

A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN TOGO



Based on SOS Children's Villages' assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children



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INTERNATIONAL



In collaboration with the FODDET, and the Ministry of Social Action and National Solidarity

A loving home for every child



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Background

In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool¹ to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: Care for ME! *Quality Care for Every Child*.

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were asked to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

1. Desk research of existing secondary and meta data, from state, non-state and international sources;
2. Interviews with key service providers, service users and management; and
3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete. Please contact Emmanuel.sherwin@sos-kd.org for further assistance and questions.

The target groups of this study are:

Children in alternative care: those children and young people who, for any number of reasons, live outside their biological family and are placed in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.

Children at risk of losing parental care: children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.

Next Steps

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals to use the data contained in this report to defend the rights of children and families – to work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

Disclaimer

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third-party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.

¹ The original version of the tool can be found here: www.sos-childrensvillages.org/what-we-do/child-care/quality-in-care/advocating-quality-care/quality-care-assessment.



Executive summary

A large proportion of children in Togo are in need of alternative care and support, as less than two thirds (64.2%) live with both of their parents: 20.9% live with a single parent (15.2% with the mother and 4.8% with the father) and 14.9% live with neither parent.²

Togo has ratified the *UN Convention on the Rights of the Child* and the *African Charter on the Rights and Welfare of the Child*. These international standards have provided the framework for children's rights legislation, including the 2007 *Children's Code*,³ which integrated international and regional standards for the protection of children at risk of abuse, and developed a harmonised framework for the provision of alternative care.

A 2010 *Decree*⁴ sets the norms and standards for quality of service for childcare and protection facilities in line with international standards, including guidelines on the admission of children in care. The *National Child Protection Policy 2009* provides 12 guidelines for supporting and strengthening the capacity of families. These guidelines help identify children at risk more quickly and meet their needs appropriately. They recognise the family as the ideal environment for the development and protection of children and the need to find adequate alternative care when this is in the best interests of the child.

Despite progress in legislation, most policies are anterior to the *UN Guidelines for the Alternative Care of Children*, which accounts for some considerable discrepancies between the two. In addition, research conducted by SOS Children's Villages in cooperation with the Ministry of Social Action and National Solidarity and a coalition of NGOs, the FODDET, revealed that norms and standards are often not applied in practice, exposing children to abuse and violence, both in parental homes and in alternative care facilities. There is also no national family strengthening policy and a paucity of preventative services; most children are cared for informally and without oversight; there is an underdeveloped formal fostering system; and the lack of inspection of childcare facilities means that some facilities run without registration or without adequate staffing and standards.

² UNICEF, Multiple Indicators Clusters Survey / MICS4, Togo, 2010.

³ Act No. 2007-017 on the Children's Code, 6 July 2007.

⁴ Decree Nr.2010-100/PR setting the norms and standards applicable to the care and protection centres for vulnerable children in Togo, 2010.

Key findings

Preventative and family strengthening services

Togo has acknowledged the right of children to grow up in their families and the role of the state in supporting the families in the provision of care and education.⁵ However, it has failed so far to implement effective family strengthening and preventative services to promote this right. Indeed, apart from an agency for national solidarity, set up in 1992 to help families affected by natural disasters, there is little state help available for vulnerable families.

In order to implement the still draft social protection policy,⁶ a pilot cash transfer programme was implemented with the support of the World Bank. The pilot started in July 2013, focusing on the poorest regions of the country (Kara and Savanes) and is likely to reach 8,000 children and 81 villages where acute malnutrition was identified. It consists of providing 5,000 XOF (approx. US\$10) per child for a period of 18 months, for families with children aged six to 24 months. Other services are offered such as awareness-raising among parents of the importance of education, nutrition and child health. As family strengthening programmes have been mainly provided by non-governmental organisations (NGOs) such as SOS Children's Villages, Plan Togo, BØRNEfonden, Terre des Hommes and the International Catholic Child Bureau, this project demonstrates the government's increased commitment to social protection and its obligations to support the family.

Informal care

Informal care, also called “confiage”, is widely practiced in Togo. When families breakdown due to sickness, divorce or death, or children need to live elsewhere for educational reasons, it is usually and traditionally the community or extended family that take over the care of the children. Due to its informal nature there are few statistics on the numbers of children concerned or their welfare, but a preliminary study has suggested that informal fostering is often best practice, as children are welcomed and cared for by members of their own family or community.⁷

Such arrangements unfortunately can also make children vulnerable to abuse and exploitation. In particular, children may be forced to work to contribute economically to their extended families: as labour in the agricultural sector, in commercial or craft activities, or as domestic workers. This affects their health, development and educational opportunities. Furthermore, in such informal arrangements, the rights of children to property or inheritance are rarely implemented and extended families sometimes take advantage of the children in their care. Several studies have shown that children are most vulnerable to violence when they are not living with their biological parents,⁸ and yet there are no systems in place to monitor or protect children living in informal alternative care arrangements.

⁵ Article 31, Constitution of Togo, 14.10.1992 and the 2010 Decree.

⁶ This draft policy is currently debated at the Parliament but some parts of this policy are already implemented.

⁷ MASSN, *Study on the Care of Vulnerable Children, Especially those who are Victims of Abuse and/or have Severe Disabilities, by Foster Families in Togo*, MASSN, 2010.

⁸ Multiple Indicators Clusters Survey MICS4, 2010 and in the National Policy for Child Protection.

Foster care

While informal family-based care is widespread, formal foster care is almost non-existent and was only recently introduced. In 2010, the Ministry of Social Action and National Solidarity, in cooperation with UNICEF, Plan Togo and Terre des Hommes, developed a strategy to care for vulnerable children in foster care. To implement this plan, they created a national accreditation committee, responsible for accrediting the structures in charge of managing foster families.

A foster pilot project began in April 2012 in two districts in Lomé. There are currently 15 foster families caring for 117 children between the ages of four and 17, who were victims of abuse. Of the 117 children in foster care, 113 are girls.⁹ The pilot has tested two types of foster family: voluntary families that care for victims of abuse and professional families that primarily care for children with severe disabilities. Children may be placed in short (under three months), medium (six to 12 months) or long-term (over a year) placements, although to date only short-term placements have been piloted.

Other formal care facilities

The number of children in formal alternative care in 2012 was estimated at 9,561 (5,016 boys and 4,545 girls).¹⁰ There are 80 residential care centres, three transit centres and 15 non-residential centres (providing supportive social services, such as day care).

However, state-run childcare facilities are inadequate and the burden for alternative care provision falls on faith-based groups and NGOs: of the 98 facilities recognised at the national level only four are state owned.¹¹

Distribution of children in formal facilities per category

N°	Region			Total
		Boys	Girls	
1	Residential centres	3,542	2,948	6,490
2	Transit centres	879	1,170	2,049
3	Non-residential centres	595	427	1,022
TOTAL		5,016	4,545	9,561

Source: List of orphanages and childcare facilities made by the Regional Offices for Social Action, April 2012.

⁹ Those statistics were collected for this assessment.

¹⁰ List of orphanages and childcare facilities made by the Regional Offices for Social Action, April 2012.

¹¹ Ibid.

Admission process

With the aim of strengthening the child protection system, an NGO-run childcare facility – OASIS of Terre des Hommes – was transferred to the Ministry of Social Action and National Solidarity in January 2012. It now acts as a transit centre under the name of CROPESDI, and admits children for a short time to find them appropriate long-term care. CROPESDI runs a toll-free number and offers mediation services for children and families to facilitate reintegration. Children stay for a maximum of 72 hours in the facility, before being placed in a residential care centre or hopefully in the future in a foster family.

Although this signals some progress in the formal admissions process, in principle there should be such a centre in each region to ensure that children are provided with appropriate care. As there are no such facilities or processes in other regions, children are often placed in environments that do not meet their specific needs. Due to a lack of care facilities, children in greatest need of specialised care are often removed from their home region, which makes it difficult for them to maintain contact with their families.

Unregistered facilities and lack of inspection

According to the General Direction of Child Protection (DGPE), the list of registered childcare facilities only represents about 50% of the existing alternative care facilities in the country. This can be explained by the fact that the Decree Nr.2010-100/PR, which sets the standards of safety and hygiene, and the composition and operation of child care facilities, was only signed on 23 November 2012.

This Decree defines the list of documents necessary to register a care facility. However, without a rigorous system of inspection, monitoring and evaluation these unregistered centres operate without rules or oversight and tend not to meet the minimum conditions for the development of children. The DGPE is responsible for inspections, but even registered care centres are not inspected adequately. The DGPE inspectors tend to make only sporadic visits, due to lack of resources and organisation. As a result, most care facilities do not meet the basic standards for childcare: a recent study found that in the plateaux region, of the 12 registered alternative care facilities, five were found inadequate and one barely adequate.¹²

¹² Orphanages and residential care facilities for children census from the Regional Social Action Directorates, April 2012



Recommendations

1. **Preventative services:** The government, donors and NGOs should work together to invest more in family strengthening, including developing national capacity-building programmes for families, including cash transfers and financial support for income generating activities, parenting classes, neighbourhood support and advice sessions for parents facing challenges bringing up their children.
2. **Informal care:** More information is needed on informal care practices and their impact on children. The government should monitor the traditional practice of “confiage” in order to limit the abuse and exploitation of fostered children, and revise the Children’s Code and the Decree to provide measures to oversee and monitor this form of care and support those families.
3. **Foster care:** The government should build on the current pilot foster care project care to provide adequate care by well-trained foster parents.
4. **Children’s home and transit centres:** The government should develop programmes to strengthen the capacity of professionals in transit centres and provide adequate facilities for children to be referred to. In particular there should be a transit centre in each region and specialist childcare to ensure that children’s needs can be met in their communities.
5. **Registration and inspection:** The government should update the mapping of childcare and protection centres to ensure that there is coordinated and integrated system of registration. It should provide subsidies for registered childcare facilities to incentivise voluntary registration and improve standards. Once registered, they should be inspected regularly by the DGPE.

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Glossary

Informal care (confiage)	Traditional care system which consists in placing the children with extended members of the family.
Transit care centre (centre résidentiel de transit)	Care structures for children in need of protection for a period under three months.
Residential centres (centre résidentiel)	Structure of protection that offers accommodation and care for children who reside there day and night.
Long-term residential care centres (centre résidentiel de longue durée)	Care facility for children staying more than three months.
Non-residential care centres (centre non résidentiel)	Any protection facility or care centre that provides care only for children, including educational, cultural, recreational, social and psychological. Children do not stay overnight there.

Source: The Decree 2010-100/PR setting norms and standards applicable to childcare and protection facilities of vulnerable children in Togo (except the definition of informal care).



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Acronyms

CROPESDI: Centre de Référence, d'Orientation, de Prise en Charge des Enfants en Situations Difficiles (Center for Reference, Guidance and Care for Children in Difficult Situations).

DGPE: Direction Générale de la Protection de l'Enfance (Directorate of Child Welfare).

FODDET: Forum des Organisations de Défense des Droits de l'Enfant au Togo (Forum of Child Rights Organisations in Togo).

MASSN: Ministère de l'Action Sociale et de la Solidarité Nationale (Ministry of Social Action and National Solidarity).

MICS : Multi-Indicator Cluster Survey.

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