, which may indicate declining births in recent years. The median age of the population is 22.3 years, which implies that half of the population is below the age of 22.3 years. About 29,745 persons are older than 65. If those 60 and older are included the total rises to 44,319 elderly, of which 51.6 percent are males and 48.4 percent females.⁹²

As shown in Table 44, differences in the ageing aspect of women and men are almost negligible. It is thus important that future health services and facilities available for the elderly consider provisions adequate for both older women and men. At present, the widowed population totals 17,531 persons, of which 70 percent are females. Among the female population aged 10 years and above, 5.2 percent are widowed compared to 1.95 percent of males. These findings point out to the need of ensuring that this female-dominated widowed population is provided with adequate care and financial support.

Table 44: Elderly population age 60 and above disaggregated by age group and gender

Age Range	Male	Female
60-64	7, 564	7, 010
65-69	5, 999	5, 362
70-74	4, 493	4, 249
75+	4, 839	4, 803

Source: PHCB 2005, p. 24

Table 45 shows that hearing impairments, followed by visual impairments, feature as the major forms of disability for the elderly. However, the proportion of older women with visual and mental disabilities is slightly higher compared to other disabilities like speaking, hearing and moving. This shows that older women and older men are likely have different ageing disabilities.

91 RGoB (2005). Millenium Development Goals Progress Report.

92 Office of the Census Commissionner. Op.cit. Raw data, Table 3.8, p. 99.

Table 45: Distribution of types of disabilities for elderly population disaggregated by age group and gender

Disability Type	60-64		65-69		70+		Total	Female Proportion
	Male	Female	Male	Female	Male	Female		
Seeing	261	285	302	270	730	833	2681	51.8%
Speaking	145	111	108	98	191	151	804	44.8%
Hearing	439	323	425	350	1007	813	3357	44.3%
Moving	220	149	216	136	389	338	1448	43%
Mental	38	41	27	25	47	40	218	48.6%
Total		909		879		2175		

Source: PHCB 2005, p. 213.

With declining mortality rates, high birth rates and rising life expectancy, population growth had accelerated to 3.1 percent per annum by the mid-1990s. However, following the emphasis given to the issue during the Eighth Plan, the rate came down to a more moderate 2.5 percent by 2000. According to the PHCB 2005, the natural population growth rate now stands at 1.3 percent.

Ageing Index

The ageing index is defined as the ratio of population above 65 years of age to the population of children below 15 for every 100 persons. The ageing index for Bhutan stands at 14.2,⁹³ which implies 14 persons aged 65 and over for every 100 persons younger than 15. This too indicates a young population.

Dependency Ratio

Many ways exist of looking at the extent to which elderly people become dependent on society. The old-age dependency ratio indicates the number of dependents older than 65 relative to the population aged 15 to 64, for every 100 persons. The PHCB 2005 shows that the total dependency ratio (child and old age) is 60.6 percent, which means that for every 100 population in the working-age group 15-64, there are 60.6 dependents. The old age dependency ratio exclusively is 7.5 percent; however, the PHCB 2005 does not disaggregate this ratio by gender.

Care of the Elderly

Because of the country's late start into development and other constraints, gender differences have been documented only in relation to some aspects of health, and attention is yet to be given to understanding gender differences in the health status of older adults in Bhutan. Given the foreseeable rapid ageing of the population, an urgent need exists to estimate and project changing levels and trends in older health, including taking into account any gender differences in this respect.

93 Office of the Census Commissioner. Op.cit.

The National Pension and Provident Fund (NPPF) is one national initiative taken to provide a support mechanism after retirement. Nevertheless, a large proportion of older women are likely to be left out from such pension schemes, without any means of independent support, given that the working force is still predominantly male. Social insurance systems are generally based on the assumption that women whose work constitutes mainly unpaid domestic labour will be the beneficiaries of social protection provided to the male breadwinners in the family. Once women reach old age, therefore, many are likely to become totally dependent on their husband, if he is still alive, or on other relatives for support. This renders them more vulnerable to poverty and economic insecurity.

Nevertheless, Bhutanese society has been firmly rooted in and guided by the Buddhist philosophy of compassion and filial piety, which accords a highly supportive and informal care giving environment to the old and infirm. Problems of the elderly traditionally have been taken care of by family members, particularly women, who are often responsible for caring for ageing parents. This also explains the lack of provision of institutions or homes for the ageing so far.

While this ideal still holds true in Bhutan, issues are increasingly rising that hold implications for the elderly, including erosion of traditional family patterns, with a move toward more nuclear family households, and rapid urbanisation and migration patterns of younger family members, leaving older members to fend for themselves. These trends are eroding the status traditionally enjoyed by elders as the heads of families, taking away their purposeful economic and social roles and weakening their traditional sources of support. Thus, such trends indicate the need for the country to take initiative in the matter of care for the elderly. Securing the health and psychological and economic well-being of the ageing will be challenging for a country like Bhutan. Further examination of gender differences in care giving and the elderly, as recipients and as givers of care, will be needed.

Mental Health

Mainstreaming Gender in Mental Health

WHO defines health as *'a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.'* It has been argued recently that women's well-being is *'not solely determined by biological factors and reproduction, but also by the effects of workload, nutrition, stress, domestic violence, war and migration.'*⁹⁴ Mainstreaming a gender perspective into the health sector requires policies and programmes to be consistent with the broader definition of health for women as well as men, which cuts across the life cycle and encompasses both physical and mental health. In many developing countries, gender is a crucial element in health inequities. Gender influences the control men and women have over the determinants of their health, including their economic position and social status, access to resources and treatment in society. Years of active lobbying by women's activists have resulted in engendering health policies and research in developing countries. The shift in focus from family planning to reproductive health paradigms, and the global acknowledgement that violence against women is as much a health issue as a social issue, are just two important examples of this success.

94 Good, M.D.V. (1995). Poverty and Women's Mental Health, www.un.org/womenwatch/daw/csw/mental.htm.

These gender differences have led some to contend that men tend to externalise their suffering through substance abuse and aggressive behaviour, resulting in under-reporting of psychological distress. Women in turn, more often suffer distress in the form of depression and anxiety.

Mental Health Status in Bhutan

The Psychiatric Unit/Ward at the National Referral Hospital has documented 1,500 patients with mental disorders since 2001, of which 40 percent had depression, 31 percent anxiety and stress-related disorders, 8 percent epilepsy, 7 percent alcoholism and 6 percent psychoses. Most patients suffering from depression were adults.

Even so, from 1999 to 2001 an emerging trend was found where patients younger than 20 represented 20 percent of those suffering from stress-related and anxiety disorders (34 cases). The major cause was related to academic performance and concerns regarding employment opportunities. A consultant psychiatrist who visited Bhutan between 1987 and 1999 noted a steady increase in the number of neuropsychiatry disorders. The results of a 2002 pilot study in 19 *Gewogs* of three districts (Paro, Bumthang, Trashigang) to examine the prevalence of mental disorders and attitudes and practices regarding treatment also revealed 30 percent with alcohol dependency syndrome, 25 percent with epilepsy, 18 percent with depression, 14 percent with mental retardation, 6 percent with psychosis, and 6 percent as suicides. This study provided much-needed information on common mental health problems, especially in terms of Knowledge, Attitude and Practices (KAP) and biases surrounding mental health. For example, most people seemed to associate mental disorders with “madness” or psychosis, spirits, ghosts, demons and gods as causes of illness, and their management often was based upon these beliefs.⁹⁵ However, the study was not representative of the national scenario, nor did it provide sex-disaggregated data and gender-related information. The PHCB 2005, meanwhile, reveals that from the causes of deaths recorded, 1.1 percent are attributable to suicide.

Sex-disaggregated data in relation to some mental health disorders can be found in the Annual Health Bulletins. Table 46 shows that in 2004 and 2005, more female patients were found in the category of ‘other mental disorders’ (57 percent), while more men were diagnosed with depression (53 percent).

Table 46: Mental disorders by gender

Disease	2003		2004		2005		2006		2007	
	M	F	M	F	M	F	M	F	M	F
Psychosis	56 %	43 %	51 %	48 %	59 %	41 %	41 %	59 %	49 %	51 %
Depression	41.5 %	58.4 %	39 %	60 %	43 %	57 %	39 %	60 %	44 %	56 %
Anxiety	44 %	56 %	38 %	62 %	40 %	60 %	47 %	53 %	41 %	59 %
Other	54 %	46 %	48 %	52 %	47 %	53 %	50 %	49 %	50 %	50 %

Source: MOH, *Annual Health Bulletin of Bhutan 2008*

95 Chencho Dorji (2004). Achieving GNH Through Community-Based Modern and Traditional Mental Health Services in Bhutan.

However, according to the psychiatrist at the National Referral Hospital, depression and anxiety disorders constitute the most dominant disorders among female patients, as noted above, while alcoholism and substance abuse dominate as mental health problems for the men.

It is hard to obtain a correct picture of the substance abuse situation in the country because of the lack of reliable data. Cases recorded by the health facilities/JDWNRH mainly concern patients who visited the facilities for other health problems associated with their abuse of substances, or those who were referred to the psychiatric ward. Similarly, records from police on substance abuse cases mainly concern those arrested in connection with other crimes committed under the influence. Despite the lack of data, substance abuse is increasingly recognised as a serious national problem, with more and more young people being drawn into addiction.⁹⁶

Table 47 illustrates that while the large majority of drug cases recorded by police from 2000 to 2006 involved men, the number of drug cases involving women has increased. This does not necessarily mean that there are more female drug abusers, simply that they are becoming more visible.

Table 47: Number of adults and juveniles involved in Drug cases by gender

Year	Male		Total	Female		Total	Grand Total
	Adult	Juvenile		Adult	Juvenile		
2000	35	20	55	-	-	0	55
2001	36	13	49	-	-	0	49
2002	20	12	32	-	-	0	32
2003	50	3	53	-	-	0	53
2004	46	7	53	-	-	0	53
2005	77	18	95	14	3	17	112
2006	21	7	28	5	-	5	33

Source: RBP records, 2006.

Studies in other countries reveal that injecting illicit drugs has fuelled the HIV/AIDS epidemic, which could be ominous for a small country such as Bhutan, especially given the lack of information regarding substance abuse in general and injecting drug use in particular, as well as the lack of preventive measures in this respect.

More attention with regard to prevention, treatment and rehabilitation also is needed to address the issue of alcohol dependence. This is critical for Bhutan, where it is reported that cirrhosis of the liver, often related to excess consumption of alcohol, is the third cause of death,⁹⁷ and where alcohol consumption is culturally driven. Research aimed at understanding the extent, nature and impact of alcohol abuse in the country (e.g., in terms of domestic violence) is required.

⁹⁶ Kuenselonline, 22 August 2005.

⁹⁷ Regional Health Forum 2005.

Legal and Policy Framework

Worldwide, Community-Based Mental Health programmes have been recognised as effective in the prevention and promotion of mental health, as well as in treatment and rehabilitation of mentally challenged persons. Their relevance is well-founded for a country like Bhutan, considering the shortage of mental health professionals in the country. The mental health policy was formulated only in 1997, in the first year of the Eighth Plan, when the RGoB identified mental health as an important component of overall health. With assistance from WHO, a National Community-Based Mental Health Programme was established the same year, comprising a policy of advocacy, promotion, prevention and treatment.

The Ninth Plan also outlines a comprehensive plan and programmes to improve and promote the mental health of Bhutanese through an integrated community-based mental health services approach, with greater stress on decentralisation at the district level. In 2006 MoE, in collaboration with MoH, integrated adolescent mental health programmes into community health programmes to expand outreach.

The psychiatric ward has been established in JDWNRH to meet the growing needs of persons with mental disorders. Even though treatment of severe mental disorders is not available at the primary level, regular training of primary health care professionals is carried out in the field of mental health; during the last two years about 100 health workers received such training in order to provide community care facilities for patients with mental disorders. Until very recently, health workers had been ill equipped to detect mental disorders because of lack of knowledge and experience. Since the national mental health programme was established in 1997, the number of mental disorder cases reported has risen significantly.⁹⁸

Nevertheless, despite the high level of burden from mental health disorders, the level of investment in mental health services remains low. Currently, no separate budget allocation for mental health is made, and reports state that the country spends only 0.17 percent of the total health budget on mental health.⁹⁹

Although much has been done to upgrade the quality of care for mental health, efforts now should be geared to mainstream a gender perspective, making gender central in planning, implementation, monitoring and evaluation of the mental health policy, programmes and services. Furthermore, because women are generally recognised as critical to the success of health policies, their participation in formulating these policies should be encouraged.

From a legal point of view, the Penal Code of Bhutan 2004, under the chapter '*Justification as an Affirmative Defence*,' protects a permanently mentally disabled person from being charged with criminal conduct if the defendant lacks the capacity to understand the seriousness of a crime; additional protection is provided for such persons from being endangered or abandoned.

98 Ministry of Health, Annual Health Bulletins of Bhutan 1993-2002.

99 WHO (2001) Country Health Profile.

Meanwhile, a substance abuse policy was implemented in 1988, with the first notification issued by the MoHCA. In 2005 the 84th Session of the National Assembly endorsed the first Narcotic Drugs and Psychotropic Substances Act, which took on board the three drug-related international conventions – the Single Convention on Narcotic Drugs 1961, the Convention on Psychotropic Substances 1971, and the 1988 Convention against Illicit Trafficking of Narcotic Drugs and Psychotropic Substances.

While the Narcotic Drugs and Psychotropic Substances Act deals with definitions, offences and penalties, and prohibition, control and regulation, a need still exists to adopt a gender-sensitive approach in line with the Fourth World Conference on Women, held in Beijing in 1995. There, an *‘Action for Equality, Development and Peace’* was adopted calling attention to prevention, treatment and social integration services for women and men affected by drug abuse; this would entail improving services for female drug abusers, strengthening family and community support networks to facilitate social reintegration of women drug abusers, and promoting gender-sensitive treatment services and information and education facilities. Concerted activities towards the prevention of substance abuse are being initiated by the Information and Communication Bureau (ICB) of MoH. The Royal Government of Bhutan enacted the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005. Based on the Rules and Regulations and Implementation Frame Work laid down by the BNCA Board, prevention and control activities will be scaled up in the 10th Five Year Plan.

Promotion of women in decision making or involvement as resource persons for development and for illicit drug demand reduction programmes will be needed in the future.

Disabilities

No proper definitions currently exist on what constitutes a disability or the various forms of disabilities in Bhutan.

The NPPF uses the term ‘permanent disability,’ which debilitates an employee of all work that s/he was capable of performing at the time of disability regardless of whether such disability is sustained in the course of employment or otherwise and the employee is not able to engage in any gainful employment/activities thereafter. In reality, however, and as noted in previous sections, not many women are likely to be eligible for pension and provident fund benefits because a minority of them are involved in the formal and paid sectors.

It also should be mentioned that disability in itself is a concept that has received only recent attention in Bhutan. The definitions of disability and the different forms of disability (such as permanent/temporary and total/partial disability) require further development.

Although Bhutan lacks qualitative studies on gender disability, research elsewhere shows that women with disabilities may be at greater risk of sexual and physical abuse. Moreover, girls with disabilities often lack opportunity, for example, in education and family life, and are therefore more likely to live in extreme poverty.

Policy initiatives aimed at people with disabilities (PWDs) thus must have a crosscutting gender component to ensure the inclusion and empowerment of women and girls with disabilities, in line with the Biwako Millennium Framework for Action (BMF). Indeed, the BMF singled out women with disabilities, together with self-help organisations, to effect positive changes by implementing priority areas.

Disability Status in Bhutan

The PHCB 2005 shows a total of 21,894 persons, representing 3.4 percent of the population, as having one or more disabilities. There were 6,476 persons with disability at birth and 15,867 persons with disability developed in later life. The highest numbers of persons who reported having one or more disabilities are found in Samtse (13.2 percent) and Trashigang (10.6 percent). Hearing (36 percent) and seeing/visual (23 percent) impairments are the main types of disabilities found, indicating the direction of emphasis for interventions in the next phase of the NCBR Programme.¹⁰⁰

Table 48: Persons with disabilities by type of disability and gender

Disability Type	Male (%)	Female (%)
Seeing	50.3	49.6
Speaking	53.6	46.4
Hearing	55.4	44.6
Moving	58	42
Mental	52.6	47.3
All Disabilities	54.1	45.8

Source: Compiled from Table 5.13: Persons by Type of Disabilities, Age, Sex, *Dzongkhag*, in PHCB 2005, p. 213.

Sex-disaggregated data for types of disabilities (overall male proportion 54 percent, female 46 percent) does not reveal any wide disparity between men and women, except with regard to seeing and moving, the latter of which may be due to the gender division of labour. More men are involved in driving and other hazardous occupations and are more susceptible to injury-related events. Table 49 on work-related injuries for 2004 and 2005 indicates a higher vulnerability among men (70 percent, compared to 30 percent for women).

Table 49: Work-related injuries by gender

Injury	2004		2005	
	Male	Female	Male	Female
Work-Related Injuries	70%	30%	70%	30%

Source: MoH, *Annual Health Bulletins of Bhutan 2005, 2006*.

As with mental health, collection, analysis and reporting of sex-disaggregated data and gender-related information in relation to disability should be made an integral part of the HMIS.

¹⁰⁰ Compiled from Table 5.11: Population with disabilities, *Dzongkhag* 2005 in PHCB 2005, pp. 200-201

As can be seen from Table 50, the proportions of girls and boys aged 5 to 24 with disabilities are quite similar to those for the overall female and male population with disabilities.

Table 50: Persons with disabilities age 5-24 by type of disability and gender

Disability	Male 5-9	Female 5-9	Male 10-14	Female 10-14	Male 15-19	Female 15-19	Male 20-24	Female 20-24
Seeing	61	48	141	98	158	175	140	127
Speaking	119	97	145	102	133	110	210	211
Hearing	138	86	219	180	210	152	217	231
Moving	117	86	133	111	159	107	135	87
Mental	36	18	48	41	61	52	80	51
Total	471	335	686	532	721	596	782	707
%		41.6%		43.7%		45.3%		47.5%

Source: PHCB 2005

The RGoB recognised the importance of mainstreaming children with special needs with its establishment of the Special Education Programme under MoE. In 2001 MoE published a guidebook for teachers on *'Special Needs in the Classroom'*, gearing schools toward supporting children and young people with special educational needs, which include disability.

The Ministry oversees the special institutes – the National Institute for the Disabled (NID), and the *Drak Tsho* Vocational Training Centre for the Disabled (DVTCD) – and the few secondary schools that cater to the needs of children with disabilities. The aim is to make all schools “inclusive” so that the special needs of these children are taken into consideration and that they are educated in a safe environment close to their families. The community-based NID was established in the 1970s, while DVTCD, a project supported by the Youth Development Fund (YDF), provides skills training to physically and mentally challenged children and youth.

Changangkha LSS in Thimphu was the first school that adopted inclusive education, in 2001, under the personal initiative of Her Majesty the Queen Ashi Tshering Pem Wangchuck, the President of YDF. The school caters to the educational needs of children with mild to moderate sensory, intellectual and physical impairments. Besides Changangkha LSS, Khasadrapchu MSS and Wochu LSS also cater to children with special education needs. For the education of the deaf, a Deaf Education Resource Unit has been established at Drukgyel LSS in Paro.

Tables 48-52 provide information on female and male enrolment in these special institutes and inclusive schools. Comparison in enrolment between genders provides an indication regarding gender parity and how girls actually use the existing facilities. Often girls with disabilities are seen as more vulnerable by parents and therefore are brought up within the protective cocoon of the home, thus losing their opportunities to become economically self-reliant.

Table 51 shows that while the number of both girls and boys enrolled at NID has increased, female enrolment remains low.

Table 51: NID, Khaling, Enrolment 2002-2006

Year	Male	Female	Proportion of Girls
2002	27	10	27%
2003	26	9	25.7%
2004	27	11	28.9%
2005	36	11	23%
2006	39	14	26%

Source: NID, 2006.

In DVTCD, meanwhile, the number of boys enrolled has increased gradually, while the number of girls enrolled increased particularly between 2001 and 2003 and has remained constant thereafter (Table 52).

Table 52: DVTCD, Enrolment 2001-2006

Year	Boys	Girls	Proportion of girls
2001	8	1	11%
2002	11	6	35%
2003	13	9	41%
2004	17	8	32%
2005	18	7	28%
2006	19	8	30%

Source: DVTCD, 2006.

Another trend is found in Drukgyel LSS, as shown in Table 53, where the number of boys enrolled decreased from five in 2003 to two in 2006.

Table 53: DrukGyel LSS, Paro, Enrolment 2003-2006

Year	Female	Male	Proportion of Girls
2003	1	5	16%
2004	2	4	33%
2005	2	2	50%
2006	3	2	60%

Source: Drugyel LSS, Paro, 2006.

Table 54 shows that the overall number of girls with disabilities enrolled in the special institutes/inclusive schools is half that of boys with disabilities (overall female enrolment 33 percent). The proportion of girls with disabilities enrolled at the NID and DVTCD is 30 percent or lower (26 percent for NID).

These figures are especially disturbing if compared to the female proportion of school-going age children with disabilities found in the census (more than 40 percent). On the other hand, more girls than boys with disabilities are enrolled in Drukgyel LSS and Changangkha LSS (see Table 55). Reasons for these gender disparities and differences between special institutes/schools in this respect also will need to be analysed.

Table 54: Changangkha LSS, Enrolment 2002-2006

Year	Female	Male	Proportion of Girls
2002-2006	10	8	55.5%

Source: Changangkha LSS, 2006.

Table 55: : All Special institutes/inclusive schools, Enrolment 2006

Schools	Boys	Girls
NID	39	14
Drukgyel LSS	2	3
Changangkha LSS	8	10
DVTCD	19	8
Changzamtog LSS	2	-
Total	70	35

Source: Data from the various institutes and schools, 2006.

Examining the female/male proportion of teachers in these institutes/schools (Table 54), it is observed that more female teachers are found in Changangkha and DVTCD, while the reverse is true for Drukgyel and NID. It will be important to ensure equal numbers of female and male trained teachers with the sensitivity to handle the PWDs to meet expanding needs of students with disabilities.

Table 56: Teaching Staff in various special institutes/inclusive schools

Schools	Female	Male
Drukgyel LSS	1	2
NID	3	9
Changangkha LSS	37	4
DVTCD	4	2

Source: Data from the various institutes and schools, 2006.

Legal and Policy Framework

The Constitution provides protection of PWDs, as mentioned under Article 9 (22): *“The State shall endeavour to provide security in the event of sickness and disability or lack of adequate means of livelihood for reasons beyond one’s control.”* This provision in relation to disability was further reinforced by Article 9 (6): *“The State shall endeavour to provide legal aid to secure justice, which shall not be denied to any person by reason of economic or other disabilities.”*

The Labour and Employment Act contains provisions on non-discrimination based on disability with regard to dismissal, transfer, promotion, demotion, pay and working conditions.

The CBRP aims to ensure that PWDs are able to attain the fullest potential, become self-reliant within their limits and help actively toward nation building to the extent possible. The national policy states that PWDs shall enjoy equal rights with other citizens in political, economic, cultural and social fields, as well as in family life and other aspects. A multi-sectoral approach has been adopted in addressing the needs of PWDs and the policy includes formation of National Coordination Committees at all levels. Furthermore, a national policy on Early Childhood Care and Development (ECCD) has been formulated and integrated into the current Plan and Vision 2020. An ECCD section within MoE also has been created.¹⁰¹

Further efforts were made through the Executive Order issued by the Cabinet to all concerned Ministries to integrate disability-related programmes into their development plans for economic and social development, through streamlined proper budget allocation, overall planning and coordination.¹⁰²

At the same time, Bhutan is a signatory to the Proclamation of the UNESCAP Commission on the Full Participation and Equality of People with Disabilities in the Asia and Pacific Region. Furthermore, Bhutan reaffirmed the commitment to the proclamation of Biwako Millennium Decade (2003-2012) for Persons with Disabilities in Asia and the Pacific. Bhutan also ratified CEDAW and CRC: While the provisions of CEDAW do not explicitly mention women with disabilities, the rights protected under the Convention belong to all women, and thus implicitly cover women with disabilities; the CRC includes a specific article (Article 23) on the rights of the disabled child, and in Article 2 also includes disability as a specific ground for protection against discrimination. Lastly, the Government further affirmed its commitment to the rights of PWDs by being a signatory to the Alma-Ata Declaration and has chosen Primary Health Care as the core strategy.

Currently, the country's policies regarding disability do not feature specific programmes for women with disability, nor is there any Government or non-Governmental organisation that works specifically for women with disabilities. Because no explicit mention of gender disability exists in relevant policy and programmes, the need is critical for studies that describe the situation of women with disabilities and possible gender-related activities that can be mainstreamed into the policy. Future studies should focus on gender disparities in disabling conditions since globally some disabilities are found significantly in women compared to men (for example, women are more likely to experience degenerative conditions). Gender differences in the socioeconomic impact of disability also should be assessed. Most often women with disabilities are disproportionately represented, as often families do not send them to school or to be trained for economic self-sufficiency, doubly marginalising them. Thus, the gendered experience of disability may reveal sustained patterns of differences between women and men.

101 Phub Dorji (2004). Country Paper: Bhutan.

102 Ibid.

It is critical that future legislation and policies reflect gender concerns and the gender perspective in disability to ensure elimination of any discriminatory acts, thus protecting the rights of both women/girls and men/boys with disabilities and ensuring their social, cultural and economic equality.

Other Types of Support in Place

Employment Service Centres have undertaken to extend their services to new client groups, particularly PWDs seeking employment. However, the policy outlines clearly that the promotion of employment of PWDs will not be based on a quota system, but on the Bhutanese core values of unity and harmony, through education, awareness raising, persuasion and negotiations. It must again be stressed here that equal and equitable access to employment opportunities must be ensured to both women and men, because many times women with disabilities are ignored or sidelined, thereby losing out on opportunities to become economically empowered.

Easy-accessibility infrastructure and other basic amenities – i.e., public transport, hospital buildings and some schools – are being made disabled-friendly. Initiatives also have been taken to ensure inclusion of barrier-free designs in all new structures.¹⁰³ Currently MoH provides devices such as hearing aids and wheelchairs for PWDs who are unable to afford them; such assistive devices can enhance lives and increase independence and productivity. Further efforts to make public facilities more gender-friendly are required; often disabilities act as a barrier, but being female brings a double disadvantage owing to societal and biological factors. According to a UNICEF international report,¹⁰⁴ women and children with disabilities receive less than 20 percent of rehabilitation services worldwide, but this scenario has yet to be studied in Bhutan.

Challenges

Based on the analysis above, major challenges in relation to ageing, mental health and disabilities thus include:

Common Challenges

Common challenges for the three areas comprise:

- Better understand and monitor gender differences in relation to ageing, mental health and disabilities (e.g., in terms of specific needs, priorities and experience, prevalence, health status, support and care, socioeconomic impact and so forth) through research and strengthening existing management information systems (e.g. HMIS, EMIS)
- Focus more on promoting and integrating gender perspectives into ageing-, mental health- and disabilities-related national policies, plans, programmes and services
- Develop appropriate social protection systems that enable social solidarity and social integration

103 Ibid

104 UNICEF, 1993. Special Report on Disability and Human Rights, www.rehab-international.org/publications2/10_22.htm.

of elderly women and men, women/girls and men/boys with mental disorders, and women/girls and men/boys with disabilities, taking into account the fact that informal arrangements of care by family members cannot be substituted for formal protection systems

Specific Challenges for Ageing

- Promote ‘active ageing’ gender -sensitive policies.¹⁰⁵

Specific Challenges for Mental Health

- Better understand the extent, nature and consequences (including related costs at household, community and societal levels) of substance abuse, and more particularly alcohol abuse, among women and men
- Design appropriate gender-sensitive strategies on prevention, treatment and rehabilitation in relation to substance abuse, and more particularly alcohol abuse

Specific Challenges for PWDs

- Ensure barrier-free lifelong learning opportunities that maximise the potential of women/girls and men/boys with disabilities
- Enhance the employability of women and men with disabilities
- Promote equal and equitable access for women/girls and men/boys with disabilities to educational and employment opportunities and to health care and other social services, and ensure the absence of discrimination based on disability and gender as enshrined in the draft Constitution

¹⁰⁵ For example, involving the elderly in voluntary work or economic activity is an indicator of ‘active ageing’

TABLE I: Results-based Action Plan – AGEING, MENTAL HEALTH AND DISABILITIES

GOAL: HEALTH AND SOCIAL WELL-BEING OF ELDERLY WOMEN AND MEN, WOMEN/GIRLS AND MEN/BOYS WITH MENTAL HEALTH PROBLEMS, AND THOSE WITH DISABILITIES ADVANCED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
Outcomes 1. A supportive, equitable and enabling environment created that addresses the needs of elderly women and men, women/girls and men/boys with mental health problems and those with disabilities	1. Types of social protection mechanisms/safety nets (formal/informal) available for women and men in the target groups	NPPF (only for civil servants)	Effective appropriate social protection mechanisms/safety nets in place for economically disadvantaged women and men in the target groups and those without family support	
		NGOs support (YDF, Tarayana, NAWAB)		
		Civil Society Organisations (Voluntary Tshogpas) and families		
	3. Percentage of women and men in the target groups using: - Health care services - Education and training facilities - Rehabilitation services, including for drug and alcohol abuse	CBRP but no data available on effective access		
		MoE enrolment statistics of PWDs; MoLHR enrollment statistics of PWDs		
		Drop in Center under YDF		
		More baseline information to be collected in the next Health Survey		
Outputs				
1. Information base on gender in relation to ageing, mental health and disabilities strengthened	1. Gender-related information and disaggregated data made available on relevant aspects of ageing, mental health and disabilities	See above Overview of the Current Situation, p. 111.	Quantitative and qualitative data available	

GOAL: HEALTH AND SOCIAL WELL-BEING OF ELDERLY WOMEN AND MEN, WOMEN/GIRLS AND MEN/BOYS WITH MENTAL HEALTH PROBLEMS, AND THOSE WITH DISABILITIES ADVANCED (2008-2013)					
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks	
2. Gender-sensitive plans, policies, programmes, services and legislation on ageing, mental health and disabilities	2. Gender-sensitive plans, policies, programmes, services and legislation on ageing, mental health and disabilities	Gender-neutral	Gender integrated perspective		
3. Increased gender sensitivity and awareness among policy makers, teachers, health care service providers, community leaders and the community on issues of ageing, mental health and disabilities	3. Number of awareness campaigns conducted/materials produced for policy makers, teachers, health care service providers, community leaders and the community on gender issues related to ageing, mental health and disabilities	0			
4. Appropriate social protection mechanisms/safety nets in place for elderly women and men, women/girls and men/boys with mental health problems, and those with disabilities	4. Types of social protection mechanisms/safety nets (formal/informal) available for women and men in the target groups	NPPF (only for civil servants) NGO support (YDF, Tarayana, NWAB) Civil Society Organisations (voluntary <i>Tshogpas</i>) and families	Effective appropriate social protection mechanisms/safety nets in place for economically disadvantaged women and men in the target groups and those without family support		
5. Increased access to services for elderly women and men, women/girls, men/boys with mental health problems and those with disabilities	5. Percentage of women and men in the target groups using - Health care services - Education and training - Rehabilitation services, including for drug and alcohol abuse	CBRP, but no data available on effective access MoE enrolment statistics of PWDs: MoLHR enrolment statistics of PWDs Drop in Center under YDF			

GOAL: HEALTH AND SOCIAL WELL-BEING OF ELDERLY WOMEN AND MEN, WOMEN/GIRLS AND MEN/BOYS WITH MENTAL HEALTH PROBLEMS, AND THOSE WITH DISABILITIES ADVANCED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
Activities		More baseline information to be collected in the next Health Survey		
1. Conduct research on the gender differences in the trend of diseases, health-seeking behaviour, living arrangements, socio-economic status, experience and impact of the elderly women and men, women/girls and men/boys with mental health problems, and those with disabilities	1. Research papers documenting gender differences in relevant aspects of ageing, mental health and disabilities	0	1 paper for ageing and 1 for mental health and disabilities	
2. Upgrade the existing HMIS, EMIS and other existing relevant monitoring systems to ensure the inclusion of gender-related information on ageing, mental health and disabilities	2. Gender-related information and disaggregated data produced by the HMIS, EMIS and other relevant monitoring systems on ageing, mental health and disabilities	No	Yes	
3. Conduct review from gender perspective and make recommendations for amendment of existing plans, policies, programmes and legislation on ageing, mental health and disabilities	3. Number of plans, policies, programmes and legislation on ageing, mental health and disabilities revised and amended from a gender perspective	0	All	
4. Create awareness among policy makers, teachers, health care service providers, community leaders and the community on gender issues related to ageing, mental health and disabilities	4. Number of awareness and advocacy campaigns organised/materials produced for policy makers, teachers, health care service providers, community leaders and the community on gender issues related to ageing, mental health and disabilities	0		
5. Create awareness through the media in changing the public's attitude toward the	5. Number of stories, talk shows, programmes conducted by media	Feature stories in printed media		

GOAL: HEALTH AND SOCIAL WELL-BEING OF ELDERLY WOMEN AND MEN, WOMEN/GIRLS AND MEN/BOYS WITH MENTAL HEALTH PROBLEMS, AND THOSE WITH DISABILITIES ADVANCED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
target groups				
6. Integrate disability issues into the teaching training curriculum	6. Module on disability issues integrated into the teaching training curriculum	0	1 Module	
7. Integrate ageing, mental health and disabilities issues into the RIHS curriculum	7. Module on ageing, mental health and disabilities issues integrated into the RIHS curriculum	0	1 Module	
8. Expand support mechanisms/create safety nets for elderly women and men, women/girls and men/boys with mental health problems and those with disabilities	8. Types of existing support mechanisms expanded /safety nets (formal/informal) created for women and men in the target groups			
	9. Percentage of women and men of target groups living below the poverty line	NA		
10. Propose modifications to existing and planned public buildings and facilities to make them disability friendly	10. Number and type of disability-friendly public buildings and facilities	Changangkha and Changzamtog schools	3 Referral Hospitals, office buildings, public transport, upgraded schools and institutions	
11. Build capacity of village health workers to diagnose, treat and rehabilitate women/girls and men/boys with mental disorders and those with old age-related disabilities	11. Number of village health workers trained to diagnose, treat and rehabilitate women/girls and men/boys with mental disorders and those with old age-related disabilities	0		
12. Increase number of and upgrade inclusive schools and institutes to cater to the needs of girls and boys with disabilities	12. Number of new inclusive schools and institutes	3 inclusive schools Changangkha MSS, Drukgyel ISS, and Changzamtog ISS		
	13. Number of inclusive schools and institutes upgraded	NID, Khaling DVTCD		
	14. Percentage of girls and boys with disabilities enrolled in	2.6% of boys and 1.6% of girls		

GOAL: HEALTH AND SOCIAL WELL-BEING OF ELDERLY WOMEN AND MEN, WOMEN/GIRLS AND MEN/BOYS WITH MENTAL HEALTH PROBLEMS, AND THOSE WITH DISABILITIES ADVANCED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	inclusive schools and institutes	enrolled out of school-going-age PWDs		
	15. Number of teachers and volunteers equipped with a variety of methods to teach children with disabilities and those with special needs	NA	NA	
16. Scale up prevention, treatment rehabilitation services and facilities for drug- and alcohol-dependent persons	16. Number of drug- and alcohol-dependent persons who underwent treatment/rehabilitation	NA		
	17. Number and type of prevention materials produced	ICB, comprehensive school health programme, pamphlets and activities		
18. Conduct a study on factors influencing use of health care services, education and training, and rehabilitation services by elderly women and men, women/girls and men/boys with mental problems, and those with disabilities	18. Report documenting factors influencing use of health care services, education and training, and rehabilitation services by elderly women and men, women/girls and men/boys with mental disorders, and those with disabilities	None	1 research paper	
19. Conduct a study to understand the extent, nature and consequences (including related costs at household, community and societal levels, and violence) of substance abuse, and more particularly of alcohol abuse	19. Report on the extent, nature and consequences of substance abuse, especially alcohol abuse	NA	1 research paper	
20. Adopt/implement adequate measures to reduce alcohol consumption	20. Types of measures adopted/implemented to reduce	Dry Tuesday; no sale of alcohol to		

GOAL: HEALTH AND SOCIAL WELL-BEING OF ELDERLY WOMEN AND MEN, WOMEN/GIRLS AND MEN/BOYS WITH MENTAL HEALTH PROBLEMS, AND THOSE WITH DISABILITIES ADVANCED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	alcohol consumption	under-18s		

TABLE J: Responsible Agencies and Partners – AGEING, MENTAL HEALTH AND DISABILITIES

Activities	Responsible Agencies	Partners
1. Conduct research on the gender differences in the trend of diseases, health-seeking behaviour, living arrangements, socioeconomic status, experience and impact of the elderly women and men, women/girls and men/boys with mental disorders, and those with disabilities	MoH	NCWC, MoLHR, MoE
2. Upgrade the existing HMIS, EMIS and other relevant monitoring systems to ensure the inclusion of gender-related information on ageing, mental health and disabilities	MoH (HMIS), MoE (EMIS), NSB	NCWC
3. Conduct review from gender perspective and make recommendations for amendment of existing plans, policies, programmes and legislation on ageing, mental health and disabilities	NCWC	MoH, MoE, OAG, NPPF, NGOs
4. Create awareness among policy makers, teachers, health care service providers, community leaders and the community on gender issues related to ageing, mental health and disabilities	NCWC	MoH, MoE, <i>Dzongkhag</i> administrations, media
5. Create awareness through media in changing the public's attitude towards the target groups	Media	MoH, MoE
6. Integrate disability issues into the teaching training curriculum	RUB	MoH, MoE
7. Integrate ageing, mental health and disabilities issues into the RIHS curriculum	RUB	MoH
8. Expand the existing support mechanisms/create safety nets for elderly women and men, women/girls and men/boys with mental disorders and those with disabilities	NGOs	RGoB, NPPF, MoH (CBRP)
9. Propose modifications to existing and planned public buildings and facilities to make them disability-friendly	MoH/MoE	City Corporation, MoWHS
10. Build capacity of village health workers to diagnose, treat and rehabilitate women/girls and men/boys with mental health problems and those with old age-related disabilities	MoH	
11. Increase number of and upgrade inclusive schools and institutes to cater to the needs of girls and boys with disabilities	MoE	NGOs
12. Scale up prevention, treatment rehabilitation services and facilities for drug- and alcohol-dependent persons	MoE/MoH (School-Based Comprehensive Health Programme), MoH (ICB), National Narcotics Control Board (NNCB)	Drop In Center under YDF, Media
13. Conduct a study on factors influencing use of health care services, education and training, rehabilitation services by elderly women and men, women/girls and men/boys with mental disorders, and those with disabilities	NCWC	MoH, MoE, NGOs
14. Conduct a study to understand the extent, nature and consequences (including related costs at household, community and societal levels, and violence) of substance abuse, and more particularly of alcohol abuse	NNCB	MoH, YDF (Drop in Center)
15. Adopt/implement adequate measures to reduce alcohol consumption	NNCB/MoH	MTI/MoF

3.6 Violence Against Women

Introduction

Every second, a woman is being abused somewhere in the world. Violence against women (VAW) remains one of the most serious impediments to the realisation of gender equality and full development of women. According to the United Nations Declaration on the Elimination of Violence Against Women, such violence is: *‘any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.’* It is so prevalent, it permeates all sectors of the economies, societies and cultures, thereby limiting the choices of women in almost all areas of their lives. It worsens and perpetuates poverty and vulnerability. VAW is a reflection of the power relations between women and men in all societies. Therefore, in order to stop VAW, merely having laws in place and punishing such acts is not enough. A need exists to focus more on the perception that women are weaker and of lesser value than men.

The Government is committed to recognizing VAW as a development and fundamental human rights issue. It works in line with international conventions such as CEDAW, the Vienna Declaration of 1983, the United Nations General Assembly Declaration on the Elimination of Violence Against Women, and the Beijing Platform of Action of 1995, which reinforced the commitments to eliminate VAW.

Despite being considered a society free of overt gender biases and inequalities in terms of legislation, policies and cultural traditions, Bhutan experiences VAW. As is the case in most societies, a culture of silence exists among women and their families when it comes to violence perpetrated against them. The issue is now gaining focus, however, largely because of coverage by the media and the efforts of agencies such as NCWC and RENEW in monitoring the situation, and actions are being taken to address this hidden problem.

Nonetheless, it is very difficult to obtain a full picture of the situation on VAW in Bhutan because of the lack of available and reliable data. Because of the issue’s highly sensitive nature, only one small-scale study on domestic violence has been carried out, by RENEW, which provides us with qualitative information in this respect. Qualitative information on violence against children has been gathered through the National Consultation on Violence Against Children in April 2005.

No established system exists for systematic collection and analysis of VAW-related data, which would link various actors that play key roles in dealing with VAW, including the RBP, RCJ and the health sector. Records from RBP Thimphu and records of the Forensic Specialist at JDWNRH represent the only source of quantitative data available.

It should be noted, however, that neither the data from RBP or the JDWNRH reflects the overall picture, since many cases remain unreported. Experience from many countries reveals that women often are reluctant to report incidents of violence for a variety of reasons:

- Low self-esteem and lack of confidence in their own perceptions of reality
- Lack of conviction that the relationship is bad enough to leave
- Fear of being alone and fear that they will not find a better relationship elsewhere
- Belief that children need a father in the house
- Love for abuser based on gratitude, dependence and attachment
- A belief that they are to blame and need to work harder to make a better marriage
- Fear of retaliation by the perpetrator
- Lack of financial resources, or support of friends and family
- Shamed over what society would think of them
- Absence of shelters to go to and few places they can turn to for practical support

According to the psychiatrist at JDWNRH, frequent abuse can make women ‘immune,’ and after some time, it becomes a part of their lives. Therefore, official statistics on reported crimes of VAW or general surveys may not reveal credible data on the real incidence and nature of VAW in the country; in order to obtain such data, in-depth sociological research must be carried out.

Overview of the Current Situation

Available Information on VAW in Bhutan

National Consultation on Violence Against Children

Presentations by adult and child participants at the National Consultation on Violence Against Children indicate that violence in Bhutan takes place in various settings.¹⁰⁶

1. **Violence in workplaces:** Types of violence in workplaces included verbal, physical and sexual abuse, sexual harassment, discrimination, unhealthy environment, heavy workload, bullying and assault. Moreover, the issue of young girls working as *momo/doma* sellers or as domestic helpers was raised.
2. **Violence in schools and institutions:** There continues to be reports of corporal punishment in schools despite its ban. Moreover, besides bullying and teasing, verbal and sexual abuse and harassment also were reported to occur.
3. **Violence in homes and families:** Participants agreed that most cases of violence take place within the home. The most common forms of violence that take place at home are physical beating of domestic servants, violent behaviour among parents, sexual abuse, neglect,

106 NCWC (2005). National Consultation on Violence Against Children, 21-22 April 2005.

intimidation, psychological abuse and pressure on children to perform in school. Causes of violence within the home include alcohol abuse and financial problems. It also was mentioned that some gender-biased behaviour toward girl children took place in the eastern and southern parts of the country.

4. **Violence in the communities:** Types of violence reported to occur in the communities include domestic labourers abused physically and sexually, the issue of 'night hunting,' teachers abusing children, sexual abuse, discrimination, corporal punishment, child marriage, and exploitation of children; alcoholism again was cited as a cause of violence.

Although not officially accepted, it is widespread belief that instances of sexual abuse of girls and women occur in schools – particularly in boarding schools and schools far away from the capital – and that instances of sexual harassment occur in the context of work relationships.

Undocumented reports reveal women being exploited, especially those who need official work done; they may be required to give sexual favours in return for obtaining the work they need. Hence, a need exists to put adequate measures in place to prevent and deal with sexual harassment in educational and work settings, including setting up a reporting mechanism.

In rural areas, local girls are recruited by village leaders to entertain Government officials on official tours. If unmonitored, this could expose girls and young women to harassment and exploitation. There also have been reports that many village girls as well as their families are fearful of the tradition of 'night hunting,' where men enter village houses at night to have sex with a young woman.

Similarly, the issue of violence against female domestic workers should be recognised and acknowledged. Instances of a female domestic helper bearing the child of the man of the house are not uncommon; however, the recognition and admission that it is wrong is uncommon.

According to Kuensel, as of December 2008, of the 28 victims of sexual abuse in Thimphu, 8 were minors. Records from the JDWNRH for 2007 also show that of the 27 sexual assault cases, 18 involved minors. The youngest victim was a three year old girl. The hospital also recorded 70 assault cases in the past three years, of which 58 percent were minors. About 41 victims were below 18 years. It is not clear whether cases were not reported earlier or were less frequent, but the dramatically increased visibility of the problem likely indicates an increased awareness among society as well.

Records From RBP Thimphu

The RBP in Thimphu has compiled data on crime related to women and children occurring in the capital. Data indicate that reports of assault against women and children have fluctuated since 2000 (Table 49). Data also reveal a total of 71 reported cases of domestic violence in the capital in 2005, out of which 34 were registered and 37 withdrawn (57).¹⁰⁷ However, the data may not be representative given the manual process of recording; it also is important to know that most domestic violence cases

107 Officer-in-Charge, Rural Police Station (2006). Presentation on the Status of Crime Related to Women and Children.

reported to the police are recorded as assault or battery cases. Moreover, as mentioned earlier, data on reported cases generally do not reveal credible data on the actual incidence of VAW.

Cases are usually reported and registered only where serious injuries are involved; otherwise, in many instances women suffer quietly. Even reported cases – as shown, more than half for domestic violence – are withdrawn. While withdrawal is initiated by the victims themselves, in minor cases where no serious injuries are involved, and for cases that constitute a first offence, police will usually counsel the victim and the offender and try to mediate in resolving their differences.

It also is interesting to note that in 15 out of the 71 reported cases, it was the husband who was the alleged victim of domestic violence. This issue, as well as the issue of male-to-male violence, therefore also will require attention.

Table 57: Reported Cases of Assault against Women and Children and Rape of Minors in Thimphu, 2000 and 2005

Year	Reported Assault Cases Against Women and Children		
	Total Cases	Urban Areas	Rural Areas
2000	56	41	15
2001	87	53	34
2002	67	27	40
2003	101	33	68
2004	26	12	14
2005	45	20	25

Source: Officer-in-Charge, Rural Police Station. *Presentation on Status of Crime Related to Women and Children..* RBP, Thimphu.

Table 58: Domestic Violence in Thimphu in 2005

	Total Cases	Urban Areas	Rural Areas
Cases Reported	71	62	9
Cases Registered	34	30	4
Cases Withdrawn	37	32	5
Victim Wife	23	16	7
Victim Husband	15	15	0
Victim Children	20	20	0
Victim Parents	13	11	2
Adult Raped	0	0	0
Minor Raped	2	1	1

Source: Officer-in-Charge, Rural Police Station *Presentation on Status of Crime Related to Women and Children..* RBP, Thimphu.

Laws that enshrine principles and uphold women's rights to freedom from violence may be in place, but as noted above, a variety of reasons often deters women from reporting incidents of violence. Other deterrents include that police and judiciary officials may not know how to deal sensitively with victims

of violence, may not have received adequate training to deal properly with gender-based violence, or may consider domestic violence as a private matter, and investigation and prosecution may involve a long process. Therefore, it is important to include a module dealing with women's and child's rights and protection issues, as well as gender sensitivity, in pre-service training for the police force and judiciary. Awareness raising sessions in this respect also will need to be part of general in-service training; already such training has been provided to one female and one male police officer from RBP Headquarters to address issues of VAW and human trafficking at all levels. Equally important will be the development of women- friendly procedures.

Another constraint that may discourage women from taking legal action in case of acts of violence committed against them is found in the limited number of women in the police and judiciary. As of August 2008, there were 170 women on the RBP force, with a female : male ratio of 0.05. (see Table 59). Although more women now are being inducted into the police, it likely will take time for the ratio to improve.

Table 59: Royal Bhutan Police Force, August 2008.

Category	Number of Females	Number of Males	Female:Male Ratio
Officer	9	126	0.07
Constables	114	1631	0.07
Non-Commissioned Officers	13(upgraded)	1916	0.007
Recruits in Training	34	94	0.36
Cadets in Training	nil	4	0
Total Police Force	170	3771	0.05

Source: Gender Focal Point, RBP, Thimphu.

The recording of cases reported to police has been done manually till now. It is anticipated that improvements in providing reliable data regarding crimes in general, and gender-based violence in particular, will occur with the introduction of a pilot digital data management system in the Thimphu RBP branch, complemented by efforts of the Woman and Child Protection Unit (WCPU). After the pilot phase, the digital data management system is expected to expand to police stations in each *Dzongkhag*.

Information on Domestic Violence

Although no information is available regarding the prevalence of domestic violence in Bhutan, data collected by the National Referral Hospital and records from RBP and RCJ reveal instances of domestic violence where women are commonly the victims.

RENEW conducted four FGDs with NFE learners, educated working women, wives of armed forces personnel and educated working men that provide preliminary information on how domestic violence is perceived in the Bhutanese context. It also showed factors influencing domestic violence, how it is managed by families, suggestions on types of interventions needed, and willingness to volunteer to

support a RENEW pilot project.¹⁰⁸ *In 2007 the NCWC commissioned to RENEW a research on *Violence Against Women*. The survey was carried out among high density population areas like armed force camps, Royal Bhutan Police camps and squatter settlement in Thimphu urban and Thimphu rural. The survey was also conducted among the civil servants and households within the vicinity of the city. The study revealed that 77% of the women interviewed suffered physical abuse, 54% emotional torment and 23% forced sex. Alcohol was found to be the triggering factor towards the violence.

Although domestic violence was perceived as consisting of physical, financial, mental, emotional and spiritual violence and encompassing all members of the family, many participants understood domestic violence as being physical violence mainly between spouses, with the wife and children being the usual victims and the husband the perpetrator. Physical abuse was also seen as the most common form of domestic violence.

Almost all participants agreed that domestic violence has always existed in Bhutanese culture, and all agreed that it should not be accepted or considered normal. The cultural belief in the 'fate' of being born as a female was recognised as having a role in women being victims of violence. Nevertheless, the three most cited causes for domestic violence were alcohol consumption, financial pressure and jealousy arising from suspicion of infidelity. Other causes mentioned included the habits of gambling and staying out late, interference from in-laws, the need to provide financial support to in-laws and relatives, work stress, urbanisation and influence of the media. It was generally agreed that the prevalence of and causes for domestic violence probably differ between urban and rural areas. Positive factors in preventing and reducing domestic violence that were mentioned by participants include financial independence of women, education, and strong family support on women's side.

Most participants agreed that domestic violence is usually kept and accepted in silence, in large part because of stigma. The belief in '*karma*' was another reason cited for silent acceptance. Reporting to the police was perceived as being an action of the last resort.

The fact that participants established the link between cultural beliefs and domestic violence is worth noting, given that it is generally recognised that gender-based violence, including domestic violence, is closely associated with traditional gender roles and definitions of manhood and masculinity. Bhutanese society tends to consider men as superior, and in some areas in rural Bhutan, men tend to think it is natural to beat their wife and consider it to be a good way of keeping their wife 'on the right track.' In addition, participants also perceived financial independence of women as having a positive influence in restraining domestic violence. Generally, financially independent women have the option of leaving/seeking divorce if they are being abused. However, in the case of a financially dependent woman, she often has no other alternative but to suffer in silence.

Data compiled by the Forensic Specialist at JDWNRH on wife battery cases reported to the hospital in 2005 and the first half of 2006 provide useful insights into the problem of domestic violence, confirming or complementing findings from the RENEW study. A total of 81 and 57 wife battery cases were reported in 2005 and 2006 (till July) respectively. The majority of victims were aged 20 to

108 RENEW (2005), Focus Group Discussions on Domestic Violence, an Analysis.

30 (61 percent in 2005 and 47 percent in 2006). The majority of the female victims of battery were unemployed (54 percent in 2005 and 65 percent in 2006), while the majority of husbands were employed in civil service (44 percent in 2005 and 39 percent in 2006) or the private sector (24 percent in 2005 and 19 percent in 2006). The two top reasons given for wife battery were infidelity (or suspicion of infidelity) and intoxication. While arguing over financial matters was found to be the cause of wife battery in 26 percent of cases in 2005, it was true for only 4 percent of cases in the first half of 2006. It is notable that these three reasons also were most cited during the focus group discussions on domestic violence conducted by RENEW. In only about 60 percent of the cases reported to the hospital had the incident also been reported to the police. Moreover, it was found that in about one-third of the total number of cases, the reported incident represented the fifth to tenth episode of wife battery. These two last findings clearly indicate under-reporting.

Information on Prostitution and Human Trafficking

Prostitution represents another area of concern. The extent of commercial sex work in Bhutan is not well-documented, and the absence of established brothels or a well-organized sex industry renders such assessment even more difficult. Evidence suggests increasing commercial sex work in towns like Phuentsholing and Thimphu. As young girls from rural areas come to more affluent towns in search of better opportunities, others take advantage of their situation and plight, turning them into prostitutes.

In Bhutan, prostitution is criminalised, which can have a negative impact in terms of adequate access to health services by commercial sex workers (CSW), especially with regard to HIV/AIDS, and in terms of their rights. FGDs on HIV/AIDS revealed that knowledge on HIV/AIDS and STIs was inadequate among CSW and that risk perception and vulnerability were poor. Discussions also revealed that CSW lived in constant fear of harassment from police on both sides of the border (Phuentsholing-Jaigaon) and underlay their reluctance to visit hospitals to seek treatment, collect condoms and use testing services.¹⁰⁹

No official cases have been recorded so far with regard to trafficking of women and young girls inside and outside the country, although there have been anecdotal accounts. This issue therefore has yet not been treated as an area of major concern, but complacency is unwarranted. Given that human trafficking is mainly a trans-border problem, Bhutan's entry into Interpol should help the country improve cooperation in this area with neighbouring countries.

Supportive Environment

Legislative Framework

Constitution

The Constitution states in Article 9 (17) that the State ‘...shall endeavour to take appropriate measures to eliminate all forms of discrimination and exploitation against women, including trafficking, prostitution, abuse, violence, harassment and intimidation at work, both in public and private sphere.’ Similar provisions are made with regard

¹⁰⁹ Ministry of Health (2006), Op.cit..

to protection of children against all forms of discrimination and exploitation (Article 9(18)).

Penal Code of Bhutan 2004

The major objectives of the Penal Code of Bhutan 2004 are to “...reinstate dignity to victims of crime, increase possibilities of rehabilitation of offenders, and reform them, while being seen as a measure to decriminalise people and thus have a peaceful and safe society for all.”¹¹⁰ The Penal Code includes several provisions for crimes that constitute gender-based violence. Offenders must serve prison terms as well as pay financial compensation, depending on the degree of the crime. As with all offences, the Penal Code stipulates that repeat offenders found guilty of the same or similar offence shall be liable to enhanced punishment; i.e., if the repeated crime is a felony of the fourth degree, it will become one of the third degree, and so on.

Domestic Violence

As noted above, because no national legislation/legal provision(s) exist on domestic violence, most cases of domestic violence reported to police are registered as assault and battery.¹¹¹ In the Penal Code, more particularly under its Chapter 12, ‘assault’ is defined as purposely, knowingly, recklessly or negligently causing apprehension of bodily injury to another person and is a violation punishable by a fine equalling the daily minimum national wage rate for a maximum of 90 days. ‘Battery’ is defined as purposely using physical force of an adverse nature on another person and is a petty misdemeanour, punishable by a prison term of 1 month to 1 year, or a misdemeanour if aggravated circumstances are present. Given the fact that the punishments provided by the Penal Code for assault and battery may not be adequate in many cases of domestic violence, an urgent need exists to consider the drafting and enactment of legislation on domestic violence.

Rape

Rape was made a criminal offence in 1953 and was covered under a separate Act in 1996, the Rape Act, which then included more serious punishments, particularly when minors were involved. The Penal Code repealed the Rape Act and covers rape (under Chapter 14) as a felony of the fourth degree, punishable by a minimum prison term of 3 years to maximum 5 years. In addition, the Penal Code stipulates that compensation is to be paid where injury is the result of the commission of rape of any description (Chapter 14, Section 201). Section 177 defines ‘rape’ as sexual intercourse with another person: (a) without the person’s consent or with consent, when consent is obtained by putting the person or a third person in fear of death or of grievous hurt; (b) by compelling the other person to submit to sexual intercourse by force, or by threat of imminent death, bodily injury or serious bodily injury or the commission of a felony to that person or a third person; (c) by substantially impairing the other person’s ability to appraise or control their conduct, by administering drugs, intoxicants or other substances without consent for the purpose of preventing the person’s resistance to the sexual intercourse; or (d) by rendering the other person unconscious for the purpose of committing sexual intercourse.

The Penal Code covers 11 categories of rape, including rape of a married person, of a pregnant woman,

¹¹⁰ Kuensel, ‘Youths Briefed on Penal Code,’ 16 September 2005.

¹¹¹ Officer-in-Charge, WCPU, RBP

and custodial rape. All forms of rape as defined in the Penal Code are felonies of the fourth degree or higher, except for marital rape, which is a petty misdemeanour. In addition to prison terms and compensation to victims, persons found guilty of the rape of married persons also are liable to pay ‘*gao*’ in accordance with other laws wherever applicable.

The Penal Code defines ‘marital rape’ as engaging in sexual intercourse with one’s own spouse without consent or against the will of the other spouse. As a petty misdemeanour, marital rape is punishable by a prison term of only 1 month to 1 year. In the case of a repeated offence of marital rape, the severity of the offence would be raised to a misdemeanour, punishable by a prison term of 1 year to 3 years.

In June 2006, the MoHCA formally notified the 20 *Dzongkhag* administrations that all offences related to rape and attempted rape are not subject to bail and convicts are to be given maximum penalties.¹¹² The notification reiterated that sexually related crimes are ‘non-compoundable,’ meaning they are not allowed to be mutually settled between parties. The intent of the notification was to raise awareness among people across all sections of society and to deter such acts. The Ministry also stipulated the necessity of having the notification discussed through forums such as the DT, GT and community gatherings. In addition, stories on the notification were also included in the media, further raising awareness.

Sexual Harassment

Sexual harassment also is included under Chapter 14 of the Penal Code dealing with sexual offences. It is defined as making unwelcome physical, verbal or non-verbal abuse of a sexual nature and is designated as a petty misdemeanour punishable by a prison term of 1 month to 1 year. A need exists to review the definition of sexual harassment (not only referring to ‘abuse’) and to address more adequately the issue.

Besides rape and sexual harassment, the Penal Code covers other crimes that could constitute gender-based violence, including child molestation, incest, child abuse and paedophilia.

Prostitution

Chapter 26 of the Penal Code recognises prostitution as a misdemeanour; it is defined as offering, agreeing to engage, or engaging in sexual conduct with another person for money or property, and is punishable by a prison term of 1 year to 3 years. Promotion of prostitution and patronising a prostitute also are included in the Penal Code as misdemeanours, but as a fourth-degree felony if the person used for prostitution is a child older than 12 and younger than 18 and a third-degree felony if the person used for prostitution is 12 years and younger.

In addition, Chapter II of the Labour and Employment Act includes the following prohibitions: (i) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; (ii) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs; and (iii) work which, by its nature or the circumstances in

112 Kuensel, ‘Sex-Related Crimes, Maximum Penalty,’ 14 June 2006.

which it is carried out, is likely to harm the health, safety or morals of a child, including work which exposes a child to physical, psychological or sexual abuse. Any person violating such prohibitions shall be guilty of an offence which shall be a felony of the third degree.

Other Measures

A wide array of activities is being carried out to sensitise and raise awareness among key stakeholders on VAW. For example, the NCWC organized National Consultations on Women and Child-Friendly Police and Judicial Procedures in 2005 and 2006, which were attended by members of RBP and RCJ. As a result of these consultations, a set of 16 recommendations regarding women and child-friendly police procedures and a set of eight recommendations regarding women and child-friendly judicial procedures were formulated. Among these were the need for the establishment of Women and Child Protection Unit (WCPU) within RBP and the need for training of police, judiciary, health professionals and other relevant agencies in how to deal with cases of VAW. In addition, study tours to Sri Lanka and Thailand were organised for the police and judiciary to review women and child-friendly procedures and assess how and to what extent they could be replicated in the local context.

The WCPU within the RBP, was established in April 2007 with a little more than Ngultrum 3.4 million, mobilised by the National Commission for Women and Children from UNDP and UNICEF. The office was officially inaugurated by His Lordship the Chief Justice of Bhutan on 25 April, 2007, and the office became operational on 01 May, 2007.)

The NCWC also is collaborating closely with RBP on the establishment of a Complaints and Response Mechanism(CRM) with parallel Information and Communications Technology applications, which is expected to facilitate lodging of complaints related to any crime and enhance the efficiency of RBP in responding to and dealing with such complaints. The CRM is soon to be formally launched and fully operational by the end of 2008.

In addition, support to victims of domestic violence and other forms of abuse is provided by RENEW through the pilot project '*Community-Based Support System for Victims of Domestic Violence*,' which aims at increasing awareness on gender-based violence and promoting communal responsibility to find solutions to eliminate domestic violence. Other activities to create awareness on domestic violence include development of TV public service announcements related to domestic violence for media advocacy and campaigns. Serials and films related to domestic violence have also been used for media advocacy and campaigns. Street plays and music albums are other important media channels to carry the message of DV/GBV across the country.

Challenges

Based on the analysis above, major challenges toward the elimination of VAW thus include:

- Recognise VAW as a crosscutting issue that requires multi-sectoral attention, but at the same time, as a major threat to public health
- Better understand the VAW issue in Bhutan, including trafficking and prostitution, through the

collection and analysis of reliable data and information

- Address the issue of widespread use of alcohol and its social acceptance
- Strengthen implementation of existing legislation and review/enact new legislation to adequately address domestic violence and sexual harassment
- Develop women and child-friendly procedures
- Secure gender equality and empower women and protect their rights
- Disseminate correct, appropriate information through the media and increase the media role in awareness-raising
- Enhance men's and boys' role in preventing VAW
- Take appropriate measures to prevent VAW and care for survivors of all forms of violence, including victims of trafficking and prostitution
- Transform traditional gender roles and stereotypes

TABLE K: Results-based Action Plan – VIOLENCE AGAINST WOMEN

GOAL: ALL FORMS OF VIOLENCE AGAINST WOMEN ELIMINATED (2008-2013)					
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks	
Outcomes					
1. Appropriate measures in place to prevent VAW and care for and rehabilitate* victims/survivors of VAW	1. Number and types of measures taken to prevent VAW	RENEW: Community-based support service for victims of domestic violence, advocacy and awareness on gender-based violence; counselling services and linkages established with vocational training programmes; temporary shelter in Thimphu almost completed Free access to health care service	Measures to address VAW as per the international norms and standards elaborated and agreed upon in this respect	Adequate resources allocated	
	2. Number and types of measures taken to care for victims/survivors of VAW				
	3. Number and types of measures taken to rehabilitate victims/survivors of VAW				
4. Appropriate measures in place to provide treatment and rehabilitate* perpetrators of VAW	4. Number and types of measures taken to treat perpetrators	None	Provision of treatment and counselling services		
	5. Number and types of measures taken to rehabilitate perpetrators	None	Referral system developed in criminal justice for treatment and counselling		
6. Promotion of substantive gender equality enhanced	6. Types of measures implemented to promote substantive gender equality	NPAG developed	NPAG implemented		
Outputs					
1. Political will and commitment toward elimination of VAW enhanced	1. Budget expenditure devoted to VAW prevention				
	2. Budget expenditure devoted to care and rehabilitation for victims/survivors of VAW				

GOAL: ALL FORMS OF VIOLENCE AGAINST WOMEN ELIMINATED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
3. Multi-sectoral approach to deal with VAW institutionalised	3. Range of programme areas that integrate efforts to eliminate VAW	Draft module on gender-based violence within NFE programme	Programme areas such as health, immigration, poverty reduction, employment	
4. Knowledge base strengthened on all forms of VAW, including trafficking of women and girls and commercial sex work	4. Information and disaggregated data made available on all forms of VAW, including on trafficking of women and girls and commercial sex work	Study on wife battery cases recorded at JDWNRH, Forensic Unit RBP records, Thimphu *RENEW records Findings from FGDs on domestic violence by RENEW *Findings from Research study on VAW	Reliable information and disaggregated data on all forms of VAW, includes trafficking of women, girls & commercial sex work	
5. Promotion and protection of women's rights strengthened, including effective access to justice and to adequate support services	5. Number of awareness campaigns/advocacy materials produced on women's rights	RCJ campaign 'Know Your Rights' (mainly on provisions under Penal Code) Awareness-raising activities of NCWC Printing and distribution of CEDAW, updated summary of CEDAW report		
	6. Number of cases of VAW by type recorded by RBP	Thimphu: 45 (20 urban/25 rural) reported assault cases against women and children in 2005; 71 (62 urban/9 rural) reported cases of domestic violence in 2005, in 23 of which wife was victim		
	7. Number of cases of VAW by type investigated by law enforcement agencies	According to RBP, all cases reported are investigated		
	8. Number of cases of VAW by type prosecuted	Thimphu: Of 71 reported cases of domestic violence in 2005, 34 cases registered and prosecuted		

GOAL: ALL FORMS OF VIOLENCE AGAINST WOMEN ELIMINATED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	9. Number of cases of VAW by type reported to health care facilities	JDW/NRH,Thimphu: Domestic Violence: 2006=112, 2007=233, August, 2008=231 Sexual Assault: 2006=33, 2007=27, August, 2008=16 Interpersonal Violence/Common Assault : 2007=126, 2008=146		
	10. Types of support services provided to women victims/survivors of violence	Counselling Unit services of RENEW, *emergency shelter home, linkages with vocational training programmes; free health care services		
	11. Perceptions of women victims/survivors of violence on effective access to justice and health, including sensitivity in RBP, judiciary and health professionals dealing with their case	NA		
	12. Perceptions of women victims/survivors of violence on adequate support services	NA		
Activities				
1. Create awareness on all forms of VAW among local community leaders, religious leaders, policy makers, private sector and	1. Number of awareness raising campaigns conducted/materials produced for target groups	Awareness raising campaigns conducted/produced by RENEW for general public	10 awareness raising campaigns	

GOAL: ALL FORMS OF VIOLENCE AGAINST WOMEN ELIMINATED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
media				
2. Integrate VAW issues into existing relevant multi-sectoral working group/committee/taskforce at national and local levels	2. Multi-sectoral working group/committee/taskforce at national and local levels dealing with VAW	HIV/AIDS multi-sectoral taskforces formed but not dealing specifically with VAW	1 national and 20 local multi-sectoral working groups/committees/taskforces	
	3. Member representation in the group/committee/taskforce		Members from justice, RBP, health, education, NCWC, RENEW and relevant sectors	
4. Carry out research on VAW (its nature, various forms, causes, consequences), including on trafficking and commercial sex work	4. Research paper on VAW produced and disseminated	FGDs held by RENEW on domestic violence *Research Study on VAW (pending approval)	1 research paper	
5. Collect and analyse systematically disaggregated data on VAW	5. Database on VAW created	None	Comprehensive database on VAW created linking various key actors	SAARC gender database expected to contribute
6. Raise awareness on women's rights and CEDAW	6. Civic education within NFE programme	No	1 module	
	7. Civic education in school curriculum	No	1 module	
	8. Civic education in teacher training curriculum	No	1 module	
	9. Number of awareness campaigns conducted/materials produced	Awareness-raising activities by NCWC		

GOAL: ALL FORMS OF VIOLENCE AGAINST WOMEN ELIMINATED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/ Risks
10. Raise awareness on VAW, including the role of men in eliminating VAW	10. Number of awareness campaigns conducted/advocacy materials produced on VAW issues	RENEW: 3 community-based awareness programmes in 4 zones in Thimphu 3 mass media awareness campaigns, awareness through fairs, sensitisation for head teachers and school counselors in Thimphu <i>Dzongkhag</i> 1 brochure, 1 movie, 2 songs, street play, 1 variety concert		
	11. Module on VAW within NFE curriculum	Draft module on gender-based violence within NFE programme	1 Module	
	12. Number of men actively involved in the elimination of VAW		0	
13. Review existing/draft new legislation and legal provisions that address adequately all forms of VAW, including domestic violence and sexual harassment	13. Types of existing/new legislation reviewed/drafted in relation to all forms of VAW	Penal Code of Bhutan 2004; Labour and Employment Act	National legislation in place that adequately addresses all forms of VAW, including domestic violence and sexual harassment	
14. Develop women and child-friendly police and judicial procedures	14. Types of women and child- friendly police and judicial procedures in place	Women and Child Protection Unit within RBP Thimphu	Women and Child desks within RBP in 10 districts Family Bench set up in 2 districts	
	15. Number of RBP and judiciary staff trained in women and child- friendly procedures	Sensitisation of senior SPs representing all RBP divisions and of judicial officials from across the country (National Consultations; study tours to Sri Lanka and Thailand organised by NCWC)	All police officers and judicial officials (<i>Drunpons</i> , <i>Drunghon Rabjams</i> , Registrars) trained	

GOAL: ALL FORMS OF VIOLENCE AGAINST WOMEN ELIMINATED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
		* A sensitisation workshop was conducted by RENEW for instructors of the Police Training Center		
16. Operationalise a complaints and response mechanism within RBP	16. Complaints and response mechanism operationalised	Under establishment		
	17. Number of complaints logged for VAW cases	NA		
	18. Number of VAW complaints investigated	NA		
17. Develop women- and child- friendly health care facilities and services	19. Number of health professionals trained by level	1 (Forensic Specialist)		
	20. Standard operating guidelines to deal with VAW	None	Standard Operating Guidelines developed	
	21. Number of health care facilities equipped as per guidelines developed	0		
18. Train health professionals, judiciary and RBP staff to deal in an appropriate way with cases of VAW and with victims/survivors and perpetrators of violence	22. Number of health professionals trained by level	0	All medical officers, ACOs, Health Assistants, head nurses and MCH nurses	
	23. Number of judiciary staff trained by level	0	All judicial officials (<i>Drangpons, Drangpon Ramjams</i> , Registrars)	
	24. Number of RBP staff trained by level	*30 instructors of police training center	All police officers	
	25. Module on basic forensic medicine (including VAW) integrated into the curriculum of RIHS	None	1 module	

GOAL: ALL FORMS OF VIOLENCE AGAINST WOMEN ELIMINATED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
24. Provide legal aid	26. Module on VAW integrated into the pre-service training curriculum for RBP	None	1 module	
	27. Module on VAW integrated into the national legal training course	None	1 module	
	28. Number of women provided with legal aid	3 women (through informal channels)	All victims of VAW who came forward to police, health, RENEW	
25. Establish help lines	29. Number and location of help lines	1 under establishment (RENEW)	10 (1 each in 10 Dzongkhags)	
	30. Number of women victims of violence calling the help lines	0		
27. Provide counselling services, including family counselling	31. Number of women victims of violence counselled	100 by RENEW (Oct 2005-June 2008)		
	32. Number of perpetrators of violence counselled	25 by RENEW		
	33. Number of families counselled	10 by RENEW		
30. Establish shelters	34. Number, location and capacity of shelters	1 temporary shelter under establishment in Thimphu with capacity of 6 people	10 (1 each in 10 Dzongkhags)	
31. Provide skills training and microfinance services for the economic	35. Areas of skills training programmes developed	None		

GOAL: ALL FORMS OF VIOLENCE AGAINST WOMEN ELIMINATED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
empowerment of women victims/survivors of violence	36. Number of women victims of violence attending skills training programmes developed			
	37. Number of women victims of violence referred to existing skills training programmes	3 long term & 13 short term		
	38. Number of women victims/survivors of violence using microfinance services	10 (support grants provided by RENEW, with amount ranging from Nu 500 to Nu 5,000) *9 have availed self help scheme ranging from Nu.5000-Nu.15000/-		
35. Build capacity of NGOs and NCWC to deal effectively with VAW	39. Number of NGOs and NCWC staff trained			
	40. Allocated and mobilised resources for NGOs and NCWC to deal with VAW			

* Rehabilitate in its broadest sense of rehabilitation and reintegration

NOTE: Interventions aimed at challenging gender prejudices and stereotypes are covered under 'Prejudices and Stereotypes' in Section 3.7

TABLE L: Responsible Agencies and Partners – VIOLENCE AGAINST WOMEN

Activities	Responsible Agencies	Partners
1. Create awareness on all forms of VAW among local community leaders, religious leaders, policy makers, private sector and media	RENEW	NCWC, media, private sector, MoH, Judiciary, RBP, <i>Dzongkhag</i> administrations, <i>Lam Neltens</i>
2. Integrate VAW issues into existing relevant multi-sectoral working group/committee/taskforce at national and local levels	NCWC (to advocate)	MoH, MoE, RBP, Judiciary, RENEW, CCM, Immigration (MoHCA)
3. Carry out research on VAW (its nature, various forms, causes, consequences), including on trafficking and commercial sex work	RENEW/NCWC/MoH	RBP, Judiciary, MoE, Immigration (MoHCA)
4. Collect and analyse systematically disaggregated data on VAW	NCWC (to take the lead)	MoH, Judiciary, RBP, Immigration (MoHCA)
5. Raise awareness on women's rights and CEDAW	NCWC	RCJ/OAG, MoE, RUB
6. Raise awareness on VAW, including the role of men in eliminating VAW	RENEW	Media, MoE, MoH (ICB), *RBP, *RBA
7. Review existing/draft new legislation and legal provisions that address adequately all forms of VAW, including domestic violence and sexual harassment	NCWC	RCJ/OAG
8. Develop women- and child-friendly police and judicial procedures	NCWC	RBP, Judiciary
9. Operationalise a complaints and response mechanism within RBP	RBP	NCWC
10. Develop women and child friendly health care facilities and services	MoH	NCWC, RENEW
11. Train health professionals, judiciary and RBP staff to deal in an appropriate way with cases of VAW and with victims/survivors and perpetrators of violence	MoH (training of health professionals), NCWC (training of judiciary and RBP staff)	RBP, Judiciary, RUB, MoH, RIM, OAG
12. Provide legal aid	OAG	RCJ, RENEW, NCWC
13. Establish help lines	RENEW	NCWC, Telecom
14. Provide counselling services, including family counselling	RENEW/MoH/MoE/NCWC	
15. Establish shelters	RENEW	MoHCA, MoH, MoE, NCWC, RBP
16. Provide skills training and microfinance services for the economic empowerment of women victims/survivors of violence	RENEW	MoLHR, MTI, BDFC, NWAB and other relevant NGOs

Activities	Responsible Agencies	Partners
17. Build capacity of NGOs and NCWC to deal effectively with VAW	NCWC	RENEW

3.7 Prejudices and Stereotypes

Introduction

Every day, everywhere, we are bombarded with ideas of female and male natures and capabilities, and female and male roles and responsibilities in one form or another – in our homes, at school, in the outside world, in books, television, religion, poetry and epic, laws and philosophy. But the overpowering role that language plays can hardly be ignored since it inherently serves as a thread in the social fabric to construct and perpetuate gender stereotypes. It is obvious that norms and expectations exist in almost all societies, to a greater or lesser degree. They are, however, not unchanging, nor are they consistent and uniform. Thus, if our choices are dictated by social rewards and punishments, and if the cost of not abiding by a norm is material deprivation, social disapproval or humiliation, very few wish to break the norm.

The Bhutanese society, like other societies in the world, assigns clear gender roles and responsibilities to both women and men, which in effect has influenced women's own perception and participation in the public sphere (see also Good Governance and Economic Development). General opinion expressed by older generations reveal that Bhutanese women were historically and socially disadvantaged due to socio-cultural norms prevalent at the time, especially in terms of access to education. For example, until a few decades ago, the only form of institutional education that existed was monastic education, and cultural norms determined that only monks were privileged to receive it. Thus, most women remained illiterate until the introduction of the modern education system. Even then, access to education for most Bhutanese girls remained restricted, as most parents viewed girls as more vulnerable than boys. Parental concern also was the crucial factor in determining whether to permit girls to attend school, especially if the school was far from home.

Furthermore, girls were expected to assume greater responsibilities in the household than their male counterparts who, having greater freedom over a wide social boundary, could leave the surroundings of the household and the village for business or in pursuit of education

Despite advancements, traditional and cultural practices on gender roles remain steadfast in Bhutan. As Bhutanese youth emerge into adulthood, the futures of these boys and girls appear more or less fixed, both in terms of their work roles and their emotional lives. Girls perceive that they should get married, raise children, and cultivate patience and obedience. It is still believed that nature intended women to be mothers and men to be protectors that a woman's place is the home and man's the world and that women ultimately are responsible for the kitchen and children, whereas men are accountable chiefly to their public roles, as wage-earners and heads of families. As a consequence, men have dominated the public domain and women remained within the private domain.

However, gender roles and responsibilities have not remained static or immutable. Today, we find men and women engaged in activities generally considered not typical of their sex. Women do perform heavy chores and physically exacting tasks, while some men take great pleasure in minding children.

Overview of the Current Situation

Buddhist values, inherent in the fabric of Bhutanese society, place women in a relatively better situation than women in other developing countries in the region. Women in Bhutan enjoy relative freedom and equality in many spheres of life. Laws in Bhutan treat women and men equally; women's rights and interests are safeguarded by many provisions of different legal acts, including Article 9 (17) of the draft Constitution, as noted in the section on Violence Against Women.

The birth of daughters are welcomed and celebrated as much as the birth of sons. As a largely matrilineal society, women are favoured in terms of inheritance and are often the heads of household, overseeing day-to-day management of domestic business transactions. However, although these traditional practices of inheritance have been largely favourable to women, participants in FGDs conducted in the GPS 2001 believed they also may have constrained women's mobility and thereby limited their opportunities in areas such as education and employment. Household decisions are made jointly by husband and wives, and in rural Bhutan, as noted in the section on Economic Development, the household and agricultural works are jointly shared.

Nonetheless, there are challenges to being a woman in Bhutan. The status of women is influenced by many factors, including the previously mentioned socio-cultural perceptions that generally hold women as less confident, capable and strong, and sexually more vulnerable than men. These perceptions have greatly influenced their position in terms of access, including educational and employment opportunities. Women's own perception of themselves in Bhutan seems to be based on these two factors, which are viewed as shortcomings. The GPS 2001 found that the belief that men are higher than women by nine "noble" – i.e., human – births (*Pho dba mo gi bana keraap ghu yoe*) remains strong in some rural areas, although educated women increasingly refute it.¹¹⁴ Almost all rural women in one study said they preferred to be born male.¹¹⁵ Some prayers recited by women begin, with "I pray to Buddha, show mercy on me, let me give birth to a son," or "I pray to Buddha, let me be a man in my next life."

Adages like the following also indicate the perceived superiority of men over women, such as:

- *'Pho ZhenRo Jinmi, Mo Draro Lenmi'* ('Even if men are incapable, he has the responsibility of being a provider, but even if women are capable, she should be a receiver')
- *'Pho Ja Thruel Lay, Mo Chik Thruel Choo'* ('Married men can commit adultery 100 times, but if women commits adultery even once, her reputation is considered tarnished,' and it is painful for a husband to tolerate the philandering of his wife)
- *'Pholo Drukchu Geypi Drang Su Mey, Molo Cheynga Zhoen Ju Mey'* ('Men are still considered young even when they reach age 60, but women are considered young only till age 15')

Such adages maintain the beliefs that men have greater self-control than women over their emotions and behaviour, and are naturally stronger and wiser than women. Religious interpretations also make

¹¹⁴ Department of Planning, Ministry of Finance et al (2002). Op.cit.

¹¹⁵ Ibid.

frequent mention of women, often in derogatory phrases as being unclean and temptresses, while also attempting to set standards of fidelity and chastity for them. The issue of women not being allowed to enter a *Gyenkhang* (inner sanctum of a temple) has been repeatedly raised during various workshops and trainings on gender and women's rights. While the actual reasons for this prohibition are not clear, most people believe that it may be because women are considered contaminated and unclean. Although most Bhutanese women seem not to consider this a violation of their rights, some consider it discrimination, especially if it interferes with their job responsibilities.

Meanwhile, the use of the phrase, *Am-tsu Mo-rem No-med Chen* (stupid, ignorant woman) in a national report of the Public Accounts Committee to the 85th session of the National Assembly resulted in nationwide objections from Bhutanese women and the public at large, showing that women are coming forth to challenge culturally accepted stereotypes. Sadly, however, it also illustrated the continuing mindset of many people, as some believed that because the use of such phrases was an age-old practice, it could not perpetuate stereotypes.

While these traditional beliefs have not prohibited women from involvement in agriculture, household decision making, property inheritance or participation in local events and other community activities – and despite equal opportunities and entitlements – they have resulted in keeping the majority of Bhutanese women confined to the home, limited their social boundaries, and kept them economically dependent on their male relatives, or limited their access to education, enterprise development and governance. They also have led to significantly lower levels of achievement for Bhutanese women and girls.¹¹⁶

Challenges

Based on the analysis above, major challenges in relation to prejudices and stereotypes thus include:

- Challenging socio-cultural perceptions on gender roles and relations via awareness and sensitisation, including through the socialisation of children, use of media and so forth
- Eradicating more subdued and indirect forms of gender bias

116 Ibid.

TABLE M: Results-based Action Plan – PREJUDICES AND STEREOTYPES

GOAL: GENDER EQUALITY PROMOTED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
Outcomes				
1. Socio-cultural perceptions of gender roles and relations challenged	1. Perceptions on gender roles and relations	Relevant information in the Gender Pilot Study 2001		
Outputs				
1. Awareness created among policy makers, parliamentarians, parents, the film industry and the media on the impact on gender roles and relations	1. Knowledge/perceptions of policy makers, parliamentarians, parents, the film industry and the media on prejudices and stereotypes and their impact on gender roles and relations	NA		
2. Education and training made more gender-sensitive	2. Gender-sensitive curricula and textbooks for all levels of education and training	Gender perspective especially integrated within the curriculum reform initiated from 2004	Gender sensitive curricula, textbooks and teaching methodology	
	3. Gender-sensitive teaching methodology for all levels of education and training.	None		
4. Strategies identified and implemented to challenge gender prejudices and stereotypes	4. Types of strategies implemented to challenge gender prejudices and stereotypes			
Activities				
1. Conduct a study to analyse various socio-cultural beliefs and perceptions and their impact on gender roles and relations	1. Research paper/document on gender prejudices and stereotypes	0	1 research paper	
2. Review teaching materials and curricula content from a gender perspective at all levels of education and training	2. Teaching materials and curricula content reviewed from a gender perspective at all levels of education and training	Gender perspective especially integrated within the curriculum reform initiated from 2004	Gender-sensitive curricula and teaching materials	
	3. Gender roles and stereotypes removed from teaching materials and curricula at all levels of	No	Yes	

GOAL: GENDER EQUALITY PROMOTED (2008-2013)				
Outcomes, Outputs and Activities	Indicators	Baseline	Target	Assumptions/Risks
	education and training			
4. Integrate gender sensitivity training into the teachers/lecturers/NFE and VTI instructor training curriculum	4. Module on gender sensitivity integrated into the teachers/lecturers/NFE and VTI instructors training curriculum;	None	1 module	
	5. Session on gender sensitivity integrated into in-service training for teachers/lecturers/NFE and VTI instructors	No	Yes	
	6. Number of awareness and sensitisation workshops/materials produced for policy makers, parliamentarians, the film industry and the media on prejudices and stereotypes and their impact on gender roles and relations	0		
6. Sensitise and create awareness among policy makers, parliamentarians, parents, the film industry and media on prejudices and stereotypes and their impact on gender roles and relations	7. Module on gender integrated into the School-Based Parenting Education and Awareness programme	None	One module	
	8. Number of articles, talk shows, documentaries, success stories that portray the images of women and men in a positive and sensitive way		Short video clip on gender	

TABLE N: Responsible Agencies and Partners – PREJUDICES AND STEREOTYPES

Activities	Responsible Agencies	Partners
1. Conduct a study to analyse various socio-cultural beliefs and perceptions and its impact on gender roles and relations	NCWC	RUB (Research Unit), Centre for Bhutan Studies, agencies with knowledge on gender such as NWAB and RENEW, historians, anthropologists, <i>Lams</i>
2. Review teaching materials and curricula content from a gender perspective at all levels of education and training	MoE, RUB, MoLHR for its respective level/type of education	NCWC
3. Integrate gender sensitivity training into the teachers/lecturers/NFE and VET instructor training curriculum	MoE, RUB, MoLHR for its respective level/type of education	NCWC
4. Sensitise and create awareness among policy makers, parliamentarians, parents, the film industry and media on prejudices and stereotypes and its impact on gender roles and relations	NCWC	RGoB, National Assembly, media, film industry, MoE (Department of Youth and Sports), RENEW
5. Use the media to portray the images of women and men in a positive and sensitive way	Media (all forms)	NCWC

Annexure 1: TOR for Gender Focal Points

1. Purpose

Gender focal points are the vehicle through which the RGoB will mainstream gender in the Government sector, in response to its commitment to CEDAW.

2. Objective

The Gender Focal Point will be responsible for mainstreaming gender in her/his Ministry or Department at organizational, policy and operations levels. In this way policies and programmes will be gender-informed and their potential to benefit women and men, girls and boys of Bhutan will be enhanced.

3. Responsibilities and Outputs

- Conduct gender sensitisation/gender capacity building trainings/workshops in your Ministry/ Department at least once a year
- Develop and maintain a comprehensive knowledge database on gender and gender issues, impacts and strategies on sectors serviced by your Ministry/Department, and raise awareness amongst staff through:
 - The Ministry/Department's newsletter
 - The Gender Information Board in your office
- Participate in meetings, workshops and discussions with other gender focal points on a regular basis
- Initiate, support and advocate for gender mainstreaming efforts in the ministry/ department, and its programmes and projects
- Propose gender items on the agenda of all ministry/department meetings, workshops and seminars
- Advise all levels of the ministry/department on all matters relating to gender and women
- Develop and encourage the use of specific measures and tools for work among sectors of your ministry/department
- Submit a biannual update on your activities and on policies of your ministry/Department that may be related to gender and women to the National Commission on Women and Children with copies to the Head of the Ministry and other departmental heads
- Prepare and provide sectoral inputs for studies/reports/documents when required

4. Linkages With Other Gender Focal Points

- NCWC will coordinate networking and dissemination of information among Gender Focal Points via an email list, the contents of which will be drawn from the bimonthly reports of Gender Focal Points, as well as other relevant events and research
- The email list will serve to provide support for and between gender focal points, and promote coordinated implementation of the National Plan of Action for Gender
- The email list will also notify Gender Focal Points of opportunities to participate in meetings, training or other forums either at the local, national, regional or international levels

Annexure 2: Engendering the Suggested Format for Terms of Reference for Evaluations

[Box 13.1 in the National Monitoring and Evaluation System Manual]

1. Evaluation purpose

- Give a summary of the programme or project being evaluated
- Describe the purpose of the evaluation, including who will use the evaluation results and how, as well as its scope and timing: **Will both women and men stakeholders be given the opportunity to formally comment on or state their reservations about the evaluation results?**

2. Evaluation Questions or Objectives

- List the major questions that the evaluation should answer: **Are gender equality and equity considerations and issues included in this list? E.g. Assess impacts of the programme or project on women and men, women and men's participation in the programme or project, benefits resulting from the programme or project for women and men**
- Questions could be based on a set of criteria, policy issues and performance standards that suit the evaluation purpose: **Who determines the evaluation criteria, policy issues and performance standards?**

3. Evaluation Methodology

- Describe the methodology to be used for evaluation such as evaluation approach and data collection methods: **Will participatory methods be used? Will the opinions of both women and men be considered?**
- Identify sources of available data: **Are sources of available gender-disaggregated quantitative and qualitative data identified?**

4. Evaluation Team

- Describe the composition of the evaluation team
- Identify the qualifications and skills of the evaluators: **Does it specify the need for gender expertise?**

Annexure 3: Engendering the Sector Programme Profile

[Form 1A in the Guidelines For Preparation of the Tenth Plan]

ANNEXURE TABLE 0-1: PROGRAMME RESULTS MATRIX

Results Levels	Indicator Description	Baseline Indicator	FYP Target	Link to Vision 2020, MDGs, Sector & other Thematic Goals & Targets
Impact 1 (Long-Term Result): Do gender relations in any way influence the programme goal? Note: if overall sector goals and targets given in Part II of the Guidelines are used to define the programme impact, ensure that they are (made) gender sensitive wherever possible	What measures can verify achievement of the gender-sensitive goal? Data for verifying the goal should be gender-disaggregated and analysed in terms of gender	Are the baseline data gender-disaggregated and analysed in terms of gender?	Does the expected target consider the situation and needs of both women and men?	Note: Regarding link for promotion of gender equality and equity in particular, reference can be made to - Vision 2020: Governance and Balanced and Equitable Development - MDGs: MDG 3 Promote Gender Equality and Empower Women
Outcome 1 (Medium-Term Result): Does the programme have gender-sensitive objective(s)?	What measures can verify achievement of the gender-sensitive objective(s)? Data for verifying the programme objectives should be gender-disaggregated and analysed in terms of gender	Are the baseline data gender-disaggregated and analysed in terms of gender?		
Output 1 (Short-Term/Immediate Result): Is the distribution of benefits taking gender roles and relations into account?	What measures can verify that programme benefits accrue to women as well as men, and the different types of women engaged in or affected by the programme? Data for verifying the programme outputs should be gender-disaggregated and analysed in terms of gender	Are the baseline data gender-disaggregated and analysed in terms of gender?		
Output 2:				
Outcome 2:				
Output 1:				
Output 2:				

ANNEXURE TABLE 0-2: SUB-PROGRAMME/PROJECT/PROGRAMME COMPONENT

Sub-Programme/Project/ Component	Impact, Outcome and Output	Programme/Project Type	Geographic Coverage/ Target Beneficiaries	Planned Start Date	Planned Finish Date	Lead Implementing Agency	Collaborating Agencies
Sub-Programme Name Project 1/ Component 1 Name: Does the project/component take into account the situation and needs of different groups among target beneficiaries (women and men)?			Does the project differentiate between different groups among target beneficiaries (women and men)?				
Project 2/ Component 2 Name							

ANNEXURE TABLE 0-3: PROGRAMME BUDGET SUMMARY

Sub-Programme/Project/Component	Estimated Budget Requirements (Nu. in Million)			Funding Source	Funding Type	Remarks
	Recurrent	Capital	Total			
Sub-Programme Name: Project 1/Component 1 Name:	Does the budget reflect gender issues and concerns? Does the budget take into consideration its impact on the existing gender roles and relations and its contribution to the achievement of gender equality?					
Project 2/Component 2 Name						
Total Budget for Programme 1						

ANNEXURE TABLE 0-4: MONITORING AND EVALUATION PLAN

Results Levels	Indicators	Baseline	Target	Data Method	Source/Collection	Reporting Responsibilities		
						Frequency/Timing	Frequency	and Report to
Impact 1 (Long-Term Result): Do gender relations in any way influence the programme goal?	What measures can verify achievement of the gender-sensitive goal?	Are the baseline data gender-disaggregated and analysed in terms of gender?	Does the target consider the situation and needs of both women and men?	Quantitative and qualitative data collection methods providing gender related qualitative information	Quantitative and qualitative data collection methods providing gender related qualitative information			
Outcome 1 (Medium-Term/Intermediate Result): Does the programme have gender-sensitive objective(s)?	What measures can verify achievement of the gender-sensitive objective(s)?	Are the baseline data gender-disaggregated and analysed in terms of gender?		Quantitative and qualitative data collection methods providing gender related qualitative information	Quantitative and qualitative data collection methods providing gender related qualitative information			
Output 1 (Short-Term/Immediate Result): Is the distribution of benefits taking gender roles and relations into account?	What measures can verify that programme benefits accrue to women as well as men, and the different types of women engaged in or affected by the programme?	Are the baseline data gender-disaggregated and analysed in terms of gender?		Quantitative and qualitative data collection methods providing gender related qualitative information	Quantitative and qualitative data collection methods providing gender related qualitative information			
Output 2:								
Outcome 2:								
Output 1:								
Output 2:								

Annexure 4: Engendering the Dzongkhag/Gewog Sector Programme Profile

[Form 1B in the Guidelines For Preparation of the Tenth Plan]

ANNEXURE TABLE 0-5 PROGRAMME RESULTS MATRIX

Results Levels	Indicator Description	Baseline Indicator	FYP Target	Link to Sector and National Goals and Targets
Impact 1 (Long-Term Result): Do gender relations in any way influence the programme goal?	What measures can verify achievement of the gender-sensitive goal? Data for verifying the goal should be gender-disaggregated and analysed in terms of gender.	Are the baseline data gender-disaggregated and analysed in terms of gender?	Does the target consider the situation and needs of both women and men?	
Outcome 1 (Medium-Term Result): Does the programme have gender-sensitive objective(s)?	What measures can verify achievement of the gender-sensitive objective(s)? Data for verifying programme objectives should be gender-disaggregated and analysed in terms of gender	Are the baseline data gender-disaggregated and analysed in terms of gender?		
Output 1 (Short-Term/Immediate Result): Is the distribution of benefits taking gender roles and relations into account?	What measures can verify that programme benefits accrue to women as well as men, and the different types of women engaged in or affected by the programme? Data for verifying programme outputs should be gender-disaggregated and analysed in terms of gender	Are the baseline data gender-disaggregated and analysed in terms of gender?		
Output 2:				
Outcome 2:				
Output 1:				
Output 2:				

ANNEXURE TABLE 0-6 SUB-PROGRAMME/PROJECT/PROGRAMME COMPONENT

Sub-programme/Project/Programme Component	Impact, Outcome and Output	Programme/Project Type	Geographic Coverage/Target Beneficiaries	Planned Start Date	Planned Finish Date	Lead Implementing Agency	Collaborating Agencies	Link to Central Programmes and Projects	
								Programme/Project Name	Agency Name
Sub-Programme Name Project 1/ Component 1 Name: Does the project/ programme component take into account the situation and needs of different groups among target beneficiaries (women and men)?			Does the project differentiate between different groups among target beneficiaries (women and men)?						
Programme/Project/ Component 1									

ANNEXURE TABLE 0-7 PROGRAMME BUDGET SUMMARY

Project/Component	Estimated Budget Requirements (Nu. in Million)			Funding Source	Funding Type	Remarks
	Recurrent	Capital	Total			
Project/Component 1	Does the budget reflect gender issues and concerns? Does the budget take into consideration its impact on the existing gender roles and relations and its contribution to the achievement of gender equality?					
Project/Component 1 Total Budget						

ANNEXURE TABLE 0-8 MONITORING AND EVALUATION PLAN

Results Levels	Indicators	Baseline	Target	Data Method	Source/Collection	Reporting Frequencies and Responsibilities		
						Frequency/Timing	Responsibility	Report to
Impact 1 (Long-Term Result): Do gender relations in any way influence the programme goal?	What measures can verify achievement of the gender-sensitive goal?	Are the baseline data gender-disaggregated and analysed in terms of gender?	Does the target consider the situation and needs of both women and men?	Quantitative and qualitative data collection methods providing gender-disaggregated data and qualitative gender-related information	Quantitative and qualitative data collection methods providing gender-disaggregated data and qualitative gender-related information			
Outcome 1 (Medium-Term/Intermediate Result): Does the programme have gender-sensitive objective(s)?	What measures can verify achievement of the gender-sensitive objective(s)?	Are the baseline data gender-disaggregated and analysed in terms of gender?		Quantitative and qualitative data collection methods providing gender-disaggregated data and qualitative gender-related information	Quantitative and qualitative data collection methods providing gender-disaggregated data and qualitative gender-related information			
Output 1 (Short-Term/Immediate Result): Is the distribution of benefits taking gender roles and relations into account?	What measures can verify that programme benefits accrue to women as well as men, and the different types of women engaged in or affected by the programme?	Are the baseline data gender-disaggregated and analysed in terms of gender?		Quantitative and qualitative data collection methods providing gender-disaggregated data and qualitative gender-related information	Quantitative and qualitative data collection methods providing gender-disaggregated data and qualitative gender-related information			
Output 2:								
Outcome 2:								
Output 1:								
Output 2:								

Annexure 5: Engendering the (Semi-) Annual Progress Report

[Forms 5A and 6A in the National Monitoring and Evaluation System Manual]

TENTH PLAN (2008-2013) (SEMI-) ANNUAL PROGRESS REPORT FINANCIAL YEAR: (REPORTING PERIOD:)

ANNEXURE TABLE 5-9: (3.2) PROGRAMME/PROJECT PERFORMANCE ASSESSMENT

	Key Assessment Questions	Tick (✓) the Appropriate Box				Remarks	
		Fully	Mostly	Partially	Not at All		Too Early to Assess
Programme 1 Project 1	Are the necessary inputs provided on schedule?	☐	☐	☐	☐	☐	
	Are the activities implemented on schedule (according to Annual Workplan)?	☐	☐	☐	☐	☐	
	Are there significant difference between planned activities and actual activities implemented?	☐	☐	☐	☐	☐	
	Are the activities effective in producing planned outputs?	☐	☐	☐	☐	☐	
	Are outputs producing or likely to produce/achieve planned outcomes & impacts?	☐	☐	☐	☐	☐	
	Are both women and men having access to project resources?	☐	☐	☐	☐	☐	If no equal access: reasons
	Are both women and men having access to project services?	☐	☐	☐	☐	☐	If no equal access: reasons
	Are both women and men having or likely to have access to project benefits?	☐	☐	☐	☐	☐	If no equal access: reasons
	Are the indicators/targets realistic?	☐	☐	☐	☐	☐	
	Are the indicators/targets appropriate to measure gender impacts?	☐	☐	☐	☐	☐	
	Are the strategies effective/relevant in promoting women and men's participation and equal access to benefits?	☐	☐	☐	☐	☐	

SUMMARY OF CONSTRAINTS/ISSUES AND RECOMMENDATIONS

Make sure to integrate the gender perspective when answering these questions (e.g., *What remedial actions are needed to achieve expected gender-related outcomes?*)

What are the main constraints/issues encountered during the implementation?	
What are the lessons learnt?	
What remedial actions are required to improve the programme/project implementation?	
Additional comments	

Glossary

Bhutanese Terms

1. **Chathrim:** Law/Rules/Act
2. **Chazo:** Iron works
3. **Chimi:** Elected representative to the National Assembly
4. **Drangpon:** Judge
5. **Drangpon Rabjam:** Assistant Judge
6. **Dzongdag:** Governor
7. **Dzongkha:** National Language of Bhutan
8. **Dzongkhag:** District
9. **Dzongkhag Tshogdue (DT):** District Development Committee
10. **Gewog:** Administrative block/county
11. **Gewog Tshogde (GT):** Administrative block/County Development Committee
12. **Gup:** Elected head representative to the GT
13. **Jabmi:** Legal counsel
14. **Kuensel:** Bhutan's first national newspaper
15. **Mangmi:** Elected representative to the GT
16. **Thrimzhing Chenmo:** Supreme laws of Bhutan
17. **Tshogpa:** Village representative to the GT
18. **Zorig Chusum, Institute of:** National institute for the 13 Bhutanese art and crafts

Gender-Relevant Terms

1. **Culture:** Distinctive patterns of ideas, beliefs and norms that characterise the way of life and relations of a society or groups
2. **Gender:** A concept that refers to the social differences, as opposed to the biological ones, between women and men that have been learnt, are changeable over time and have wide variations both within and between cultures
3. **Gender Analysis:** The systematic gathering and examination of information on gender differences and social relations in order to identify, understand and redress inequities based on gender
4. **Gender-Based Violence:** Encompasses a range of acts of violence committed against females because they are females and against males because they are males, based on how a particular society assigns and views roles and expectations for these people
5. **Gender-Blind:** Ignoring or failing to address the gender equality dimension
6. **Sex or Gender-Disaggregated Data:** Collection and separation of data by sex/gender to allow comparative gender analysis
7. **Gender Discrimination:** The systematic, unfavourable treatment of individuals on the basis of their gender, which denies them rights, opportunities or resources
8. **Gender Equality:** The concept that all human beings are free to develop personal abilities and make choices without limitations set by strict gender roles; that the different behaviour, aspirations and needs of women and men are considered, valued and favoured equally. [Denotes women have same opportunities in life as men, including ability to participate in the public sphere]
9. **Gender Equity:** Denotes the equivalence in life outcomes for women and men, recognising their different needs and interests, and requiring a redistribution of power and resources
10. **Gender Mainstreaming:** An organisational strategy to bring a systematic integration of the respective situations, priorities and needs of women and men in all mainstream policies, with a view to promoting equality between women and men
11. **Gender-Neutral:** Having no differential impact for equality between women and men
12. **Gender Planning:** Technical and political processes and procedures necessary to implement gender-sensitive policy
13. **Gender Relations:** Hierarchical relations of power between women and men that tend to disadvantage women
14. **Gender Training:** A facilitated process of developing awareness and capacity on gender issues, to bring about personal or organisational change for gender equality

Bibliography

RGoB Sources (all published in Thimphu)

1. Department of Employment and Labour. National Labour Force Survey 2001.
2. Department of Planning, Ministry of Finance, RGoB/UNDP, 2002. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): Report of the Kingdom of Bhutan, Combined Initial First, Second, Third, Fourth, Fifth and Sixth Periodic Reports.
3. Department of Planning, Ministry of Finance, RGoB/UNDP, 2003. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): An Updated Summary of the Report of the Kingdom of Bhutan.
4. Department of Planning, Ministry of Finance, RGoB, 2004. Poverty Reduction Strategy Paper – A Cover Note to the Ninth Plan Main Document.
5. Department of Planning, Ministry of Finance, RGoB, and National Statistical Bureau. Bhutan Living Standards Survey (BLSS) 2003.
6. Ministry of Agriculture, 2005. Rural-Urban Migration in Bhutan.
7. Ministry of Education, 2005. 24th Education Policy Guidelines & Instructions, Policy and Planning Division.
8. Ministry of Education, n.d. Education Strategy Paper: Realising 2020 Policy and Strategy.
9. Ministry of Education, General Statistics 2006.
10. Ministry of Education, General Statistics 2005.
11. Ministry of Education, General Statistics 2004.
12. Ministry of Education, General Statistics 2003.
13. Ministry of Education, 2004. Report on the Study to Come Up With Local Innovative Approaches to Enhance and Accelerate Enrolment.
14. Ministry of Education/ Save the Children Fund, 2004. SPEA Program Summary – Assessment Results/Findings.
15. Ministry of Finance, 2005. Millennium Development Goals Progress Report.
16. Ministry of Health, 2003. Anaemia Among Men, Women and Children in Bhutan: How Big Is the Problem?
17. Ministry of Health. Annual Health Conference Report 2005.
18. Ministry of Health. Annual Health Conference Report 2004.
19. Ministry of Health, Annual Health Bulletin of Bhutan 2006.
20. Ministry of Health, Annual Health Bulletin of Bhutan 2005.
21. Ministry of Health, Annual Health Bulletin of Bhutan 2004.
22. Ministry of Health, Annual Health Bulletin of Bhutan 2002.
23. Ministry of Health, 2005. Implementing the ICPD Programme of Action in Bhutan.
24. Ministry of Health, National Health Survey 2000.
25. Ministry of Home Affairs. Genyog Yargay Tshogchhung Chathrim 2002.
26. Ministry of Home and Cultural Affairs, 2004. Manual for the Implementation of DT Chathrim 2002.
27. Ministry of Home and Cultural Affairs, 2004. Manual for the Implementation of GT Chathrim 2002.
28. Ministry of Labour and Human Resources, 2005. A Matter of Gender: A Study Exploring Causes for Female Unemployment in Bhutan (draft).
29. Ministry of Labour and Human Resources, National Labour Force Survey 2004
30. Ministry of Labour and Human Resources, n.d. Vocational Education and Training Policy (draft).
31. National Commission for Women and Children, 2005. Assessment of the Protection Factors for Children.
32. National Commission for Women and Children, May 2005. Bhutan Country Report, Celebrating Beijing Plus Ten, the Fifth South Asia Regional Ministerial Conference, Islamabad, Pakistan.
33. National Commission for Women and Children, 2005. Commemorating Beijing IV—4th South Asia Regional Meeting at Paro, Bhutan, 19-21 May 2003, Bhutan Country Paper.
34. National Commission for Women and Children, 2005. National Consultation on Violence Against Children in Bhutan [21-22 April 2005]
35. National Statistical Bureau. Bhutan at a Glance 2003.
36. National Statistical Bureau. National Accounts Statistics Report 2002

37. National Statistical Bureau, 2004. *Poverty Analysis Report*.
38. National Statistical Bureau. *Statistical Yearbook of Bhutan 2003*, Catalogue No. 101.
39. Office of the Census Commissioner, 2006. *Population and Housing Census of Bhutan*.
40. Officer-in-Charge, Rural Police Station, 2006. *Presentation on the Status of Crime Related to Women and Children..*
41. Planning Commission Secretariat, 1999. *Bhutan 2020: A Vision for Peace, Prosperity and Happiness*.
42. Planning Commission Secretariat, 2003. *Framework Document for Bhutan's Poverty Monitoring and Assessment System (BP-MAS)*.
43. Planning Commission Secretariat, 2006. *Guidelines For Preparation of the Tenth Plan (2007-2012)*
44. Planning Commission Secretariat. *Ninth Plan Main Document 2002-2007*.
45. Planning Commission Secretariat, Central Statistical Office, 2001. *Household Income and Expenditure Survey 2000 (Pilot): Report on Income and Expenditure, Poverty Measurement, and Socioeconomic Profile of the Households*.
46. Planning Commission Secretariat, Central Statistical Office, UNDP, UNICEF and WFP, 2001. *Gender Pilot Study: Bhutan*.
47. RENEW, 2005. *Focus Group Discussion on Domestic Violence, An Analysis*.
- 48.RGoB, 2003. *People at the Centre of Development, Round Table Meeting Report*.
- 49.RGoB. *The Bhutan Penal Code 2004*.
50. RGoB. *The Constitution of the Kingdom of Bhutan, 26 March 2005* (draft).
- 51.RGoB, 2005. *Bhutan Human Development Report, The Challenge of Youth Unemployment*.
52. 53. Royal Civil Service Commission, 2006. *Bhutan Civil Service Rules and Regulations*.
- 54.Royal University of Bhutan. *Staff and Student Statistics as of April 2005*.
- 55.Royal University of Bhutan. *Staff and Student Statistics as of May 2006*.

Other Sources

1. Asian Development Bank, 2004. *Bhutan Gender Diagnostic Study*.
2. Asian Development Bank, UNDP, UNESCAP, 2006. *Pursuing Gender Equality Through the Millennium Development Goals in Asia and the Pacific*. ADB, Manila.
3. Chenchu Dorji, 2004. *Achieving GNH Through Community-Based Modern and Traditional Mental Health Services in Bhutan*
4. Good, M.D.V., 1995. *Poverty and Women's Mental Health*, www.un.org/womenwatch/daw/csw/mental.htm.
5. *Kuensel*, 9 September 2006. 'Another Pap-Smear Centre.'
6. *Kuensel*, 14 June 2006. 'Sex-Related Crimes, Maximum Penalty.'
7. *Kuensel*, 3 November 2005. 'Taking Health Services Closer to the People.'
8. *Kuensel*, 16 September 2005. 'Youths Briefed on Penal Code.'
9. Meekosha, H., 2004. *Gender and Disability*. (Draft entry for forthcoming *Sage Encyclopaedia of Disability*.)
10. Neimanis A., 2001. *Gender Mainstreaming in Practice: A Handbook*. United Nations Development Programme Regional Bureau for Europe and CIS.
11. Phub Dorji, 2006. *Mental Health Programme Policy of MoH*.
12. Phub Dorji, 2004. *Country Paper: Bhutan*.
13. Phuntshok Tshering, 1999. "Case Study in Bhutan," in *Searching for Women's Voices in the Hindu-Kush Himalayas*, ICIMOD.
14. Sustainable Development Secretariat, 2004. *Annual Report for Programmes under the Sustainable Development Agreement*.
15. UNICEF, 2004. *Mid-Term Review of the 2002-2006 Country Programme of Cooperation Between the RGoB and UNICEF*.
16. UNICEF, 2000. *A Situation Analysis of Women and Children in Bhutan*.
17. UNICEF, 1993. *Special Report on Disability and Human Rights*, www.rehab-international.org/publications2/10_22.htm.
18. UNICEF/National Commission for Women and Children, 2006. *A Situation Analysis of Women and Children in Bhutan*.

19. UNIFEM, 2002. *Progress of the World's Women*.
20. United Nations Committee on the Elimination of Discrimination Against Women, 2004, 30th Session 12-30 January 2004. *Concluding Comments Bhutan*.
21. United Nations Country Team, 2006. *Common Country Assessment for Bhutan*.
22. United Nations Population Fund (UNFPA), 2004. *Investing in People: National Programme in Implementing the ICPD Programme of Action 1994-2004*. New York.
23. WHO. *Country Health Profile 2001*. http://w3.whosea.org/LinkFiles/Bhutan_bhutan.pdf
24. WHO, 2005. *Fifty-Eighth World Assembly: Provisional Agenda Item 13.15*.
25. WHO. *Regional Health Forum South-East Asia Region (Volume 5, Number 1)*, http://www.who.int/gb/ebwha/pdf_files/EB116/B116_13-en.pdf, http://w3.whosea.org/LinkFiles/Health_and_Behaviour_bhu.pdf (*Mental Health Policy in Bhutan*), http://w3.whosea.org/EN/Section1243/Section1310/Section1343/Section1344/Section1353_5279.htm (*Regional Health Forum Various Mental Health Diseases and Definition of Mental Health*)
26. WHO. *Report on Status of Bhutan's Health*, website/<http://www.cdc.gov/tobacco/WHO/bhutan.htm> <http://w3.whosea.org/cntryhealth/bhutan/bhustatus.htm> (trends in health status)
27. WHO, 2001. *Women's Mental Health: An Evidence-Based Review 2000*. Geneva.
28. WHO, 2001. *World Health Report 2001: Mental Health: New Understanding, New Hope*. Geneva.
29. World Bank, n.d. *Gender and Governance, A Proposed World Bank Action Plan*
30. World Bank, 2005. *HIV/AIDS Issue Brief: Bhutan*. World Bank, Washington.
31. World Bank, 2004. *Project Appraisal Document on a Proposed Grant to the Kingdom of Bhutan for an HIV/AIDS and STI Prevention and Control Project*, World Bank, Washington
32. World Food Programme, 2003. *Lessons from WFP's Commitments to Women 1996-2001*.

(Footnotes)

- 1 Out of the 100 *Chimis*, 98 are peoples' representative; 1 is the BCCI representative; and 1 is the representative of the Thimphu municipality
- 2 *Chimis* included in setting the DYT target. New target will be set in 2008 (see footnote 14).
- 3 *Chimis* will no longer be part of local governments after 2008
- 4 In: Guidelines for Preparation of the Tenth Plan
- 5 *Ibid*
- 6 *Ibid*.
- 7 *Ibid*.
- 8 See criteria set by MoE and World Food Programme for the selection of schools that are to benefit from the WFP-assisted school feeding programme