Children in difficult circumstances (CIDC)

ASSESSMENT REPORT

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Executive Summary

Bhutan has a strong legal framework for child protection and over the years concerted efforts have made in strengthening the institutional mechanisms to establish an effective child protection

system in the country. The Child Care and Protection Act (CCPA) of Bhutan- 2011 recognizes the need and mandates safeguarding the interest of Children In Difficult Circumstances (CIDC) which is also central to the establishment of a systematic approach to preventing and responding to such children population in the country. Although there is a general acceptance of growing cases of children facing difficult circumstances mostly in urban centers little is known about the exact nature and extent of these group of population, the nature, type, whereabouts and the short and long term support needed. Nazhoen Lamten a Civil Society Organization (CSO) based in Thimphu conducted a rapid assessment to deepen the understanding of CIDC in urban centers of four Dzongkhags, the estimated size of the CIDC population, the type of services and programs needed and currently available and accessible to CIDC.

A mixed method was employed using qualitative and quantitative methods. In the first phase, interviewing key informants who were knowledgeable about CIDC in their locality constituted the collection of qualitative data. The key informants identified potential CIDCs in their locality such as orphans, children of single parents, children staying with guardians, amongst others. Secondly all CIDC identified by the key informants were interviewed using a quantitative tool to gain a deeper understanding of their educational and family background, living arrangements, psychosocial issues, risk taking behavior and expected support needed.

Thirdly based on the results of the quantitative data analysis home validation was undertaken for a selected group of CIDC from Thimphu and Paro who were likely to be considered as the most deprived requiring immediate programmatic intervention. The home validation exercise assessed the current needs, the coping strategies and the need gaps for appropriate targeted intervention.

In the first phase Key Informants from the five Dzongkhags (urban areas) identified a total of 412 potential CIDC under 18 years of age. Results of the quantitative survey showed of the 412 potential CIDC interviewed 215 are girls and 197 are boys. Thimphu with 189 children recorded the highest number of children while 75 children are assessed from Zhemgang, 64 from Paro, 62 from Monggar and Chhukha with the least (22 children).

On Educational background, the assessment shows that 399 out of 412 children have been to school. Of the 399 children who have been to school, 13 of them are currently not in school due to reasons such as financial problem; drop out, pregnancy and death of parent.

On Family background, it reveals that 18.2% of the children are paternal orphans (whose fathers have died) while 10.0% are maternal orphans (whose mothers have died). In total, 28.2% of the children do not have either father or mother. However, only 1.9% is double orphan (whose both parents have died).

Among the paternal orphans, (20.0%) of the children reported their grades worsened and that they have less food/money as family (15.4%) as a result of death of their father. Among the maternal orphans, changes experienced include less food/money as a family (20.5%) and they have to do more household chores (14.5%).

On living arrangements, it shows that of the 412 children, 72.3% live with their parent while the remaining 27.3% (114 children) live with guardians. The main reasons for staying with guardians include parents having divorced, to attend school, death of mother or death of father.

40.6% of the children reported that their guardians take alcohol while 7.9% are staying with guardians who abuse drugs. At least 8.7% of the 412 children reported of taking alcoholic drinks while 6.6% reported of taking drugs.

The assessment observes that 88.3% of the children need some kind of help. More than half (53.9%) reported help in education, while 23.8% needed clothing and 18.7% wanted shelter. Some 59 children reported that they know about other children who are facing similar situation.

Examining closely the family background, psychosocial issues and current living arrangements of the 412 children who are identified as potential CIDCs by key informants eight (08) children can fall under Category I (who are double orphans), 116 children under category II (who are paternal or maternal orphans), 65 children under category III (who currently live with guardian but who do not belong to category I or II), and 223 children under category IV (rest of the children).

Home validation exercise was conducted in just two districts Thimphu and Paro for those children who were identified category 1, category 2 and category 3. Results from the home validation exercise from the two districts identified 34 children who are in need of immediate support. Out of the 34 children 12 are boys and 22 girls.

CHAPTER 1: INTRODUCTION

1.1. Background

The Royal Government of Bhutan is party to various international and global conventions and in fulfilling the needs of all children in Bhutan as signatory to the UN Convention on the Rights of Child (CRC) Bhutan ratified the Convention on the Elimination of all Forms of Discrimination (CEDAW) in 1981; the Convention on the Rights of the Child in (CRC) 1990. Since then concerted and sustained efforts have been put in place in strengthening institutional mechanisms for child participation and establishment of an effective child protection system in the country. This follows the enactment of the Child Care and Protection Act (CCPA) of Bhutan- 2011, Child Adoption Act of Bhutan 2012 and the Domestic Violence Prevention Act 2013 and having such legislations in place have further enhance the institutional mechanisms for safeguarding children from all sorts of violence.

The establishment of NCWC in 2004 with mandate to promote and protect the rights of children, the formation of various CSOs over the years for greater investment in realizing children's rights further underpins the government's commitment to safeguard the rights of children from violence, neglect, abuse and exploitation amongst others. While these efforts have been crucial in preventing violence, neglect, abuse against children response mechanism such as appropriate and accessible services arising as a result of violence, neglect, abuse and reintegration of children though have been challenging task. One such area is the limited response mechanism currently available and accessible to Children Living in Difficult Circumstances (CIDC).

There is no study conducted to identify Children Living in Difficult Circumstances (CIDC) by type and magnitude/prevalence and geographic presence. The Bhutan Vulnerability Baseline Assessment 2016 study conducted by Gross National Happiness Commission (GNHC) identifies 14 vulnerable groups of population in the country. According to the study children who are orphans, out of school children, children of single parents amongst others are among the vulnerable groups who are at risk due to inadequate care and protection due to resource constraints and limited understanding of the magnitude of the problem.

The lack of data on the size of the CIDC, their problems and needs makes it difficult to provide services and taking measures to prevent the prevalence of children in difficult circumstances.

1.2. Study Objectives

A rapid assessment of CIDC is proposed to deepen the understanding of estimated size of the CIDC population, the type of services currently available to CIDC if any and programs and services needed by this group of children population. The findings from the study are expected to recommend programmatic interventions for CSOs to service the needs of the CIDC. The objective of the rapid assessment is to understand who are Children Living in Difficult Circumstances (CIDC) closely aligning to the definition mentioned in the CCPA 2011, the estimated size of the CIDC population, what type of services and programs are needed and currently available and accessible to CIDC and where are they located.

1.3. Definition of Children in Difficult Circumstances

The Child Care and Protection Act of Bhutan 2011" defines a child living in difficult circumstances as (a) Is found without having any home or settled place of abode and without any ostensible means of subsistence and is a destitute; (b) Has a parent or guardian who is unfit or incapacitated to take care of or exercise control over the child; (c) Is found to associate with any person who leads an immoral, drunken or depraved life; (d) Is being or likely to be abused or exploited for

immoral or illegal purposes; or (e) Is a frequent victim at the hands of individuals, families or the community.

For the purpose of the study key informants knowledgeable about the children in difficult circumstances were contacted. The key informants were able to identify potential CIDC such as orphans, children without shelter and those living with guardians other than their own parents, children of alcoholic parents, and children of parents who are disabled, children who are associated with guardians who are alcoholics and take drugs.

The rapid assessment of CIDC attempts to closely align the definition as enshrined in the CCPA Act 2011.

CHAPTER 2: STUDY METHODOLOGY

2.1. Study Design

A mixed method is employed involving collecting of qualitative and quantitative data. Qualitative data was collected by interviewing key informants (who are knowledgeable about CIDC in their locality). The key informants included educationist, school principals, teachers, Dzongkhag kidu officers and other knowledgeable people on CIDC. Quantitative data on educational background, family background, psychosocial issues, the kind of support and services needed was collected by conducting face to face interview with the identified CIDC by the key informants.

2.2. Sampling Procedures

The rapid assessment exercise covered four Dzongkhags of Thimphu, Paro, Chhukha, Zhemgang and Monggar. Given the nature of the target group for study the methodology for sampling and surveying CIDC is complicated, as it is difficult to first identify, trace, locate and conduct interviews with orphans, children without shelter, and other floating population characterized by high mobility. The study therefore employed multipronged strategy to identify, track and interview the CIDC. Firstly key informants knowledgeable about potential CIDC in their locality was identified and interviewed about who they would consider as CIDC. Using a qualitative tool the CIDC were identified. Secondly all CIDC identified by the key informants were interviewed using a quantitative tool. The selection of the Dzongkhag was purposive; identification of the KII was based on their knowledge about CIDC. Thirdly home validation exercise was completed for selected CIDCs from Thimphu and Paro to identify the niche areas for intervention.

2.3. Assessment Instruments

Two tools were used for the rapid assessment of CIDC. A qualitative tool was developed to conduct in depth interview with the key informants knowledgeable about the CIDC. A quantitative tool was used to conduct face-to-face interview with the CIDC identified by the key informant. The quantitative tool was designed to collected data of the CIDC on the demographic, education, psychosocial issues, and risk taking behavior, and expected support.

2.4. Data Collection procedures

Enumerators were hired and trained to collect both qualitative and quantitative data using paper-based method. Data enumerators tested the questionnaire through role-playing to check the flow of the questions, skip patterns.

2.5. Data Processing and Analysis

A data entry platform was designed using KoBo application software and Samsung Tablets were used for punching the data. The data was exported to STATA for cleaning, analysis and tabulation.

2.6. Limitations of the Study

The study design is a purposive hence cannot be generalized to a larger CIDC population in the country. Pilot testing of the tool was not conducted due to time constraint. Data was collected using paper-based questionnaire. Enumerators were hired from the respective Dzongkhags, which may have affected data quality.

CHAPTER 3: STUDY RESULTS

3.1. Background Information

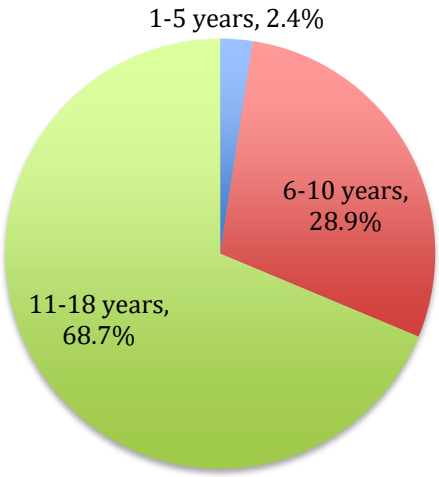
Table 1 shows that 412 children are assessed in five Dzongkhags. Thimphu with 189 children recorded the highest number of children assessed. There are 75 children assessed in Zhemgang, 64 in Paro, 62 in Monggar and the least in Chhukha with 22 children. In terms of sex, more number of females compared to males is found in Chhukha, Paro and Zhemgang while Monngar and Thimphu have more males than females.

Table 1: Number of Children by Dzongkhag

Dzongkhag	Male	Female	Total
Chhukha	9	13	22
Monggar	33	29	62
Paro	20	44	64
Thimphu	104	85	189
Zhemgang	31	44	75
Total	197	215	412

In terms of percentage distribution of children by broad age group, only 2.4% of them are between 1-5 years. About 29% are between 6-10 years while majority (68.7%) are between the ages 11-18 years (Figure 1).

Figure 1: Percent Distribution of Children by Age-Group (n=412)



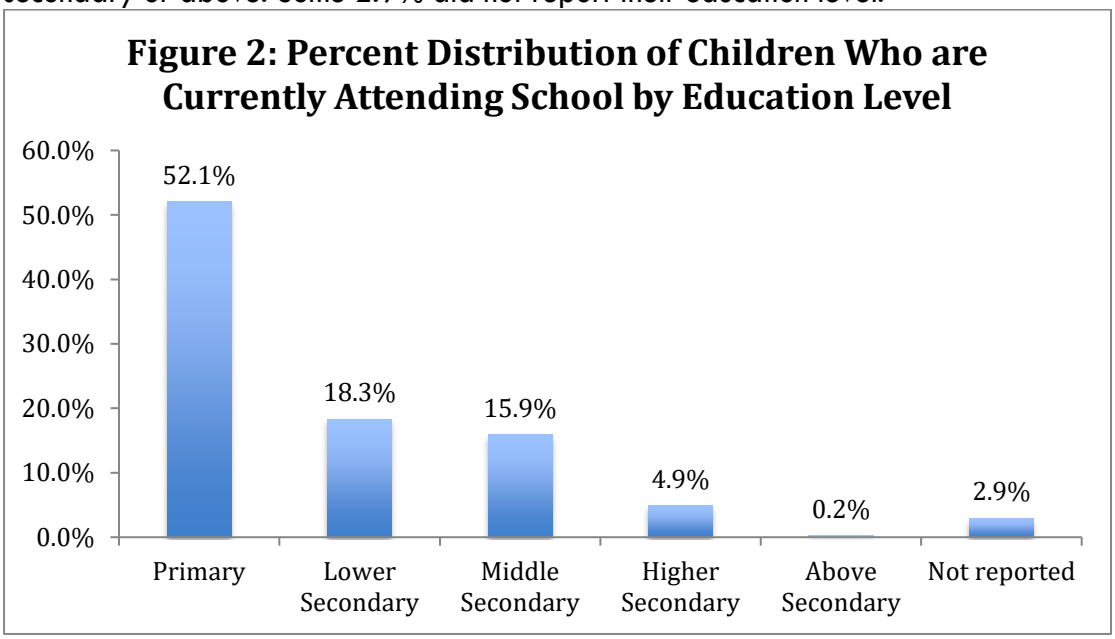
The assessment also asked whether the children have ever been to school. 399 children have been to school. Which mean that only 13 out of 412 have not been to school and 9 of them are under age. Among the remaining four, one is disabled and the second is a child of a non-Bhutanese father, a third child reported that he does not have necessary support while the fourth child reported that he neither has support nor interested in going to school.

Of the 399 children who have been to school, 13 of them are currently not studying indicating that they are most likely not to continue their schooling. The reasons for currently not attending school, as shown in Table 2, include financial problem, failed in exams, pregnancy and death of parent. The assessment also asked if these children have been enrolled as monks/nuns and none of them are enrolled.

Table 2: Reason for Currently Not Attending School

Reason	Number
Financial problem	3
Failed exams	2
Pregnancy	1
Death of parent	1
Drop out	1
Problem with warden	1
Lack of attendance	1
Parental problem	1
Others	2
Total	13

Figure 2 illustrates the current education level of 386 children who are currently in school. At least half of them are attending primary level education (PP to Class VI), followed by lower secondary level (18.3%) and middle secondary level (15.9%). Only around 5% are attending higher secondary or above. Some 2.9% did not report their education level.



Tables 3 shows that of the 26 children who are not in school, 10 of them are between 1-5 years and 16 of them are 11-18 years. By sex, exactly equal proportion of them are males and females. By Dzongkhag, Paro with 12 children constitute the largest number of the children who are not in school.

Table 3: Distribution of Children Not in School by Age-Group and Sex by Dzongkhag

Age-Group/Sex	Dzongkhag					Total
	Chhukha	Monggar	Paro	Thimphu	Zhemgang	
1-5 years						
Male	1	0	3	0	0	**4**
Female	1	0	5	0	0	**6**
11-18 years						
Male	1	0	1	1	6	**9**
Female	3	0	3	0	1	**7**

Total	**6**	**0**	**12**	**1**	***7***	**26**

3.2. Food Intake

On the food intake, the assessment asked the frequency of meals usually taken by children every day (Figure 3). At least six children (1.5%) have reported that they have not taken any food. One child (0.2%) reported that he is not sure of the frequency of the meals taken. 4.1% (or 17 children) usually have one meal a day while 13.8% (or 57 children) have two meals a day. However remaining 80.3% (331 children) take three meals or more per day.

Figure 3: Frequency of Meals Taken per Day (n=412)

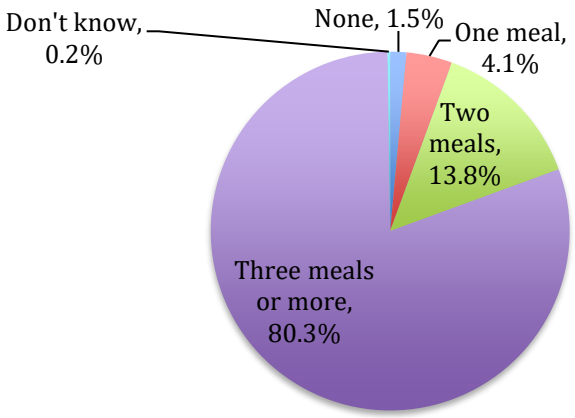
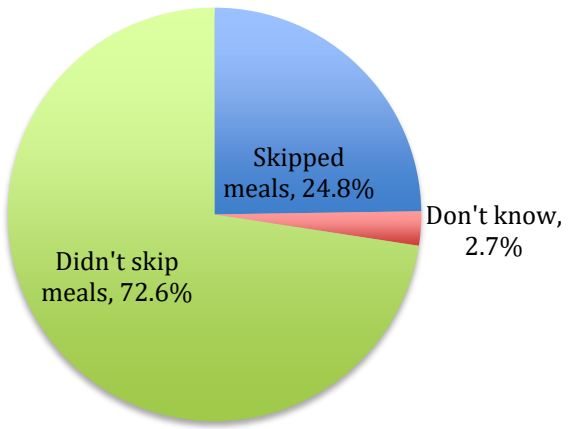


Figure 4 shows that quarter (102 children) reported of skipping meals in the last seven days preceding the assessment. This indicates that one out of every four child assessed had not taken proper meals in the last seven days preceding the assessment. A small number of children (2.7%) were not sure when asked about it.

Figure 4: Percent Distribution of Children According to Meals Taken Status in the Last 7 Days Preceding the Assessment (n=412)



Those 102 children who reported of skipping meals, the assessment tried to find out the main reason(s). Only 15 children reported that there was shortage of food or no money to buy food. Other reasons include children not feeling like taking food, no appetite.

It is important see their usual place of eating. One out of 10 children who reported skipping meals, their usual place of eating is at home. The remaining, two of 10 children eat at friend's or other's place.

Figure 5: Distribution of Children Who Skipped Meals 7 Days Preceding the Assessment by Usual Place of Eating (n=102)

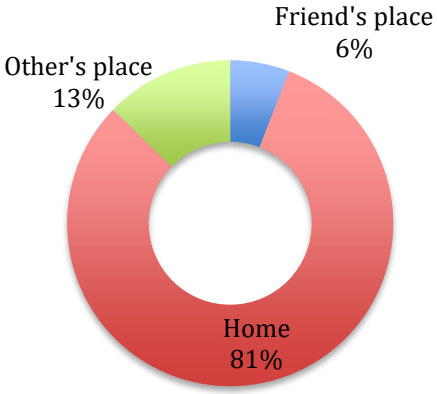


Figure 6 shows that 7% of the children didn't eat meals one day preceding the assessment while 9% of them were unsure about it.

Figure 6: Percent Distribution of Children According to the Meals Taken Status One Day Preceding the Assessment (n=412)

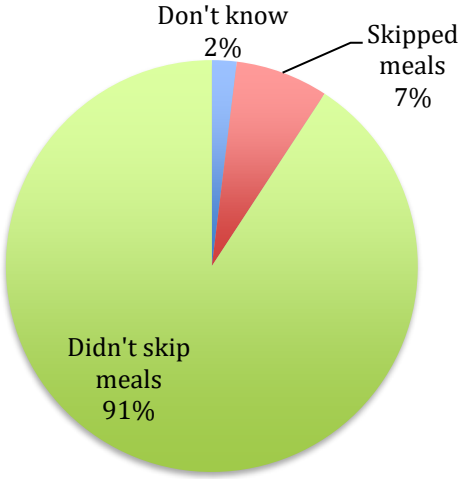
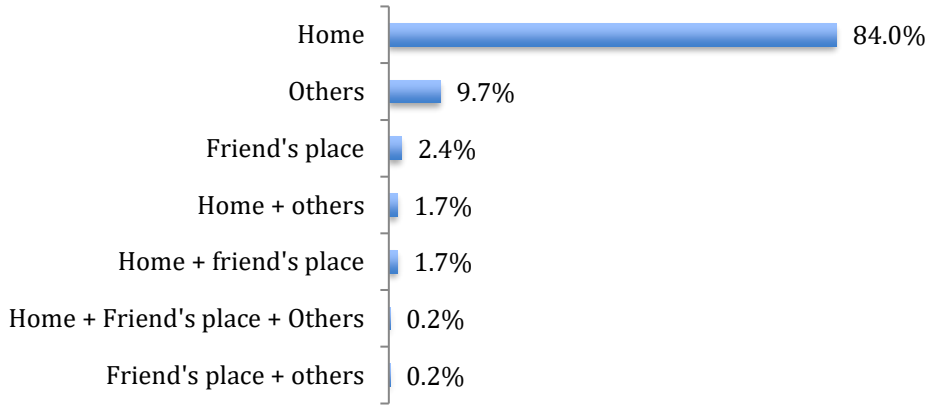


Figure 7 illustrates that at least eight out of 10 children in the assessment take their food at home only. About 3.6% take at home and friend's place. Some 2.6% take food at friend's place and others. However, one out of 10 child takes food in other's place.

Figure 7: Percent Distribution of Children according to their Usual Place of Eating (n=412)



3.3. Psychosocial Issues

3.3.1 Background information of father and mother

Figure 8 shows the different types of orphans found in the assessment. 18.2% of the children are paternal orphans (whose fathers have died) while 10.0% are maternal orphans (whose mothers have died). In total, 28.2% of the children do not have either father or mother. However, only 1.9% is double orphan (whose fathers and mothers have died). The assessment also found that 32 children (16 males and 16 females) are those whose parents are divorced.

Figure 8: Percentage of Orphans (n=412)

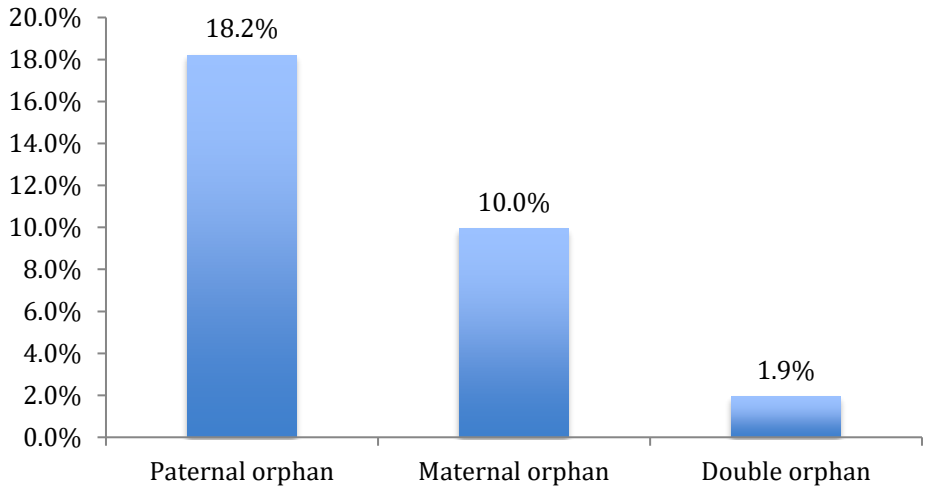


Table 4 further shows that between male and female children, the assessment found higher proportion of female children is orphans compared to male children. Among 215 female children, 19.2% are paternal orphans, 10.2% are maternal orphans and 2.8% are double orphans. Among male children 17.3% are paternal orphans, 9.6% are maternal orphans and 1% is double orphan.

Table 4: Children Whether They are Orphan or Not by Sex

Status	Female	Male	Total
Not orphan	146	142	288
Paternal orphan	41	34	75

Maternal orphan	22	19	41
Double orphan	6	2	8
Total (number)	215	197	412

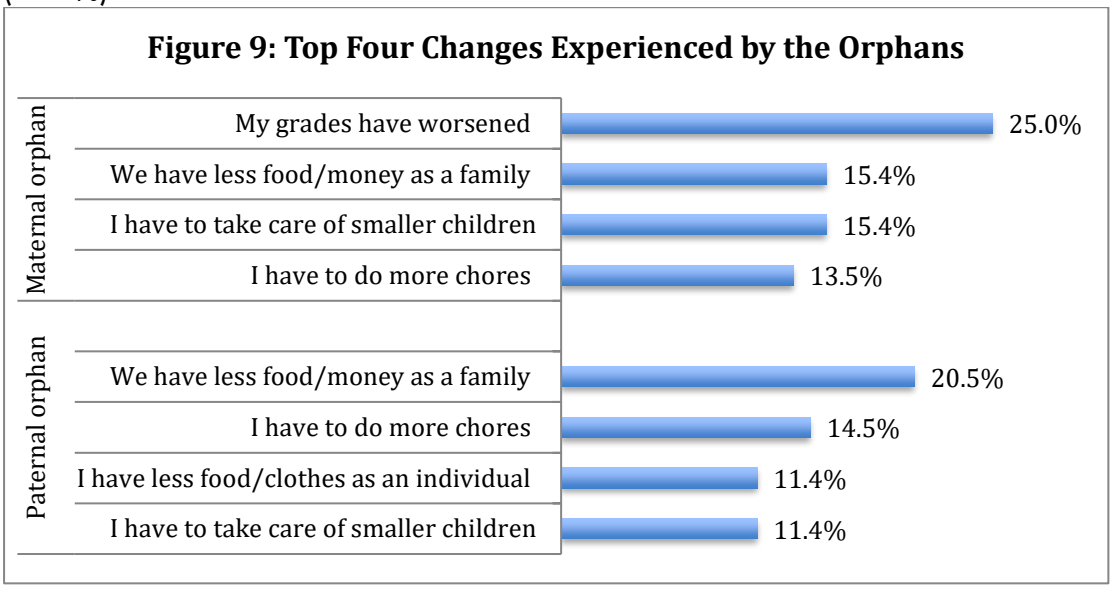
Table 5 shows that 32 out of 412 children have their parents divorced. Half of them are between 6-10 years, 15 of them are between 11-18 years. By Dzongkhag, 13 out of 32 children are found in Monggar while the other Dzongkhags have between 4 to 5 children.

Table 5: Children Whose Parents are Divorced by Age-Group and Sex by Dzongkhag

	Dzongkhag					
Age-group/Sex	**Chhukha**	**Monggar**	**Paro**	**Thimphu**	**Zhemgang**	**Total**
1-5 years						
Male	0	0	0	0	**0**	0
Female	1	0	0	0	**0**	1
6-10 years						
Male	1	5	0	2	2	10
Female	1	1	3	1	**0**	6
11-18 years						
Male	0	3	0	2	1	6
Female	1	4	1	1	2	9
Total	**4**	**13**	**4**	**6**	**5**	32

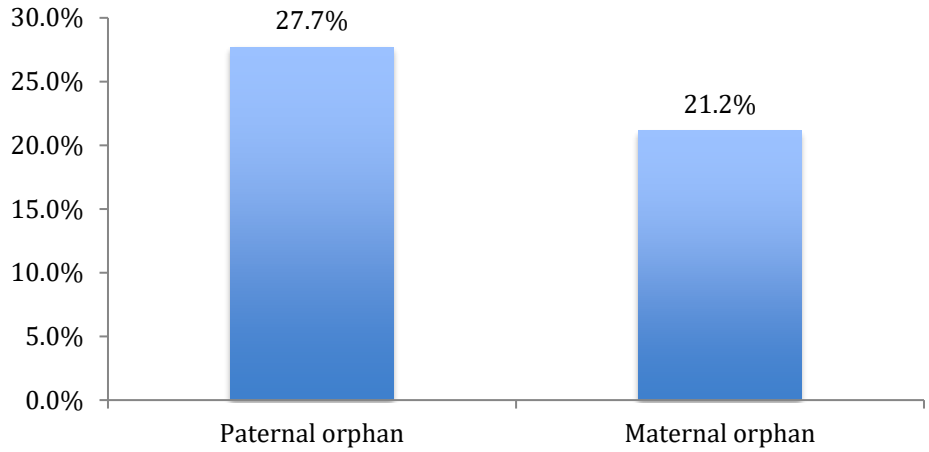
The assessment asked the changes that the children experienced in the daily life after the dead of their mother or father (Fig. 9). Among the paternal orphans, the top fours changes experienced are: that their grades have worsened (20.0%), that they have less food/money as family (15.4%) and that they have to take care of smaller children (15.4%), that they have to do more chores (13.5%). Among the paternal orphans, children experiencing less food/money as a family (20.5%), followed by those children who have to do more chores (14.5%), those children who have less food/clothes as a individual (11.4%) and that they have to take care of smaller children (11.4%).

Figure 9: Top Four Changes Experienced by the Orphans



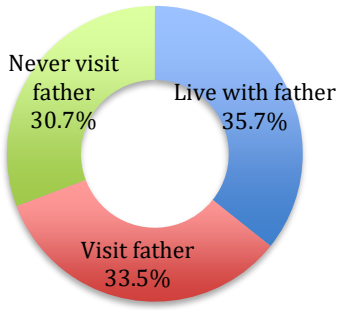
Some of the orphans also expressed that they are not affected by their death of parents. Higher proportion (27.7%) of paternal orphans expressed that they are not affected compared to 21.2% of the maternal orphans (Fig. 10).

Figure 10: Percent of Orphans Who Are Not Affected by their Death of Parents



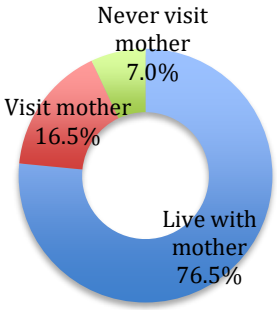
Among 322 children who have their father alive, only 35.7% live with their father, which means only one out of three children who has father live with the father. About 31% of the children never visit their father while 33.5% pay visit (Fig. 11).

Figure 11: Percent Distribution of Children Whose Father is Alive (n=322)



Among 358 children who have their mother alive, 76.5% indicating that majority of the children who have mother live with their mother. Only 7% of the children never visit their mother while 16.5% pay visit (Fig. 12).

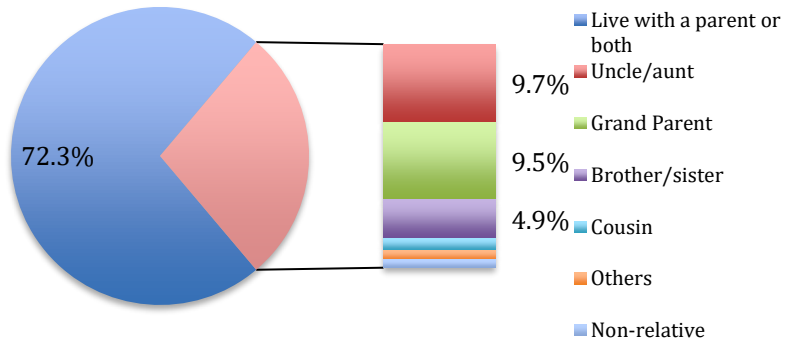
Figure 12: Percent Distribution of Children Whose Mother is Alive (n=358)



3.3.2 Background information of guardian

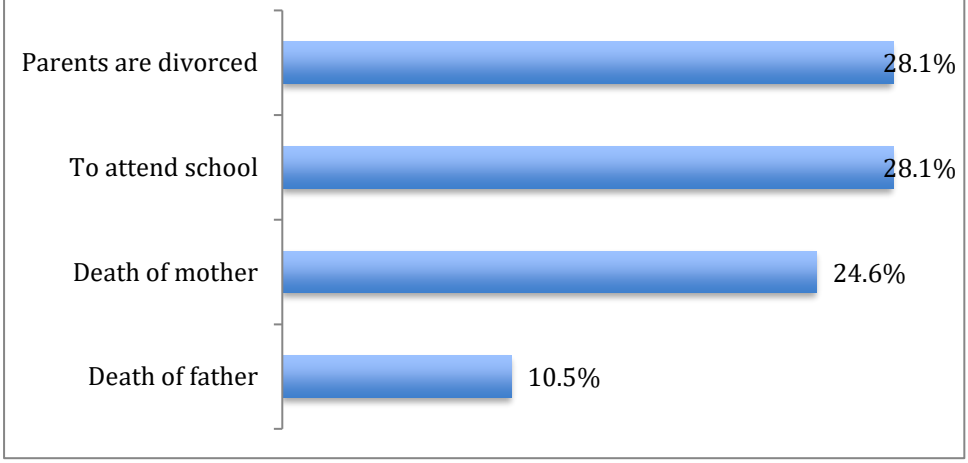
Figure 13 illustrates that of the 412 children, 72.3% live with their parent while the remaining 27.3% (114 children) are forced to live with guardian. The Guardians include uncle/aunt (9.7%), grandparent (9.5), brother/sister (4.9%), cousin (1.5%), others and non-relative.

Figure 13: Percent Distribution of Children Living with Parent or Guardian (n=412)



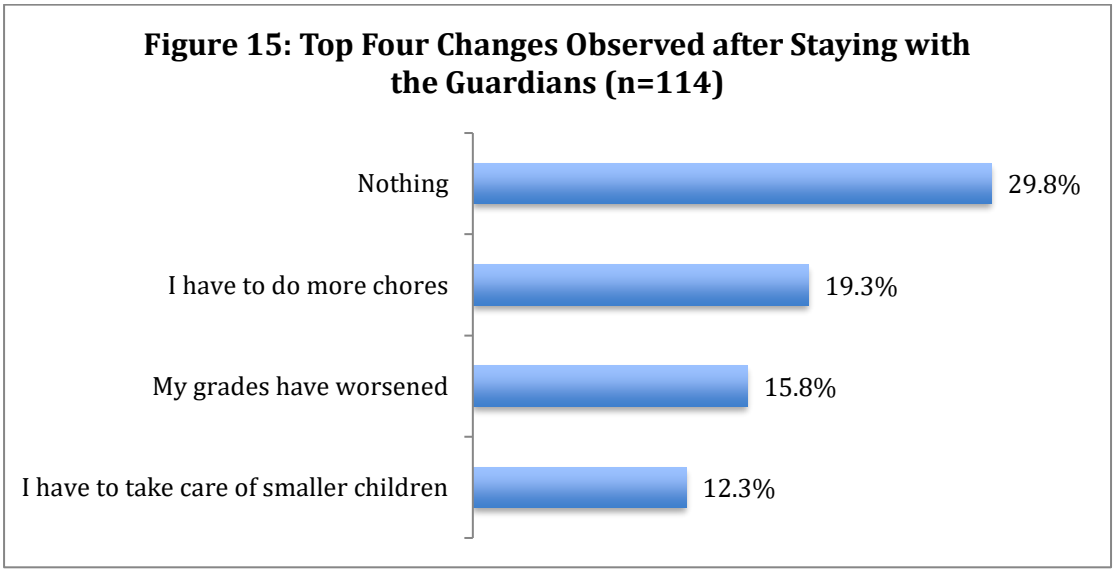
Among the 114 children living with guardians, they were asked the main reason for staying with them. Figure 14 shows the top four reasons. Parents having divorced and to attend school topped the reason with 28% each, followed by death of mother (24.6%) and death of father (10.5%).

Figure 14: Top 4 Reasons for Staying with Guardians (n=114)



The children staying with guardians were asked what different they felt after stated to stay with the guardians. As shown in Figure 15, about 30% felt no difference, while 19.3% reported that they have to do more chores after moving to the guardian's home. At least 15.8% reported that their grades have worsened while 12.3% are tasked to take care of smaller children.

Figure 15: Top Four Changes Observed after Staying with the Guardians (n=114)



The children were also asked the affects they experienced after they started to live with the guardians (Fig. 16). Majority but only 42% are happy or contended, followed by 29.8% who are sad or unhappy, while 14% each reported to be worried, and comforted or determined.

Figure 16: Top Four Affects Experienced by Children after Staying with the Guardians (n=114)

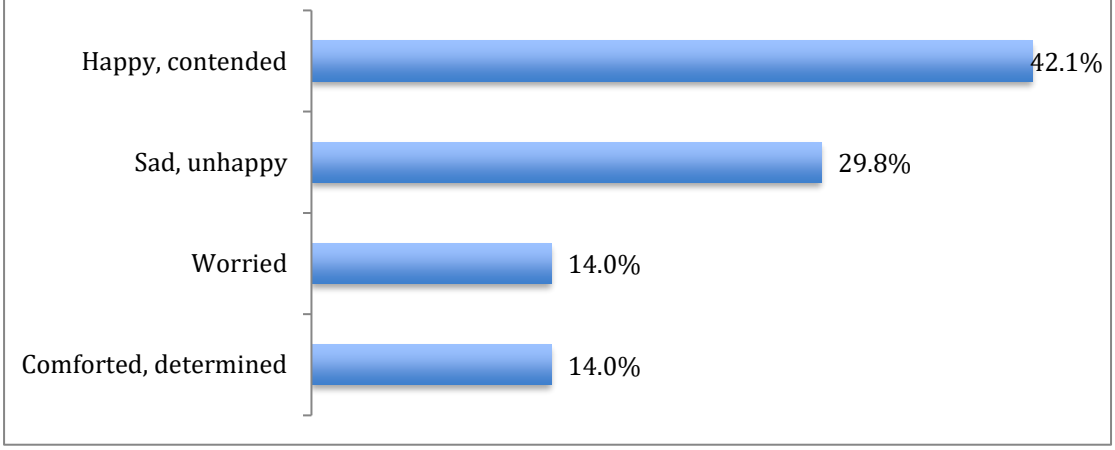
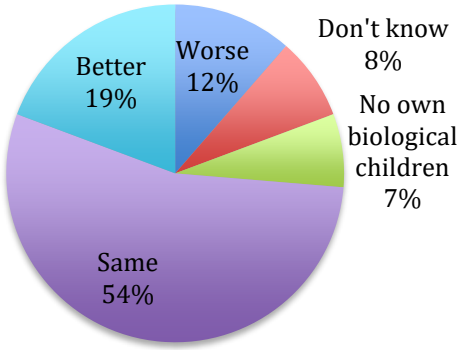
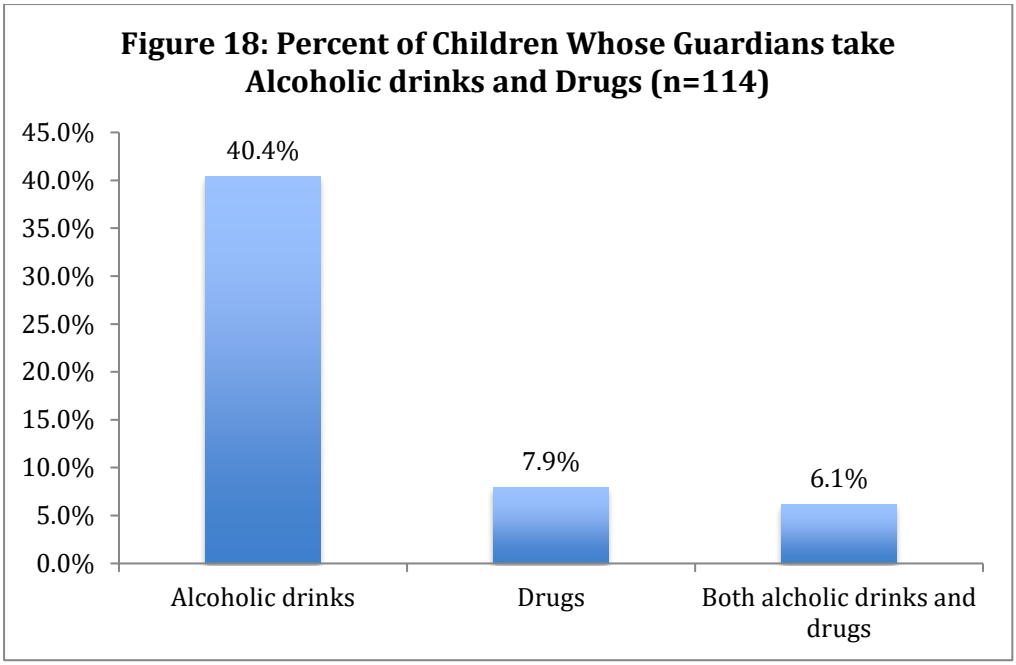


Figure 17 shows 54% of the children are treated the same by their guardians like their own biological children while 19% reported to have been treated better than their children. However, 12% reported that their guardians treat them worse.

Figure 17: Distribution of Children According to the Treatment by Guardians (n=114)



It is important to also find out whether the guardians abuse alcohol and drugs. As shown in Figure 18, 40.6% of the children reported that their guardians take alcohol while 7.9% are staying with guardians who consume drugs.



3.4. Risk-Taking

All 412 children are also asked whether they take alcoholic drinks and drugs. At least 8.7% of the children reported of taking alcoholic drinks while 6.6% reported of taking drugs, which is a serious concern. At least 3.9% take both alcoholic drinks and drugs (Fig. 19).

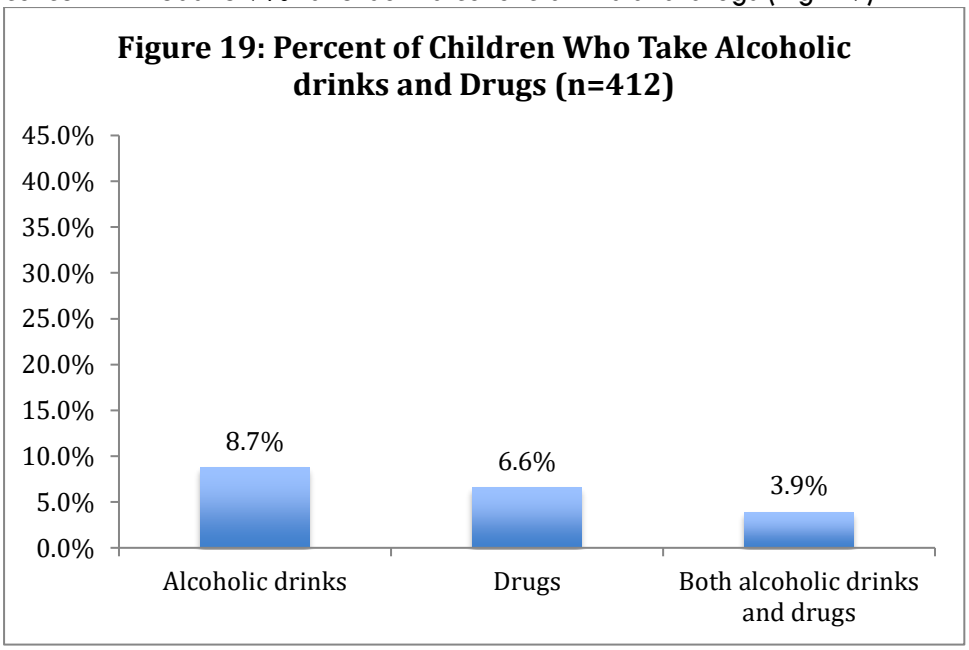


Table 5 shows that the consumption of alcohol and drugs are increasing with the age of children. In fact, the rate of consumption of alcohol between the ages 11-18 years is more than double compared to the children between 6-10 years. Among the children consuming drugs, it is mostly at the older age groups of 11-18 years.

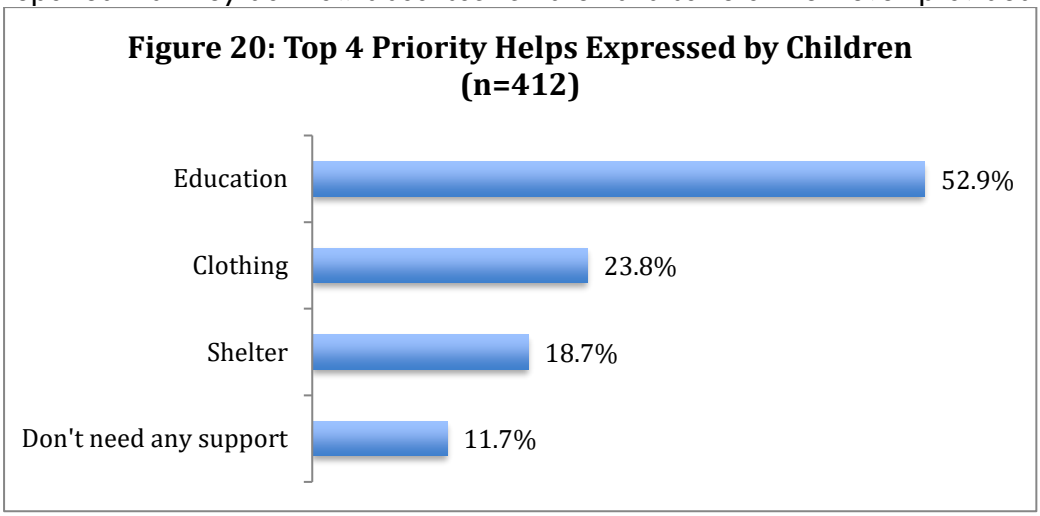
Table 5: Children Taking Alcohol/Drugs by Age-Group

Alcohol/Drugs	1-5 years	6-10 years	11-18 years	Total
Alcohol	0.0%	4.2%	11.0%	8.7%
Drugs	0.0%	0.8%	9.2%	6.6%
No. of Children	10	119	283	412

The assessment observed that 11.7% of the children reported that do not need any help, which means the remaining 88.3% of the children, need some kind of help. As shown in Figure 20, more than half (53.9%) reported help in education, while 23.8% needed clothing and 18.7% wanted shelter.

The children were also asked if they know other children facing similar situation. Some 59 children reported that they do know about such children and some of them even provided their address.

Figure 20: Top 4 Priority Helps Expressed by Children (n=412)



3.5. Risk Profiling of CIDC

All children do not receive appropriate care and developmental opportunities due to no fault of their own but due to reasons beyond their control their specific socio-economic circumstances, family background amongst others. Children in such situations need additional support and care and the need to protect them becomes even greater as they are more vulnerable in terms of the risk to their right to survival, development, protection and participation. As all CIDC face a certain level of risk and risks may vary depending on the situation or circumstances the rapid assessment of CIDC assesses the level of risks facing the group of children by closely examining their family background, psychosocial issues and also closely aligning with the interpretation of the CIDC by the key informants.

Among the 412 children identified as CIDC by the key informants. Figure 21 shows the breakdown of categories of children. Category I are those children who are double orphans, category II are paternal or maternal orphans, category III are those children who currently live with guardian but who do not belong to category I or II (Children who have parents but live with guardian), and category IV the rest of the children who were captured in the assessment (children who have parents and they live with either or both the parents). Among the 65 children in category III, analysis shows that only 22 of them are contented and happy staying with guardians.

Figure 21: Percent Distribution of Different Categories of CIDC (n=412)

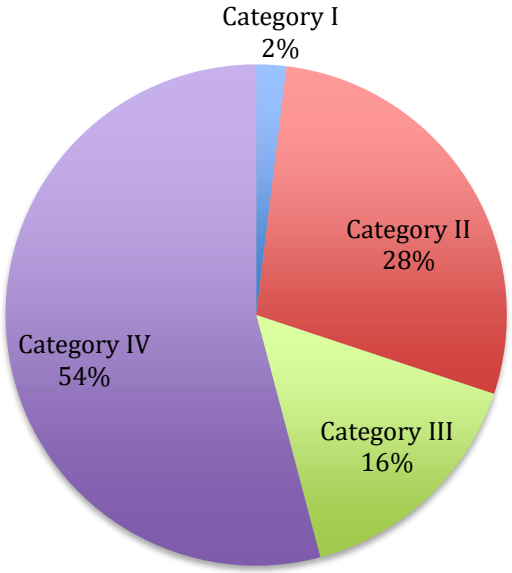


Table 6 details the disaggregation of the categories by Dzongkhag. Thimphu with highest number of children assessed has all the categories highest compared to other Dzongkhags. For example, among the 116 children who are paternal or maternal orphan (category II), 44 are assessed in Thimphu.

Table 6: Number of Different Categories of CIDC by Dzongkhag

Category	Chhukha	Monggar	Paro	Thimphu	Zhemgang	Total
I	0	2	1	4	1	8
II	6	26	18	44	22	116
III	5	11	9	27	13	65
IV	11	23	36	114	39	223
Total	22	62	64	189	75	412

Table 7 shows that generally, the number of children in different categories increases with the age of the children. For example, Category II children are only 30 between 6-10 years compared to 86 among 11-18 years.

Table 7: Different Categories of CIDC by Age-Group

Category	1-5 years	6-10 years	11-18 years	Total
I	1	0	7	8
II	0	30	86	116
III	2	19	44	65
IV	7	70	146	223
Total	**10**	**119**	**283**	**412**

It is important to see the severity of CIDC so that specific interventions can be done at the earliest possible time. The severity for two Dzongkhags: Paro and Thimphu have been defined based on

the immediate support required by the CIDC. Broadly two types of severities are defined. Severity 1 requires immediate attention while severity 2 does not require immediate attention. Table 8 shows that out of 253 CIDC in Paro and Thimphu, there are 34 CIDC under severity 1 (17 in Paro and 17 in Thimphu). There are 22 females, almost double that of male (12) who require immediate attention/intervention. 219 CIDC in Paro and Thimphu fall under severity 2.

Table 8: Severity of CIDC in Paro and Thimphu

Severity/Sex	Paro	Thimphu	Total
Severity 1			
Male	3	9	12
Female	14	8	22
Severity 2			
Male	17	95	112
Female	30	77	107

CHAPTER 4. CONCLUSION & RECOMMENDATIONS

The rapid assessment of CIDC, their location, size of the CIDC population and expected support help deepen understanding of the challenges this group of children population are facing thus help service providers to design appropriate interventions. Based on the rapid assessment of the CIDC identified by the key informants in the five Dzongkhags, four categories of CIDC have been obtained simply based on their orphanage status. The assessment suggests following recommendations for designing appropriate intervention.

Severity of the CIDC is based on the family background, current living arrangements and psychosocial support. Only two types of severity: severity 1 and severity 2 are defined. Primarily CIDC with severity 1 requires immediate intervention.

Recommendations.

1. ***Service Delivery*:**

- Further assessments: Undertake a further assessments to verify the different CIDC category by closely examining the qualitative information recorded against each child by the enumerator in the interviewer observation and recommendation section. This additional information will be useful in identifying the different needs of CIDC.

- Design Targeted/Appropriate interventions. Based on the categories of CIDC obtained and severity of the problem efforts must be made to undertake a detailed needs assessment in order to closely examine the current coping mechanisms, strategies adapted by these children and identify the main areas for support without disturbing the existing strategies/coping mechanisms in place.

- The needs assessment will also allow mapping of support that would be possible whether shelter, food, education and institutional capacity to provide such services based on the number of CIDC. The information can also be useful in anchoring partnerships with other organizations such as hotels/restaurant owners, business houses in meeting some of the immediate basic needs such as food and clothing, or education.

- Individual/CSOs staff dealing with CIDC must be equipped with knowledge and skills to deal with CIDC who are orphans, currently staying with guardians, and are often victims of stress and show signs of psychological stress. This will help the staff to recognize and understand the signs and symptoms and respond appropriately.

2. **Community Partnership**

- Community partnership with household members, parents, guardians and other people in the locality with whom the CIDC is currently attached help gain critical insight into the problem and establish dialogue to mitigate the problem. This will also help child's emotional well-being and confidence in order to facilitate a successful reintegration.
- They will also be a source of information to locate and identify CIDC who may get missed out during the assessment.

3. **Study Design**

- Future study design should refine the quantitative tool to capture more dimensions of CIDC including their living conditions, socio-economic status of the guardians, children who are living in the streets amongst others.

- A checklist must be development prior to the conduct of the actual field survey so that there is no subjective element involved in categorizing the CIDC in terms of severity. The other lessons learned from the current study can be used to further improve the data gathering for CIDC living in other Dzongkhags.

- The CIDC in the assessment has reported of knowing other children living in similar situations and these children must also be visited for assessment, in case they are not being included in the current assessment.