

**QUALITATIVE ASSESSMENT OF CHILD PROTECTION
RELATED ISSUES FACED BY CHILDREN WITH
DISABILITIES AND AN ACTION PLAN TO ADDRESS THOSE
ISSUES**

REPORT

DECEMBER 2014

YOUTH DEVELOPMENT FUND

THIMPHU, BHUTAN

Dr Singye Namgyel,
Thuksey Research and Consultancy
Tech-Park, Babesa, P.O. Box No 633
Thimphu, Bhutan
Email: samgyel1961@gmail.com
Mobile: 975 17702127

Executive Summary

Background

Bhutan has signed and ratified the Convention on the Right of the Child (CRC) and has Child Care and Protection Act of Bhutan (2011) in place. The Royal Government of Bhutan (RGOB) has constantly encouraged stakeholders, both government agencies and non-government organizations to play active roles and effectively contribute to meet the needs of the children in difficult circumstances. The YDF is mandated to address the welfare of the entire youth in Bhutan, to make critical interventions towards protection issues and the concerns of children and youth in Bhutan. The YDF invited a consultant to carry out a “Qualitative Assessment of Child Protection related Issues faced by Children with Disabilities and Develop an Action Plan to address those issues”. The assignment has these objectives:

- To assess the child protection related issues for children with disabilities in different settings such as the home, educational and institutional settings; and
- To identify key measures and recommendations on mainstreaming disability in policy and programming, with a particular focus on the child protection related issues and needs of the children.

Methodology

The qualitative assessment employed two data collection instruments of key informant interviews and focus group discussion in addition to analysis of literature and documents. The study has engaged Five Special Education Needs (SEN) Schools which practices mainstreaming and integration programmes, Deaf Education Unit, an Institute for Visually challenged students. It also covered two hospitals. Forty six Teachers, Special Education Needs Coordinators (SENCos), Focal Persons participated in the Focus Group Discussion (FGD). The study invited 41 parents in FGD. Twenty seven principals, teachers, parents participated in the Key Informant Interviews (KII). As many as 20 children and adults with disabilities, both in and out of schools/institutes were observed and informally interviewed. SEN Schools, Institutes and participants represented four regions of West (Drugyel LSS and Deaf Education Unit), South (Tendruk HSS), East (Khaling LSS, Muenseling Institute, Draktsho at Rongthung, Mongar LSS), and Central (Zhemgang LSS).

The FGD and KII data carefully recorded and later transcribed. They were organized under different themes directed by TOR of the assignment. The data are presented as findings; they are also discussed and analyzed based on protection issues.

Findings

Severe Protection Issues: The study found that a severe protection issue is phenomenon of rural settings and economically poor family. Severe Physical and Sexual Abuses seem to be more prevalent at homes and in rural communities. Sexually abused cases within the family and by neighbours were reported in the rural places. Rape of a 11 year old girl (Cerebral Palsy), 14 year old girl (Cerebral Palsy), 15 year old girl (Deaf), and sexual abuses of 25 year old woman (Deaf), 26 years old woman (Deaf) took place in the villages. Some of them reported to have children without legitimate father. The participants also reported that children with disabilities were physically abused by their parents when they did not perform well in schools. Remoteness of settings and illiteracy of family to a large extent negatively affected them.

Protection Issues by Types of Disabilities: Four types of disabilities namely visually impaired, physically challenged, hearing disabilities and learning difficulties were considered to explore their specific protections issues. The *visually impaired* children tend to have more issues related to accessibility. They include access to information, lack of assistance, lack of positive attitude by the disable persons themselves or people around them. The degree of issues differs by settings (rural/urban), education, family status, income generation of the students. Education is a big factor. In addition, lack of assistive devices and technology (Eg soft ware) are constraints for accessibility. Generally female children with disabilities appear to have more risk of getting abused than male counterparts. *Physically challenged* persons face biggest challenge, because of mountainous terrain, buildings are totally inaccessible. They

are not user friendly for wheel-chair users, crutches. Public places like banks, post offices, market places, toilets, entertainment/recreational spaces, Dzongs, schools, are not user friendly. As a result physically challenged children face additional challenges in learning as well. It would also depend on the degree and type of physical disabilities.

The biggest problem the group of children with *hearing disability* faces is the communication. Bhutan does not yet have a standard medium of communication for deaf, example Sign Language. However, they are good contributors in economic activities at home and in the community. They are physically fit and strong. Another big challenge they face is the social discrimination, and they are always labeled by their impairment/disability, such as tsagay, yongba. There is stigma associated with them in the society. *Learning difficulty* is prevalent in the country and the number is huge. Since this is a wide area it poses immense difficulty to study. In addition there is challenge in the identification of this type of disability and as a result hampers in providing timely interventions. The country does not have resources and capacity to tackle these issues at ease and any time soon. Children have differing level of intelligence and learning style and education system and methodology are not able to cater to individual needs. This has resulted in a significant number of drop outs in the schools.

Gaps and Challenges: The study found some gaps and challenges in the existing facilities, services, systems, institution. All SEN schools are run by mainstream teachers. If the programmes are to be continued there is a great need for capacity development, additional resources and incentives. Since the students with special needs require one-to-one attention there is a need to increase the number of teachers to provide proper education. There is an expressed need for equal opportunity for education. Some of the teachers also suggested the SEN schools to be considered across all levels, right upto Higher Secondary and Degree. They reported that there are no services in higher classes and sometime they get ridiculed.

Similarly children with disabilities who are not in schools/institutes also face these gaps and challenges. Firstly they are deprived of educational opportunities; secondly the facilities at homes are not user friendly for them.

One of the protection concerns raised is the accessibility. Children with Disabilities cannot access to public places like Banks, Post Offices, Local Government Offices, Dzongs, Lhakhangs, Chortens, etc. The facilities and spaces should be made user friendly for children and people with disabilities to have physical accessibility in the area of all their needs and rights. Facilities such as lights, toilets in our town are meant for only children and people without disability. The study also found a dire need for therapists including physical, speech, occupational, ophthalmologist, and audiologist. They are reported to be important in developmental stages that should be placed in hospitals and strategic institutions. The study also notes cases of intellectually challenged children in the country. There is a need for all agencies concerned to be prepared to provide proper services to this section of population.

The study also identified institutional and systemic gaps and challenges. There still exists social stigma and discrimination. There is also a general lack of awareness within health system of disability issues and referrals. The country does not have national point to refer when encounter child with protection issues. There is also a lack of early identification, poor registry and follow-up tracing, progress and as a result misses appropriate and timely intervention. A major challenge the parents and their children with disabilities still face is the barriers to inclusive health, access, attitude, over-protection, negligence, etc.

Recommendations

Policy and Enabling Environment

- Enactment of “Persons With Disability Act of Bhutan”
- Ratification of “UN Convention on the Rights of Persons with Disability (UNCRPD)”
- Review of Child Care and Protection Act (CCPA), 2011
- Endorsement of National Education Policy 2012
- Create enabling environment for Children with Disabilities to have ALL RIGHTS

Systems and Services

- Capacity development of line agencies to protect children with disabilities
- Creation of public facilities that are user friendly for individuals with disability
- Allocation of adequate and regular financial resources
- Institution of referral point for children with disability
- Establishment of Community Based Rehabilitation (CBR) Programmes for Children with Disability
- Creation of Services Centres with conducive facilities for Children with Disabilities in Crisis
- Establishment of Vocational Training Institutes
- Establishment of Community Recreational Centres

Demand Promotion

- Sensitization and awareness of general public on children with disabilities
- Comprehensive National Survey for Children with Disabilities
- Training on understanding children with disabilities
- Orientation training on children with disabilities for MPs and Executives.

Conclusion

The qualitative assessment of protection issues faced by children with disabilities delved into types of abuses namely physical, sexual, emotional, neglect, exploitation, so forth. The kind of abuses, neglect reported either due to innocence or ignorance of individual persons, institutional culture or systemic structure, warrants early attention. Notwithstanding the gamut of issues the government has to attend to for national cause, it is timely that the disability issues must top the priority list of agenda, be it in the Cabinet, Parliament, Media, and/or Everywhere. With will and commitment from all corners Children and Persons with Disability of Bhutan will live in an inclusive society. This will significantly contribute towards achieving an important element of GNH.

Acknowledgement

Thuksey Research and Consultancy firm expresses its immense gratitude to Youth Development Fund for providing the assignment on “qualitative assessment of protection issues of children with disabilities”. The firm also whole heartedly extends thanks to Ms Kinley Lham for her prompt support and guidance throughout the study.

A number of individuals and groups have participated in this assignment. Focal persons, program officers, child protection officers, directors, parents, teachers, principals, SENCOs, students have contributed to the study either as key informants, focus group discussion participants, members of consultation meeting, education specialists, or simply as guide. The contributions from each one of them is tremendous without which the study would have been incomplete.

The participants of the Nov28 Workshop must deserve a huge applause. The outcome of the workshop that culminated into a group presentation of challenges and recommendations on health, education and family and special protection helped crystallize findings and recommendations of this study.

The institutions and participants that I must equally thank, if not more, are SEN Schools, Draktshos, Hospitals, Physio-Technicians, Doctors, the students, parents, out of school children with disability. Without them the study would have no firsthand data. Their honest views and observations are sources of the actual situation of protection issues of children with disabilities in schools and institutions in particular and in the society in general. I thank one and all.

Table of Contents

S No	Contents	Pages
	Executive Summary	2
	Acknowledgement	5
	Introduction	8
1	Protection Issues of Children with Disabilities: International Experiences	8
	1.1 Definition of disabilities	8
	1.2 Types of Disabilities	9
	1.3 Child Protection Issues	11
	1.4 Abuse of Children with Disabilities	12
	1.5 Relationship between type of Maltreatment and type of Disability	13
2	Persons with Disability in Bhutan: Achievements and Current Scenario	15
	2.1 Nature of disabilities and their prevalence in Bhutan	15
	2.2 Laws and Clauses related to Children with Disabilities and their gaps	16
3	Objectives and Scope of the Assignment	18
	3.1 Objectives of the Assignment	18
	3.2 Scope of the Assignment	18
4	Methodology	19
	4.1 Qualitative Assessment Approach	19
	4.2 Data Collection Instruments	19
	4.3 Sources of Data	19
	4.4 Data collection procedures	19
	4.5 Data analysis procedures	20
5	Findings: Discussion and Analysis	20
	5.1 Prevalence of Types of Disabilities	20
	5.2 Physical abuse/harm/corporal punishment: Degree of Prevalence	21
	5.3 Emotional abuse/Psychological Harm and its Prevalence	23
	5.4 Neglect: Issues and Prevalence	24
	5.5 Sexual abuse/molestation	29
	5.6 Socio-Economic background of Parents and its Impact on Children with Disabilities	30
	5.7 Causes of disabilities	30
	5.8 Existing services that support children with disabilities: Gaps and challenges	31
	5.9 Perceptions about the Mainstreaming of Children with Disabilities	34
	5.10 Social Norms and their Impact on the Protection Issues of Children with Disabilities	35
	5.11 Protection Issues by Types of Disabilities	36
	5.12 Severe Protection Issues: Culture of Rural Settings and Economically Poor Family	37
6	Recommendations	37
	6.1 Policy and Enabling Environment: Protection Issues for Children With Disabilities	37

	6.2 Systems and Services: Protection Issues for Children With Disabilities	38
	6.3 Demand Promotion: Protection Issues for Children With Disabilities	39
	6.4 MOE and MOH as the lead agencies for addressing protection issues	39
	6.5 Roles and Responsibilities of Other Line Agencies	40
	6.6 Capacity Building and Education for Critical Stakeholders	40
	6.7 Areas of Training Needs for Front line staff and General Public	40
7	Conclusion	41
8	References	43
9	Annexure	45
	Annexure A: FGD Participants-Teachers, Focal Persons, SENCOS, Parents	46
	Annexure B: FGD Questions for Expert Team, Stakeholders, Parents, Teachers, etc	49
	Annexure C: List of KII Participants- Principals, Focal Persons, Parents, etc	55
	Annexure D: KII Questions for all	56
	Annexure E: Research Matrix	59
	Annexure F: Work Plan- Timeline of Activities	60
	Annexure G: Consultant's Profile	61
	Annexure H: Participants of Consultation Meeting	62
	Annexure I: Govt Agencies and CSOs on Protection Issues of Children with Disabilities	63

QUALITATIVE ASSESSMENT OF CHILD PROTECTION RELATED ISSUES FACED BY CHILDREN WITH DISABILITIES AND AN ACTION PLAN TO ADDRESS THOSE ISSUES

Introduction

It is the sacred responsibility of any government to cater to the needs of persons with disability and the provision of services to children with disability become even more imperative. Bhutan has signed and ratified the Convention on the Right of the Child (CRC) and has Child Care and Protection Act of Bhutan (2011) in place. The Royal Government of Bhutan (RGOB) has constantly encouraged stakeholders, both government agencies and non-government organizations to play active roles and effectively contribute to meet the needs of the children in difficult circumstances. Among other the Bhutan Youth Development Fund (YDF), is a champion. The YDF is mandated to address the welfare of the entire youth in Bhutan, to make critical interventions towards protection issues and the concerns of children and youth in Bhutan. In addition to numerous noble activities the YDF invited a consultant to carry out a “Qualitative Assessment of Child Protection related Issues faced by Children with Disabilities and Develop an Action Plan to address those issues”.

Thuksey Research and Consultancy has been awarded the assignment vide “Work Order” no YDF/AFD/wo/2014/2979 dated 20th August 2014. The first meeting was held on August 25, 2014 with Madam Kinley Lham, the Project Coordinator and further clarified the scope of work, methodology, time frame of the assignment, contract agreement including terms of payment. Subsequently the Contract Agreement was signed on August 27, 2014. A second stakeholder meeting was held on September 26 during which a lot of issues were addressed and the tasks got clarified including the methodology. One more consultation meeting was held on November 25, 2014. The 1st draft of the report was presented and the members made comments, provided directions to further improve the content and structure of the report. List of participants of the consultation meeting is in *Annexure H*.

The structure of the Report entails Introduction; Protection Issues of Children with Disabilities: International Experiences; Current Scenario of Persons with Disability in Bhutan; Objectives and Scope of the Assignment; Methodology; Findings and Recommendations. The Report also has a number of Annexures.

1. Protection Issues of Children with Disabilities: International Experiences

1.1 Definition of disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) states that persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Article 1- CRPD, United Nations, 2006). Furthermore, the UNICEF, (Innocenti Research Centre, 2007) suggests using the term ‘children

with disabilities’ rather than ‘disabled children’ to emphasize children’s individuality rather than their condition and maintains that the choice of words used can either perpetuate social exclusion or promote positive values.

Disability is generally defined as “the term ‘child with a disability’ means a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, and who, by reason thereof, needs special education and related services.”

Under the International Classification of Functioning (ICF), Disability and Health established by the World Health Organization (WHO) in 2001, disability is conceived as the outcome of the interaction between impairments and negative environmental impacts. The WHO emphasizes that most people will experience some degree of disability at some point in their lives. Accordingly, the ICF classification focuses on a child’s abilities and strengths and not just impairments and limitations. It also grades functioning on a scale from no impairment to complete impairment. By shifting the focus from cause to impact, ICF places all health conditions on an equal footing. The term ‘impairment’ is used to refer to the loss or limitation of physical, mental or sensory function on a long-term or permanent basis. ‘Disability’, on the other hand, is used to describe the condition whereby physical and/or social barriers prevent a person with impairment from taking part in the normal life of the community on an equal footing with others.

There is an estimated 500-650 million people worldwide who live with some type of impairment. The WHO estimates that around 10 per cent of the world’s children and young people (200 million) have sensory, intellectual or mental health impairment and approximately 80 per cent of them live in developing countries. Depending on how disability is defined, global figures estimate that 200 million children experience some form of disability (UNESCO, 2010: Reaching the marginalized). However, statistics on incidence and prevalence of childhood disabilities are slim and assumptions often lie within large ranges of uncertainty and are outdated (UNICEF, 2007). Children with single or multiple forms of physical, mental, intellectual, or sensory impairments can become disabled if attitudinal and environmental barriers deny their human rights, hinder access to basic services and foreclose equal participation.

1.2 Types of Disabilities

The Individuals with Disabilities Education Act (IDEA) of the U.S. Department of Education does provide comprehensive definitions of disability terms and 14 types of disabilities are reported. They are briefly described.

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Some also refer this term as Pervasive Development Disorder (PDD) and is mostly associated with neurological disorder. A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

Deaf-Blindness means concomitant [simultaneous] hearing and visual impairments, the combination of which causes such severe communication and other developmental and

educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Deafness means a hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification. This is different to hearing impairment and refers to total deafness.

Developmental Delay refers to development delay in some children which can be visible from the very early age. Some are seen to improve at a later age and most observation under this takes till age nine. The term developmental delay means a delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive [behavioral] development. This is when a child does not reach their developmental milestone at the expected time. It is an ongoing, major delay in the process of development.

Emotional Disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree:

- (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (c) Inappropriate types of behavior or feelings under normal circumstances;
- (d) A general pervasive mood of unhappiness or depression; and/or
- (e) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Hearing Impairment refers to impairment in hearing, whether permanent or fluctuating, that adversely affects a child but is not included under the definition of “deafness.” While a child who is hearing impaired may be able to use sound as way to gather information with the help of hearing aids or other devices, deaf children cannot use the same device.

Intellectual Disability means significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period. This term is same as old term ‘mental retardation’ which is no more in use. The Down syndrome is also included in this category.

Multiple Disabilities refers to concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe conditions in the children that is not explained by either of the impairments. Such conditions need separate program as program solely for one of the impairments are inadequate. The term does not include deaf-blindness.

Orthopedic Impairment refers to a severe orthopedic impairment that adversely affects a child’s performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures). The Spina Bifida otherwise defined separately is included in this category.

Other Health Impairment refers to having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, resulting into adversely affecting a child’s

performance due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder which is in short referred as (AD/HD), diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome. This definition includes other medical problems not included anywhere that impact children's ability to perform.

Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage.

Speech or Language Impairment means a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's performance. However, this disorder does not describe cultural differences in language, such as accents or dialects.

Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Visual Impairment/Blindness means impairment in vision that, even with correction, adversely affects a child's performance. The term includes both partial sights, low vision, legally blind and total blindness.

1.3 Child Protection Issues

Poverty is a pervasive barrier to participation worldwide, and is both a cause and a consequence of disability. Families living in poverty are much more vulnerable to sickness and infection, especially in infancy and early childhood. They are also less likely to receive adequate health care or to be able to pay for basic medicines or school fees. The costs of caring for a child with a disability create further hardship for a family, particularly for mothers who are often prevented from working and contributing to family income (UNICEF, 2007). Furthermore UNICEF defines child protection as prevention and response to abuse, neglect, violence and exploitation of children.

WHO defines Child maltreatment (child abuse) as "all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity." WHO recognizes five sub-types namely– (i) physical abuse; (ii) sexual abuse; (iii) neglect and negligent treatment; (iv) emotional abuse; and (v) exploitation.

Literature defines 'child abuse and neglect' as any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual

abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm”. Child abuse and neglect or just child abuse or child maltreatment, though neglect has increasingly been mentioned separately by most recent literature, are major issues in regard to child protection. There could be many forms of child abuse but four major categories (WHO; UNICEF) appear very often.

1. **Physical abuse** is defined as deliberately inflicting physical injury to a child (non-accidental physical injury) which could be minor bruises to severe fractures or death. The cause of injury may be poisoning, shaking or hitting, throwing, biting, kicking, choking, burning or otherwise harming a child. Such action may be from a parent, caregiver or other person who has responsibility for the child. The physical abuse from someone like a stranger is normally a criminal act.
2. **Sexual abuse** is defined as “the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.” It may also be defined alternatively as ‘involving a child or young person in sexual activities whether or not the child is aware of what is happening. This may involve non-contact activities.’
3. **Emotional abuse** (or psychological abuse) is the persistent or severe emotional ill-treatment or rejection of a child by having no feeling of warmth, care or concern for the child. All child abuse involves some emotional ill treatment. This is a pattern of behavior that impairs a child’s emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child. Examples of such abuses are age or developmentally inappropriate expectations, ridiculing or bullying.
4. **Neglect** is also a persistent or severe neglect of a child, sufficient to seriously endanger health or development. Neglect is the failure of a parent, guardian, or other caregiver to provide for a child’s basic needs. Neglect may be:
 - Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision, abandonment,)
 - Medical (e.g., failure to provide necessary medical or mental health treatment)
 - Educational (e.g., failure to educate a child or attend to special education needs)
 - Emotional (e.g., negligence to address to a child’s emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs).

Sometimes cultural values, the standards of care in the community, and poverty may contribute to maltreatment. It is possible that a child may suffer from more than one type of abuse. For example a neglected child may also be suffering from emotional abuse.

1.4 Literature on Child Protection issues for Children with Disabilities

Research and experiences show that child abuse and neglect can affect any child, but children with disabilities are at a greater risk of maltreatment than children without disabilities. It is also found that children with disabilities receive less attention

compared to children without disabilities which is sometimes in cultural settings, societal treatment, medication and facilities, race and religion, poverty and many other factors.

- Catherine Thornberry and Karin Olson in *“The Abuse of Individuals with Developmental Disabilities”* argue how individuals with disabilities are dehumanized by people who are supposed to help assist them. Dehumanizing somebody means that you are taking away their abilities and qualities that make them a person and lowering them to the level of just an object or a thing. Catherine Thornberry and Karin Olson often found that the caregivers or assistants are the ones who are unintentionally bullying the disabled individuals. The caregivers look at the individuals at slower standard than they do other people, which is discrimination.
- In 2009, there were 9.3 unique victims of child maltreatment per 1,000 children in the U.S population (*U.S. Department of Health and Human Services, 2010*). Because States are not required to submit data on the disability status of abused or neglected children, variation in the way States define and collect these data makes it difficult to accurately estimate the rates of maltreatment among children with disabilities.
- According to *Child Maltreatment 2009*, 11 percent of child maltreatment victims had a reported disability (*U.S. Department of Health and Human Services, 2010*). The estimate is based on roughly 484,000 victims in 42 States that submitted some data on child disability status.
- A special analysis of data from *Child Maltreatment 2004* revealed that children with a disability were 1.68 times more likely to experience abuse or neglect than children without a disability (*U.S. Department of Health and Human Services, 2006*)
- HHS’s National Incidence Study of Child Abuse and Neglect (NIS), reporting on data from 2005 and 2006, found that children with disabilities had overall lower rates of maltreatment compared to the general population but were 1.5 times more likely to be seriously harmed by the abuse or neglect they experienced (*Sedlak et al., 2010*).
- A multistate analysis of repeated child abuse victimization found that children with an indication of disability were 1.5 times more likely to experience substantiated maltreatment 2 years after their first report (*Fluke et al., 2008*).
- An Illinois study found children with a behavioral health condition who were maltreated before age 3 were 10 times more likely to be maltreated again (*Jaudes & Mackey-Bilaver, 2008*).
- *Sullivan and Knutson (2000)* examined data on all children enrolled in public schools and early intervention programs and found that children with disabilities were 3.4 times more likely to be maltreated than children without disabilities. Generally peers and parents are reportedly doing the maltreatment.

Despite these findings, a lack of consistent national and international data concerning the incidence of maltreatment among children with disabilities represents a major barrier to designing, implementing, and evaluating prevention programs and services for this population (*Horner-Johnson & Drum, 2006; Kendall-Tackett et al., 2005; Marge, 2003*).

1.5 Relationship between type of Maltreatment and type of Disability

Some studies have explored the relationship between the type of child maltreatment and type of disability. *Sullivan and Knutson (2000)* found that children with disabilities often experience multiple types of maltreatment and that neglect is the most common.

Children with disabilities are three times more likely than children without them to be victims of sexual abuse, and the likelihood is even higher for children with certain types of disabilities, such as intellectual or mental health disabilities [Vera Institute of Justice, New York: *Sexual Abuse of Children with Disabilities-A National Snapshot* (Nancy Smith and Sandra Harrell); Issue Brief, March 2013]. Disabled people are more vulnerable to sexual abuse than the general population for numerous reasons. As they are less likely to report what has happened to them, their rapists are able to get away with the abuse.

According to Valenti-Hein & Schwartz, only 3% of sexual abuse cases involving developmentally disabled people are ever reported, more than 90% of developmentally disabled people will experience sexual abuse at some point in their lives, and 49% will experience 10 or more abusive incidents.

Performing a special analysis of 2005 NCANDS data, Taylor (2009) also found children with disabilities were more likely to experience neglect than children without disabilities. The table below summarizes Taylor's results:

Table 1.1: Abuses by Types of Disabilities

	Neglect	Physical abuse	Sexual abuse	Psychological / emotional	Medical neglect
Children with disabilities	57.4%	25.8%	8.8%	4.4%	3.5%
Children without	51.3%	30.1%	11.6%	4.7%	2.3%

Several studies found that children with emotional or behavioral disorders were at the greatest risk for maltreatment (Govindshenoy & Spencer, 2006; Helton & Cross, 2011; Jaudes & Mackey-Bilaver, 2008; Sullivan & Knutson, 2000).

Studies also report that 52% of children with learning disability in the UK are bullied, according to Mencap, and some of them feel intimidated to go out. A 2012 survey by the WHO found that 82% of children with Down syndrome are bullied in Africa. Over two thirds of Down syndrome adults said they had been bullied at work in a survey by the WHO.

Two more recent studies found that children with mild impairments are at greater risk for maltreatment than those with more severe impairments (Fisher et al., 2008; Helton & Cross, 2011).

The biggest challenge is that other people who come across or witness abuses involving individuals with disabilities are often less likely to report. Society sees the disabled as dangerous people, feel burdened and under pressure. In a clinical study it was found that the physicians would provide good quality of care to individuals with disabilities because they are scared that they would hurt them or die in their hands. The problem is the physicians suppress the problems instead of addressing them by giving them drugs to make them be quiet. It was also found that physicians were less likely to report sexual abuse or any abuse that they found present on these individuals. The greatest impediment in caring and nurturing the individuals with disabilities is the belief that people with disability matter less than any other human and many feel they are useless and a burden in the family or society.

2. Persons with Disability in Bhutan: Achievements and Current Scenario

Bhutan has made tremendous achievements both in the mainstream education and for the children with disabilities. The most recent statistics shows the Net Primary Enrolment to be 96% with gender parity. The establishment of (1) School for the Blind in Khaling, Trashigang in early 1970s (Muenselling Institute) is a testimony. Furthermore, special educational needs for children with disability are offered at (2) Changangkha LSS, (3) Drugyal LSS, (4) Deaf Education Unit, (5) Tendu MSS, (6) Zhemgang LSS, (7) Monggar LSS, (8) Khaling LSS, (9) Kamji MSS and (10) Gelephu LSS are noble initiatives and achievements in progress. These schools cater to the needs of children with visually impaired, physically challenged and mild to moderate learning disabilities. In addition some Non-Governmental Organizations namely Draktsho, Ability Bhutan Society and Disabled People's Association of Bhutan are also contributing to the noble cause. For example Draktsho has established vocational training institutes for children with disability at Rongthung and Thimphu. However, it is to be noted that children with disabilities form a significant chunk of out of school children.

The other achievement is that Bhutan signed the Convention on the Rights of Persons with Disabilities (CRPD) in 2010 but it has not yet been ratified. Before ratification a lot of upstream work needs to be done to influence policy; simultaneously there is a need for greater awareness on CRPD among both right holders and duty bearers to build the momentum for ratification of CRPD and the ultimate realization of these rights by all people in Bhutan living with disabilities.

National Statistics Bureau (NSB) and UNICEF-Bhutan in 2011 carried out a Two-Stage Disability Study among children aged 2-9 years to understand the issues relating to disabilities among young children. The study notes these main findings:

2.1 Nature of disabilities and their prevalence in Bhutan

Table 2.1: Nature of disabilities and their prevalence

Nature of disabilities and their prevalence (Children, Aged 2-9 years)	%
1) Overall prevalence of any disability	21.3
2) Mild disability prevalence	18.6
3) Moderate and severe disability prevalence	2.7
4) Cognition was the most commonly identified domain of disability	15.1
5) Any disability among children aged 2-5	26.8
6) Any disability among children aged 5-9	15.5

The study, "Situation Analysis of children, youth and women in Bhutan, 2012" makes the following recommendations that are specific to disability:

- Raise awareness and capacity in early detection among parents and primary health care workers,
- Promote and systemize early detection programmes so that appropriate and timely interventions can take place,
- Increase data availability and public awareness to change attitudes and create a demand for services,
- Increase capacity for teachers, students, employers and employees to support and care for children living with disabilities,

- Develop policies in education and employment for persons with disabilities, promote parental education and ensure access to early childhood care and development services, and create child-friendly environment at home,
- Establish government support services for people living with disabilities.

However, it may be noted that most of these recommendations were also made in the previous studies. Therefore the reiteration of issues indicates their importance and urgency.

The RGOB’s commitment to disabilities in Bhutan is evidenced through the framework for their 11th Five Year Plan (2013-2018) wherein priority is given to meeting the needs of vulnerable groups. The UN One Programme (2014-2018) also reflects disability as a priority within the lens of vulnerable groups. However there is still a lot to be done. One of the overarching gaps is the need to mainstream issues related to disabilities in plans and programs towards advancing the rights of children with disabilities through enhanced education and child protection systems which are more sensitive, responsive and inclusive.

One of the major achievements is the enactment of Child Care and Protection Act of Bhutan 2011 (CCPA 2011). The Act came into force on July 5, 2011. The Act mandates to prevent and respond to violence, exploitation and abuse against children through provision of services provided in the form of transit shelter, fostering and rehabilitation and reintegration into the society along with prevention services to protect children at risk of violence, abuse and exploitation and to address the welfare of the entire youth in Bhutan, including children with disabilities. The Act comprehensively covers child care and protection issues and roles and responsibilities of line agencies. Some sections are presented below as samples.

2.2 Laws and Clauses related to Children with Disabilities and their gaps

Table 2.2: Select Clauses for Children with Disabilities from CCPA, 2011

Clauses	Chapter, Section, Pages
The child justice system is essential to uphold the <i>rights of children</i> keeping them safe and promoting their <i>physical and mental well-being</i> .	Chapter 2, Section 6, p.3
The Central and Local Government through concerned agencies or institutions shall provide community based services responding to <i>special needs</i> , problems, interests and concerns of children including appropriate counseling and guidance to the children, guardians and families.	Chapter 3, Section 25, p. 8
The government shall emphasize on preventive policies facilitating the socialization and <i>integration</i> of a child in conflict with law, through family, community, schools, vocational training, and voluntary and civil society organizations.	Chapter 3, Section 37, p. 11

The Act also identifies legislation related to child abuse, assault, harm, battery, seduction, exploitation, sale, prostitution, trafficking, pornography, so forth and the degree of offence. The degree of offence ranges from violation to a petty misdemeanor and felony of a fourth degree (CCPA, 2011). The Act mandates the establishment of One-Stop-Crisis-Centre, “In order to facilitate expeditious processing of offences against and to safe guard the best interest of the child, the government shall establish a one stop crisis centre in every major government hospital staffed by a police official, psychiatrist, social worker and a legal counsel” (p. 63). Although the Act does not specify “children with disabilities” but clauses are relevant and pertinent. However, one is made to infer to the protection issues of children with and without disabilities.

Furthermore there is usage of terms such as “integration, abilities, difficult circumstances, special needs” that are relevant to children with disabilities. The CCPA Rules and Regulations (2014) comprehensively address protection issues of children with disabilities.

UNICEF, NCWC (2012) and partner agencies have carried out a comprehensive study, “Child Protection in Bhutan, Mapping and Assessment Report and National Plan of Action for Child Protection. The report provides a comprehensive review of policies, plans and programs carried out in Bhutan by various agencies governmental as well as non-governmental. Among other, the study notes the following:

- The responsibility of protection of children with disability lies in National Commission for Women and Children, Ministry of Home and Cultural Affairs, Ministry of health, Ministry of Education (p. 25). While the study on mapping and assessment suggests these two agencies, till date there is no lead agency overall to look into issues for people with disabilities in Bhutan.
- There are limited services for children with disabilities. Families caring for children with special needs have no social support and have to rely on relatives to take additional care of children. There are no programs for outreach services including health care services. Recently Ability Bhutan Society, a registered NGO has been established to help set up programs to help children and families with support services (p. 26),

The report covers six priority areas that include: (1) Laws, policies, standards and regulations, (2) Services and service delivery mechanisms across a continuum of care, (3) Capacity and resources (human, financial & infrastructural), (4) Coordination, collaboration and accountability, (5) Communication and advocacy and (6) Knowledge management. Some of the most relevant gaps that the report identified under each of the six areas are highlighted for reference:

Table 2.3: Prevalent gaps in laws, services for Children with Disabilities

Priority areas	Prevalent gaps
(1) Laws, policies, standards and regulations	<ul style="list-style-type: none"> • Requirement of Standard Operating Procedures (SOP) to provide children with Birth and civil registration, • More understanding required on the child sexual exploitation in Bhutan, • The Disaster Management Bill makes no reference to child protection during emergencies.
(2) Services and service delivery mechanisms across a continuum of care	<ul style="list-style-type: none"> • Most of the services are corrective in nature rather than preventive, • There is no comprehensive support system for children with disabilities, • Child courts and judges are needed to cater to the child justice system, • The local government leaders such as Gups, Mangmis should be knowledgeable about the child protection issues
(3) Capacity and resources (human, financial & infrastructural),	<ul style="list-style-type: none"> • Social workers need to be appointed, • Health workers require training on Child rights and protection during emergencies, • Staff of Bhutan Narcotic Control Agency (BNCA), Department of Youth and Sports (DYS) should be knowledgeable about child protection, Convention on the Rights of Child (CRC) and CCPA 2011,
4) Coordination, collaboration and accountability	<ul style="list-style-type: none"> • Coordination among stakeholders is lacking, • There is no medium through which children can seek help in need and a special mechanism to be established to report child rights violations.

(5) Communication and advocacy	<ul style="list-style-type: none"> • Media should play much stronger role in advocacy for the general public specially communities, • Print and audio-visual media could cover wide ranging child protection issues, • A communication strategy could be targeted to Police, Army, Dhe-Suups on emergencies,
(6) Knowledge management	<ul style="list-style-type: none"> • The data available are in bits and pieces lying with various agencies without any link with each other, • There is great scope of doing research studies on child protection in Bhutan, • There is a need for Information Management System for Child Protection (IMSCP).

3. Objectives and Scope of the Assignment

3.1 Objectives of the Assignment:

- To assess the child protection related issues for children with disabilities in different settings such as the home, educational and institutional settings; and
- To identify key measures and recommendations on mainstreaming disability in policy and programming, with a particular focus on the child protection related issues and needs of the children.

3.2 Scope of the Assignment

The Terms of Reference (TOR) specified the Scope of Assignment as follows.

3.2.1. Desk Review

3.2.2. Assessment on the ground of the child protection issues faced by children with disabilities.

The assessment should:

- (a) Identify and analyze protection issues faced by children with different kinds of disabilities as well as within different settings- at home, schools and economic groups. The assessment needs to ensure discussions with relevant stakeholders and to ensure that the views and voices of the children as well as the family, community, teachers, health workers, service providers and policy makers are heard,
- (b) Identify the causes of disabilities in consultation with relevant stakeholders,
- (c) Analyse the existing services that support children with disabilities, including the gaps and challenges that are faced,
- (d) Analyze perceptions of all relevant stakeholders, including children, that hinder mainstreaming of children with disabilities,
- (e) Identify the social norms that impact/ effect children with disabilities.

3.2.3. Facilitate stakeholder consultations to support/validate the above activities.

3.2.4. Identification of clear and concrete strategies and recommendations (short and long term) along with the lead and partner agencies for implementation *as YDF is only facilitating this study* and also develop a plan of action to ensure clear results for strengthening the protection system for children with disabilities.

3.2.5. Identify the stakeholders who need to be trained and also the areas/issues they need to be trained in.

4. Methodology

This section presents the choice of research approach and methods; field-work and administration of the data collection tools; compilation of data; data analysis procedure; finally linking the data to answering the tasks and the scope of the assignment delineated in the TOR.

4.1 Qualitative Assessment Approach

The study employed qualitative assessment approach. Owing to the nature of the study in question qualitative assessment is considered appropriate. The same is intended by the client. The qualitative research delves depth into the issues; get the participants to share their lived experiences and make meaning of a phenomenon.

4.2 Data Collection Instruments

The study employed two tools to collect data. (i) **Focus Group Discussion (FGD)** is used with parents/community, schools, stakeholders. As specified in the TOR the contents of the FGD questions encompasses assessing on the ground of the protection issues faced by children with disabilities related to physical, emotional, sexual; types of disability namely physical, visual, mental, hearing, learning disabilities. Each FGD had a minimum of 3 participants (See Table 4.1 for participants of the FGD). A list of FGD participants is in **Annexure A**. A sample of FGD questions is attached (**Annexure B**). The study engaged three groups of FGD: (a) Expert Team, (b) Parents/Community and (c) Teachers, Focal Persons and SENCOS. While contents of questions were largely same some items were specific to the groups.

(ii) **Key Informant Interviews (KII)** is another tool used in this study to collect data. This is a powerful instrument to getting into depth of the issues at hand. The consultant along with an assistant or two engaged in field work and interviewed participants. A set of broad questions covering each of the relevant areas were asked to the interviewees. One or two follow up questions that emerge from the stem question were asked to get clear views and opinions. Relevant stakeholders were purposively selected to find out the causes of disability, existing services that support children with disability, gaps, challenges, perceptions that hinder mainstreaming of children with disabilities, social norms that adversely impact children with disability. The list of KII participants is in **Annexure C**. A sample of KII questions is attached as **Annexure D**. As advised by the Expert Team Meeting on October 2, 2014 Key Informant Interviewees include Principals, Teacher Counselors, Focal Persons/Representatives from NGO, Hospital/Ministry of Health, NCWC and Parents. Similarly, most of the question items for KII are same. Specific questions for a particular setting were directed accordingly.

4.3 Sources of Data

Owing to the nature of study and its scope purposive sampling method was employed in that some schools and institutions where children with disability study are selected to collect data. Line ministries, agencies and organizations, coordinators, focal persons, program officers that have direct associations with children with disability were invited as KII and FGD participants.

4.4 Data collection procedures

These procedures and steps were followed to collect data:

- (1) Approach the head offices of line ministries, agencies, organizations; sought necessary approval; conducted KII and FGD with relevant officials,

- (2) Contacted DEOs/TEOs and Local Government Leaders (where applicable) of respective Dzongkhags, solicited approval, conducted Key Informant Interview,
- (3) Contacted and met Principal of respective participating schools, obtained approval, discussed and confirmed participants of KII and FGD.

4.5 Data analysis procedures

Qualitative data collected through KII and FGD were analysed by examining anecdotal and lived experiences of the participants. Furthermore, the significant responses were identified as major themes from which findings/strategies and recommendations are being drawn. Attempts were made to analyse the data by sample characteristics of Gender, Home, Schools, Institutions, Rural-Urban, and Socio-Economic Groups. Other characteristics namely children, family, community, teachers, health workers, service providers, policy makers were also considered to find contrasts and/or consistencies.

Finally, the draft reports were prepared, circulated and presented to the review committee and clients for comments. The comments were incorporated, edited and the final report prepared and submitted to the client.

5. Findings: Discussion and Analysis

The protection issues reported here entail physical abuse, emotional abuse, sexual abuse and neglect. The assessment also discusses if and how the protection issues of children with disabilities at home, school and economic status of parents have affected. The study also made an inventory of types of disabilities and in schools/institutes and in the community.

5.1 Prevalence of Types of Disabilities

5.1.1 Prevalence of Types of Disabilities: In Schools and Institutes

SEN Schools and Institutes reported as many as 16 different types of disabilities to be prevalent in the country. Table 5.1 below shows the details.

Table 5.1: Children with Types of Disability in SEN Schools/Institutes: November 2014

No	Type of Disability	TOTAL		
		Boys	Girls	Total
1	Cerebral palsy	16	2	18
2	Autism	2	0	2
3	Down Syndrome	5	4	9
4	Learning disability	54	40	94
5	Speech disability/impairment	5	1	6
6	Hearing disability/impairment	9	9	18
7	Physically challenged*	3	6	9
8	Visually Impaired	14	17	31
9	Intellectually challenged	13	11	24
10	Multiple disability: two or more of the above	2	0	2
11	Hump Back and contraction of limbs	1	1	2
12	Traumatic brain injury	1	0	1
13	Stunting & wasting	1	0	1
14	Cleft	2	0	2

15	Mentally Retarded	0	1	1
16	Hydrocephalus with mild learning difficulties	1	0	1
	Total	129	92	221

Sources: SEN Schools, Draktshos, Hospitals

5.1.2 Prevalence of Types of Disabilities: Out of School

The study also listed some out of school children with different types of disabilities. Some of them were contacted in person by the consultant while others were listed through KII and FGD with teachers and health workers. The list is neither comprehensive nor representative; however it provides a snapshot of prevalence of children with different types of disabilities in the communities. Although the study tried to confine to children of 6-18 years old but there are who are younger than six years and adults in their 20s and 30s.

Table 5.2: Children with Types of Disability: Out of School and Educational Settings

No	Type of Disability	TOTAL		
		Boys	Girls	Total
1	Cerebral palsy	6	8	14
2	Behaviour problem		1	1
3	Down Syndrome	4	8	12
4	Learning disability		2	2
5	Speech disability/impairment	3	9	12
6	Hearing disability/impairment		1	1
7	Physically challenged*	5	1	6
8	Visually Impaired	1	1	2
9	Intellectually challenged	1	1	2
	Total	19	28	47

Sources: Hospitals, Personal contacts, Home visits, KII, FGD

**Furthermore physically challenged can have several types within. For example paraplegic (both legs-wheel-chairs users), hemiplegic (right leg & arm or left leg & arm), quadriplegic (all four limbs affected), amputee (any of the limbs are cut). The study found that all these are being treated in JDWNRH (Dr Sanga, Physiotherapist, JDWNRH, Nov 2014).*

5.2 Physical abuse/harm/corporal punishment: Degree of Prevalence

School/Institute and Home Settings

The assessment found that there are occurrences of physical abuses in some schools, home and communities. Some of the abuses appear to be deliberate while others are unintentional.

The study found that there are isolated cases of corporal punishment in some schools. Because the children with disability are low performers they are more prone to receiving the punishment. Low performance of students with disabilities is due to their intellectual challenges, physical challenges in writing, and coping with the rest of the students in a class. In the institute sometimes bigger students take advantage and beat smaller ones. This is reported to happen when the school gives senior students some responsibilities to mentor and supervise social works such as hostel cleanliness, arranging beds. This happens among both the genders.

A teacher KII participant has been honest and upright in observations:

In practice, there is no protection in place for students with disabilities in this school. In fact, I believe these students are more susceptible to physical abuse and corporal punishment because they often behave in ways

that typically warrant punishment from teachers, i.e. can't focus in class, talk out, fight, don't study (or moreover don't know how to study,) and perform poorly in class work and exams. Even though teachers and staff are aware of the disability, they either don't care or don't understand, and in relation to abuse and corporal punishment, there is no exemption for these students (Teacher KII, Nov, 2014).

It seems senior students; especially boys cause physical harm to the younger peers. A grandparent shared his frustration with an incident:

My six year old grandson was in the queue to get his lunch. A senior boy began to tease him for no reason. I was watching him, hoping to stop. But he continuously bullied my little boy and finally he beat him. My grandson cried. I charged the culprit and I was prepared to take him to the school principal. A teacher intervened and pleaded me not to report as he already had received last warning. The teacher told me the culprit would be terminated. Then only I stopped, but gave him warning not to repeat such abuses (Parent FGD, Oct 2014).

Students did report that they are being beaten by their parents and guardians at home. There are cases of children with disabilities running away from home to school where they reportedly feel more homely and secured with teachers. The reasons are reported to be complex: not able to perform the responsibilities given to them well, some parents beat them for bed wetting. The study also noted the general prevalence of physical abuses in the society and from parents because they expect their children with disabilities to be performing like any child without disabilities.

Unintended harm

The study found that there are unintended physical harms caused to the children with disabilities, especially in school and institute setting. There are incidences when teachers feel like pinching them. There are also incidences of physical harm caused due to unfriendly environment. For example children with visual impairment and physically challenged struggle while going to witness public functions and festivals. In addition children with disability get hit against standing objects, tip over obstacles, fell in the drains, etc. At times children with disabilities are being escorted by their friends and peers to unfamiliar places. They are being literally dragged and there is physical harm especially if someone does not know how to lead them.

Steps taken to prevent physical abuses and harm

Some participants did report that they have not observed physical abuse and harm being done to the children with disabilities in their schools. They further reported the existence of systems in place intended to prevent possible physical abuses. Special Education Needs (SEN) schools have both facilities and services to support children with disabilities. They have buddy system wherein students volunteer to mentor and assist their peers with disabilities which includes helping go to toilets, between hostels and other areas.

It appears there is a marked improvement in understanding of issues surrounding children with disabilities and accommodation and acceptance of them in the school system. The Ministry of Education has banned corporal punishment and it is legally and administratively binding. Schools in general, SEN Schools in particular provide support; according to most teachers SEN children are never abused. Students of the school, through awareness programmes are informed about the children with disabilities. Advocacy and awareness programmes are being extended to the communities and society at large.

5.3 Emotional abuse/Psychological Harm and its Prevalence

Teachers and parents found rather difficult to establish to what extent there are prevalence of emotional abuses and psychological harms in schools, homes and society at large. However, the

study found that there are issues concerning emotional abuses and psychological harm in different settings:

Emotional abuse and psychological harm: Home and societal factors

One of the prevailing psychological harm/emotional abuses in home setting is related to naming and labeling by the type of disability. For example, zhaw/kana/khora (blind, lame), tsagay/lengom/yongba (deaf-dumb). Parents and community at large call the children by their disability after admitting to schools too. Students reported how emotionally they feel hurt when they are called by their disability. A group of teachers reported a telling incident:

Our children with disability feel sad and get emotionally hurt when called by their disability. They do share their experiences with us. At times it is difficult to erase the label. We had a student whose real name is Pema (name changed). But he had been called as “Yongba” (deaf-dumb) at home. At school we call him Pema. But the boy continued to call himself “Pema Yongba”. It is only after continuous persistence he understands him as Pema. Sometimes the name by disability is also registered in the census records. It is difficult to change. (Teachers FGD, Nov, 2014).

The study found multiple reasons for causing emotional abuses and psychological harm to children with disabilities. Children of broken family/divorce parents are reported to encounter emotional harm. In most cases step parents do not treat them well. Due to ignorance parents also try to compare their children with disability with children without disabilities in academic performance and put a lot of pressures to them. This tends to exert some emotional harm. Lack of tool for communication also poses additional challenges. For example, there is no standard and nationwide “Sign Language” for children with hearing and speech disability.

The study also found that societal discrimination is a major factor that causes psychological harm and emotional disturbances to the children with disabilities. Teachers reported that society looks down on the children with disabilities; people without disability feel dirty because of their disability. For example deaf students go to the community nearby to borrow dress for cultural shows. The community refuses to lend them dress and the students feel emotionally hurt. Similarly, some teachers reported that sometimes people avoid shaking hands with people with disability. Some teacher participants shared their experiences:

There are both physical and emotional abuses at home. Example, we had a child in upper Primary Class with mild physical disability, and we put him in the SEN class. We heard that he has been scolded and beaten up by his father. The student went through psychological trauma. Parents do not have patience. When their child cannot read or write the parents feel they are not capable of doing anything. They have the same expectation from their developmentally delayed child as other children (Teacher, FGD. Nov 2014).

There is subtle discrimination in the society that causes emotional harm to the children with disabilities. Not only children themselves but parents of the children may be psychologically affected. A parent of a student with disability was emotionally hurt by an incident:

One day, my son and I went to the town and came across a fruit seller. I introduced my son saying he is deaf and also cannot speak. She offered my son a bunch of bananas that were mostly rotten. I noticed she had fresh bananas and other fruits. I felt hurt with this incident. I shared the incident with my wife and she cried. I still do not know the intention of the fruit seller- deliberate discrimination or something else (Parent KII, Oct 2014).

Emotional abuse and psychological harm: School factors

Emotional abuse and psychological harm in the school setting are associated mostly with academics and in SEN Schools. Teachers reported that at times children find it difficult to cope with academics. Children with multiple disabilities (Cerebral Palsy, Speech) face a lot challenges in written works. When this is prolonged a child loses self-esteem. In a mainstreaming set up

children with disabilities feel stressed and sometimes display retreat attitude due to academic demand and rigour. As a result they lose confidence and do not come forward. However due to SEN program this is beginning to get subsided. Teachers maintain Individual Educational Plan for SEN students. They follow “Push-in” and “Pull-out” strategies which have helped SEN students cope up academically.

The study also found that there is emotional harm for a student who does not speak or his/her communication skill is not good. This has happened due to lack of early interventions (and lack of speech therapist, advocacy, and awareness). In some incidences SEN children themselves feel inferior, low self-esteem, as they tend to compare with their counterparts- children without disabilities. Thus the study noted few of the children seem to feel discouraged.

One of the SENCos has this to share:

This is very high concern for me because while there isn't a lot of consideration for their disability when issuing punishment, there is very high incident of labeling students with disabilities as “SEN children.” Without proper awareness and training, students and staff often see these students as stupid or dumb or as if something is wrong with them. Students who have mild to moderate learning disabilities then become labeled and the label can produce great harm in the way of insecurity and being a social outcast. Learning disabilities can be overcome, and it is of extreme importance that there is education about the harmful effects of labeling. Being identified to receive SEN services SHOULD be confidential, but here is no confidentiality and I've seen the extreme embarrassment of some of the students, especially the older students in class VII and VIII (SENCO, KII, Nov, 2014).

In few cases children without disabilities are reported to be bullying and discriminating children with disabilities. One of the parents shared her experiences of how her son with deafness was bullied by senior boys:

On a couple of occasions I was watching my son playing with his friends in the park. Some senior boys passed by and remarked saying these deaf children can't hear and speak. They do not know anything. On another occasion one of the boys forcefully put a cigarette in my son's mouth which he reported to me later in the evening. He became very angry. Such incidences do hurt me (Parent KII, Oct 2014).

The study found that at times even teachers pour out their frustrations when children with disabilities are not able to cope up in academics. They tend to blame the children for their disabilities. It appears some of the teachers do not have adequate and necessary skills to deal with students with disabilities.

5.4 Neglect: Issues and Prevalence

WHO suggests neglect can take place in four main areas: **(1) Physical** (e.g., failure to provide necessary food or shelter or lack of appropriate supervision, abandonment); **(2) Medical** (e.g., failure to provide necessary medical or mental health treatment); **(3) Educational** (e.g., failure to educate a child or attend to special education needs); and **(4) Emotional** (e.g., negligence to address to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs). The study found that there are incidences of neglect of children with disabilities in schools and as well as at home.

Neglect-Issues and Prevalence: In-School and Institutions

The policy of “Inclusive Education”, “Mainstreaming” and SEN programmes appear to have made huge differences in the school setting in addressing the issues of neglect. However, there are incidences of neglect in the day to day practical terms, though unintentional. In principle mainstream class tends to neglect. For example, a teacher of a SEN School solves a mathematical problem in the class. A visually impaired student listens to the sound of the chalk

and board but does not get the essence of what is being taught. Furthermore, the study notes that Inclusive Education programmes are based on the mainstream education system. Teachers prepare lessons for the majority. Syllabus demands project works and teaching learning activities that neglect students with disability. Although achievements are visible doable and tangible strategies and mechanisms need to be worked out for a “total inclusive and comprehensive mainstreaming”.

Equal Opportunities

Every Child, including Children with Disabilities have right to equal opportunity. Howsoever desirable there are huge challenges for the system and service providers to assure equal opportunities in all aspects. In a school setting because of the nature of disability not all students have equal opportunity to services such as games and sports.

Ten SEN Schools and two Draktshos cater to children with disabilities for their education rights and opportunities. Studies show that significant chunk of out of schools children in Bhutan are the ones with some form of disabilities. The study found some cases of children with disability who are neglected and deprived of their educational opportunities.

The study attributes reasons for not getting equal opportunities to lack of awareness, not accessible to facilities, lack of time for parents, economically disadvantaged, feeling helplessness, readiness of systems, so forth.

In-School incidence of parental neglect: Health and nutrition

Case #1: An 8 year old is in Class II. Her sister is also in the same school. Both of them have severe learning difficulties. Although they are in school there is neglect from the parents. Their history and records show they are not given proper nutrition. Both parents are alcoholic, financially disadvantaged. Their father is a temporary employee with a company (name withheld). The girls come to class dirty and unhygienic. There is physical neglect at home as parents are not able to provide proper food and clothing.

In-School Issue of Physical Accessibility

Case #2: A girl in Class V is on wheel-chair. Although she is a case of Cerebral Palsy looks healthy. Both school and parents seem to have taken care of her. Her mother and siblings support her at home in studies, personal care, meals, etc. Due to the nature of her disability she gets tired soon while studying. The school has made arrangements for her wheel-chair by making her class on the ground floor. Parents have helped the school make a ramp that leads to the class. But other educational facilities like library, science laboratory are upstairs and she cannot access to these because the architectural designs are not attuned to wheel-chair. There is general serious gap in design of school infrastructures. They were constructed long before the issue of disability and SEN program became prominent in the society in general and education system in particular.

Not all SEN schools and institutes are designed as user friendly and neither all of them are equipped with same facilities for children with disabilities of different types. Two Draktsho Institutes are housed in private apartments. One of them has improvised with wooden railings for students to get support from. Spaces and footpath between hostels and training rooms are narrow and steep. Good news is the construction of a separate campus conducive for physical accessibility is in the pipeline. One of SEN is yet to have ramp and railings. Long and steep cement stairs between two school blocks do not appear conducive for physically challenged children if they want to independently walk. Muenseling Institute is in the midst of Academic Block construction. It is expected to be completed by the end of 2015. The construction site with

iron rods, timber, stones spread around has potential of causing accident and physically harming the visually impaired children. Although the students there are used to the location it could not be 100% safe. One of the teacher participants of the KII summed up thus:

Neglect is also a great concern. When consideration is given to a student with a disability, it is often with an attitude of not addressing the problem. With issues relating to behavior and academics, many teachers find it easier to just ignore the student than to provide adequate interventions. Neglect is most definitely a factor when it comes to parents of children with disabilities. There is an ignorance or willful ignoring that their child needs extra help. This is evident in dress, hygiene (especially younger students) and the parents' lack of attendance at meetings about their children (Teacher KII, Nov, 2014).

Neglect-Issues and Prevalence: Out-of-School and Society at large

Neglect of children and persons with disabilities at home and in the society at large is matter of concern. During the Focus Group Discussion with the parents in the community almost all of them reported that there is no neglect of children with disabilities atleast in their family. Teachers however stated that parents of few students neglect their children with disability. There are also incidences when parents lock up their children with disabilities. While in schools parents do not show concern, they never call school and/or teachers. In some cases teachers have to call parents to take their children home for holidays.

The study also found incidences of educational and medical neglect. It appears in some cases parents withdraw from helping children with disability when there is no marked progress in their children, and in extreme cases there is drop out. Medical staff and health workers reported that some parents do not take their children to hospital on time for review. The study found reasons for neglect at home and society to be multiple. One of the reasons is the parents have no time to tend to their children with disabilities. There is also a degree of ignorance and innocence on the part of parents.

A matter of serious concern is the incidence of discrimination and willful neglect of children with disability by their family. There are isolated cases where some parents deliberately neglect and discriminate their children with disability. They do not feed and clothe them well. Some teachers reported an incidence with great concerns:

Our students in the institute were given new clothes as gifts by some visitors. The students took the clothes home. Some of them told us that their parents gave them to other brothers and sisters without disabilities in family who go to school. They obviously did not look happy (Teacher, FGD, Nov 2014).

Case #3: A 14 year old girl has Cerebral Palsy and lives with her family, in a hut, about 2KMs away from the main town in Eastern Region. They have been living here for the last 12 years. Her elder brother (19 years old) is in Class IX in a HSS, and younger sister (9 years old) is in Class III in a LSS. She also has the youngest sister of 5 years old. Her mother was interviewed and this is what she narrated:

We have been living here for so long, and we have no choice. It is difficult to make ends meet. Somehow we have to pull by getting from here and there. Only if we have government servants in the family we would live in a better housing and condition. We pay Nu 350 rent per month. Yes, her brother and sister help her, they care her well. While I am not home they feed her, help her wash face, take out in the sun. Brother takes her to the toilet. She has only two places to stay, in her room and outside in the sun on the wheel chair (they call it as gari, or vehicle). We have requested the authority and hospital for the wheelchair, but only quite recently we managed to get wheel chair. It is very useful. People also give my daughter clothes (Parent KII, Nov, 2014).

We also had conversation with the girl and asked about her living condition and interest. She narrated this (is also videotaped):

Yes, I am happy; my mother feeds me, clothes me and cares me. My brother and sisters help and play with me. I am interested to go to school, but there is no one to carry me to the school. I think I can learn and will only know once I am admitted. I can cite all alphabets, A, B, C..... Z; 1, 2, 3... 100; and Ka, Kha,.... Aa. I learn from my sister who is in the school. She teaches me when she is back. When I stay in the same place and position for too long I feel pain on my body, back and legs. I can write with my right hand, but left and does not work or move (Child KII, Nov, 2014).

Protection Issues: On a closer observation the girl appears to face protection issues, particularly (1) Physical harm and (2) Neglect.

The physical environment where she lives is not conducive to the type of disability she has. The footpath/ road from the main highway to her home is uneven, full of pebbles, steep and unstable in certain places. It is almost impossible to ply wheel chair from home to the main highway. The immediate surroundings of her hut are also not appropriate to her physical disability. It is very small, uneven, and steep, her bedroom is not even. Her toilet is not protective of her privacy.

Neglect: She has a great interest to go to school. But due to a variety of reasons she could not go to the school which is about about 2KMs away from her home and it is a SEN School. There have been numerous discussions on her among various stakeholders including the school SEN teachers, HSS teachers, Dzongkhag Administration, Hospital PTT, parents, Town Municipal Authorities. Even UNICEF officials, visitors also were involved at some stage. But the girl is still out of school and has been living in the same hut for 12 years since she was barely two years. As we speak days for the girl's desire and right to education is counted down as she gets older. During our conversation we found that the girl is intellectually sound, does not have speech problem, picks up new information quite fast. However, educating the girl would be challenging as well. She can use her right hand to write, that too, very slowly, struggles a lot. During our visit I opened my laptop and she could write her name quite well. After few minutes of writing she appears to get tired. Could such equipment be an appropriate educational tool? Her left hand and rest of the lower part of the body are severely handicapped. She would need one-to-one attention to educate her, atleast make her attain some level of literacy.

Out-of-School incidence of Neglect: A case of care and acceptance

Case #4: While I was driving toward hospital on Nov 7 around 9.30am a boy Pema Dorji [PD] (pseudonym) stopped me and went with me to the hospital. But he immediately went away to the town after dropping at the hospital parking space. (I was later told some staff there scolds and threatens due to his unacceptable manner). This interested me to find more about PD. Moreover I was already informed about him on the previous day.

On the insistence of PD I drove him to his mother's place in the afternoon of Nov 7. His mother is a daily wage worker on road with DOR (Department of Road) and lives in DOR constructed Camp. Her older son is an Ex-monk and works at the Huzzle nut establishment and has family. Her younger daughter is a student in Class II. Mother does not remember the detail accounts of PD's childhood, and she has difficulty in expressing well. During our conversation (with the help of a relative) this is what we found out:

We have been working in the NWF (National Work Force) since about 1986 on the Trashigang-Thimphu Highway. PD was born in Gizamchu. At the age of two years he was taken by someone from Tongling (Trashigang) as an adopted son. But after about two years he was given back to me because they found PD was abnormal. During birth only he was very small. With much difficulty he was brought up. Now PD lives in Mongar Town. I insisted to keep him with me at home, but simply refused to stay. He seems mentally alright. He can hear, understand the instructions. PD has habit of bed wetting; at times as he eats he urinates. PD used to stay at home and used to go with parents. He used to play with other children in the camp. Later step-father and his mom got divorced and our children began going to school, then PD started going elsewhere in the town since about one year (Parent KII, Nov, 2014).

PD seems to be leading a typical life. His bed is a thick empty sack in between the BOD (Bhutan Oil Distributor), Football field, Taxi Parking and adjacent to main road. It seems he has strategically chosen this location where many people pass by and can be easily seen. What is also interesting is he refuses to stay indoors. It is reported that he begs food and money. Sometimes people also give clothes.

Protection Issues: Pema Dorji appears to be facing a challenging life. It appears lack of peers at home caused him to run away from home. He simply refuses to stay home. While his mental faculty and physical movement seem to be functioning quite well, he experiences certain struggles while moving around with his hands and legs. At times he gets aggressive and becomes arrogant especially when people/drivers do not give him lift or stops or refuse to give what he begs (money). I was reported he even throws stones at vehicles. He is nick-named as “AWAZA”, meaning “eat shit”. It goes that he himself tells the people around, “AWAZA” and then others started calling him the name. I even met a three old boy who referred him as AWAZA. He lives on donations and contributions but the sustainability cannot be guaranteed. Meanwhile there are some people who are beginning to get fed-up with him. With an expectation of getting attention Pema shouts at the people by the road. But none of them seem to respond.

The severe protection issue Pema faces can be the winter cold. His home is the grassy narrow stripe by the street and bed is a sack, food is what he gets by begging. Another protection issue is vehicles that ply in the area with great speed. And PD at times runs with his weak legs across the road. It is a matter of gross concern that one day there might be a news headline “AWAZA is run down by a vehicle in Mongar Town”.

What Next? PD has a typical issue and needs specific services. There should be an institution for him that has capacity and expertise to make corrections to his behaviours. Once in the middle of the road he caught my body and hugged me, suggesting need for care. Again, a Bhutanese citizen lives in this plight in the heart of a town. If some heads are put together something can be done to save the boy. All the while days for Pema Dorji to have a respectable life with good protection and care is running out.

Steps taken to address the issue of Neglect

SEN Schools have taken steps to address the issue of neglect not only in the school premises but also in the community at large. It is the mandate of the schools to carry out awareness programmes. The sensitization activities seem to be reaping fruits as teachers reported:

Sensitization takes place both through informal (cultural shows) and formal occasions (advocacy programmes and observations of Days). We try to include and give equal opportunities to children with disability in activities such as cultural, selected games, according to their ability. We have not seen any neglect of children with disability in the school setting. Shopkeepers in the community sponsor for refreshments during advocacy activities and cultural shows. Now some parents do call the teachers/school, show a lot of concerns, ask their performance. Previously when the friends were not aware of SEN programmes and activities children with disabilities used to get neglect (Teacher, FGD, Oct 2014).

5.5 Sexual abuse/molestation

The study noted measures taken by schools to prevent possible sexual abuses. Teachers reported, “We run special session/talks to the girls on sexual abuse; regular awareness to the girls, especially after the news on BBS, incident in Kanglung”. There are grown up girls with disability (deaf, visually impaired, physically challenged). However, teachers and parents did not report of any major sexual abuses and molestation taking place there in the schools.

Prevalence of Sexual abuse/molestation

Teachers reported that sexual abuses happen in remote villages wherein some men try to molest the girls with disabilities. It seems grown up girl students share those incidences with their female teachers. The study also found out that sexual abuses are often not reported and some do not want to report. In some incidences they do not know where to report because there is no protection unit like RENEW in remote communities.

The recent incident which the media exclusively covered seems to have caught the attention of all schools and communities. They reiterated the same incident, “Recent case of a 14 year old girl sexually molested by her grandpa of 76 years. He is mother’s dad and an intellectually challenged man. Even her cousin brother is reported to have abused the same girl. Both are in police custody” (Teacher, FGD, Nov 2014). At least two of the schools reported some sexual abuse cases. Some incidents took place few years ago while others were recent. However, all are of serious in nature and raise concerns.

A 26 year old woman joined the school. She had a son born out of wed lock, must be in Class II now. Her sister is looking look after the boy. She sued the alleged father in the court, but the case back fired and she had to pay a fine for defamation. We had an ex-student who also had a child without a legitimate father. He was a neighbor. Now she left the school. We had an ex-student, when she joined the school she was 6 months pregnant. She went home to deliver but never returned; baby must be about 4 years old now. One of the ex-students expired last year (2013) who was 25 years then. She was suffering from seizure. She already had a child without legitimate father when she got admitted in 2011. Her son is with her sister (Teacher FGD, Nov 2014).

Cases cited above are women who are deaf in East Bhutan. The study found that still society, men from nearby community try to molest girl students. Some were summoned to office and gave warning and reprimanded. A group of teachers from another school also reported similar stories:

Some three (2012) years back a father molested his own disabled child with multiple disabilities. When this happened she was 15 years. Her brother is also a multiple disability. Father is in prison. Quite recently a mild disable girl was abused by her father. The culprit is charged in the court (Teacher FGD, Nov 2104).

Beliefs, that are not scientific sometimes can mislead and further harm the victim. It appears our school teachers also are trapped in such blurry beliefs. One of the SENCO participants voiced out concerns:

There was one incident of a girl who was exhibiting anxiety, shortness of breath, shaking and anger outbursts in school. When I spoke to other teachers about it and specifically our health in charge, he informed me that traditionally it was a sign of hysteria and it is believed the cure is for her to have sex with an older man. I thought he was making a joke, but when I inquired further, I found that many people did in fact believe this to be true. I found this to be very alarming, and did my best to counteract their beliefs that this particular girl’s issues were due to something else entirely (SENCo KII, Nov, 2014).

Occurrences of incidences by settings

The study found that the incidences of sexual abuses, physical harm, alcohol, neglect occur more at homes. The occurrences and high risk of incidences are due to parent’s illiteracy, availability

of substance (e.g. alcohol); no one is bothered about and nothing to do at home. Some of the habits are reported to be part of local culture and practices that the students also participate during winter vacations. One of the KII participants echoed, “While issues of corporal punishment happen more at school, I believe all other issues occur more at home and students’ free time. Incidents where I have witnessed such incidents are usually at public gatherings such as picnics, ceremonies, blessings, etc”. The teacher seems to be referring to students without disabilities. However, other habits such as smoking and drug abuse seem to have been picked up while at school. The data also suggests that some children with disability could resort to such unhealthy habits due to neglect and discrimination from the society.

5.6 Socio-Economic background of Parents and its Impact on Children with Disabilities

The assessment also explored how the socio-economic condition of parents has impacted on the children with disabilities. In general there is a strong relation between how the children are brought up and treated and the socio-economic status of parents. Participants reported that usually children from economically disadvantaged involve in petty theft cases as some parents cannot afford to give their children pocket money. There are also cases when some parents cannot afford to come to school to take their children home for vacations.

Better socio-economic and educational background of parents is observed to have positive bearing on the academic performance and social skills of children with disabilities in schools. The study found that children of literate parents have better exposure, have better command over vocabulary, learn at home, relate to more examples and some of them learn quicker. For example, if a father is a travel agent the child with disability is taken around during holidays and learns from visits and exposure. Literate parents are also reported to be better aware about the issues, rights, services of children with disabilities. Parents with higher socio-economic backgrounds are more aware of what disability means and there is extra consideration and support given. Students also seem to exhibit better behavior.

On the other hand parents of lower economic background and illiterate have rippling effects on the children with disabilities both at home and in schools. A parent of low income and alcoholic background hampers the growth of children both physically and mentally, there is delay in development. Because of the economic condition there is neglect as shared here:

Parents who are poor hardly visit their children in the school. Most of them do not bother even to call them, most children miss their parents. Children from poorer family do not get proper diet at home; their health seems to improve in the school with feeding programme. Most illiterate and poor parents tend to label their disabled children “bulenpa” (ill-luck/ debt from the past karma). Parents have less expectation from disabled children, hence less support (Teacher, FGD, Nov 2014).

The study also found that socio-economically poor parents tend to have more disabled children and main causes are noted to be lack of nutrition, lack of care during pregnancy and most of them live in remote places where there are no medical facilities, so forth. For example one of the SEN Schools, Monglar LSS reported that out of 60 SEN children, about 90% of them come from poor family background. Although the study does not attempt to generalize but the issue is significant enough to raise our eye-brows and prepare interventions.

5.7 Causes of disabilities

Medical specialists and staff of the hospital were contacted for finding out the major causes of disability in Bhutan. Some literature was also consulted for the same. The study found that causes depend on the type of specific disability. In general the following are the causes identified:

- Lack of regular medical checkups;
- Some diseases are hereditary and children are born disable;
- No regular checkups during pregnancy;
- Lack of nutritious and proper diet for mother and during developmental stage;
- Lack of treatment and visits for review on time;
- Accidents and injuries (For eyes- agricultural related works injury becomes ulcer and opaque, cause blindness in many cases);
- Traumatic accidents such as vehicle, falls cause paralysis and Cerebral Palsy;
- Emotional disturbance disturbances also cause some disability;
- Prolonged mother's emotional disturbances can also cause disability to the baby;
- Conceiving a baby "out of wedlock" impacts on a chain of emotional disturbances and cause disability, usually Cerebral Palsy (CP). Mother not only goes through psychological trauma without a baby's father but also may try to abort the baby through unhealthy means. The study found that most children with CP are without legitimate fathers;
- Environmental hazards also cause disability to residents nearby;
- Unscientific and indigenous methods of healing cause disability;
- Substances (alcohol, drug, narcotic, doma, etc) abuses also cause disability.

5.8 Existing services that support children with disabilities: Gaps and challenges

Enactment of Law, institutions of Legal Instruments, establishment of Facilities and Services, putting in place of Policy for People living with Disability in general has been quite recent in Bhutan. Although good beginnings have been made the study found they are grossly inadequate and in some areas non-existence.

5.8.1 Institutions and Agencies for Disable People

These Institutions address the issues of disability directly or indirectly: (1) Ministry of Education (MOE), (2) Ministry of Health (MOH), (3) Disable People's Association of Bhutan (DPAB), (4) Ability Bhutan Society (ABS), (5) National Commission for Women and Children (NCWC), (6) Respect, Educate, Nurture, Empower Women (RENEW), (7) Bhutan Foundation, (8) UNICEF, (9) Youth Development Fund (YDF), (10) Bhutan Nuns Foundation BNF), (11) Draktsho (West-Thimphu and East- Rongthung), (12) Bhutan National Legal Institute (BNLI), (13) Dratshang, (14) Royal Bhutan Police (RBP), (15) Save the Children, (16) Special Education Needs (SEN) Schools, (17) Tarayana Foundation, (18) Bhutan Kidney Foundation (BKF), (19) Lhaksam, (19) Bhutan Media Foundation (BMF), (20) Bhutan Media Centre for Democracy (BMCD), (21) Disability Prevention and Rehabilitation Unit (DPRU), (22) Mental Health Program (MHP), under Non-Communicable Diseases Division of the Department of Public Health, MOH.

ABS, on November 28, 2014 has organized a one-day Workshop on National Consultation on "Stepping up Child Protection of Children with Disabilities" in Thimphu [henceforth Nov28 Workshop]. Five Government Agencies (Ministry of Education, Ministry of Health, Ministry of Works and Human Settlement, Ministry of Labour and Human Resources, national Commission for Women and Children) were represented by focal persons and/or program officers. Some six Civil Society Organizations (Ability Bhutan Society, Draktsho-Thimphu, Youth Development Fund, Respect, Educate, Nurture, Empower Women, Disable People's Association of Bhutan, Tarayana Foundation). In addition UNICEF and Dratshang were also represented. Each of the Government and CSO agencies made presentation with focus on facilities and services related to

protection of children with disabilities in their respective institutions (*see Annexure I* for details). It is noteworthy to report that many of them have plans, programmes, facilities and services in place. MOE, MOH, ABS are frontline agencies as they directly provide services (education, health, therapy) that address protection issues (medical, physical, neglect, abuses, etc). Some agencies are yet to be explicit about protection of children with disabilities in their facilities and services.

5.8.2 Laws, Legal Instruments and related policy for People with Disability

Currently these acts and policy documents exist that are encompassing and legally binding and that in some ways cater to the support services of the people and children with disabilities: (1) Child Care and Protection Act- 2011 (CCPA), (2) Penal Code Act of Bhutan- 2011 (PCAB), (3) UN Convention on Rights of the Child (UNCRC) and (4) CCPA Rules and Regulations (2014). The By-Laws and Policy documents that have administrative teeth and yet to be endorsed and/or ratified include: (5) National Education Policy, (6) National Educational Framework, and (7) UN Convention on the Rights of the Persons with Disability UNCRPD).

There has been a unanimous voice for the need of laws. Two of them came out strongly; one is the enactment of an Act for Disable People. The purpose and value of a new Act need no elaboration. The other is the ratification of United Nations Convention on the Rights of Persons with Disability (UNCRPD). Although Bhutan has signed the convention in 2010 it has to be ratified by the Parliament. The study found the ratification of the convention as an issue of urgency. Some policies that need an early endorsement include National Education Policy and National Education Framework.

A number of related policies are suggested and one of them concerns the employment policy and plans for persons with disabilities including “Job Quota” for SEN graduates and legislative rights for financial support. Suggestions being made are persons with disability should compete among themselves, not with population without disabilities. Agencies and companies that employ disable people may be granted “Tax Holiday”. With any assurance of employment children and persons with disabilities encounter chain of disadvantages. One of the suggestions proposed is the Government to consider social welfare scheme, not as a charity but as a right. According to the participants people with disability may be a small fraction of population, policy should address general population including senior citizens, pregnant women, so forth. This scheme may be extended to this section of population as well. Although all of these are not directly related to protection issues they are relevant in the overall scheme of issues related to population with disabilities.

5.8.3 Facilities & Services

The findings on facilities and services include what exist and what are needed. They also entail educational and medical. The Nov28 Workshop revealed that Govt agencies and CSOs offer these services and programmes in one form or the other. Medical facilities and services that cater to general population with disabilities include “Therapeutic intervention for skills development, Training Activities of Daily Living for independent living, Physiotherapy: Motor Skills Development, Speech Therapy: Language Development, Provision of assistive devices such as wheel chairs, hearing aids. Physiotherapy services have become popular and useful. Except two Dzongkhag Hospitals of Haa and Gasa all Hospitals have physio-technicians (PTT).

Facilities and services related to education include for various skills development such as personal management, communication, social behaviour, domestic behaviour, work related functional academic. Schools and institutes also teach social skills namely dancing, singing, acting and cultural programs, and organise Special Olympic and Paralympic sports programs to keep physically fit. Educational facilities and services also include those specific to type of disability. For example students with visual impairment use tactile material for diagrams and use Braille texts; Sign language for hearing disability. Students with disability also learn with the help of peer buddies and computers. In order to ensure health and sanitation there are activities for Daily Living Skills such as Hand-washing.

Services such as various therapies and facilities like assistive devices are provided to both in-school and out of school children/persons with disabilities. These facilities and services address protection issues in that they are preventive, interventionists, and/or curative treatments. They facilitate children with disabilities for accessibility, mainstreaming, and enhancing opportunities.

5.8.4 Gaps and Challenges

The study however, found some gaps and challenges in the existing facilities and services. All SEN schools are run by mainstream teachers. If the programmes are to be continued there is a great need for capacity development, additional resources and incentives. Since the SEN needs one-to-one attention there is a need to increase the number of teachers to provide proper education. There is an expressed need for equal opportunity for education. For example the highest class in a SEN and Deaf Education Unit school this year (2014) is Class VIII. A concern raised is about the progression to the next level in 2015. Some of the teachers also suggested the SEN schools to be considered across all levels, right upto Higher Secondary and Degree. They reported that there are no services in higher classes and sometime they get ridiculed. This is one of the reasons for students dropping schooling after Class IX. The study also found inequity in the distribution of facilities among SEN schools. For example on the day of study visits not all SEN schools have ramps, railings, specialists.

One of the protection concerns raised is the accessibility. Teachers, parents, expert team, focal persons have been unanimous in this issue.

Children with Disabilities cannot access to public places like Banks, Post Offices, Local Government Offices, Dzongs, Lhakhangs, Chortens, etc. The facilities and spaces should be made user friendly for children and people with disabilities to have physical accessibility in the area of all their needs and rights. There should be provisions for wheelchair users. If you go to town the lights, toilets meant for only normal children and people. There is a lack of therapists: physical, speech, occupational, ophthalmologist (vision), and audiologist. They are very important in developmental stages. They should be placed in hospitals and strategic institutions (Teacher, Parents, Focal Persons, Nov 2014).

The study also notes cases of intellectually challenged children in the country. There is a need for all agencies concerned to be prepared to provide proper services to this section of population. Some teachers and health workers voiced out the need to diversify educational curriculum and also strengthen community based programmes.

Diversify our educational provisions and curriculum. Curriculum should include vocational skills, art, relevant to their life like the ones on Draktshos. We notice that disable children always have poor parents, we should have support schemes. Family and neighbours are to be made responsible for caring disable children as well. We should revitalize Community Based Rehabilitation (CBR) programmes. There should be home-based program that includes construction of footpath, toilet, railings, kitchen that are friendly and inclusive for children and people with disabilities (Health Workers, KII, Nov 2014).

The Nov28 Workshop also identified a number of challenges and gaps. One of them concerned the lack of a lead agency for addressing specific needs of Children with Disabilities. There still exists social stigma and discrimination. There is also a general lack of awareness within health system of disability issues and referrals. The Ministry of Health recognizes that there is a need to improve technical capacity and resources at all level of health facility. The country does not have national point to refer when encounter child with protection issues. There is also a lack of early identification, poor registry and follow-up tracing, progress and as a result misses appropriate and timely intervention. A major challenge the parents and their children with disabilities still face is the barriers to inclusive health, access, attitude, over-protection, negligence, etc.

5.9 Perceptions about the Mainstreaming of Children with Disabilities

The schools and institutes that are dedicated exclusively for differently-able children and people are Muenseling Institute in Khaling for visually impaired, Deaf Education Unit in Paro for Deaf, two Draktshos (Vocational Training) in the West and East for multiple disabilities. All 10 SEN Schools of the Ministry of Education (MOE) are designed to mainstream the educational provisions. Principals, Teachers, SENCos, Specialists of SEN schools are working hard, putting in a lot of efforts within their capacity and available resources. SEN Children get necessary assistance and remedial support from teachers. The study presents findings that are both successes and challenges.

5.9.1 Success stories of mainstreaming

We can observe a lot of positive things happening as a result of mainstreaming. It works upto certain extent and there are benefits, it enhances social skills, children with disabilities do not get neglected. Teachers report it works well for mild to moderate disability. The mainstreaming has helped children who are intellectually challenged (down syndrome), learning difficulties, physically challenged, Cerebral Palsy. The study found that besides academics there is social integration taking place through games, dances, cultural activities, combined assembly, scouting activities. For example a SEN school Drugyel LSS and Deaf Education Unit are in the same campus. Teachers there report to be working well:

At Drugyel LSS and Deaf Education Unit we integrate many activities. We interpret speeches, announcements, National anthem through Sign Language by the Teacher on Duty (TOD). Here children without disabilities render help and support children with disability. They show empathy and build strong bond and instill values in themselves. They develop positive attitude toward life. SEN school teachers follow “push-in” and “pull-out” strategies to help children cope up academically. Where there are SEN children we have special class size of 18-25 students. We put SEN children in one section (Teacher FGD, Oct 2014).

5.9.2 Challenges of mainstreaming

Mainstreaming is not without challenges which are mostly to do with resources, capacity and commitment at various levels. Teachers expressed their concerns over the quality of education that might get affected by mainstreaming approaches. They also express whether or not the mainstreaming works depends on the degree and nature of disability. Almost all teachers have similar view on this.

Although the principle is good there are huge challenges in mainstreaming programme. Expectations are high and we face resource challenges. For severe disability it is difficult and we need self-contained class. For mainstreaming to be successful we need trained teachers, teacher assistants and lots of appropriate

resources. Honestly we are not able integrate academic activities in its true essence because we do not have support services like interpreter, note taker (Teacher FGD, Oct 2014).

SEN schools report that in order the mainstreaming to be successful there should be proper planning and prioritization including putting resources in place. They say that in fact mainstreaming takes place very late, it actually should take place earlier on. It appears there is ethics to mainstreaming in that children with disabilities themselves feel inferior because they feel they always have to depend on the special schools/ institutions. They report that there will always be stigma in the actual mainstreaming. The study found that unless there is total understanding of the system at all levels and social inclusion taking place a total mainstreaming will be difficult.

One of the SEN teachers shared this observation on the mainstreaming:

In our school, we have a beginning but solid SEN program in place. Staffing is short and due to multitude of other responsibilities of the SENCO, running the SEN program can be last on the priority list. This year we acquired a wonderful SEN room to provide services. For me, a good SEN room is a foundation for a good SEN program. The school also has ramps that are wheelchair accessible to the assembly ground and toilets, but unfortunately only reach a few classrooms. All other classrooms and the library are only accessible via stairs. I believe that education, law and policies are all off to a good start; however, there is much improvement to be made. Currently there are limited opportunities for higher education and employment for students with disabilities. These students are fully capable of continuing their education and joining the workforce, but the standards and awareness of these disabilities usually leave the students not continuing after class X. Moreover, the bigger concern for me is that most students don't even wait until class X, but drop out way before. Most existing SEN schools are LSS, and it is of critical importance that there is more focus on HSS to work and incorporate curriculum and staff for these students (Teacher KII, Nov, 2014).

In addition to resources and training the commitment and dedication of teachers are also important for mainstreaming programme to be successful and sustainable. For the programme to be working there has to be systematic approach to it. A SEN teacher states a mixed view:

On some level, it is working. When trained and compassionate teachers are working with these children, the children are learning and growing. My emphasis is on "trained and compassionate teachers" as not only do teachers have to have the knowledge, but they also have to want to work with and help these children. At my school there are several teachers who have training, but the desire is lacking; therefore, the knowledge is useless if there is no implementation. I think that emphasis explains why it is not working. There has to be more awareness and more buy in to the idea that children with disabilities have a right to education. At a higher level this has to be supported with adequate staff and monitoring. Most monitoring is done via paperwork only. In the entire year, not one person (principal, DEO or any other official) has visited my classroom or taken a look at exactly what I'm doing. It is very easy to produce a report on paper that inaccurately reflects what is actually happening at the school (Teacher KII, Nov, 2014).

5.10 Social Norms and their Impact on the Protection Issues of Children with Disabilities

Although time is changing the study found there are still social beliefs and practices that affect children with disabilities both positively and negatively.

5.10.1 Positive affects

On the positive note, because of Buddhist belief in compassionate family tend to give love and care to children with disabilities. People generally believe in the past Karma. Helping a disable person has connotation to pious deeds. They tend to take refuge and consolation in the past karma. Parents also report that having a child with disability in the family would cleanse away sins of the rest now and in the next life. In a typical family there is a child with Down syndrome. The family believes he is the reincarnation of a lama. They would not send him to school, but is treated better at home, above the children without disabilities.

5.10.2 Negative affects

The study found a number of negative effects of social norms and cultural beliefs on the children with disabilities. Bhutanese people tend to believe in past *Karma* which influences them to keep their children at home instead of encouraging sending them to schools for education. They sympathize with their disabled children and prefer them keeping at home and as a result get deprived of educational opportunity. Social beliefs also result into neglect from medical treatment. They believe some evil spirits have caused the disabilities and should perform *rimdro* (ritual) when the children actually suffer from fever. They refrain from taking to hospital and timely medical intervention gets compromised.

Teacher and Health Workers report that most Bhutanese believe that giving birth to children with disabilities is due to their previous bad deed. Due to such social stigma children with disabilities are denied equal opportunity and left behind. Some teachers and health workers report their observation:

There are some social beliefs still prevalent, especially in remote places. Example there was a 13 old boy-deaf. We advised to admit in Draktsho in Rongthung. But parents thought the institute is for the disabled and their son would become more handicapped. So they refused to take him there. There is also a strong impact of local healers on unhealthy practices. Some correctable problems get late and lead to disability. (Teachers, Health Workers, FGD Nov 2014).

The study concludes that social and cultural beliefs and practices tend to undermine scientific medication, and miss timely and appropriate treatment and interventions, at times causing disability. Sometimes over pamper negatively affect the child, e.g. constantly carrying causes mobility problem with the child later. Some parents are not conscious of proper diet and nutrition. Health workers notice the parents' habit of feeding the child with unhealthy food, oily, junk food, alcohol, no balanced diet affecting the child. However, it appears due to awareness and education social norms and cultural beliefs that adversely affect children with disabilities are on the decline.

5.11 Protection Issues by Types of Disabilities

Broadly four types of disabilities are considered to explore the protection issues. They are visually impaired, physically challenged, hearing disabilities and learning difficulties. The study has these findings.

Visually impaired: The visually impaired children tend to have more issues related to accessibility. They include access to information, lack of assistance, positive attitude by the disabled persons themselves or people around them. The degree of issues will differ by settings (rural/urban), education, family status, income generation of the students. Education is a big factor. In addition, lack of assistive devices and technology (Eg soft ware) are constraints for accessibility. Female appear to have more risk of getting abused than male counterparts.

Physically challenged: In Bhutan this is the biggest challenge, because of mountainous terrain, buildings are totally inaccessible. They are not user friendly for wheel-chair users, crutches. Public places like banks, post offices, entertainment/recreational spaces, big hotels, Dzongs, are not user friendly. As a result physically challenged children face additional challenges in learning as well. It would also depend on the degree and type physical disabilities.

Hearing disabilities: The biggest problem this group of children faces is the communication. Bhutan does not yet have a standard medium of communication, example Sign Language. However, they are good contributors in economic activities at home and in the community. They

are physically fit and strong. Another big challenge they face is the social discrimination, and they are always labeled by their impairment/disability, such as tsagay, yongba. There is stigma associated with them in the society,

Learning problems: Learning difficulties is prevalent in the country and the number is huge. Since this is a wide area it poses immense difficulty to study. In addition there is challenge in the identification of this type of disability and a result hampers in providing timely interventions. We do not have resources and capacity to tackle these issues at ease and any time soon. Children have differing level of intelligence and learning style and services provided to individual needs are inadequate. This has resulted in a significant number of drop outs in the schools.

5.12 Severe Protection Issues: Culture of Rural Settings and Economically Poor Family

Severe Physical and Sexual Abuses seem to be more prevalent at homes and in rural communities. Sexually abused cases within the family and by neighbours were reported in the rural places. Rape of a 11 year old girl (Cerebral Palsy), 14 year old girl (Cerebral Palsy), 15 year old girl (Deaf), and sexual abuses of 25 year old woman (Deaf), 26 years old woman (Deaf) took place in the villages. Some of them had children out of wed-lock. The participants also reported that children with disabilities were physically abused by their parents when they did not perform well in schools. Remoteness of settings and illiteracy of family to a large extent negatively affected them. Some teachers shared their observations:

Few parents do not care because they feel they are burden to them. There are some disable children who are not being cared, kept dirty. Economic condition is a constraint as some parents cannot afford to come to school to take their children home for holidays. Therefore poor economic condition of family is a cause for neglect of the children with disabilities. Sometimes distance and access to communication is another constraint for some parents (Teacher, FGD, Nov 2014).

6. Recommendations

6.1 Policy and Enabling Environment: Protection Issues for Children With Disabilities

Activities	Description	Responsible Agency	Long/Short Term
<i>Enactment of "Persons With Disability Act of Bhutan"</i>	The study recommends for the enactment of "Persons With Disability Act of Bhutan". All participants of FGD, KII, Principals, Teachers, and Focal Persons are unanimous in voicing for a need of the Act. The stakeholders and participants Nov28 Workshop also recommended for the act. Among other one of the Articles and related Clauses should encompass for the establishment of "National Commission for Persons with Disabilities" with detailed terms of reference for "Focal persons for Adult and Children with Disabilities. The Act should in detail include articles on all types of protection issues-physical abuses, emotional abuses, sexual abuses, neglect	Ministry of Health	Long term (3-5 years)
<i>Ratification of "UN Convention on the Rights of Persons with Disability (UNCPRD)"</i>	Bhutan has signed UNCPRD in 2010. The study strongly recommends for its ratification. All stakeholders expressed an urgent need for the convention to be ratified. The convention entails educational and medical services with accountability and also addresses protection issues of persons with disability.	NCWC	Short term (within 2 years)
<i>Review of Child Care and Protection Act (CCPA), 2011</i>	The Child Care and Protection Act (CCPA) 2011 is in place. The study recommends for the review of the Act to make it explicit and inclusive on protection issues of children with disability.	NCWC	Short term (within 2 years)
<i>Endorsement and ratification of</i>	National Education Policy is still in draft form which is yet to be endorsed by competent forum. The study recommends MOE to	MOE	Short term (within 2

<i>National Education Policy 2012</i>	take up as a matter of urgency.		years)
<i>Institute laws, enabling environment for Children with Disabilities to have ALL RIGHTS</i>	The study recommends to create policy and enabling environment for All Children with Disabilities have access to ALL RIGHTS-Educational, Employment, Accessibility, Social, Political. It is also recommended the whole country become All-Inclusive Society and there is acceptance of people and children with disabilities and their protection sensitive.	NCWC, All Agencies concerned	Long term (3-5 years)

6.2 Systems and Services: Protection Issues for Children With Disabilities

Activities	Description	Responsible Agency	Long/Short Term
<i>Capacity development of line agencies to protect children with disabilities</i>	The study found tremendous achievements made by all line agencies both in terms of educational, medical and therapeutic services. In order for them render better services and to reach the un-reached the study recommends appointment of adequate and specific professionals, therapists and social workers in all medical and educational institutions. Enhanced human capacity will prevent and address children with disabilities from possible educational and medical neglect in schools and communities.	MOE, MOH	Long term (3-5 years)
<i>Creation of public facilities that are user friendly for children with disability</i>	They study recommends for the creation and/or remodeling of special spaces in all strategic Public Offices, Institutions, Sanitary locations, Commercial spaces and Transportations for accessibility of children and people with disabilities.	MOWHS, MOIC and all relevant agencies	Long term (3-5 years)
<i>Allocation of adequate and regular financial resources</i>	Allocation of adequate and regular financial resources to all agencies that work for children with disability for timely provision of equipments, implementation and follow up of educational and medical services,	MOF and all other concerned agencies	Short term and Long term (regular)
<i>Institution of referral point for children with disability</i>	The study recommends for the creation of full time office for referrals, service delivery at various levels: National, Dzongkhag, Gewog and in Institutions including appointment of a Social Welfare Officer. The person in charge will intervene or make referrals on any child abuses, neglect.	All agencies concerned	Short term (within 2 years)
<i>Establishment of Community Based Rehabilitation (CBR) Programmes for Children and People with Disability</i>	The study recommends for the revitalization of Community Based Rehabilitation (CBR) Programmes for Children and People with Disability with focus on making their living environment at home and immediate neighbourhood conducive. The centre is to be free of physical harm and neglect.	Gewog Administration	Long term (3-5 years)
<i>Creation of Services Centres with conducive facilities for Children with Disabilities in Crisis</i>	The study recommends for the institution of Services Centre with facilities while children with disabilities are in crisis and transition. Among other should include preventive services, counseling and training, shelter, Child Friendly Room in Police Station, sponsorship for reintegration.	All agencies concerned	Short term (within 2 years)
<i>Establishment of Vocational Training Institutes</i>	The study recommends to establish more schools and institutes for specific types of disabilities across the country particularly Vocational Training Centres. This should ensure employment opportunity for children with disabilities.	MOLHR	Long term (3-5 years)
<i>Establishment of Community Recreational Centres</i>	The study recommends for the establishment of Integrated Community Recreational and Rehabilitation Centres (ICRRC) for People and Children with Disabilities for the purpose of socialization, recreation and rehabilitation.	Gewog, All Agencies concerned	Long term (3-5 years)
<i>Institution of support services for parents of children with disabilities</i>	The study recommends to establish support services mechanisms at various levels (Chiwog, Gewog, Dzognkhag, National): skills training, financial, psychological, etc	MOE, Dzongkhag, Gewog, Chiwog	Short term (within 2 years)

6.3 Demand Promotion: Protection Issues for Children With Disabilities

Activities	Description	Responsible Agency	Long/Short Term
<i>Sensitization and awareness of general public on children with disabilities</i>	The study recommends to continuously carry out awareness and advocacy activities for parents and general public on protection issues of children with disabilities. This must include existing laws, offences, penalties on protection issues, how to safeguard the children with disabilities from causing harms, abuses, neglect.	NCWC	Short-Long term (continuous)
<i>Comprehensive National Survey for Children with Disabilities</i>	There is a need to carry out a comprehensive national survey to find out the actual population of children and people with disabilities: by Dzongkhags, Gender, Age, Types of Disability, Causes, etc. this will enable to create data base for use for various purposes	NCWC/NSB	
<i>Training on understanding children with disabilities</i>	The study recommends to provide basic training to public in general and parents in particular on understanding the possible symptoms of disability to ensure care and intervention at early age.	NCWC, MOH	Short term (within 2 years)
<i>Orientation training on children with disabilities for MPs and Executives</i>	The study strongly recommends providing basic orientation training to Members of Parliament and Executives on children disabilities and protection issues. This must include existing laws, offences, penalties on protection issues, how to safeguard the children with disabilities from causing harms, abuses, neglect and communication chain and accountabilities.	NCWC	Short term (within 2 years)
<i>Initiate special awareness programme against the harmful effects of social beliefs</i>	The study recommends the concerned agencies to initiate programmes exclusively on social beliefs and practices that are detrimental to protection of children with disabilities.	NCWC	Short term (within 2 years)

6.4 MOE and MOH as the lead agencies for addressing protection issues

The study found that in general there should be multi-sector approaches to addressing the protection issues of children with disabilities. There are potentials of cropping protection issues at various levels and in different institutions. The Ministry of Education is responsible and accountable when the children are in schools. The Ministry of Health is responsible in times of providing medical services and interventions. The study recommends the Ministry of Education and the Ministry of Health to be two lead agencies responsible to address the protection issues of children with disabilities because of these justifications.

Coverage and reach

The MOE through SEN schools caters to the educational needs of children with disabilities. There are already close to 400 children in 10 SEN Schools. In the long run the MOE envisages providing inclusive education in all schools. Educational provisions for visually impaired children are met by the Muenseling Institute in Khaling and similarly Deaf Education Unit in Drugyel, Paro caters to the children with deafness. The Non-Formal Education Division of the Department of Adult and Higher Education (DAHE) of the MOE already provides basic and post literacy to adult population of the country. The same programme can be expanded and extended to Adults with Disability.

Similarly, the MOH has coverage and reach to the remotest of the communities. Through the BHU and Health staff, and regular follow up visits there is an inventory of disable people in

general and children in particular. An upto date data is being registered in the Regional Hospitals. With this mechanism continued almost all population with any disability of all ages of the country can be captured.

Capacity and Expertise

SEN School teachers are trained to teach the children with disabilities with appropriate methodologies. The training also includes on protection issues, sensitivity of dealing with children with disability. The SEN schools are doing well. The MOE in its teachers has the capacity and expertise.

The MOH has a number of Physiotherapy Technicians in most of the hospitals. There are also ENT and EYE Specialists and Technicians. They not only treat the patients in the hospitals but also visit communities to provide home-to-home medical services. They also carry out RNDA (Rapid Neuro Development Assessment), provide intervention services to the needy children in ORC, BHUs and Hospitals, do monitoring and follow ups. There is a strong mechanism in place. They know what facilities, equipments and services work best for the type of disability at appropriate ages.

Representation in the Law making Forum

The MOE and MOH are government entities. The two Ministers not only are party to making laws in the parliament but also are executives as the members of the Cabinet. The Ministries are better positioned to get legal instruments regarding protection issues of children with disabilities tabled and endorsed.

6.5 Roles and Responsibilities of Other Line Agencies

All line agencies including Government, NGOs, IGOs, UN entities, Private, CSOs, so forth have been making immense contributions to the cause of addressing protection issues of children with disabilities. Some are established to directly cater the services to the disable population; others have dedicated unit/section/division with focal persons to render services to the differently able population of the country.

The study recommends the line agencies continue their active involvement, be it in providing clinical services, therapies, technical assistance, financial assistance, law enforcement, legal protection, etc. In addition to their supporting role, a strong recommendation proposed is that they are the “Watch Dogs” of the systems and services relating to protection issues.

6.6 Capacity Building and Education for Critical Stakeholders

The study recommends identifying the critical mass of heavy weights that should be given organized and formal sensitization training on issues surrounding persons and children with disabilities. They must include Parliamentarians, Politicians, Government Officials, Secretaries, Directors, Local Government Leaders, Officials from Armed Forces.

6.7 Areas of Training Needs for Front line staff and General Public

Based on the findings of the study the following training needs are recommended for two groups of audiences: Front line staff and General Public. Some training needs are common for both.

Front line staff: Teachers, Medical staff, Professionals

- Sensitization on the issues of disabilities;

- Counseling;
- Social accessibility and general services;
- Multi-tasking to providing all essential therapies: Speech therapy, Occupational therapy, Behaviour management, Communication, Socialization.

General Public: Parents and Critical Mass of Heavy Weights

- Orientation on what is disability, types of disability, causes and prevalence in Bhutan,
- Sensitization and awareness on common issues of disabilities, services for disability,
- Basic information on “what is disabled friendly environment”;
- Awareness on the rights for physical accessibility to all infrastructures,
- On rights for social accessibility, avail services like health, education, employment, banks, sidewalks, recreational areas, etc,
- On how to care, support children with disability of different types,
- Poor health and nutrition and its negative effect on the children.

7. Conclusion

The qualitative assessment of protection issues faced by children with disabilities delved into types of abuses namely physical, sexual, emotional, neglect, exploitation, so forth. The findings of the study are the honest expressions of observations and experiences of principals, teachers, parents, professionals, medical staff, students and the personal visits by the consultant.

The study found that the protection issues and abuses that are severe in nature are observed to be the phenomena of rural settings and occurs in family who are economically disadvantaged. While the issues such as neglect may appear to be deliberate but at a closer look one understands it is out of no choice. Ignorance and lack of skills to care and bring children with disability have become apparent causes of abuses and neglect. However, sexual abuses are reported to be rampant in rural setting and the study reports it as serious concern.

The study would like to put in record the excellent works the SEN School Principals and teachers are doing under challenging circumstances of resources constraints. A lot of improvements are visible within a short span of time in children’s social and academic skills. Through “push-in and pull out”, adaptations, modifications strategies SEN students are observed receiving individual attention. The system has rendered its services and target groups are receiving cares.

Any new programme faces challenges. Schools are facing numerous challenges that the study has highlighted elsewhere. The challenges are observed to be multiple: resources, capacity, professionalism, financial, recognition, acceptance, illiteracy of the parents and society in general, monitoring, so forth.

Hospital staff and Health workers also deserve mentioning of their commitment from carrying out RNDAs, diagnosing disability, providing medical and therapeutic services for children with disabilities. They do not care about arduous journey on foot to make follow-up visits in far flung villages, at times carry with them wheel-chairs, crutches, so forth. They are the front line personnel who address protection issues of children with disabilities.

The pages of findings and a set of recommendations proposed here is the amalgamation of rigorous efforts of more than hundred days. A number of findings and recommendations commensurate the earlier studies. These, however, should be taken in positive spirit in that they

are not repeated but reiterated because of the urgency of the matter. An important message it sends to policy makers, service providers, implementers is that there are recommendations from earlier studies that are not being acted upon. A sincere prayer is that the outcome of this study is put to good use, by implementing the findings and recommendations, atleast some of them.

Finally, agenda of protection issues in general and that for children with disability calls for urgent attention. The kind of abuses, neglect reported in the society at large either due to innocence or ignorance of individual persons, institutional culture or systemic structure warrants multi sector approach. Notwithstanding the gamut of issues the government has to attend to for national cause, it is timely that the disability issues must top the priority list of agenda, be it in the Cabinet, Parliament, Media, and/or Everywhere. With will and commitment from all corners Persons and Children with Disability of Bhutan will live in a society that is abuse free and inclusive. This will significantly contribute towards achieving an important element of GNH.

References

- Black, M. & Stalker, P. (2006) *A Situation Analysis of Children & Women in Bhutan*. Thimphu: UNICEF,
- DYS (2010). *School-Based Awareness and Education Programmes for Parents on Adolescents and Youth Issues*, DYS: Thimphu,
- Hammel, A. (2012) *The Benefits and Drawbacks of Mainstreaming Students with Autism*
- Jackson, E. & Wernham, M. (2005) *Child Protection Policies and Procedures Toolkit: How to Create a Child-Safe Organization*. London: Consortium for Street Children,
- Markesich, J. (2008). *Surveying Persons with Disabilities: A Source Guide*. Cornell University: ILR School, Employment and Disability Institute,
- MOE (2011). *Endorsed proposals from the first consultative meeting on school guidance and counseling programmes, DYS consultation with Principals, Schools Guidance Counselors, Teacher counselors and DEOs 14-16 March 2011*, DYS: Thimphu,
- MOE (2010). *Guidance and Counseling Framework for Schools in Bhutan*, CECD, DYS: Thimphu,
- MOE (2010). *A Guide for Facilitators: Parents Orientation on Adolescent and Youth Issues*, DYS: Thimphu,
- MOE (2011). *Educating for GNH, Department of Youth and Sports, Ministry of Education: Annual Report July 2010-2011*, DYS: Thimphu,
- MOE (2012). *Educating for GNH, Department of Youth and Sports, Ministry of Education: Annual Report July 2011-2012*, DYS: Thimphu,
- MOE (2009). *National Strategies for Youth Centres*, DYS: Thimphu,
- MOE (2011). *National Youth Policy*, DYS: Thimphu,
- MOE (2013). *School Health and Safety Guidance*, DYS: Thimphu,
- MOE & MOH (2009). *Guide Book for Teachers: Comprehensive School Health Programme*, DYS: Thimphu,
- MOE (2010) *Baseline Assessment of Water and Sanitation Facilities in Schools: A joint initiative of Department of Youth and Sports, MOE*, DYS: Thimphu,
- NCWC/UNICEF (2012). *Child Protection in Bhutan: Mapping and Assessment Report & National Plan of Action for Child Protection*,
- NSB-ADB (2013) *Bhutan Living Standard Survey 2012 Report*. Thimphu: NSB
- NSB (2010) *Bhutan Multiple Indicator Survey*. Thimphu: NSB
- NSB-UNICEF (2011) *Two-Stage Child Disability Study*. Thimphu: NSB
- RGOB (2011) *The Child Care and Protection Act of Bhutan*. Thimphu: RGOB,
- RGOB (2014) *The Child Care and Protection Act Rules and Regulations of Bhutan*. Thimphu: RGOB,
- RGOB/UNICEF/NCWC (2010) *Convention on the Rights of the Child*;
- RGOB (2013) *11th Five Year Plan: 2013-2018*;
- Shaw, C., Brady, L.M. & Davey, C. (2011). *Guidelines for Research with Children and Young People*. London: National Children's Bureau Research Centre,
- Stalker, K., Lister, P.G., Lerpiniere, J. & McArthur, K. (2010) *Child Protection and the Needs and Rights of Disabled Children and Young People: A Scoping Study*. University of Strathclyde, Faculty of Education,
- UNICEF (2007) Promoting the Rights of Children with Disabilities. *Innocenti Digest* No. 13

UNICEF (2008) *UNICEF Child Protection Strategy*. United Nations Economic and Social Council,
UNICEF (2012) *The Right of Children with Disabilities to Education: A Rights-Based Approach to Inclusive Education, A Position Paper*. Geneva: UNICEF,
UNICEF (2013) *Bhutan Common Country Programme document (2014-2018)*. Thimphu: UNICEF-Bhutan,
UNICEF (2010). *Global Monitoring for Child Protection*,
UNICEF-USA (2008). *Monitoring Child Disability in Developing Countries*. New York: UNICEF, Division of Policy and Practice,
UNICEF (2012) *The Situation Analysis of Children, Youth and Women in Bhutan*;
UNICEF/NCWC (2010). *Child Protection: BMIS 2010 Thematic Analyses Series*;
Walakira, E.J., Ismal, D.N. & Byamugisha (2013). *Baseline Survey on Community Child Protection Systems in Uganda: Final Report*. Kampala, Uganda: Department of Social Work and Social Administration, Makerere University.

ANNEXURES

Target Group for FGD: Teachers, Focal Persons, SENCOs

Profile of FGD Participants: Compiled

Sl. No	Name	Gender	Designation/ Roles	School/ Institute	Years this school	Contact details
1	Khandu	M	SEN Teacher	Drugyel LSS (DLSS)	5	
2	Pema Wangmo	F	SEN Teacher	DLSS	12	
3	Tshering Choden	F	SENCO	DLSS	4	
4	Yonten Dema	F	SEN Teacher	DLSS	3	
5	Sonam	F	SEN Teacher	DLSS	5	
6	Tulasa Ghalley	F	SEN Teacher	DLSS	3	
7	Jasuda	F	SEN Teacher	DLSS	6	
8	Leki Bumpa	M	SEN Teacher	DLSS	2	
9	Deki	F	SEN Teacher	DLSS	11	
10	Kashi	F	SEN Teacher	DLSS	11	
11	Choki Dorji	M	SEN Teacher	DLSS	2	
12	Chimi Zangmo	F	SENCO	DEU	7	
13	Chencho Dem	F	Teacher	DEU	2	
14	Pelden Wangchuk	M	Teacher	DEU	4	17703047, kinpel38@gmail.com
15	Sushila Gurung	F	Teacher	DEU	5	
16	Lobzang Dorji	M	SEN member	Tendruk HSS	3	17625838, jamanglt_2010@gmail.com
17	Thukten Tshering	M	Asst. SENCO	THSS	3	17638943, thuktentshering29@yahoo.com
18	Pema Wangdi	M	SEN member	THSS	5	17754502, pemawangdi@86@yahoo.com
19	Tshering Wangdi	M	SENCO	THSS	5	17990391, wangditshering53@yahoo.com
20	Sonam Rinchen	M	AP, SEN member	THSS	8	17826873, sumthrang15@gmail.com
21	Sonam Gyeltshen	M	Vice Principal	THSS	3	17689048, sgsogvel@gmail.com
22	Leki Tshering	M	Principal, KLSS	KLSS	5	
23	Dorji Wangdup	M	Principal, MIK	MIK	1	
24	Kinga Chogyal	M	Teacher, MIK	MIK	27	
25	Wangchuk Dawa	M	Teacher, MIK	MIK	8	
26	Choku Wangchuk	M	Asst SENCO	KLSS	1	
27	Phuntsho Wangdi	M	SENCO, KLSS	KLSS	3	
28	Angela Sutton	F	Specialist, Special Edu	KLSS	1	
29	Kumari Gurung	F	Asst SENCO	MIK	25	
30	Thinley Wangmo	F	Teacher	Draktsho East	8 months	Seowangs22@gmail.com
31	Tshering Lhamo	F	Teacher	Draktsho East	5 years	Tsheringl2013@yahoo.com
32	Yeshi Tenzin	M	Teacher	Draktsho East	5 years	Yeshitenzin73@yahoo.com
33	Karma Garab Dorji	M	Principal	Draktsho East	6 years	
34	Karma Zangmo	F	Teacher	Draktsho East	5 years	Karmazangmo247@gmail.com
35	Pema Dorji	M	Teacher	Draktsho East	2 years	
36	Nimer Wangchuk	M	Volunteer	Draktsho East	2 months	nimzertenzinwangchuk@yahoo.com
37	Tara Devi Giri	F	Asst. SENCO	Monggar LSS	11 years	Taradvi80@gmail.com
38	Choden	F	Asst SENCO	Monggar LSS	5 years	
39	Dechen Pelzom	F	Teacher, SEN Class	Monggar LSS	9 years	
40	Sonam Yuden	F	Teacher, SEN Team	Monggar LSS	6 years	
41	Savita Maya	F	Teacher, SEN Team	Monggar LSS	5 years	

42	Karma Lhamo	F	Teacher, SEN Team	Monggar LSS	21 years	
43	Pema Choden	F	Teacher, SEN class	Monggar LSS	4 years	
44	Yeshey Choki	F	SENCO	Monggar LSS	14 years	
45	Ngawang Choden	F	Teacher, SEN Team	Monggar LSS	4 years	
46	Chogyal Tempa	M	Teacher, SEN Class	Monggar LSS	2 years	

FGD with Parents of Children with Disability and Community

Profile of FGD Participants: Compiled

Sl. No	Name	Gender	Age	School/ Institutes	Parents/ Community	Contact/ Remarks
1	Pelden Wangchuk	M	38	Deaf Education Unit (D.E.U.), Drugyel, Paro	Parent/ Teacher	
2	Dorji Zangmo	F	35	DEU, Paro	Parent	
3	Gyem Tshering	M	71	DEU, Paro	Guardian	
4	Ratna Maya	F	30	DEU, Paro	Parent	
5	Aiti Maya	F	36	Tendruk Higher Secondary School (THSS)	Parent	
6	Dhan Maya	F	31	Tendruk HSS	Parent	
7	Kanchi Maya	F	33	Tendruk HSS	Parent	
8	Passang Dema	F	55	Tendruk HSS	Community	
9	Tshering Dorji	M	35	Tendruk HSS	Parent	
10	Sangay Dolma Tamang	F	45	Tendruk HSS	Parent	
11	Phul Maya	F	50	THSS	Community	
12	Samdrup	M	34	THSS	Parent	
13	Banide	M	40	THSS	Parent	
14	Dhan Bhr Rai	M	72	THSS	Community	
15	Mangali Remini	F	65	THSS	Community	
16	Jhur Maya Rai	F	65	THSS	Community	
17	Kinley Yangden	F	25	THSS	Community	
18	Nima Tamaney	M	52	THSS	Community	
19	Dil Bahadur Biswa	M	50	THSS	Community	
20	Kumari Biswa	F	24	THSS	Community	
21	Kumari Gurung	F	40	THSS	Parent	
22	Budhiman Limbu	M	19	THSS	Disable himself	
23	Agisha Limbu	F	35	THSS	Community	
24	Homnath Sharma	M	40	THSS	Community	
25	Radhika	F	33	THSS	Parent, 13year old son, autism	
26	Samraj Gurung	M	25	THSS	Disable himself, speech	
27	Sonma	F	28	THSS	Parent, 6years old disable son, Birtham,	
28	Purna Lal	M	67	THSS	Guardian	
29	Ugyen Tenzin	M	35	KLSS/ Muenseling	Parent, 12 year old daughter in Class 3 at MIK	
30	Ugyen Wangdi	M	57	KLSS/ Muenseling	Parent, two sons, in class 7, 16 years and 19 years	
31	Tshewang Tenzin	M	48	Draktsho East	Community leader	17648054
32	Dendup	M	48	Draktsho East	Community leader	17685038
33	Thinley Zangmo	F	45	Draktsho East	Parents, mother of Tashi, 21 year old girl, trainee, does household chores, can't speak, can't hear,	
34	Gembo Dorji	M	28	Monggar LSS	Parent, 6 year old son, PP, speech 77344752, 17766322	
35	Pema Choden	F	30	Monggar LSS	Parent, 8 years son, class 2, speech, 17927638	
36	Choni Gyalmo	F	29	Monggar LSS	Parent, 10 year old daughter, cl 3, speech, physically weak, fits, 16922047	

37	Dorji Thinley	M	49	Monggar LSS	Parent, 19 year old son, cl 7, birth, walks on knees,
38	Singye Jamtsho	M	39	Monggar LSS	Parent, 13 year old daughter, cl 6, 7 months, fever, seizure, 17652077
39	Pema Choden	F	38	Monggar LSS	Parent, 8 year old, cl 2, refer IEP, 17797411
40	Pema Wangmo	F	40	Monggar LSS	Parent, 2 sons, 13, 16 year olds, learning disabilities, 17244936
41	Pema Zangmo	F	34	Monggar LSS	Parent, 12 year old daughter, cl 5, Chimi Lhamo, on wheel chair, 1761-1179

Qualitative Assessment on Child protection related issues faced by children with disabilities and to develop an action plan: 2014

Focus Group Discussion (FGD)

Study Objective: To carry out a qualitative assessment on Child protection related issues faced by children with disabilities and to develop an action plan

Target Group for FGD: Expert Team, Stakeholders based in Thimphu

Kuzu Zangpo la,

We, on behalf of Youth Development Fund (YDF) are trying to understand the situation of child protection issues faced by children with disabilities. This study will help us find viable recommendations and develop an action plan gearing towards addressing the protection issues and needs of children with disabilities. Any information that is obtained in connection with this research will be used only for the above mentioned purpose and your personal information is kept strictly confidential and will be disclosed only with your permission. We would appreciate if you could share your honest views. Thank you,

Yours Consultants

Section 1: General Information of the Focus Group Discussion

1.1 Name of the Agencies/Organizations (See Profile of Participants, item 1.5 below):

1.2 Date of FGD: _____

1.3 Time of FGD: From _____ **To** _____

1.4 Place of FGD: _____

1.5 Profile of FGD Participants (6-10)

Sl. No	Name	Gender	Agencies/ Organizations	Designation
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Section 2: Assessment on the ground of the child protection issues faced by children with disabilities (Scope 2 of the Assignment)

2a: Please share your observations on the protection issues of the children with disabilities? You may like to consider these areas: (i) Physical abuse/harm/corporal punishment; (ii) Emotional abuse/ Psychological Harm; (iii) Neglect; (iv) Sexual abuse/molestation; (v) Gender based violence; (vi) Exploitation/bullying among children with disabilities and/or by normal persons; (vii) Children in conflict with law; (viii) Violence among children with disabilities and/or normal children; (ix) Child pornography/ cyber crime using children with disabilities; and (x) Alcohol and substance abuse.

2b: What do you think about the existing services (facilities, education, law, employment, policies, etc) that support children with disabilities? Are they adequate or not? Elaborate with examples.

2c: What is your reading of the status of mainstreaming/integration programmes (schooling, education, employment, etc) of children with disabilities in Bhutanese context? Discuss and share your observations of the factors that affect the programme.

2d: Please identify some social norms (E.g. beliefs, habits, practices) that may positively or negatively affect the children with disabilities in Bhutanese context in terms of upbringing, education, employment, etc.

Section 3: Identification of strategies and recommendations and implementing lead and partner agencies (Scope 4 of the Assignment)

3a: What are the major gaps and challenges currently faced by children with disabilities which the government, society, stakeholders and agencies concerned should attend to immediately? Please consider these: policies gaps, sector/agencies coordination, duplication of programs/activities, legal instruments, etc.

3b: In about 20 years from today, what do you aspire for Children with Disabilities in Bhutan?

3c: Which agencies do you think must implement plans and programmes relating to protection issues of children with disabilities in Bhutan? Why and how?

Section 4: Identification of the stakeholders who need to be trained and also the areas/issues they need to be trained in. (Scope 5 of the Assignment)

4a: In your view which agencies, organizations, or stakeholders need to be trained more rigorously for addressing the protection issues of children with disabilities?

4b: According to you, which are the areas related to issues of children with disabilities the stakeholders should be trained in?

Thank you for your active participation!!!

Qualitative Assessment on Child protection related issues faced by children with disabilities and to develop an action plan: 2014

Focus Group Discussion (FGD)

Study Objective: To carry out a qualitative assessment on Child protection related issues faced by children with disabilities and to develop an action plan

Target Group for FGD: Parents of Children with Disability and Community

Kuzu Zangpo la,

We, on behalf of Youth Development Fund (YDF) are trying to understand the situation of child protection issues faced by children with disabilities. This study will help us find viable recommendations and develop an action plan gearing towards addressing the protection issues and needs of children with disabilities. Any information that is obtained in connection with this research will be used only for the above mentioned purpose and your personal information is kept strictly confidential and will be disclosed only with your permission. We would appreciate if you could share your honest views.

Thank you,

Yours Consultants

Section 1: General Information of the Focus Group Discussion

1.6 Name of the School/Institute/Village/Community:

1.7 Date of FGD: _____

1.8 Time of FGD: From _____ **To** _____

1.9 Place of FGD: _____

1.10 Profile of FGD Participants (6-10)

Sl. No	Name	Gender	Age	Parents/Community members, etc
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Section 2: Assessment on the ground of the child protection issues faced by children with disabilities (Scope 2 of the Assignment)

2a: Please share with me how do the parents treat their children with disabilities at home? Do they care and love them?

2b: Do you see any difference in how the parents treat their children without disabilities and with disabilities? Share incidences, if any.

2c: In your view what are some of the most disturbing things happen to children with disabilities at home or in the community. Cite incidences, if any. (Example have you seen or heard any sexual abuse, neglect, exploitation, beating, etc).

2d: Since you live close to school where children with disabilities study you would have observed their status. Describe how the school handles the children with disabilities in terms of education, protection, safety, food, boarding/hostel, etc?

2e: Have you seen or heard any disabled student being mal-treated (Eg. physical punishment, scolding, etc) in the school? Mention how and why?

2f: What do you think is the status of children with disabilities in our country? Give suggestions to improve, if any, and mention who should do what.

Thank you for your active participation!!!

Qualitative Assessment on Child protection related issues faced by children with disabilities and to develop an action plan: 2014

Focus Group Discussion (FGD)

Study Objective: To carry out a qualitative assessment on Child protection related issues faced by children with disabilities and to develop an action plan

Target Group for FGD: Teachers, Focal Persons, SENCOs

Kuzu Zangpo la,

We, on behalf of Youth Development Fund (YDF) are trying to understand the situation of child protection issues faced by children with disabilities. This study will help us find viable recommendations and develop an action plan gearing towards addressing the protection issues and needs of children with disabilities. Any information that is obtained in connection with this research will be used only for the above mentioned purpose and your personal information is kept strictly confidential and will be disclosed only with your permission. We would appreciate if you could share your honest views. Thank you,

Yours Consultants

Section 1: General Information of the Focus Group Discussion

1.11 Name of the School/Institute: _____

1.12 Date of FGD: _____

1.13 Time of FGD: From _____ **To** _____

1.14 Place of FGD: _____

1.15 Profile of FGD Participants (6-10)

Sl. No	Name	Gender	Designation/Roles	Years served in the school
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Section 2: Assessment on the ground of the child protection issues faced by children with disabilities
(Scope 2 of the Assignment)**

2a: In your experiences and observations what do you think of the following protection issues and the children with disabilities? Please share each one of these.

2a (i) Physical abuse/harm/corporal punishment:

2a (ii) Emotional abuse/ Psychological Harm

2a (iii) Neglect

2a (iv) Sexual abuse/molestation

2a (v) Gender based violence

2a (vi) Exploitation/bullying among children with disabilities and/or by normal persons

2a (vii) Children in conflict with law

2a (viii) Violence among children with disabilities and/or normal children

2a (ix) Child pornography/ cyber crime using children with disabilities:

2a (x) Alcohol and substance abuse:

2b: Where do you think these issues occur more (if at all), for example at home, schools or other settings and why? Please cite incidences.

2c: Please share your observation how the status of parents' socio-economic background affect the children with disabilities.

2d: What do you think about the existing services (facilities, education, law, employment, policies, etc) that support children with disabilities? Are they adequate or not? Elaborate with examples.

2e: Do you think mainstreaming children with disabilities with other normal children in schools, work places, etc are working? If yes how? If no, what are the causes that hinder mainstreaming of children with disabilities in Bhutanese context? Discuss and share your observations.

2f: Please mention some social norms (E.g. beliefs, habits, practices) that positively or negatively affect the children with disabilities in Bhutanese context.

Section 3: Identification of strategies and recommendations and implementing lead and partner agencies (Scope 4 of the Assignment)

3a: In your view what are the major gaps and challenges currently faced by children with disabilities that the government, society, stakeholders and agencies concerned should attend to immediately?

3b: What should be an ideal situation for Children with Disabilities in Bhutan?

3c: Discuss and suggest your choice of agencies that must implement plans and programmes relating to protection issues of children with disabilities in Bhutan. Cite reasons for your choice as well.

Section 4: Identification of the stakeholders who need to be trained and also the areas/issues they need to be trained in. (Scope 5 of the Assignment)

4a: In your view which agencies, organizations, or stakeholders need to be trained for addressing the protection issues of children with disabilities?

4b: According to you, which are the areas related to issues of children with disabilities the stakeholders should be trained in?

Thank you for your active participation!!!

List of KII Participants

SN	Names	Organization	Designation	Contact
1	Ms. Deki Dema	National Commission for Women and Children	PO	
2	Ms. Kesang D Choden	RENEW	Outreach officer	
3	Lopen Sherub Dorji	Dratshang	Child Protection Officer	
4	Ms. Beda Giri	Ability Bhutan Society	Executive Director	
5	Ms Thuji		Program Officer	
6	Ms. Deki Zam	Draktsho	Founder, Director	
7	Dr Sanga	Ministry of Health	Physiotherapist	
8	Kinzang Dorji	Deaf Education Unit, Drugyel	Principal	
9	Andu	Drugyel LSS	Principal	
10	Sonam Gyeltshen	Tendruk HSS	Vice Principal	
11	Dorji Wangdrup	Muenseling Institute, Khaling	Principal	
12	Garab Dorji	Draktsho, East, Rongthung	Principal	
13	Leki Tshering	Khaling LSS	Principal	
14	Yeshi Choki	Monggar LSS	SENCO	
15	Ganga Ram	Zhemgang LSS	Principal	
16	Samdrup Tshering	Mongar Hospital	EYE Technician	17320692
17	Sonam Tshering	Mongar Hospital	EYE-Technician	17693035
18	Yeshi Choden	Mongar Hospital	ENT-Technician	17244894
19	Ugyen Wangdi	Mongar Hospital	ENT-Technician	17643928
20	Drukpa Kinley	Mongar Hospital	Physiotherapy Technician	drukpackinley86@yahoo.com 17644656
21	Kuenzang Wangchuk	Mongar Hospital	Physiotherapy Technician	kinzcho2@gmail.com 17301258
22	Sonam Wangmo	Mongar Hospital	Physiotherapy Technician	ongmosonamdorji@gmail.com 17944734
23	Thinley Gyeltshen	Mongar Hospital	Physiotherapy Technician	thinley_gyeltshen@gmail.com 17396344
24	Pema Dema	Mongar	Parent of TZ	C/O Sonam Wangmo, PTT
25	Tshering Lhamo	National Work Force Camp, Monggar	Parent of ST	C/O Sonam Wangmo, PTT, Tshering, Ex-Gup, 17720645
26	Kezia Zuber	Zhemgang LSS	Specialist, SEN, BCF	keziazuber@yahoo.com , 1797-4406
27	Mr Pema Chogyal	SEND, DSE, MOE	Program Officer	17619667

Qualitative Assessment on Child protection related issues faced by children with disabilities and to develop an action plan: 2014

Key Informant Interview (KII)

Study Objective: To carry out a qualitative assessment on Child protection related issues faced by children with disabilities and to develop an action plan.

Target Group for KII: (1) NCWC, (2) Bhutan Nuns Foundation, (3) Dratshang, (4) Bhutan Ability Society, (5) Disabled People's Association of Bhutan, (6) Draktsho, Thimphu, (7) Ministry of Health (Hospital), (8) Principals and Teacher Counselors, SENCOs of four SEN Schools and Institutes, (9) Two Parents of Children with Disabilities.

Kuzu Zangpo la,

We, on behalf of Youth Development Fund (YDF) are trying to understand the situation of child protection issues faced by children with disabilities. This study will help us find viable recommendations and develop an action plan gearing towards addressing the protection issues and needs of children with disabilities. Any information that is obtained in connection with this research will be used only for the above mentioned purpose and your personal information is kept strictly confidential and will be disclosed only with your permission. We would appreciate your honest responses. Thank you,

Yours Consultants

Section 1: General Information of the Interviewee and the organization

1.1 Designation of the Interviewee and Organization he/she represents

SN	Name of the interviewee	Name of your Organization	Your Designation

1.2 Place of Interview: _____

1.3 Date of Interview: _____

1.4 Time of Interview: From _____ To _____

**Section 2: Assessment on the ground of the child protection issues faced by children with disabilities
(Scope 2 of the Assignment)**

A: General Questions for All Interviewees

2.1 Do you think there is physical abuse, mental abuse, sexual abuse, neglect, exploitation of children with disabilities in Bhutanese society? If so to what extent, elaborate with incidences.

2.2 What sort of specific issues do you think children with different types of disabilities (E.g. visually impaired, physically challenged, hearing disabilities, learning problems, etc) face? How can these challenges be addressed?

2.3 How far social norms such as cultural beliefs, habits, spiritual practices affect the children with disabilities in Bhutanese context.

Section 3: Identification of strategies and recommendations and implementing lead and partner agencies (Scope 4 of the Assignment)

3.1 In your view what are the major pressing issues that children with disabilities currently face that the government, society, stakeholders and agencies concerned should immediately address?

3.2 How do you want the Children with Disabilities in Bhutan in 15-20 years from today?

Section 4: Identification of the stakeholders who need to be trained and also the areas/issues they need to be trained in. (Scope 5 of the Assignment)

4.1 If you are to streamline the roles and responsibilities to address the protection issues of children with disabilities which stakeholders/agencies do you think should be trained?

4.2 Suggest which areas these agencies/stakeholders should be trained in.

B: Questions Specific to Agencies' Interviewees

1. NCWC:

1.1 Please share if there are separate mechanisms to address protection issues of children with disabilities and those without disabilities.

1.2 How do you assess the adequacy and effectiveness of legal instruments relating to protection of children with disabilities in Bhutan?

2. Bhutan Nuns Foundation:

2.1 What special protection issues do the nuns as females face? How do you address them?

3. Dratshang:

3.1 How do our spiritual beliefs and practices affect the monk child protection related issues? For example, discipline, memorization of scriptures.

4. Bhutan Ability Society (ABS):

4.1 What roles does ABS play in the overall protection issues of children with disabilities in the country?

5. Disabled People's Association of Bhutan:

5.1 How do you assess the existing services that support children with disabilities? Are they adequate and user friendly? If yes how? If no, suggest ways to improve.

6. Draktsho, Thimphu (West) and Draktsho, Rongthung (East)

6.1 What issues does the Institute face relating to protection of children? If so, how do you address them?

7. Ministry of Health (Hospital),

7.1 What different types of disabilities prevail in Bhutan?

7.2 What do you think are the dominant causes of disabilities of different types in Bhutan?

7.3 Share your observations of the care and protection issues of children with disabilities in the hospital.

8. Principals and Teacher Counselors of four Schools and Institutes and SENCOs of SEN Schools: Drugyel LSS, DEU, Drugyel, Tendruk HSS, Khaling LSS, Khaling Muenseling, Mongar LSS, Zhemgang LSS, Changangkha LSS,

8.1 What are the major challenges the school/institute faces in caring and protecting children with disabilities?

8.2 What do you think of the policies on children with disabilities and their implementation on the ground?

9. Two Parents of Children with Disabilities:

9.1 As a parent of a child with disability what is the major problem you face? How do you address them?

9.2 Do you think the services your disabled child receives are adequate? If yes how? If no, please give suggestions for improvement with specific examples.

Thank you for your time and responses!!!

Research Matrix: Main Activity, Sub-Activity, Sources of Information and Data Collection Tools

Scope: Main and sub- activities	Source of data	Tools
1. Desk review	(1) NSB/UNICEF (2011) <i>Two-Stage Disability Study</i> ; (2) UNICEF (2012) <i>The Situation Analysis of Children, Youth and Women in Bhutan</i> ; (3) RGOB/UNICEF/NCWC (2010) <i>Convention on the Rights of the Child</i> ; (4) RGOB (2011) <i>The Child Care and Protection Act of Bhutan</i> ; (5) RGOB (2013) <i>11th Five Year Plan: 2013-2018</i> ; (6) UNDP: <i>The UN One Program (2014-2018)</i> ; (7) UNICEF/NCWN (2010). <i>Child Protection: BMIS 2010 Thematic Analyses Series</i> ; (8) NCWC/UNICEF (n.d). <i>Child Protection in Bhutan: Mapping and Assessment Report & National Plan of Action for Child Protection</i> , (9) Relevant international literature is reviewed and reported.	Document analysis,
2. Assessment on the ground of the child protection issues faced by children with disabilities		
2.1 Identify and analyze protection issues faced by children with different kinds of disabilities as well as within different settings- at home, schools and economic groups	Family, community, teachers, health workers, service providers, policy makers, schools, institutions	Key Informant Interview (KII) Focus Group Discussion (FGD),
2.2 Identify the causes of disabilities in consultation with relevant stakeholders	Focal Persons, MOH, MOE	KII, FGD,
2.3 Analyse the existing services that support children with disabilities, including the gaps and challenges that are faced	Schools, Institutions, Focal Persons	KII, FGD,
2.4 Analyze perceptions of all relevant stakeholders, including children, that hinder mainstreaming of children with disabilities	Family, community, teachers, health workers, service providers and policy makers,	KII, FGD,
2.5 Identify the social norms that impact/ effect children with disabilities.	Family, community, teachers, health workers, service providers and policy makers,	KII, FGD,
3. Facilitate stakeholder consultations to support/validate the above activities	All relevant stakeholders	KII, FGD, Consultation meeting
4. Identification of clear and concrete strategies and recommendations (short and long term) along with the lead and partner agencies for implementation	All relevant stakeholders, Findings of the study	KII, FGD, Consultation meeting
5. Identify the stakeholders who need to be trained and also the areas/issues they need to be trained in	All relevant stakeholders, Findings of the study	KII, FGD, Consultation meeting

Work Plan: Timeline of Activities

Tentative Work Plan (90 days w.e.f. August 25, 2104 to November 25, 2014)

Sl.No	Deliverables	Days	Start date	End date
1	Signing of Contract	1	Aug 25/27	Aug 25/27
2	(a) Consultation meeting with the client; (b) Desk review; (c) Draft research plan and tools; (d) Development of inception report	12	Aug 26	Sept 04
3	Submission of Inception Report for comments	1	Sept 05	Sept 05
4	Feedback from stakeholders	26	Sept 06	Oct 01
5	Consultation meeting with stakeholders	1	Oct 2	Oct 2
6	Revise Inception Report and data collection tools	10	Oct 3	Oct 12
7	Submit revised Inception Report	1	Oct 13	
8	Stakeholders' comments on revised Inception Report	3	Oct 14	Oct 16
9	Incorporate comments on the revised Inception Report and Tools	3	Oct 17	Oct 19
10	Field work • Meet Focal Persons, • Meet stakeholders	20	Oct 20	Nov 09
11	Data cleaning, coding, transcription	8	Nov 10	Nov 17
12	Data analysis and drafting of report	8	Nov 18	Nov 25
13	(a) Submission of first draft report	1	Nov 26	Nov 26
14	(a) Coordinator circulates to stakeholders (b) Comments from reference team	4	Nov 27	Nov 30
15	(a) Presentation of first draft report; (b) Consultative meeting; (c) Receive feedback and comments	1	Dec 1	Dec 1
16	(a) Incorporate comments; (b) Finalise report	4	Dec 2	Dec 5
17	Consultant submits/delivers Final Report to the Client	1	Dec 6	Dec 6
18	(a) Consultant's receives final comments, (b) Incorporate final comments and refine final report (c) Print final report	4	Dec 7	Dec 10
19	(a) Submission of Final Report to the client; (b) Completion Certificate"; (c) Administration and Finance	1	Dec 11	Dec 11

Note:

- (1) Duration of the assignment as the TOR is 90 days
- (2) Start date of the assignment is August 25,
- (3) 90 days are inclusive of government holidays and weekends,
- (4) Meeting deadlines and completion is subject to all procedures and workings happen normal. This includes consultant completing deliverables on time, clients and experts team members providing comments on time,
- (5) Since the stakeholders/technical experts took almost 5 weeks (26 days) to give comments on first draft of the Inception Report, the total days as of now comes to 106, extends to Dec 11.

Consultant's Profile

Sl No	Requirements as per TOR	Evidences
1	Advanced degree in a relevant field (such as child development, social work, child psychology),	(a) The consultant is a teacher by profession. He has undergone teacher training both for primary and secondary education in which he learnt child developmental psychology, (b) Dr Singye also taught child psychology, "Understanding the Learner" during his tenure as Academic Dean in Paro College of Education, Royal University of Bhutan (RUB), (c) Dr Singye did his Masters and PhD in Education, (d) He was also a party to developing course materials for ECCD in Dzongkha for NFE Learners in 2004-2005 while in NCFED as Joint Director.
2	Relevant training on child protection	(a) Dr Singye successfully completed "Advanced Diploma in Special Education" in Boston, USA in 1984-1985, (b) The Diploma not only covered teaching children with different types of disabilities but also on protection of children in general.
3	At least five years of experience in relevant field	(a) Dr Singye taught visually impaired students in School For the Blind, Khaling, Trashigang for seven years (1980-1987), (b) Dr Singye has both worked with children and also taught in primary and secondary schools. His experiences of working and teaching children include Lungtenphug Primary School, Shaba Lower Secondary School, Sibsoo Lower Secondary School, Kalihola Junior High School.
4	Excellent verbal and written communication skill	Good verbal and written communication skills are evidenced by: (i) Taught over three decades and produced outstanding results in his students at all levels (School, Tertiary, Training, College), (ii) Managed and administered schools, divisions, colleges, where verbal and written communication and presenting to staff, faculty, students and dignitaries was regular, (iii) Attended high level meetings, seminars, conferences both in Bhutan and abroad wherein research papers were presented, (iv) Wrote some four books and over 20 research articles including publishing in peer-reviewed Intentional Journals.
5	Others: Innovation in education	National Award: Dr Singye Namgyel is a recipient of Druk Thuksey Medal from His Majesty the King, Jigme Singye Wangchuck on June 2, 1999 coinciding with the Silver Jubilee Coronation of the Fourth Druk Gyalpo in the field of Innovation in Education. Druk Thuksey is the highest civilian award which is rarely awarded for distinguished services. The Award is in recognition for devising Braille writing system for Dzongkha, the national language of Bhutan.

Participants of the Consultation Meeting on the 1st Draft Report: Nov 25, 2014 at YDF

SN	Focal Point	Designation	Organization	Phone No
1	Ms. Deki Dema	Program Officer	National Commission for Women and Children	334549
2	Ms. Karma Tsering	Child Protection Officer	UNICEF	322424
3	Mr Annirudha	Child Protection Specialist	UNICEF	
4	Ms Tshering Wangmo	Outreach officer	RENEW	17114591
5	Ani Namgyal Lhamo	Asst. Program Officer	Bhutan Nuns Foundation	17852497
6	Lopen Sherub Dorji	Child protection Officer	Dratshang	17613644
7	Ms. Beda Giri	Executive Director	Ability Bhutan Society	17163060
8	Ms. Sonam Yangdon	Program Officer	Disabled People's Association of Bhutan	
9	Mr. Pema Chogyel	Program Officer, SEN Division	Ministry of Education	17619667
10	Mr Karma Norbu	Program Officer, SEN Division	Ministry of Education	
11	Ms. Deki Zam	Principal	Draktsho, Thimphu	77273144
12	Ms Kinley Lham	Child Protection Officer	Youth Development Fund	17140887

**POLICY OBJECTIVES, PRACTICES, SERVICES, CHALLENGES AND GAPS OF PROTECTION
ISSUES OF CHILDREN WITH DISABILITIES IN RELEVANT GOVT AGENCIES AND CSOS**

Part A: Government Agencies

Govt 1: Ministry of Education (MOE)

Purpose of special education services

- ❖ To ensure that every child with special educational needs has equal access to quality education that is appropriate, enabling and responsive.
- ❖ To empower the children with special educational needs to become independent, responsible and productive citizens.

National Education Policy (NEP)

Vision: "...An educated and enlightened society of GNH, built and sustained on the unique Bhutanese values of *thadamtsi layjumdrey*"

The policy on SEN is a part of NEP with the following vision:

Strive towards a caring, inclusive and enabling society

- Provision for Special Educational Needs is reflected in the National Education Policy.
- Policy Guidelines for Implementation of Provisions reflected in the NEP have been developed.

SEN Policy Statements in NEP

1. Children irrespective of abilities, location or background shall have equal access and opportunity to education from early childhood to vocational/technical and tertiary without any form of discrimination;
2. All schools and institutes shall incorporate policy on special educational needs in their school policy document;
3. There shall be specialized educational services with appropriate support services and facilities including teaching learning materials, assistive devices, access to sanitation, infrastructure, etc. for children with severe disabilities in identified institutes;
4. Children with mild to moderate disabilities shall be mainstreamed or integrated into schools with appropriate facilities and support services;
5. There shall be adequate and appropriately trained teachers/support staff for schools and institutes catering to children with special educational needs;
6. Schools and institutions catering to children/students with special educational needs shall receive adequate budget support and tax incentives;
7. There shall be appropriate programmes and support services to cater to the needs of gifted students;
8. There shall be active involvement and participation of parents and the general public in providing support to children with special educational needs at all levels;
9. The Government of Bhutan shall direct all relevant Ministries and agencies to jointly frame a clear policy to encourage all persons with disability to participate meaningfully in the socio-economic development of Bhutan by ensuring among others equal livelihood opportunity, access to healthcare, information, harnessing Information and Communications Technology (ICT) opportunities, transportation and tax benefits.

Current Status

- 10 SEN Schools catering to education of SEN children.
- Enrolment - 390 (239 boys and 151 girls) as of November 2014.

SEN Statistics

Sl No	Schools	Boys	Girls	Total	Teachers
1	Changangkha LSS, Thimphu	34	22	56	54
2	Drugyel LSS, Paro	16	11	27	27
3	Deaf Unit, DLSS, Paro	49	30	79	22
4	Khaling LSS, Trashigang	27	14	*41(10 MI)	20
5	MuenselingInstitute/JSHSS, Trashigang	13	15	28	12
	Jigme Sherubling HSS, Trashigang	11	4	15	

6	Mongar LSS, Mongar	39	22	61	42
7	Tendu HSS, Samtse	29	18	47	54
8	Zhemgang LSS, Zhemgang	10	2	12	24
9	Kamji MSS, Chukha (New)	5	9	14	31
10	Gelephu LSS, Gelephu Municipal (New)	6	4	10	69
	Grand Total	239	151	390	355

Organizational Structure of SEN school/HR pattern

- Principal (Overall leader/administrator/manager)
- Vice Principal (Who looks after SEN program)
- SENCO (Main coordinator of the SEN program in the school)
- Asst. SENCO(s).
- SEN team,
- Class teacher/General Ed. teachers.

Types of disabilities prevalent in schools

1	Speech and language impairment
2	Vision impairment
3	Physical impairment
4	Intellectual impairment
5	Autism Spectrum Disorder (ASD)
6	Learning Disability (majority)
7	Hearing impairment

Who Are the Key Players?

- NGOs (Bhutan foundation, YDF, Bhutan Canada Foundation, AVID, Pro-Bhutan)
- Ministry of Health
- CSOs (ABS, DPAB, Draktsho)
- Royal University of Bhutan
- UNICEF

Current Practices

- Exchange programmes amongst SEN schools.
- Conference on IE and share good practices among Inclusive schools.
- Training offered to SE teachers, general school principals by the US experts in summer.
- Stakeholders meeting (At least once in a year)
- Execution of Special Education programs with DPOs, NGOs and pvt. Organizations.
- Institute resource centers and supply teaching learning materials.
- Build accessible infrastructure like footpath and ramps.
- Assessment and Screening: Apart from medical assessment for students with disability, Schools use RNDA (Rapid Neuro Developmental Assessment) to assess students and Brigance to screen the students for Literacy, numeracy and math.
- Self Contained Classroom for children with severe special educational needs (sensory activities, pre-writing, drawing and painting, physical education, body massage).
- Pull-Out classes for students with learning difficulty.
- Push-in classes with co-teacher.
- Activities for Daily Living, Orientation and Mobility training for visually impaired persons
- Accommodations (Adaptations and Modifications)
- Adaptations (multi-sensory approach to teaching, assigning peer buddies, cross-age tutors, computer assisted instructions)
- Modifications (instructional tools modified, question options in exam, assessment of exam paper).
- Accommodation and adaptation strategies are used depending upon the child's ability.
- Receive frequent services from nearby health centers (eg. Physiotherapy, OT, ST etc.)
- Celebrating significant days (International Day of Persons with Disabilities, International White Cane Day, World Autism Day etc.).
- Parent-teachers meetings.

GLIMPSES OF CURRENT PRACTICES FROM SCHOOLS

• ADAPTATIONS

- Students with visual impairment use tactile material for diagrams and use Braille texts
- Peer buddies and computer assisted learning
- Awareness Programs
- Physiotherapy: Motor Skills Development
- Speech Therapy: Language Development
- Activities of Daily Living Skills: Hand-washing
- Physical Education
- Parent-Teachers Meet
- Mode of Assessment for Examinations:

For Students with Special Educational Needs, following mode of assessments are followed:

1. Different learning materials are provided: Eg. Braille for blind, large print for low vision, sign language for deaf.
2. For blind, alternative questions for graphics and map related questions are option. Currently not practiced by BCSEA but scores are converted to 100% after taking off the marks for graphical questions.
3. Extra time allotted for examinations depending on the nature of child's disability.
4. If students with special needs are not able to cope with the academic learning, life skills, social skills and activities of daily living are focused by the school.

Capacity Building

Number of relevant Teachers, Officials, Parents and Staff who attended seminars, workshops, conferences and attachment programs on Inclusive and Special Education from 2009-2014 (in-country and few ex-country): Approx 1000 plus.

Future plans/Way forward:

- Bhutan is signatory to the UNCRPD (21st Sept, 2010), prepare for ratification.
- Training stakeholders (govt. non-govt, pvt. orgs.) on Rights, Education And Protection (REAP) of persons with disabilities.
- Implement policy on Inclusive/Special Education stated in the NEP.
- Prepare to propose Disability Act in the country
- Increase the Inclusive Schools to 15 within 2018.
- Increase accessibility, resource supplies and other services.

Govt 2: Ministry of Health

Protection of Children With Disabilities

VISION & Objective

All Persons With Disabilities (PWDs) are able to attain the fullest potentials, become self reliant within their limitations and be active contributors in nation building to the extent possible”

“To ensure that all children have access to and use high-quality, integrated, holistic equitable services in a sustainable manner”

National Health Policy

- High priority and high quality maternal and child health care
- Free and equitable access to safe, quality and cost effective vaccines for all children and pregnant women to protect against vaccines-preventable diseases
- Promote breast feeding and appropriate nutrition
- Integrated Management of Neonatal and Childhood Illness
- Health is the responsibility of state and is provided free of cost to the people. This includes comprehensive health care at all stages of life.

Initiatives/Achievements

- Establishment of physiotherapy units in all the district hospitals except Gasa and Haa
- Establishment of Audiology Unit at JDWNRH
- Development of HRD in speech, audiology and physiotherapy
- Development of prosthetic and orthotics in Gidakom hospital

- Provision of assistive devices such as wheelchair, hearing aids, crutches, etc. to PWDs and Children with disabilities
- Screening of babies in MCH
- Establishment of pediatric physiotherapy unit in three referral hospitals
- Development and incorporation of CBR in RIHS curriculum
- Established multi-sect oral committee on injury prevention and road safety
- Development of Decade of Action for Road Safety (2011 to 2020)
- Capacity building for school health coordinators on prevention of disability
- Rapid Neuro Developmental Assessment (RNDA) on babies at high risk

Services Available

- Physiotherapy Units – (except in Gasa & Haa dzongkhag)
- Paediatric Physiotherapy Unit
- Prosthetic & Orthotic Centre - Gidakom
- Orthopaedic Units
- ENT & Audiology Unit
- Provision of assistive devices – wheel chairs, hearing aids
- School for the Visual, Hearing, & Physical Impaired
- Draktsho Vocational Training Centre -

Disability (3.4%)

<i>Disability</i>	<i>Cases</i>	<i>Percent</i>
Seeing	5906	23.5
Speaking	4479	17.8
Hearing	8985	35.7
Moving	4370	17.4
Mental	1394	5.5

Childhood Disability: 2-9 yrs

21% of Childhood disability prevalence **Strong association and trends found:**

- ✓ presence of disability with younger and poorer kids
- ✓ less educated mothers linked to moderate/severe disabilities
- ✓ Mild disabilities higher in rural areas
- ✓ Prevalence rate for moderate/severe is lower in western regions

Factors influencing childhood disability

- Education levels of caregivers
- Knowledge on Prevention
- Accessibility and availability to services
- Cultural & religious beliefs
- Family understanding of “maximizing a child’s potential”
- Workplace occupational hazards
- Road Traffic Accidents.
- Socioeconomic levels of family. *Source: Two Stage Childhood Disability Study 2010-2011*

Strategic Priorities 11FYP

- New born and maternal health
- Child health through IMNCI
- Childhood immunization
- Nutrition for child health
- Hygiene and sanitation
- Community participation for child health,
- Disability Prevention and rehabilitation in children through early intervention

11 FYP Output Indicators

- Reduced disability and injuries
- Proportion of disabled people rehabilitated (baseline is 30% in 2011 and plan target is 70%)
- Reduce deaths and injuries due to road traffic crashes per 100,000 (baseline is 15 and plan target is 8) Target set for 2020

11th FYP Priority areas

- Develop a National Rehabilitation Resource Centre.
- Strengthen Primary ear and hearing care services
- Establish a pediatric physiotherapy units at CRRH Gelephu and Mongar RRH
- Strengthen Community based rehabilitation services in the community
- Develop support system on occupational aspect and train people accordingly
- Implement of Decade of action for road safety (multi-sectoral)
- Program Review/ Develop five year National DPR strategy and Action Plan

National Child Health Strategy 2014-2018

- To reduce prevalence of childhood disabilities
- Develop national policy and strategy
- Develop increased awareness about childhood disabilities in communities
- Develop high risk follow up program in referral health facility for early detection of childhood disability
- Access to counselling on children's disability increased
- Rehabilitation services for childhood disabilities are made available,
- Collaboration with relevant Civil Society Organizations (CSO)

Activities to address Child disabilities

❖ Primary Prevention, Early detection and intervention

- Standardized screening/Assessment of high risk babies using RNDA tools 2012
- Child health - all children attending MCH are screened for developmental delays (C4CD)
- Sanitation & Hygiene (Wash)
- Mother and Child Care(ANC/PNC)
- Community Based Rehabilitation
- Nutrition
- Referrals

Challenges and Gaps

- No institution to study the specific needs of PWDs
- Social stigma / discrimination
- Lack of awareness within health system of disability issues and referrals
- Lack of technical capacity and resources at all level of health facility
- Where to refer when encounter child with protection issues?.....
- Early identification, referrals, appropriate timely intervention.
- Poor registry and follow-up tracing, progress,
- Parents and their children with disabilities still face barriers to inclusive health; access, attitude, over-protection, negligence, etc.

Way Forward

- Birth Defect surveillance/registry
- Strengthen health facilities, human resources, and supplies
- Strategy in place
- Adequate fund security
- Capacity enhancement of all level of health personnels
- Human resource development to uplift children with disabilities; earmark specialist physiotherapist in pediatrics, speech therapist,
- Strengthening of multi-sectoral linkages and collaboration
- Strengthen Advocacy and community participation.
- Supportive M&E at all level.

Govt 3: Ministry of Labour and Human Resource (MOLHR)

Children with Disabilities

Policies/Training/Services

- ⊙ Ministry of Labour and Human Resources has no policies explicitly for the children with disabilities. However, as a child in general section 173 of the Labour and Employment Act, 2007 that Ministry shall make reasonable efforts to provide vocational education and training opportunity to a Bhutanese who is below 18 years old seeking employment.
- ⊙ Ministry of Labour and Human Resources exercise fair recruitment, so long as the children with disabilities are fit for the training (*e.g. NIZC has one physically challenged trainee*)
- ⊙ Ministry use to assist Draktso and Khaling school with resource fees and stipend till 2008.
- ⊙ Attachment program under ATP
- ⊙ Special skills Development Programme

Strength

- ⊙ Fair recruitment: so long as the children/person with disabilities are fit for the training.
- ⊙ Ministry willing to assist in terms of financial resources.
- ⊙ OHS

Weakness

- ⊙ Capacity and Facilities
- ⊙ Training institute for children with disabilities(registered)
- ⊙ No Child Friendly TTIs

Govt 4: National Commission for Women and Children (NCWC)

Legal Framework for Protection of Children with Disabilities

Constitution of Bhutan 2008

- **Article 7** - Fundamental Rights (life, liberty & equal and effective protection)
- **Article 8** - Fundamental Duties (intolerance and non-participation in acts of torture, terrorism and abuse of children)
- **Article 9**- Principles of State Policy (ensure quality of life, protection of dignity and human rights, and from all forms of discrimination and exploitation)

Child Care and Protection Act 2011

- Best interest of the child
- Non-discrimination
- Programs and services established under the Act for children shall “promote their health and self respect” and “Encourage...development of skills that will help them develop their potential as members of the society”
- Right to prompt access to legal and other appropriate assistance,
- Right to give instructions to a legal representative in the language of the child’s choice, with the assistance of an interpreter whenever necessary

Child Care and Protection Rules and Regulations

- **Best Interest Determination...** Where a child requires care and protection-
 - age, gender, mental capacity, background and special needs of the child shall be considered
 - physical and emotional needs of the child and the child’s level of development
- **Judicial Proceedings**
 - Facilitate special needs services if the child has a disability
 - Ensure child has received proper information and assistance from persons in charge in a child friendly manner and according to the child’s age, ability and in a language that the child is able to understand;
 - the child’s needs for physical care shall be met, including adequate and nutritious food, clothing and shelter as appropriate to the child’s age and special needs

- the child shall be provided with routine dental, medical and therapeutic services and additional services if necessary to meet the child's needs;
- the child with a disability shall be given due care and assistance appropriate to the child's special needs;
- the child's needs for physical care shall be met, including adequate and nutritious food, clothing and shelter as appropriate to the child's age and special needs
- the child shall be provided with routine dental, medical and therapeutic services and additional services if necessary to meet the child's needs;
- the child with a disability shall be given due care and assistance appropriate to the child's special needs;
- **Child Victims and Witnesses**
 - A child witness or victim shall be treated as a child in difficult circumstances.
 - The child shall be treated with dignity and compassion throughout the entire process by treating the child as an individual and respecting the child's special needs, interests and privacy at all times;
 - Every effort shall be rendered to ensure that the child is afforded all support services necessary to address the child's needs and enable the child to participate effectively at every stage of the judicial proceedings

International and Regional Commitments

- Convention on the Rights of the Child and Optional Protocols
- Convention on the Rights of Persons with Disabilities signed in 2010
- SAARC Convention on preventing and combating trafficking in women and children for prostitution
- SAARC Convention on regional arrangements for the promotion of child welfare in South Asia

Govt 5: Ministry of Works and Human Settlements (MOWHS)

Department of Human Settlement (DHS)

- ❖ Department of Human Settlement formed in September 2011.
- ❖ Rapid pace of urban growth and development, urban population estimated to be between 50 – 70 % by 2020.
- ❖ Enormous demographic transition, increasing un-planned growth & tremendous pressure on urban services.
- ❖ Complexity of urbanization, compounded by rapid changes taking place in villages & other settlements.
- ❖ Increasing demand for development plans and infrastructure services.
- ❖ Need for an agency dedicated to development of human settlements.

Mandates of DHS

- ❖ Prepare human settlement *policies* and *strategies*.
- ❖ Draft legislation, regulations, guidelines and standards related to human settlement.
- ❖ Co-ordinate preparation of *national* and *regional spatial plans* and *land-use plans*.
- ❖ Prepare *physical* and *infrastructure development plans*, local area plans and *development control regulations*.
- ❖ Carry out *planning audit* and *review* of development plans, DCRs and their implementation.
- ❖ Carry out *GIS analyses* and build *GIS database* to support plan preparation and management of settlements.
- ❖ Provide *technical back-stopping* on human settlement issues.

Related Policies, Legislations & Guidelines

	Documents	Remarks
1	National Human Settlement Policy	Draft Policy document prepared & being processed for submission to GNHC.
2	Bhutan Building Rules 2002	Planned for a review.
3	National Spatial Planning Act	To be drafted in the 2014-2015 FY.
4	National Spatial Planning Standards	To be drafted in the 2014-2015 FY.

Strengths and Weaknesses

Strengths in improving the situation of people with disabilities:

- Department of Human Settlement is formed to promote safe, secure, responsible and responsive human settlements through preparation of planning strategies and physical development plans.

- Barrier free environment becoming or could become a reality with the upcoming Acts and the regulations.
- Provision and improvement of basic Infrastructure is on the rise every year thereby reducing the vulnerability for disabilities.
- Compassionate and inclusive society.

Weaknesses in improving the situation of people with disabilities:

- No Act or regulation for the Disabilities to ensure a barrier free environment.
- No pressure on the authorities and the government to act on the barrier free environment.
- Non inclusiveness of the Human Settlement Sector in the Disability Issues.
- Lack of proper education or professional association for a proactive approach rather than reactive.
- Unavailability of funds for design and implementation.

Civil Society Organization on Protection of Children with Disabilities in Bhutan (CSO)

1. Introduction

- Initiative taken by Civil Society Organizations in Bhutan on protection of Children with Disabilities in the country.
- Establishment of Civil Society Organization that works with children in Bhutan, particularly for the children with disabilities population

2. Roles of CSOs

- Emergence of CSOs are to bridge the gap between government sector and general public
- Creating awareness and advocating on the protection of children with disabilities.
- Identifying the children living with disabilities and providing early care and support for the children living with disabilities.

3. CSOs and protection

3.1 ABS programmes on protection

- Early care and support to the children and their families through various programs
 - Therapeutic intervention for skills development
 - Training Activities of Daily Living for independent living
- Lobbying for Rights of the children living with disabilities (survival, protection, development, participation). eg. integrating them back to educational centers.

3.2 Draktsho programme on protection:

Pre-Vocational Training

- Students trained in generic skills, ADL tasks, Personal management skills
- Sign language (communication skills)
- Social Behaviour, domestic behaviour
- Work related or Functional Academic
- Safety skills

Extra Curricular activities

- Social skills (dancing, singing, acting and cultural disciplinary programs)
- Sports: Physical fitness programs, Special Olympic and Paralympic sports programs
- Home visits
- Awareness and Advocacy programs on PwDs: strengths, capacities, equal opportunities

3.3 RENEW program on Protection

- Safe Home for children survivors of domestic violence and gender based violence;
- Safe home for destitute children vulnerable to crime and sexual assault;
- Scholarship for children in need;
- Counseling ;
- Early childhood care development programs (ECCD) in the safe home.

3.4 YDF Program on Protection

- YDF is conducting qualitative assessment on the protection of children with disabilities in Bhutan.
- There is youth volunteers who as supportive about empowering the children with disabilities to be include in the society

3.5 Tarayana Foundation – Bussi-En

- Tarayana Foundation is an organization that works among the rural community through wholistic approach including issues related to child protection in the rural community.
- In collaboration with Tarayana Foundation, Bussi-En International NGO in Social Welfare is working toward building wholistic community village that will provide an opportunity to individual living with disabilities a safe environment with empowerment.

3.6 Disable Person' Association of Bhutan

- Supporting the children with disabilities through scholarship program acquiring their right to education

4. Civil Society Organizations initiative towards Accessibility

- CSOs in the country during their quarterly forum have endorsed to support proposal for making Bhutan accessible.
- The advocacy on the accessibility for all is one of the sectoral approaches of CSOs in protecting the rights of individual with disabilities which also includes children with disabilities.

5. Way Forward for CSOs

- CSOs especially Disable Peoples Organizations (DPOs) look forward to work more collaboratively with government agencies and international agencies.
- There is a felt need for the ratification of the UNCRPD for legislation to put in place.