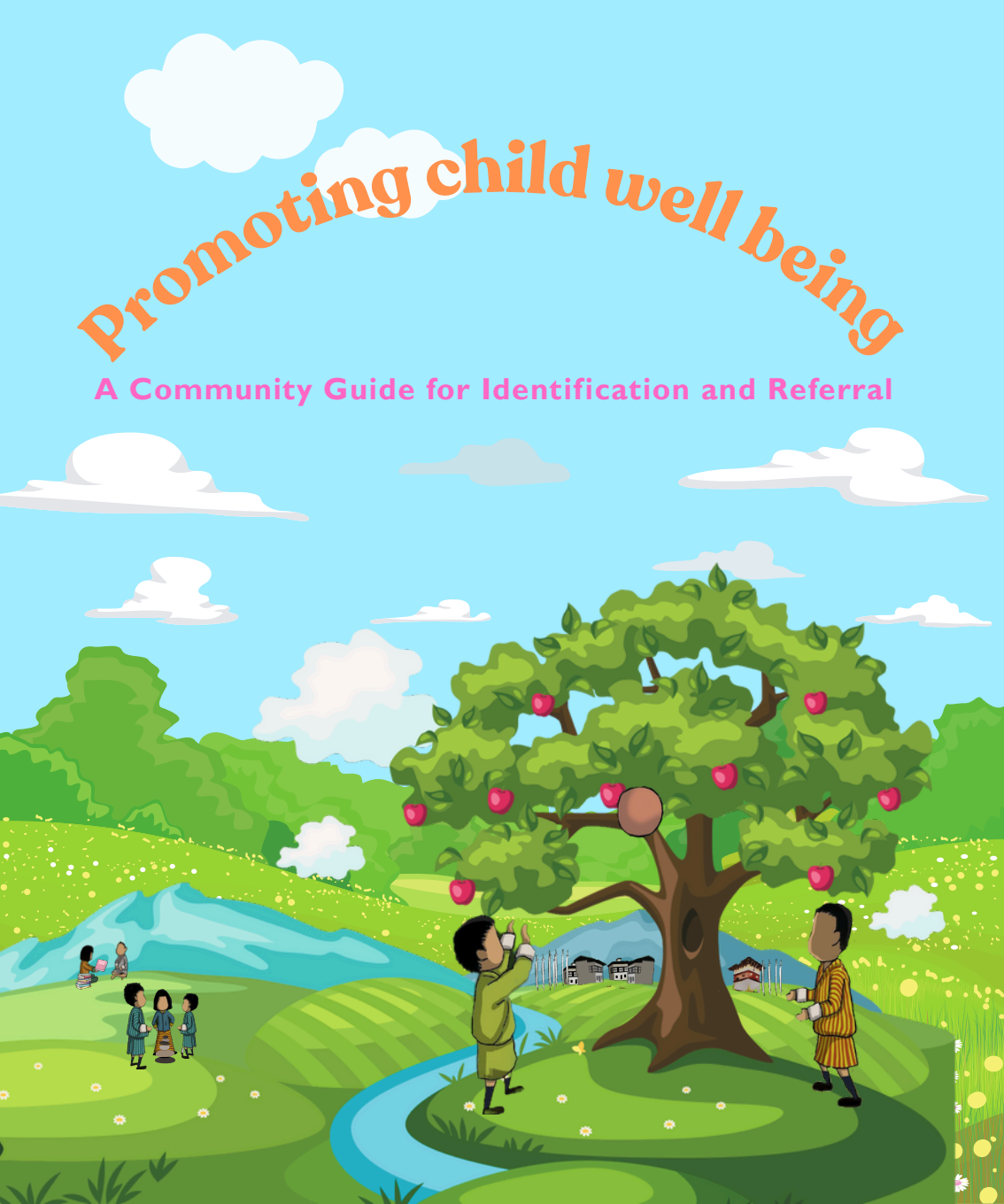
Promoting child well being

A Community Guide for Identification and Referral



INTRODUCTION

His Majesty the King has time and again stressed on the importance of wellbeing of children and developing their strengths and capabilities to secure their future. In particular, the Royal Address during the 112th National Day Celebration 2019 is so profound and calling:

"It is in our hands to build a better future for our children. One of our most important national objectives is to empower every single child in Bhutan for success. Bhutan's future will be mirrored by the strength and capabilities of our youth. For our children to excel, they must adhere to the highest standards, and have capability, integrity, discipline, 21st century education, unity and solidarity."

The Constitution of the Kingdom of Bhutan, besides guaranteeing "Fundamental Rights" under Article 7, to which the State has duties, guarantees the education and development, wellbeing and safety of children as enshrined below:

"The State shall provide free education to all children of school going age up to tenth standard and ensure that technical and professional education is made generally available and that higher education is equally accessible to all on the basis of merit." (Section 16)

"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." (Section 18)

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What is Community Child Protection Team

The Community Child Protection Team (CCPT) is a group of local representatives formed at the community (gewog) level to promote a coordinated, community-based response to child abuse, neglect, and protection concerns.

With children in Bhutan increasingly vulnerable due to modernization, family separation, and weakened traditional support systems, the CCPT plays a vital role in identifying protection gaps, raising awareness on child rights, and supporting early intervention.

While national systems like the Dzongkhag/Thromde Woman and Child Committee (D/TWCC) exist, many children in remote areas still lack access to timely protection and support. CCPTs bridge this gap by working closely with Case Management Officers to analyze cases, make referrals, and provide community-level support.

The program also aims to sensitize communities on the Child Care and Protection Act (CCPA) and the Child Safeguarding & Protection Policy, empowering children and adults to recognize, report, and respond to child protection issues effectively.

Who is a child ?

A person below the age of 18.
As per the section 16 of Child Care and Protection Act-2011

Child Protection In Bhutan

Child Protection:

Definition: Prevention and response to abuse, neglect, exploitation and violence against children in all situations.

Child abuse:

Definition: A deliberate act of ill treatment an omission that can harm is likely to cause harm to child' safety, well-being, dignity and development.

Child Acts

The Child Care and Protection Act of Bhutan 2011

- Guiding Principles for child protection
- Prevention of child offences; the Act addressed the role of Central and local government, education institutions, mass media, community and family with regards to child protection.

- Description of children in difficult circumstances;
- Description of children in conflict with the law;

The Child Care and Protection Rules and Regulations of Bhutan 2015

- Guiding Principles for child protection
- Roles and responsibilities of all governmental authorities and institutions with regards to child protection
- Roles and responsibilities of civil society organizations with regards to child protection
- Procedural matter that relates to children in difficult circumstances
- Procedural matter that relates to children in conflict with the law
- Alternative care

Understanding abuse types, indicator/signs

Do you know how CCPA define Child in conflict with the law ?

A child in conflict with the law according to article 71 of the CCPA
is a child who:
Is above 12 years of age and found to have committed an offence.

What is Physical Abuse ?

Involves the use of violent physical force which can cause actual or likely physical Injury or suffering

- Hitting
- Shaking
- Burning
- Torture

Possible Signs Of Physical Abuse

- Bite marks
- Cigarette burns
- Evidence of old but untreated broken bones
- Sings of severe, long-term bruising especially to face
- Unexplained injuries (head injury can be identified through ear)

What is Emotional Abuse ?

Includes humiliating and degrading treatment.

- Bad names calling
- Constant criticism
- Belittling
- Persistent shaming
- Solitary confinement
- Isolation.

Possible Signs Of Emotional Abuse

- Identified by observing parents' behavior to child, or child's behavior/emotions
- Slow physical, intellectual and emotional development
- Learning problems or sudden speech disorders
- Disruptive /attention-seeking behavior
- Insecurity
- Poor self-esteem/fear of new situations

What is Sexual Abuse ?

Includes all forms of sexual violence i.e.:

- Rape (by any perpetrator)
- Early and forced marriage
- Sexual exploitation
- Showing children pornographic
- Indecent touching and exposure
- Sexually explicit language

Possible Signs of Sexual Abuse

- Sudden/unexpected behavior change, isolated from friends
- Overly affectionate/knowledgeable in sexual way
- Medical problems: stomach pain when walking /sitting
  Chronic itching, pain, discharge, bleeding from the genitals
  Sexually transmitted diseases, pregnancy

What is Neglect ?

Failing to provide for / secure for a child, their rights to safely and development. Severe neglect (causing toxic stress) can increase the risk of:

- Health problems
- Mental health problems including anxiety and depression Behavioral problems and
- Learning delays

Possible Signs of Neglect

- Frequent hunger, stealing or hiding food, losing weight
- Poor personal hygiene
- Constant tiredness
- Behavioral difficulties

What is Explotation ?

The use of children for someone else's advantage, or profit.
Possible Signs of Exploitation

- Has money, gifts or expensive items not given by the parents
- Over confidence, sense of importance/maturity
- Very tired, sleeping in school, absenteeism
- Physical impacts: bent back, weaker, damage to hands ...

Psychosocial Distress/ Consequences of violence against children

Psychosocial distress is a result of on going abuse and violence against children.
Signs of Psychosocial distress can appear on the short and long term and it can inform us about an abuse and violence the child has been or is still being exposed to.
As a consequence of exposure to violence, many children will experience symptoms associated with Post-Traumatic Stress Disorder (PTSD)

Work with others – According to the CCPA sections: 61, 62, & 63
If any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in Section 59, such person shall:

- inform the police or child welfare officer
- Whenever the information has been given to the police, the police shall inform the child welfare officer
- To do the mentioned above steps you need to conduct a confidential referral

Potential Causes of Child Abuse

Individual level:

- biological and personal aspects such as sex
- lower levels of education
- low income
- having mental health problems
- harmful use of alcohol and drugs
- A history of exposure to violence.

Close-relationship level:

- lack of emotional bonding between children and parents or caregivers
- poor parenting practices
- family dysfunction and separation
- witnessing violence between parents or caregivers
- Early or forced marriage.

Community level:

- Poverty
- high population density
- low social cohesion and transient populations
- easy access to alcohol and firearms
- High concentrations of gangs and illicit drug dealing.

Society level:

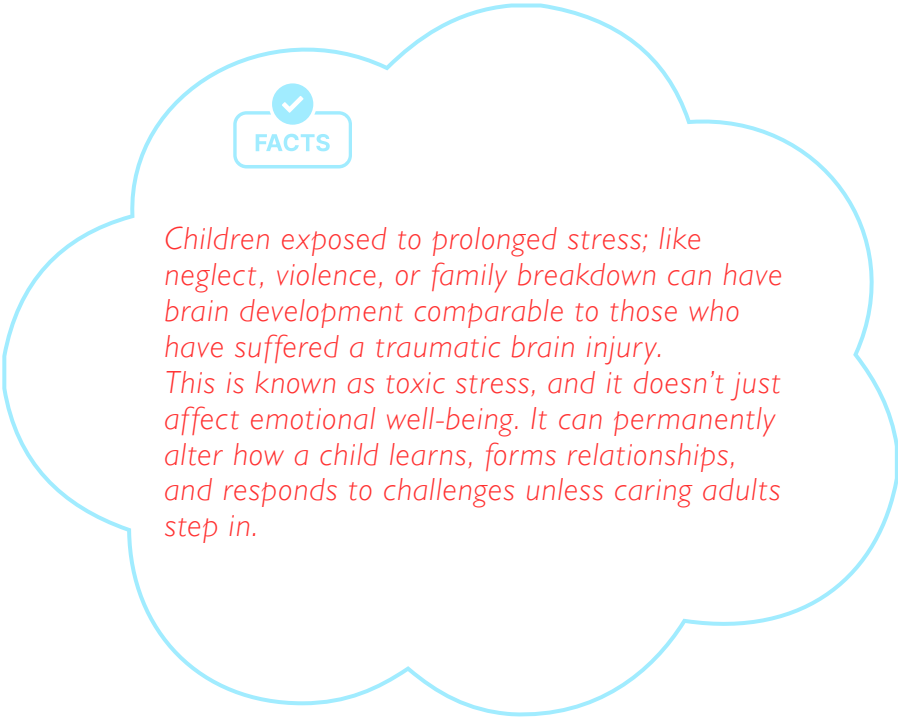
- social and gender norms that create a climate in which violence is normalized (cultural beliefs)
- health, economic, educational and social policies that maintain economic, gender and social inequalities
- absent or inadequate social protection
- post-conflict situations or natural disaster
- Settings with weak governance and poor law enforcement.

As per administrative date maintained with NCWC, RENEW & Nazhoen Lamten on reported cases between 2018 – June 2022

- 970 children and young persons between 0-24 years experienced violence. 68 per cent of survivors are female
- Neglect constitutes 34 % of cases, the highest at 326 cases
- Emotional violence ranks second at 26 % with 255 cases
- Physical violence constitutes 22% of total cases at 213 cases
- Sexual violence makes 14% of reported cases at 134 cases
- 42 cases of exploitation reported and constitutes 4 % of total cases
- 2021 saw the highest reported cases for all types of violence; 345 cases of 970 were reported last year alone

Who might abuse a child ?

People children know and trust: (Parents, relatives and family friends)
Adults in a position of power over children (relatives, teachers, leaders...)



How can we prevent and respond to violence effectively?

Individual level:

- Children and adolescents should know and have the confidence to
- Speak up against any acts of violence
- Not harm or hurt others
- alk to a trusted person
- Call Child helpline at 1098 or Police on 113 for support
- Reach out to organizations like NCWC, The Pema, RENEW and Nazhoen Lamtoen for support services
- And report violence

Parents and caregivers should have knowledge and confidence to listen to children

- Involve and discuss violence with children
- Monitor and guide children
- Doesn't leave the child on their own
- Speak up and stand against norms and violence
- Creates a conducive caring family environment
- Abandon corporal disciplining approaches resort to positive parenting approaches

Community level: As service providers

- Listen to children, young people, and parents about their concerns; and involve them in designing interventions.
- Reach out to children, parents and caregivers and educate them on the impacts of violence and how to identify violence, call help lines and seek professional support services
- Encourage children, young people, parents and caregivers to speak up against norms and attitudes accepting violence
- Provide technical support in creating an enabling safe community Provide timely coordinated support service to affected population

As an influential community member

- Lead the way to break the culture of silence around violence by speaking up and intervene when you witness or know of violence against children. This will help children to report violence.
- Use your position to speak against harmful practices and attitudes and social norms encouraging violence
- Support children and young people facing violence by linking them to support services to recover and rebuild their lives.
- Rally to in creation of safer communities with zero tolerance to all forms of violence against children and women.
- Help build a community where all members are living in mutual respect and harmony, despite differences in terms of religious/cultural background, gender, ethnicity, etc.

Society level:

- Legislation, policies and social and cultural norms.
- As decision makers
- Position violence prevention as a priority, not an afterthought in local development plans.
- Allocate resources, improve governance structure and management capacity. And Implement laws, policies and programmes.

Guiding Principles in CCPA

Primary Consideration:
In all actions involving children—by government, NGOs, courts, families, or individuals—the best interest of the child must always come first.

Fair & Equal Treatment:
Every child must be treated fairly, equally, and with dignity, without discrimination based on race, sex, language, religion, or status.

Protection from Arbitrary Detention:
Children must not face arbitrary arrest or detention. If necessary, it must be a last resort, for the shortest possible time.

Child Justice System:
A child-friendly justice system should protect rights, ensure safety, and promote mental and physical well-being, focusing on crime prevention through early development.

Right to Be Heard:
Children in conflict with the law have the right to be heard directly or through representation in any judicial or administrative process.

Child-Friendly Confinement:
Children in confinement must be placed in rehabilitative, safe environments that support privacy, family contact, education, and leisure activities.

Diversion from Criminal System:
If a child commits an offence, efforts must be made to divert them from the criminal justice system, unless the offence or history requires formal proceedings.

Guiding Principles for responding

Confidential

Confidentiality means protecting all personal information about a child or family at risk, and only sharing it with explicit permission and on a strict need-to-know basis.
Anyone referring a case must never disclose names or identifying details (like address or phone number) to those not directly involved. Information should be shared only with the referrer's supervisor and the designated focal point, and always in a secure way—verbally in private or through password-protected files.

Key guidelines in maintaining confidentiality include:

- Always discuss concerns in private.
- Never share personal info with anyone not directly involved.
- Store referral files securely (passwords, locked cabinets).
- Limit access to child-related information.
- Never include identifying details in the body of emails.
- Use password-protected files or verbal communication for sensitive info.
- Email only the designated focal point—never copy multiple people.
- Avoid informal discussions about cases.
- Share information only with informed consent/assent of the child and caregiver.

Best Intrest of the child

The "best interests of the child" is a core principle derived from Article 3 of the UN Convention on the Rights of the Child (UNCRC). It emphasizes that every decision, action, and service involving a child must prioritize their physical safety, emotional well-being, and overall development.
Service providers and frontline workers must:

Do no harm

The "Do No Harm" principle means ensuring that any action or support provided to a child or their family does not cause additional harm.
Key considerations:

- Every step of intervention or referral must be handled with caution to avoid unintentionally putting the child or family at risk.
- Staff conduct, decisions, and actions should be carefully assessed for potential negative consequences.
- Handling of information (collection, storage, and sharing) must be secure and limited to what is necessary to protect privacy and safety.
- Well-intended interventions can backfire—like exposing sensitive information or creating conflict within families or communities—leading to revenge, stigma, or violence.

Informed consent/assent

Informed Consent means getting the beneficiary's voluntary agreement before making a referral, after clearly explaining:

- Available services and providers
- Access process and requirements
- Possible risks
- Confidentiality and how information will be used
- Consent must be verbal, voluntary, and based on information shared in simple, non-technical language.

For children under 18:

- Parent/caregiver consent is needed, except when it may cause harm (e.g., if they're involved in abuse).
- If caregivers are unavailable or pose a risk, use Informed Assent asking the child (typically over 12) for their agreement, after explaining services and risks in a child-friendly way.

Always ask:
Could this action unintentionally cause harm?
If yes, rethink and reassess the approach.

Age	Care give implicated in abuse?	Type of consent/assent
0-5	No	informed consent of the caregiver
0-5	Yes	No consent/assent required-proceed with referral
6-11	No	Informed consent of the child and caregiver
6-11	Yes	Informed consent of the child and trusted adult
12-18	No	Informed consent of the child and caregiver
12-18	Yes	informed consent of the child

Voluntary: Consent/assent must always be freely given, without pressure or coercion.

Communication Principles

Nurturing, Comforting and Supportive

- Stay calm and gentle – Your reaction shapes how safe the child feels.
- Believe the child – Validate their feelings; avoid doubt or judgment.
- Listen patiently – Let them speak at their own pace; don't rush.
- Use simple, child-friendly language – Avoid technical or adult terms.
- Ensure privacy – Create a safe space and explain confidentiality.
- Avoid blame or leading questions – Use open-ended, neutral prompts.
- Reassure and comfort – Remind them: "It's not your fault, and you're safe now."

Reassure the Child

- Affirm they are not at fault – Clearly tell the child: "It's not your fault."
- Believe and validate – Reinforce that you believe them; children rarely lie about abuse.
- Praise their courage – Say: "You're brave for sharing this."
- Offer ongoing reassurance – Repeat healing messages throughout your interaction.
- Empower with support – Remind them: "You're not alone. I'm here to help you."

Do no harm

Be Careful Not to Distress the Child Further

Try to limit any interactions that might distress the child.

Do not:

- Become angry with a child
- Force a child to answer a question that he or she is not ready to answer
- Force a child to speak about the situation before he/she is ready

have the child repeat the story of abuse multiple times to different people (follow-up conversations with children who become distressed are not considered "multiple interviews")

Speak So Children Understand

Information must be presented to children in ways and language that they understand, based on their age and developmental stage.

Help Children Feel Safe

During Registration and/or Assessment, children often like to have trusted adult present, especially young children and those who are scared. Always offer children the choice to have a trusted adult present, or not. Do not force a child to speak to/in front of someone they appear not to trust. Do not include the person suspected of the abuse in the interview.

Tell Children Why You Are Talking with Them:

Every time you communicate with a child take the time to explain to the child the purpose of the meeting. It is important to explain why you want to speak with them, and what they will be asked and what will be asked to his/her caregiver. At every step of the process, explain to children what is happening.

Use Appropriate People:

In principle, only female service providers and interpreters should speak with girls about sexual abuse. Boys should be offered the choice. If this is not possible use a more open space or have someone the child chooses to be present. The best practice is to ask the child if he or she would prefer.

Pay Attention to Non-Verbal Communication:

It is important to pay attention to both the child's and your own non-verbal communication during any interaction.

Communication throughout identification and referral stage Dos and Don'ts

Key Points: Respect the Child's Right to Participate

- Children have a right to express themselves – Their thoughts, feelings, and opinions matter.
- Participation is voluntary – They can choose to speak, say "I don't know," or stop at any time.
- Never pressure a child to talk – Respect their choice not to participate.
- Create a safe space for expression – Encourage, but never force sharing.

Children are more likely to open up when they feel safe, respected, and not judged. Building trust through gentle tone, active listening, and reassuring words is essential for effective and supportive communication.

Respectful communication

- Ensure privacy – Speak in private, safe settings.
- Use simple, clear language – Avoid technical terms; match age and understanding.
- Be attentive and empathetic – Use calm tone, appropriate body language, and don't interrupt.
- Ask only what's necessary – Focus on referral-related questions, not investigations.
- Avoid blame and judgment – Use supportive, non-blaming language.
- Reassure and validate – Show empathy and appreciation for their trust.
- Don't pressure the child – Never force answers or repeat their story unnecessarily.

Involve the Child in Decision-Making

• Communicating in simple, clear language appropriate to the child's age
• Asking children if they would like their family members (like caregivers or siblings) to be present during discussions
• Asking the child what they would like to happen next
• In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child

Do's for Communicating with Children

- Ensure a quiet, private space for conversation.
- Believe and validate the child's feelings and experiences.
- Use simple, familiar language the child understands.
- Reassure the child they did the right thing by speaking up.
- Listen patiently and let them share at their own pace.
- Respect privacy and explain confidentiality.

Use supportive phrases like:

"It's not your fault,"

"I believe you,"

"I'm sorry this happened,"

"That must have been hard."

Don'ts

- Do not discuss sensitive matters with the group or in a place where others hear
- Don't ask embarrassing questions
- Do not behave too officially or use complex expressions
- Do not judge the child or family member
- Don't ask too many questions. Don't make the child repeat what happened
- Do not force the child to share the abuse with his or her parents or caregivers .
- Don't ask the child why. Don't judge this talk as a child's fault
- Promises do not give children that their problems will be solved

Case Study

Role of the Staff Member

A Health worker in a Centre has been seeing a child in the Area; his name is Dorji, he is 12 years old, every day working in carrying and loading rice bags. The Health worker is worried because Dorji is often working long hours and sometimes he looks exhausted and can barely walk. The health worker shared this information with his supervisor and they decided to talk to Dorji.

Role of Child

Your name is Dorji. You are 12 years old

You live with your parents; your family works in rice field; your father obliges you to carry and load the rice in order to sell in the market. He also obliged you to quit school because he says that you ate fool and will end up with nothing but failure in school.

You feel very tired; you have back pain; and you work on this duty from 8 am to 4 pm. You are afraid to say no as you did this before and your father beats you hardly whenever you say anything he does not like.

Explain what will happen next in a calm and honest way.

Informed consent for children under -10

When working with children under 10, it's important to explain your role in keeping them safe using simple and kind language. Let the child know that you care about them and want to help. Reassure them that what they share with you will stay private unless you believe they are in danger or need help that you cannot provide on your own. Be honest and explain that, if necessary, you may need to talk to someone who can help keep them safe. Let the child know that the other people you may contact will also respect their privacy and not share their information without permission. Finally, ask the child if they are okay with you reaching out to these people for help.

For children aged 11 and above

It is important to explain that your role is to help keep them safe and connect them to support when needed. Let them know that while most of what they share will remain private, there may be certain concerns that require involving others to ensure their safety. Explain clearly that another organization (name the agency) has trained professionals who can support them, and based on what the child has shared, you believe they can help. Ask for the child's permission to share only necessary details like their name, location, and contact information, reassuring them that the organization will not reach out to their family, friends, or community without consent. Always seek the child's agreement before proceeding.

Risk level

High Risk (level 1): Child significantly harmed or at immediate, serious risk of harm; Urgent response and frequent follow up required within 24 hours.

Medium Risk (level 2): Child harmed or at risk of serious future harm; Response and follow up required within 2-3 days

Low Risk (Level 3): Child at risk of harm; monitoring required or child no longer a level 2 but monitoring required ensuring harm removed follow up within 5-7 day

Type of Risk	High Risk	Medium Risk	Low Risk	No Risk
Violence (physical abuse)	Serious injury Infant or toddler injured in Domestic Violence (DV) incident Child attempted to suicide	Excessive corporal punishment Threats to injure Dangerous and reckless behavior Child is self- harming	Threats to injure Non injurious, occasional corporal punishment	No violence present (factors causing the harm have been addressed or removed) Person causing harm no longer has contact with the child
Abuse (sexual and emotional abuse)	Any sexual contact between a child and an adult (where person causing harm has access to the child) Child is being persistently belittled, isolated, or humiliated by a significant caregiver Child is promised to be married in the following days or child promised to married and will move out of the area (e.g. back to Syria) in the following days	Child is promised to be married in the future The child has been sexually violated in the past and not received any support Significant caregivers approach to the child is harmful (occasional belittling, isolation or humiliation)	Child is treated differently than other siblings and parent/ caregiver or other relevant person is negative towards the child	The child and family have received support and there are no sexual harm factors present Factors causing the emotional harm have been addressed (parent received support) Person causing harm no longer has contact with the child

Neglect	Serious injury or illness due to neglect (malnutrition with no apparent causal factors)	Lack of supervision Inadequate basic care Failure to protect The child is often left to look after themselves, or is undertaking tasks beyond his/her developmental capacity	Caregivers are emotionally distant	The child's basic needs are being met and the caregiver
Exploitation	Child involved in worst forms of child labor, including sexual exploitation or child associated with armed groups and forces	Child under 14 forced to work Child over 14 forced to work in dangerous or harmful circumstances	Parents are threatening to send the child to work Child over 14 is working in a safe environment with little exposure to harm	The child is no longer working, supports have been put in place to ensure the child does not return to work
Psychosocial distress (parent not coping, or not protective and/or no services involved)	The child has attempted suicide The child is engaging in very risky behaviors Child has stopped communicating/speaking The child's sense of reality is affected The child has intense violent behaviors	The child's social skills, ability to self-care and retain school attendance is significantly impaired The child is using drugs and/or alcohol The child becomes frequently absent minded The child has distressing flash-backs The child is bed-wetting The child is often crying and/or sad The child has unexpected and intense fears, phobias and anxiety The child has sleeping and concentration problems The child is suddenly behaving much younger than his/her age The child is self-harming	The child is sad and withdrawn The child is displaying anger	The child's psychosocial wellbeing is restored; the child is engaged in a range of activities and is not displaying behaviors of concern

Terms of Reference (ToR)
for Community Child Protection Team (CCPT)

Background

Children living in remote villages and communities face serious protection challenges such as abuse, neglect, and violence, often suffering in silence due to a lack of awareness, support, and access to national protection services. Although mechanisms like the Dzongkhag Women and Child Committee (DTWCC) have been established, communities remain largely unaware of their existence and how to seek help.

To bridge this critical gap, a Community-based Child Protection Team (CCPT) is being initiated. This program empowers local community members to identify, respond to, and prevent child protection issues. The CCPT will work closely with DTWCC and relevant stakeholders to raise awareness, build local capacity, and create a safe, nurturing environment for children. It reflects a united commitment from residents, local leaders, and partners to safeguard children's rights and ensure their well-being at the grassroots level.

Objectives

Coordinate and Collaborate

Strengthen coordination with DTWCC and local stakeholders to ensure an integrated child protection response.

Prevent and Protect

Safeguard vulnerable children from violence, exploitation, trafficking, child labour, child marriage, and other harmful practices.

Support Child Protection Systems

Contribute to the enhancement of existing child protection programs and structures at the community level.

Early Identification and Referral

Improve mechanisms for early identification of child protection risks and ensure proper referral to relevant services.

Community Risk Response

Identify and respond effectively to child protection concerns within the local context.

Raise Awareness

Educate community members on child protection issues and promote safe practices.

Family and Caregiver Support

Provide guidance, resources, and support to families and caregivers to ensure children's well-being.

Strengthen Reporting Mechanisms

Improve systems for reporting and responding to cases of abuse, neglect, and exploitation.

Advocate for Child Welfare

Promote policies and practices that support and protect children's rights within the community.

Composition:

The Community Child Protection Team shall consist of members from diverse backgrounds and expertise, including but not limited to:

Gewog Child Welfare Committee (GCWC)

1. GewogThrizin
2. Mangmi
3. GAO

Community Child Protection Team at Community level (CCPT)

1. Tshogpa
2. Educators
3. Care givers/ parents
4. Children and youth representative
5. Principal, teacher, Health (Sector Representatives-if available)

Role of Gewog Child Welfare Committee (GCWC)

- Convene regular monitoring to discuss child protection concerns, share information, and strategize responses with CCPT
- Collaborate DTWCC agencies, and stakeholders to pool resources and knowledge for effective child protection.
- Identify gaps in existing child protection services and advocate for improvements.

Role of Community Child Protection Team (CCPT)

- Report complaint of child protection concerns or CIDC received to the DTWCC in consultation with GCWC
- Follow-up with CIDC and their families to ensure the safety of the child and his/her reintegration into society.
- Convene regular meetings to discuss child protection concerns, share information, and strategize responses.
- Develop and implement community awareness campaigns on child protection and children's rights.
- Provide guidance and support to families and caregivers on parenting skills and child safeguarding.

Reporting and Communication:

The Community Child Protection Team shall report progress, challenges, and recommendations to the GCWC on a quarterly basis. Communication within the team shall be open, respectful, and focused on achieving the team's objectives.

Tenure

- The Tshogpa shall serve as a member of the Community Child Protection Team in an ex-officio capacity for the duration of their elected term in office.
- All other community-nominated members shall serve for a fixed term of three years, with the possibility of renewal based on performance, commitment, and the community's endorsement.
- Mid-term replacements may be made in case of resignation, relocation, or inability to fulfill duties.

Confidentiality and Ethics:

All team members shall uphold strict confidentiality in handling sensitive information related to child protection cases. Discussions and information shared during team meetings shall not be disclosed outside the team without proper authorization.

Duration and Review:

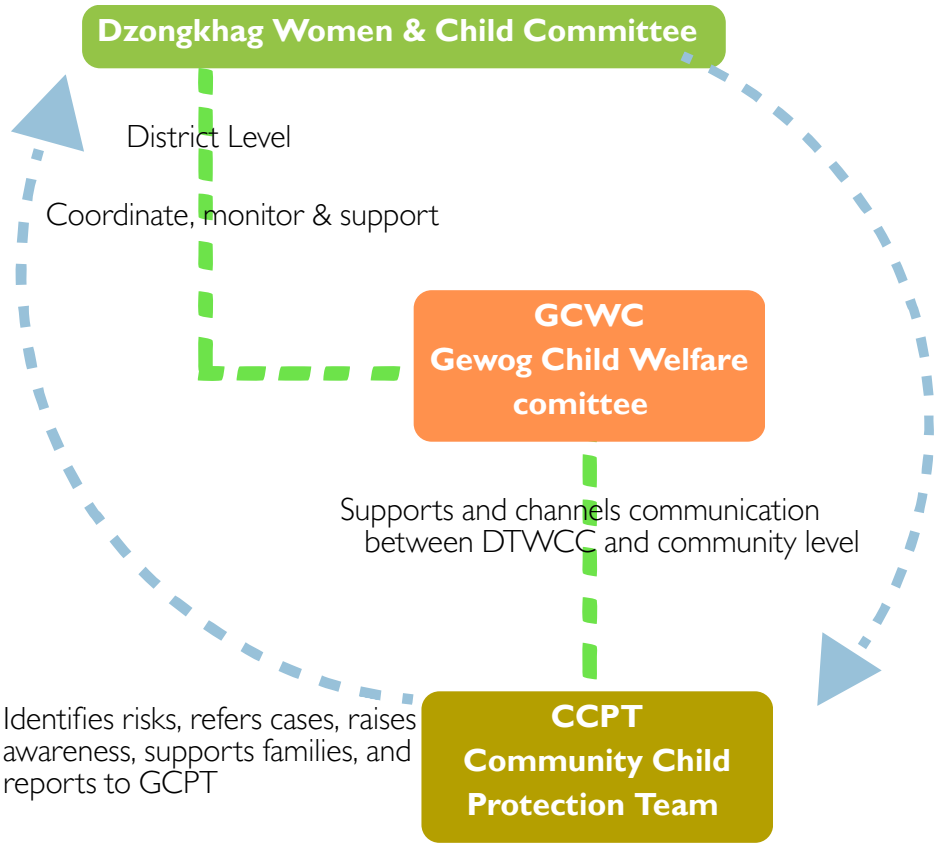
The Community Child Protection Team's terms of reference will be reviewed on an annual basis to ensure its relevance and effectiveness. The team's mandate can be extended based on the assessment of its impact.

Resignation

A Committee member intending to resign from the committee will communicate this in writing to the Chairperson of the committee, with a notice of one month.

Meetings/Quorum:

- The CCPT shall hold no less than regular meetings in a year.
- The Chairperson may direct the Member Secretary to call for emergency meetings as and when
- A minimum quorum of 2/3rd of the total members is required to hold a meeting.
- At each meeting the CCPT will confirm the date and duration of the next meeting



DTWCC is at the top, responsible for policy implementation, monitoring, and inter-agency coordination at the district level.

GCWC acts as the linking layer at the gewog level, coordinating between DTWCC and **CCPT,** and involving other gewog stakeholders.

CCPT operates at the village or chiwog level, addressing grassroots child protection concerns and feeding information upward through GCWC to DTWCC.

Annex: I-Referrals form

Early Identification Referral Form I

སྔོན་འབགོ་ངོས་འཛིན་ཕྱིར་གཏུག་འབྲི་ཤོག

Referral By ཕྱིར་གཏུག་འབད་མི(གིས) : Name of Agency/Organization: ལས་ཁུངས་/ལས་ཀྱངས་ཀྱི་མིང་------ Name of staff/individual: ལས་གཡོག་གི་མིང་/མི་ངོ་གི་མིང་------ Address: ཁ་བྱང་------ Phone No: བརྒྱུད་འཕྲིན་ཨང་------ Email address: བློག་འཕྲིན་ཁ་བྱང་------	Referred To ཕྱིར་གཏུག་འབད་ས(ལུ) : Name of Agency/ Organization: ལས་ཁུངས་/ལས་ཀྱངས་ཀྱི་མིང་། Name of staff/individual: ལས་གཡོག་གི་མིང་/མི་ངོ་གི་མིང་--- Address: ཁ་བྱང་། Phone No: བརྒྱུད་འཕྲིན་ཨང་། Email address: བློག་འཕྲིན་ཁ་བྱང་།	Date of Referral: ཕྱིར་གཏུག་གི་ཚེས། **Level of Risk:** ཉེན་ཁའི་གནས་ཚད། ( ) High risk (follow-up within 24hrs) ཉེན་ཁ་ཆེ་དྲག(རྗེས་འཇུག་ཐེངས་འབད་ལས་ཁ་བྱང་སྐར་ཞུ་འབད་དགོ) ( ) Medium risk(follow-up within 2-3 Days) ཉེན་ཁ་བར་ཤོས་ཉེན་གྲངས་ཁ་དང་།གི་ནང་འགོད་ སྐར་ཞུ་འབད་དགོ) ( ) Low risk(follow up within 5 days) ཉེན་ཁ་ཆུང་ཤུ་ཉེན་གྲངས་ཀ་གི་ནང་འགོད་ སྐར་ཞུ་འབད་ དགོ)

Annex: II - Information for referrals

Child Information:

ཞབས་ཆོས།

Name:

མིང་།

Date of Birth:

སྐྱེས་ཚེས།

Address:

ཁ་བྱང་།

Nationality:

མི་ཁྱབ།

Gender:

ཕེ་མོའི་རང་བཞིན།

( ) Female/མོ ( ) Male/ཕོ

Child gave consent to referral?

ཕྱིར་གཏུ་ག་འབད་ཆོག་པའི་ ཞབས་ཀྱི་ཞབས་ཀྱི་ཡི་ག?

( ) Yes/ཨིན ( ) No/མེན

If No explain why?

གལ་ཏིང་མེད་པ་ཅིན་ གཅི་སྟེ།

Caregiver's information in case of a child:

ཞབས་ཀོང་འཛེལ་བའི་གནང་དོན་རང་ལུ་ ཞབས་གཅེས་སྐྱོང་པའི་ཁ་གསལ།

Name of caregiver:

བདག་འཛིན་འབད་མིའི་མིང་།

Relation to child:

ཞབས་ཀོང་ཅིག་ཁར་འཛེལ་བ།

Address:

ཁ་བྱང་།

Phone No:

བརྒྱུད་འཕྲིན།

Caregiver gave consent to referral?

ཞབས་གཅེས་སྐྱོང་པ་གིས་ ཕྱིར་གཏུ་ག་འབད་ཆོག་པའི་གནང་བ་བྱིན་ཡི་ག?

( ) Yes/ཨིན ( ) No/མེན

If No explain why? གལ་སྲིད་མེན་པ་ཅིན་ གཅི་སྟེ་ ཁ་གསལ་བཀོད།

.....

.....

Type of case:

གནད་དོན་ཕྱི་བཟེ་བ།

Child in Difficult Circumstances:

ཚེ་ལོ་གནས་སྡུད་ལ་དཀའ་ངལ་ཐེབས་ལུ་ ཡོད་མི།

Specify:

ཁ་གསལ་གཏོད།

( ) Is found without having any home or settled place

སོད་ས་འཛིན་མེད་ ཡང་ན་ སོད་ས་འཛིན་ཡོད་རུང་སྡུད་མེད་ཐུ་ ལུས་མི་ མིན་པ་ཅིན།

( ) Incapacitated parent or guardian to take care and control

ཚེ་ལོ་བདག་འཛིན་འཐབ་ནི་དང་ བག་ཁེངས་འཛིན་འབད་ནི་ལུ་ ཐུབ་ཚོགས་ཀྱག་མེད་པ།

( ) Associate a person who leads to immoral life

རྩོལ་མིན་ཁྱིམས་མི་ རྩོལ་ ཅིག་ཁར་འཕེལ་བ་འཐབ་ནི་ མིན་པ་ཅིན།

( ) Being exploited for immoral, illegal purpose

ཚོ་ལས་མིན་དང་ ཁྱིམས་འགལ་ཁྱིམ་ བཀད་དོན་ཐེབ་ ཡོག་སོད་འབད་འབད་ལུ་ མིན་པ་ཅིན།

( ) Victim at the hands of individuals, families or the community

མི་ཕྱེ་དང་ བཟའ་ཚོང་ ཡང་ན་ མི་ངོ་རྩ་ལས་བཟེན་ཏེ་ བྱུང་མི་ ཉམས་རྒུད་པ་ མིན་པ་ཅིན།

( ) Exposure to physical abuse

གཟུགས་ཀྱི་ རྩུབ་སོད་བྱུང་མི་ ཡང་ བྱུང་ནི་གི་ཉེན་ཁ་ཡོད་པ་ཅིན།

( ) Exposure to emotional and verbal abuse

སེམས་ཁམས་དང་ དབ་ཐོག་གི་ ཡོག་སོད་ བྱུང་མི་ མིན་པ་ཅིན།

( ) Exposure to sexual abuse, harassment

འདོད་སོད་ཀྱི་ ཡོག་སོད་ ཡང་ན་ བརྙས་བཅོས་བྱུང་མི་ མིན་པ་ཅིན།

( ) Exposure to neglect

ཚེ་ལོ་སྡུད་མེད་བསྒྲུར་ཏེ་ བཞག་མི།

( ) Child labor

ཚེ་ལོའི་ ལས་མི་དང་འབྲེལ་བའི་ གནད་དོན་མིན་པ་ཅིན།

( ) Worse forms of child labour

ཚེ་ལོའི་ ཁྱིམ་རྟུག་དང་ ཞན་ཁོག་བཀོལ་ཤད།

( ) Witness of domestic violence

རང་འགོད་ རྩུབ་སོད་ཀྱིས་ གཅོད་ལེན་བྱུང་/མེད་བ།

( ) Other please specify:

གཞན་ ཡོད་པ་ཅིན་ ཁ་གསལ་གཏོད་གནང་།

Health Condition:

ཞུན་གསལ་ཚེ་གནས་སྟངས།

Child in Conflict with Law:

ཚེ་ལོ་ཁྱིམས་དང་རྒྱ་བ་འགལ་བྱུང་ནི།

Specify:

ཁ་གསལ་གཏོད།

( ) Child committed an offence:

ཚེ་ལོ་གིས་ཉེས་སོད་འབད་འབད་ལུ་ མིན་པ་ཅིན།

Specify please:

ཁ་གསལ་གཏོད་གནང་།

.....

.....

.....

Disability

དབང་པོ་སྐྱོན་ཞུགས།

physical and/or Mental disability

གཟུགས་སྐྱོབས་དང་/ཡང་ན་ སེམས་ཀམས་ དབང་པོ་ལུ་ སྐྱོན་ཞུགས།

( ) Moderate/བར་ན་

སྐོར་མ( ) Severe/ཚབས་

ཆེན

( ) Others please specify:

གཞན་ཡོང་པའི་ ཁ་གསལ་གཏ་ བགོད་འབད་གནང་།

.....

.....

Medical Condition:

གསོ་བའི་གནས་སྟངས།

( ) Addiction

གོམས་འཛིས/ཡང་ཤོར་རྒྱུད་མི།

( ) Chronic illness

ཨ་རྟག/དུས་རྒྱུན་ཐུ་ ནད།

( ) Mental illness

སེམས་ཀམས་ཀྱི་ ནད།

( ) Child pregnant

ན་ཚོང་མ་སྐྱེད་པ་ ཨ་ལོ་ཆགས་མི།

( ) Child in need for forensic medical examination (evidences should be collected by forensic services in 72 hours).

ཨ་ལོ་འདི་ གསོ་བའི་ ཚོན་རིག་རྟགས་ཤུད་དགོས་ ཡོད་པའི་ (དུས་ཚུན་ རྒྱ་ཚོད་ཨ་ཡི་

དང་འགོད་ལུ་ སྐྱབས་ཏེད་འདི་ ཚོན་རིག་རྟགས་ཤུད་ཞུབས་རྐྱག་གིས་ ལེན་དགོ།

( ) Life threatening medical condition requiring immediate intervention and treatment.

རྩོལ་གྱ་ གནས་སྟངས་ལུ་ ཉེན་ཁ་ ཡོད་པའི་ འདི་འགོ་ཡས་ བར་འཇུག་པང་ སྐན་བཅོས་

འབད་དགོ།

( ) Injuries

རྣ་བའི་ནེ་ ཡོད་པའི།

( ) Other please specify:

གཞན་ཡོད་པའི་ ཁ་གསལ་གཏ་ བགོད་གནང་།

.....

Services required:

ཞབས་རྐྱག་དགོ་མི།

( ) Case management service (protection)

གནད་དོན་འཛིན་སྐྱོང་ཞབས་ཏོག(སྲུང་སྐྱོབ)

( ) Physical health

གསོ་བའི་གཟུགས་ཁམས་ཞབས་ཏོག

( ) Mental health

གསོ་བའི་ ལེགས་ཁམས་ཞབས་ཏོག

( ) Shelter

གནས་སྡོད་ཀྱི་ སོང་གནས་ཐྲིམ།

( ) Other please specify:

གཞན་ཡོད་པ་ཅིན་ /ཁག་ལས་སྟེ་བཀོད་གནང་།

.....

Previous services provided if any:

གང་རེལས་ཅིག་སྟེ་ རེ་མ་ཞབས་ཏོག་ ལེན་རེ་ཡོད་པ་ཅིན་བཀོད་གནང་།

Agency: .....

ལས་ཁུངས

Type of services: .....

ཞབས་ཏོག་གི་ངོས་བཟུང

Agency: .....

ལས་ཁུངས

Types of services:……..

ཞབས་ཏོག་གི་ངོས་བཟུང

Agency.....

ལས་ཁུངས

Type of services...

ཞབས་ཏོག་གི་ངོས་བཟུང

Date:

ཟླ་ཚེས་

Description of the case (problem)

གནད་དོན་འཛིལ་བ་ཤོད་ (དཀའངམ)

Annex: III - Consent for referral

Consent for referral: (Optional)

ཕྱིར་གཏུག་འབད་ཆོག་པའི་གནང་བ (གདམ་ཀ)

I..... (Person of concern name), understand that the purpose of the referral and of disclosing this information to.....(Referral agency), as to ensure the safety and continuity of care among service providers seeking to serve
this family, the service provider .....(Referring agency), has clearly explain the procedure of the referral to me
and has listed the exact information that is to be disclosed. By signing this form, I authorize exchange of information.

ང་ (འཛེལ་ཡོད་མིའི་ཚོམ་གྱིམིང) ཕྱིར་གཏུག་ལས་ཁུངས་ལུ ཕྱིར་གཏུག་འབད་དགོ་པའི་ རྒྱུ་མཚན་དང་ གནས་རྟགས་ཕྱིར་/གསལ་བཀོད་ འབད་མི་ཚུ་ ལེགས་ཤོམ་གྱེར་ དུ་ཁ་ཐི། ཨབས་དེ་གཏུག་ཡིན་མི་ཁག་གི་ནང་དོག་ ཉམས་བརྒྱུད་པ་དང་ བཅའ་ཚོང་ཚུ་ལུ ཉེན་སྐྱོང་དང་འཚོ་འཕྱང་ གཅེས་ ཐྱོད་ཡིན་པའི་ཐང་ལུ ཚིག། ཨབས་དེ་གཏུག་ཡིན་མི་གིས་ ང་ལུ ཕྱིར་གཏུག་བྱ་སྟོན་པ་ཚུ་ ལེགས་ཤོམ་གྱེ་ ཁག་ལས་ཁུངས་དེ་ ཡིན་ཐི། ང་གི་ཡང་ ཕྱིགཏུག་ལས་འབད་ དགོ་པའི་ གནད་དོན་གཅིན་གཅིན་ཁ་ཐེ་ཨབས་ཁུངས་ཀྱི་ ཡིན་ཐི།

Signature of responsible party: .....

གནས་ཁག་ཅན་གྱི་ མིང་རྟགས་

Caregiver:.....Date:

བདག་འཛིན་འཚབས་མི/གཅེས་སྐྱོང་པ། སྤྱི་ཚེས།

Receiving Agency:

ལེན་མི་ལས་ཁུངས་

Referral received by:	Response provided to referred agency by:
ཕྱིར་གཏུག་ཐུབ་མི་	ལས་ཁུངས་ལས་ ལན་གསལ་
Date:	Date:
སྤྱི་ཚེས་	སྤྱི་ཚེས་

Guiding notes (ལམ་སྟོན་དྲན་ཐ།)

This form is used by staff of governmental (NCWC,) and non-governmental agencies (CSOs) or any front-liner (certified front-line workers) who contracts children on regular basis and suspects' abuse, or received a report regarding abuse.

འདྲི་ཞིབ་འདི་ ཞེ་གཡོགཔ་ མི་སྡེ་ལས་ཚོགས་ གཅིང་གར་འཐོན་ཏེ་ རྒྱབ་སྐྱོར་འབད་མི་ཚུ་གིས་ རྒྱབ་སོང་ཀྱི་དོགས་པ ཡང་ན་ རྒྱབ་སོང་ཀྱི་སྐན་ཞུ་འབད་མི་ངེ་འཐོནམ་ད་ གནད་དོན་འདི་ ཕྱིར་གཏུག་འབད་ནིའི་ དོན་ལུ་ ལག་ལེན་འཐབ་ཨིན།

This referral form should be used among governmental and non-governmental agencies to refer cases.

འདྲི་ཞིབ་འདི་ ཞེ་གཡོགཔ་དང་ མི་སྡེ་ལས་ཚོགས་ ཁག་གི་ནང་དོག་ གནད་དོན་ཕྱིར་གཏུག་འབད་ནིའི་དོན་ལུ་ ལག་ལེན་ འཐབ་ ཨིན།

The consent of care-giver and child is required, however, if for any reason consent was not able to be taken from a care giver the best interest of the child should be sought and a referral should be done.

ཕྱིར་གཏུགས་ འབད་བའི་སྐབས་ ཨ་ལོ་དང་ ཨ་ལེའི་གཅེས་སྐྱོང་པ་ལས་ གནང་བ་དགོ་ གལ་སྲིད་ ཨ་ལོ་གཅེས་སྐྱོང་འབད་ མི་ གི་ ཕྱིར་གཏུགས་འབད་ཚོགཔའི་ གནང་བ་མ་བྱིན་པ་ཅིན་ ཨ་ལེའི་ཐ་དོན་ཁོ་ན་ལུ་དམིགས་ཏེ་ ཕྱིར་གཏུགས་འབད་ དགོཔ་ཨིན།

A front-liner should not carry any investigation or assessment as this might cause more harm; therefore, it is recommended to carry the referral on just need to know basis (only main information about or basic need)
གདོང་ཁར་འཕོན་ཏེ་ རྒྱབ་སྐྱོར་འབད་མི་ཚུ་གིས་ གནད་དོན་འདི་ ཞིབ་དཔྱད་འབད་ནི་མི་འོང་ གལ་སྲིད་ཞིབ་དཔྱད་འབད་པ་ ཅིན་ རྟེང་བཀལ་རང་ ཨ་ལོ་ལུ་གཅོད་ནི་གི་ ཉེན་ཁ་ཡོད་ཨིན་ དེ་འབདཔ་ལས་ ཁག་ཆ་བའི་ གནས་ཚུལ་ རྒྱངས་ཅིག་ ཕྱིར་ གཏུགས་འབད་དགོཔ་སྟེ་ རྒྱབ་སྐྱོན་འབདཔ་ཨིན།

Only, in urgent cases, front-liner can take the child for emergency services but after informing the CP agency.
གདོང་ཁར་འཕོན་ཏེ་ རྒྱབ་སྐྱོར་འབད་མི་ཚུ་གིས་ འདི་འཕོ་ལས་འབད་དགོ་པའི་ གནས་སྟངས་རེ་ འཕོན་པ་ཅིན་ རྒྱངས་ཅིག་ ཨ་ལོ་ཉེན་སྐྱང་ལས་སྡེ་ལུ་ སྐྱན་ཞུ་འབདདགའི་ཤུལ་ལས་ གློ་བུར་ཞབས་ཏོག་ནང་བསྐྱེད་དགོ།

According to the Bhutanese CCPA section: 61,62, and 63 if any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in section 59, such person shall:
ཨ་ལོའི་གཅེས་སྐྱོང་དང་ཉེན་སྐྱོབ་ཀྱི་ བཅའ་ཁྲིམས་༢༠༡༩ཅན་མའི་ རྩ་ཚན་ ༦༡ ༦༢ ༦༣ དང་འཁྲིལ་བ་ཅིན་ མི་གཅི་ཨིན་རྟུང་
གལ་སྲིད་ ཨ་ ལོ་འདི་ གནས་སྟངས་དཀའ་ངལ་ཐོག་ལུ་ ཡོདཔ་སྟེ་ མཐོང་བ་ཅིན་ རྩ་ཚན་ ५९ལྟར་དུ་ གལ་ཏམ་ལུ་འཁོད་མི་ ལས་སྡེ་དང་ ཅིཁ་ཁར་འབྲེལ་བ་འཐབ་དགོ

Inform the DTWCC (Case Management Officer) child welfare officer (protection agency, The Pema or NCWC)
o ན་གཞོན་ལམ་སྟོན་ཐྲིམ་ གནད་དོན་འཛིན་སྐྱོང་འགོ་དཔོན་ (ན་གཞོན་དང་ཨ་ལོའི་ཉེན་སྐྱང་ལས་སྡེ) ཡང་ན་ ཨ་ལོའི་ ཕན་སྡེ་འགོ་དཔོན(ཨ་ལོའི་ཉེན་སྐྱང་ལས་སྡེ་ རྒྱལ་ཡོངས་ཨམ་སྐུ་དང་ཨ་ལོའི་ལྷན་ཚོགས)་ལུ་སྐྱན་ཞུ་འབད་དགོ་

Acts

Constitution of Bhutan 2008

As a Bhutanese citizen children have the right to life, liberty, security, freedom to express yourself; movement; thought, conscience and religion; of peaceful assembly. Children are equal before the law and are entitled to equal and effective protection of the law and shall not be discriminated against on the grounds of race, sex, language, religion, politics or other status

The State shall provide free education to all children of school going age up to tenth standard and ensure that technical and professional education is made generally available and that higher education is equally accessible to all on the basis of merit.

The State shall endeavor to take appropriate measures to ensure that young people are protected against all forms of discrimination and exploitation.

Child Care and Protection Act of Bhutan 2011

This Act provides a comprehensive legal framework for the protection, care, and rehabilitation of children in difficult circumstances. It outlines procedures for child welfare, juvenile justice, and the roles of various institutions in safeguarding children's rights.

Child Adoption Act (CAA) of 2012

Child Adoption Rules and Regulation in 2015

Child Care and Protection Rules and Regulations

Penal Code of Bhutan 2004 (Amended 2011)

The Penal Code includes specific provisions addressing crimes against children, such as child abuse, exploitation, trafficking, and neglect. It establishes penalties for offenders and mechanisms for child protection.

Labour and Employment Act of Bhutan 2007

This Act prohibits the employment of children below a certain age and outlines conditions under which adolescents may be employed. It aims to prevent child labor and ensure safe working conditions for young workers.

Institutional Framework

National Commission for Women and Children (NCWC)

The NCWC is the central agency responsible for promoting and protecting the rights of women and children in Bhutan. It develops policies, coordinates programs, and monitors the implementation of related laws.

Royal Bhutan Police – Women and Child Protection Division

This division specializes in handling cases related to women and children, providing support services, and ensuring the enforcement of relevant laws.

References

Ending Violence Against Children – National Commission for Women and Children (NCWC), UNICEF Bhutan

This publication provided valuable insights into the nature, causes, and prevention strategies for violence against children in Bhutan. It served as a guiding document for understanding systemic and community-based interventions that are child-centered and rights-based.

Early Identification and Safe Referrals: A Guideline for Service Providers – National Commission for Women and Children (NCWC), UNICEF Bhutan

This guideline was instrumental in shaping the referral and response mechanisms outlined in the manual. It informed the development of practical steps for front-line workers to ensure timely, sensitive, and appropriate interventions in child protection cases.

Child Care and Protection Act of Bhutan 2011

The Child Care and Protection Act served as the foundational legal framework for this manual. It guided the principles, procedures, and roles of various stakeholders in ensuring the protection, care, and rehabilitation of children in difficult circumstances, especially those in conflict with the law.