A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN BENIN

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

In collaboration with the Ministry of Family, Social Affairs, National Solidarity, the Disabled and People of the Third Age and the Network of Organisations for the Protection of Children in Need

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 tool\(^1\) 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.

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Executive summary

Benin has ratified the *Universal Declaration of Human Rights*, the *UN Convention on the Rights of the Child* and through its Constitution and other national laws is committed to the fulfilment of children’s rights and the provision of alternative care. However, despite this legal commitment and although 50% of Benin’s population is under 14 years old, less than 0.5% of the country’s annual budget is dedicated to the protection of vulnerable people – including both children and the elderly. As a result provision for children without parental care is inadequate and places them at considerable risk of abuse and exploitation.

Due to high levels of poverty – with 72% of the population living below the poverty line – and lack of support services, there are approximately 310,000 children living without parental care. These children are some of the most vulnerable in society. Although formal alternative care exists, when poor families are unable to meet their childcare responsibilities it is often the extended family or other members of the community that take on responsibility, usually without the intervention or knowledge of the authorities. As these children are unregistered, their precise numbers are unknown and they receive no support or oversight from the state.

Informal care is a traditional practice that can be nurturing for children, enabling them to grow up in a family environment, but it can also increase vulnerability to abuse and exploitation. Boys who have lost parental care are more likely to be placed in residential care, while girls are more likely to remain in informal care within their extended family to undertake domestic work. Children in informal care may be used for labour and are also vulnerable to trafficking. Benin has one of the highest levels of child trafficking in West Africa, and although the government has made efforts to tackle it, in 2011 249 child trafficking victims were identified and the country still fails to meet basic standards for eliminating the practice.

Officially, institutional care is the dominant model and is carried out in residential care centres or orphanages, in parallel to traditional forms of alternative care. Although some alternative care is provided to a very high standard, in general the quality of care is poor and there are inadequate safeguards put in place by the authorities. Children in alternative care are still stigmatised and not given the attention they deserve by society, particularly those affected by HIV/AIDS.

However, there are signs of improvement. A 2012 Decree, detailed the norms and standards for alternative care and child protection. In particular, it aims to coordinate the management of services and to replace the multitude of private institutions with registered and accredited institutions abiding by consistent standards. There have also been moves in the national assembly to draft a new children’s code, including provisions on adoption.

Despite this, research by SOS Children’s Villages has found that standards are far below those required by the *UN Guidelines for the Alternative Care of Children*, particular concerns include:

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2 The law 2002-07 on the Family and Individuals Code and its decrees of application, Law 2006-04, 10 April 2006 on the Conditions of travel of the minors; Law 2012-416 8 November 2012 on the Norms and the Standards applicable to the foster care and children's protection in Benin; Benin’s current Penal code; Decree N° 95-191, 24 June 1995 on the modalities of delivery of the administrative authorisations for minors less than eighteen years wishing to leave the national territory.
3 See: www.sos-childrensvillages.org/where-we-help/africa/benin.
4 Ibid.
5 Kinship care, *vidomagon*, meaning children placed in the families of other people, etc.
6 Ministry of Family, Social Affairs, National Solidarity, the Disabled and People of the Third Age, 2011.
7 See: www.refworld.org/docid/4fe30ce1c.html.
8 Decree No. 2012 – 416 on the norms and standards applicable to childcare centres and child protection (Decret portant normes et standards des Centres d’Accueil et de Protection de l’Enfant (CAPE)).
lack of accreditation of alternative care facilities or registration of children; poor quality services that do not fulfil children’s rights and in some cases subject them to abuse; and inadequate resources at the local level for effective implementation of policy or the provision of oversight and inspection.
Key findings

The Departmental Directorate of the Ministry of Family, Social Affairs, National Solidarity, the Disabled and People of the Third Age collects very little data on child protection and alternative care, despite the establishment of a database (CHILDPRO) on child protection in 2007, with the support of UNICEF and USAID. This is due to the fact that the Ministry does not follow up whether care providers provide the necessary data and there are several technical problems with the database, which limits its usefulness. The most up-to-date systematic information is the census data from 2002, which does not reflect the current situation.

Lack of accreditation and registration

In 2008 there were 97 official orphanages and residential care centres, employing 7,000 people. However, there were also a large number of alternative care facilities run without official accreditation. There are no mandatory regulations on the establishment of orphanages or residential care centres. Therefore, unaccredited or non-listed centres are opened without any administrative papers (authorisation, registration, etc.). They function underground, often do not respect existing standards and although they are proliferating and care for many children, they are not taken into account in the official statistics.

In addition, it is estimated that 82% of alternative care providers do not register the children in their care with the appropriate authorities. This is compounded by the fact that families and alternative care providers with limited financial resources do not register children’s births and therefore they do not even possess birth certificates. A 2011 survey found that 78% of children in orphanages and residential care centres are unregistered and looked after without any form of oversight, as they are completely unknown to the authorities.9

Legal situation of the children in residential centres

<table>
<thead>
<tr>
<th>Registered children</th>
<th>Un-registered children</th>
</tr>
</thead>
<tbody>
<tr>
<td>353, 22%</td>
<td>1252, 78%</td>
</tr>
</tbody>
</table>

Source: Ministry of Family, Social Affairs, National Solidarity, the Disabled and People of the Third Age, 2011.

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9 Ministry of Family, Social Affairs, National Solidarity, the Disabled and People of the Third Age, 2011.
Quality of care

Lack of registration of both children and alternative care providers makes it impossible for the government to provide adequate oversight and ensure minimum standards. In private institutions and organisations, for example, the recruitment of childcare professionals is rarely according to adequate standards. The 2012 Decree does require minimum professional qualifications to take care of children according to their age and specific needs, but it is yet to be seen whether this will have any impact on practice in the context of unregistered institutions.

There are cases of alternative care institutions being run for profit, rather than for the purposes of caring for children in need. As a result, many basic rights, such as the provision of adequate food, health services and education are denied to children. There are reports that in some organisations children are given herbal tea or undergo voodoo, instead of receiving medication. They may also be refused the right to education or to attend school. There are persistent reports of child abuse in institutional care facilities. Abuse involves inappropriate punishment, including physical punishments, being deprived of food, or being made to do additional chores.\(^\text{10}\)

There have been a number of strategies to improve responses to child rights violations, including the creation of local committees for child protection, local leaders working groups, green phone numbers, local consultative children’s committees and executive children’s councils. Although this has helped to reduce the taboo on reporting child abuse cases there remains some reluctance to reporting such crimes, making it impossible to provide appropriate responses to child rights violations and protect children from abuse.

Inspections and regulation

The 2012 Decree on norms and standards for alternative care and child protection has empowered the government to conduct improved follow-up and evaluation of the necessary mechanisms for ensuring standards. However, due to a lack of will, training and resources, local authorities are not meeting their responsibilities for inspection and oversight, and government childcare centres remain neither equipped nor staffed to meet the standards required. As a result the law’s norms and standards are not yet implemented.

Although the authorities have so far failed to implement adequate strategies for fulfilling their practical and supervisory roles, there are signs of improvement. Ministry of Family, Social Affairs, National Solidarity, the Disabled and People of the Third Age has developed a strategic plan (2013–2017) that defines its mission and vision and outlines an action plan to reach its objectives. However, lack of resources seriously hinders the interventions of the social development centres, which have been created to take care of social welfare and implement these plans at the local level.

The Ministry has recently focused on the wider context and issues of prevention and family strengthening, to reduce the number of children in need of alternative care and wherever possible ensure that families can remain together. It is also embarking on a process of modernisation, which is increasing the level of regulation of service providers and engaging with them through multiple dialogue platforms. Instead of working together, however, many alternative care providers are refusing to cooperate, as they do not wish to disclose their practices and risk

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\(^{10}\) Ministry of Family, Social Affairs, National Solidarity, the Disabled and People of the Third Age, 2011. From a sample of children in orphanages and residential care.
facing sanctions. Such behaviour is likely to put the development of a standard protection system offering a continuum of quality services to children at risk.
Recommendations

1. Accreditation of alternative care: All institutions and individuals should be required to apply for accreditation before taking responsibility for the alternative care of a child. This includes informal care, as well as residential care facilities.

2. Registration of children: All local authorities should ensure that all children in their jurisdiction are registered and issued with birth certificates.

3. Quality of services: Reports of child abuse in alternative care should be taken seriously, reported and investigated and sanctions should apply. No children in alternative care should be deprived of food, health services or education.

4. Reporting mechanisms: Appropriate, independent and accessible reporting mechanisms for child abuse allegations should be established, with effective and timely follow-up by the authorities.

5. Oversight and inspections: Adequate resources need to be provided to ensure that local authorities can play their role in overseeing and inspecting alternative care. Oversight is essential to ensure that children’s rights are not violated and they receive quality care according to the legal standards and regulations.

6. Policy implementation: Resources should be provided to ensure that the 2012 Decree and the 2013 strategic plan is promoted and implemented, including providing information and training on standards and legal requirements to local authorities and alternative care providers.

7. Cooperation of services: Cooperation is needed to ensure that all authorities work together, including the government and non-governmental organisations, in networks to ensure the effective alternative care of children.
References


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11 These references are translated from the French. Please see the original report for the full reference list.
## Glossary

<table>
<thead>
<tr>
<th>Executive Children’s Councils</th>
<th>These executive committees can be found in SOS Children’s Villages Benin where children democratically elect their representatives who take part in all decision related to the management of programmes, child protection, etc. and to promote child participation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care</td>
<td>Alternative care provided to children who have lost parental care. This care is provided in a foster family. Terre des Hommes with the support of the government is piloting this alternative care in a selected area of the country.</td>
</tr>
<tr>
<td>Green phone numbers</td>
<td>In place to promote the reporting of child abuse.</td>
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<tr>
<td>Institutional care</td>
<td>Solution offered to children deprived of parental care mostly in orphanages that can take care of more than 150 children.</td>
</tr>
<tr>
<td>Local Committees for Child Protection</td>
<td>Committees put in place in some towns or village either by government or by NGOs to oversee child protection and to report child trafficking.</td>
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<tr>
<td>Local Consultative Children’s Committees</td>
<td>Children are chosen by some authorities to foster children’s participation.</td>
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<tr>
<td>Local Leaders Working Groups</td>
<td>Some religious, political and other influential leaders are organised locally to follow up issues related to child protection in selected towns or villages of the country.</td>
</tr>
<tr>
<td>Orphanages (orphelinat)</td>
<td>Large residential care facilities (institutions), which take care of and house children.</td>
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<tr>
<td>Residential care centres (Centre d’accueil familial)</td>
<td>Small residential care facilities provided by non-governmental organisations.</td>
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## Acronyms

**ReSPESD**: Network for the protection of Children in Difficult Situation.  
**MFASSNHTPA**: Ministry of Family, Social Affairs, National Solidarity, the Disabled and People of the Third Age
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