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Child Poverty and Disparity in Bhutan

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Child Poverty and Disparity in Bhutan

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About Monograph Series

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Any individuals or researchers interested in socio-economic research are encouraged to contribute their research articles or papers. We will publish them if the review finds them to be relevant to the country.

Acknowledgements

This monograph draws mainly from the *Child Poverty and Disparity in Bhutan* report that I had prepared for UNICEF, Bhutan in 2010, when I was working with the Centre for Bhutan Studies.

We never got opportunity to print the report, and thus, I saw the need to revisit the report, summarise and publish it by NSB's research division, hoping it can be relevant and of use to our country. Since much of the contents are drawn from my previous report (supported by the CBS and UNICEF), I would like to thank these two organisations.

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All the errors are my own responsibility. Your critical comment may be directed to me (lhamdorji@gmail.com), not to NSB.

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Thimphu
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Introduction

Poverty studies in Bhutan hitherto focused at understanding general poverty—and as a result—child poverty has taken a less significant place in the national policy table. This study aims at creating a broader understanding of child poverty as a separate subject so that we can advocate the complex issues of child poverty as a separate policy issue.

Why are child specific policies and programmes important? Given the high proportion of the young population—more than 40% of the population in 2005 constituted children between 0-17 years—it is important for the society to support policies that enhance the healthy development of children so that they grow up to be productive members of society. In so doing, it is crucial that the rights of children are recognised and instituted.

The first part of the monograph presents four chapters: (1) Children and Development, (2) Children and Consumption Poverty, (3) Children and Deprivations (4) Discussion on addressing child poverty and disparity, and (5) Conclusion.

Chapter I provide the rationale for this study. This chapter introduces the conceptual framework and presents methodological account, data sources and limitations.

Chapter II describes the estimation of child poverty measures based on consumption metrics, and then further explores the relationship between child consumption poverty and other household and individual parameters. It attempts to explain how consumption poverty measures, especially the poverty gap was higher in those households with children than the national poverty measures.

Introduction

While consumption poverty may reveal some useful picture of child poverty, it is important to capture the multidimensional nature of child poverty. In Chapter III, the analysis of a child's access to five basic needs using the Bristol Deprivation approach is done. Bristol's deprivation model has identified seven dimensions, namely, *education, health, nutrition, shelter, water, sanitation and information*, but this study uses only five dimensions, which though not exclusive, can still constitute the basics needed to ensure child rights to growth, well-being and survival.

Chapter IV presents the discussion on what needs to be done to address child poverty and disparity. In the original report, there was a long list of recommendations. This time, I prefer to put these recommendations as points for discussions. Chapter V is just a conclusion.

Though the data used are PHCB (2005) and BLSS (2007), which are now considered out-of-date, still their relevance to such foundational or baseline study is considerable. It is an explorative study covering the various facets of child deprivations and disparity. It may be useful for the subsequent child poverty trend and comparative analysis and any other in-depth follow-up studies.

I acknowledge that so much of improvement might have had taken in all the dimensions of child well being and equity over the past years (between 2005 and 2012). This study simply portrays the child poverty and disparity picture of the period between 2005 and 2007.

CHAPTER I

Children and Development

Improving the quality of life has been central to Bhutan's development policy. However, there were not many child specific poverty interventions like in other advanced countries. This was in no way a deliberate negligence of their rights to survival and development and the absence of political commitment to them. The government had simply resorted to addressing a wide range of child poverty issues within the purview of overall development construct and broad sector programmes that stressed on welfare promotion.

The RGoB had placed substantial policy, programme and budgetary emphasis on the social sectors like health and education and in promoting justice and human rights. The Fourth King had recognised improving 'children's welfare' as most important. His majesty issued a *Kasho* (Royal Edict, 1996): "Our government deems children as an important asset. It is therefore, very important to promote their education and good moral conduct."¹

Children below 18 years constituted significant segment of Bhutan's population in 2005. They represented 40.35% of the population. This figure would not have changed drastically over the years. Such young demographic structure provides an immense prospect for the future advancement of peace, prosperity and happiness in the country, as the present younger generation represent the future national human asset.

His Majesty the Fourth King had long recognised children as the true representatives of the country's

¹ *Kasho* (Royal Edict) issued to Deputy Minister of Health and Education by His Majesty the Fourth Druk Gyalpo on January 8, 1996.

future, deserving the best the society had to offer them. His Majesty proclaimed, “The future of the nation lies in the hands of younger generations. It is therefore, crucial that they live up to our high expectations and ensure the continued well being of the people and security of the nation.”

This Royal Proclamation was a clear guarantee of the state’s responsibility and commitment to support the Bhutanese children grow up to be dignified, responsible and productive citizens as enshrined in the principles of the Convention on the Rights of Children (CRC).

How the Bhutanese children can materialise the national expectations will depend on how the state, community, family, development partners, civil societies, corporate bodies, private partners and individuals act in strategic partnerships to provide, preserve and promote the rights and special needs of the poor and disadvantaged children, and for the acquisition of their innate capabilities.

The most important issue is how different social, political and economic actors conduct together to overcome children’s basic deprivations. Severe lack of goods and services hurts every human being, but “it is more threatening to children’s rights to survival, health and nutrition, education, participation and protection from harm and exploitation.”²

In this context, the RGoB has made constant efforts to improve children’s lives and that of the families raising them, instituted several child and women related social and economic policies and programmes, and ratified

2 UNICEF, Bhutan, *Millennium Development Goal 1: Eradicate Extreme Poverty and Hunger*, 2009. <<http://www.unicef.org/mdg/poverty.html>> [Accessed on 29 March 2009].

several relevant international and national laws. These policies prevailed even before the adoption of the MDGs.

There was a full national ownership of the MDGs, many of which to this day emphasised on achieving positive outcomes for children and women. The national goals were guided by the country's overall development principle of GNH—a unique development model that sought to balance sustainable and equitable economic development with environment conservation, cultural promotion and good governance, known as the four pillars of GNH. The Constitution of the Kingdom of Bhutan 'necessitate[d]' the state to ensure provision of free education, quality healthcare and protection of children from abuses and violence.

The RGoB's commitment to uphold the principles of the CRC and CEDAW manifested in its effort to promote good governance, adoption of democracy, the government's primary thrust on healthcare, education, agriculture and other social sectors in consonance to a sustained economic growth through steady expansion of the infrastructures, regionally balanced development approach and poverty reduction. The Tenth FYP targeted poverty alleviation, notwithstanding that, the Ninth FYP primarily focused on improving the quality of life and the poor people's income and their access to basic social services.

The United Nations Development Assistance Framework (UNDAF) has adopted the right-based and result-oriented approach of complementing the RGoB's effort to reduce poverty and make a steady progress towards the MDGs.³ The UNDAF supported development areas like

3 UNICEF, Bhutan, *The Country Analysis of Maternal, Neonatal and Child Health, Bhutan, Asia and Pacific Representatives Meeting* (UNICEF: 2008).

poverty reduction, health and education sector, which influenced child well being and equity.

Despite the RGoB's acceptance of its responsibility for promoting the rights of children and the continued donor's support, the efforts to tackle child poverty continued to remain somewhat subsumed under a broader framework of planned development agenda and overall poverty reduction strategies.

There were many targeted projects and programmes on children by the development partners and NGOs; but many of them thus far had not benefited every poor child. This can be because, in absence of exclusively defined policies to address child poverty, the policies related to children were rather based on improper conceptual and analytical framework and poor understanding of how different macro, meso and micro conditions interacted and led to child poverty or deprivation and disparities.

While it is understood that the poverty alleviation requires both short and long-term investments on the extremely poor people *per se* promotion of general welfare system. The poor children deserve the highest policy attention, otherwise, the broad poverty reduction strategies may leave the poorer and weaker neglected, when the rich and poor share the same welfare.

In policymaking, one must separate child and adult poverty on the basis that children are more vulnerable and that the extra investments on them would minimise the carry-on effects of poverty in their adulthoods. Depriving children of basic needs like education, nutrition, shelter, sanitation, water, health, and information can perpetuate these deprivations into their adulthoods and to the subsequent generations. They are

most likely to remain entrapped in the perpetual circle of poverty.

The period of sustained economic growth for a last few decades and the higher investment in the social sectors had improved children's lives in general, but the evidences presented here suggest that not all children had benefited equally in the past years.

The living standards of children—belonging to the most inaccessible communities, poor families, vulnerable groups and the national work force— had not improved in absolute sense. The 11 FYP is to be emphasising on the inclusive-growth, but unless there is explicit policy focus on children, its results may not bring about a drastic change in the lives of the poorest children.

The fact that Bhutan had already subscribed to the MDGs, ratified the CRC and adopted poverty-reduction-based Tenth FYP, however, presents the government and its partners the windows of opportunity to address child poverty and disparity in the 11th FYP and then on.

Conceptual framework

There is no *sui generis* child poverty definition specific to Bhutan. However, there is now a growing international consensus on the definition and approach towards tackling child poverty and disparity. The common view among the international child exponents and actors is that tackling child poverty must include various social, cultural and economic contexts of a society. How one defines and conceptualise child poverty depends on the contextual factors.

The RGoB's approach to understanding poverty in early 2000 was such that "...we must approach the problems of

poverty in Bhutan from a qualitative, almost impressionistic point of view that is supported by a few meager statistics at our disposal that validate, though not necessarily exhaustively or scientifically, our perceptions.”⁴

The emerging worldwide positivist view—pioneered by UNICEF—is that there should emerge an internationally agreed definition of child poverty to enable the measurement of poverty on a global scale and facilitate reliable cross-sectional comparisons at the international level.

The Household Income and Expenditure Survey (HIES), 2000⁵ had identified for the first time the poor people as “the ones who are engaged in occupations that do not generate adequate income to fulfill their basic needs.” It is similar to the conventional income-based approach to poverty. Alternatively, the HIES analysis defined “poor persons as the ones with larger families (more children), aged people or high dependency ratio and those relying on subsistence farming.” It identified poor persons as the ones who lacked livestock, had little income or remittances and those with limited access to education. In urban areas, the economic migrants with higher child and old-age dependency ratio were considered as the poor.

The HIES, 2000 analysis had established the average monthly per capita expenditure at Nu. 1075 (< US\$ 1 per day). The urban per capita expenditure was set at Nu.1945 and the rural per capita at Nu. 928. It had standardised the lower poverty line at Nu. 612.10, the

4 RGoB *Development toward Gross National Happiness; Seventh Round Table Meeting, 7-9 November, 2000* (Thimphu: RGoB, 2000), pp.33.

5 This was the first ever study on poverty in the country on household income and expenditure. It was used to define the national poverty line.

income just sufficient to meet the minimum food requirements.

The HIES analysis had identified several casual factors of poverty, namely, geographic limitations, lack of physical infrastructures and access, limited ownership of lands and livestock, lack of remunerative employment and productive skills, larger household size, higher dependency ratio, high rate of illness among the household members, farm labour shortages, human-wildlife conflict, and lack of access to credit and markets facilities.

The Bhutan Poverty Assessment (Pilot Study, 2000) assessed the impacts of the RGoB's policies and programmes on the living standards of the people. This assessment looked at the people's access to development facilities and services in 20 Dzongkhags. The government officials' subjective assessment of the living standard in their respective districts or sub-districts was the basis of understanding poverty. The household income, education, health, economic activities, physical facilities, environment and women's status were a few of the parameters.

The RGoB had initiated the 'Poverty Reduction Strategy Paper' (PRSP, 2004) to strengthen the strategic framework for poverty reduction, to improve public expenditure management, facilitate poverty monitoring and evaluation and synergise donor coordination. The Poverty Analysis Report, 2007 computed poverty norm of the households on the consumption metrics as per the international standard and practice.

The holistic understanding of poverty entails having both objective and subjective views of poverty in a particular country. In subjective terms, most Bhutanese considered themselves poor when they lacked good houses (shelter),

adequate farmlands, sufficient foods, clothes, and able-bodied working members.

The policy makers and development workers derived their views on poverty from the difficulties they encountered when delivering goods and services to the inaccessible communities. They, in general, interpreted the poor as the ones inhabiting the unreached parts of the country, mainly being isolated from the roads. The PAR 2007 inferred poverty as the rural phenomenon, it being severe in the distant and inaccessible communities. Therefore, the 'physical isolation' was one of the main causes of poverty in the country.

In general, the differently-abled persons are more likely to experience severe deprivation of the basic needs. The vibrancy of extended family system and informal social networks in the country has so far ensured these groups some social and economic security. However, with social transformation and translocation, and change in family structure and lifestyle, it is feared that many of them would become vulnerable to the basic deprivations as they get deprived of an informal social security. This is likely to impose an onus on the society to set up the formal institutions of care and support for the differently-abled persons.

National Statistical Bureau of Bhutan (NSB) has defined poverty: "as a deprivation of the basics of life; is multidimensional phenomenon; and deprivation includes not just insufficient consumption (and income), but also lack of opportunities and assets, inadequate education, poor health and nutrition, lack of sanitation, insecurity and powerlessness."⁶

6 NSB, Bhutan, *Poverty Analysis Report*, 2007 (Thimphu: NSB, 2007).

However, until recently, the computation of poverty has never gone beyond the income and consumption metrics. The fact that GNH encompass holistic and multidimensional policy framework for realising the society's or collective happiness thus require tackling poverty through much holistic approach, taking into account both the material and non-material attributes.

Understanding the concept of child poverty in the context of human rights is new to Bhutan. Nevertheless, as a GNH country, it is assumed that child poverty was enshrined in the GNH principles, though much is needed to be done to make child poverty more overt and tackling it as one of the overarching components of the GNH development model.

Importantly, there are several essential conditions to be taken into account to bring child poverty into a forefront policy perspective. First, it must be understood as being different from that of adults. Second, it is not something to be left out as a non-issue. Third, the country cannot effectively address it through a general approach to poverty. Fourth, it has both short and long-term development implications, and fifth it is multidimensional in nature. Targeting public policies and investments at poor children can make a huge difference in fulfilling the country's quest for making it *The GNH State for Children*.

UNICEF (State of World's Children, 2005) defines child poverty as the situation when "children living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal

members of society.”⁷ This definition is close to the GNH concept as it takes into account the multi-dimensional approach just as material, spiritual and emotional well being are the essential components of *the GNH Approach*.

Being a signatory to the CRC, Bhutan’s *modus vivendi* of addressing child poverty must derive insights from the CRC’s principles of child’s right to survival, right to develop his or her full potential, right to protection from violence, abuse and exploitation, and right to participate fully in family, social and cultural realms that positively affect their lives.

The CRC’s basic rights framework recognises the importance of improving a child’s access to shelter, basic education, clean water and nutrition, making him or her able to avoid preventable morbidities and premature mortality, participate in public life and live in a safe environment. The right to survival, right to development and right to protection are the bedrocks of the CRC framework.

The legal system of Bhutan and for that matter, the Constitution is strongly protective of child and women’s rights. This stems from the fact that most of the Bhutanese laws, policies, culture, values and institutions have been largely influenced by the Buddhist principles of ‘social responsibility and redistributive mechanisms of rights, justice and compassion’ that even extends beyond the humans.

The World Summit on Social Development, 1995 in Copenhagen defined absolute poverty as “a condition characterised by *severe deprivation* of the basic human needs, including food, safe drinking water, sanitation

7 UNICEF, ‘Childhood under Threat’, in *State of the World’s Children*, (New York: Division of Communications, 2004).

facilities, health, shelter, education and information. It depends not only on income, but also on access to services.” It recognises income as important parameter while linking poverty with the conditions of deprivation of the basic human needs. Use of the deprivation concept is preferred as it covers human conditions other than income or consumption (Townsend, 1987).

UNICEF’s previous definition is more relevant and closer to the GNH concept, but the data limitation makes it imperative to use, for the purpose of this study, an alternative but equally robust definition of child poverty, formulated during the January 2007 UN General Assembly. This definition states:

Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic healthcare services, shelter, education, participation and protection; and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and participate as full members of the society.

The methodological framework

Based on the above conception of child poverty, this study derives impetus from the three-pronged approach developed by Peter Townsend *et al*, Bristol University in 2003. UNICEF endorsed this model for the Global Study on Child Poverty and Disparity.

Model A

$$\text{Child Poverty (CP)} = \text{Overall Poverty}$$

Model A assumes addressing child poverty as inclusive in the overall approach to tackling poverty. This model considers addressing general poverty could lead to reduction in child poverty and disparities. It focuses on material poverty and encompasses powerlessness and voicelessness, but discounts child specific concerns and interventions.

Model B

Child Poverty (CP) = Poverty of Households raising Children

Model B assume that household poverty is an accurate proxy for poverty of children raised in the same household. This model brings child poverty into a spotlight, but it cannot show disparities within the households, including inequalities between boys and girls, or between adults and children. It does not take into account the non-material aspects like emotional or spiritual well being of children.

One of the limitations of this model [in the Bhutanese context] is whether the household poverty can adequately project a conclusive picture of child poverty. This is because the extended family system is still vibrant in Bhutan, and this provides some kind of social security or protection for children. For example, children can live with their relatives or they can share overlapping households.

Model C

Child Poverty (CP) = Flip Side of Child WellBeing

The Model C directly links child poverty with policies, programmes and resource allocations. This model allows development of composite indices on child well being. However, lack of appropriate child specific data renders this model bit irrelevant and inadequate to use in its entirety at present. Therefore, the scope of this study is limited to the use of the combination of model A and B.

This study uses the ‘deprivation methodology’ developed for the *Global Child Poverty and Disparities Study (Bristol Method)*. Severe deprivations of basic human needs can be grouped into ‘physical capital deprivation’ and ‘human capital deprivation’. Physical capital deprivation includes shelter, water and sanitation and the human capital deprivation include health, education, nutrition and information. The Bristol method uses seven deprivations: *shelter, sanitation facilities, safe drinking water and access to information, food, education, and health*.

One cannot measure deprivation objectively and as precisely as one can measures money. What one can measure is whether a child has access to particular basic needs or not on a continuum of no deprivation, mild deprivation and severe deprivation (Gordon, 2002).

Children facing at least one severe deprivation are considered ‘poor’ while children experiencing two or more deprivations are considered to be in ‘absolute poverty’ (Gordon, 2002). The ‘severe deprivation’ is categorised into ‘more severe (Bristol Standard)’ and ‘less severe (MDG Standard)’ deprivations. The intensity of poverty increases with the increase in the number of deprivations.⁸

8 UNICEF, *Global Study on Child Poverty and Disparities, GUIDE* (New York: Global Policy Section, 2007).

The box 1.1 presents deprivations and criteria used in this study.

Box 1.1. Bristol's dimension and indicators of child poverty (Townsend et al, 2003)

1. **Shelter:** Children living in a dwelling with five or more persons per room, or those who live in the houses with no floor material. *In the PHCB, 2005, there is no data for type of flooring materials. The number of persons per room is estimated from the number of rooms available in the house.*
2. **Sanitation facilities:** Children living in the households with no access to a proper toilet facility of any kind. *The PHCB, 2005 has data on type of toilets used by the households' members.*
3. **Safe drinking water:** Children using surface water like rivers, ponds and streams, or the sources, which takes 30 minutes or longer to collect water. *The NPHC, 2005 contains data on access to piped and non-piped water.*
4. **Information:** Children (above 2 years old) living in those households with no access to a radio or television or telephone or newspaper or computer.
5. **Education:** Children (above 6 years old) of schooling age who have never been to school or who are not currently attending school. *The children aged 7-17 not attending schools in the year of census are considered.*
6. **Food and nutrition:** Children who are more than 3 standard deviations below the international reference population for stunting or wasting or underweight. *No data in the NPHC, 2005, BLSS data contains information on the households experiencing at least one-month food shortage a year. Other sources of data are used to analyse the anthropometric failure.*
7. **Health:** Children who did not receive immunisation against any diseases, or who did not receive treatment for a recent illness involving an acute respiratory infection or diarrhea. *No data on child's health in the PHCB, 2005, and so the official health statistics and other survey*

Source: Global Child Poverty Study Guidelines, UNICEF

Data and its limitations

The use of PHCB, 2005 and BLSS, 2007 was ineluctable, because the Multiple Indicators Clustered Survey (MICS) or known in Bhutan as BMIS and Demography Health Survey (DHS) dataset were not available at the time this study. NSB has now produced BMIS, 2010. The analysis of BMIS may provide scope for comparison of child poverty between 2005 and 2010 and the sounder empirical base for child poverty analysis.

Out of 271,207 children aged below 18 years, 2, 32,925 children between 0-17 were included for the main analysis. The analysis excluded children in the monastic institutions and outside the country.

One of the caveats is that the estimates for deprivations of health, nutrition and consumption measures could not be drawn from the PHPC 2005 dataset. Therefore, the study is based only five deprivations out of seven identified in Bristol deprivation model. Therefore, the BLSS, 2007 dataset had to be used to estimate wealth quintiles and consumption poverty metrics for households with children.

CHAPTER II

Children and Consumption Poverty

This chapter focuses on child outcomes and looks into the trends in income or consumption poverty and its association to various disaggregated social stratifiers like the household, individual and geographical characteristics.

The BLSS, 2007 dataset⁹ was computed to measure the conventional consumption of the households with children. This measure uses the food poverty line of 2124 Kcal per day per person as used by NSB. The food basket required to meet basic calorie needs was valued at Nu. 689 (<1 dollar per day) per person per month in 2007. It estimates the total poverty line by adding a non-food allowance (Nu. 410 per person per month) to food poverty line.¹⁰

The 'households with children' is taken as the unit of analysis. The PAR has taken households in general (that is households with and without children). The consumption poor are the households and their members, spending, in real terms less than the total poverty line of Nu. 1099 for basic food and non-food requirements per person per month. The households with real per capita consumption below food poverty line (of Nu. 689 per person per month) are the 'subsistence poor or extremely poor.

⁹ BLSS dataset 2007 was used to prepare Poverty Analysis Report, 2007. Its sampling frame was based on extrapolated population of 630,000 and about 125,000 households.

¹⁰ These are the measures NSB has used for general poverty analysis. It is supposed to use different poverty baseline to determine child poverty, but at this moment, since the household raising children is used as the unit of analysis (sample population), the same unit is used.

National consumption poverty

The Poverty Analysis Report (PAR, 2007) estimated the national absolute poverty rate at 23.2 % with a margin error of 1.5 % and subsistence poverty rate at 5.9%. The poverty gap (depth) was 6.1% with standard error estimate at 0.3%. The national poverty-squared gap (severity) was 2.3% with standard error estimate of 0.1%.

Rural absolute poverty rate was within the range of 29% to 32.9% and subsistence poverty rate was 8%. Rural subsistence poverty gap was 1.5% whereas urban poverty gap was 0.02%. There was a marked difference in rural and urban absolute poverty rates. Three out of every ten persons in rural areas lived in absolute poverty or below total poverty line. Virtually all subsistence people resided in rural areas. Table 2.1 shows disparity in poverty between rural and urban areas. In 2007, poverty in the country was prevailingly a rural phenomenon and of those who were living in isolated communities or places.

Table 2.1: Absolute and extreme poverty rate by rural and urban area

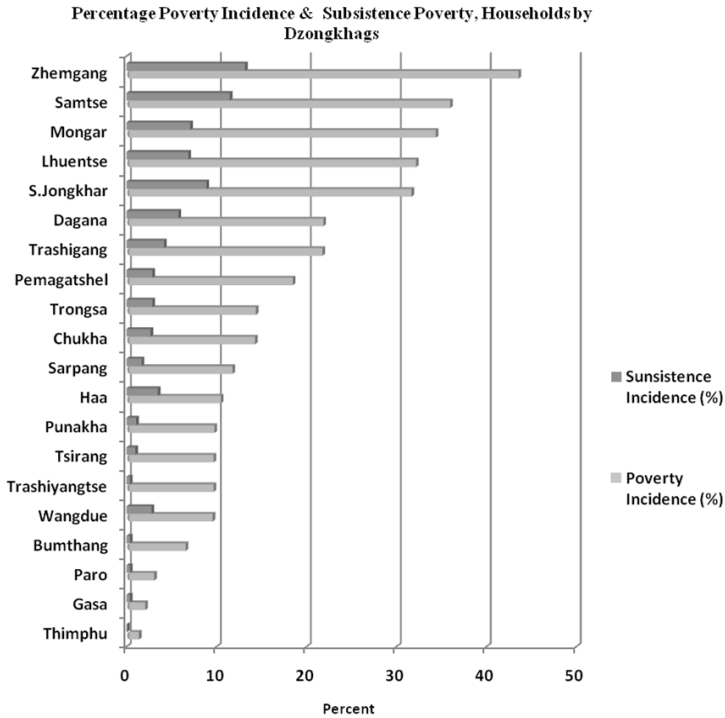
Area	Absolute Poverty		Extreme Poverty (subsistence)		% Pop.
	BHC	By HH	By HC	By HH	
Urban	1.7	1.1	0.16	0.11	26.4
Rural	30.9	23.8	8.0	5.4	73.6
Bhutan	23.2	16.9	5.9	3.8	

Source: PAR, NSB, 2007, HC-Headcount and HH-Household

The HIES, 2000 showed that the ‘inequality’ was higher in urban areas with the *gini* ratio¹¹ of 0.42 compared to

0.35 in rural areas. The absolute poverty rate was comparatively higher in Zhemgang, Samtse and Mongar Dzongkhags as shown in the figure 2.1. More than 45% of the households in Zhemgang Dzongkhag alone experienced consumption poverty (PAR, 2007). Zhemgang, Samtse and Samdrupjongkhar Dzongkhags recorded higher rates of subsistence poverty whereas Paro, Gasa and Thimphu Dzongkhags reported virtually no subsistence poverty.

Figure 1.1: Percentage absolute and subsistence (extreme) poverty by Dzongkhags



Source: BLSS, 2007, NSB

Trends in consumption poverty of the households raising children

On disaggregating household poverty by the household characteristic of the ‘presence’ or ‘absence’ of children, 89.4% of the households with children were poor. Overall, 74% of the total households in the country raised children and 1.9 % of the total poor households raising children had more than one female adult (Table 2.2).

Table 2.2: Percentage of poor and non-poor households by children

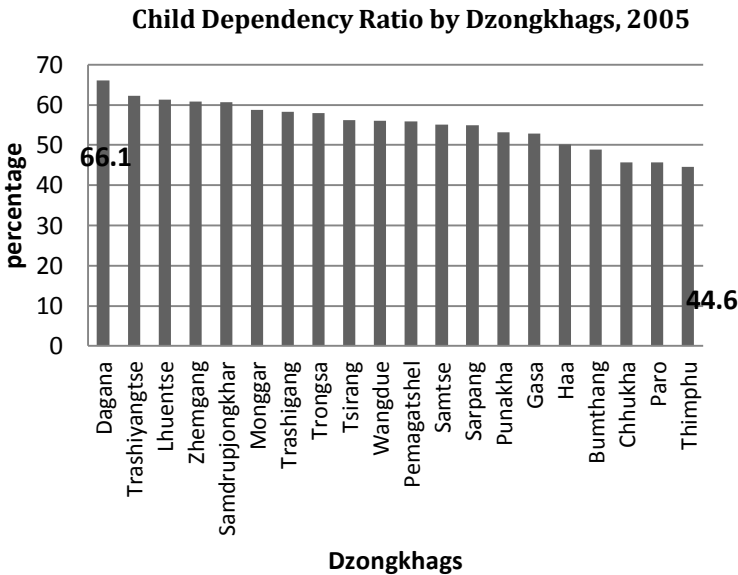
Adults in Household	Poor HHs		Non-poor HHs		Total HHs	
	WC	WoC	WC	WoC	WC	WoC
At least 1adult male & female	86.8	9.3	66.5	21.5	70	19.4
One adult male	0.1	0.0	0.5	3.1	0.4	2.6
More than one adult male	0.2	0.9	0.2	1.5	0.2	1.4
1 adult female	0.7	0.2	1.3	1.8	1.2	1.5
More than one adult female	1.6	0.2	2.0	1.6	1.9	1.3
Total	89.4	10.6	70.5	29.5	74.0	26.3

Source: Poverty Analysis Report, 2007, WC-With Children and WoC-Without Children

Since a majority of the households raising children was poor, a substantial number of children may have experienced consumption poverty. Furthermore, the national child dependency ratio in 2007 was quite high (53%)—the overall dependency ratio being 60.6%. This higher level of child dependency ratio would have contributed to child poverty, as the adults and children would have had to share limited resources. About 2.5 % of

the population had more than four children per adult. The Dzongkhags in the east and south central regions with a higher dependency ratio also experienced higher absolute poverty rate. Child dependency ratio by Dzongkhags is shown in figure 2.2.

Figure 2.2: Child dependency ratio by Dzongkhags, 2005



Source: PHPC, 2005

According to the consumption measure (based on the BLSS, 2007 dataset), 9.29% of children living in single-parent households experienced absolute poverty.¹²

A high proportion of the households in Samtse, Monggar, Samdrupjongkhar and Trashigang Dzongkhags belonged to the poorest wealth quintile. Thimphu, Chhukha and Paro Dzongkhags had a greater proportion of households in the

¹² Single parent household here refers to those households headed or managed by one of the spouses; single-hood resulted either due to divorce, separation or death of one of the spouses.

highest wealth quintile implicating that a greater share of the country's wealth was concentrated in the northwestern region. Table 2.3 supports this assertion.

Table 2.3: Percentage distribution of the HH with children (within wealth quintile) by Dzongkhags

<i>Dzongkhags</i>	Wealth Quintile				
	Q1	Q2	Q3	Q4	Q5
Samtse	16.4	7.51	7.06	4.87	2.79
Mongar	12.2	7.51	5.45	3.14	2.04
Samdrupjongkha	11.8	5.78	4.11	3.85	3.57
Trashigang	10.9	10.48	10.28	4.33	2.76
Chukha	8.35	10.38	9.88	12.4	11.3
Zhemgang	6.86	3.11	2.30	1.50	1.14
Lhuntse	5.31	4.45	2.06	1.05	0.33
Pemaatshel	4.91	5.64	3.74	3.36	0.66
Sarpang	4.87	8.26	7.90	5.40	2.79
Dagana	3.93	4.57	3.19	2.01	1.11
Punakha	2.57	5.39	4.85	3.95	4.09
Trongsa	2.43	2.37	2.95	2.19	2.82
Wangdue	2.41	6.65	5.75	7.34	4.78
Trashiyangtse	2.08	4.87	3.59	3.03	1.65
Tsirang	1.94	3.11	4.88	2.60	1.98
Haa	1.43	2.50	3.79	2.85	2.10
Bumthang	0.56	2.32	3.29	4.54	3.27
Paro	0.54	2.64	6.22	8.62	8.26
Thimphu	0.33	1.46	5.77	18.8	39.6
Gasa	0.14	0.99	2.95	4.15	2.94
Urban	1.49	5.98	20.98	45.6	69.2
Rural	99.4	94.02	79.02	54.3	30.8
Bhutan	21.8	20.6	20.6	20	17

Source: BLSS, 2007

The absolute poverty rate of the households raising children aged 0-17 years was 24.34%. This was close to

the national poverty rate of 23.2% (table 2.4). However, poverty gap for the households raising children was 26.17% compared to the national poverty gap of 6.1%. This is suggestive of a greater poverty depth among the households raising children. There was not much of difference in absolute poverty rate and poverty gap by gender.

Table 2.4: Percent of poverty among the HH raising children by age groups and gender

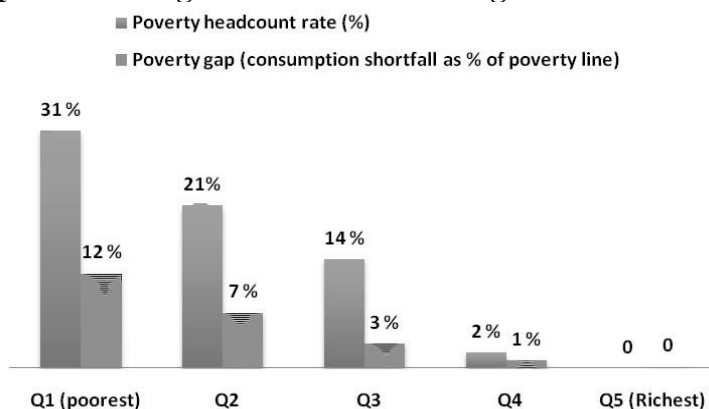
	Poverty headcount rate (%)	Poverty gap
HHs with children (0-17)	24.34%	26.17%
	Sex and age group	
MALE		
0-3 years	26.90	27.14
3-4 years	30.07	28.33
5-9 years	26.37	26.61
10-14 years	24.36	25.35
15-17 years	20.99	25.21
18-24 years	24.90	25.34
25-49 years	21.22	25.11
50 +	29.65	26.01

	Poverty headcount (%)	Poverty gap
FEMALE		
0-3 years	28.30	27.90
3-4 years	28.31	27.41
5-9 years	27.78	26.32
10-14 years	22.18	25.50
15-17 years	21.07	25.20
18-24 years	23.50	26.10
25-49 years	21.49	25.67
50 +	27.97	26.59

Source: BLSS, 2007

About 31% of the households with children in the Q1 (poorest) experienced absolute poverty (and the poverty gap among them was 12%). Both absolute poverty and poverty gap decreased with the increase in wealth quintiles (figure 2.3).

Figure 2.3: Percentage consumption poverty by wealth quintile among the households raising children



Source: BLSS, 2007

On disaggregating poverty by age group as shown in table 2.5, the absolute poverty rate and poverty gap were higher in those households with U5 children and the 50 plus elderly members and lower for those households with the economically active members. There was not much of gender difference in poverty rate and poverty gap.

Table 2.5: Poverty measures by age group and gender (in Households with children)

Household Members	Poverty rate	Poverty gap
Male		
Household with U5 children (0-4)	28.49	27.74
Household with under 17 children (5-17)	23.91	25.72
Household with active members (18-49)	23.06	25.23
Households with elderly members (50 +)	29.65	26.01
Female		
Household with U5 children (0-4)	28.31	27.66
Household with under 17 children (5-17)	23.68	25.67
Household with active members (18-49)	22.50	25.89
Households with elderly members (50 +)	27.97	26.59

BLSS, 2007

Gasa Dzongkhag presents an interesting scenario. It had the lowest absolute poverty rate and poverty gap (PAR, 2007), though as per the Bristol approach (the analysis included in the next chapter), Gasa Dzongkhag reported higher percentage of children (about 32.50%) facing at least two deprivations, only slightly better than Dagana (39.80%) and Samtse (33.60%) Dzongkhags. This indicates Gasa Dzongkhag rendered poorly in terms of access to the basic social services despite its low rate of absolute consumption/income poverty.

Both poverty rate and gap increases with the increase in the household [with children] size. While an advanced

regression analysis to determine such casual relation could not be carried out, it suffice to note that the smaller the family, better off they were in terms of consumption poverty. Thus, promoting smaller families complemented by other poverty reduction measures can be an alternate choice for poverty reduction strategy.

The distribution of children within the household type (table 2.6) shows 87.87% of children lived with their parents and 9.44% (24,180) lived with non-relatives. The non-kin here were presumably their employees, friends or others. If this assumption holds true, then it is reasonable to conclude that some thousands of children were living out of their families' or kinship care or were forced to seek untimely independence. This calls for the need to conduct mapping and profiling of the prevalence and conditions of such children to allow targeted interventions.

Table 2.6: Percentage of children by living arrangements (parental status)

Household arrangements	Number of children	Percent
Both parents' household	225118	87.87
Single parent (adult) household	25339	9.89
Grandparents' household	35088	13.70
Parent in-laws' household	1529	0.60
Brothers/sisters' household	4826	1.88
D	5427	2.12
Uncle/aunts' household	13220	5.16
Non-relatives' household	24176	9.44

Source: PHPC, 2005

As shown in table 2.7, 39.70% of the households with 7+ members including children experienced consumption poverty while only 0.78% of the households with three or less members actually experienced consumption poverty (below total poverty line, valued at Nu. 1099, 2007). The poverty gap among the larger families was 28.47% compared to poverty gap of 6.97% among the smaller households. The conclusion is that the smaller the family, lesser is the chance that they would experience consumption poverty.

Table 2.7: Percentage distribution of children by the household size and consumption poverty

Household size	Child population and poverty indicators			
	No. of children	% children	Poverty Rate (%)	Poverty Gap
	As per PHPC 2005		BLSS 2007	
< 3 members	5897	2.30	0.78	6.97
3-4 members	56199	21.94	6.88	17.44
5-6 members	94932	37.06	17.37	22.36
7+	99114	38.69	39.70	28.47
Total	256142	100.00		

Source: PHPC, 2005 & BLSS data

The households with sick adults had higher poverty rate and poverty gap (table 2.8). Similarly, the households with sick children had poverty gap almost 4 times the national poverty gap.

The households with children managed by single parents had poverty rate of 9.29%, but poverty gap was estimated at 22.96%. The poverty gap among the households with more than four children per adult was 30.39%. Poverty rate and poverty gap were also abnormally high among the households with elderly members of 70 years and above.

Hence, children living in those households with large family size, high child and old age dependency ratio, and the presence of sickness and disability were more likely to experience absolute poverty. These findings shed light on the need to undertake active social and economic policies for these specific groups.

Table 2.8: Percentage of children in the households by illness, disability and family vulnerabilities

Household Dimensions	Poverty headcount rate (%)	Poverty gap (%)
Illness and disability in the household		
Adult(s) with illness in the last month	28.16	26.18
Child/children with illness in the last month	24.01	26.66
Family vulnerability		
Single parent	9.29	22.96
Orphan child in household	X	X
High dependency ratio (4+children per adult)	21.72	30.39
Elder (70+) person in household	35.95	28.61

Source: BLSS, 2007

The education level of the household heads determined a probability that children might experience poverty. In 2007, absolute poverty rate among the households headed by the individuals with no education was 33.56% and poverty gap was 27.10% against poverty rate of 5.5% and poverty gap of 20.28% among the households headed by the individuals with at least secondary education. Both poverty rate and poverty gap declined (table 2.9) with the rise in education level of the household heads.

The inclusion and empowerment of women in the households' decision-making through provision of education may result in positive outcomes for children, especially in terms of healthcare practices and nutritional outcomes for the families. Poverty rate and poverty gap among the male-headed households were slightly higher than in the households headed by females.

This establishes the importance of providing education to women through the non-formal channel. The international studies had proven that, in general, increasing women's literacy and decision-making power reduce family violence.

Table 2.9: Poverty, gender and education level of the head of the households

Education of Head of Household hold (Household dimension)	Poverty rate (%)	Povert y gap (%)
None (never attended school)	33.56	27.10
Primary	16.12	22.93
Secondary+	5.51	20.28
Gender of the head of HH		
Male	25.24	26.84
Female	22.30	24.47

Source: BLSS, 2007

The absolute poverty rate and poverty gap dropped with the increase in the number of working adults in the families. This was so, possibly because the earnings [of both cash and kind] through self or outside-home jobs were more with more working adults in the families. Table 2.10 shows that higher poverty rate (29.19%) and poverty gap (26.67%) prevailed among the households with no working adults.

Table 2.10: Percentage consumption poverty by number of working adults

Working Adults	Poverty headcount rate (%)	Poverty gap (%)
No working adults	29.19	26.67
1 working adult	21.34	23.28
More than 1 working adult	12.32	23.88
At least one child under 15 working	X	X
Access to land in rural areas	X	X

Source: BLSS, 2007

About 5% of children of pre-primary age belonging to the households in the richest quintile were attending the pre-primary schools in 2007. There was not much difference in the proportion of children [of households within different wealth quintiles] ‘attending primary schools’.

The number of children at the primary age ‘not attending’ schools was relatively greater among those belonging to the households in the poorest quintile (6.60 %). This presents the case of material deprivation leading to

deprivation of other basic services. Just 0.86% of children 'not attending schools' belonged the richest quintile.

The percentage of children transiting into the higher level of education was higher among children of the families in the higher wealth quintiles (table 2.11). The households in the poor quintiles had a high proportion of children dropping out from schools, mainly after class 10.

Table 2.10: Percentage distribution of children's attendance in school by age categories and wealth quintiles

Q	3-5 years (pre-primary)		6-12 years (primary)		15 to 16 years (higher)			
	Now	Never	now	Past	Never	now	Past	Never
Q1	0.5	25	15.2	0.3	6.6	11.6	0.5	5.98
Q2	1.5	19	16.7	0.5	3.7	15.0	0.6	4.00
Q3	1.6	18	18.9	0.6	2.7	16.9	0.9	2.39
Q4	2.7	16	18.5	0.2	1.7	18.5	0.7	1.82
Q5	4.9	10	14.6	0.1	0.9	15.5	0.6	2.06
Total	11	89	83	2	16	78	3	16

Source: BLSS, 2007

CHAPTER III

Child Deprivation and Disparity

This chapter includes the analysis based on the Bristol's deprivation method. This method is almost analogous to social inclusion or right-based approach, going beyond material poverty. This method determines household poverty based on its access or lack of access to basic needs that are imperative for child survival, growth and development.

Severe deprivations of seven basic elements are likely to adversely affect the health, well-being and development of children, and can add to poor developmental outcomes for children in both short and long -run.¹³ By the Bristol standard, there are seven dimensions of a child's basic needs. However, the existing dataset (PHCP, 2005) allow the analysis of five dimensions namely; *education, shelter, water, sanitation, and information* within the Bristol Framework.

The 'absolute poverty rate' in this approach is the percentage of children who suffered more than two severe deprivations.

In the conventional money metric approach, poverty gap is estimated by calculating a distance between poverty line and actual per capita income or consumption. The deprivation method requires threshold for indicators or the number of indicators that determine deprivation. Gordon *et al* (2003) had used a measure of severe deprivation for each of the seven indicators. Deprivation in one of the indicators or dimensions is sufficient to consider a child as *poor* or *deprived*. Poverty gap increases

13 G. David, *Measuring Child Poverty and Deprivations*, PowerPoint presentation, the Workshop on Policy Analysis Techniques, Child Poverty and Disparities, University of Southampton, 18-28 August, 2008.

with the increase in the number of deprivations akin to poverty gap measure in money metric approach.

Gordon *et al* marked the households raising children experiencing at least one deprivation as 'severe deprivation' and 'absolute poverty' when two or more deprivations existed.

In general, half of children (51.5%) in Bhutan experienced at least one severe deprivation. Just 0.20% of children in Bhutan experienced all the five severe deprivations. There was not a significant variation among the districts in terms of children experiencing all the five severe deprivations. No children in Pemagatshel Dzongkhag experienced all the five severe deprivations.

Table 3.1 shows the absolute number and proportion of children suffering from one or more severe deprivations in 20 Dzongkhags. There is a huge variation among the districts in the distribution of deprivations across five dimensions. For example, in Gasa¹⁴ and Dagana Dzongkhags, 75.08% and 74.43% of children respectively faced at least one severe deprivation. Just 33.10% of children in Thimphu Dzongkhag experienced at least one deprivation.

¹⁴ It has been noted in most of the analysis that Gasa *dzongkhag* emerged as an outlier, possibly because of its small population size. Moreover, this *dzongkhag* is the most isolated, constituting largely of nomad population. So far, it houses the only district administration with no road connection, and delivery of other basic services had always been difficult. However, in terms of the consumption poverty measures, Gasa *dzongkhag* had been showing better poverty rate.

Table 3.1 Severe deprivation across districts

Dzongkha	Severely Deprived Children (1+)			Total
	Not Deprived	Severe Deprivation	% Deprived	
Bumthang	3911	2234	36.5	6145
Chukha	14076	13334	48.7	27410
Dagana	2188	6369	74.4	8557
Gasa	302	910	75.0	1212
Haa	2974	1689	36.2	4663
Lhuentse	3004	3678	55.0	6682
Mongar	6317	9613	60.4	15930
Paro	8436	5012	37.7	13448
Pemagatshel	2604	3233	55.4	5837
Punakha	3783	3670	49.2	7453
Samdrupjongkhar	6744	10237	60.3	16981
Samtse	8937	15455	63.4	24392
Sarpang	8390	8774	51.1	17164
Thimphu	24228	11985	33.1	36213
Trashigang	8492	13603	61.6	22095
Trashiyangtse	3210	4647	59.1	7857
Trongsa	2769	2793	50.2	5562
Tsirang	3347	4329	56.3	7676
Wangduephodrang	6085	6681	52.3	12766
Zhemgang	3329	4854	59.3	8183
Total	123126	133100	51.9	256226

Source: PHPC, 2005

The national absolute poverty rate, which is expressed as the rate of children suffering two or more severe deprivations was 21.72% (as shown in table 3.2). The rural absolute poverty rate of 27.80% was almost twice the urban absolute poverty rate (15.64%). Dagana, Gasa

and Tsirang Dzongkhags recorded the highest absolute poverty rates. Significant differences in absolute poverty rates existed across the districts. For example, Haa, Thimphu, Paro and Bumthang Dzongkhags had relatively low absolute deprivation-based poverty rates. Just 10.04% of children in Haa Dzongkhag experienced absolute (deprivation) poverty.

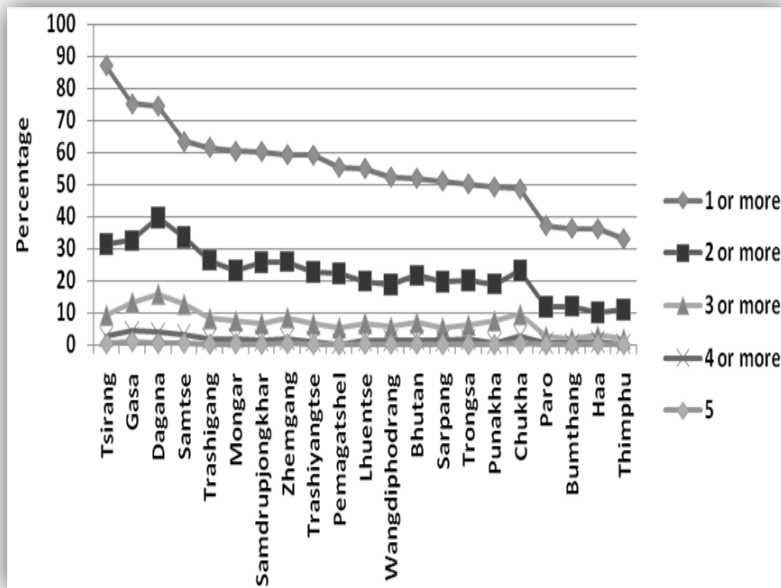
Table 3.2: Distribution of severe distribution among Dzongkhags

Dzongkhags	Number of Severe Deprivations - Child Index		
	0 (Non poor)	At least dep.1 (severe deprivation)	More than 2 dep. (absolute poverty)
Bumthang	63.65	36.35	11.99
Chukha	51.35	48.65	23.05
Dagana	25.57	74.43	39.75
Gasa	24.92	75.08	32.51
Haa	63.78	36.22	10.04
Lhuentse	44.96	55.04	19.83
Mongar	39.65	60.35	23.07
Paro	62.73	37.27	11.76
Pemagatshel	44.61	55.39	22.27
Punakha	50.76	49.24	19.03
Samdrupjongkhar	39.71	60.29	25.66
Samtse	36.64	63.36	33.52
Sarpang	48.88	51.12	19.74
Thimphu	66.90	33.10	10.89
Trashigang	38.43	61.57	26.40
Trashiyangtse	40.86	59.14	22.76
Trongsa	49.78	50.22	20.23
Tsirang	43.60	56.29	31.41
Wangduephodang	47.67	52.33	18.89
Zhemgang	40.68	59.32	25.92
Urban	68.30	39.04	15.64
Rural	39.40	60.60	27.80
Bhutan	48.05	51.95	21.72

Source: PHPC, 20007

As presented in figure 3.1, the proportion of children suffering from at least one deprivation was high in all the Dzongkhags in contrast to the proportion subjected to two or more deprivations. This was higher in the eastern, southern and central regions. The western region had relatively lower proportion of children experiencing more deprivations with the exception of Samtse, Gasa and Wangduephodrang Dzongkhags,

Figure 3.1: Poverty incidence of children suffering from one or more deprivations by Dzongkhags



Source: PHPC, 2005

The distribution of severe deprivations across different dialectic groups presented interesting results. More children of *brokpa*, *brame*, *dakpa* and *dzala* dialectic groups experienced more deprivations (table 3.3). This result was usual because these groups of children belonged to

the isolated and most vulnerable communities in the country. It is a challenge to take the social and economic services to them, partly due to their remoteness and to some extent because of their low level of socio-economic development.

This study holds it important to initiate targeted interventions on these minor dialectic groups to bring their children into the mainstream development. Most of these minority communities belonged to Trashigang (n=1854), Samtse (n=685), Trongsa (n=107) and Trashiyangtse (n=68) Dzongkhags. There were also more children in the 'other dialects' group experiencing severe deprivations.

The high proportion of children of *Lhotshamkha* group experienced severe deprivations though the rate was not as high as that of the previous groups. This result was anticipated because the *Lhomtshamkha* communities had to face the aftereffects of two major afflictive events: the Southern Bhutan problem of the 1990s and the Indian militancy's' illegal occupancy of the southern districts, which led to shutting down of several social service facilities and hindered the socio-economic development.

The fact that the government could not operate many schools in the southern districts for security reasons justify why there was a higher rate of child education deprivation in 2005. However, now that these problems were resolved, the southern districts are making fast progress in the socio-economic development, and this study acknowledges that at present, the level of education deprivation would have gone down considerably.

Among children of different dialectic groups, relatively lesser proportion of children who belonged to *bumtapkha* group experienced the deprivations (table 3.3).

Table 3.3: Distribution of severe deprivations among different dialectal groups (2005)

Dialects	Shelter (%)	Sanitation (%)	Water (%)	Information (%)	Education (%)
Dzongkha	13.7	8.8	13.2	17.29	15.4
Sharchopkha	21.1	7.9	9.8	25.71	19.6
Lhotshamkha	24.6	9.1	21.1	26.45	31.4
Khengkha	18.9	9.8	15.2	30.18	21.7
Bumthapkha	11.6	4.7	5.9	16.01	10.5
Mangdipkha	15.1	8.1	10.6	20.47	17.6
Kurtoepkha	14.5	9.1	8.1	22.93	16.6
Brokpa/Bramee/	41.1	16.2	40.4	38.78	53.4
Tibetan	16.1	15.1	8.5	19.60	6.0
Mathpakha	21.2	10.0	12.3	34.23	21.2
Foreign languages	14.6	14.0	10.2	21.49	25.6
Minor dialects	27.6	11.8	29.2	30.19	39.5
Babies & disabled	19.5	9.4	14.1	0.64	77.2
Other	21.1	15.2	17.6	25.63	23.7
Not stated	36.0	40.0	40.0	56.00	71.4

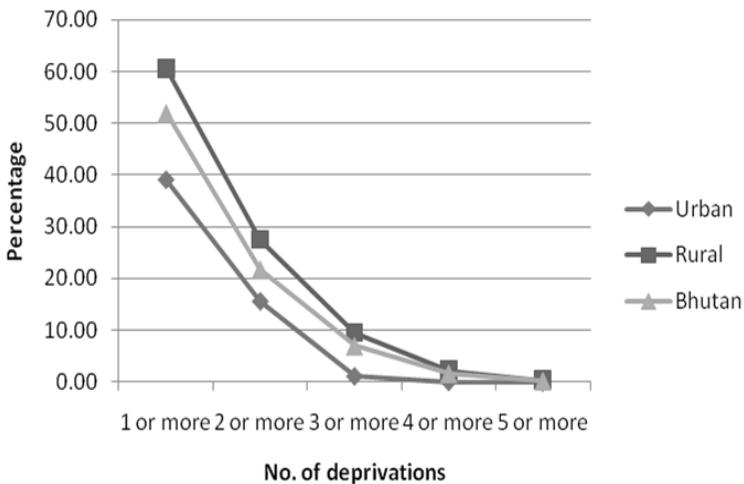
Source: PHPC, 2005

The proportion of children subjected to more than one severe deprivation in rural areas was higher than the national average (figure 3.2). The statistics revealed the

urban advantage in deprivation poverty, though it is too early to conclude that deprivation was not a problem in urban areas. It is likely that disparities and poverty severity among urban population were growing given the decline in the informal institutions of social networks and increasing disparity in the distribution of wealth in urban areas, which might have actually affected the demand-side capabilities of the urban poor even when the social services were easily accessible.

Figure 3.2 shows that 60.60% of rural children experienced one or more deprivations compared to 39.04% of urban children. 27.72 % of the rural children suffered two or more severe deprivations in contrast to 15.64% of urban children suffering the same.

Figure 3.2: Percentage of children suffering from one plus deprivations by rural & urban residences



Source: PHPC, 2005

The results discussed so far were exclusively on deprivation poverty expressed in terms of percentage. The poverty rate is just one aspect; it does not give a full

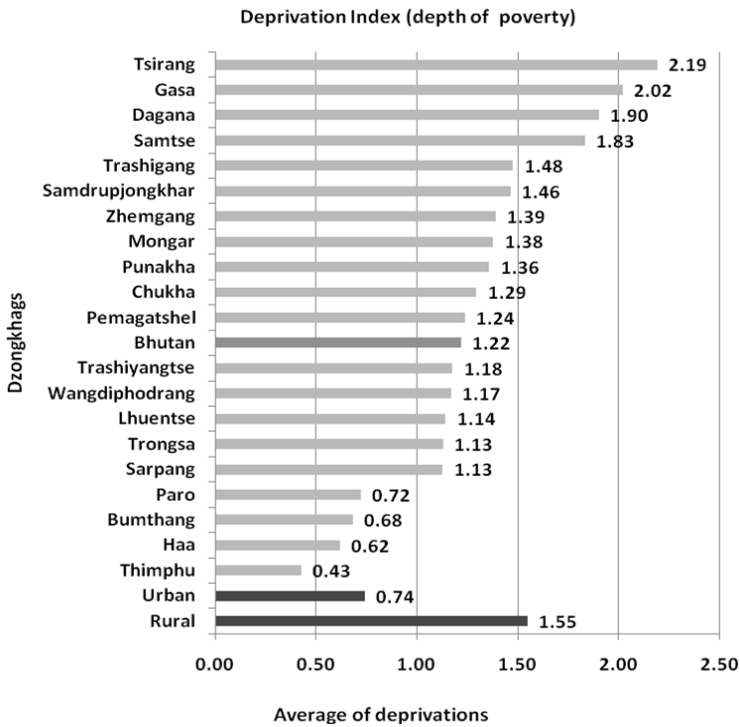
picture of poverty, as it masks the depth and severity of poverty or hides the important differences. As in consumption or income poverty metrics, 'how poor were the poorer ones' on average is determined using a method similar to the FGT's method of estimating poverty gap.

It is possible to represent the average of deprivations faced by children in numerical index using the techniques developed by Minujin and Delamonica (2005). They proposed a simple framework to construct indicators by taking the average number of severe deprivations suffered by children across the regions. On average, children in Bhutan suffered 1.22 severe deprivations out of 5 severe deprivations. 1.22 deprivations is the depth of child poverty in this case. This index would have been slightly different had the health and nutrition been included.

Children in Tsirang Dzongkhag suffered on average 2.19 out of 5 severe deprivations. Children in this district were poor almost by twice that of children in Bhutan when taken together. This implied that there were more 'most deprived children' among 'the deprived'—it is as same as saying 'poorest of the poor' and speaks of the presence of disparities among the districts.

Tsirang, Gasa, Dagana, Samtse Dzongkhags and so on (as given in figure 3.3) recorded the average severe deprivations well above the national average value. The variation in the distribution of deprivations among districts was observable indicating that there were emerging regional disparities in terms of accessibility to five basic needs.

Figure 3.3: Poverty depth by Dzongkhags



Source: PHPC, 2005

The advantage of Gordon *et al*'s approach to poverty measure was that it allowed identifying the dimensions where the problems were severe. For example, dimensions like shelter, education, water, etc. This is important for the evidence-based decisions.¹⁵

As presented in Table 3.4, of the five dimensions, 23% of children in the relevant age cohort suffered severe education deprivation. This means that by the Bristol standard (more severe deprivation),¹⁶ an estimate of

¹⁵ M, Alberto & D, Enrique, *Incidence, Depth and Severity of Children in Poverty* (New York: Division of Policy and Planning, 2005).

¹⁶ The Bristol Standard consider children deprived of education as the ones who did not at all attend school; MDG standard includes those children who

33,445 children in the country faced severe education deprivation in 2005 (that is, children of school-going age who did not at all attend schools). Roughly, 48,912 children suffered information deprivation, 46,583 children did not have proper shelter, 34,937 (15%) children experienced water deprivation and 20,962 (9%) children had no access to proper sanitation.

By the MDG standard (less severe deprivation), 35% of children in the relevant age cohort (0-17 years) suffered severe shelter deprivation and 27% of children suffered severe education deprivation (that is, children who did not attend school plus who dropped out of school before completing primary education level).

Table II.4: Child poverty as multiple deprivations

Prevalence of deprivation	No. of children in relevant age cohort	Of which experience 'severe' deprivation %	Of which experience 'less severe' deprivation%
Education	145,411	23	27
Information	232,915	21	22
Shelter	232,915	20	35
Water	232,915	15	15
Sanitation	232,915	9	9
Food	No data	No data	No data
Health	No data	No data	No data
Total	232,915		

Source: PHPC, 2005

As presented in table 3.5, the most frequent severe deprivation was education and the two most frequent combinations of severe deprivations were education and

did not at all go to school as well as those who dropped out of schools before completing primary education level.

access to information.¹⁷ The second most frequent combinations of two severe deprivations were information and shelter. The education, information and shelter deprivations were, therefore, the most common severe deprivations.

Table 3.5: The incidence of the most frequent combinations of deprivations

Combinations	Deprivation	%
The most frequent case of any deprivation*	Education	23
Two most frequent combinations*	Education & Information	7
Two second most frequent combinations*	Information & Shelter	7
Three most frequent combinations*	-	-
Three second most frequent combinations*	-	-
The most frequent associate of food*	-	-
The most frequent associate of education*	Information	7
The most frequent associate of health*	-	-

Source: PHPC, 2005

Irrespective of these two sets of standard-the Bristol and the MDG, the priority dimensions for the policy makers to take note are to improve the access to education, information and improved shelter. This is not to say that the other dimensions need no attention.

Table 3.6 presents the distribution of five severe deprivations across the districts. Dagana (34%), Samdrupjongkhar (28%) and Samtse (28%) *dzongkhags*

¹⁷It is assumed that, if the adults in the household do not have access to information sources, then neither will the children in the household have access to information.

had the highest rate of severe shelter deprivation. Gasa (56%) and Dagana (42%) *dzongkhags* recorded the highest rate of severe water deprivation. Forty-two percent of children in Gasa, 35% in Dagana and 37% in Samtse *dzongkhags* suffered severe education deprivation. Haa (7%), Paro (9%) and Bumthang (10%) *dzongkhags* had the lowest rate of severe shelter deprivation.

Table 3.6: Prevalence of severe deprivations by *Dzongkhags* and residence

Dzongkha	Shelter (%)	Sanitation (%)	Water (%)	Information (%)	Education (%)
Bumthang	10	4	6	13	12
Chukha	21	12	17	18	24
Dagana	34	10	42	26	35
Gasa	15	22	56	15	42
Haa	7	8	8	12	13
Lhuentse	14	13	10	26	24
Mongar	23	9	15	27	30
Paro	9	9	10	12	12
Pemagatshel	20	10	11	23	15
Punakha	13	9	13	18	15
SamdrupJongkhar	28	8	14	27	23
Samtse	28	8	25	29	37
Sarpang	22	6	12	20	26
Thimphu	15	6	3	12	11
Trashigang	24	12	15	27	26
Trashiyangtse	24	9	12	27	22
Trongsa	15	12	13	24	15
Tsirang	24	9	21	18	29
Wangduephodrang	13	9	17	19	21
Zhemgang	16	11	18	29	27
Urban	12	3	1	11	10
Rural	23	11	20	25	28
National average	20	9	15	21	23

Source: PHPC, 2005

Twenty-five percent of children in rural areas suffered severe information deprivation as against 11% of the urban children. Twenty-three percent of rural children underwent severe shelter deprivation in contrast to 12% of urban children. Twenty-percent of children in rural areas were exposed to severe water deprivation compared to just 1% of urban children.

Besides, Gasa and Dagana Dzongkhags were relatively in bad situation. Overall, Thimphu Dzongkhag outperformed all other Dzongkhags. This can be largely due to a bigger wealthy population of Thimphu city. On average, 20% of children in Bhutan suffered severe shelter deprivation (23% rural and 12% urban).

The highest proportion of children in the east and south followed by central regions experienced severe deprivations (table 3.7). The average access to five basic needs for the western region was better even when Gasa Dzongkhag was included. The southern region reported the highest rate of deprivations in shelter and access to education. However, with the re-opening of several schools in the last five years, the access to education would have improved considerably.

To redress the emerging regional disparity of child poverty, this study sees the promoting more balanced provision of social goods and services between urban and rural areas as crucial.

Table 3.7: Percentage prevalence of deprivations across five dimensions by region

	Shelter (%)	Sanitation (%)	Water (%)	Information (%)	Education (%)
Dzongkhag					
East average	22.1	10.2	12.8	26.2	23.3
Trashigang	24	12	15	27	26
Trashiyangtse	24	9	12	27	22
Samdrupjongkha	28	8	14	27	23
Lhuentse	14	13	10	26	24
Pemagatshel	20	10	11	23	15
Mongar	23	9	15	27	30
West average					
Chukha	21	12	17	18	24
Gasa	15	22	56	15	42
Haa	7	8	8	12	13
Wangdiphodrang	13	9	17	19	21
Paro	9	9	10	12	12
Thimphu	15	6	3	12	11
Punakha	13	9	13	18	15
South average					
Sarpang	22	6	12	20	26
Samtse	28	8	25	29	37
Dagana	34	10	42	26	35
Tsirang	24	9	21	18	29
Central average					
Trongsa	15	12	13	24	15
Zhemgang	16	11	18	29	27
Bumthang	10	4	6	13	12
National average					
	20	9	15	21	23

Source: PHPC, 2005, *In bold*: Above national average

Table 3.8 presents the incidence of multiple deprivations. Thirty percent of children in the country suffered from one severe deprivation, 51% suffered at least one severe deprivation and 49% suffered none. There was a lesser number of children facing three or more severe deprivations. It is noted here that the proportion of children experiencing different level of severe deprivations would have been either higher or lower had there been analysable data for health and nutrition.

Table 3.8: The incidence of multiple deprivations expressed in percentage

	Of which experiencing 'severe' deprivation, %	Of which experiencing 'less severe' deprivation, %
No deprivations	49	43
Only one (any) deprivation	30	30
Two of any deprivations	14	17
Three of any deprivations	5	7
Four of any deprivations	2	2
Five of any deprivations	0	1
Six of any deprivations	X	X
Seven of any deprivations	X	X

Source: PHPC, 2005, X: No data

Deprivations and demographic characteristics

The data available did not permit correlating deprivations with consumption poverty. However, the PHPC dataset permitted some level of analysis on deprivations in relation to other demographic and household parameters.

he needs of children in different age cohorts normally vary. The U5 children need better access to health, nutrition and sanitation facilities and for children above 6 years old, the access to education and information become the 'extras'. Table 3.9 presents children suffering at least one and two severe deprivations by age groups. It shows that deprivation increased with the rise in the age groups.

Interestingly, while there was no gender disparity at the lower age groups, the percentage of female children who suffered deprivations increased in the higher age groups. The proportion of children in the age group 0-2 suffering at least one severe deprivation was low. The deprivation scenario for children, aged 0 to 4 also would have been different if health and nutrition dimensions were included.

The ratio of the boys and girls experiencing two or more severe deprivations was 1: 1.5 which showed a pronounced gender gap. This ratio shows that for every boy deprived of two or more deprivations, there were 1.46 girls experiencing the same. The gender gap increased at the higher age groups (children at post-primary school levels). About 9.78% (out of 23,592 girls) and 13.25% (out of 22,645 boys) had not been able to continue their post primary education (the PHPC dataset). The exclusion of children from the education system might have led to denial of opportunities for gainful employment, positive development and successful transition to adulthood. An equal access to education for girls and boys is usually emphasised in basic human right approach and the gender equality constitute the essential component of UN's commitment to 'Education for All' goal and achievements of the MDGs.

Table 12.9: Severe child deprivations by gender and age groups

Age group by sex	At least one severe deprivation		At least two severe deprivations		No. of Children in sample
	No.		No.	%	
Male					
0-2	5,897	33	1,515	8.43	17,972
3-4	5,802	45	2,355	18.30	12,870
5-9	17,527	51	7,731	23.53	34,232
10-14	17,200	51	7,789	22.60	33,663
15-17	8,369	55	3,993	26.60	15,313
Average	54,79	47	23383	20.5	114050
Female					
0-2	5,857	33	1,503	8.45	17,793
3-4	5,840	46	2,277	18.01	12,638
5-9	17,403	51	7,908	23.38	33,886
10-14	19,150	54	8,517	23.86	35,682
15-17	11,411	60	5,348	28.54	18,866
Average	59661	48.8	25553	29.9	85214

Source: PHPC, 2005

In 2005, 35% of the young people aged 15 to 19 years who had completed primary education were working as the unpaid family workers. Thirty-four percent were in the agriculture sector. Twenty-three percent of the young people with the lower secondary education (class 8) were unpaid family workers and 20.8% of them were involved in the agricultural activities. Seventeen percent with the higher secondary education (class 10) were unpaid family workers and 14.30% of them were engaged in the agriculture activities.

Table 3.10 shows the relationship between the deprivations and different household parameters. Poverty rate increased with increase in the household size. Children in the households with more than seven members were most likely to be in absolute poverty (two plus deprivations). Eighteen percent children in the households with 3-4 members were in absolute poverty; 56% of children experiencing at least two severe deprivations belonged to the households with seven plus members.

The proportion of children facing both at least one severe deprivation and two or more severe deprivations were higher among the households with less than three members than among those living in the households with 3-4 members. A possible explanation is that the probability of a child facing deprivations was higher in the new families (with a child or two), as these families were just settling down. The best-fit family size was 3-4 members.

Table 3.10: Percentage of severe deprivations by the household size

Household dimension (HH with children)	At least one severe deprivation		At least two severe deprivation		Number of Children in sample
	No.	%	No.	%	
Household size					
< 3 members	2,204	47	847	18	4,713
3-4 members	20,986	39	6,744	12	54,087
5-6 members	46,040	49	20576	22	93,223
7+ members	45,226	56	20769	26	80,892

Source: PHPC, 2005

Research done by Katapa, 2005¹⁸ had shown negative correlation between female-headed households and poverty level. However, this was not the case in Bhutan; slightly higher proportion of children living in the households headed by males was found to be in absolute poverty.

The analysis revealed an inverse relationship between severe deprivations and women's education level. That is, the proportion of children in absolute poverty dropped from 26% in the households headed by uneducated women to 8% in the households where women had some high school education (table 3.11).

Table 3.11: Severe child deprivations by the household dimensions

Household dimension (HH with children)	At least one severe deprivation		At least two severe deprivation		Number of Children in sample
	No.	%	No.	%	
Sex of head of household					
Male	79,739	50	35410	22	159403
Female	30,997	49	12222	19	63,139
Women's education					
No education	86,376	57	39168	26	152,642
Primary	15,272	41	6,029	16	36,863
Secondary	5,858	28	1,519	7	20,905
Higher	3,230	27	916	8	12,132

Source: PHPC, 2005

¹⁸R. S. Katapa, *A Comparison of Female and Male-headed Households in Tanzania and Poverty Implications*, 2005 <journals.cambridge.org/abstract_S002193200500716> [accessed March 7, 2010].

This observation suggests the importance of women's role in child upbringing, though one cannot discount the positive roles of men. In this context, it is also crucial to understand the areas relevant to men such as domestic violence, family planning, parenting and substance abuse.

The presence of working adults in the families translated into positive child outcomes. Twenty-four percent of children who were living in the households with 'no working adult' suffered at least two severe deprivations contrary to 21% of children in the households 'with working adults' suffering the same (table 3.12).

Table 3.12: Percentage deprivations by the household vulnerabilities

Household dimension (HH with children)	At least one severe deprivation		At least two severe deprivation		Number of Children in sample
	No.		No.		
Adult of primary working age in a household					
No	2,303	57	963	24	4,069
Yes	112,153	49	47973	21	228,846
Disabled child in a household					
No	109,264	49	46425	21	224,908
Yes	5,192	65	2,511	31	8,007
Single parent (adult) a household					
No	9,816	42	3,561	15	23,428
Yes	104,640	50	45375	22	209,487
High dependency ration (4+ children per adult)					
No	110,396	49	47183	21	224,609
Yes	3,246	49	1,420	21	6,609
Elder person (70+) in a household					
No	99,428	48	42452	21	205,708
Yes	15,028	55	6,484	24	27,207

Source: PHPC, 2005

Disability (seeing, hearing and speech) among children was one of the possible causes of child poverty and disparities. Thirty-one percent of the households with disabled children experienced absolute poverty compared to 21% of the households with no disabled children experiencing the same.

Single-parenthood seemed to have contributed to child deprivations. Here, single-parenthood means a single mother or father along with other adults. Twenty-one percent of children in the households with more than four children per adult faced two or more severe deprivations. Twenty-four percent of children in those households with over 70 plus elderly members were in absolute poverty compared to 21% in those households with no old people of age 70 and above.

The odds ratio analysis shows that younger children of age four and below had the higher probability of experiencing at least one severe deprivation (shown in table 3.13). However, the odds that children in this age category would face two or more deprivation were half the odds that children aged 15-17 (ref. point of 1) would face. The female children were slightly more likely to experience at least two severe deprivations whereas the male children were more probable of experiencing one severe deprivation.

Table 3.13: Odds ratios: the probability that children will experience deprivations by sex and age

Individual dimension	Odds ratio of child having	
	At least one severe deprivation	at least two 'severe' deprivations
Male		
0-2 years	3.02	0.23
3-4 years	2.03	0.57
5-9 years	1.65	0.74
10-14 years	1.59	0.76
15-17 years (ref)	1.00	1.00
Average	1.90	0.638
Female		
0-2 years	2.90	0.23
3-4 years	1.95	0.56
5-9 years	1.66	0.77
10-14 years	1.46	0.79
15-17 years (ref)	1.00	1.00
Average	1.79	0.67

Source: PHPC, 2005

Note: 'Severe' deprivations as per original Bristol measures; 'less severe' deprivations use standards, which reflect upon those in the official MDG indicators.

The odds that children were likely to experience at least two severe deprivations were higher among children living in the households more than seven members than their counterparts in the households with less than three members (reference category). The likelihood that children of the households with seven plus members would have experienced 'even less severe' deprivations was lower, though.

The odds that children in the households with 3 to 4 members would not experience ‘even less severe’ deprivations was higher than their counterparts in the households with less than 3 members (table 3.14). The household size of 3-4 members was, therefore, the best-fit family size.

Table 3.14: Odds ratios for the probability that children will or will not experience deprivations

Household dimensions	Odds ratio of child having	
	not even 'less severe' deprivation	at least two 'severe' deprivation
Household size		
Less than 3 (Ref)	1.00	1.00
3-4 members	1.17	0.65
5-6 members	1.01	1.29
+	0.63	1.58

Source: PHPC, 2005

The odds that children in the households headed by illiterate individuals would experience at least two severe deprivations were 4.23 than those in the households headed by the individuals with high school education (1%, reference category).

Unexpectedly, the odds that children belonging to the households headed by women would experience at least two severe deprivations was lower (0.84%) than their counterparts who lived in the male-headed households (1.05%, reference point).

The households headed by women had slightly better conditions for children than those households headed by

men. Possibly, it hints that women's power to make households' decisions can positively influence child outcomes. This suggests improving women's education, empowerment and participation in decision-making can strongly bear upon the effort to address child poverty. The details are given in table 3.15.

Table 3.15: Odds ratios that children will or will not experience deprivations by gender and education level of HHs

Household dimensions	Odds ratio of child having	
	not even 'less severe' deprivation	at least two 'severe' deprivation
Education of Head of Household		
None	0.28	4.23
Primary	0.52	2.39
Secondary	0.95	0.96
Higher (Ref)	1.00	1.00
Gender of the head of a household		
Male (Ref)	1.00	1.00
Female	1.05	0.84

Source: PHPC, 2005

The odds that children in Dagana and Gasa Dzongkhags would experience at least two severe deprivations was inordinately higher than their counterparts in Thimphu Dzongkhag (reference Dzongkhag, table 3.16).

Table 3.16: Odds ratios for the probability that children will experience deprivations by districts

Region	Odds ratio of child having	
	not even 'less severe' deprivations	at least two 'severe' deprivations
Thimphu (Ref)	1.00	1.00
Bumthang	0.93	0.86
Chukha	0.52	2.89
Dagana	0.15	6.54
Gasa	0.19	6.00
Haa	1.12	0.91
Lhuentse	0.43	2.30
Mongar	0.34	3.10
Paro	0.89	1.11
Pemagatshel	0.43	2.15
Punakha	0.62	1.66
Samdrupjongkhar	0.29	3.23
Samtse	0.26	4.90
Sarpang	0.45	2.38
Trashigang	0.29	3.28
Trashiyangtse	0.34	2.70
Trongsa	0.50	2.25
Tsirang	0.31	2.99
Wangduephodrang	0.52	1.96
Zhemgang	0.31	3.11
Urban (Ref)	1.00	1.00
Rural	0.26	4.91

Source: PHPC, 2005

Children in Samtse (odds ratio 4.90), Trashigang (odds ratio 3.28), Samdrupjongkhar (odds ratio 3.23), Zhemgang (odds ratio 3.11) and Mongar (odds ratio 3.10) Dzongkhags had the higher probabilities of experiencing at least two severe deprivations. Rural children had five times higher chance of experiencing at least two severe deprivations than their urban counterparts.

Both the coefficient of correlation (r) and determination (r^2) were not so large, but the fact that P value (0.01) was significantly small indicates that the linear relationships

between the variables were not 'by chance'. In absence of income data, the correlation between the income poverty and other deprivations could not be examined, though such analysis would have been useful. Therefore, this analysis could not establish interrelationship between monetary and non-monetary dimensions of poverty (table 3.17).

Table 3.17: Correlation between different indicators for child poverty/disparity

Country or Region	Hh income (1.08\$ a day per person in ppps)	Bottom asset quintile (Q1)	At least two deprivations	First four deprivations (Sh, S, W, I)	Last two deprivations (E, H)
Hh. inc.	1.000				
Asset Q1.	1.000				
Two deprivation	-0.178 3.17%	-0.178 3.17%	1.000		
First four	-0.090 0.09%	-0.090 0.81%	0.517 26.7%	1.000	
Last two	-0.212 4.5%	-0.212 4.5%	0.523 27.4%	0.078 0.6%	1.000
Shelter	-0.124 1.54%	-0.124 1.54%	0.123 1.52%	0.132 1.7%	0.096 0.92%
Sanitation	-0.083 0.69%	-0.083 0.69%	0.004 0.01%	0.028 0.1%	0.050 0.25%
Water	-0.093 0.86%	-0.093 0.86%	0.138 1.94%	0.071 0.5%	0.091 0.83%
Information	0.009 0.01%	0.009 0.01%	0.361 13.0%	0.486 23.6%	0.015 0.02%
Education	-0.140 1.96%	-0.140 1.96%	0.321 10.3%	0.030 0.1%	0.623 38.81%
Health	-0.053 0.28%	-0.053 0.28%	0.106 1.12%	0.025 0.1%	0.146 2.13%

Correlation is significant at the 0.01 level, ($x\%$) is the coefficient of determination. Coefficient of determination is calculated using $r^2_{jk} \times 100 =$ percent of variance in common between X_j and X_k . The international poverty line of the official MDG indicator i.e. 1.08 dollar in purchasing power parities at 1993 prices; “one dollar a day per capita”.

The severe information explained the first four severe deprivations experienced by a child. That is, 23.62% of variance in children experiencing the first four deprivations was due to deprivation in information. This was quite a significant variance.

Similarly, the severe education deprivation explained 38.81% of children experiencing the last two deprivations. The conclusion is thus the severe *education and information deprivations* were the most common deprivations affecting children in Bhutan (table 3.18).

Table 3.18: Correlations between five deprivations

	sanitation deprivatio n	severe shelter deprivatio n	water deprivatio n	n deprivatio n	Education deprivatio n
Sanitation	1	.112 1.25%	.199 3.96%	.161 2.6%	.055 0.30%
Shelter	.112 1.3%	1	.112 1.25%	.160 2.56%	.031 0.10%
Water	.199 3.9%	.112 1.25%	1	.114 1.3%	.170 2.89%
Information	.161 2.6%	.160 2.56%	.114 1.30%	1	.089 0.79%
Education	.055 30%	.031 0.10%	.170 2.89%	.0890 0.8%	1

** Correlation is significant at the 0.01 level (2-tailed). ($x\%$) is the coefficient of determination (r^2) or the percentage of variance.

In general, the variation between different severe deprivations was not so huge, but when relationships were compared within these dimensions, there was a relatively high correlation between severe water deprivation and sanitation (coefficient of variance was 3.96%). That is, severe water deprivation accounted for 3.96% of sanitation deprivation. Severe information deprivation explained more than two and half percent of severe sanitation deprivation.

The correlation between various forms of deprivations varied, therefore, explaining the complexity of associations between different deprivations.

CHAPTER IV

Discussion: Addressing Child Poverty

It is important to recognise that child poverty is a denial of basic human rights for children. This recognition must put onus on the duty-bearers—the state, public and individuals to respect, protect and fulfill children’s fundamental human rights. Bhutan must develop national strategy on child poverty reduction that is consistent with the international human rights obligations. It should be seen as the key element of the country’s social inclusion agenda and must be recognised as a political priority.

The cross sector approach and integrated policies at all levels of the government is needed. The anti-poverty goals and activities must be comprehensive and address several causes of deprivations that go beyond lack of income at the household levels. This entails understanding how income and other basic needs affect children’s growth and development.

There are some good examples of addressing child poverty at a range of level: local, regional, national and international that can be useful for Bhutan to develop policy tools and mechanism of tackling child poverty. In this context, I make the following points for discussions:

1. The successful mitigation of child poverty and disparities must begin with the recognition that it is a serious socio-economic problem and that indirect or a panoptic approach to addressing them will not prove effective.
2. Considering the emerging disparity in child deprivations among districts and dialectic groups, we need to address the reproduction of inequalities and inequities through

macroeconomic policy considerations. There is a need to re-design the macroeconomic strategies in such a way so that they contribute to strengthening rights of children on an equitable basis as well as ensuring greater investment and fiscal transparency needed to target the root causes of intergenerational poverty. To achieve this end, we need to formulate child related policies and programmes through inter-sector coordination and by leveraging synergies and increasing the effectiveness of anti-poverty initiatives and balanced development approach.

3. The effort to combat child poverty will entail promoting both child well being and reducing disparities through readjustment and reallocation of more resources to the affected districts, rural areas and poor communities. The new formula-based resource allocation system considers overall poverty as one criterion; but child poverty dimension may remain insufficiently captured in this formula. For example, while viewing at poverty through the lens of income or expenditure, Gasa Dzongkhag in 2007 experienced almost zero poverty rate, but when deprivation model was used, this Dzongkhag did not do well in addressing the deprivations that children in this Dzongkhag were exposed to. This Dzongkhag need more resources to address the basic needs of children. If we continue to use the income poverty level as a criterion in resource allocation formula, this Dzongkhag may not get the much needed resource allocation to address child poverty simply because its income/expenditure-based poverty measure is more satisfactory.

4. All development activities must consider children's deprivations and disparities, including material resource impoverishment as priority issues—particularly of rural children—which if not done are likely to impede the real human development progress and progress towards the MDGs. To orient poverty reduction efforts towards rural areas entails allocating relatively larger share of resource and manpower to developing rural agro-industrial enterprise, market accessibility, and of course, to achieve enhanced access to social services. This does not imply we should neglect urban development.
5. The RGoB's non-inflationary budgetary policies should not lead to reduced investment in the social sectors. This is important because the cut in the overall social service budgets will affect children's well being who may propagate poverty cycle. There is a need to strengthen pro-children budgetary policy at any cost and obstacles. It is crucial that we develop a *national plan of action for children* by involving relevant civil societies or community-based organisations (CBOs) that would ensure equitable allocation of human and financial resources both at the central and local levels and to aid in effective implementation of the plans and programmes. Developing pro-child growth policies should explicitly target families with dependent children, and the vulnerable groups.
6. While the universal and free provision of public services for children are important and must continue, introduction of subsidised and targeted intervention programmes and other regulatory and distributive

measures to promote access to basic services and material needs should be top government priorities. The high-level committee for children that the DPT government formed may consider a greater public and institutional socialisation of the principles of the CRC and their enforcement in state policy and administrative practices.

7. Major efforts need to be made to ensure that services are developed with a long-term perspective, especially for children and families from socially excluded and marginalised groups. This may require the RGoB to adopt not only flexible and responsive programmes, but also the capacity to maintain a consistent level of funding and support to ensure programme continuity and efficacy of the initiatives (for example, community water supply and sanitation schemes). Policies, programmes, and action plans for addressing child deprivations must be straightforward and easy to implement. These efforts must start now, and survive changes in the government, socio-economic conditions and cut across various social and economic groups.

8. The responsibility of addressing severe education deprivation does not solely depend on the Education Ministry because deprivation of education is not just the outcome of lack of the access to schools or inadequate number of teachers and facilities. The contributions from the communities, local governments, the NGOs, corporate bodies, private sector and donor agencies are important to improve the educational outcomes for the disadvantaged children. It is even more crucial that the

MOE intensify 'Educational for All Action Plan' involving all the relevant stakeholders.

9. The financial institutions, for example, may consider giving soft loans with lower interest rate—without having to produce large collaterals and with longer repayment period—to support the education for poor and vulnerable children. The MoE can take up the lead role in initiating the education loan system. The direct cost of education to the families, whose priority was to earn basic livelihoods, was a big determining factor that deserves a serious attention. The programme like capitation grants to poor children can help the poor and disadvantaged children. The government should explore the possibility of providing targeted intervention programme to children who are in a greater need of public support rather than simply emphasising largely on the universal free education support that benefit rich and poor children equally.
10. An effective public-private partnership—especially based on the concept of corporate social responsibility—is important to improve the education outcomes for children. Just like in other countries, the larger corporate bodies and private firms have a role to contribute towards the emergence of new civil societies and foundations, and to support the operation of the existing ones engaged in promoting the welfare of poor children. The corporate bodies and private firms may consider providing scholarships to poor children or supporting child welfare programmes on the ground that for any economic development to be meaningful, the benefits of the businesses must trickle down to the society. In India,

for example, ICICI Bank Ltd has launched the Social Initiative Group (SIG) to build the capacities of the poorest of poor to participate in the larger economy by identifying and supporting initiatives designed to break inter-generational cycle of poor education, health and nutrition as well as access to basic financial services.¹⁹

11. The Druk Holding and Investment (DHI) as the pride of the nation's corporate bodies may lead the role in inculcating the sense and culture of corporate social responsibilities (CSR) among its member companies and other private firms, and in encouraging them to engage in social development. The DHI has social mandates and potential to become the early proponent of the CSR—whether in the corporate or private sector.

12. Some of the earlier CRS initiatives can be such as designing and implementing community development projects, support to the civil societies, donations either in cash or kind, promotion of games, sports, arts and culture and providing services like health, education and drinking water and other social initiatives. The SCF have worked with several corporate sectors in the region as a strategic partner to promote child rights and welfare through corporate social responsibility (CSR) initiatives. The DHI and the SCF, Bhutan Office may consider working together on the CSR Initiatives.

¹⁹ 'SITM: Corporate Social Responsibility Examples' Sunday, January 17, 2010.
{<http://apstudentz.blogspot.com/2010/01/sitm-corporate-social-responsibility.html>} [accessed on 29 May, 2010]

13. To fully acknowledge a child's rights to education and ensure holistic development, integrating the traditional and modern education to a certain desired level and exploring formal educational support system to private monastic schools is crucial. The CRC has also recommended exploring the possibility of establishing accreditation of the monastic schools. Greater attention needs to be paid to include early childhood development programmes for rural children, and provision of vocational education for 'hard to reach' children and youth.
14. Extending water and sanitation coverage is just one aspect of effective service delivery, but maintaining the quality and sustainability of these services is a crucial part. There is still a need to enhance the community's water supply management capacity and the sustainability of water supply and sanitation schemes. A more coordinated approach to water sector development and providing adequate support to local governments to implement accountability mechanisms are crucial. The government should prioritise improving water supply coverage, especially in rural areas, and in addressing geographical disparities. Most of the rural houses now have access to a basic latrine, but are often unsanitary and sources for diseases.
15. Additional priority must be given to meet adequate water and sanitation facilities in schools. At present, it is often found in many schools that students, especially girls during their menarche, do not have proper access to proper water and sanitation facilities.

16. Since overcrowded dwellings, induced either due to lack of proper housing (poor quality houses), or cultural propensity towards family using single room for all purposes can result in transmission of diseases, and since shelter deprivation has emerged as one of the most common deprivations, the RGoB must prioritise improving the housing conditions including in growing urban slums. This effort should be complemented by wider educational campaigns against the cultural practices of the families using a single room for all-purpose despite their being adequate rooms.
17. All primary and secondary legislations that relate to children, and are in enforcement should be carefully reviewed and revised to ensure practical applicability—and to ensure that these legislations are consistent, uniformly applied, accessible and easier to understand. More attention must be given to improve effective implementation that can come only through or by strengthening the institutional capacity of responsible agencies.
18. There is a need to reinforce the current support mechanism to differently-abled children because the cost of depriving differently-abled children to the society is too high. This is one area where the civil societies, NGOs and corporate bodies in partnership with UNICEF, SCF and UNDP can intervene.
19. It is important to set up child friendly procedures for children to report violence against them, especially for children in rural areas. The media has important role to

play here in communicating and educating the public on the child protection laws and negativities of the violence against children.

20. The child labour laws are in place, but serious efforts are necessary to implement them uniformly and effectively. The MoLHR, NCWC, NGOs, MoH, MoE and BCCI must come up with the common framework for plans and programmes on the awareness campaigns of labour laws and for the effective enforcement, regulation, and punitive actions in case of the violation of the labour laws. There should also be a routine checks beyond the formal sectors to ensure that children in rural areas are not coerced to work beyond their capacities. The implementation and monitoring of child labour laws in the modern-sector can be done by engaging the inspectors, but how and who will monitor the same in rural areas, where the social norms accept children to work, sometimes at the cost of education and at other times in extreme physical and emotional conditions need to be worked out.
21. The effort to profile, map and identify children living with the step-families and active campaign targeting these families on the importance of non-violent family environment and legal provisions protecting step - children, including the possible punishment of the violation of child protection laws can in fact be helpful to these children caught under the mal-treatment from the step-parents.
22. The relevant government agencies and NGOs should consider training, encouraging and raising the number of

social workers and professionals to support child victims, and strengthen support for child victims through enhanced access to services for counseling, recovery and redress. There is the strong need to encourage the emergence of the child advocates who can represent the voices of children in the public policy.

23. Several social security schemes, meant for the poor people existed, though they were inadequate, and the other specialised schemes like direct cash or kind transfer to disabled or the families with children below poverty line did not exist. There is a need to explore the scope of introducing 'social solidarity pension' — payable to poor individuals and families such as deprived old persons, the disabled, widows and divorcees and their children, families of prisoners and sterile persons in their old ages.
24. In the stakeholders' meeting [of this study], many participants raised concerns on the system of maternity leave. The international organisations emphasise on the importance of timely breastfeeding, long-term bond and quality time between mothers and new babies. The WHO has recommended exclusive breastfeeding for six months. It is high time for us to review the current system of maternity leave in the government, corporations and private companies in consultation with the relevant stakeholders and the international experts.
25. The recognition of how to address child poverty within the context of many physical and resource constraints implicate the need to explore several social protection measures such as social transfers-direct cash or in-kind

transfer to help rural poor children, children of the road workers or the national workforce, social insurance for the remote population, poor child allowance, etc. Such social transfers may involve huge costs (as the government is already bearing a burden of heavy social investment), but they are justifiable when weighed against their benefits, and considering that they constitute a direct means of freeing the poor out of 'poverty trap' and in view of the importance of preventing chronic and intergenerational poverty effects.

26. However, the targeted social transfer schemes also involve a certain level of political sensitivity. Some politicians may prefer the universal approaches to the targeted ones and may not give the necessary political commitment. Still then, the fact that different ways of targeting exist provide some prospects for trying such schemes that best suits the country's context. One that is likely to work in Bhutan is the community-based targeting in which the members or the community-based organisations (CBOs) can determine who should get the benefits, based on their knowledge of the households' living standards.
27. The child poverty analysis and studies should precede formulation of any child specific legislation. These analyses can provide guidance on the components and activities, mainstreaming and special interventions on child poverty. This can also support elaboration of relevant objectives on child poverty in the sector context. The government, NGOs and donor must support research on child poverty at sector level especially in areas of rights and service delivery. The

international community can help by advocating the importance of sound statistical system in supporting sound development. The country must make use of the existing data to make informed policy decisions; and the system must support the training of the statistical and policy analysts, researchers and managers. The individuals and research agencies must be encouraged to conduct a more detailed research on children and public expenditure to stimulate debates on multiple determinants of child poverty and disparities in the country.

CHAPTER V

Conclusion

The sizeable reduction in the national poverty rate from 31.6% in 2003 to 23.1% in 2007²⁰ seem to have not been so effective in abating disparity in consumption between the rich and poor people as was evident from a huge difference in consumption between the rich and poor. The per capita income of US \$ 1200 in 2007 did not necessarily reflect the living conditions of many of the poor people—and even among the poor people—about 6% of them were subsistence poor, and that is, they were not even able to meet the basic subsistence need. The national consumption poverty in 2007 (The BLSS) was predominately a rural phenomenon. About 89.4% of the poor households had children between 0-14 years and 37.2% of children lived in the poor households.

Consumption poverty rate of the households with children aged between 0 and 17 was 24.34% (based on the BLSS, 2007), almost close to the national poverty rate of 23.2%. However, higher poverty gap of 26.17% among those households with children, which was 4 times higher than the national poverty gap of 6.1%, showed that consumption poverty severely affected the households raising children.

Poverty risk (both poverty rate and gap) was the highest among the households with children under five years and elderly members of 50 years and above. There was also a huge variation in the level of consumption between the rich and poor. In 2003, a person in the richest quintile consumed eight times more than a person in the poorest quintile; it was 6.7 times more in 2007, showing that not much reduction in the consumption inequality between rich and poor had

²⁰ These two figures are used to compare poverty rates between 2003 and 2007 though the sample sizes of those two surveys differed considerably.

taken place. Consumption poverty rate and gap increased with the increase in the households' [with children] sizes.

Poverty rate and gap decreased among the families at higher wealth quintiles and with the increase in the education levels of the household heads. None of the families in the richest quintiles experienced consumption poverty. Poverty rate among the households headed by males were marginally higher than among those headed by females. It also decreased with the increase in the number of working adults.

Deprivation approach to measuring child poverty is highly relevant to Bhutan, as it takes into account the non-monetary dimensions of poverty. There were huge variations in the distribution of deprivations across five dimensions: *shelter, sanitation, water, education, and information*. More than half of children in the country faced at least one severe deprivation in 2005 while only a negligible proportion suffered all the five deprivations. Around 21.72% of children suffered more than two deprivations (absolute poverty). This is important!). Children in Bhutan suffered 1.22 deprivations on average out of 5 deprivations. The rate of absolute poverty (as per deprivation approach) was slightly lower than the consumption poverty rate.

Child deprivation was predominantly a rural phenomenon, indicating the presence of a huge rural-urban disparity in terms of access to five basic needs. About 27.72% of rural children suffered more than two deprivations (absolute poverty) whereas 15.64% of urban children suffered the same.

The education, information and shelter deprivations were the most common deprivations experienced by children in Bhutan. Twenty-three percent (33,445) of school-going age children suffered severe education deprivation (*please note this*

was in 2005). Twenty-one percent (48,912) of children experienced information deprivation, 20% (46,583) faced shelter deprivation, 15% (34,937) suffered water deprivation and 9% (20,962) experienced sanitation deprivation.

Child deprivations tended to become worse and worrisome when we factored in disparity. There was a huge variation among 20 districts in the distribution of deprivations. The absolute poverty rate (*two plus deprivations*) was higher in rural areas than in urban places. Relatively more children in the southern, eastern and central districts experienced severe deprivations.

Deprivations were worse among children from backward and isolated communities. The children of the isolated tribal societies speaking *brokpakha*, *bramekha*, *dakpakha* and *dzalakha* and the other groups speaking minor dialects were worst affected.

Disparity in deprivations was evident across Dzongkhags when expressed in the numerical index. Children in Bhutan on average experienced 1.22 out of 5 severe deprivations (in 2005). This represented the ‘depth of poverty’ or ‘how poorer were the poor on average’. However, children in Tsirang and Gasa Dzongkhags experienced on average 2.19 and 2.02 severe deprivations respectively [out of 5 deprivations] indicating children there suffered relatively greater poverty depth—almost twice that of the national average—and this explained how average hid the differences.

Children’s exposure to deprivations increased in the households characterised by a large number of children (the best households size was 3-4 members), headed by uneducated women, the families with less number of working adults, more elderly members, presence of other

disabled children and in those living in the single-parent households (number of other adults not considered).

The right-based approach to child poverty includes wide range of human rights, extending from economic, social, cultural, and political to protection of rights. We must fulfill these rights through the principles of non-discrimination, equity, justice, respects for child's views and participation and child's right to life, survival and development. GNH model of development must ensure these rights to all children in Bhutan.

As the GNH country, a proper distributive mechanism for dispensing equity and justice to the disabled is crucial. One of the effective ways of doing it (as proven successful in many other countries) is to explore the possibility of introducing the alternatives like *disability living allowance* and provision of sufficient access to the special needs education. There is a need to strengthen efforts to provide them the opportunities for social and civic participation, employment, and of course, better livelihoods.

Therefore, whichever institutions or whosoever are involved in developing GNH indicators or index must recognise child well being as an important GNH parameter. This recognition must be accompanied by their support to child poverty related studies and advocacies that are essential for developing effective strategies and their implementations.

NSB has completed Bhutan Multiple Indicators Cluster Survey (BMIS) for the first time. The BMIS can provide so much of child specific information. It is therefore hoped that this *foundational study* can be strengthened by the follow-up studies (using the BMIS) to get even better picture of child poverty in the country, the current policy and operational gaps and ways to devise effective strategies to reduce disparities. It is hoped that the international organisations

like UNICEF, SCF, UNDP, WHO, WFP, WB, GoI, JICA, DANIDA and many others will continue to support research related to child poverty and disparities.

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