



National Strategy and Framework of Action on the Elimination of Gender Based Violence (2024-2028)

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National Commission for Women and Children
Royal Government of Bhutan

**National Strategy and Framework of Action on
the Elimination of Gender Based Violence
(2024-2028)**



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National Commission for Women and Children



Ministry of Education and Skills Development

Foreword

This National Strategy and Framework of Action on the Elimination of Gender-Based Violence reflects our collective aspiration for a Bhutan where everyone, especially women and girls, lives free from violence. Gender-Based Violence (GBV) is a severe human rights violation with devastating consequences. Despite progress with legislation like the Domestic Violence Prevention Act, GBV remains a critical issue in Bhutan, with nearly 45% of women experiencing intimate partner violence.

This comprehensive Strategy, developed through collaboration with the NCWC, government agencies, and civil society, addresses not only the immediate needs of survivors but also the underlying causes of GBV, such as harmful gender norms and economic inequality. Aligned with international commitments like CEDAW and the SDGs, it provides a framework for building a strong system of prevention, response, and support.

This Strategy outlines a multi-faceted approach encompassing primary prevention, survivor support, legal reforms, and data-driven action. We extend our deepest gratitude to all who contributed to this vital endeavor. Let us all champion this Strategy, working together to ensure a safe, equitable, and just society for all women and girls in Bhutan.


Kesang Deki
Chairperson
National Commission for Women and Children



Foreword

Gender-based violence is a pervasive violation of human rights that affects individuals, families, and communities, with disproportionate impacts on women and girls. It is a stark reminder that despite the progress we have made, harmful practices and deep-rooted social norms continue to perpetuate inequality and violence. The National Strategy and Framework of Action on Elimination of Gender-Based Violence in Bhutan is a critical step towards a future where every individual can live free from fear, violence, and discrimination.

This Strategy is the result of a collective effort led by the National Commission for Women and Children (NCWC) with support from the United Nations in Bhutan. The dedicated technical and financial support of the United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), and United Nations Children's Fund (UNICEF) played an important role. Through inclusive consultations, evidence-based research, and the dedication of stakeholders across government agencies, civil society organizations, and development partners, this strategy lays the foundation for coordinated and sustained action to address GBV in Bhutan.

The strategy is timely. National research finds that two in five women in Bhutan experience intimate partner violence. More than half of women and girls believe that violence against women is justified. The Strategy aligns with Bhutan's national policies, including the National Gender Equality Policy, and reinforces the nation's commitment to achieving the Sustainable Development Goals, particularly Goal 5 on gender equality.

I urge everyone to work together with renewed vigor, commitment and solidarity. Ending gender-based violence is a challenge of our times. It requires more than policies and frameworks; it demands collective action, continuous advocacy, and a shift in mindsets to create a culture of equality, respect, and non-violence.

The United Nations remains a steadfast partner in supporting Bhutan to achieve this vision. Together, we can build a safer, more equitable society for all.

A handwritten signature in blue ink, appearing to read "K. Hershey". The signature is fluid and cursive, with a long horizontal stroke at the beginning and a loop at the end.

Karla Robin Hershey
Resident Coordinator
United Nations Bhutan

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Acronyms

ACC	Anti-Corruption Commission
BNLI	Bhutan National Legal Institute
CCPA	Child Care and Protection Act
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CICL	Child In Conflict with the Law
CIDC	Child In Difficult Circumstances
CRC	Convention on the Rights of the Child
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DoLO	Department of Law and Order
DoMCIP	Department of Media, Creative Industry and Intellectual Property
DVPA	Domestic Violence Prevention Act
GBV	Gender Based Violence
GRPB	Gender Responsive Planning and Budgeting
ICMA	Information, Communications and Media Act of Bhutan
ICT	Information and Communication Technology
JDWNRH	Jigme Dorji Wangchuck National Referral Hospital
LGBT+	Lesbian, Gay, Bisexual, Transgender+
MHPSS	Mental Health and Psychosocial Support
MoESD	Ministry of Education and Skills Development
MoF	Ministry of Finance
MoH	Ministry of Health
NCWC	National Commission for Women and Children
NGEP	National Gender Equality Policy
OAG	Office of the Attorney General
OSCC	One Stop Crisis Centre
PFA	Psychological First Aid
RBP	Royal Bhutan Police
RCJ	Royal Court of Justice
RENEW	Respect, Educate, Nurture and Empower Women
SRHR	Sexual Reproductive Health and Rights
SOP	Standard Operating Procedure
TFGBV	Technology Facilitated Gender Based Violence
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VAW	Violence Against Women
VAW/G	Violence Against Women and Girls
WHO	World Health Organization
WIDC	Women In Difficult Circumstances

Acknowledgment

The National Strategy and Framework of Action on the Elimination of Gender-Based Violence in Bhutan was led by the National Commission for Women (NCWC) with support from the United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP) and United Nations Children Fund (UNICEF). It was developed through a collaborative effort involving key agencies of the Royal Government, civil society organizations and development partners. The process featured two consultative national workshops, facilitated by an expert from UNFPA, where participants analysed global best practices, set national priorities, and defined key interventions. A Technical Committee comprising representatives from NCWC Secretariat, MoICE, BCCI, RCoJ, The PEMA, MoAL, DHI, MoH, OAG, RENEW, UNFPA, UNDP, and UNICEF reviewed the workshop outcomes, identified information gaps, and guided the next steps. To address these gaps and advance the strategy, a local consultant was engaged to conduct interviews, review relevant literature, and draft the document, with continuous feedback from the Technical Committee throughout the process.

We express our deep gratitude to all institutions and individuals whose efforts were essential to the development of this Strategy and to advancing Bhutan's commitment to eliminating gender-based violence.

List of contributors

NCWC

Reena Thapa, Ugyen Tshomo, Wangchuk Zangmo, Deki Yangzom, Kinley Dorji, Yeshey Lham, Sonam Darjay

UNFPA

Sarah Baird, Phuntsho Wangyel, Jigme Choden, Karma Tshering, Cheda Jamtsho

UNICEF

Deki Dema, Kuenzang Dolma

UNDP

Tshewang Lhamo, Tshering Choden

Consultant

Tenzin Chhoeda

Institutes and Individuals

Annexure II-IV

Rationale for the Strategy

Two in five women in Bhutan experience intimate partner violence, and 6.9% report childhood sexual abuse¹. More than half of women and girls believe violence against women is justified, reflecting deep-rooted social and cultural norms that perpetuate gender-based violence (GBV). Harmful practices such as child marriage continue to persist despite national laws, such as the Penal Code of Bhutan and Domestic Violence Prevention Act (DVPA). According to the National Health Survey 2023, 9 percent of women aged 20-24 years were married or in union before the age of 18.

Eliminating GBV and harmful practices is essential for protecting human rights, as they violate fundamental rights to life, liberty, and security. GBV leads to severe public health impacts, including physical injuries, long-term mental health issues, and burdens on the healthcare system. Economically, GBV reduces workforce productivity and increases healthcare and social service costs. It also destabilizes society and exacerbates social inequality. Bhutan's vulnerability to climate change and the COVID-19 pandemic has deepened GBV risks, underscoring the urgent need for stronger responses to these emerging challenges.

Inadequate resources, lack of skills, poor coordination, inadequate information and knowledge, and gender biases continue to hinder progress in addressing and stemming GBV. To address this, the National Commission for Women and Children (NCWC) initiated the development of a comprehensive national strategy in partnership with relevant government and non-government agencies. Despite the adoption of the National Gender Equality Policy (NGEP) by the Government in 2020, its implementation has been slow, and enforcement remains weak. As a result, harmful practices, including child marriage, persist, further impeding efforts to combat GBV effectively.

Definition

The Inter-Agency Standing Committee² provides a recent definition of GBV:

“Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. It also includes violence committed through the use of technology and in online spaces (technology facilitated GBV)³. These acts can occur in public or in private.”

¹National Survey on Women’s Health and Life Experiences, a Study on Violence Against Women and Girls 2017, NCWC.

²[The Inter-Agency Standing Committee \(IASC\)](#) was established in June 1992 and provides a forum that brings together a broad range of UN and non-UN humanitarian partners. The IASC formulates humanitarian policy to ensure coordinated and effective humanitarian response to both complex emergency and to natural disasters.

³[Flourish](#), UNFPA Gender Based Operational Plan

Global Context for Gender Based Violence

GBV remains a pervasive and global crisis, affecting individuals across all societies regardless of socioeconomic status, nationality, or culture. Despite international efforts and legal frameworks aimed at combating GBV, it continues to thrive, fuelled by systemic factors such as inadequate legal protections, social stigmas, and insufficient support systems. The global response to GBV varies significantly, with some regions seeing progress through improved policies and services, while others struggle with persistent challenges and underreporting. Addressing GBV requires a multifaceted approach, including enhanced legal measures, comprehensive support services, and societal shifts towards gender equality.

Causes and Drivers

Gender inequality and norms on the acceptability of violence against women are the root cause of violence against women. The term GBV was adopted to explicitly reflect the unequal power relations between men and women that propel this form of violence and to denote that violence is often used by men to express, maintain and reinforce gender inequalities. It is used to refer to violence that is reinforced by systemic discrimination, perpetrated predominantly by men and disproportionately affecting women and girls. As harmful norms and practices based on gender are institutionalised, States can become actors in perpetuating violence against women and girls.

Risk factors⁴ for GBV include:

- Lower levels of education (perpetration of sexual violence and experience of sexual violence);
- A history of exposure to child maltreatment (perpetration and experience);
- Witnessing family violence (perpetration and experience);
- Antisocial personality disorder (perpetration);
- Harmful use of alcohol (perpetration and experience);
- Harmful masculine behaviours, including having multiple partners or attitudes that condone violence (perpetration);
- Community norms that privilege or ascribe higher status to men and lower status to women;
- Low levels of women's access to paid employment; and
- Low level of gender equality (discriminatory laws, etc.).

⁴[Violence-against-women against women \(who.int\)](https://www.who.int/violence-against-women)

Prevalence

While gender-based violence is not limited to violence against women and girls, a 2018 analysis of prevalence data from 2000–2018 across 161 countries, conducted by the World Health Organization (WHO)⁵ on behalf of the UN Interagency working group on violence against women, found that worldwide, nearly 1 in 3, or 30%, of women have been subjected to physical and/or sexual violence by an intimate partner or non-partner sexual violence or both.

Over a quarter of women aged 15–49 years who have been in a relationship have been subjected to physical and/or sexual violence by their intimate partner at least once in their lifetime (since age 15). The prevalence estimates of lifetime intimate partner violence range from 20% in the Western Pacific, 22% in high-income countries and Europe and 25% in the WHO Regions of the Americas to 33% in the WHO African region, 31% in the WHO Eastern Mediterranean Region, and 33% in the WHO South-East Asia region.

In the Asia Pacific region, UNFPA reports prevalence rates ranging from 11% (Indonesia and Philippines) to 64% (Fiji and Solomon Islands) for women experiencing physical or sexual violence from an intimate partner over their lifetime, and a range of 4% (Indonesia, Philippines) to 48% (Papua New Guinea) experiencing the same during the last 12 months.⁶

According to WHO⁷, globally as many as 38% of all murders of women are committed by intimate partners. In addition to intimate partner violence, globally 6% of women report having been sexually assaulted by someone other than a partner, although data for non-partner sexual violence are more limited. Intimate partner and sexual violence are mostly perpetrated by men against women.

Lockdowns during the COVID-19 pandemic and its social and economic impacts increased the exposure of women to abusive partners and known risk factors, while limiting their access to services. Situations of humanitarian crises and displacement may exacerbate existing violence, such as by intimate partners, as well as non-partner sexual violence and sexual exploitation.

Consequences of GBV

According to WHO, intimate partner and sexual violence cause significant short- and long-term physical, mental, sexual, and reproductive health issues for women, including injuries, unintended pregnancies, induced abortions, gynaecological problems, sexually transmitted infections (including HIV), and complications during pregnancy such as miscarriage and pre-term birth. These forms of violence may also lead to depression, anxiety disorders, sleep difficulties, eating disorders, and suicide attempts. Children in violent families often experience behavioural and emotional disturbances, which can result in future violence perpetration or victimisation, as well as higher rates of infant and child mortality and morbidity. The social and economic costs are enormous, causing isolation, inability to work, loss of wages, and reduced participation in daily activities, ultimately affecting women's ability to care for themselves and their children.

⁵ibid, WHO

⁶<https://asiapacific.unfpa.org/sites/default/files/resource-pdf/knownvawdata-violence-against-women-asia-pacific-report-2023.pdf>

⁷ibid, WHO

International Framework to address GBV

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)⁸

Adoption : 1979 by the United Nations General Assembly.⁹

Purposes : Acts as an international bill of rights for women.

Key Articles: Article 1 defines discrimination against women and includes measures to end discrimination in all forms, encompassing GBV.

Obligations: States Parties must implement measures to eliminate discrimination, including legislative changes, policy implementation, and institutional mechanisms to protect women's rights.

General Recommendation 19 (adopted by CEDAW Committee in 1992) and General Recommendation 35 (adopted by CEDAW Committee in 2017) on gender-based violence.

Purpose: Provide comprehensive guidance for member states to accelerate the elimination of gender-based violence against women and girls.

Beijing Declaration and Platform for Action (1995)¹⁰

Adoption : At the Fourth World Conference on Women.

Purpose : A comprehensive policy agenda for women's empowerment.

Objectives: Includes actions to combat violence against women, ensuring women's rights, and promoting gender equality.

Key Areas: Enhancing women's health, education, and economic status; addressing violence against women through prevention, protection, and prosecution.

Sustainable Development Goals (SDGs) ¹¹

Adoption : 2015 by the United Nations General Assembly.

Goal 5 : Achieve gender equality and empower all women and girls.

Target 5.2: Eliminate all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation.

Convention on the Rights of the Child (CRC)¹²

Adoption : 1989 by the United Nations General Assembly.¹³

Purpose : To protect and promote the rights of children globally.

Key Articles

Article 19 : Protection from all forms of physical or mental violence, injury or abuse, neglect, maltreatment, or exploitation, including sexual abuse.

Article 34 : Protection from all forms of sexual exploitation and sexual abuse.

Obligations: States Parties must implement legislative, administrative, social, and educational measures to protect children's rights and ensure their well-being.

⁸ Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979 | OHCHR

⁹ Bhutan ratified CEDAW in August 1981.

¹⁰ [BDPfA E.pdf \(un.org\)](#)

¹¹ [THE 17 GOALS | Sustainable Development \(un.org\)](#)

¹² [Convention on the Rights of the Child | OHCHR](#)

¹³ Bhutan ratified CRC in 1990.

International Guidelines and Standards

The UN Handbook for Legislation on Violence against Women¹⁴

Purpose : Provides practical guidance for the formulation and implementation of effective laws to combat violence against women.

Content : Covers legislative measures, definitions, prosecution, protection, and support services for survivors.

The Essential Services Package for Women and Girls Subject to Violence ¹⁵

Purpose: Outlines essential services and responses that should be provided to women and girls who have experienced violence.

Components: Includes health services, justice and policing, social services, coordination of essential services, and prevention and awareness-raising.

Inter agency GBV case management guideline

Purpose: Provides standards for quality care for survivors of GBV, with a focus on case management services to ensure coordinated, survivor-centered support. Content: Outlines the definition, forms and factors of GBV, and the role of case management in providing support. It includes guidance for establishing good practices in GBV response, addresses the needs of different populations and emphasizes the importance of coordinated care across sectors.

¹⁴[UNW-Legislation-Supplement-EN pdf.pdf \(unwomen.org\)](#)

¹⁵[The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming \(unfpa.org\)](#)

Implementation and Monitoring

UN Special Rapporteur on Violence against Women ¹⁶

Role : An independent expert appointed by the United Nations Human Rights Council to monitor and report on violence against women and its causes and consequences.

Functions: Conducts country visits, communicates with governments, and reports to the UN on findings and recommendations.

Committee on the Rights of the Child (CRC Committee) ¹⁷

Role : Monitors the implementation of the Convention on the Rights of the Child by its States Parties.

Functions: Reviews state reports, issues concluding observations, and provides recommendations for improving compliance with CEDAW provisions¹⁸ ,¹⁹ .

Committee on the Elimination of Discrimination against Women (CEDAW Committee) ²⁰

Role : Monitors the implementation of CEDAW by its States Parties.

Functions: Reviews state reports, issues concluding observations, and provides recommendations for improving compliance with CEDAW provisions²¹ ,²² .

Universal Periodic Report

Roles: Countries report on their human rights situation, including progress, challenges, and compliance with international human rights standards.

Functions: The UPR process involves countries reporting on their human rights status, including progress and challenges, while engaging stakeholders like civil society for a comprehensive review. It results in recommendations for improvement, promoting accountability and transparency through dialogue and peer review.

Commission on the Status of Women

Role: Promote gender equality, the rights and the empowerment of women.

Functions: Monitors and reviews progress and problems in the implementation of the Beijing Declaration and Platform of Action, and in mainstreaming a gender perspective in UN activities.

¹⁶ [Special Rapporteur on violence against women and girls | OHCHR](#)

¹⁷ [Committee on the Rights of the Child | OHCHR](#)

¹⁸ [CEDAW/C/BTN/CO/10: Concluding observations on the tenth periodic report of Bhutan | OHCHR](#)

¹⁹ [CEDAW/C/BTN/CO/8-9: Concluding observations on the combined eighth and ninth periodic reports of Bhutan | OHCHR](#)

²⁰ [Committee on the Elimination of Discrimination against Women | OHCHR](#)

²¹ [CEDAW/C/BTN/CO/10: Concluding observations on the tenth periodic report of Bhutan | OHCHR](#)

²² [CEDAW/C/BTN/CO/8-9: Concluding observations on the combined eighth and ninth periodic reports of Bhutan | OHCHR](#)

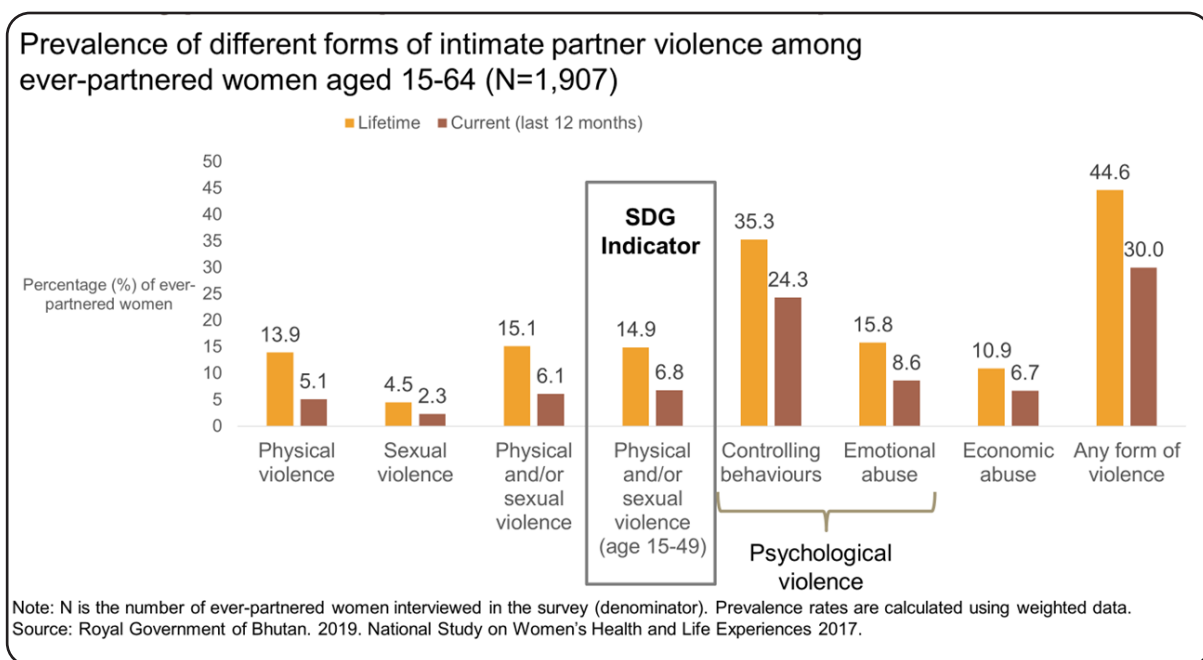
Situation of Gender Based Violence in Bhutan

Data and Evidence

In 2017, Bhutan conducted its first nationally representative household survey on violence against women (VAW) using the WHO methodology. The study interviewed a sample of 2,184 women and girls aged between 15-64 years. To date, this survey²³ is considered as the authoritative source for GBV prevalence in Bhutan. Led by NCWC, the assessment was financially supported by the Austrian Development Agency (ADA) and United Nations Development Programme (UNDP), while technical support was provided by kNOwVAWdata and the United Nations Population Fund (UNFPA), Asia and the Pacific Regional Office.²⁴

Prevalence of Violence Against Women and Girls

The findings from the 2017 survey revealed significant levels of violence against women and girls by both intimate partners²⁵ and non-partners. More than two in every five women (44.6%) experienced one or more forms of intimate partner violence in their lifetime, be it physical, sexual, psychological or economic.



²³ The first Violence Against Women and Girls (VAW/G) study was conducted in 2012 using the same questionnaires and methodology as the 2017 study, but with a nationally representative sample of just over 600 participants

²⁴ The 2023 National Health Survey devotes a section on violence against women. While the results are not comparable because of the different methodologies, the findings from this Survey show a similar pattern and extent as that found in the VAW Study.

²⁵ Mostly husbands or ex-husband but also cohabiting and dating partners and other family members.

Almost one in three (30.0%) experienced any of these types of violence in the last 12 months. 13.9% of ever-partnered women and girls experienced physical partner violence at some point in their lives, with 5.1% reporting such violence within the last 12 months. Among ever-partnered women and girls, 4.5% experienced partner sexual violence in their lifetime and 2.3% in the past 12 months. Combining partner physical and/or sexual violence, the prevalence among ever-partnered women and girls was 15.1% lifetime and 6.1% within the last 12 months. Among ever-partnered women and girls, 15.8% experienced partner emotional violence in their lifetime and 8.6% in the past 12 months. Controlling behaviours were reported by 35.3% over their lifetime and by 24.3% within the last year among ever-partnered women and girls indicating this to be the most prevalent form of violence perpetrated by intimate partners. The study revealed that 10.9% of women and girls experienced at least one form of economic violence in their lifetime and 6.7% in the last 12 months. The prevalence was higher among women and girls who did not earn any income (13.2%) than among those who did (8.0%). The most common form of economic violence was being prohibited from getting a job or earning money (6.5% in lifetime and 4.7% in the last 12 months).

Also, 12.5% of women and girls aged 15-64 experienced physical violence from non-partners, while 5.8% reported sexual violence from non-partners. The perpetrators of non-partner physical violence were primarily family members, parents, siblings, and teachers. Non-partner sexual violence was commonly perpetrated by male friends and acquaintances, male strangers, male family members, male work colleagues, and in-laws. Childhood sexual abuse affected 6.9% of women and girls, typically occurring between ages 10 and 14, with male strangers most commonly identified as perpetrators.

Risk factor associated with intimate partner violence²⁶

Of the 39 potential risk factors explored in Bhutan, nine were found to have a statistically significant association with higher rates of intimate partner violence - three related to the individual woman, four related to the woman's partner, one relationship level factor, and two factors related to a woman's physical and reproductive health. The three significant factors relating to the individual woman were: her age, occupation, and experience of childhood sexual abuse. Women's older age (40-49 years) has some protective effect against current partner violence and so being young confers a vulnerability onto adolescent girls and young women placing them at greater risk of intimate partner violence. Women who were either not working or whose occupation was classified as professional, clerical or other, were at higher risk of current partner violence. Additionally, women who experienced childhood sexual abuse were also at significantly higher risk of current partner violence. So childhood sexual abuse increased risk of revictimization in adolescence and adulthood. The three significant factors relating to the woman's partner were all behavioural characteristics: frequent alcohol use, fights with other men, and extramarital relationships. All of these harmful expressions of masculinity (partner behaviour) were significantly associated with higher risk of current partner violence. A significant relationship factor associated with higher risk of current partner violence was challenges to gender order (a woman's higher financial contribution than her partner to the household). Finally, women who reported some form of disability and women who reported that their partner never refused to use a condom were also significantly associated with higher risk of current partner violence.

²⁶ This section is from the results of secondary analysis of the data from the 2017 VAW/G Study, conducted by UNPA to further explore factors related to intimate partner violence.

Severity of violence against women and girls

74% of the women who experienced partner physical violence during the last 12 months reported it to be severe- being hit with a fist, kicked, dragged or beaten up, choked or burnt, or being threatened with a weapon or having one used against them. Likewise, 78% of the women who experienced sexual partner violence during the last 12 months reported severe forms of sexual violence involving forced sexual intercourse. 73% of the women who experienced violence during their lifetime reported receiving injuries: out of which 10.3% suffered sprains and dislocations, 16.6% suffered penetrating injuries and deep cuts, 16.4% suffered broken eardrums and eye injuries, and 17.2% suffered internal injuries.

Approximately 22.8% of these women and girls reported that the violence impacted their health and wellbeing. Among those who worked for money, 16.4% found it difficult to concentrate, 8.2% were unable to work at all, and 6.3% lost confidence in their abilities. Women and girls who experienced partner violence were three times more likely to have thoughts of suicide, with 16.2% having serious suicidal thoughts compared to 5.8% of those who did not experience such violence. Additionally, more than half (56%) of those who experienced partner violence reported more than five symptoms of poor mental health.

Impact on children and intergenerational violence



Rural school children at play during a weekend in Tsu
Tsu Pokto, Ngatshang: Tenzin Chhoeda/2024

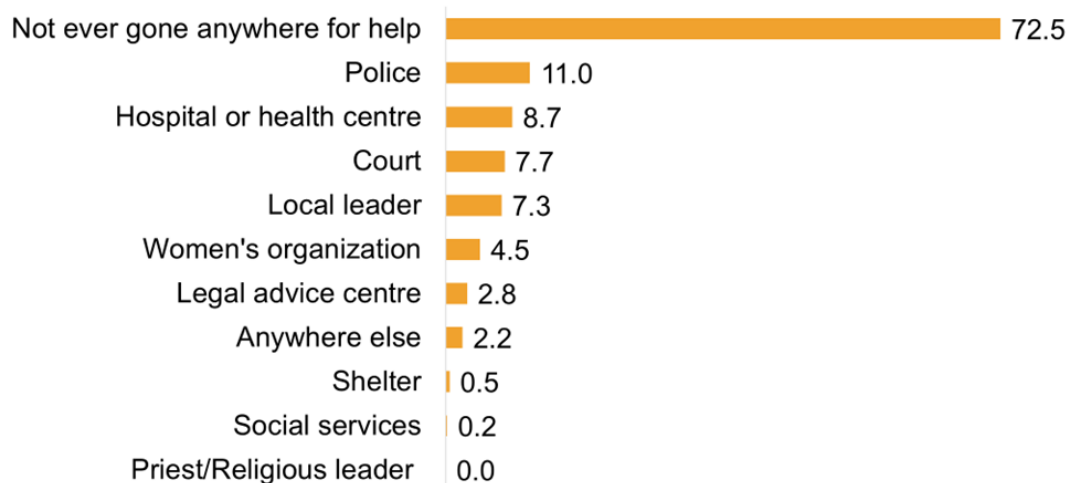
Women who experienced partner physical and/or sexual violence were more likely to report that their children had behavioural issues such as nightmares, bedwetting, being withdrawn, aggressiveness, and failing or dropping out of school compared to those who did not experience such violence. Over 60% of these women reported that their children witnessed or overheard the violence. Additionally, 20.4% of ever-partnered women and girls who experienced physical and/or sexual violence reported that their mother experienced partner physical violence, and 5.6% reported that their mother-in-law experienced it. Furthermore, 45% of these women and girls reported experiencing physical violence as a child.

Disclosure and coping strategies

41.3% of the women who experienced partner physical and/or sexual violence reported they never told anyone. Of the 58.7% who disclosed the violence to someone, most told their family,²⁷ 41% told their friends and 13.6% told their neighbours. 72.5% of women who experienced physical and sexual violence never sought help, 11% sought help from the Royal Bhutan Police (RBP), 8.7% went to the Hospital or Health Centre, 7.7% went to the Court, 7.3% went to local leaders, and 4.5% went to Women's organizations including NCWC and RENEW (Respect, Educate, Nurture and Empower Women).

Among women and girls who experienced partner violence, 17.7% cited concern over bringing a bad name to the family as their main reason for not seeking help. About 23.1% of survivors left home at least once due to violence, with nearly half leaving more than once. Of those who left, 39.7% cited their inability to tolerate the violence as the main reason, while others left due to fear that their partner would kill them, or fear of being badly injured, being threatened with death, or being thrown out of the home. 49.1% of women and girls who experienced partner physical and/or sexual violence either confronted or retaliated to such violence. 23.2% who retaliated reported that it helped in stopping violence whereas 31.8% said that it became worse.

Percentage of women who sought help from agencies/persons in authority among women who experienced physical and/or sexual partner violence, Bhutan 2017 (N=298)



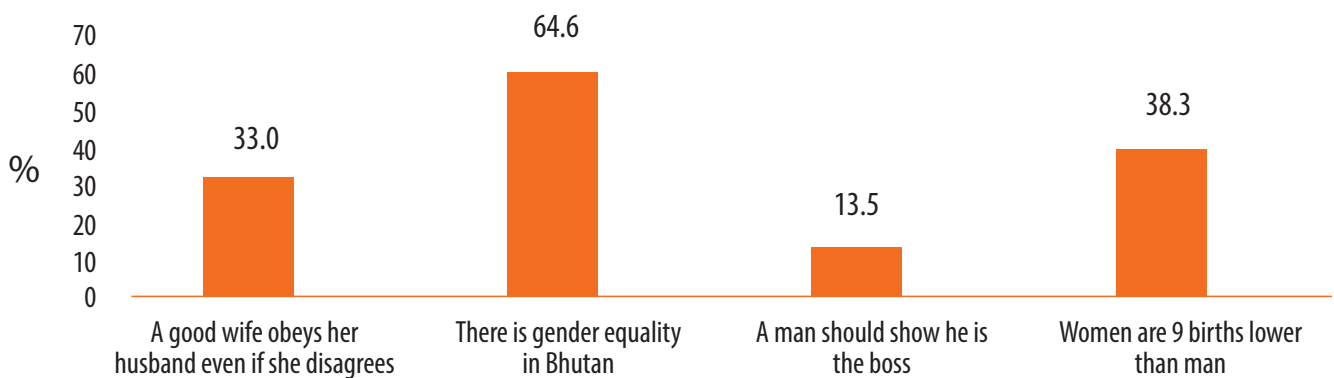
Note: N is the number of women interviewed in the survey (denominator). Prevalence rates are calculated using weighted data.
Source: Royal Government of Bhutan. 2019. National Study on Women's Health and Life Experiences 2017.

²⁷ Parents-27%, brother or sister-21.4%, husband/ partner's family- 8.2%, children- 6.8%, and uncle or aunt- 4.5%.

Women's Attitude and Perception towards Gender Equality

The Survey reveals that nearly two-thirds (64.6%) of women believe there is gender equality in the country. However, one-third (33%) agree that “a good wife obeys her husband even if she disagrees,” and 13.5% think “a man should show he is the boss.” Traditional beliefs persist, with 38.3% agreeing that “women are nine births lower than men,” a view more common among older women (60.8%) than adolescents (20.9%). Over half (53.4%) believe a man is justified in hitting his wife under certain circumstances, a view more prevalent among those who have experienced violence (60.4%) compared to those who have not (54.7%). Women with higher education tend to reject traditional and harmful beliefs more often than those with lower levels of education.

Proportion of all women and girls who agreed to certain socio-cultural perception on gender roles, by with specific statements (N=2,184)





Y-PEER Bhutan at College of Natural Resources: ©UNFPA/2022/Jigme Choden

Most men reported that violence in a relationship is inappropriate and acknowledged that partner violence traumatizes not only their partners but also children. Some men admitted to abusing their partners to assert their masculinity and dominance in the family. However, there were also opinions that women exploit new laws to “provoke” men into violence and then use legal support for revenge. Most men were aware of the services provided by RENEW and the RBP, with local leaders also being seen as alternative sources of support.

National Legal Framework

The Constitution of the Kingdom of Bhutan:²⁸ Four Articles are relevant for gender and GBV. A person shall not tolerate or participate in acts of injury, torture or killing of another person, terrorism, abuse of women, children or any other person and shall take necessary steps to prevent such acts. {Article 8(5)}

The State shall endeavour to create a civil society free of oppression, discrimination and violence, based on the rule of law, protection of human rights and dignity, and to ensure the fundamental rights and freedoms of the people. {Article 9(3)}

The State shall endeavour to take appropriate measures to eliminate all forms of discrimination and exploitation against women including trafficking, prostitution, abuse, violence, harassment and intimidation at work in both public and private spheres. {Article 9(17)}

The State shall endeavour to take appropriate measures to ensure that children are protected against all forms of discrimination and exploitation including trafficking, prostitution, abuse, violence, degrading treatment and economic exploitation. {Article 9(18)}

Penal Code of Bhutan 2004:²⁹ , ³⁰ The Penal Code includes provisions that criminalize various forms of violence including: Assault, Battery and Related Offence (Chapter 12); Sexual Offences (Chapter 14); and Offences Against Infant, Child, Mentally Disabled and Incompetent Person (Chapter 15).

Domestic Violence Prevention Act 2013:³¹ This Act criminalizes domestic violence and provides protection and remedies for survivors. It outlines duties for law enforcement, social services, and healthcare providers in supporting survivors and prosecuting perpetrators.

The Domestic Violence Prevention Rules and Regulations of Bhutan 2015³² provides detailed procedures on how to implement the law, ensuring that its provisions are carried out effectively.

The Child Care and Protection Act 2011:³³ This Act provides protection for children against abuse, exploitation, and violence, which includes GBV against children.

The Child Care and Protection Rules and Regulation of Bhutan 2015³⁴ provides detailed procedures on how to implement the law, ensuring that its provisions are carried out effectively.

Marriage Act of Bhutan 1980,³⁵ **2009:**³⁶ The Marriage Act of Bhutan is integral to addressing GBV by establishing the rights and protections necessary for victims, promoting equal treatment within marriage, and providing pathways for safe exit from abusive relationships.

Medical and Health Council Regulations 2005:³⁷ The relevant sections are (4.1) Code of Etiquette, (4.2) Code of Ethics, and (4.3) Code of Conduct comprising duties to patient, duties to society, duties to profession of all registered medical professionals.

Labour and Employment Act of Bhutan 2007:³⁸ The relevant sections pertain to Section 9-10 relating to Prohibition of the worst forms of child labour and Sections 16-20 relating to Prohibition of sexual harassment.

Regulation on Working Conditions 2022, Ministry of Labour and Human Resources:³⁹ Chapter 14 devotes to Sexual Harassment at work place and covers definition, policy on prevention, lodging of complaint, liability of the employer and penalty.

²⁸<https://www.dlgdm.gov.bt/storage/upload-documents/2021/9/20/Constitution-of-bhutan-2008.pdf>

²⁹https://oag.gov.bt/wp-content/uploads/2010/05/Penal-Code-of-Bhutan-2004_English-version_.pdf

³⁰https://oag.gov.bt/wp-content/uploads/2021/04/PeNaL_Code_Amendment_Act_of_Bhutan_2021.pdf

³¹<https://oag.gov.bt/wp-content/uploads/2010/05/Domestic%20Violence%20Prevention%20Act%202013.pdf>

³²<https://ncwc.gov.bt/publications/Domestic%20Violence%20Prevention%20Rules%20and%20Regulation1559107137.pdf>

³³[https://ncwc.gov.bt/publications/Child%20Care%20and%20Protection%20Act%20of%20Bhutan%20%202011%20\(CCPA\).pdf](https://ncwc.gov.bt/publications/Child%20Care%20and%20Protection%20Act%20of%20Bhutan%20%202011%20(CCPA).pdf)

³⁴<https://ncwc.gov.bt/publications/Child%20Care%20and%20Protection%20%20Rules%20%20and%20Regulation%20of%20Bhutan%2020151559107053.pdf>

³⁵<https://oag.gov.bt/wp-content/uploads/2024/08/Marriage-Act-of-Bhutan-1980.pdf>

³⁶[https://oag.gov.bt/wp-content/uploads/2010/05/Marriage%20\(Aamendment\)%20Act%20of%20Bhutan%202009.pdf](https://oag.gov.bt/wp-content/uploads/2010/05/Marriage%20(Aamendment)%20Act%20of%20Bhutan%202009.pdf)

³⁷https://www.bmhc.gov.bt/downloads/bmhc_regulations_2010.pdf

³⁸<https://oag.gov.bt/wp-content/uploads/2010/05/Labour-and-Employment-Act-of-Bhutan-2007Both-Dzongkha-English.pdf>

Policy and Guiding Framework⁴⁰

National Gender Equality Policy 2020:⁴¹ The NGEF provides the guiding principles and framework for the Government to promote gender equality and gender mainstreaming in legislation, policies, plans, and programmes to ensure equal rights, opportunities, and benefits for women and men in the family, community, workplace, and society at large.

Strategic Framework for Gender Mainstreaming and Gender Responsive Planning and Budgeting in Bhutan 2013 (Department of National Budget, Ministry of Finance (MoF): ⁴²This Framework seeks to ensure that the collection and allocation of public resources is carried out in ways that are effective and contribute to advancing gender equality and women's empowerment. Central to this is Gender Integration Framework (GIF) which details the steps to address gender in a comprehensive and holistic way starting with situational analysis, gender gap analysis, gender sensitive planning, budgetary provisions to match commitments, gender sensitive implementation and monitoring, independent evaluation, gender audit and gender impact analysis.

Gender Mainstreaming Guideline 2014:⁴³ The Guideline provides a step-by-step approach to gender mainstreaming in legislations and policies as well as programmes and projects.

Internal Framework To Address Gender Related Issues At Workplace:⁴⁴ The internal framework covers prevention of harassment at workplace including sexual harassment a gender friendly facility at workplace, representation of both male and female employees in the important committees, and implementation of flexi timing to working mothers.

Bhutan Standard Operating Procedure for Gender Based Violence Prevention and Response 2020:⁴⁵

The purpose of the Standard Operating Procedure (SOP) is to provide clear and comprehensive guidance for the multi-sector response to and prevention and mitigation of GBV in the country. It outlines procedures for the effective coordination of service delivery as well as related governance and accountability mechanisms. The SOP is intended for the following distinct audiences: case management /case workers providing case management services; specialized GBV service providers across health, safety and security, mental health and psychosocial support (MHPSS), justice and social sectors; front-line workers and non-specialized services providers; agencies responsible for the coordination and governance of GBV multi-sector services, including the competent authority; and actors involved in the prevention of GBV including information, awareness and social norm change actions/interventions.

³⁹ Now MoICE

⁴⁰ Unless otherwise mentioned, these are all initiated and owned by NCWC.

⁴¹ National Gender Equality Policy1604395993.pdf (ncwc.gov.bt)

⁴² https://ncwc.gov.bt/publications/GRPB_Strategic_Framework1594271609.pdf

⁴³ <https://ncwc.gov.bt/publications/Gender%20Mainstreaming%20guideline.pdf>

⁴⁴ https://www.moh.gov.bt/wp-content/uploads/ict-files/2017/07/Internal-framework_gender.pdf

⁴⁵ https://ncwc.gov.bt/publications/Gender_Based_Violence15836292071648017602.pdf

Interagency Guidelines on GBV Case Management for GBV Service Providers, 2021:⁴⁶

The interagency GBV case management guidelines and tools aim to set standards for quality, compassionate care for GBV survivors in Bhutan, with particular focus on the provision of case management services. It is to be used in conjunction with other GBV response resources, such as national SOP on GBV Prevention and Response, the legal and policy frameworks in place, and relevant international guidelines.

Guidelines for Accreditation and Management of Shelter Homes for Women and Children in Difficult Circumstances:⁴⁷ The Guideline provides standard procedures for the accreditation and management of both existing and new residential institutions catering to women and children in difficult circumstances, established by both government and non-government organizations.

Guidelines for Accreditation of Service Providers 2017:⁴⁸ The Guideline sets the minimum standards and procedures for accreditation of Service providers for victims of domestic violence, and women and children in difficult circumstances.

Guidelines for the Alternative Care of Children 2017:⁴⁹ The Guideline sets the principles, responsibilities and framework for providing alternative care to children in difficult circumstances.

Media Guidelines for Reporting on Women and Children:⁵⁰ The Guideline sets a minimum parameter of responsibility for the media in relation to reporting on women and children.

Legal Aid Guideline for Vulnerable Women and Children 2021:⁵¹ The Guidelines sets the eligibility, guiding principle and responsibilities of all the institutions and service providers involved in providing legal aid for vulnerable women and children.

Guidelines for the Alternative Care of Children 2017:⁵² The Guidelines provide the guiding principles, standards, eligibility criteria, types of alternative care, and procedures for availing alternative care to ensure that children grow up in a stable living arrangement with love, care and protection.

Child Adoption Guidelines 2017:⁵³ The Guidelines ensure adoption is in the best interests of the child, put in place systematic procedures for efficient and effective processing of adoption, provide the procedures and mechanisms to facilitate monitoring the well-being of the child and prevent abduction, sale or trafficking in children.

Standard Operating Procedure for dealing with Children in Conflict with the Law (CICL):⁵⁴ The CICL SOP provisions related to gender-based violence emphasize non-discrimination, ensuring that all children are treated with fairness and respect regardless of their background or gender. The Women and Child Protection Unit/Desk (WCPU/D) under the Royal Bhutan Police is responsible for handling cases involving women and children and providing them with specialized support. Additionally, CICL must be placed in gender-segregated shelters, with female children handled exclusively by female health personnel, correction officers, and social workers to address their specific needs and ensure their safety.

⁴⁶ NCWC Secretariat

⁴⁷ <https://ncwc.gov.bt/publications/Guidelines%20for%20Accreditation%20and%20Management%20of%20Shelter%20Homes%20for%20Women%20and%20Children%20in%20Difficult.pdf>

⁴⁸ <https://ncwc.gov.bt/publications/Guidelines%20for%20Accreditation%20of%20Service%20Provider%20final.pdf>

⁴⁹ <https://ncwc.gov.bt/publications/Guidelines%20for%20the%20Alternative%20Care%20of%20Children%20final%20DZO&ENG1559107154.pdf>

⁵⁰ <https://ncwc.gov.bt/publications/Media%20Guidelines%20for%20Reporting%20on%20Women%20and%20Children.pdf>

⁵¹ <https://www.ncwc.gov.bt/publications/Legal%20Aid%20Guideline1654519332.pdf>

⁵² <https://www.ncwc.gov.bt/publications/Guidelines%20for%20the%20Alternative%20Care%20of%20Children%20final%20DZO&ENG1559107154.pdf>

⁵³ <https://www.ncwc.gov.bt/publications/Guidelines%20for%20the%20Alternative%20Care%20of%20Children%20final%20DZO&ENG1559107154.pdf>

⁵⁴ https://ncwc.gov.bt/publications/REvised%20Final%20CICL%20SOP%2027_6_20231702366545.pdf

Internal Child Safeguarding and Protection Framework:⁵⁵ This framework applies to staff including consultants, interns, and volunteers working with or on behalf of the organisations. All staff are required to abide by a code of conduct which reflects their commitment to safeguarding children and upholding their rights.

Early Identification and Safe Referral Manual for Child Protection:⁵⁶ The training package supports case - workers to better understand the elements of the early identification process in addition to an existing referral mechanism within the child protection system.

Defining Child Protection and Understand Child Abuse:⁵⁷ This handout to be distributed with the Training on Early Identification and Safe Referral Manual for Child Protection provides essential materials for helping identify and deal with children who have been abused.

The Child Online Protection (COP) Guidelines for Children, Parents & Educators, Policy Makers and Industry 2020 (GovTech):⁵⁸ The guidelines provide guidance to parents and educators on fostering safe online environments, assist policy makers in strengthening online protection mechanisms through collaboration with various stakeholders and help industries identify and prevent potential risks their products or services may pose to children's rights.

Administration of Child Justice in the Kingdom of Bhutan 2022, Office of the Attorney General (OAG):⁵⁹ This training manual covers principles of child justice, pre-trial rights, diversion, alternative measures, trial and sentencing, and rehabilitation and reintegration.

Ending Violence Against Children, A Reference Handbook for Community Engagement:⁶⁰ The handbook outlines how to recognize and respond to violence, details the relevant laws and policies, and defines the roles and responsibilities of various stakeholders.

Standard Operating Procedure for a multi-sectoral response to address Trafficking in Persons (TIP)- 2019 Department of Law and Order (DoLO): The SOP provides guidance to strengthen coordination mechanisms among the relevant agencies in preventing and dealing with TIP in Bhutan.

National Prevention and Response Strategy on Trafficking in Persons-2021, (DoLO): The Strategy prioritizes conducting research, raising awareness, building institutional capacity, and formulating policies and programmes for high-risk individuals. It also focuses on enhancing bilateral, regional, and multilateral collaborations to make it easier to repatriate Bhutanese if they are trafficked abroad.

Justice Sector Strategic Plan 2018-2023:⁶¹ This Strategic Plan aims to provide a roadmap for reform and development across key institutions, including the Royal Courts of Justice (RCJ), OAG, RBP, the Anti-Corruption Commission(ACC), Bhutan National Legal Institute (BNLI) and the Bar Council. Its goal is to enhance the accessibility, inclusivity, accountability, responsiveness, and quality of services within Bhutan's justice sector. The Strategic Plan is being revised and is expected to be completed soon.

⁵⁵ <https://ncwc.gov.bt/publications/Internal%20Child%20Safeguarding%20&%20Protection%20Framework1637119559.pdf>

⁵⁶ https://ncwc.gov.bt/publications/EISR_manual1612933340.pdf

⁵⁷ https://www.ncwc.gov.bt/publications/EISR_Handout1612930004.pdf

⁵⁸ https://tech.gov.bt/sites/default/files/1.%20%20Quick%20Reference_COP%20Guidelines%20for%20Stakeholders.pdf

⁵⁹ <https://oag.gov.bt/wp-content/uploads/2022/11/childjustice.pdf>

⁶⁰ <https://www.unicef.org/bhutan/media/3361/file/EVAC%20Handbook%20English.pdf.pdf>

⁶¹ <https://www.undp.org/sites/g/files/zskgke326/files/migration/bt/Justice-Sector-Strategic-Plan.pdf>



Young girls who participated in football tournament during the International Day for Elimination of Violence Against Women in Gelephu, 2023: ©WHO/2023/

Institutional Mechanisms for Prevention and Response to GBV in Bhutan

Addressing GBV and its underlying causes necessitate a multi-sectoral approach, where each agency plays a crucial role in both prevention and response. Among these, the following institutions are directly involved in addressing these issues:

National Commission for Women and Children: NCWC was established in 2004 to promote and protect the rights of women and children in the country. In 2008, given the rising number of issues and the Commission's increasing responsibilities, it was upgraded to a fully autonomous agency. The Commission comprises high-level officials from relevant government agencies, the Royal Court of Justice, RBP, The PEMA and representatives from CSOs. The roles and responsibilities of the NCWC include drafting, reviewing, and advocating for gender-sensitive and child protection policies and legislation, as well as integrating these perspectives into sectoral plans, policies, and interventions while regularly assessing their effectiveness. It also involves monitoring the situation of gender and children, including rights violations, and evaluating interventions to ensure compliance with relevant laws, policies, and international treaties and their recommendations. The NCWC is also responsible for mainstreaming gender equality and child protection into national plans and reporting on gender and children's issues at national, regional, and international levels. Advocacy for child rights and gender equality, raising awareness and driving policy and legislative changes to foster a more equitable and protective environment. In fulfilling its functions, the NCWC collaborates closely with the government agencies, CSOs, religious organisations, private sector, local government, development partners and entities through Gender and Child Focal Persons (GCFPs) appointed across central agencies, 20 Dzongkhags and four Thromdes.

Royal Bhutan Police: The Police force is often the first point of contact for GBV survivors. There are 42 Police stations organized into 14 Field Divisions in the country. Women and Child Protection units have been established in 3 of the largest police stations with dedicated women and child friendly detention rooms. 14 Dzongkhags have a Women and Child Desk each. 17.2% of the Police force are female and at least one trained female Non-Commissioned Officer is posted in each of the Women and Child Protection units and desks. All of them receive basic training, including orientation about the laws related to women and children and procedures in responding to the needs of women and children. The RBP also implements regular sensitization programmes across the schools to prevent crime including GBV. The RBP is represented in the NCWC by a senior Police Officer.

Office of the Attorney General: The OAG plays a crucial role in prosecuting GBV cases, working closely with the police and judiciary to ensure legal processes are followed and perpetrators are held accountable. The OAG prosecutes GBV cases classified as misdemeanours or more serious offenses, referred to by the RBP. To determine whether a case qualifies for prosecution, the OAG applies two tests. The first is the evidentiary test, which evaluates whether there is sufficient evidence to prove the case beyond a reasonable doubt. The second is the public interest test, which considers the severity of the offense and the best interests of the victim. In cases involving women and children, prosecutors additionally adopt a gender-sensitive and rights-based approach with support from OAG's GCFP. Attorneys are not specialized in GBV or any specific type of case; instead, each attorney is assigned to particular Dzongkhags and handles all cases arising within their jurisdiction.

Bhutan National Legal Institute: The Bhutan National Legal Institute (BNLI) serves as the judiciary's primary training and capacity-building institution, focusing on enhancing the skills and knowledge of legal professionals and local leaders to ensure effective dispute resolution and access to justice. A key component of BNLI's work is mediation, rooted in Bhutanese traditions like Nangkha Nangdrig, which promotes alternative dispute resolution methods for cases such as family conflicts, land disputes, and child maintenance. This approach has resolved thousands of disputes, reducing court burdens and fostering community harmony. BNLI also emphasizes legal education and regularly evaluates its programs to enhance their impact. The Legal Aid Centre established under BNLI provides legal services to survivors of GBV and other vulnerable groups.

Alternate Dispute Resolution Centre: The Alternative Dispute Resolution Centre (ADRC) was established in 2018 in accordance with Bhutan ADR Act 2013. The Centre was established to encourage and promote institutional arbitration and mediation in Bhutan and beyond. The centre provides neutral, efficient and realisable ADR services to domestic parties as well as international parties. Moreover, ADRC also conducts training to enhance stakeholders' mediation skills. Supported by Bhutan's ADR Act (2013) and regulations (2019), it aims to simplify commercial dispute resolution, reduce litigation dependency, and sustain Bhutan's traditional approaches to conflict resolution.

Judiciary: The Royal Court of Justice aims to make the judicial process more efficient and accessible, with special considerations for women and children. In 2017 a Family and Child bench was established in Thimphu Dzongkhag Court with a separate courtroom for cases involving children. Women and child-friendly courtrooms have also been set up in more populated areas. An e-litigation programme has been launched, enabling

easier access to justice. The services include electronic case registration, document filing, payments, and remote hearings. To support GBV survivors Alternative Dispute Resolution (ADR) is available for petty and civil cases, provided for free by trained local leaders, and is assessed annually for effectiveness. The Judiciary is represented in the NCWC by one of the judges from the Royal Court of Justice.



Health worker attending the survivors of intimate partner violence at JDWNRH: ©UNFPA/2022/Jigme Choden

Ministry of Health (MoH): Health services are often the first to be contacted for injuries and play an important role in GBV evidence collection. MoH has established protocols for identifying and responding to GBV, ensuring that victims receive necessary medical care and psychological support. Health facilities also serve as crucial referral points for further legal and social services. Bhutan's health infrastructure comprises 55 hospitals with a total of 1,660 inpatient beds, 187 Primary Health Centres and 51 Health Sub-Posts. These are further supported by 557 Out-Reach Clinics and 7 Health Information Service Centres. The National Health Survey 2023 has also found that 72.9% of the population live within travel time of less than 30 minutes from the nearest health facility. The proportion of households within less than 30 minutes of travel time have almost doubled between 2012 and 2023, indicating continued investments by the government to enhance access to free health services.

Specific to GBV, a National Guidelines for Management of Victims of Intimate Partner Violence and Sexual Violence in Healthcare Settings in Bhutan was developed in 2020 to strengthen health sector response to GBV. A coordinated, survivor-centred approach to the health response to GBV follows the principles of safety, confidentiality, respect and non-discrimination. Also, a survivor-centred approach is at the core of all health assistance to protect GBV survivors.

One Stop Service Centre: A One Stop Service Centre has been established in Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) which provides medical services to victims of interpersonal violence, sexual violence, and domestic violence. In addition, the Centre also trains and provides support to doctors and health workers in the dzongkhags to address GBV related cases. Likewise, to ensure access to immediate multi-sectoral services, a helpline response team with an accompanying SOP has been instituted in all dzongkhags. Furthermore, MoH, through its Health Promotion and Risk Communication Division implements a Community Engagement Programme with the local government officials and the village workers to address specific health issues, including GBV.

The PEMA: The PEMA established in 2022 is a government institution and serves as the nodal agency for mental health in the country. It also provides case management and other related services to survivors of violence including GBV which was previously provided by NCWC and drug-related programmes implemented by Bhutan Narcotics Control Authority as part of a wider Government wide reform. The PEMA's focus includes response services, treatment and rehabilitation, reintegration, and aftercare, with a significant proportion of its cases involving survivors of GBV. GBV case management and counselling are handled by the PEMA Secretariat, while clinical mental health services are provided through the PEMA Centre, ensuring comprehensive support across both psychosocial and clinical domains.

Civil Society Organization Service Providers: Two Civil Society Organizations (CSOs) have emerged to provide services for GBV survivors in Bhutan. Of these, RENEW is among the pioneering CSOs dedicated to the well-being of women and children in the country. Its mission encompasses Sexual Reproductive Health and Rights (SRHR), with a particular focus on survivors of domestic violence and sexual and gender-based violence (SGBV). The Community-Based Support System (CBSS) volunteers is RENEW's nationwide network of adult volunteers present across all 20 districts who advocate against GBV and provide protection and emergency services. Its members include community leaders, local and district level officials, teachers, health workers and religious leaders. To support GBV survivors, a Consensus Building Programme has been established offering services through trained volunteers through RENEW. The second organization, Nazhoen Lamtoen originated as a voluntary group and was officially registered under the CSO Act in 2016. Nazhoen Lamtoen provides support to children and youth in conflict with the law and children in difficult circumstances.⁶² Within this broader mandate, Nazhoen Lamtoen also provides services to survivors of GBV, particularly child survivors, and when children are impacted by the detention of their caregivers.

⁶² Exposure to GBV and family instability can contribute to criminal behaviour among children, and similarly, CICL can become future perpetrators of GBV. Therefore, although CICL and Child in Difficult Circumstances (CIDC) are governed by their own legislation, specifically the CCPA, it is crucial that the GBV prevention and response strategy address their needs as well, given their integral relationship to GBV.

The following are the main services provided by these agencies:

Helpline

In addition to the various specialized service providers that survivors can directly access, several dedicated helplines are available to support women and children, including survivors of GBV. Staff trained in Psychological First Aid (PFA) operate these helplines, linking survivors with specialized services. Ensuring the safety of survivors is the primary responsibility of all actors involved in responding to GBV. All service providers prioritize the safety and security of survivors, their families, and the care workers, and these considerations are integral to GBV case management and service delivery standards.

Case Management

Case management is an integral service provided by trained government and CSO case managers. In the case management process, the responsible agencies take responsibility for making sure survivors are informed of all the options available to them; and that issues and problems facing a survivor and their family are identified and followed up in a coordinated way, as well as providing the survivor with emotional and psycho-social support throughout the process. As part of the case management, referral pathways have been established at the national, Dzongkhag/Thromde and Gewog-levels and are incorporated within the SOP for GBV. Ethical considerations, safety and confidential referral of survivors based on informed consent are recognized as being central to a quality GBV multi-sector response. Additionally, case management agencies are responsible for facilitating safe and accessible transportation for survivors and ensuring they receive timely access to essential services.

Psychosocial Support and Counselling

Service providers are familiarized with the MHPSS levels of care and provide care appropriate to their knowledge and skills. Counselling is a core service provided by the Service providers including RENEW, The PEMA Secretariat, and Nazhoen Lamtoen. Additionally, school counsellors who are all certified counsellors provide counselling services both within and outside educational settings.

Legal aid

BNLI has been actively involved in providing legal aid through its Legal Aid Centre, since its establishment in 2022. The Legal Aid Centre determines whether a person merits legal assistance through merit and mean tests. The centre directly provides the assistance when it can; otherwise it refers the matter to the Bar Council of Bhutan who assigns the case to one of its registered law firms. In addition, The PEMA Secretariat and RENEW also offer free legal aid as part of their support for survivors of GBV and other vulnerable groups, contributing to the broader network of legal assistance in Bhutan.

Mediation

The DVPA empowers the RBP to facilitate the mediation of cases involving first time non-felonious intimate partner violence, based on the survivors' consent and wishes. Mediation services are provided by service providers and conducted by trained mediators.⁶³ , while Consensus Building Programme initiated by RENEW offers services through network of volunteers.

Shelter

The Gawailing Happy Home shelter in Thimphu (operated by RENEW) provide shelter services to survivors of GBV and other forms of violence. Similarly, RENEW has established 10 community service centres in 10 districts, which have made services more accessible to those in need. The services include counselling, case management, legal assistance and emergency shelter. The PEMA Home operated by The PEMA aims to provide an immediate safe environment to individuals with mild to moderate mental health issues as well as those who are homeless or needing protection including survivors of GBV. In addition, Nazhoen Lamtoen operates a shelter for children in difficult circumstances.

Rehabilitation, Reintegration and Long- term assistance

This includes vocational training programmes, micro finance services, and support in income generating activities for GBV survivors and women in difficult circumstances.

Education and Advocacy

Education and advocacy are integral to the efforts of all agencies addressing GBV. NCWC plays a crucial role in GBV prevention efforts including awareness and advocacy, primarily through its GCFPs networks. The NCWC in coordination with RBP, The PEMA, RENEW, Nazhoen Lamtoen and other relevant agencies, facilitates training, sensitization, and awareness initiatives targeting parliamentarians, senior government officials, local leaders, students, and community groups. While the PEMA Secretariat is currently focused on responding to violence, it plans to expand its work to include GBV prevention programmes. Agencies like RENEW extend their advocacy into communities with the help of their Community-Based Support System volunteers and the Druk Adolescent's Initiative on Sexual Awareness Network. Similarly, Nazhoen Lamtoen works with parents and youths not only to advocate against violence but also to mobilize them into action groups to address violence within their communities.

⁶³RENEW calls its mediation services "Consensus Building."



After a stakeholder consultation meeting at the UN House©UNFPA/2024/Tshering Penjor

Data and Information Systems

Every agency providing services for GBV survivors utilises an agency specific Information Management System which also contains relevant GBV data. The RBP employs the National Crime and Incident Reporting System to establish a comprehensive crime and criminal database, which produces an annual Statistical Yearbook detailing crimes, non-criminal incidents, traffic accidents, and fire incidents reported to the police. The Judiciary operates a Case Management System, but, with significant limitations. The judicial decisions are not accessible across different courts, and it has limited capability to generate various primary reports. Additionally, the system was compromised in December 2023 and remains unrepaired. With respect to OAG, it also operates a case management information system, recently replaced by the Enterprise Legal Management System (ELMS). ELMS includes components for Case Management, Workflow Management, Automated Management Reporting, and External Interfaces with other agencies such as the ACC, RBP, RCJ. It also features an Electronic Legal Services system, an Electronic Legislative Drafting system, and an Archival system.

In the health sector, Bhutan's Health Management Information System (HMIS) collects and tracks morbidity and mortality rates, immunisation coverage, maternal and child health metrics, disease prevalence, healthcare service delivery, infrastructure, and resource allocation. MoH processes the information and disseminates them through an Annual Health Bulletin. Additionally, the Ministry has launched an Electronic Patient Information

System encompassing all aspects of patient data management, including demographics, diagnoses, treatments, medications, allergies, laboratory results, and imaging studies.

The PEMA currently uses Google Sheets for data storage and is concurrently developing a standardised system for data collection and management, known as the Central Data Management System. It is designed to facilitate referrals to and from other stakeholders, including the justice sector.

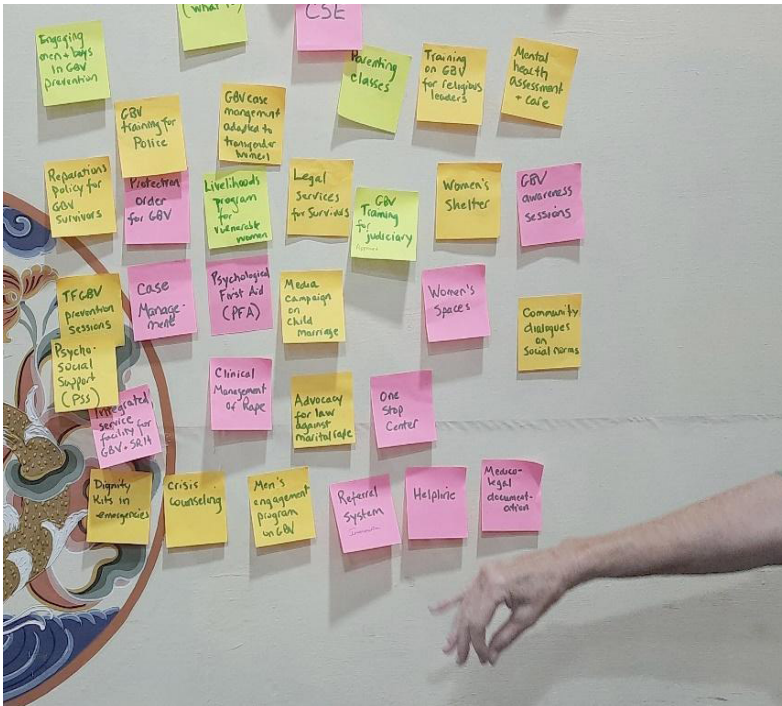
RENEW adopted the Management of Informational Electronic Information Management System (MIEIMS) of International Planned Parenthood Federation (IPPF) and is now trying to transition to a new system called DHI2 with support from IPPF.

Gaps and Issues

Access to GBV Services is Not Uniform

The response system and services for GBV in Bhutan have evolved through the initiatives of the NCWC and RENEW. The recent establishment of The PEMA Secretariat has further strengthened these services by addressing gaps in mental health support systems and expanding national coverage of GBV services. However, the services are still far from universal and remain works in progress with limited financial resources. In addition, services are predominantly concentrated in urban areas, despite the Report of VAW indicating widespread GBV prevalence in both rural and urban settings. For example, the only One Stop Service Centre for health in the country is situated at JDWNRH Hospital in Thimphu. Similarly, the shelters for women and children are located in and around Thimphu. Likewise, RBP is yet to establish Women and Children Protection desks or units in some remote police stations, and the only Family and Child Bench is located in Thimphu. While this does not imply that peripheral areas are entirely uncovered, the range and quality of services beyond Thimphu are notably limited.

Legal Inadequacies and Loopholes



There are significant gaps in infrastructure and services to support the comprehensive needs of GBV survivors as follows:

sexual abuse and rape, compensation in cases involving a married woman's rape is still directed to her husband, reinforcing the notion that women are their husband's property. There is a lack of comprehensive law that addresses GBV in totality, covering partner and non-partner violence and emerging issues such as online harassment, technology facilitated GBV and the proliferation of deep fakes. Additionally, some legal provisions conflict with best practices in GBV survivor centred care.

Further, the mandatory reporting obligation on service providers such as health sometimes deter child survivors of sexual abuse, particularly teenage mothers (below 18) from seeking services. The DVPA also allows for mediation in cases involving misdemeanours or lesser offenses and based on survivor's desire, but this provision is sometimes applied to more severe cases due to lack of understanding among the police service providers. These challenges are compounded by inconsistent interpretations of legal provisions among practitioners, resulting in uneven enforcement and outcomes.

Studies have found associations between physical punishment in childhood and intimate partner violence as an adult.⁶⁴, ⁶⁵ And while laws such as Child Care Protection Act (CCPA) have been introduced that seek to discourage corporal punishments, significant conflicts exist in their applications, particularly regarding the exhaustion of means and the permissible contexts for using force on children. CCPA sets a high standard for intervention that prioritizes the child's safety without resorting to force, while the Penal Code of Bhutan provides a broader framework for justification that could allow for interpretations of force that are contrary to the protections afforded to children. Furthermore, despite stricter laws prohibiting

⁶⁴ Afifi, T. O., Mota, N., Sareen, J., & MacMillan, H. L. (2017). The relationships between harsh physical punishment and child maltreatment in childhood and intimate partner violence in adulthood. *BMC Public Health*, 17(1), 1–10.

⁶⁵ Poulsen A. (2018). The role of corporal punishment of children in the perpetuation of intimate partner violence in Australia. *Children Australia*, 43, 32–41.

Gaps in Services

There are significant gaps in infrastructure and services to support the comprehensive needs of GBV survivors as follows:

- (i) Lack of safe emergency accommodation or transit shelter for those requiring immediate protection across the country.
- (ii) Lack of alternatives for long-term shelter needs.
- (iii) Inadequate infrastructure for the Family and Child Bench, with planned improvements in the 13th Five Year Plan dependent on an unsecured budget situation.
- (iv) Lack of inclusive courts and police infrastructure and facilities posing challenges for survivors with disabilities to seek timely and appropriate services.
- (v) Lack specific protocols to address the needs of survivors with disabilities or individuals with diverse gender identity and sexual orientations across service providers.
- (vi) Inadequate training and inconsistent documentation practices among CSO case managers undermine the quality and reliability of evidence used to support the prosecution of GBV cases.
- (vii) Gaps in public awareness and coordination among agencies resulting in implementation challenges of provisions such as protection orders. Emerging forms of violence driven by Artificial Intelligence (AI) and technology pose special challenges for law enforcement officers and require enhanced national laws and technological capacities currently lacking.
- (viii) Inadequate programmes or a dedicated agency working to reforming perpetrators' behaviour, including secondary prevention mechanisms.
- (ix) Gaps in technical competency to provide specialised mental health and addiction services.

Human Resource and Capacity Gap

The lack of human resources and capacity affects nearly every service:

- (i) While DVPA and the associated SOP for GBV prevention and response outlines key roles of protection Officers, no designated Protection Officers are appointed in the dzongkhags or regions. Currently there are only seven protection officers with the PEMA Secretariat providing GBV/CP and adoption services. In the dzongkhags, this responsibility is assigned to civil servants who already have primary duties in other areas. To address the service gaps, CSO's volunteers have been trained to provide GBV and CP case management; however, as volunteers, issues of accountability and service quality remain.
- (ii) School counsellors, deployed also for GBV cases, generally lack specialized training in GBV counselling. They are also over stretched in their primary role, with high student-to-counsellor ratios—reaching up to 1,800–2,000 students per counsellor.
- (iii) Shortages of human resources at the OAG impact both workload and work quality, particularly in Thimphu, which has the highest case volume. Cases there are distributed sequentially among all prosecutors, who are also assigned to multiple dzongkhags. Consequently, the cumulative workload for each prosecutor is significantly high.
- (iv) While policies and procedures for addressing GBV require sensitivity for responding to differentiated needs of survivors including those with disabilities and LGBT+ (Lesbian, Gay, Bisexual, Transgender and others), these are not translated into additional skills among service providers.

- (v) Judges and court clerks do not receive adequate training to respond to GBV cases. Although BNLI provides training to the judiciary, these are provided on an ad hoc basis and lack adequate financial resources...
- (vi) While the media is recognized as a powerful ally in the fight against GBV, the reporters lack adequate and specific training on gender and GBV reporting.
- (vii) The NCWC secretariat, crucial to the coordination and leadership of this national agenda, is grappling with capacity constraints.
- (viii) There is a dearth of specialized professionals for information system analyst, crisis management, change management, and behavioural changes.
- (ix) Staff retention and attrition is an issue, exacerbating shortages and undermining investments in training across all agencies.

Gaps in Coordination



Stakeholder consultation workshop on GBV elimination strategy at Paro: ©UNFPA/2024/Jigme Choden

At the policy level, there are coordination issues between priorities set to address GBV and allocation of resources. In addition, coordination between those involved in disaster management planning and those addressing GBV is lacking leading to inadequate integration of GBV prevention and response in disaster risk mitigation and responses.

At the operational level, health services face challenges in handling urgent cases, such as terminations of pregnancies resulting from rape, highlighting the need for improved coordination. There is also a case for health service providers and RBP enhancing their collaboration in evidence collection and handling to ensure its integrity. Additionally, a lack of coordination among the Police, OAG, and service providers like The PEMA and RENEW leads to inconsistent documentation and unclear roles, which can compromise the quality and reliability of evidence crucial for case outcomes. While protection orders and mediation services⁶⁶ are available, their effectiveness is hindered by implementation challenges, including gaps in public awareness and coordination among agencies. There are also significant coordination issues between Legal Aid Centre and the Case Managers

as well as issues within legal aid services, with inadequate interaction between the Legal Aid Centre, which facilitates legal aid for GBV survivors, and the Bar Council, which delivers these services. This fragmented approach further complicates access to support for survivors. For children and youths, access to education and employment services is critical if they are to grow into responsible, law-abiding citizens. Limited educational and employment opportunities not only hinder personal development but are also globally recognized as risk factors contributing to the likelihood of GBV perpetration, as lower education levels are closely associated with higher rates of GBV incidents.

⁶⁶ While global best practice recommends against mediation in GBV cases, it is recognized that contextual factors may lead to its use. At a minimum, use of mediation in GBV cases should be grounded in gender sensitivity, prioritize survivor safety, recognize the effects of power imbalances, and avoid blaming or re-traumatizing the survivor.

Budget Constraints

Budget constraints universally impact agencies, with some more affected than others. RBP faces significant challenges in infrastructure development, human resource development, and day-to-day operations to address GBV cases. The judiciary faces severe resource constraints, impacting operations from basic supplies to the lack of modern Information Communication Technology (ICT) infrastructure, and has been compelled to significantly scale down its planned developments for the 13th Five Year Plan. GBV related services under health has to compete with many emerging health issues which all claim a priority attention; this has impacted GBV related services especially in the peripheral region of the country. CSOs and NCWC rely on development partners for funding GBV related programmes, risking future sustainability of their programmes. Gender Responsive Planning and Budgeting (GRP) has long been initiated by the Government as an effective tool to ensure a fairer share of the budget for sectors that address the wellbeing of women and girls. GRP involves conducting gender analysis to identify disparities and opportunities for promoting gender equality through budget policies and allocations. Although GRP was introduced as early as the 10th Five Year Plan (2008-2013), it has not been rigorously applied, and has been limited to only a few key sectors and programmes. This limited application has prevented the full realization of its potential.

Weak Information and Data Systems

Information on GBV is limited, with each agency maintaining a system with varying levels of details. The absence of standardised data collection protocols and classifications across service providers and agencies including the justice sector leads to inefficiencies and difficulties in generating accurate and timely data for decision-making. Although studies on the prevalence of VAW/G (2017) and recent National Health Survey (2023) results are available, insufficient information reaches key decision-makers and there is a lack of understanding about the different usage of prevalence data compared to service data. There is a general lack of institutional learning, impact studies, and research data to inform policy development. Advocacy programmes are often questioned for their effectiveness in driving behavioural change towards gender and GBV, yet there are no studies available to guide improvements. Similarly, while some agencies question the effectiveness of lengthy prison terms for offender rehabilitation, there is a dearth of research materials to support alternative rehabilitation strategies.

Weak Follow-ups on Reforms

There has been insufficient rigour in pursuing the reforms designed to tackle gender issues such as GBV, resulting in many of the initiatives remaining as initiatives. This is revealed by the implementation status reports of DVPA⁶⁷ and CCPA⁶⁸ which observed implementation gaps even after decades of their enactment. Additionally, several initiatives such as Dzongkhag and Thromde Women and Child Welfare Committee, the Gender and Child Focal Point, and the RCSC's Go-To Person system have yet to mature into effective services even after 5 years of their initiations. And while some Guidelines such as the Gender Mainstreaming Guideline have been implemented, its outcome is yet to be ascertained. Practical constraints, such as limited human resources and budget, hinder the implementation of these reforms, yet they also point to deeper underlying factors, such as a lack of commitment amongst officials to drive these initiatives forward.

⁶⁷ Assessment of the Implementation Progress of the Domestic Violence Prevention Act of Bhutan 2013, NCWC

⁶⁸ Assessment Report on the Implementation Progress of the Child Care and Protection Act of Bhutan 2011 and its Rules and Regulations, NCWC.



Y-PEER students at CNR college in Punakha: ©UNFPA/2023/Tshering Penjor

Other Underlying Issues

Gender-based violence (GBV) is influenced by deep-seated gender biases that are reflected in traditional beliefs, cultural norms, and social practices. Like elsewhere, there is also a traditional gendered division of roles in Bhutan where men are viewed as primary decision-makers and providers, while women are expected to take on domestic responsibilities. These societal norms can contribute to power imbalances, which, in some cases, may increase the risk of violence against women. Further, the norms that condone GBV as private matter prevent survivors from seeking help increasing the risk of such violence. Another underlying issue is the cultural trait where violence is normalized as a disciplinary or control mechanism within families and education institutions leading to the perpetuation of abusive behaviours. Also, economic factors, such as poverty can impact GBV in various ways, children in relative's care receiving inadequate protection from perpetrators of GBV, men migrating for work leading to marital issues and GBV, and women unable to support themselves becoming vulnerable to violence from their intimate partners.

The National Strategy



Students attending comprehensive sexuality education at a school in Zhemgang: ©UNFPA/2024/Jigme Choden

Approach

The Strategy builds on the progress that has been made in terms of strengthening laws, policies, system and services to address GBV. At the same time, it seeks to address the gaps identified and summarized in the previous section. The underlying principles and approach for the Strategy are the global best practice which can be summarized as follows:

1. **Gender-Transformative Approach:** This approach challenges any societal values and norms that perpetuate gender-based power imbalances favouring men and boys. It involves examining and transforming these norms into positive ones that support the elimination of GBV. Advocacy programmes will incorporate these elements, targeting key influencers such as policymakers, community leaders, and religious leaders. Academia will explore these aspects further through research.
2. **Inclusive Approach:** This Strategy ensures no one is left behind by applying human rights-based approaches that emphasize intersectionality. It will ensure GBV response and prevention services provide special attention to vulnerable groups, including persons with disabilities, who face significantly higher rates of sexual and physical violence, and LGBT+, who are at higher risk of targeted violence. Older women, who face increased social devaluation and economic insecurity with age, will also receive special consideration. Prevention and response strategies will address the special needs of adolescents as risk groups as well as agents for inter-generational changes.
3. **Socio Ecological Model Approach:** The socio-ecological model approach considers the complex interplay between individual, interpersonal, community and social factors that put people at risk of GBV. The model suggests that in order to prevent GBV, it is necessary to act across multiple levels of model at the same time. The Strategy considers the entire ecosystem in which GBV manifests and must be addressed: national laws and policies, cultural and social practices, and individual beliefs and knowledge systems that drive as well help respond to GBV. By addressing this holistically, risk factors for GBV will be better identified, and interventions more effectively targeted.

Scope

The Strategy adopts a comprehensive and inclusive approach, ensuring that every relevant agency is engaged and that no issue is overlooked. It seeks for a coordinated response and prevention strategy to address GBV as follows:

- **Ensure a Holistic, System-Wide Approach:** The Strategy engages all levels of society, from grassroots communities to top decision-makers, including youth, women, community leaders, government agencies, and the private sector.
- **Improve National Commitment and Leadership:** The Strategy aims to bring GBV and any harmful social practices to the forefront of national consciousness, emphasizing leadership commitment as crucial for achieving sustained progress in their elimination.
- **Secure Strategic Resource Allocation and improve outcomes:** The Strategy aims to enhance and channel resources effectively to areas where they can have the greatest impact while focusing on outcomes.
- **Align with National and Global Goals:** Developed in collaboration with key stakeholders and supported by UN agencies, the Strategy aligns Bhutan's national efforts with the global standards and practices.

Vision

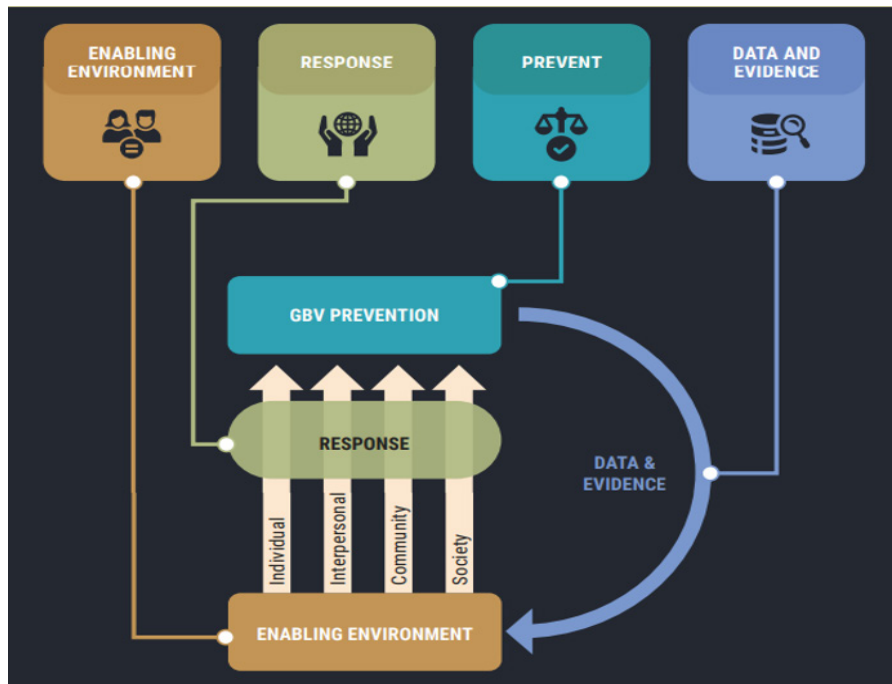
A Bhutan free from all forms of gender-based violence.

Mission/Purpose statement

To accelerate the elimination of all forms of gender-based violence and any harmful practices through a comprehensive approach that promotes gender equality by transforming social norms, creating an enabling environment, strengthening data and evidence, and providing inclusive and accessible services that empower individuals to exercise their rights to live free from violence.

Four Pillars of the Strategy

The Strategy is organized around four interconnected pillars: (i) Response, (ii) Prevention, (iii) Enabling Environment, and (iv) Data and Evidence.



Response refers to the services and resources provided to mitigate the harm caused by violence. These include policing, case management, counselling, access to justice, shelters, and reintegration programmes. While primarily aimed at reducing immediate harm, response services also play a preventive role by curbing early signs of violence, preventing recurrence, and minimizing long-term impacts.

Prevention focuses on stopping GBV before it occurs by addressing the root causes, such as gender inequality and other drivers of violence, across all levels of the social ecology. It is a long-term goal that requires efforts across the population to challenge norms, practices, and societal structures that perpetuate GBV.

Enabling Environment consists of the laws, policies, and systems that facilitate both prevention and response. It operates across individual, interpersonal, community, and societal levels, ensuring that structural and institutional mechanisms are in place to support GBV interventions.

Data and Evidence are essential for understanding the scope of GBV and measuring the effectiveness of interventions. The primary sources of information come from the systematic monitoring and evaluation of policies and programmes implemented to address GBV. However, generating data alone is not enough; robust systems must be in place to ensure that relevant insights are fed back to policymakers and programme designers, enabling continuous improvement of laws, policies, and initiatives.



Response is the first pillar of the Strategy to eliminate GBV and harmful practices. It aims to ensure universal access to GBV services while upholding service quality in line with international best practices. The Strategy seeks to develop a system-wide approach, engaging key sectors and agencies to deliver an inclusive, comprehensive and coordinated response to GBV survivors.

Objective 1: By 2028, ensure accessible, high-quality, and comprehensive response services for all survivors of GBV.

Strategy 1: Develop/strengthen and sustain integrated and inclusive services including case management, healthcare, mental health and psycho-social support, justice and protection, and shelters, ensuring they are widely accessible and fully prepared to address the diverse needs of GBV survivors.

The strategy will be achieved through following key interventions:

- 1.1 Develop agency specific service standards for GBV cases to be adhered to by all relevant GBV service providers, including health centres, justice, and legal services.
- 1.2. Improve accessibility to comprehensive support services for all GBV survivors including survivors with disabilities and LGBT+.
- 1.3. Improve the availability of GBV services for all sections of the population including through appropriate reporting and referral mechanisms for these services.
- 1.4. Improve and expand empowerment and livelihood programmes for GBV survivors.
- 1.5. Enhance institutional capacities for service providers to provide timely, appropriate, and inclusive GBV services.
- 1.6. Enhance mechanism for uninterrupted, appropriate and timely services for GBV survivors during emergencies.



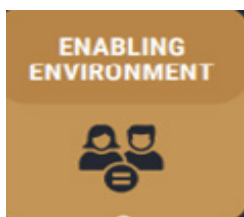
Prevention is the second pillar of the Strategy. It focuses on addressing the root causes of GBV and harmful practices such as social and cultural norms and practices and their consequences through education and advocacy targeted at key population groups, including policymakers, communities, media, and youth. It further seeks to prevent GBV by reducing the vulnerability of at-risk populations and enhancing the conditions that foster safety and security for everyone at all times, including during emergencies.

Objective 2: By 2028, achieve a cultural and societal shift towards zero tolerance for GBV and harmful practices through education, awareness, and community engagement.

Strategy 2: Launch targeted education and awareness campaigns for communities and specific population groups, while integrating GBV prevention into all education and training programmes to achieve a societal shift toward zero tolerance for GBV and harmful practices.

The strategy will be achieved through the following interventions:

- 2.1. Create awareness of the various forms of GBV and harmful practices and their consequences amongst the policy makers, community leaders, religious personalities, other influencers, and the general population.
- 2.2. Engage local government officials as partners in preventing GBV and harmful practices at the community level
- 2.3. Foster partnership with the media to advocate for GBV prevention among different sections of the society.
- 2.4. Equip youth, both in and out of schools and learning institutes to recognize various forms of GBV and harmful practices and are aware of how and where to seek help when encountering such situations.
- 2.5. Implement measures that focus on child and adolescent abuse.
- 2.6. Create awareness among the population on risks of online harassment, technology-facilitated GBV (TFGBV), and other emerging digital threats, and available measures.
- 2.7. Improve and scale up empowerment and livelihood programme for Women in Difficult Circumstances.
- 2.8. Mainstream measures to prevent and respond to GBV in emergencies in the National Disaster Management Plan and Local Disaster Management and Contingency Plans



Enabling the Environment is the third pillar of the Strategy. This pillar focuses on strengthening national laws, policies, institutions, and systems to ensure coordinated and cohesive actions for addressing GBV and harmful practices.

Objective 3: By 2028, strengthen and maintain a supportive policy, legal, and institutional environment that prevents GBV and harmful practices.

Strategy 3: Identify and address the gaps, loopholes and contradictions in existing laws and policies and amend those provisions that do not align with established international practices to ensure a cohesive and effective legal and policy framework for preventing and responding to GBV and harmful practices.

The strategy will be achieved through the following interventions:

3.1 Build institutional capacity of NCWC in proposing new legislation or amend existing legislation, formulate rules and regulations, develop policies and strategies, monitor programmes, and provide guidance to stakeholders relating to GBV and harmful practices.

3.2 Improve Coordination amongst the service providers to facilitate seamless service experience amongst the GBV survivors.

3.3 Strengthen national laws including the Penal Code, DVPA and Information Communication and Media Act of Bhutan(ICMA) and other relevant laws to align with best practices for addressing GBV and harmful practices within the national context.

3.4 Enhance Enforcement of laws and policies.

3.5 Enhance Government financing for GBV prevention and response and to address underlying issues.



Data and evidence form the fourth pillar of the Strategy, aiming to strengthen the information systems necessary for making informed decisions regarding programmes and services that address GBV and harmful practices in Bhutan.

Objective 4: By 2028, establish a robust data collection and analysis system to inform and enhance programmes for preventing and responding to GBV and harmful practices. Strategy 4: Create a secure, standardized, nationwide data collection framework and analytical tools to continuously monitor, evaluate, and guide GBV prevention and response efforts with evidence-based insights.

The strategy will be achieved through the following interventions:

- 4.1 Strengthen GBV data collection and analysis across the key agencies.
- 4.2 Operationalize GBV Central Case Management Information system (CMIS) to be used by The PEMA and RENEW.
- 4.3 Establish a system of continuous knowledge development on GBV and harmful practices to guide policies and programmes.
- 4.4 Institute a system for disseminating information on the status of GBV and harmful practices in Bhutan to inform stakeholders and the general public.



Stakeholders consultation workshop on development of National GBV strategy in Paro: ©UNFPA/2024/Tshering Penjor

Partnerships

Government Agencies: The role of the government agencies in policy making, program implementation, and budget allocation are important to prevent and respond to GBV issues. The partnership among the central agencies plays a crucial role in advocacy and awareness through program implementation, policy decision through information and knowledge sharing and cost sharing during implementation. NCWC could leverage on the existing partnership and further strengthen the collaboration among agencies.

- Advocate on the implications of GBV as part of their program and initiatives.
- Collaborate with relevant agencies in disseminating and knowledge sharing on GBV.
- Strengthen communications between the government officials and service providers to leverage local insights, global practices and knowledge to enhance programme impact.

Development Partners: UN agencies play a vital role in addressing gender issues and GBV. Beyond financing, they contribute significantly to policy formulation, coordination, advocacy and even monitoring through instruments like CEDAW. Non-UN organizations also make substantial contributions. For example, Save the Children works with LGBT+ communities and on child protection, while organizations like the World Bank and the Asian Development Bank (ADB) incorporate strong gender components into their projects. The Japan International Cooperation Agency (JICA) also supports Bhutan in gender and child-related programmes, further strengthening efforts to promote gender equality and child protection. As Bhutan transitions to a middle-income country, it is essential to:

- advocate for continued support and explore new funding avenues to maintain progress.
- enhance coordination amongst the development partners to avoid duplication and ensure their support is focused on achieving strategic targets.
- tap into their technical resources to develop solutions for persistent GBV issues.

Civil Society Organizations: CSOs such as RENEW and Nazhoen Lamtoen are integral to addressing GBV as service providers. NCWC needs to nurture this relationship while strengthening its position as the regulatory body. Furthermore, to address the continuing challenge of gender and GBV issues in the communities, it is necessary to:

- collaborate with other CSOs to leverage their networks for implementing and expanding GBV prevention and response programmes.
- ensure coordination amongst the CSOs and the other stakeholders for gender and GBV prevention and response activities.

Academia: Universities play a major role in promoting gender through enrolment of women in their programmes and encouraging gender specific policies and programmes. Universities can further contribute through data analysis, building data intelligence, and helping develop solutions to underlying gender and GBV issues. The following are the suggested activities:

- partner with academic institutions for research on GBV trends and intervention effectiveness.
- work with universities to create educational programmes on GBV awareness and prevention and integrate these topics into curricula and community outreach.
- develop human resources such as counsellors, psychologists, sociologists, and gender experts that can lead and support the national programme on gender and GBV related issues.

Religious leaders and institutions: There is already a recognition of the role popular religious figures can play in shaping attitudes and perceptions about gender and GBV. Both Dratshang Lhentshog and Chhoday Lhentshog are now using religious gatherings and festivities (tshechus) as platforms to convey social messages and promote positive behavioural change. The following are some suggested ways to build and strengthen this partnership.

- collaborate with religious leaders to raise awareness about gender equality and to challenge harmful stereotypes.
- encourage religious institutions to create support networks and safe spaces for GBV survivors.
- integrate gender equality principles with religious teachings.

Private Sector: The private sector holds significant potential to impact social causes, including addressing GBV. There is a need to create an enabling environment for more proactive engagement with the private sector. To harness this potential, it is suggested:

- ensure companies and corporations adopt and enforce gender equality and anti-GBV policies.
- build partnerships with private sector entities for social projects and community initiatives, including programmes that address the specific needs of WIDC.

- use government procurement processes to set standards for gender equality among suppliers and business partners, ensuring alignment with national GBV objectives.
- provide public recognition of companies that actively contribute to GBV prevention and support efforts.

Local government: The Local Government Act 2009 (amended 2014) acknowledges the important role of local governments, entrusting them to “provide protection for women, children, and the physically challenged, and eliminate physical, mental, and emotional abuse and violence against women and children.⁶⁹” Forging strong partnership with the local government officials provides opportunities for ensuring effective GBV services at the local level. To capitalize on this potential, it is suggested to:

- explore ways to effectively employ local government officials in GBV prevention and response programmes while relieving civil servants of their functions, enabling them to focus on their core mandates.
- equip the local government officials with the skills and resources to support GBV initiatives and services.
- strengthen communications between the local government officials and service providers to leverage local insights and historical knowledge to enhance programme impact.

To successfully build and capitalize on partnerships with all key stakeholders, NCWC should create and implement a unified strategy that outlines the goals, roles, and expectations for each stakeholder group. Establishing clear communication channels is essential to regularly engage with each stakeholder, share updates, and address any concerns. Regularly assessing the effectiveness of partnerships and collaborative efforts will help ensure they are meeting their objectives. Additionally, recognizing and celebrating the achievements of these partnerships through public acknowledgment and success stories can enhance stakeholder engagement and motivation.

⁶⁹General Powers of the Local Government, Section 48 (j), Local Government Act 2009, 2014.

Annexures

(i) National Strategy on the Elimination of Gender Based Violence in Bhutan- Action and Monitoring Framework

Outputs	Indicator	Key Interventions	Lead Agency	Collaborating Agencies	Time frame					Means of verification of Key Interventions ⁷⁰
					2020	2021	2022	2023	2024	
					2020	2021	2022	2023	2024	
					0	0	0	0	0	
					2	2	2	2	2	
					4	5	6	7	8	
Response Pillar										
Output 1.1: Agency specific service standards for GBV cases are in place and adhered to by all relevant service providers, including health centres, justice, and legal services.	Number of specialized GBV service providers meeting the service standards. <i>Baseline: N/A</i> <i>Target: 100%</i>	Establish service standards for all specialized GBV service providers aligned with provisions of the GBV SOP and international benchmarks to ensure their services are responsive and effective.	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	Physical verification of service standards available in the service facilities.
		Establish and implement agency specific monitoring systems to ensure the implementation of these standards by all GBV Service providers.	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of monitoring reports of the service standards. (2) Interview of officials of NCWC, MoH, RBP, RCJ, RENEW, and The PEMA.
Output 1.2: Improved accessibility to comprehensive support services for ors.	Percent of audited health service locations that meet quality standards for sectoral response to GBV; Percent of police stations that include female staff trained on police response to GBV; and Percent of shelters which meets staffing standards set by NCWC. <i>Baseline- N/A</i> <i>Target- 100 Percent</i>	Ensure that key services, including health centres, police (especially Women and Child Protection Units/Desks), and courts, are made accessible to persons with disabilities.	NCWC, OCASC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	Physical verification of the facilities.
		Establish designated rooms or spaces within all specialized service providers where GBV survivors can speak privately, ensuring confidentiality and anonymity.	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	Physical verification of the facilities
		Establish or designate additional shelters and related services based on a comprehensive needs assessment to address specific requirements of survivors.	NCWC	RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	Physical Verification of the facilities and audit of services.
		Implement a survivor feedback mechanism across all service providers in line with the GBV SOP.	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of administrative records of the feedback. (2) Interview of officials of NCWC, MoH, RBP, RCJ, RENEW, The PEMA.

⁷⁰ Multiple methods are proposed for verifying some of the key interventions. The selection of these methods will depend on the comprehensiveness and reliability of available information systems, as well as resource availability and other relevant considerations.

Outputs	Indicator	Key Interventions	Lead Agency	Collaborating Agencies	Time frame					Means of verification of Key Interventions ⁷⁰
Output 1.3: Improved availability of GBV services for all sections of the population including appropriate referrals for these services.	Percentage of GBV-related cases reported through different systems that received survivor-centred services. <i>Baseline: N/A</i> <i>Target: 100%</i>	Undertake a service mapping of all the GBV services to identify gaps, particularly within the dzongkhags.	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	Service Mapping Report.
		Explore and implement measures to strengthen the roles and responsibilities of local government officials, particularly within the Gewog Administration and Thromdes, to improve GBV response services. This will include, among other actions, reviewing the SOP to expand the involvement of elected local officials in alignment with the Local Government Act.	NCWC	DLG (MoHA) RENEW The PEMA RBP	✓	✓	✓	✓	✓	Document Review of the Revised GBV all GBV survivSOP.
		Review the existing services related to GBV reporting system and referral pathways and mechanisms and ensure they are easily accessible, confidential, user-friendly and survivor centred.	NCWC	MoH OAG RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of Review of GBV Reporting and Referral system. (2) Interview of relevant officials of NCWC, MoH, OAG, RBP, RCJ, RENEW and The PEMA. (3) Service Audits
		Ensure that service providers make special considerations in line with the GBV SOPs when supporting child and adolescent survivors, survivors with disabilities, elderly survivors, male survivors of sexual violence, and LGBT+ survivors of GBV.	NCWC	MoH OAG RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of administrative records, including monitoring reports of the services. (2) Interview of relevant officials of NCWC, MoH, OAG, RBP, RCJ, RENEW and The PEMA.
		Develop and implement a protocol for responding to technology-facilitated GBV and ensure its implementation.	NCWC	GovTech RBP	✓	✓	✓	✓	✓	(1) Document review of relevant administrative records/statistics related to TFGBV. (2) Interview of officials of NCWC, RBP and GovTech.
		Develop and implement a comprehensive mechanism for Protection from Sexual Exploitation, Abuse and Sexual harassment (PSEAH) within civil service agencies, corporations, and the private sector.	NCWC	RCSC BCCI	✓	✓	✓	✓	✓	(1) Document review of administrative records on implementation of PSEAH. (2) Interview of relevant officials of the respective agencies. (3) Surveys of civil servants, employees of the corporations and private sector on the availability and functionality of these services.
		Ensure all civil service agencies, corporations, schools, monastic institutes, technical training institutes, and higher education institutes have the ability to sensitively and confidentially receive GBV disclosure, provide psychological first aid, and make immediate appropriate referrals available. This can be achieved by maintaining trained focal points within each institution to support these efforts.	NCWC	MoESD RUB KGUMS JSWSL RIM	✓	✓	✓	✓	✓	(1) Document review of administrative records of the implementation of the GBV reporting system in schools, monastic institutes, technical training institutes and higher education institutes. (2) Interview of administrators of schools, monastic institutes, technical training institutes and higher education institutes. (3) Surveys of students of schools, monastic institutes, technical training institutes and higher education institutes to ascertain the functionality of these services.

Outputs	Indicator	Key Interventions	Lead Agency	Collaborating Agencies	Time frame					Means of verification of Key Interventions ⁷⁰
Output 1.4: Improved and expanded empowerment programme for GBV survivors.	The proportion of GBV survivors enrolled in the empowerment programme relative to the total number of survivors eligible and willing to enrol in the empowerment programme. <i>Baseline: N/A</i> <i>Target: 100%.</i>	Conduct a needs assessment of empowerment programme for GBV survivors, including an evaluation of how well the existing programmes address such needs.	NCWC	RENEW The PEMA	✓	✓	✓	✓	✓	Needs Assessment Report
		Explore and implement public/private partnerships to prepare women in difficult circumstances with workforce skills and implement a range of other empowerment programmes for GBV survivors as per assessment findings.	NCWC	RENEW The PEMA Nazhoen-Lamten.	✓	✓	✓	✓	✓	(1) Document review of administrative records/ statistics of the empowerment programme. (2) Interview of officials of NCWC RENEW, The PEMA, and Nazhoen Lamtoen. (3) Service Audits.
Output 1.5 Enhanced institutional capacities for service providers to provide timely, appropriate, and inclusive GBV services.	Percentage of agencies that meet the established staffing standards <i>Baseline: N/A</i> <i>Target: 100% of staffing standards met.</i>	Develop and implement staffing standards for all specialized GBV service providers in terms of staff-case ratio, and minimum staff qualifications.	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of administrative records/ statistics of the specialized GBV service providers. (2) Interview of relevant officials of NCWC, MoH, RBP, RCJ, RENEW, and The PEMA. (3) Service Audits.
		Explore and introduce certification programme for a list of services which are not covered by existing professional certification systems.	NCWC	MoH RBP RCJ RENEW The PEMA DWPSD (MoESD) BQPCA	✓	✓	✓	✓	✓	(1) Document review of administrative records/ statistics of implementation of the certification system. (2) Interview of relevant officials of NCWC, DWPSD of MoESD, BQPCA, MoH, RBP, RCJ, RENEW and The PEMA.
		Develop and implement a comprehensive staff development programme for the specialized GBV service providers, including essential skills for GBV in emergencies, additional safety and ethical standards for responding to GBV survivors with disabilities and LGBT+ and training on the support needs of adult survivors when GBV and child abuse co-occur.	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of administrative records/ statistics of the specialized service providers. (2) Interview of relevant officials of NCWC and MoH, RBP, RCJ, RENEW and The PEMA.
		Develop and implement HRD plans for MoH, RCJ, and Local Governments on responding to GBV cases.	NCWC	MoH RBP RCJ BNLI DLG (MoHA)	✓	✓	✓	✓	✓	(1) Document review of HRD plans and relevant administrative records/ statistics regarding their implementation. (2) Interview of relevant officials from MoH, RBP, RCJ and BNLI, DLG.
		Develop and institute a mechanism for continuous assessment and upskilling of GBV service providers	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of relevant policies and systems as well administrative records/ statistics. (2) Interview of relevant officials from MoH, RBP, RCJ, BNLI, RENEW, and The PEMA.

Outputs	Indicator	Key Interventions	Lead Agency	Collaborating Agencies	Time frame					Means of verification of Key Interventions ⁷⁰
Output 1.6 Enhanced mechanism for uninterrupted, appropriate and timely services for GBV survivors during emergencies.	GBV in Emergencies (GBViE) component is incorporated in existing GBV SOP. <i>Baseline: No</i> Target: Yes	Review SOP GBV Prevention and Response to integrate procedures and minimum standards on GBV in emergencies (GBViE).	NCWC	DDM (MoHA) MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	Revised GBV SOP with incorporations of GBV in emergencies.
		Establish a referral pathway detailing where and how survivors can access (health, psychosocial, protection, legal and socio-economic) services and support during emergencies.	NCWC	DDM (MoHA) MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	Revised GBV SOP with referral pathways for GBV survivors during emergencies.
		Integrate protection services during emergencies in the revised National Disaster Response and Coordination Committee Structure.	NCWC	DDM (MoHA) MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	Revised National Disaster Response and Coordination Committee Structure.
		Enhance the capacity of organizations working on gender-based violence (GBV) to meet minimum standards for prevention and response during emergencies.	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of relevant administrative records, including training records of NCWC, MoH, RBP, RCJ, RENEW, and The PEMA. (2) Interview of relevant officials from MoH, RBP, RCJ, The PEMA, and RENEW.
		Implement a comprehensive package Minimum Initial Service Package (MISP) to address sexual violence, maternal/neonatal health, adolescent needs, HIV transmission, and overall sexual and reproductive health (SRH). This includes providing necessary equipment and supplies.	NCWC	MoH RENEW The PEMA	✓	✓	✓	✓	✓	Document review of policies and relevant protocols implemented by the respective agencies.

Outputs	Indicator	Key Interventions	Lead Agency	Collaborating Agencies	Time frame					Means of verification of Key Interventions ⁷⁰
Prevention Pillar										
Output 2.1: Increased awareness of the various forms of GBV and harmful practices and their consequences amongst the policy makers, community leaders, religious personalities, other influencers, and the general population.	Percentage of the different segments of population aware of the various forms of gender biases and GBV, and its consequences. <i>Baseline: N/A</i> <i>Target: At least 50% of the identified group</i>	Assess the knowledge and attitudes towards GBV and harmful practices such as child marriage across different population groups including policy makers, community and religious leaders, influencers and the general population.	NCWC	NSB LGs Dratshang-Lhentshog Chhoday-Lhentshog	✓	✓	✓	✓	✓	Assessment/ Survey Reports
		Develop advocacy and education programmes and materials that best meet the values, concerns, and motivations of each target group.	NCWC		✓	✓	✓	✓	✓	Document review of advocacy materials and other products.
		Implement the advocacy and education programmes for each target group including capacity building workshops for policy makers, and sensitization training for religious leaders, community leaders and social influencers.	NCWC	DoMCIIP ⁷¹ Relevant-CSOs.	✓	✓	✓	✓	✓	(1) Document review of relevant implementation reports. (2) Interview of relevant officials of NCWC and representatives of target groups.
Output 2.2: Enhanced role played by the local government officials in preventing GBV and harmful practices.	Annual Budget kept by/ for Local Governments to support GBV prevention activities. <i>Baseline: N/A</i> <i>Target: At least 10% of the annual budget</i>	Assess the current and potential roles of local government officials in preventing GBV within their communities, guided by relevant provisions in the Local Government Act.			✓	✓	✓	✓	✓	Assessment Reports
		Implement measures identified by the assessment.			✓	✓	✓	✓	✓	Document review of activities conducted by the Local Government.
Output 2.3: Enhanced role played by media houses in educating and swaying public opinion against GBV and harmful practices.	Number of GBV related feature stories covered ethically and sensitively by Kuensel and BBS in a year. <i>Baseline = N/A</i> <i>Target: 5 stories annually</i>	Train journalists on gender sensitive and GBV reporting.	NCWC	DoMCIIP	✓	✓	✓	✓	✓	(1) Document review of training reports. (2) Survey/ interview of journalists
		Engage the media to advocate GBV prevention among different sections of the population.	NCWC	DoMCIIP	✓	✓	✓	✓	✓	(1) Documentation of media advocacy on GBV prevention (2) Interview of officials from NCWC and DoMCIIP.
Output 2.4: Youth, both in and out of schools and learning institutes are equipped to recognize various forms of GBV and harmful practices and are aware of how and where to seek help when encountering such situations.	Percentage of children of 6-18 who are aware of the different forms and causes of GBV. <i>Baseline= N/A</i> <i>Target= At least 50% of children aged 6-18 years</i>	Review the CSE programme in schools and monastic institutions and implement measures to ensure it effectively meets its objectives.	NCWC	MoESD	✓	✓	✓	✓	✓	(1) Document review of Review Reports of CSE. (2) Interview of officials of NCWC, MoESD, Dratshang Lhentshog and Chhoday Lhentshog.
		Include CSE programme relevant to the age group in all technical training institutes and higher education institutes.	NCWC	MoESD	✓	✓	✓	✓	✓	(1) Document review of curriculum approvals, implementation reports, etc. (2) Interview of administrators of technical training institutes and higher education institutes.
		Incorporate relevant elements of CSE in all MoESD's out of school youth programmes.	NCWC	MoESD	✓	✓	✓	✓	✓	(1) Document review of relevant monitoring reports of the out of school youth programmes. (2) Interview of relevant officials of MoESD.

⁷¹Department of Media, Creative Industries and Intellectual Property

OutputS	Indicator	Key Interventions	Lead Agency	Collaborating Agencies	Time frame					Means of verification of Key Interventions ⁷⁰
Output 2.5 A violence free home environment for children.	Percentage mothers/caretakes of children aged 1-14 years who believe that physical punishment is needed to bring up, raise, or educate a child properly. <i>Baseline=29.8%</i> <i>Target=20%</i>	Develop and implement sessions on promoting a violence-free child development environment within MoH's parenting Education programme.	NCWC	MoH	✓	✓	✓	✓	✓	(1) Document review of curriculum materials related to violence free child development environment and implementation reports. (2) Interview/ survey of relevant Health workers.
		Implement sessions on promoting violence free child development environments within MoESD's parenting education programme using well tested tool kits such as those deployed for Dekyid Thuendrel positive parenting programme.	NCWC	MoESD	✓	✓	✓	✓	✓	(1) Document review of curriculum materials on promoting violence free child development environment and implementation reports. (2) Interview of ECCD facilitators.
		Explore and implement other programmes to ensure violence free home environment.	NCWC	MoESD Nazhoen Lamtoen RENEW The PEMA	✓	✓	✓	✓	✓	Reports of relevant projects and programmes.
Output 2.6: A well-informed population that understands the risks of online harassment, technology-facilitated GBV (TFGBV), and other emerging digital threats, and is aware of available measures and services to prevent and address these risks.	Percentage of the national population who have basic knowledge about the risks of online harassment and TFGBV. <i>Baseline=N/A</i> <i>Target= 60%.</i>	Conduct an assessment of technology use and exposure to online threats, including sexual harassment and TFGBV.	Gov-Tech	NCWC	✓	✓	✓	✓	✓	Assessment Reports
		Develop and implement guidelines to reduce risks of online harassment and TFGBV.	Gov-Tech	NCWC	✓	✓	✓	✓	✓	(1) Document review of Published Guidelines. (2) Survey of the representative groups of population/
Output 2.7: Expanded and improved empowerment programme for Women in Difficult Circumstance.	Number of WIDC benefitting from targeted empowerment programme. <i>Baseline=N/A</i> <i>Target= At least 200 annually</i>	Conduct an assessment to understand the unique challenges faced by WIDC that both enhance their vulnerability to GBV and increase the risks associated with it.	NCWC	RENEW The PEMA Cabinet	✓	✓	✓	✓	✓	Assessment Report
		Develop an empowerment programme to address the challenges faced by WIDC and implement these initiatives through partnership with other relevant Government agencies and CSOs.	NCWC	RENEW The PEMA Cabinet	✓	✓	✓	✓	✓	(1) Document review of curriculum materials and relevant administrative records including monitoring reports of the programme. (2) Interview of relevant officials of the NCWC and other stakeholders.

Outputs	Indicator	Key Interventions	Lead Agency	Collaborating Agencies	Time frame					Means of verification of Key Interventions ⁷⁰
Output 2.8: National Disaster Management Plan and Local Disaster Management and Contingency Plans that include measures to prevent and address GBV during disasters.	Relevant National Disaster Management and local plans include measures to address GBV during disasters. <i>Baseline= No</i> <i>Target= Yes.</i>	Enhance representation of agencies such as NCWC and Disabled People's Organizations of Bhutan in risk assessment and contingency planning processes.	DDM (MoHA)	NCWC OPD	✓	✓	✓	✓	✓	(1) Document review of administrative records of relevant assessment and contingency planning processes. (2) Interview of relevant officials of DDM (MoHA).
		Introduce a dedicated section on GBV prevention and response into each disaster risk reduction programme, and relevant disaster management plans and contingency plans.	DDM (MOHA)	NCWC	✓	✓	✓	✓	✓	Document review of revised Disaster Management Plans
		Increase female participation in disaster relief and rescue teams.	DDM (MOHA)	NCWC	✓	✓	✓	✓	✓	(1) Document review of administrative records of the DDM, MoHA. (2) Interview of relevant officials of DDM, MoHA.
		Advocate for including SRH and GBV considerations in early warning systems to identify vulnerable populations.	NCWC	DDM (MoHA)	✓	✓	✓	✓	✓	Reports of advocacy undertaken.
		Conduct assessments of SRHR needs and GBV risks in disaster-prone areas. Map existing GBV response services and evaluate their capacity.	NCWC	DDM (MoHA)	✓	✓	✓	✓	✓	Assessment reports
Enabling Environment Pillar										
Output 3.1: Empowered NCWC that is capacitated to propose new legislation or amend existing legislation, formulate rules and regulations, develop policies and strategies, monitor programmes, and provide guidance to stakeholders relating to GBV and harmful practices.	Stakeholders' satisfaction for the role played by NCWC on policy initiative, coordination, resource mobilization, and solving issues. <i>Baseline=N/A.</i> <i>Target= 90% satisfaction level for each of the roles identified above.</i>	Augment NCWC Secretariat staff with a team of experienced specialists who can collectively support the functions of an empowered NCWC.	NCWC	MoESD RCSC	✓	✓	✓	✓	✓	(1) Review of relevant staff statistics of NCWC. (2) Interview of the chairpersons of NCWC and head of the NCWC secretariat.
Output 3.2 Improved Coordination amongst the service providers to facilitate seamless service experience amongst the GBV survivors.	Rank coordination as an issue. <i>Baseline= Coordination issue feature under the top ten issues.</i> <i>Target: Coordination no longer featured under the top ten issues.</i>	Establish a National GBV Coordination Committee representing key stakeholders.	NCWC	RCSC Cabinet	✓	✓	✓	✓	✓	Relevant Government Order of the establishment of the Committee and minutes of Committee meetings, regularly updated referral pathway (minimum every 6 months)
		Establish a system of joint training programmes for officials from health centres, RBP, RCJ, Local Governments, RENEW and The PEMA.	NCWC	MoH RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of relevant training reports, etc. (2) Interview of relevant officials from NCWC, RBP, RCJ, RENEW and The PEMA.

Outputs	Indicator	Key Interventions	Lead Agency	Collaborating Agencies	Time frame					Means of verification of Key Interventions ⁷⁰
Output 3.3: Strengthened National laws including the Penal Code, DVPA and Information Communication and Media Act of Bhutan(ICMA) and other relevant laws which are aligned with best practices for addressing GBV within the national context.	Number of provisions in the national laws that are aligned with international best practices. <i>Baseline=N/A</i> <i>Target= 3.</i>	Review and amend relevant provisions of the Penal Code, particularly focusing on the provisions relating to sexual offences, child abuse and use of force for care, discipline, or safety of another person.	NCWC	OAG	✓	✓	✓	✓	✓	(1) Document review of administrative records of reviews conducted, relevant amendments made and new laws enacted. (2) Interview of relevant officials of NCWC and OAG.
		Review and amend DVPA focusing on those sections that have led to inconsistencies and conflict with accepted good practices.	NCWC	OAG	✓	✓	✓	✓	✓	(1) Document review of administrative records of reviews conducted, relevant amendments made and new laws enacted. (2) Interview of relevant officials of NCWC and OAG.
		Review the provisions of ICMA relating to online GBV offences and amend if required.	NCWC	OAG GovTech	✓	✓	✓	✓	✓	(1) Document review of administrative records of reviews conducted, relevant amendments made and new laws enacted. (2) Interview of relevant officials of NCWC and OAG.
Output 3.4: Enhanced enforcement of laws and policies.	Number of relevant provisions in national laws and policies that are enforced: <i>Baseline= N/A</i> <i>Target=At least 1%.</i>	Develop and implement a monitoring system, along with an accountability framework, to ensure compliance with the provisions of the DVPA, CCPA, and relevant legislation and policies.	NCWC	MoH OAG RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of monitoring reports. (2) Interview of relevant officials of NCWC, MoH, OAG, RBP, RCJ, RENEW and the PEMA.
		Establish a mechanism to regularly brief agencies, including the Parliament on the status of implementing the provisions of the DVPA, CCPA, NGEP, and other relevant laws and policies, and undertake necessary measures to resolve issues and gaps.	NCWC	MoH OAG RBP RCJ RENEW The PEMA	✓	✓	✓	✓	✓	(1) Document review of policy briefs and reports submitted to relevant agencies. (2) Interview of NCWC officials.
Output 3.5: Enhanced Government financing for GBV prevention and response and to address underlying issues.	Percentage of the national budget that is dedicated to gender and GBV related programme. <i>Baseline=N/A</i> <i>Target= At least 1%.</i>	Review and revise GRPB tools based on the lessons drawn from implementing this system in the past.	MoF	NCWC	✓	✓	✓	✓	✓	GRPB Tools
		Orient and train all budget agencies in the use of the new GRPB tool.	MoF	NCWC	✓	✓	✓	✓	✓	Document review of training and related reports.
		Develop and implement a monitoring system for GRPB.	MoF	NCWC	✓	✓	✓	✓	✓	(1) Document review of the monitoring system in place and reports generated from the system. (2) Interview of relevant officials implementing the monitoring system.
		Train the oversight bodies (Parliament, Royal Audit) on GRPB.	MoF	NCWC	✓	✓	✓	✓	✓	Document review of Training reports.

Outputs	Indicator	Key Interventions	Lead Agency	Collaborating Agencies	Time frame					Means of verification of Key Interventions ⁷⁰
Data and Evidences Pillar										
Output 4.1: Strengthened GBV data collection and analysis across the key agencies.	Percent of service providers that have secure systems for data collection, and standards for protection, use, and dissemination. <i>Baseline: N/A</i> <i>Target= 80%</i>	Review the relevant information systems of all relevant agencies, including MoH, OAG, RBP, RCJ, RENEW, The PEMA, and Nazhoen Lamtoen, using appropriate tool.	NCWC	MoH OAG RBP RCJ RENEW The PEMA GovTech	✓	✓	✓	✓	✓	(1) Document review of Stakeholders' GBV related Information Systems Review Report. (2) Interviews of relevant officials from NCWC, MoH, OAG, RBP, RCJ, RENEW, The PEMA, and Nazhoen Lamtoen.
		Implement measures to enhance the GBV information of the relevant agencies based on the above review and to ensure they meet organizational needs, data security requirements, and standards set by NCWC, and enable the provision of reliable and consistent GBV case data to NCWC for analysis.	NCWC	MoH OAG RBP RCJ RENEW The PEMA GovTech	✓	✓	✓	✓	✓	(1) Document review of administrative records relating to measures taken by agencies to improve the information system. (2) Interview of officials from NCWC, MoH, OAG, RBP, RCJ, RENEW, The PEMA, Nazhoen Lamtoen, GovTech.
Output 4.2: : An operational GBV Central Case Management Information system (CMIS) to be used by The PEMA and RENEW	CMIS operational. <i>Baseline= No</i> <i>Target=CMIS operational.</i>	Develop a concept note of the GBV Case Management Information System detailing the key features and functions of the system.	NCWC	RENEW The PEMA GovTech	✓	✓	✓	✓	✓	Approved Concept Note.
		Develop and operationalize the GBV Case Management Information System and Information Sharing Protocol, accompanied by a comprehensive training plan for case workers, managers, and information management/ data analysis staff.	Gov-Tech	RENEW The PEMA NCWC	✓	✓	✓	✓	✓	(1) Physical verification/ Service Audit. (2) Interview of relevant officials from The PEMA and RENEW.
Output 4.3: A system of continuous knowledge development on GBV and harmful practices to guide policies and programmes.	Number of relevant research papers on GBV published in peer-reviewed journals. <i>Baseline=0.</i> <i>Target= 3.</i>	Establish collaborations with national universities/institutions to encourage faculty and student research on GBV-related topics using safe, survivor-centered methodologies.	NCWC	RUB KGUMS JSWSL	✓	✓	✓	✓	✓	(1) Document review of MoUs or other agreements. (2) Interview of NCWC and other participating agencies (possibly RUB, KGUMS, JSWSL).
		Create dedicated research funds to support studies addressing GBV and harmful practices.	NCWC	MoF	✓	✓	✓	✓	✓	(1) Document review of Relevant details of the Fund that is created. (2) Interview of relevant NCWC and MoF officials.
		Conduct a second comprehensive study on VAW/G.	NCWC	NSB	✓	✓	✓	✓	✓	VAW/G Study Report 2027.
Output 4.4: A system for disseminating information on the status of GBV and harmful practices in Bhutan to inform stakeholders and the general public.	Number of Annual Reports on GBV and harmful practices in Bhutan. <i>Baseline: No</i> <i>Target: 4.</i>	Publish an Annual Report on the status of women and children in the country including GBV and harmful practices in Bhutan.	NCWC	MoH OAG RBP RCJ RENEW The PEMA Nazhoen-Lamten.	✓	✓	✓	✓	✓	Annual Reports
		Organize national discussions and forums to garner support for programmes addressing GBV and harmful practices in Bhutan	NCWC	MoH OAG RBP RCJ RENEW The PEMA Nazhoen-Lamten.	✓	✓	✓	✓	✓	(1) Document review of relevant reports of conferences, forums and events. (2) Interview of relevant officials from NCWC, MoH, OAG, RBP, RCJ, RENEW, The PEMA and Nazhoen Lamtoen.

Annexure I: Four Pillars of the Strategy

Response is the first pillar of the Strategy to eliminate GBV and harmful practices. It aims to ensure universal access to GBV services while upholding service quality in line with international best practices. The Strategy seeks to develop a system-wide approach, engaging key sectors and agencies to deliver an inclusive, comprehensive and coordinated response to GBV survivors.

Objective 1: By 2028, ensure accessible, high-quality, and comprehensive response services for all survivors of GBV.

Strategy 1: Develop/strengthen and sustain integrated and inclusive services including case management, healthcare, mental health and psycho-social support, justice and protection, and shelters, ensuring they are widely accessible and fully prepared to address the diverse needs of GBV survivors.

The strategy will be achieved through following key interventions:

- 1.1 Develop agency specific service standards for GBV cases to be adhered to by all relevant GBV service providers, including health centres, justice, and legal services.
- 1.2. Improve accessibility to comprehensive support services for all GBV survivors including survivors with disabilities and LGBT+.
- 1.3. Improve the availability of GBV services for all sections of the population including through appropriate reporting and referral mechanisms for these services.
- 1.4. Improve and expand empowerment and livelihood programmes for GBV survivors.
- 1.5. Enhance institutional capacities for service providers to provide timely, appropriate, and inclusive GBV services.
- 1.6. Enhance mechanism for uninterrupted, appropriate and timely services for GBV survivors during emergencies.

Output 1.1: Agency specific service standards for GBV cases are in place and adhered to by all relevant GBV service providers, including health centres, justice, and legal services.

Bhutan's SOP for GBV Prevention and Response, the Essential Services Package for Women and Girls Subject to Violence, and the Interagency Guidelines for GBV Case Management set broad standards for service providers. To strengthen the implementation and address the underlying gaps in services, the following key interventions will be implemented:

- Establish and enhance service standards for all specialized GBV service providers aligned with provisions of the GBV SOP and international benchmarks to ensure their services are responsive and effective.
- Establish and implement agency specific monitoring systems to ensure the implementation of these standards by all GBV Service providers.

Output 1.2: Improved accessibility to comprehensive support services for all GBV survivors.

To improve access to services for all survivors of GBV, the following key interventions will be taken:

- Ensure that key services, including health services, police (especially Women and Child Protection Units/Desks), and courts, are made accessible to persons with disabilities.
- Establish designated rooms or spaces within all GBV specialized service providers where survivors can speak privately, ensuring confidentiality and anonymity.
- Establish or designate additional shelters (including identifying options for alternative arrangements) and other relevant services based on a comprehensive needs assessment to address specific requirements of survivors.
- Implement a survivor feedback mechanism across all service providers in line with the GBV SOP.
- Undertake a service mapping of all the GBV services to identify gaps, particularly within the dzongkhags and thromdes.

Output 1.3 Improved availability of GBV services for all sections of the population including appropriate referrals for these services.

Despite various initiatives to address sexual exploitation, harassment, and GBV across the general population, including in workplaces, educational institutions, and communities, these efforts have not yet achieved the desired level of effectiveness. To bridge these gaps, the following actions will be taken:

- Explore and implement measures to strengthen the roles and responsibilities of local government officials, particularly within the Gewog Administration and Thromdes, to improve GBV response services. This will include, among other actions, reviewing the GBV SOP to expand the involvement of elected local officials in alignment with the Local Government Act.
- Review the existing services related to GBV reporting system and referral pathways and mechanisms and ensure they are easily accessible, confidential, user-friendly, survivor centred and regularly updated.

- Ensure that service providers make special considerations in line with the GBV SOPs when supporting child and adolescent survivors, survivors with disabilities, elderly survivors, male survivors of sexual violence, and LGBT+ survivors of GBV.
- Develop and implement a protocol for responding to technology-facilitated GBV and ensure its implementation.
- Develop and implement a comprehensive mechanism for Protection from Sexual Exploitation, Abuse and Sexual harassment (PSEAH) within civil service agencies,⁷² corporations, and the private sector .⁷³
- Ensure all civil service agencies, corporations, schools, monastic institutes, technical training institutes, and higher education institutes have the ability to sensitively and confidentially receive GBV disclosure, provide psychological first aid, and make immediate appropriate referrals available. This can be achieved by maintaining trained focal points within each institution to support these efforts.

Output 1.4: Improved and expanded empowerment programme for GBV survivors.

The current empowerment programme is limited to livelihood and skills development programmes implemented mainly by CSOs. To ensure GBV survivors have access to comprehensive and appropriate programmes, the following key interventions will be taken:

- Conduct a needs assessment of empowerment programmes for GBV survivors, including an evaluation of how well the existing programmes address such needs.
- Explore and implement public/private partnerships to prepare women in difficult circumstances with workforce skills and implement a range of other empowerment programmes for GBV survivors as per assessment findings.

Output 1.5 Enhanced institutional capacities for service providers to provide timely, appropriate, and inclusive GBV services.

The standard and quality of GBV services depend on the competencies of staff as well as the management systems, including effective supervision and monitoring of the responsible agencies and individuals. While these are closely tied to an organization's ethos, experience, and commitment, efforts must be made to professionalize services by setting minimum qualifications, promoting a robust system of staff development, and introducing certification systems for key GBV services and service providers. This will help ensure minimum standards and maintain service quality. Towards this, the following interventions shall be implemented:

- Develop and implement staffing standards for all specialized GBV service providers as per the SOP on GBV prevention and response and minimum staff qualifications.
- Explore and introduce certification programmes for a list of services which are not covered by existing professional certification systems.
- Develop and implement a comprehensive staff development programme for the specialized GBV service providers, including essential skills for GBV in emergencies, additional safety and ethical standards for responding to GBV survivors with

⁷² The Go-To Person system can be revamped to address this.

⁷³ For Corporations and the Private Sector, this would include the implementation of The Internal Framework To Address Gender Related Issues At Workplace.

disabilities and LGBT+ and training on the support needs of adult survivors when GBV and child abuse co-occur.

- Develop and implement HRD plans for MoH, RCJ, RBP, and Local Government Officials on responding to GBV cases.
- Develop and institute a mechanism for continuous assessment and upskilling of GBV service providers.

Output 1.6 Enhanced mechanism for uninterrupted, appropriate and timely services for GBV survivors during emergencies.

To ensure continued services for GBV survivors during emergencies, the following key interventions will be taken:

- Review SOP GBV Prevention and Response to integrate procedures and minimum standards on GBV in emergencies (GBViE).
- Establish a referral pathway detailing where and how survivors can access (health, psychosocial, protection, shelter, legal and socio-economic) services and support during emergencies.
- Integrate protection services during emergencies in the revised National Disaster Response and Coordination Committee Structure and plans.
- Enhance the capacity of organizations working on gender-based violence (GBV) to meet minimum standards for prevention and response during emergencies.⁷⁴
- Develop and implement a comprehensive package Minimum Initial Service Package (MISP) to address sexual violence, maternal/neonatal health, adolescent needs, HIV transmission, and overall sexual and reproductive health (SRH). This includes providing necessary equipment and supplies.

⁷⁴The Inter-Agency Minimum Standards for Gender-based Violence in Emergencies (GBViE) are a set of 16 standards that aim to improve the quality of GBV prevention and response programmes. Please refer to: <https://gbvaor.net/gbviems>

Prevention is the second pillar of the Strategy. It focuses on addressing the root causes of GBV and harmful practices such as social and cultural norms and practices and their consequences through education and advocacy targeted at key population groups, including policymakers, communities, media, and youth. It further seeks to prevent GBV by reducing the vulnerability of at-risk populations and enhancing the conditions that foster safety and security for everyone at all times, including during emergencies.

Objective 2: By 2028, achieve a cultural and societal shift towards zero tolerance for GBV and harmful practices through education, awareness, and community engagement.

Strategy 2: Launch targeted education and awareness campaigns for communities and specific population groups, while integrating GBV prevention into all education and training programmes to achieve a societal shift toward zero tolerance for GBV and harmful practices.

The strategy will be achieved through the following interventions:

2.1. Create awareness of the various forms of GBV and harmful practices and their consequences amongst the policy makers, community leaders, religious personalities, other influencers, and the general population.

2.2. Engage local government officials as partners in preventing GBV and harmful practices at the community level

2.3. Foster partnership with the media to advocate for GBV prevention among different sections of the society.

2.4. Equip youth, both in and out of schools and learning institutes to recognize various forms of GBV and harmful practices and are aware of how and where to seek help when encountering such situations.

2.5. Implement measures that focus on child and adolescent abuse.

2.6. Create awareness among the population on risks of online harassment, technology-facilitated

GBV (TFGBV), and other emerging digital threats, and available measures.

2.7. Improve and scale up empowerment and livelihood programme for Women in Difficult

Circumstances.

2.8. Mainstream measures to prevent and respond to GBV in emergencies in the National

Disaster Management Plan and Local Disaster Management and Contingency Plans

Output 2.1: Increased awareness of the various forms of GBV and harmful practices and their consequences amongst the policy makers, community leaders, religious personalities, other influencers, and the general population.

The approach will employ a targeted, evidence-based strategy to address the knowledge gaps, attitudes, and perceptions related to GBV and harmful practices among different population groups. It aims to deliver customized advocacy and education programmes that align with the specific values and concerns of each target group, ensuring they are equipped to effectively contribute to addressing GBV and changing harmful societal norms and practices. To achieve this, the following key interventions will be implemented:

- Assess the knowledge and attitudes towards GBV and harmful practices such as child marriage across different population groups including policy makers, community and religious leaders, influencers and the general population.
- Develop advocacy and education programmes and materials that best meet the values, concerns, and motivations of each target group.
- Implement the advocacy and education programmes for each target group including capacity building workshops for policy makers, and sensitization training for religious leaders, community leaders and social influencers.

Output 2.2: Enhanced role played by the local government officials in preventing GBV and harmful practices.

To leverage local insights and knowledge, collaborative frameworks will be established to actively involve local government officials in delivering and supporting GBV services. These frameworks will be designed based on a realistic assessment of the officials' capacities to ensure effective implementation. To this end, the following actions will be undertaken:

- Assess the current and potential roles of local government officials in preventing GBV within their communities, guided by relevant provisions in the Local Government Act.
- Implement measures identified by the assessment.

Output 2.3: Enhanced role played by media houses in educating and swaying public opinion against GBV and harmful practices.

To elevate the media's role in addressing GBV and harmful practices, it is essential to empower journalists through education and training, enabling them to engage in responsible reporting while creating compelling stories that drive greater public awareness and advocacy for change. Towards this, the following key interventions will be taken:

- Train journalists on gender sensitive and GBV reporting.
- Engage, media to advocate for GBV prevention Create a Fund to be accessed by media houses on a competitive basis for undertaking in-depth stories that ethically and sensitively address GBV and harmful practices among different sections of the population.

Output 2.4: Youth, both in and out of schools and learning institutes are equipped to recognize various forms of GBV and harmful practices and are aware of how and where to seek help when encountering such situations.

The government has introduced various strategies such as School Wellbeing strategy, youth engagement programmes, comprehensive Sexuality Education (CSE) etc., to equip young people with the knowledge and skills needed to make informed, respectful choices about relationships and sexuality, promote gender equality, and lead lives free from GBV and health risks. This strategy aims to build on the initiatives within general and monastic schools to ensure that impactful CSE reaches all youth across the country⁷⁵. Towards this the following key intervention will be taken:

- Review these programmes in schools and monastic institutions and implement measures to ensure it effectively meets its objectives and is sustainable.
- Include programmes relevant to the age group in all technical training institutes and higher education institutes.
- Incorporate relevant elements in all Ministry of Education and Skills Development's (MoESD) out of school youth programmes.

Output 2.5: Child and adolescent abuse prevented

Violence against children (VAC) can take multiple forms, including child maltreatment, bullying, youth violence, intimate partner violence (IPV), sexual violence, or emotional violence, with certain forms occurring at different stages in a child's development. VAC and violence against women (VAW) are closely related, with strong evidence demonstrating the multiple links between the two, including shared risks, common consequences and overlaps. This output aims to prevent the multiple forms of violence against children and adolescents. It focuses on integrated approaches which intentionally seek to reduce the shared risk factors and stop the intergenerational cycle of violence and abuse in households and communities. It includes approaches aimed at preventing violence against adolescents, including forms of bullying, peer and dating violence, and sexual exploitation experienced in school settings. Towards this the following key intervention are included:

- Adopt and implement parenting interventions or services aimed at improving caregiver-child relationships and discipline practices, as well as intentionally promoting gender equality and challenging restrictive gender norms, roles and relationships.
- Adapt and implementation of the Life skills education curriculum to include approaches to promoting gender equality and addressing peer and relationship violence among adolescents both in school and in out-of-school settings
- Develop and implement psychological interventions to address the mental health and trauma outcomes associated with childhood experience or witnessing of violence.

Output 2.6: A well-informed population that understands the risks of online harassment, technology-facilitated GBV (TFGBV), and other emerging digital threats, and is aware of available measures and services to prevent and address these risks.

This will involve raising awareness of the online threats and education about safe and responsible use of technology.

⁷⁵All references to schools, monastic institutions, training institutes and higher education institutes cover both government and private entities.

- Conduct an assessment of technology use and exposure to online threats, including sexual harassment and TFGBV.
- Develop and implement guidelines to reduce risks of online harassment and TFGBV.

Output 2.7: Expanded and improved empowerment programme for Women in Difficult Circumstances.

While various programmes contribute to women's empowerment, notably: education, skills training, and microfinance, there is an urgent need to focus on the specific issues faced by Women in Difficult Circumstances (WIDC), such as single mothers, those living in poverty, and women with disabilities. These women are particularly vulnerable to GBV due to their precarious social and economic positions, which complicates their ability to escape abusive situations. The following are the key interventions that will be taken:

- Conduct an assessment to understand the unique challenges faced by WIDC that both enhance their vulnerability to GBV and increase the risks associated with it.
- Develop an empowerment programme to address the challenges faced by WIDC and implement these initiatives through partnership with other relevant Government agencies and CSOs.⁷⁶

Output 2.8: National Disaster Management Plan and Local Disaster Management and Contingency Plans that include measures to prevent and address GBV during disasters.

While there is some recognition that wide scale disasters can inadvertently increase the risk of GBV among the affected population, the current Disaster Management Plans and planning system do not fully address such risks. Therefore, the following key interventions shall be taken to address this.

- Enhance representation of agencies such as NCWC and Disabled People's Organizations of Bhutan in risk assessment and contingency planning processes.
- Introduce a dedicated section on GBV prevention and response into each disaster risk reduction programme, and relevant disaster management plans and contingency plans.⁷⁷
- Increase female participation in disaster relief and rescue teams.
- Advocate for including SRH and GBV considerations in early warning systems to identify vulnerable populations.
- Conduct assessments of SRHR needs and GBV risks in disaster-prone areas. Map existing GBV response services and evaluate their capacity.

⁷⁶Bhutan Association of Women Entrepreneurs, SAARC Business Association for Home Based Women, and Handicrafts Association of Bhutan could be the possible partners.

Enabling the Environment is the third pillar of the Strategy. This pillar focuses on strengthening national laws, policies, institutions, and systems to ensure coordinated and cohesive actions for addressing GBV and harmful practices.

Objective 3: By 2028, strengthen and maintain a supportive policy, legal, and institutional environment that prevents GBV and harmful practices.

Strategy 3: Identify and address the gaps, loopholes and contradictions in existing laws and policies and amend those provisions that do not align with established international practices to ensure a cohesive and effective legal and policy framework for preventing and responding to GBV and harmful practices.

The strategy will be achieved through the following interventions:

3.1 Build institutional capacity of NCWC in proposing new legislation or amend existing legislation, formulate rules and regulations, develop policies and strategies, monitor programmes, and provide guidance to stakeholders relating to GBV and harmful practices.

3.2 Improve Coordination amongst the service providers to facilitate seamless service experience amongst the GBV survivors.

3.3 Strengthen national laws including the Penal Code, DVPA and Information Communication and Media Act of Bhutan(ICMA) and other relevant laws to align with best practices for addressing GBV and harmful practices within the national context.

3.4 Enhance Enforcement of laws and policies.

3.5 Enhance Government financing for GBV prevention and response and to address underlying issues.

⁷⁷This will include but not limited to disaster reduction and health contingency plan.

Output 3.1: Institutional capacity of NCWC enhanced to propose new legislation or amend existing legislation, formulate rules and regulations, develop policies and strategies, monitor programmes, and provide guidance to stakeholders relating to GBV and harmful practices.

One key conclusion from the review of the current status of GBV is the need for a robust regulatory body to propose and enforce relevant laws and policies. The NCWC, as the designated agency, holds a broad and comprehensive government mandate, further reinforced by the recent civil service reform.⁷⁸ However, its efforts are constrained by limited institutional capacity, including insufficient autonomy and authority. To address these challenges, the following interventions will be implemented:

- Augment NCWC Secretariat staff with a team of experienced specialists who can collectively support the functions of an empowered NCWC.
- Strengthen the institutional capacity to discharge the NCWC functions effectively.

Output 3.2 Improved Coordination amongst the service providers to facilitate seamless service experience amongst the GBV survivors.

Effective prevention and response services require the active involvement of law enforcement, local governments, health service providers, the judiciary, CSOs, and other relevant agencies. A national coordination body is essential to address operational challenges, streamline services, and clarify roles among stakeholders, ensuring efficient resource use, reducing duplication, and filling service gaps. Additionally, joint training for police, health professionals, legal practitioners, and service providers on evidence handling, case documentation, the role of case management, and GBV SOP implementation will foster a unified approach to GBV response. Accordingly, the following interventions will be implemented:

- Establish a National GBV Coordination Committee representing key stakeholders.
- Establish a system of joint training programmes for institutions and personnel to address GBV including officials from health centres, RBP, RCJ, Local Governments, RENEW and The PEMA.

Output 3.3: Strengthened National laws including the Penal Code, DVPA and Information Communication and Media Act of Bhutan(ICMA) and other relevant laws which are aligned with best practices for addressing GBV and harmful practices within the national context.

While the laws mentioned above directly address GBV and harmful practices or support their enforcement, they require review to assess their effectiveness, alignment with internationally accepted best practices, and ensure consistent application by enforcement agencies. To achieve this, the following key interventions will be taken:

- Review and amend relevant provisions of the Penal Code and in particularly focusing on the provisions relating to sexual offences, child abuse and use of force for care, discipline, or safety of another person.
- Review and amend DVPA focusing on those sections that have led to inconsistencies and conflict with accepted good practices and strengthen its provisions to address all forms of GBV.⁷⁹

⁷⁸ Executive Order of the NCWC Chairperson, MoESD, March 11, 2024.

- Review the provisions of ICMA relating to online GBV offences and amend if required.

Output 3.4: Enhanced Enforcement of laws and policies.

To strengthen the enforcement of national laws and policies, continuous monitoring of their implementation is essential. Also, consistently sharing insights on the prevalence, trends, and issues encountered by service providers and other agencies will enable decision-makers to address policy, legal, and financial gaps more effectively. By providing up-to-date data and analysis, NCWC can support evidence-based decision-making, ensuring that GBV prevention and response efforts are strategic and impactful. To achieve this, the following key interventions will be pursued:

- Develop and implement a monitoring system, along with an accountability framework, to ensure compliance with the provisions of the DVPA, CCPA, and relevant legislation and policies.
- Establish a mechanism to regularly brief agencies, including the Parliament on the status of implementing the provisions of the DVPA, CCPA, NGEF, and other relevant laws and policies, and undertake necessary measures to resolve issues and gaps.

Output 3.5: Enhanced Government financing for GBV prevention and response and to address underlying issues.

This is to be achieved through the strengthening and implementation of a Gender Responsive Planning and Budgeting (GRP) system. Towards this the following are the activities to be undertaken with close partnership with MoF:⁸⁰

- Review and revise GRPB tools based on the lessons drawn from implementing this system in the past.
- Orient and train all budget agencies in the use of the new GRPB tool.
- Develop and implement a monitoring system for GRPB.
- Train the oversight bodies (Parliament, Royal Audit) on GRPB.

⁷⁹ Some of them are mentioned under the Issues Section of this document, but these should not be taken as exhaustive.

⁸⁰ In 2010-2011, the task was spearheaded by the Department of Budget, MoF, and supported by the UN.

Data and evidence form the fourth pillar of the Strategy, aiming to strengthen the information systems necessary for making informed decisions regarding programmes and services that address GBV and harmful practices in Bhutan.

Objective 4: By 2028, establish a robust data collection and analysis system to inform and enhance programmes for preventing and responding to GBV and harmful practices.

Strategy 4: Create a secure, standardized, nationwide data collection framework and analytical tools to continuously monitor, evaluate, and guide GBV prevention and response efforts with evidence-based insights.

The strategy will be achieved through the following interventions:

4.1 Strengthen GBV data collection and analysis across the key agencies.

4.2 Operationalize GBV Central Case Management Information system (CMIS) to be used by The PEMA and RENEW.

4.3 Establish a system of continuous knowledge development on GBV and harmful practices to guide policies and programmes.

4.4 Institute a system for disseminating information on the status of GBV and harmful practices in Bhutan to inform stakeholders and the general public.

Output 4.1: Strengthened GBV data collection and analysis system across the key agencies.

To enhance GBV data collection and analysis, it is essential to evaluate the comprehensiveness and functionality of existing information systems used by key agencies, including OAG, RCJ, RENEW, PEMA, RBP, and the One Stop Crisis Centre (OSCC) under the MoH. The assessment will determine how effectively these systems track incident patterns, services provided, and case outcomes to improve responses and service quality, while ensuring survivor confidentiality. Based on the findings, agencies may need to collaborate with GovTech for necessary system improvements and development. The following are the interventions:

- Review the relevant information systems of all relevant agencies, including MoH, OAG, RBP, RCJ, RENEW, The PEMA, and Nazhoen Lamtoen.
- Implement measures to enhance the GBV information systems of the relevant agencies based on the above review and to ensure that information on GBV are collected in an appropriate manner and standards set by NCWC and this information are shared periodically with NCWC for analysis.

Output 4.2: An operational GBV Central Case Management Information system (CMIS) to be used by The PEMA and RENEW.

A Central Case Management Information System is crucial for GBV response in Bhutan, as it can help ensure coordinated, efficient, and standardized referrals and monitoring and reporting on uptake of referrals (by case workers). It can also enhance collaboration, improve accountability, and enable real-time monitoring of service delivery while safeguarding GBV survivors' confidentiality. Towards this the following will be implemented:

- Develop a concept note of the GBV Case Management Information System detailing the key features and functions of the system.
- Develop and operationalize the GBV Case Management Information System and Information Sharing Protocol, accompanied by a comprehensive training plan for case workers, managers, and information management/data analysis staff.

Output 4.3: A system of continuous knowledge development on GBV and harmful practices to guide policies and programmes.

Apart from conducting systematic analyses of administrative data, NCWC will foster a culture of research on GBV and harmful practices. This will involve building new partnerships with research institutions and universities while creating incentives for them to engage in GBV-focused research. To advance this agenda, several key interventions will be implemented:

- Establish collaborations with national universities/institutions to encourage faculty and student research on GBV-related topics using safe, survivor-centered methodologies.
- Create dedicated research funds to support studies addressing GBV and harmful practices.
- Conduct a second comprehensive study on VAW/G.

Output 4.4: A system for disseminating information on the status of GBV and harmful practices in Bhutan to inform stakeholders and the general public.

To ensure that issues related to GBV and harmful practices remain a national priority, it is crucial to keep stakeholders and the general public informed about the evolving status and challenges relating to GBV. Amongst others, building stakeholder knowledge on the distinction between prevalence data, which reflects the scale and patterns of GBV, and service data, which reveals the reach and gaps in available support services, will support more informed policy-making and resource allocation. To achieve this, the following key interventions will be implemented:

- Publish an Annual Report on the status of women and children in Bhutan. The country including GBV and harmful practices in Bhutan.
- Organize national discussions and forums to garner support for programmes addressing GBV and harmful practices in Bhutan.

ANNEXURE II: List of Officials Consulted to identify issues and solicit recommendations for the National Strategy and Action Framework to Eliminate GBV and Harmful Practices in Bhutan.

1. Tshering Dolkar, Executive Director, RENEW
2. Dr. Meenakshi Rai, RENEW
3. Kinga Zam, Officiating Director, DSDT, GovTech
4. Pema Selden, DST, GovTech
5. Kuenzang Namgay, DSOM, GovTech
6. Pratima Pradhan, Cyber Security Division, GovTech
7. Col. Pasang Dorji, Royal Bhutan Police
8. Kesang Drukpa, The PEMA
9. Ugyen Tshomo, The PEMA
10. Sonam Choden, Ministry of Industry Commerce and Employment
11. Kesang Wangmo, Druk Holding and Investments Ltd.
12. Tashi Lhamo, Druk Holding and Investments Ltd.
13. Karma Choden, Druk Holding and Investments Ltd.
14. Namgay Wangmo, Bhutan Association of Women Entrepreneurs
15. Tshering Pelden, Bhutan Association of Women Entrepreneurs
16. Tashi Wangmo, Department of Industries, Ministry of Industry Commerce and Employment
17. Thinley Tobgay Executive Director, Nazhoen Lamtoen
18. Ugyen Wangchuk, Nazhoen Lamtoen
19. Reena Thapa, Career Education and Counselling Division, Department of Education Programme, Ministry of Education and Skills Development
20. Rinzin Wangmo, Programme and Youth Coordination Division, Department of Education Programme, Ministry of Education and Skills Development
21. Dr. Dawa, School Curriculum Division, Department of School Education, Ministry of Education and Skills Development
22. Drangpon Phurba Dorji, Register General, Royal Court of Justice
23. Drangpon Pelden Wangmo, Family Court, Royal Court of Justice
24. Drangpon Tenzin, Bhutan Alternative Dispute Resolution Centre
25. Kuenzang Deki Wangmo, Family Court, Royal Court of Justice
26. Sherab Zangmo, Criminal Bench, Royal Court of Justice
27. Rinzin Wangmo, Bhutan Broadcasting Service
28. Samten Dolkar, Bhutan Broadcasting Service
29. Samphel Yangzom, Bhutan Broadcasting Service
30. Tshewang Choden, Bhutan Broadcasting Service
31. Kuenzang Choden, Bhutan InfoCom and Media Authority
32. Sonam Choden, Department of Media Creative Industries and Intellectual

Property, Ministry of Industry Commerce and Employment

33. Sonam Pelden Thaye, Director, Royal Civil Service Commission
34. Kuenzang Choden, Royal Civil Service Commission
35. Jigme Thinley, Royal Civil Service Commission
36. Jigme Tshewang, Dratshang Lhentshog
37. Kinley Penjor, RHP, Dratshang Lhentshog
38. Sangay Rinchen, Commission for Religious Organization of Bhutan.
39. Sonam Chhoki, Bhutan Nuns Foundation
40. Sonam Choden, Bhutan Nuns Foundation
41. Tshering Zangmo, Bhutan Nuns Foundation
42. Drangpon Pema Needup, Director General, Bhutan National Legal Institute
43. Tenzin Dorji, Bhutan National Legal Institute
44. Karma Tenzin, Bhutan National Legal Institute
45. Kinzang Chedup, Bhutan National Legal Institute
46. Dawa, Legal Aid Centre, Bhutan National Legal Institute
47. Chhime Dorji, Bar Council of Bhutan
48. Tshering Choden, Ministry of Health
49. Sangay C Namgyel, Khesar Gyalpo University of Medical Sciences of Bhutan
50. Dr. Gyan Gurung, Jigme Dorji Wangchuck National Referral Hospital
51. Tashi Pelzom, Ministry of Health
52. Ugyen Norbu, Department of Public Health, Ministry of Health
53. Yang Dorji, Disaster Management Division, Department of Local Government, Ministry of Home Affairs
54. Hon. Member Dorji Wangmo, National Assembly of Bhutan
55. Hon. Member Damchen Tenzin, National Assembly of Bhutan
56. Hon. Member Dr. T.B Rai, National Assembly of Bhutan
57. Hon. Member Sonam Rinchen, National Assembly of Bhutan
58. Hon. Member Tshering Penjore, National Assembly of Bhutan
59. Hon. Member Kuenga, National Assembly of Bhutan
60. Deki Zam Dorji, National Assembly Secretariat
61. Jangchub Choden, Office of the Attorney General
62. Ugyen Tshomo, National Commission for Women and Children
63. Yeshe Lham, National Commission for Women and Children
64. Deki Yangzom, National Commission for Women and Children
65. Wangchuk Zangmo, National Commission for Women and Children
66. Sonam Darjay, National Commission for Women and Children

ANNEXURE III: List of Participants for the 1st Workshop to Develop the National Strategy and Framework of Action to Eliminate Gender Based Violence and Harmful Practices in Bhutan

17th-19th June 2024

1. Dr. Gyan Gurung, Forensic Specialist, One-Stop Crisis Centre, Dept of Forensic medicine and Toxicology, JDWNRH
2. Ngawang Yonten, Court Registrar, Dzongkhag Court, Wangdue Phodrang
3. Yonten Jamtsho, Programme Officer, DPO Bhutan
4. Ugyen Sherab Choden, Legal Officer, MoAL
5. Kesang Chokey, Human Rights and Gender Coordinator (Health and Nutrition Programme), Save the Children
6. Namgay Wangmo, Child Protection Officer (Child Protection Programme), Save the Children
7. Pelden Lhamo, Asst. Planning Officer, MoICE
8. Jangchub Choden, OAG
9. Ugyen Lhaden, Attorney, OAG
10. Ugyen Wangchuk, Pride Bhutan
11. Yeshey Peyden, Chief Election Officer, ECB
12. Kuenzang Deki Wangmo, Registrar, Family and Child Bench
13. Kesang Wangmo, Legal Officer, DHI
14. Tshering Yangzom, Registrar, Supreme Court
15. Ngawang Dema, Protection Officer, The PEMA
16. Reena Thapa, Chief, CECD, DEP, MoESD
17. Phub Tshering, Chief, CCPO Zhung Dratshang
18. Tshering Choden, Legal Officer, MoH
19. Tsheten Lhamo, Assistant Programme Officer, Bhutan Centre for Media and Democracy
20. Tenday, Programme Officer, Draktsho Vocational Training Centre for Special Children & Youth
21. Sangay Rinchen, Programme Officer, Commission for Religious Organisation of Bhutan
22. Suman Pradhan, Sr. Counsellor, RENEW
23. Nim Tshamchey, Dzongkhag coordinator, De-suung organization
24. Tshering Euden, De-suung organization
25. Dawa Choden, De-suung organization
26. Yeshey Chen Chen Lham, Director, BCCI
27. Ani Sonam Choden, Programme/Trainer BNF, Bhutan Nuns Foundation
28. Ugyen Tshomo, Chief Programme Officer, NCWC
29. Yeshey Lham, Chief Programme Officer, NCWC
30. Deki Yangzom, Programme Officer, NCWC

31. Phuntsho Wangyel, HoO, UNFPA
32. Sarah Baird, UNFPA APRO
33. Cheda Jamtsho, Statistician, UNFPA
34. Jigme Choden, Gender and Youth Programme Specialist, UNFPA
35. Tshewang Lhamo, Gender Analyst, UNDP
36. Kinley Zam, UNDP
37. Kuenzang Dolma, UNICEF
38. Deki Dema, Child Protection Specialist, UNICEF
39. Sonam Darjay, Assistant Programme Officer, NCWC
40. Tara Monger, UNFPA
41. Tashi Choden, Intern, UNFPA
42. Karma Tshering, Programme Specialist, UNFPA
43. Tenzin Chhoeda, Consultant

ANNEXURE IV: List of Participants for the 2nd Workshop to Validate the First Draft of the National Strategy and Framework of Action to Eliminate Gender Based Violence

6th-8th August 2024

List of Participants

1. Choki Tashi, Dy, Chief Programme Officer, DLGDM, MoHA
2. Palden Lhamo, Asst. Planning Officer, MoICE
3. Kuenzang Deki Wangmo, Registrar, RCJ
4. Jigme Tshewang, CCPO, Zhung Dratshang
5. Nim Pem, Assistant Gender Focal Point, BCCI
6. Kuenga Choda, BNC
7. Sonam Choki, Bhutan Nuns Foundation
8. Suman Pradhan, Counsellor, RENEW
9. Yeshe Nidup, Nazhoen Lamtoen
10. Tharpa Dema, Programme Officer, DPOB
11. Jampel Tenzin, Dy, Chief Counsellor, Career Education and Counselling Division, DEP, MoESD
12. Damcho Lham, Investigation Officer, RBP
13. Jigme Choden, Gender and Youth Programme Specialist, UNFPA
14. Tshering Nidup, Sr. Legal Officer, MoH
15. Jangchub Choden, Attorney, OAG
16. Ngawang Dema, Protection Officer, The PEMA
17. Deki Zam Dorji, Dy. CLO
18. Tashi Choden, Intern, UNFPA

19. Kuenzang Dolma, Child Protection Officer, UNICEF
20. Tshewang Lhamo, Gender Analyst, UNDP
21. Deki Yangzom, Programme Officer, NCWC
22. Ugyen Tshomo, Chief Programme Officer, NCWC
23. Sarah Baird, GBV Specialist UNFPA APRO
24. Phub Dorji, Director, ECB
25. Dr.Gyan Gurung, Forensic Specialist, OSCC
26. Chimme Dorji, Registrar, BAR Council of Bhutan
27. Phuntsho Wangyel, HoO, UNFPA
28. Tenzin Chhoeda, Consultant



National Commission for Women and Children

Thimphu, Bhutan

PBAX no. 325084/328098, Direct no. 325199

Website: www.ncwc.gov.bt

Facebook: <https://www.facebook.com/NationalCommissionforWomenandChildren/>

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