Assessment of the Right to Development of Urban Refugee Children: A Case Study of Jesuit Refugee Service

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DECLARATION

I, Barkeal Beyene, declare that this thesis is my original work and has never been presented in anyuniversity. All resources and materials used in this thesis are duly acknowledged.

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Abstract

This research aims to analyse the practice and challenges of ensuring the developmental rights of urban refugee children. The study has specific objectives of assessing the developmental needs of the urban refugee children, the ways their developmental rights are being ensured, the challenges and barriers associated with ensuring the developmental rights, the strength of the urban refugee children that would be vital in ensuring their rights and the response of the urban refugee children regarding the protection of their developmental rights. The research is a qualitative study applying instruments of data collection such as observation, in-depth interviews, and key informant interviews. The study followed a case study method. Although there are different types of case studies, illustrative case study type has been applied. The researcher applied both primary and secondary data sources. The study area of this research is a Jesuit Refugee Service, an international non-governmental organization with the only child protection centre that focuses on refugee children. Purposive sampling was applied to select the participants of the study as the participants of this study were administrative bodies of these organizations. There was a total of thirteen participants, both from the services users and organization staff. The findings of this research indicated that urban refugee children just like any other child possess various developmental needs and different efforts are being carried out in order to fulfil the developmental rights of urban refugee children. However, at times both the urban refugee children and the organization that provides services for them face different social and institutional challenges. Based on the findings, the researcher has concluded that even though the efforts to ensure the developmental rights of urban refugee children have shown great strides, there are concerns that should be given due attention in order to provide quality care for urban refugee children and ease their transition. Finally, Implications for Social Work practice and policy makers have been forwarded.

Acronyms and Abbreviations

ACRWC – African Charter on the Rights and Welfare of Children

Art. – Article

CRC - Convention on the Rights of the Child

JRS – Jesuit Refugee Service

MoWCYA – Ministry of Women, Children and Youth Affairs

NGO – Nongovernmental Organization

OAU – Organization of African Unity

UNCRC – United Nations Convention on the Rights of the Child

UNHCR - The United Nations High Commissioner for Refugees

UNICEF – United Nations Children Emergency Fund

WHO – World Health Organization

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CHAPTER ONE

1.1 Introduction

Each year, children and families all over the world contemplate leaving their community due to different circumstances arising by, either willingly or fearing for their lives. Factors for their choice emanates from present hardship or a prospect of hope. Though situations found in their community such as conflict, violence, natural disaster, poverty, unemployment, discrimination and more highly influence their quest to search for a more stable life abroad from their community. Luring hopes in neighbouring or far away communities in the form of security, family reunification, quality education, a higher standard of living, and better employment gives ample reasons for a family to settle elsewhere. (UNICEF, 2016:3)

In line, the globe is observing an unbelievable amount of displacement that has ever been documented. An extraordinary 65.6 million individuals worldwide have been constrained from their homes by strife and abuse since late 2016. Among them are almost 22.5 million refugees, over a portion of whom are younger than 18. Moreover, Africa is both the birthplace and the host of about 33% of all refugees under UNHCR's command. Refugees account for roughly 5.4 million from African nations, and youngsters are lopsidedly addressed among them. Around 53 percent of all African displaced people are individuals under that age of 18 – almost 3 million youngsters constrained from their own nations and going up against the world's harshest real fact. (UNHCR, 2016:12) Furthermore, from all the developing countries to host the largest number of refugees in 2015, sub-Sahara became predominant with 4.4 million refugees. Mainly, the origins of these refugees were Somalia, South Sudan, the Democratic Republic of Congo DRC, Sudan and the Central African Republic. These five countries alone contributed 3.5 million people or 80% of the

overall refugees (Jafali, 2017:2). In 2020, Ethiopia became the third largest refugee-hosting country in Africa and the fifth largest in the world. Ethiopia is hosting 805,164 refugees by the end of 2020, mainly from South Sudan (364,794), Somalia (206,122) and Eritrea (178,938) (UNHCR, 2021). Form the refugees that were residing in Ethiopia 56.4% are children, and it is believed that around 46,000 are unaccompanied or separated (UASC) (UNHCR, 2021:2)

Despite the word 'refugee' evoking pictures of warehoused individuals under inhabitant, in any case, as of now, this image no longer recounts the full story of life for refugees with the rise of refugees living in urban settings. Urban areas are a centre of multiculturalism compared with rural settings and have a genuine local inclusion capability. However, at times the integration has not been automatic (International Rescue Committee, 2015 as cited in Wogene, 2017:2). Nowadays, around 19.5 million people, 60% of the total refugee population around the globe, are residing in a metropolitan setting either lawfully or unlawfully (UNHCR, 2016). Not differing from the global realities, urban refugees in Africa are also on the rise due to urbanization and protracted displacement (Kibreab, 1996:132 as cited in Wogene, 2017:2) Thus, believing that urban refugees are an exception not the rule, in 1997, the UNHCR tried to curb the rise of the urban refugee population by limiting protection spaces. However, various non-governmental organizations and rights groups were instantly critical of the move. Thus, the institution came up with the 2009 refugee protection and solution in urban areas policy with the aim to extend spaces for protection and secure rights of urban refugees. (UNHCR Policy, 2009 as cited in Wogene, 2017:2).

Addis Ababa, on the other hand, has the largest concentration of urban refugees in Ethiopia. According to the United Nations High Commissioner for Refugees (UNHCR, 2021), 45,020 refugees resided in the capital city, Addis Ababa. The majority originate from (Eritrea 79.1%), with

other nationalities as follows, Yemen (8.4%), Somalia (4.4%), Congo (2.5%), South Sudan (2.2%), and other countries which accounts (3.5%). Of the total urban refugee children that came to the city, 377 arrived alone, and 491 children were separated from their parents or relatives during the gruelling journey, totalling 868 unaccompanied or separated urban refugee children. (UNHCR, 2018)

In order to better cater to their developmental needs and help them reach their full potential, children need to be protected, get educated, and obtain adequate services, not taking into account their present predicament as refugees. Wherever they are, every child has similar rights and retains those rights irrespective of his/her status as a migrant or not. Thus, it is crucial both morally and practically to cater to these children's rights and families. In line, the most extensively endorsed human rights treaty in history, the United Nations Convention on the Rights of the Child (UNCRC), commands endorsing nations to protect and retain all children's rights in their jurisdiction, irrespective of the background and migration status of the child. The statutory frameworks that protect refugees and other migrant adults are fragmented. However, considering the various vulnerability of children, the CRC presents a firm set of safeguarding tools for all children. The dual exposure of refugee children both as migrant and underage presents a good case for the global community for protecting all children, even those left furthest behind due to different circumstances (UNICEF, 2016:14).

1.2 Research Justification

Children represent more than half of the refugee population in Ethiopia taking 57.1 percent of the share (UNHCR, 2017:1). Thus, it is vital to recognize the distinct protection desires of children that are different from adults. Children are usually at a bigger risk of violence, abuse and

exploitation as well as trafficking or forced endeavours into soldiers or armed teams. Significantly women face exaggerated gender-related protection risks within the context of conflict and displacement. The expertise of conflict and violence in their country of origin or throughout displacement features a profound impact on kids. Several children and youth notice it tough to adapt to a brand-new atmosphere within the country of asylum whenever their safety, their psychosocial well-being, education and social opportunities likewise as prospect to be productive members within the society is also negatively wedged. Several exile children inbound in Ethiopia additionally notice themselves separated from their families and caregivers. Social community support networks and access to education – that are stabilizing factors for youngsters–are typically times not continuous within the context of displacement. (UNHCR, 2017:1).

Different research are conducted on the issues of refugee children, in particular urban refugee children in various countries of the world (Lucy Karnaja, 2010; Sarah Dryden-Peterson 2015; Michaelle Tauson, 2018; Waqo G. Boru, Gideon Kikuvi, Jared Omollo, Ahmed Abade, Samuel Amwayi, William Ampofo, Elizabeth T. Luman, Joseph Oundo, 2013; Wasonga, 2017). Moreover, different scholars in Ethiopia like that of (Alebachew Kemisso Haybano, 2016; World Bank Group 2019; Yasin Jemal, Jemal Haidar 2013; Gatwech Koak 2017; Shshay Yhdego Zeratsion, 2015; Belay Tadesse, 2017) also tried to shed some light, from different professional backgrounds, on the issue of being a refugee child in the Ethiopian context.

Among these researchers Lucy Karnaja (2010) tried to investigate the educational experiences of the Sudanese refugee children at the Sudanese community school, by probing the multifaceted factors that produce and shape those experiences by looking into the educational Pursuits and Obstacles for Urban Refugee Students in Kenya. Likewise, Sarah Dryden-Peterson

(2015) also attempted to look into the educational experience of refugee children in country of first asylum and how pre settlement history can have significant ramification for students' academic career. In the same manner, Michaelle Tauson (2018) with his study sought to build a greater understanding of the lives of refugee children, in particular the education and child protection issues surrounding refugee and asylum-seeking children living in urban areas of Indonesia and Thailand – specifically Jakarta, including Greater Jakarta (Bogor Region), and Bangkok. Furthermore, Waqo G. Boru, Gideon Kikuvi, Jared Omollo, Ahmed Abade, Samuel Amwayi, William Ampofo, Elizabeth T. Luman, Joseph Oundo, (2013) investigated the enteric bacteria causing diarrhea amongst urban refugee children in Eastleigh, Kenya and described the associated factors. Alike, Wasonga (2017) examined the protection and promotion of children's right to education in refugee camps by conducting a case study of Kakuma refugee camp Turkana County in Kenya.

Meanwhile, concerning refugee children studies carried out in Ethiopia, Alebachew Kemisso Haybano (2016) analyzed the practices and dilemmas of integration and preservation of identity of urban refugee children in Ethiopia. Within the country, similar to the above research, Gatwech Koak (2017) tried to conduct a study on the services provision and challenges of South Sudanese unaccompanied children in Jew Refugee camp focusing on children. In addition, World Bank Group (2019) looked at the under-explored barriers to learning for refugee children in Ethiopia by exploring the experience of refugee students in three communities in Ethiopia. Correspondingly, Yasin Jemal and Jemal Haidar (2013) assessed the magnitude of malnutrition and its determinants among refugee preschool children by analyzing evidence from refugee camp of Ethiopia. In the same manner, Belay Tadessee (2017) describe the lived experiences of refugee children with disabilities from their own perspective. Lastly, Shshay Yhdego Zeratsion (2015)

explored the situation of Eritrean Unaccompanied Refugee Children in Ethiopia from a human rights perspective by conducting a case study at Mai-Ayni Refugee Camp, Northern Ethiopia.

Despite the research which are already conducted, this research is different due to the fact that the study concentrates on urban refugee children and how their development rights are being ensured. Thus, this thesis aims to assess how development rights of urban refugee children are being ensured by selecting one international non-governmental organization that has opened the first refugee child protection centre in Addis Ababa. The research tries to assess the main strategies that are adopted by the organization to ensure the developmental rights of the refugee children, understand the major challenges and barriers associated with ensuring the development rights of urban refugee children and it also tries to describe the response of the urban refugee children towards the protection of their development rights.

1.3 General Objectives

The general objective of this research is to assess the protection of children's development right among urban refugee children residing in Addis Ababa.

1.4 Specific Objectives

- To assess the developmental needs of urban refugee children
- To assess ways used to ensure the protection of urban refugee children's right, more specifically their development rights.
- To assess the challenges and barriers associated with ensuring the development rights of urban refugee children
- To assess the strength of the urban refugee children that contributes their developmental rights.

- To assess the response of the urban refugee children towards the protection of their development rights
- To suggest possible way forward to ensure children's developmental rights are taken into consideration in all interventions

1.5 Research Questions

1. What are the developmental needs of urban refugee children?
2. What kind of efforts is the organization carrying out to support refugee children?
3. Does the organization have a strategy to ensure the developmental rights of the refugee children?
4. What are the challenges and barriers associated with protecting the developmental rights of urban refugee children?
5. What qualities strength, capability do the refugee children think that they possess?
6. What is the response of the urban refugee children towards the protection of their development rights?

1.6 Significance of the study

This paper is designed to contribute to the existing literature by assessing how urban refugee's children developmental right is being ensured. This study will inform service providers to devise intervention plans with children who are affected by the global refugee crisis. It will also inform policy makers, government institutions, NGOs, community-based organizations and community members at large to give attention to the developmental rights of refugee children who have been through a lot to get to a safe destination. It will also contribute to future research and researchers. Accordingly, this paper will try to fill this gap.

1.7 Scope of the Study

This paper will only focus on the assessment of the protection of urban refugee children developmental rights and how they are being ensured. The study will only be limited in Addis Ababa city, JRS Child Protection center since it is the first of its kind. The qualitative study findings could not be generalized for the whole population because the study samples are few and purposefully selected.

1.8 Limitations of the Study

The study like most research has its limitations. The first limitation is since the study decide to look at the experience of urban refugee children in detail, it is no guarantee that the case study is a representative of an extensive group of the similar situations. That is the conclusion drawn from the study may not be transferable to other settings. Furthermore, the very fact that the research has limited scope has been a hindering factor and the finding cannot be generalized.

1.9 Operational Definition

- **Refugee:** A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (UNHCR, 1951:2).
- **Refugee Child:** a child under the age of 18 years who has a "well-founded fear of being persecuted" for one of the stated reasons is a "refugee" (Save the Children, 2011)

- **Rights:** Legal, social, or ethical principles of freedom or entitlement; that is, rights are the fundamental normative rules about what is allowed of people or owed to people according to some legal system, social convention, or ethical theory (Save the Children, 2011).
- **Developmental Rights**: These articles include different forms of education (formal and non-formal), primary health care, leisure and recreation, cultural activities and the right to a standard of living that is adequate for the child's physical, mental, spiritual, moral and social development. The UN Convention on the Rights of the Child provides broad protection for children's development. Five articles (Articles 18, 23, 27, 29 and 32) protect eight domains of development (physical, mental, moral, social, cultural, spiritual, personality and talent). (Save the Children, 2011)
- **Survival Rights:** focus mainly on children under-five years and predominantly understood within a biomedical framework in terms of mortality (deaths and related causes of death) and morbidity (diseases and disease patterns) of children under-five years (Save the Children, 2011).
- **Unaccompanied minor:** Also known as "unaccompanied children," these individuals are defined in article 1 of the Convention on the Rights of the Child. They are children, below the age of 18 years, who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so (Save the Children, 2011).
- **Separated child:** "Separated children", as defined in article 1 of the Convention on the Rights of the Child, are children who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives.

These may therefore include children accompanied by other adult family members (Save the Children, 2011).

- **Alternative Care:** When children are unaccompanied or separated, they require alternative care, which can take the form of informal or formal arrangements. Informal arrangements tend to be where the child is looked after by friends or relatives. Formal care includes the placement of children in a family environment by an administrative or judicial body. Both types of care can include kinship (or family-based) care and foster care, or placement with a guardian who is not related. Other types of care include residential care and supervised independent living arrangements. Residential care includes, for example, transit centers and group homes (Save the Children, 2011).
- **Service Provider:** The term is used in this report to describe organizations, including UN agencies, international and local non-governmental organizations, religious organizations, and others, providing services to refugee and asylum-seeking populations (Save the Children, 2011).

CHAPTER 2

Literature Review

2.1 Definition of a Refugee

It was legally impossible to differentiate children refugees from that of adults using the 1951 convention and 1967 protocol. Even though the CRC did not address refugee children particularly, it was used as a scheme to deal with refugee children cases, in a situation where the person of interest is under the age of 18. However, by officially giving them internationally recognized human rights, the publication of the UNHCR Guidelines on Refugee Children in 1988 made it possible to tackle the needs of refugee children. (UNHCR, 1994)

The Convention on the Rights of the Child (CRC), a document that outlines children's right and obliged its signatories for maintenance of the rights by universal law, was signed by UN member states in 1989. This document widens the safeguarding of refugee children by enabling part taking states the ability to distinguish children who are out of the strict criteria under the guidelines of the convention definition, despite still ought to not be sent back to their nations of origin. The document also prevents children returning back to their country of origin "where there are grounds for believing that there is a real risk of irreparable harm to the child." by encompassing non-refoulement principle. (Convention on the Rights of the Child, 1989:3)

Article 1 of the Convention as amended by the 1967 Protocol defines a refugee as:

> *"A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail*

himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it." (UNHCR, 1951:2)

Taking into account previous time and geographic constraints that prohibits refugee status for cases that happened as a result of events occurring after 1st of January 1951 and outside Europe, the 1967 Protocol eliminated the restrictions and gave freedom for states to entertain cases that happened before 1 Jan 1951 and occurring in Europe and elsewhere. Nevertheless, the 1967 protocol entitled states that ratified the 1951 convention the right to retain and make use of the geographically bounded definition. (UNHCR, 2010:2)

Meanwhile, according to Kate & Marily (2011) concerning problems refugees in Africa are facing, the assembly regulating the particular facet of refugees in the continent embraced a regional agreement in accordance with the 1951 convention, yet including the concept that a refugee is

'Any person compelled to leave his/her country owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality' (Kate & Marily, 2011:9)

In conclusion, even though different international and continental definitions are forwarded in an effort to define the term refugee, it was the 1988 UNHCR Guidelines on Refugee Children that made it possible to tackle the needs of refugee children.

2.2 Trend in Refugees

The last decade has witnessed considerable challenges regarding protection of refugees as the number of refugees rise all over the world. What was 10 million refugees in 2010 doubled the

figure in 2019 and accounted for 20.4 million refugees around the globe. Twenty million individuals either as a group or individual basis received international protection from 2010 to 2019. This incorporates 321,500 people identified on a group basis, 60,700 received temporary protection, and asylum application were 570,600 totalling close to one million refugees in 2019 alone (UNHCR, 2020: 16).

The last decades also shown that the number of refugees in on the rise in all regions across the world. The war in Syria has had the largest impact in contributing 6.6 million refugees by the end of 2019 to Middle East, North Africa, and Europe regions. Turkey took 3.6 million Syrian refugees, Lebanon 910,600 and Jordan hosted 654,700 Syrian refugees. However, the increase in number of refugees in the middle east and north Africa were somehow counterbalanced by the decrease of Iraqi Refugees from 1.6 million to 63,000 due to the fact that many were forced to save themselves from the conflict in Syria either by returning back to their country or looking protection in different countries. Sub-Sahara Africa region saw a threefold increase in the number of refugees from 2.2 million to 6.3 million refugees over a decade time. The main contributing factor was the conflict and violence that was happening in Democratic Republic of Congo, Somalia, South Sudan, Central African Republic, and Burundi. This instance pushed many to flee their country however various crisis also caused the increase in the number of refuges across the region (UNHCR, 2020: 17).

Compared with the international migrant population, children take the largest portion when it comes to the refugee population category. For instance, a late 2019 study breaking down the refugee, international migrants and world population showed that half of the refugee population are children from 31% of the world population and from 10% of international migrants population. Similarly, in Ethiopia, 56.5% of all refugee were children in the start of 2020 and 54,715 were

unaccompanied and separated children (UASC) (UNHCR, 2020:10). Moreover, the UNHCR Urban Refugee Fact Sheet (2018:1) outlines that by the end of September 2018, of the total of 22,885 refugees in the capital Addis Ababa, 868 are children, who either arrived alone (377 children) or were separated from their parents or relatives during flight (491 children).

In summary, the number of refugee population is growing both in region and demography. Of this growth, children mainly take the largest portion both globally and in Ethiopia.

2.3 International, Regional and National Policy Instruments

2.3.1 International Policy Instruments

2.3.1.1 The 1951 Refugee convention and 1969 Protocol

According to UNHCR (2010), the 1948 Universal declaration of human rights, in particular article 14, became basis to acknowledge the right of an individual to seek safe haven from any kind of persecution in a different country from that of his/her origin. Accordingly, the 1951 adopted UN convention has become a cornerstone for global refugee protection efforts nowadays. The convention became effective on April 22, 1954 and it only has undergone into one modification within the sort of a 1967 protocol, which eliminated the territorial and time restriction of the 1951 agreement.

Since it was a post Second World War tool the convention initially narrowed down its sphere of application to individuals escaping harsh realities happening before January 1, 1951 and inside Europe. On the contrary, the 1967 protocol eliminated the inhibitions and granted the convention a universal scope. From then on it has been complemented by refugee safeguarding schemes in

numerous areas, along with the dynamic advancement of international human rights law (UNHCR, 2010).

On a global level the 1951 convention solidifies past global tools in regard to refugees to offer most extensive classification of the entitlements of refugees. Contrary to former global refugee tools that were comprehensive of particular kind of refugee cases, article 1 of the 1951 convention supports a separate conceptualization about the word "Refugee". This definition gives utmost significance to the safeguarding of individuals from persecution on the basis of political or other forms. In line with the convention, a Refugee

> *is someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.* (UNHCR, 2010:1)

Notable fundamental principles, in particular, non-penalization, non-discrimination and non-refoulement underpin the convention and made it a status as well as rights-based tool. The provisions of the conversion such as its application without distinction of race, religion and country of one's birth further stipulate this fact. Advancements in global human rights law as well fortify the guidelines that the convention be applicable without segregation in particular respect to sexuality, sex, disability, age, or other precluded basis of separation (UNHCR, 2010:2).

By acknowledging the fact that pursuing asylum force refugees to violate immigration regulations, the convention further lays down that refugees need not be punished for entry or stay into host nation against the law. Off limit offenses might incorporate being prosecuted for migration

or criminal deeds in association with asylum seeking or being subjectively confined absolutely on the premise of looking for a refuge (UNHCR, 2010:2).

In defiance of deportation of refugees, the convention comprises numerous safeguards. One of the fundamental principles, non-refoulement, has by no means limitation or disparagement can be made likewise. It states that no one can force a displaced person to return against his/her will, in any way at all, to a place where she/he has concerns regarding the security of their life or flexibility (UNHCR, 2010:2).

Lastly, essential minimum benchmarks have been laid down concerning the handling of refugees as a result of the convention, without bias to states allowing greater pleasant treatment. Likewise, the rights incorporate making courts, primary education, work and document provision accessible. This includes making a passport form travel document accessible to refugees. Majority of the signatories of the 1951 convention offer such paper, thus is has become extensively accepted as the previous "Nansen Passport", recognizing paper for migrants planned in 1922 by the first commissioner of Refugees, Fridtjof Nansen (UNHCR, 2010:1).

The 1951 convention both conceptualize the word "refugee" in addition to establishing the lowest requirement to qualify and be treated as a refugee. For this reason, it has become the cornerstone of global refugee law. Despite the fact "etymologically, the term refugee is associated to the Latin word refugium, meaning refuge or to flee back, from re- "back" and fugere "to flee", the convention as it has already been mentioned above, had temporal and geographical domain of application, as its meaning of a refugee emphases on individuals who are outside their home nation and are refugees due to events occurring in Europe or elsewhere before 1 January 1951. To rescind

the time and geographic constraint the 1967 Protocol was prepared and signed. (Abdulmalik, 2017:14)

In summary, the definition of refugee has been an evolving term. It started out in 1951 with restrictions seen based on time and territory which were eventually disregarded in the 1967 protocol. Other incorporations included non-discrimination regarding religion, race, nationality, political opinion, or membership of a particular social group plus adding that refugees shouldn't be punished for entry or stay into host nation against the law and can't be forced to return against their will, in addition, even be provided passport which were also accessible in 1951.

2.3.1.2 Urban Refugee Policy

The adoption of urban refugee policy came in September 2019 giving due recognition to both the rising in number and proportion of refugee population in urban areas. The policy also signified the responsiveness of UNHCR towards refugees' freedom of movement and negative implication of long-term encampment of refugees. Despite UNHCR's rigid policy towards urban refugees in the past, the institution had deemed it essential to consider its position and embrace a more positive and proactive approach with regards to urban refugees. Therefore, the policy is mainly based on the principle of refugees' rights and the delegated responsibilities of UNHCR with regards to refugees which need not to be compromised based on the means refugees arrive in urban areas, their location, lack of national legislation or their status. In addition, the objective of the policy can be realized by creating effective working cooperation with city authorities and governments hosting urban refugee (UNHCR, 2012:7). Accordingly, the two encompassing objectives of the policy document are enhancing the space of protection for urban refugees and organizations working to

provide humanitarian support for refugees. Also, the document recognizes cities as a legitimate place for refugees to reside and enjoy their entitled rights (UNHCR 2009:5).

To sum up, the Urban Refugee Policy was implemented due to the increase of urban refugees and as a means to protect their rights despite of their location.

2.3.1.3 The Convention on the Rights of the Child

The Convention on the rights of children which came about in 1989 established the greatest standards with regards to children. Even though the treaty is not a refugee agreement, refugee children are embraced by CRC due to the fact that the document outlines that rights are to be granted to everyone under the age of 18 according to its article 1 and without any sort of discrimination (Art.2) (Convention on the Rights of the Child, 1989).

Due to its ability to set comprehensive standards, the convention on the rights of the children is vital to safeguard the rights of refugee children. Moreover, the document covers every right of the life of a child starting from education, to political, health and social rights. There are specific standards as well. For instance, articles concerning family rights – article 5,9 & 14.2, adoption - article 21, and juvenile justice – article 37 & 40. Social welfare rights are dependent upon the financial capability of the state and are usually referred as "progressive right" since economic development of the state also brings about better health – art 24, education – art 28 and standard of living for children – art 27. Due to the fact that the social welfare rights are "rights", they are subjected to prohibition of discrimination, as a result states should offer social welfare rights to every child on its territory irrespective of their refugee status (Convention on the Rights of the Child, 1989).

The CRC gained wide prominence as a result of its extensive acceptance in March 1994 among 155 states parties. Agreement has been reached on the standards of the convention on the rights of the children by every nation in each region of the globe, every population, geography, economic development stage and all sorts of political system and religious practice. Thus, the CRC can be used as powerful instrument because the standards are universal therefore nations cannot also claim its distinctiveness for not adhering to a worldwide standard (Save the Children, 2011).

In conclusion, the Convention on the Rights of Child is internationally widely accepted instrument when dealing with the rights of children. Even though it does not specifically address the issue of refugee children, it sets a comprehensive standard and expect states to uphold their promise of offering benefits to all children, including refugee children.

2.3.2 Regional Policy Instruments

2.3.2.1 The Organization of African Unity (OAU) Convention

The organization of African Unity Convention handles specific facets of difficulties of refugees in Africa. The convention was mandated in order to fill the gap that was left by the 1951 convention and the 1967 protocol. Accordingly, the convention's article 1 (2) gives a definition of a refugee as an individual forced to leave her/his nation due to foreign domination, external aggression, occupation, or circumstance that interfere with public order in some or whole of the country. This show that people can claim refugee status in nations that agree to this convention when flee war, civil disturbance, and extensive violence whether they have substantial fear of persecution or not (Ms. Kate Jastram and Ms. Marilyn Achiron, 2001:18). Therefore, the intertwined nature of mass

refugee movement and its connection to internal strife and armed conflict were given due consideration in the 1969 OAU convention (R.Brett and E. Lester, 2011:714)

To sum up, the OAU Convention is a region-specific instrument that filled the gap of prior international efforts to define refugee by incorporating people moving due to armed conflict and internal strife.

2.3.2.2 African Charter on the Rights and Welfare of the Child

The African Charter on the rights and welfare of the children, sometimes referred as children's charter or ACRWC, has been adopted in 1990 by OAU - the Organization of African Unity and went to effect in 1999. The African Charter, similar to the United nations Conventions on the rights of the Child (CRC), is a thorough document which establishes and defines universal standards and guidelines with the aim to create suitable situation for children within the continent (Save the Children's, 2010, Resource Center). Olowu (2002:128) also argues that African members states felt that the convention (CRC) overlooked vital African economic and socio-cultural realities and experiences on the ground thus African members states were obliged to produce the charter. Despite different documents, the two legislations complement each other, and they offer a framework within which discussion regarding children and their welfare in Africa are framed. On one hand, the convention strictly outlines that children are independent beings, and they possess rights and on the other hand the charter stresses the inclusion of the African experience and cultural values when dealing with the rights of children in Africa (Olowu, 2002:128).

In line, article 23 of the charter exclusively is concerned with the matter of refugee children. It states that any person under the age of 18 who is looking for a refugee status or considered a

refugee under applicable domestic and international law shall be provided with adequate safeguarding, humanitarian assistance and enjoyment of the rights established in the charter and international humanitarian tools. This should be adhered by the state parties for the protection of children's rights irrespective of the child being alone or accompanied by a parent, close relative or legal guardian (OAU, 1990:19).

Moreover, the charter further stipulates that state parties should collaborate their efforts with international organizations that safeguard and help refugee children to look for their parents/guardians or other relatives or an unaccompanied refugee child to find information vital for the reunification of family. By the same token, the charter asserts that if a child cannot find any parent, legal guardian or a close relative, state shall render the same protection service as any other child temporarily or permanently denied of a family environment for several reasons (OAU, 1990:19-20).

2.3.3 National Instruments on Refugees

Different legal tools deal with the issues of refuges in Ethiopia, of which one of them is the constitution of the Federal Democratic Republic of Ethiopia (Abdulmalik, 2017:8). The Constitution of Ethiopia has a whole chapter dedicated to listing fundamental human and democratic rights that ought to apply to all Ethiopians. The basic human rights are also, through interpretation, applicable to all human beings living within the Ethiopian territory. The Constitution, under article 9(4), further provides that all international laws approved by the nation shall be an essential part of the laws of the country (Fasil, 2007:8). The present constitution also expects all legal tools that are international ratified to be 'domesticated' with the aim to incorporate them as an integral component of the country's legal system. The domestication process follows the

ratification process of the House of People's representative for such accords. The approved stipulation(s) of the accord are implemented as a law and granted legal force once they are ratified (Christopher, 2017:55).

Moreover, Ethiopia agreed to the 1951 Refugee Convention and its 1967 Protocol relating to the Status of Refugees on 10 November 1969. Ethiopia has also signed and endorsed the Convention Regulating Specific Aspects of Refugee Problems in Africa in 1969 and 1973, respectively. With the overall objective of implementing the international and regional obligations, the GoE enacted the Refugee Proclamation No. 409/2004. (Fasil, 2007:8-9). In addition, in order to comprehend the situation of refugee handling in Ethiopia, national instruments such as Immigration and Refugee Affairs authority Establishment Proclamation No 6/1995 and Immigration Proclamation No 354/2002 are vital (Abdulmalik, 2017:8).

Despite for years, the key national legislation in Ethiopia regulating the rights of refugees and the administration of refugee affairs had been the Refugee Proclamation No.409/2004. Principally focusing on status determination procedures, this law had not clearly articulated nor adequately extended several rights to which refugees are eligible under the Refugee Convention and the African Refugee Convention. About rights and entitlements, Article 21 of the repealed statute only made a 'general reference' to international instruments – without spelling the substantive framework that informs content or facilitates their understanding and enforcement in specific national settings. Against this background, a new Refugee Proclamation was adopted by the House of Peoples Representatives in January 2019. In its preamble, the Proclamation stated one of the most fundamental objectives for adopting the new refugee law regime is to effectively implement the international and regional obligations to which Ethiopia has committed – in this case referring

to the 1951 Refugee Convention and its Protocol and the African Refugee Convention. Meanwhile, the protective regime of the Refugee Proclamation fundamentally diverges from the preceding legislation. While both have covered, in greater detail, the substantive and procedural dimensions of 'status determination' processes, the new regulatory framework has unambiguously outlined a comprehensive set of 'rights and obligations' – mostly along lines provided under international instruments (Tadesse, Fasil & Jettu, 2019: 4-5).

2.3.3.1 Alternative Child Care Guideline and Refugee Children

With the intention of expanding children's wellbeing and protection, specifically for children who need alternative care, the Ministry of Labor and Social Affairs, former responsible Ministry for carrying out the convention on the right of the Child, prepared Guidelines on Alternative Childcare programs in 2001. Widespread distribution and implementation of the guideline with every stakeholder working alternative childcare was also part of the plan. The ministry of Women's affairs, the current minister overseeing children's affairs, performed assessment to get an insight of the efficacy of the policy in 2008. Accordingly, the resulted showed that the guidelines need a review and update. In line, in accordance with the African Charter on the Rights and welfare of the child, the convention on the rights of the child and the laws of Ethiopia, the alternative Childcare guideline of 2001 was revised through discussion with concerned professionals, institutions working on childcare and children. The amended guideline outlines minimum requirements for various institutions that work on childcare must comply. It also sets out best practices and actions to protect, support and care for children with on parental care either in childcare institution or outside in reach of the current social, economic, and political realities of the nation (MoWCYA, 2009:1).

Similarly, in defining children without parental care and/or Orphan and Vulnerable children for the purpose of the guideline, the documents states that refugee children are also included within the target groups (MoWCYA, 2009:12) Thus, are rightful to enjoy one of the objectives of the guideline which states the delivery of effective and quality support and care, derived from the values of safeguarding the best interests of the child (MoWCYA, 2009:6)

Accordingly, the guideline outlines five pillar alternative care support schemes for children without parental care. These are community-based support, family reunification and reintegration, domestic and international adoption, foster care and institutional care (MoWCYA, 2009:17-47) Moreover, the document establishes code of conduct and monitoring and evaluation system for the same. (MoWCYA, 2009:64-69)

2.3.3.2 Ethiopia Country Refugee Response Plan (2020-2021)

The aim of 2020-2021 Ethiopia Country Refugee Response Plan is to offer safeguard and multi-sector-based aid to refugees, on top of the targeted assistance to communities that host the refugees. The document assets that cost effective, sustainable, and innovative paths will be explored by the response partners in order to offer basic needs and essential services also incorporating lifesaving support to refugees in the country. Moreover, it developed a comprehensive safeguarding and strategies of solutions to register refugees in Ethiopia. Even though the strategic objectives are tailored with the aim to better deliver for specific needs and circumstance of the refugees, the core objective of the response plan are expanding protection environment and conditions of living and advocating peaceful cohabitation within the community, solidifying refugee protection, consolidating access to various services with regards to refugee population in the country,

supporting the government of Ethiopia to implement its pledge to enhance access and opportunities to refugees, develop a robust linkage with developmental intervention, and expand access to solutions. Furthermore, as component of the wider refugee response mechanism, the whole of society settlement approach will be placed and help in enhancing current community facilities in education, social protection, health, environmental protection, gainful employment, and WASH following agreement of the government of Ethiopia (UNHCR, 2019:14).

More explicitly, the present National Refugee Child Protection Strategy of Ethiopia offers strategical priorities with regards to child safeguarding by creating a robust family-based care for children who are separated or unaccompanied, offering quality case management for at risk children, make certain of access to documentation and advocating for the inclusion of refugee children in the country's child protection scheme (UNHCR, 2019).

In summary, Ethiopia has got different national and internationally ratified instruments that enables the nation to address the matters of refugees' children in a holistic manner. This is critical due to the fact that the stakeholders that are involved in the protection of the different rights of children have got delineated roles and responsibilities in place with the aim to deliver standard protection and assistance service for refugee children. Accordingly, by reviewing the different literature in relation with the legal instruments for refugee children, this paper aims to assess whether the practice at Jesuit Refugee Service is par with the different international and national instruments that are set to protect the developmental rights of urban refugee children. Moreover, based on the legal instruments, .the paper will also look into the various limitations regarding the protection of the developmental rights of urban refugee children.

2.4 Challenges of Urban Refugee Children

Over half of the world's refugees are children. Many will spend their entire childhoods away from home, sometimes separated from their families. They may have witnessed or experienced violent acts and, in exile, are at risk of abuse, neglect, violence, exploitation, trafficking or military recruitment (UNHCR, 2021). In addition to facing the direct threat of violence resulting from conflict, forcibly displaced children also face various health risks, including: disease outbreaks and long-term psychological trauma, inadequate access to water and sanitation, nutritious food, and regular vaccination schedules (Toole et.al, 1997). Refugee children, particularly those without documentation and those who travel alone, are also vulnerable to abuse and exploitation. Although many communities around the world have welcomed them, forcibly displaced children and their families often face discrimination, poverty, and social marginalization in their home, transit, and destination countries (Bush et.al, 2000). Language barriers and legal barriers in transit and destination countries often bar refugee children and their families from accessing education, healthcare, social protection, and other services. Many countries of destination also lack intercultural supports and policies for social integration (Crock, 2006). It is found that majority of refugees, reside in urban areas. In reviewed documents, it was seen that at the end of 2011, around 4.3-7million refugees of the 10.4million were staying in urban areas. Moreover, asylum seekers around the world, up to 90% of them, are predicted to be in urban or peri-urban centers. These refugees that reside in the urban areas are faced with many challenges including but not limited to harassment, discrimination, arrest threat, vulnerability to sexual and gender-based violence (SGBV), human trafficking, HIV-AIDS. Over crowdedness is also another issue where access to education, basic health and protection is problem (UNHCR, 2012:7).

2.4.1 Health Challenges

In order to attain good health, health care access including one's funds and organization of the system are essential. (Levesque J-F, Harris MF, Russell G, 2013:12) The health of asylum-seekers and refugees are often compromised in which access to health in host countries is limited and this is worsened by lack of language, cultural differences, lack of policies, financial and legal status (WHO, 2010).

According to UNHCR's Public Health 2018 Annual Global Overview (2018), the under-five mortality rate was acceptable that is <1.5 deaths per 1000 in the under-five & globally mortality rate of 0.3 per 1000 under-five population per month (in 2017, it was 0.4 per 1000 under-five population per month). Of all the death reported, 40% were children under the age of 5 years with the top three causes being neonatal conditions (24.7%), malaria (15.9%) and lower respiratory tract infections (14.8%). Malnutrition (7.3%) and watery diarrhea (2.1%) are also other causes of death in children under five. UNHCR and its partners reported that 92.3% of consultations at health facilities were diagnosed with communicable disease whilst 3.9% were non-communicable, 1.9% were mental health & 1.9% injuries cases.

According to (WHO, 2016) health facilities in Ethiopia are inadequate to meet the demands of the refugee population, that is, one health facility serves 15,000 refugees (the standard is 1 facility for 10,000). Malaria, hepatitis E and HIV/AIDS were among the major diseases in refugee population. Malaria had an incidence rate of 9.4 in Jewi and 55.5 in Kule in 2015, and hepatitis E affected 1,082 people in Gambella, particularly Kule camp, between March 2014 - September 2015. In the Gambella refugee camps there is increased incidence of HIV/AIDS in pregnant woman as

compared to other camps in Ethiopia. In Gambella camps, due to severe drought which leads to decreased food consumption an inevitable increase in acute malnutrition is seen. (WHO, 2016, March 25). South Sudan Response plan. Retrieved from http://www.who.int./hac/crises/ssd/appeals/southsudanregional2016/en/

2.4.2 Education Challenge

For refugee children, access to education is an issue. Out of 7.1 million school-aged refugee children, 3.7million are out of school. In 2018, 63% of refugee children were enrolled in school at primary level whereas on a global level, 91% of all children are enrolled in school. (UNHCR: 2019: 11). In secondary education, refugees enrolled are 24 percent (global rate of 84 per cent. (UNHCR: 2019:6)

49% of school-age children of refugee's in Ethiopia are out of school (according to Ethiopia National Refugee Child Protection Strategy (2017:4). Child labour, early marriage, abuse is some of the dangers that children who are out of school face. In addition, adopting negative coping mechanisms, limiting future opportunities are also seen in out of school children. Children being a driving force for a growing civilization implicate that children of refugees are an important member of the refugee society.

There are many reasons refugee children do not attend school and these reasons vary between different areas. The value of education is also different between different regions and another challenge is the quality of education provided. Over crowdedness in classrooms, lack of trained teachers, limited access to secondary education (although elementary education is available in all camps), unsafe learning environment (only 50% of schools in camps meet the safety standard),

limited training programs are some of the hardships faced in the refugee community regarding education. In 2016/2017, only 9.6% enrolled in secondary education (UNHCR, 2017).

Alebachew (2016) stated that there were additional issues in South Africa for refugee children to access education including economic problems, deficiency in infrastructure and regulatory issues, lack of documentations. Other issues included cultural differences including language impacted access to education. It was also found that access to education was more difficult in urban areas (Dryden-Peterson, 2001, as cited in Alebachew, 2016). This was also seen in Central African Republic where there was 96% enrollment in primary school in the camps but only 65% enrollment in urban settings. Similarly, in Uganda, 73% in camps and 23% in urban areas of primary school enrollment (Dryden-Peterson, 2001 as cited in Alebachew, 2016). Policy and legal barriers were seen in Amman, Damascus, Nairobi and Kampala in urban areas which made education access more difficult (Dryden-Peterson, 2006 as cited in Alebachew, 2016). Financial issues due to increased cost of living in the cities and policy and legal barriers affect the direct and indirect cost of education therefore being unaffordable. Cost was a major issue for not attending schools in 81.9% of refugees in Younde, Pshawer and Karachi and for 43% of refugees in Jakarta according to a survey done (Church World Service, 2013). (Alebachew 2016:49-50)

2.4.3 Psychosocial Challenge

An abundant number of refugee children have seen and experienced many alarming happenings including persecution, violence, separation, or loss of family members and many more resulting in psychosocial distress. (Ethiopia National Refugee Child Protection Strategy, 2017:5)

As a research conducted in Jordan on Mental health psychosocial and child protection on Syrian adolescent refugees demonstrated when compared with adolescent refugees in camp, the non-camp adolescent refugees tend to perceive higher degree of emotional distress, less supportive environment, insecurity, and discrimination. They were more afraid to walk on their own and to wonder way from their parents. The main MHPSS challenges of Syrian adolescents that frequently caused psychosocial or mental health disorder were being heartbroken due to loss of loved one or being home sick, discrimination by host community, incidents of intimidation and bullying, nightmares, anger, experiencing or witnessing abuse as a child, and unending nervousness and worry. While some adolescents employ positive coping strategies to manage with their problems by using methods like that of looking for a companionship/resource and being distracted with positive behaviors that include listening to music or drawing, others go with the not so positive way of isolation and withdrawal. In addition, the research found out that adolescent refugee children mostly felt unsafe and unwelcoming in their school setting. The Syrian parents also substantiated the findings by stating that discrimination is a challenge for their children and that they sometimes are treated unfairly (UNICEF & IMC, 2014:3).

In Ethiopia, a focus group discussion with children and youth in various refugee operations revealed that lots of children and young adults who are managing loss of home, friends and family members find it very hard to adapt to a new environment after their displacement. However, mental health and psychosocial interventions are rare to find with regards to refugee operation in Ethiopia. Even though straightforward counseling services is being offer to children who exhibit distress signs by child protection partners, their staff in addition to the expertise and resource shortage, usually has inadequate selection and response capacity to offer quality psychosocial support for

refugee children. Yet, refugee operation in Shire camp is implementing specialized services for refugee children, however this service is not offered in most refugee settings in Ethiopia (Ethiopia National Refugee Child Protection Strategy, 2017:5).

2.4.4 Unaccompanied Children

Unaccompanied children are estimated to take up to 2 to 5 percent of the estimated 18 million refugees all over the world. Unaccompanied child refers to any individual under the age of 18 without the attendance of any parent or acceptable adult while at the time of asylum claim. This shows that unaccompanied children in the world take a share somewhere between 360,000 to 900,000 refugee children with no adult help (Montgomery et al., 2001). The reasons for the unaccompanied children to flee their country of birth are several, however frequently war, abandonment, political or ethnic persecution, forced military recruitment or other abuses in relation to human right play important factor for the displacement of the children (Mann, 2001).

From 2010 to 2019, about 3% of new global asylum application that were logged in 117 countries or territories were done by around 400,000 unaccompanied and separated children. The applications also raised around 2015 when numerous children crossed the Mediterranean Sea to Europe. The main destinations were German with 87,000 application, Sweden with 60,600, Italy took 30,000 new applications and the United Kingdom registered 22,000. The four countries alone accounted for half of the asylum claims globally and the claims mainly were from unaccompanied children from Afghanistan, Eritrea and Syria (UNHCR, 2020, 46).

Ethiopia is a home for the largest number of registered unaccompanied and separated children, and they represent 6% of the overall refugee population in the country (UNHCR, 2020: 46).

Statistics show that unaccompanied children in Ethiopia accounted for 44,873 in Ethiopia whereby 25 percent of refugee children residing in Tigray region separated from their primary caregivers. As of June 2017, there were about 22,743 children registered as separated and 4,396 as unaccompanied in Gambella. As a result of the rising number of unaccompanied and separated children, monitoring of care arrangement and provision of quality case management service for these children is faced with numerous difficulties. Unaccompanied children in Northern Ethiopia, which accounts for 65%, are currently residing in semi-institutional care which is called "community care" because of the unavailability of family-based care. In urban areas, living cost are high so families face hardship to care of foster children, as a result placement of a child in family-based alternative have been challenging in Addis Ababa. On the contrary, research conducted in the northern Shire has established that children residing in family-based care are 20 percent less probable to shift onward from the camp (Ethiopia National Refugee Child Protection Strategy, 2017:3).

In accordance with JRS August (2018), a total of 22,802 refugees resides in Addis Ababa, mostly from Eritrea, Yemen, Somalia, Sudan, South Sudan, and the Great Lakes region. Of the total urban refugee population 7698 (34%) are children. 868 are unaccompanied and separated (377 UAC, 491 SC).

In summary, urban refugee children face various problems including health, education, and psychosocial challenges. Moreover, these challenges exacerbate when the refugee children are unaccompanied and separated from their parents and/or guardian.

2.5 Services provided for Refugee Children in Ethiopia

2.5.1 Case Management

According to the Inter-Agency Guidelines for Case Management and Child Protection (2014), Case management is a method by which particular children and their families, who are helpless to definite perils, are given security and assistance either straightaway or through referral administration, and taking after that handle as long as objectives are met.

The inter agency guideline further outlines case management as having 5 process steps. These include identifying the risk with regards to the type and degree, assessing the child's and family risk and strength, setting aim and objective to alleviate risks, having an action plan and following up on adaptability of the client and family and their degree of success in terms of the mediations that took place and finally, case closes once the objectives have been reached.

There are 5 key elements of case management. These are

> *'1 | Should focus on the needs of an individual child and his/her family, ensuring that concerns are addressed systematically (following agreed procedures and practice) in consideration of the best interests of the child, and building upon the child's and family's natural resilience (strength and assets that make it possible to resist and respond well to adversity).*
>
> *2 | Should be provided in accordance with the established case management process with each case through a series of steps and involve children's meaningful participation and family empowerment throughout.*

3 | Involves the coordination of services and supports within an interlinked or referral system.

4 | requires systems for ensuring the accountability of case management agencies.

5 | Is offered by one key worker (referred to as a caseworker or case manager), who is responsible for ensuring that decisions are taken in best interests of the child, the case is managed in accordance with the established process and that someone taking responsibility for coordinating the actions of all actors.' (Inter-Agency Guidelines for Case Management and Child Protection, 2014:14)

It is possible for Case management service to be given as either part of an effort that addresses the problems and demands of children with particular vulnerability (Such as separation or commercial sexual exploitation) or risk or may be given as part of programs or services that address a wider range of child welfare and social protection concerns. (Inter-Agency Guidelines for Case Management and Child Protection, 2014:13)

Accordingly, the Ethiopian government in collaboration with other aid agencies reported that, as of August 2018, 200 urban refugee children in which 46% of the service users are girls are receiving case management services (JRS, 2018).

2.5.2 Family-based Alternative Care

The family is a fundamental unity of society and the natural environment for the wellbeing, growth and safeguarding of children. Thus, it is with this rationale that the family case alternative care is being pushed above institutional or other childcare agreements. In order to foster the full

potential of all children, they should live in a caring, supportive, and protective setting. Children are at risk especially when they are with inadequate or without parental care (UNHCR, 2018:2).

According to UNHCR (2018:2), the year started off with children accounting 56.5% of every refugee residing in Ethiopia. From the total refugee children population, 54,715 refugee children were deemed as an unaccompanied or separated (UASC) for various reasons. The northern Ethiopia takes a portion of 27% of the children that are separated from their caregivers. Meanwhile, 60% of the children that came from Ertieria to urban centres and third countries are projected to abandon camps in a specified year, proning them to dangers of SGBV, trafficking and smuggling. Thus, it has been found essential to promote family based care for UASCs. Now, 38% of the UASCs in Tigray region are residing in a community care/ semi-institutional since family based care alternative, the most viable option to ensure the wellbeing, growth, and protection of children, are not ample.

Refugee children in the family-based care program are 30 percent less prone to transfer from the camp arrangement as research conducted in Tigray Region has concluded. Moreover, a successful pilot project offering cash for forester families in Shire has proved that children can be embraced by a family-based support that would effectively serve their needs and desires (UNHCR, 2018:2).

In line, by the end of 2020, aid agencies that are working with refugee children are looking to increase family based care service to 75 percent. Currently, to ensure that refugee children are given family based support that effectively satisfies their needs, foster care families are receiving cash support. As a result, 2000 kinship/foster families are presently sponsored monthly, with intends to extend to 2500 by the end of 2020 (UNHCR, 2018:2).

2.5.3 Education

According to UNHCR, the education services refugee children are being offered encompasses two steps. First, using temporary leaning spaces, all targeted school-age children are offered emergency education and then after six months they transit into a more formal education in established schools. (UNHCR, 2018:19)

The Government of Ethiopia has pledged to enrol 75% of refugee children into primary school. Accordingly, school enrolment of refugee children has risen from 118,275 in 2016/2017 to 132,563 in 2017/2018 academic year, making 72 percent enrolment rate for refugee children into primary schools. In addition, the enrolment rate of secondary education for refugee children has improved from 9 percent in 2016/2017 to 12 percent in 2017/2018 academic year. Moreover, in 2017 there were 2300 refugee children in tertiary education in comparison with 1600 during 2016 school year (UNHCR, 2017:1). Furthermore, 80 Early Childhood care and education (ECCE) centres and 150 public and private kindergartens are supporting 63 percent – 54619 of 87,004, of the refugee children between the ages 3 to 6 years. Similarly, children as young as seven to 14 years old, accounting 132,563, are enrolled in 58 primary schools, 166 urban area schools and 20 alternative basic education centres (ABE) in refugee camps. In a similar manner, school aged children between 15 to 18 years (7665 of 62106) are learning in ten governmental schools near their camps, 9 camp-based schools and 43 private and government owned secondary schools in the metropolitan areas. The government of Ethiopia is sponsoring 74 percent of refugee children who are pursuing their tertiary education in different universities and colleges in Ethiopia, totalling roughly about 2300 refugee students carrying out their tertiary education in the country (UNHCR, 2018:1).

While the standard is 1:40, the teacher to student ratio is at 1:80 for elementary school and 1:63 for high school among refugees in Ethiopia. Moreover, children with special learning needs not have access to education, with just a limited number of children with physical disability who took part in elementary education. (UNHCR, 2018:20)

2.5.4 Health

The refugee convention of 1951 according to its article 23 states that access to health service should not be differentiated among refugees and host population. Meanwhile, article 12 of the International Covenant on Economic Social and Cultural Rights of 1966 stipulates the highest standard of mental and physical health as a right for everyone (Esther, 2015:1 cited in WHO, 2010).

Accordingly, in 2018, a total of 620,509 consultations were provided in all health centers, 9% of whom were for members of the host communities. 38% of the consultations were for children under the age of five in Ethiopia. Moreover, more than 27,000 refugees were counseled and tested for HIV. In addition, more than 2,900 patients were referred to secondary level health facilities for further diagnostics and treatment. More than 10,700 (97%) of pregnant women mothers delivered with the help of a skilled birth attendant. As data show, the most common health problems seen among refugees in Ethiopia are upper respiratory tract infections, diarrhea, lower respiratory tract infections and malaria. In line, the health facility rate of utilization to date is 1.1 consultations per refugee per year that inside the standard of 1 to 4 consultations. The mortality rate in children under five is 0.1/1,000/month and remains less than the emergency threshold of 3/1,000/month. Furthermore, the expansion of prevention of Mother to Child Transmission (PMTCT) has improved to 87% compared to 83% in 2017 (UNHCR, 2018:1).

In summary, there are different services available for refugee children in Ethiopia which include case management (handling a particular child or family and aiding to reach specific objectives), family based alternative care (promoting and supporting a family centered approach including foster care), education (giving access to different levels of education) and health (providing access to health facility). The fact that these services are available to the refugees have shown promising outcomes which are evidenced by the data provided. Such services have got a great impact in protecting the right to development among urban refugee children by offering them access to different social services – like that of healthcare, education, psychosocial support. Moreover, unaccompanied and separated refugee children are also able to access a family like environment through the foster care service as a result of guidelines put forward. Therefore, the various services outlined above play a vital role in alleviating barriers to smooth integration with the host community and securing the development and wellbeing of urban refugee children.

2.7 Conceptual Framework: Strength Based Approach

As traditional approaches and society change, social work perspective have also come up with a fresh framework focusing on strength rather than deficit of individuals, families, and communities (Gillingham, 2006; Lonne et al., 2009:1 cited in NPC, 2020). The strength perspective calls for a distinct manner to analyze communities, families, and individuals in order to harness the capabilities and natural abilities of various kinds of clients (Saleebey, 1996 cited in NPC, 2020). The perspective assumes that clients already possess different capabilities, resources and competencies that could be utilized to assists the same clients that come for help (Saleebey, 2006:10 cited in NPC, 2020).

The framework underlines on individual's potential and takes on humanistic approach. Despite the fact that social work theorists underscored the capacity and strength of service users for long, the framework has been completely articulated as a practice method after the late 1980s and it was initially developed as a mental health practice idea (O'Hanlon & Rowan, 2003 cited in UK Department of Health & Social Care, 2019). However, now the perspective can be tailored for a wide range social work practice which includes child protection. The basic view of strength-based approach is that it looks at human being as capable of change (Saleebey, 2002: Caddell 2005 cited in UK Department of Health & Social Care, 2019). It also stresses on the positive aspect of individual achievements and efforts in addition to human strength (Gardner & Toope, 2011, p. 89 cited in UK Department of Health & Social Care, 2019). In a nutshell,

> *"the strengths-based approach shifts the emphasis of the intervention from what went wrong to what can be done to enhance functionality and builds on family strengths and resources that enable mastery of life's challenges and the healthy development of all family members"* (Sousa, Ribeiro & Rodrigues, 2006, p. 190-191).

As an ecological perspective, the strength perspective underlines the criticality of assessing individual's characteristics, the diverse situations that their lives are being influenced and the circumstances in which they live in. Accordingly, it suggests that any program for intervention must base upon the competency and resources of the client within his/her environment. Clients are expert of their circumstance and the practitioners, using his/her technical and theoretical knowledge, is a partner to aid them to be empowered rather than labelling them. The strength framework has been based on 6 principles

> *"(a) the focus is on individual strengths rather than pathology; (b) the community is viewed as a source of resources; (c) interventions are based on client self-determination; (d) the practitioner–client relationship is seen to be primary and essential; (e) aggressive outreach is employed as the preferred mode of intervention; and (f) people are seen as being able to learn, grow, and change."* (Arnold, Walsh, Oldham, & Rapp, 2007; Rapp, 1998; Smith, 2006; Saint-Jacques et.al. (2009:245)

Accordingly, in viewing the protection of the developmental rights of urban refugee children, more specifically the provision of different services and challenges associated with the efforts, the paper closely looks into how interventions are aligned with the strength and capabilities of service users in order for them to be able to overcome and thrive in their current environment.

CHAPTER THREE

Method

3.1 Research Methods

This chapter presents the method that will be used to conduct the study. In line, it is possible to find the research design, study area, sample size, the sampling method, methods of data collection and method of data analysis. At the last section of this chapter, data quality assurance and ethical consideration will be presented.

3.2 Researcher's Perspective

The positivists look at reality from a distinct standpoint and normally takes on objectivity. For the positivists, reality does not have a diverse interpretation and it needs to be taken as it is. They underscore on facts that are observable and regard reality as free of value. The constructivists on the other hand make sense of reality as a result of individual's interpretation. Therefore, while world reality is one, the way meaning is attached differ among different participants. The constructivists assert that meaning and truth are created by the interaction of subjects with the world rather than existing in some external world. Since participant construct their own meaning in various ways, the same phenomenon can have different meanings. Therefore, for the constructionists, disparate and conflicting however similarly legitimate accounts of the world could exist (Gray, 2004 as cited in Sityana, 2017:44).

Moreover, interpretivism, seeks 'culturally derived and historically situated interpretations of the social life-world' (Crotty, 1998: 67 as cited in Gary, 2004:23). The paradigm asserts that there can be no, explicit, one-to-one relationship between the world, considered as object, and ourselves, regarded as subjects. The world is construed through the mind's categorization schemas (Williams and May 1996 as cited in Gary, 2004:23). In the sense of epistemology, interpretivism is closely associated with constructivism. Interpretivism claims that social reality and natural reality (and the laws of science) are distinct and hence need different types of approach. (Gary, 2004:23)

As a researcher I take myself on the position of constructivist. As the study is about assessing the protection of the developmental rights of urban refugee children, from their contact of different service providers, having the constructivist view will benefit both me and the study to understand how the situation that the urban refugee children are experiencing is a total sum of various social construct. According to Karacan (2016:142) the consequences of the refugee crisis can be clarified not just about economics, but because of subsequent on norms and identities too. We can comprehend the responses of nations by highlighting both economic and political aspects, in addition to the interest, identities and norms. Besides, the framework can be utilized to understand the different of national policies and attitudes with regards to refugees. Constructivism will assist us to describe the primary reasons for the challenges of the refugee children, as it focuses mostly on interests, norms, and identities, alongside how structures and agents construct one another mutually. Therefore, I believe reconstructing the society's perception towards refugee children will help them in properly integrating as well as flourishing in their new environment.

3.3 Research Design

Research designs are research plans and the procedures that span the decisions from wide-ranging assumptions to comprehensive techniques of data collection and analysis. Moreover, research designs are kinds of research inside mixed, quantitative, and qualitative methods approaches offering particular guidance for techniques in a research study (Creswell, 2018:334-335). Qualitative research is a tool for insight and discovering the meaning individuals or groups attribute to a human or social challenge (Creswell, 2018:333). On the other hand, quantitative research is a tool for examining objective theories through testing the correlation between variables (Creswell, 2018:334). Whereas Mixed research design is an approach to inquiry that merges both quantitative and qualitative research forms. It includes philosophical theories, the utilization of quantitative and qualitative methodologies, and the merging of both methods in a research. (Creswell, 2018:331)

Qualitative design is flexible in nature, helpful to understand real perception and life context and ability to allow the active involvement of the study participants (Kreuger and Neuman, 2006 as cited in Meron, 2017:57). Qualitative social research seeks to establish knowledge of the social world by the study of people's own interpretations of the social world (Kelly, 2011 as cited in Meron, 2017:57). It offers comprehensive explanation and evaluation of the quality, or the substance of the human experience (Marvasti, 2004 as cited in Meron, 2017:57). It is also affirmed by Pietkiewics and Smith (2012 as cited in Meron, 2017:57), that qualitative research is in general concerned with how individual make sense of the world, experience events and what meaning they attribute to the phenomena. This study is conducted based on the qualitative method design because it tries to understand the context or setting in which study participants are experiencing and as well

address their challenges. According to (Creswell, 2018:50) the five approaches to qualitative inquiry are ethnography, grounded theory, case study, phenomenological research, and narrative research. In a nutshell

> ‘*Narrative research is a type of inquiry from the humanities that the researcher studies the lives of individuals and asks one or more individuals to offer narratives regarding their lives (Riessman, 2008 as cited in Creswell & Creswell, 2018:50). This information is then often retold or restored by the researcher into a narrative chronology. Often, ultimately, the narrative blends point of view from the participant's life with those of the researcher's life in a collaborative narrative (Clandinin & Connelly, 2000 as cited in Creswell & Creswell, 2018:50). On the other hand, phenomenological research is a design of inquiry coming from philosophy and psychology in which the researcher describes the lived experiences of individuals about a phenomenon as described by participants. This description culminates in the essence of the experiences for several individuals who have all experienced the phenomenon. This design has strong philosophical underpinnings and typically involves conducting interviews (Giorgi, 2009; Moustakas, 1994 as cited in Creswell & Creswell, 2018:50). Grounded theory is a design of inquiry from sociology in which the researcher derives a general, abstract theory of a process, action, or interaction grounded in the views of participants. This process involves using multiple stages of data collection and the refinement and interrelationship of categories of information (Charmaz, 2006; Corbin & Strauss, 2007, 2015 as cited in Creswell & Creswell, 2018:50). Moreover, Ethnography is a design of inquiry coming from anthropology and sociology in which the researcher studies the shared patterns of behaviours, language, and actions of an intact cultural group in a natural setting over a prolonged period. Data collection often involves observations and interviews. Furthermore, Case studies are a design of inquiry found in many fields, especially evaluation, in which the researcher develops an in-depth analysis of a case, often a program, event, activity, process, or one or more individuals. Cases are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period' (Stake, 1995; Yin, 2009, 2012, 2014 as cited in Creswell & Creswell, 2018:50-51).*

Therefore, from these five approaches this study used case study since it tries to develop an in depth understanding of how the developmental rights of urban refugee children is being protected.

3.4 Study Area

As the study will focus on urban refugee children, the study area will be Addis Ababa Jesuit Refugee Service child protection centre.

Jesuit Refugee Service (JRS) is an international Catholic organization with a mission to accompany, serve and strive to enhance the human development refugees and other forcibly displaced persons. JRS was set up by the Society of Jesus in 1980 and now is working in over 50 countries. JRS has committed itself in Ethiopia for more than a couple of decades with refugees from all over Africa. Accordingly, Jesuit Refugee Service officially inaugurated its Child Protection Centre in Addis Ababa. The centre is the first of its kind and has been operating since July 2017.

Key components of the JRS urban Child Protection Programme are quality case management for children at risk including through home visits, refugee outreach volunteer Programme incorporating 24 para-social workers from 8 refugee communities, provision of individual psychosocial support, targeted assistance for unaccompanied and separated children including family-based alternative care, cash assistance for foster families, recreational activities at indoor child friendly space & outdoor play activities at the Child Protection Centre, child / Youth empowerment by the provision of language classes, life skills interventions, child parliaments and Education support.

To date, the project has reached about 1206 children (553 girls) and 290 caregivers (166 women) through its various services and interventions. As of August 2018, JRS is providing case management services to 200 children (thereof 46 % girls).

3.5 Sources of Data

For the purpose of this study, the researcher used both primary and secondary data collection method. As primary, the researcher used in depth interview, observation and key informant interview. As secondary source of data, the researcher reviewed different books, journals articles and literatures on the study area. Accordingly, the researcher take note to guide the

3.6 Data Collection Instruments

This study used in depth Interview and key-informant interviews as appropriate means of data gathering methods.

I. In-depth Interview

In-depth interview (IDI) was conducted to assess the protection status of the developmental rights of urban refugee children in light of the services provided by the service provider. The word in-depth interview evokes the most famous of qualitative data collection pursuits, most often, a skilled interviewer engaged in a probing conversation with a suitably knowledgeable interviewee. IDI is adaptable across a variety of study themes, versatile to difficult field environments, and outstanding for not just delivering information but for producing understanding too. (Guest, Namey, Mitchel, 2013 P.159). This interview provided an opportunity for the researcher to get detail information about the situation of developmental rights of urban refugee children. The interview was held with urban refugee children to get data about the protection status of their developmental right.

II. Key-informant Interview

Key informant interviews include interviewing a purposefully chosen group of people who are expected to give needed insight, ideas and information on a certain subject matter. (Kumar, 1989:1) Thus, government and non-government organization officials whose official duty and responsibility are related with refugee children were considered as key informants to this study. Agency workers and experts in women and child affair offices were key informants since they have got a closely related work with the protection of the developmental rights of urban refugee children.

III. Observation

Observation is a complex research method since it frequently involves the researcher to play several roles and to make use of several techniques; including the five senses, to gather data (Beker, 2006 as cited in Sitiyana 2017:49). Accordingly, observation was performed employing observation checklist within the agency where the urban refugee children obtain services. Moreover, the observation was an input to help the researcher observe the physical setup of the agencies and the communication and interaction between the agency and the urban refugee children and understand their roles.

3.7 Sampling Technique

Sampling is getting a subgroup from population as a whole or selected sampling frame. Sampling can be essential to establish a conclusion about a population or make a generalization with regards to an already existing theory. Basically, sampling relies upon choice of sampling technique. Sampling techniques can be divided into two. They are probability or random sampling and non-probability or non-random sampling (Taherdoost, 2016:20).

In probability sampling every single item from the general population has an equal opportunity of getting incorporated into the sample. One way to carry out random sampling ought to be if a researcher were to build a sampling frame in the beginning and subsequently used an arbitrary number generation computer program to select a representative sample from the sampling frame (Zikmund, 2002 as cited Taherdoost, 2016:20). Nonprobability sampling is commonly linked to qualitative research and case study design. Case studies also tend to focus on small samples. They are meant to investigate a real-life phenomenon and does not make statistical inferences regarding the broader population (Yin, 2003 as cited Taherdoost, 2016:22). Therefore, there is no need for a sample of cases or participants to be random or representative. Still, a clear rationale is needed to include some cases or individuals rather than others (Taherdoost, 2016:22). Accordingly, non-probability sampling has got different types, and these are

- *Quota sampling*

Quota sampling is a non-random sampling method by which participants are selected based on predetermined traits intending the total sample shall have the same distribution of characteristics as the general population (Davis, 2005 as cited Taherdoost, 2016:22).

- *Snowball sampling*

Snowball sampling is a non-random sampling technique which utilizes handful cases to encourage other cases to get involved in the research, thus growing sample size. This method is highly relevant in small populations that are hard to access as a result of their closed nature. For example, inaccessible professions and secret societies (Breweton and Millward, 2001 as cited Taherdoost, 2016:22).

- *Convenience sampling*

Convenience sampling is choosing partakers due to their availability usually readily and easily. Normally, convenience sampling tends to be a preferred sampling technique among students as it is an easy option and inexpensive in comparison to the other sampling techniques (Ackoff, 1953 as cited Taherdoost, 2016:22).

- *Purposive or judgmental sampling*

Purposive or judgmental sampling is a method whereby particular settings, persons or events are intentionally selected to give vital data that could not be accessed from other choices (Maxwell, 1996 as cited Taherdoost, 2016:23). The researcher includes participants or cases since he/she believes they justify inclusion (Taherdoost, 2016:23).

The sampling techniques used in this study is purposive sampling. Thus, considering the virtues of the technique, the researchers used this sampling technique for three reasons. First, to select urban refugee children who are service users of the Child Protection Center who are willing to be interviewed (for semi-structured interview). Secondly, to select Child Protection Center workers who are willing to be interviewed (for semi-structured interview). Lastly, purposive sampling technique was used to select the key-informants. As indicated earlier the participants of this study are children who are urban refugee. To select samples from children, the researcher used inclusive and exclusive criteria for the children.

3.8 Inclusion and Exclusion Criteria

3.8.1 Inclusion criteria

The inclusion criteria for this research consists of

1. Being both unaccompanied and accompanied refugee child -

2. Residing in urban area
3. Both male and female
4. Their age should be preadolescent, meaning 9 to 14 – The rationale in selecting this group for the research paper is because the group prior to preadolescence are too infant to meaningfully explain their experience, whereas age group above preadolescence are close to adulthood.
5. Children who can respond to either Amharic or English language

3.8.2 Exclusion Criteria

The exclusion criteria for this research consists of

1. Children who cannot respond to the interview questions due to age, health, language or other factors
2. Children who are less than 9 years and beyond 14 years of age

3.9 Method of Data Analysis

In qualitative, the data analysis can start while data is still collected. The researcher will transcribe the data together with the note taken via data collection. Through interview, the media of communication will be either English or Amharic. After reading through the data, the researcher will analyse thematically putting the core point as a topic or central idea. It is necessary to make sure that the theme emerged from the data. A definition of a theme forwarded by DeSantis and Ugarriza (2000:363) claims that a theme is as an abstract entity which brings meaning and identity to a recurrent experience as well as its variant manifestations. In the process, the researcher will be required for data reduction to remove duplicated or data which are not representative. Then, the

final task will be putting together the theme that can go along and develop super theme. After that the data will be ready for presentation.

3.10 Validity and Trustworthiness

Validity and reliability are two conditions for assessing the quality and acceptability of this research. Validity indicates that the veracity of the conclusions which are produced from the research (Bryman, 2008 as cited in Temesegen, 2018: 45). This implies the extent the tools utilized to trulyexplain what a researcher expects to measure as the conclusions hinge on the outcome of these measurements. (Yin, 2003, p. 101 as cited in Temesegen, 2018: 45).

Creswell (2007:274) recommended eight validity strategies to assess the accuracy of the findings. In this research validity will be addressed using three strategies from the eight these are: -

- Triangulate different data sources of information by analyzing evidence from the sources and applying it to construct a clear rationale for themes.
- Use member verifying to establish the accuracy of the qualitative findings by taking the final report or specific descriptions or themes back to participants and determining whether these participants feel that they are accurate.
- Make clear the bias the researcher brings to the study. This self-reflection creates an open and honest narrative that will resonate well with readers.

Reliability is whether data collection tools are able to offer consistent outcomes given that the same data collection instruments and procedures are used (Bryman, 2008; Yin, 2003 as cited in Temesegen, 2018: 45). In this study, the researchers will ensure reliability by using reliability procedures stated by (Gibbs 2007 as cited in Creswell, 2014:203) these are: -

- Check transcripts to make sure that they do not contain obvious mistakes made during transcription.
- Make sure that there is not a drift in the definition of codes, a shift in the meaning of the codes during the process of coding.
- Cross-check codes developed by different researchers by comparing results that are independently derive

3.11 Ethical Consideration

Ethical consideration in research study is the most essential aspect that the researcher will taker of the research participants and other scientific techniques in order to address the study well. First the researcher requested permission from the administrator of the School of Social Work, Addis Ababa University to conduct the data collection process. After the researcher gets the permission, he presented the supporting letter to Jesuit Refugee Service and the consent letters to the participant.

Trustworthiness refers to the criterion that is used to evaluate the truth value of qualitative studies. Trustworthiness was rally first by creating an atmosphere of trust with the children and their families during the interview phase and then after by tape recording conversations with the participants and assisting them to provide clear descriptions of their experiences (Golafshani 2003:104).

Several ethical considerations were also taken in the process of making this study. Participation of respondents was strictly voluntary based. They were fully informed about the purpose of the Study and Interest of the participant was protected and maintains confidentiality of records.

CHAPTER FOUR

Findings

4.1 Introduction

The purpose of this research was to assess how developmental rights of urban refugee children in Addis Ababa are being ensured in a selected Child Protection Center in Addis Ababa. Based on data obtained form 9 in depth interview and 4 key informants, the study came out with the different services provided to urban refugee children, their barriers and challenges and their perception towards the efforts. The chapter begins by presenting the existing services that urban refugee children are being provided. Then, the major barriers and challenges of ensuring developmental rights of urban refugee children. Similarly, the strength of the urban refugee children in line with their perception towards the different efforts that are being undertaken to ensure their developmental rights are presented. The findings of the study are organized and presented in line with the research questions under major and sub-themes

4.2 Background of the participants

The data presented in this study is obtained from selected urban refugee children and staff of JRS centre (International NGO). The following tables show that composition of participants that involved in the study.

No.	Pseudo Name	Sex	Age	Grade	Date of Arrival
1	Berket Berhane	M	11	4	March, 2015
2	Haben Yemane	F	12	5	April, 2017
3	Lwam G/Hanaia	F	11	5	April, 2017
4	Selam Medhanie	F	12	4	August, 2016
5	Rahwa Abrha	F	14	7	March, 2015
6	Tesfaye Seyium	M	13	7	September, 2018
7	Samrawit Ghirmay	F	13	7	October, 2017
8	Yohannes Araya	M	14	6	July, 2016
9	Hagos Gerbrhwot	M	14	7	March, 2016

No	Pseudo Name	Sex	Profession
1	Azeb Tesfa	F	Community Facilitator
2	Hanna Hadgu	F	Counsellor
3	Adane Kidane	M	Community facilitator
4	Maaza Haile	F	Child Protection Case Management Supervisor

4.3 What are the Developmental Needs of Urban Refugee Children?

All the urban refugee children that participated in the study indicated that they have got different sorts of needs that are critical for their physical, social, emotional, mental, moral, and cultural development. However, the different developmental needs differ among the children who are unaccompanied refugee children and those that came to the city together with their families. Lwam stated her view as

> 'Just like any human being, I have got a need for proper food, adequate cloth and a good shelter. In addition, I want to be sure that I am going to continue my education, develop different skills and have supportive friends whom I can play and hang out with. When I first came here, I was afraid that these things were not achievable'

On the other hand, Hagos, unaccompanied refugee child, stated

> ‘I love to eat so food is a critical need for me. I also love to wear good cloths since it makes me feel good. Besides, school is important for me because I want to become an engineer when I grow up. Other than that, I came here alone, I always miss my family back home and wish that they would be here with me. I often think about them and hope that they are well.’

Most of the urban refugee children that came to the city with their families mainly focused on their physical, social, and mental needs – like that of their need for clothing, healthcare, proper education and sense of belonging by having friends and playing with them . However, the unaccompanied urban refugee children strongly emphasized on their emotional needs as well indicating intimacy has got a crucial role in the development of children. This was clearly stated in the in-depth interview with JRS counselor, Hana. She stated that as follows.

> “…even if we think refugees’ physical needs for their development are met; there are many things they need as refugees. To mention some, psychosocial support is one of the needs, which is crucial for refugee children. Refugee children have been into traumatic experiences; separated from their loved once; left their country; and others so, they need psychosocial support.”

Similarly, she also stated about the role of spiritual development for the refugee children. She expressed her opinion as follows,

> “…regarding their spiritual needs of refugee children, they have better environment to experience their religion here in Addis Ababa. Especially protestant families have better freedom to worship here in Ethiopia than in Eretria. Ethiopian culture, religion and language

> is more of similar with the Eritrean refugees which makes it a better environment for spiritual and moral needs."

In line, the refugee children have expressed that their spiritual needs are better met in Ethiopia than Eritrea. According to Haben

> "Back in Eritrea it was difficult to worship in the religious institutes if you are a protestant or Jehovah witness. Protestant and Jehovah witness followers will be imprisoned if they are found worshiping and preaching in public. Therefore, for the spiritual needs the environment in Ethiopia is better."

In summary, the interviewed urban refugee children mentioned their various needs, which are pertinent to ensuring their developmental rights. Despite the difference in priority for each child, all the interviewed children have outlined that they require cloth, shelter, proper education, and healthcare for their development. Besides, the urban refugee children have been through much adversity to get to the urban area; thus, counseling and psychosocial support are crucial. Furthermore, skill development, a sense of belongingness and having fun and playing with their friends have been mentioned to ensure their right to development. Lastly, spiritual freedom and the ability to exercise one's faith without the fear of being reprimanded have been found to be vital for urban refugee children.

4.4 What are the activities and services the children get at JRS CPC?

4.4.1 Case Management

The children who come to the JRS CPC are able to get different service; case management is one of the services that most children are benefited from. The case management service is basically the counseling and the referral and linkage that most children get when there is protection concern. As the center is the leading child protection organization, the counseling is provided by trained staffs at the center. Children come with different counseling and protection needs. "The center works for advocacy for child's right and work in partnership with different stakeholders. The children themselves are not only our target groups whereas the whole urban refugee community members are under their scope as a child protection concern is linked with families, caregivers and others as well. "Through the counseling the children are enabled to overcome their problems and understand about different protection concerns. As being part of the community there are so many challenges that they might face, and they need to be told and guided on how to respond and handle such situations. They might get frustrated as it might be a new environment, but we encourage them to work on towards their integration." the counselor Hanna has shared her view on the service. The case management service helps the children to know about their protection concerns and also empowers them for report. It gives them the conducive environment if they have been abused or witness any abuse in their community. "Since they live with different caregivers, their protection is our concern and we advocate their rights to be respected at different places like schools, health centers, legal services and in their community" Adane the community facilitator mentioned. The center works with other service providers and always ensures that the children are receiving the service which is child friendly and in best manner. The organization also provides the children with

financial cash assistance and non-financial support in the form of clothing and educational materials. This helps the urban refugee children cover some of their expenses and ease the burden of worrying about life while trying to lead their day-to-day lives.

4.4.2 Child friendly Center

The child friendly center is the place where the children comes and play with their age mates. The reason for having such friendly space is to make sure that the children are able to get the service they wished to in a proper manner in a friendly way. “The CFC is very nice that I enjoy coming every day. I love it because I meet other refugee children and play with them” Bereket shared his interest towards the CFC. The center is organized in a way that encourages children to come more often. The rooms and the playground is built in which considers the age and interest of children. The playing materials at the rooms are child friendly, colorful and gives recognition for the cultural context. “I like coming here because I get materials to play with which I do not have at home” Lwam stated. The observation also helped to note that the center is very nice for the children to come and entertain themselves. “Instead of just playing in the village, I prefer coming here because there are so many great games here” Roble mentioned about his interest to come and play at the CFC. The center improves the communication and the interaction for the children as they find it their comfort zone. Unlike other places, they are happy to be here and to feel welcomed they make sure that they are safe and accepted. The service helps the development of the child as it is comprehensive activity. The child protection staffs at the center works to make sure that the children's right is respected at each level. As on of the development right, children are given the opportunity to learn about different things for their mind development. The issue of psychological development is highly worked on at the child friendly center.

4.4.3. Provision of informal language class

"This is considered as extracurricular activities for the children and to give them different opportunities for their lives. There has few students who are interested to take the course and it is actually helpful for children who has possibility for resettlement" Adane stated. This class is provided to extend the child's activity at the center and to engage them as they might not have a place to spend their days. As part of education right, the language class is taken as supporting the formal education. Children are benefited from the class as it will help them to improve their language skills. "I enjoy attending the class and always try to improve my language skill. I believe that I will do good in my studies as I am not more familiar with different vocabularies and improved my communication skills through different presentation assignments given at the center" Selam stated.

4.5 Strategies for the Services

JRS-CPC has a strategy to ensure the survival and developmental rights of the urban refugee children through facilitating a foster parent for unaccompanied and separated children since it believes family is a primarily protective environment for child survival and development beside all the service placed above is designed/targeted to ensure the survival and developmental rights of the urban refugee children.

4.6 Challenges and Barriers

4.6.1 Lack of Child Protection Awareness

With every possible information dissemination work done by different implementing partners, there is a gap of awareness in the community and social service providers regarding urban refugee children. Many children might suffer from ignorance, lack of acceptance and misunderstanding that they experience in their school and community. “Children who go to schools which awareness level is poor affects their learning and performing abilities” the community facilitator Azeb shared her view. She has also added on lack of interest to support urban refugee children whenever they are seeking services.

The most common challenge they face is the language barrier that hinders the communication. “I am very communicative yet, there are people who wishes not to respond to my broken Amharic or not understand my Tigrigna” Rahwa mentioned the problem she faced in communication. It is not always easy to go to the health centers if they are not accompanied by Amharic speaker. For most children who are living with their grandparents they are challenged with the communication as they might not speak Amharic well. “My grandmother does not speak Amharic well so I have to take her other relative whenever we have to go to health centers.

The community also does not have ample knowledge about urban refugees and does not extend support for the children and their family. On this regard, “I feel bad when students laugh at me on the way I speak. I love my school but sometimes I hate it due to the actions I see from the few students. They are not even helping me to improve they just make jokes” a 6 grader Tesfay has mentioned about the challenges that he faces at school. With lack of awareness in the community, parents are not informing their children about urban refugee children whom they might meet at

school. ” As CPC we encourage children to explore their community and ensure their protection. At the same time, we advocate for school, health centers and other service providers to cooperate with children but it always depends on the individual’s good heart, understanding and commitment towards children” the project officer Ahmed has shared his belief.

4.6.2 Technical capacity of the staff

Having JRC CPC for children’s wellbeing and addressing protection issues is solving a lot of gaps. But still there is limited capacity from the staff which makes the service not to be given at full package. The community facilitators do not have the full capacity to support the children from different needs. They do not have the skills and capacity to respond to children’s developmental rights. It is actually challenging among many staffs as they do not take developmental rights from the concept that the children need to have rather, they will grow in any way possible despite the treatment and care caregivers bring to them. “It is challenging when staffs do not understand about child’s right and believe that children will grow despite the protection issues” Azeb has shared her concern on the issue of child developmental right and the gap she has observed in the community service provision.

They lack the knowledge on child’s right and most of all do not have the skills on communication and service provision. This brings a lot of damage for the service and for the child’s development. The children would lose hope and interest to come to the center. “I am happy to come to the center because I meet up with friends and play with them. But there are times that I am discouraged when I see how people talk to us and the treatment that we get from few staff members. They are not considerate about us and do not feel that we have feelings to be hurt. They

do not see that we have different interest and aspiration for life. They do not treat us in a way we supposed to be treated" Maaza has shared her feeling.

In the service provision, there is also a problem in the referral and linkage. There is barrier in the service provision with partners. "There are times that we get into disagreement with partners who work with us. They are not considerate enough about child protection issues and they do not have the knowledge on ways to work and interact with children. They lack the basic principles and it is always a problem for us since the children get distressed and unhappy about the service they get from such places. They sometimes refuse to go because of the mistreatment and lack of commitment in their action" Azeb added. "I do not like the way some doctors treat me. They do not have the courage to treat us in a way that has good manner. They do not respect us and sometimes invite other people or patient when we are in the room" Rahwa mentioned about the unprofessional manner that she has seen in the medical center. The issue of lack of capacity is also related to lack of awareness and disinterestedness in the work and usually put the children in lack of interest to access the service even if it is available. This is the problem at the legal and health service that he children do not believe that the professionals are ready and willing to assist them. "I sometimes wander why they do not take it as a work to treat us. We are there in need of the service but they do not act as they are responsible in doing so" 13 years old Samerawit has shared her concern.

4.6.3. Scattered settlement of refugees

Even if there is a spot or village that Eritrean refugees are believed to settle at, they are still scattered for easing the service provision. "Not having everyone living in the same area and fee located at the outskirts of the city makes us not to visit and monitor them as needed." Adane. There are refugees who are living with their relatives who have been in Addis Ababa for long. This

challenges the service provision and follow up. It is true that the Eritrean urban refugees are living at different places hinders the holistic service provision. Due to the distance the unfamiliarity of the city, children might not come to the center to get all services. Even if the center is located near to the place where most urban refugees are settling, it is far for those who comes from far places. For this matter, every child is not benefited from the service. “It is also a challenge for the case management service as they might not come every time of their appointment. They might miss a day because they are travelling to their other family members who are living in Addis Ababa” Maaza said.

4.6.4 Limited Space

There is limited space for the children to entertain themselves. They just have one place to come and play with their friends and even the center is not spacious to welcome more children unless it is in different shifts. Every child has different interest and it takes planning and different schedule for them to come and play, learn and be with their peers. Since it is also one center for the urban refugee children to have, the demand is high and unable to meet the needs of the children. For most children the center is accessible but there are also other children who are not able to be benefited from the service due to the location. “I believe that this center is playing a great role for support children in protection concern but it is not sufficient. Even with the limited space, it is the problem of sufficient budget that we are not able to make the service closer to the beneficiaries” Azeb stated. Since there are not other implementing partners who are directly involving in child protection and who have direct involvement in child friendly activities, JRS is the one and only center for the urban refugee children.

4.7 Strength of the children

The strength of the children is in their adaptive skills to the community they are integrated to. They are always ready to accept the scenario they are exposed to. “I see that the children are happy in their lives as they accept and willing to integrate socially and culturally with the environment they are in. It is not new for the as Ethiopia and Eritrea has so much in common but they are still progressing in accepting what is presented to them” Adane said. The adaptive skills the children have help them to communicate and immerse in the community. They do not find it difficult to interact with their community and non-refugee community. “When I am at school, I always find myself learning and willing to accept the new things that the school is providing. Even if it is 3 years since I came here, I always see myself adapting to the environment at school and in my village” Yohannes has stated. It is found to be similar among most children that they are adaptive, and this helps them to enjoy their lives and solve difficulties. Their strength also lies within the different activities they are exposed to and the ones at the center. The children are so creative and always bringing new issues for the center to help them improve. “I found the children to be more creative than the activities that we provide to them. They work hard to develop on what they have from the service what we gave them. The challenges the children have is more related with communication and financial capacity but always strive to bring change” Azeb shared. The activities at the center brings them closer to identify their needs, interest and capacity. They are always learning new things and ensure that they can develop it for betterment to their lives. The center helps them in coaching and guiding their actions so as they can improve in what they have.

4.8 Response of the Children

The issue is right is not actually understood by children. Especially developmental rights are not practiced in their day-to-day life. Rather, they take and judge the service which is given to them. The information they get from the center helps them understand about their rights and can evaluate the activities which are contributing to their child protection concerns and also enabled to get the understanding about their rights. The children are aware of their developmental rights to the level of healthcare, education, judicial and others social services. JRS is also facilitating such services for the children and to empower them to respond to their rights. “I am happy because I can get medical treatment whenever I am sick. I receive the treatment for free of charge and I am glad for that” Helen said. It is one of the activities that JRS facilitates for the children to get medical care. Hagos also added on this idea saying, “I know where to go when I am sick, and I am happy for that.” The availability of the service minimizes the challenges that the children might face for the getting the services. The center also makes sure that the children are aware and able to access the service. “We usually make follow up on the service and ask the children about the service they have received. With this we can make recommendation if there is any complain that arise from the children.” Maaza said. Language barrier and misunderstanding sometimes frustrate the children to go to health centers but they are encouraged to be accompanied by Amharic speakers when they are not able to fully explain about their condition.

A 5th grader also shared his interest on his school. “I love going to my school and I am among those top scorers. I love my teachers and friends at school” Haben said. Despite the challenge of language and culture, she is trying her best to fit and communicate well in her school. She has good teachers who are willing to support when she strives. As part if child’s right, education is one component

that JRS gives attention. There is always coordination and follow up with few schools that the students attend. No urban refugee child is left behind from school. They are able to attend school in their village. The children takes this opportunity to pursue their dreams.

“There is gap in judicial servicers that the children are not able to access comparing to other services. The system needs to strengthen so as to respond to the needs of the children” Azeb said. Whenever there is protection concern, the legal process frustrates the children to seek for the service. It is challenging for them to report and follow their cases. The issue of developmental rights is worked well at the center and they are providing different activities. For the holistic need and Wellbeing of the children the center works with caregivers and other partners to ensure the safety and protection of children.

CHAPTER FIVE

Discussion

5.1 Developmental Needs of Urban Refugee Children

Despite the difficulty of clearly constituting what the practical and theoretical implications of giving children legal right to development (Peleg, 2013:3), the UN Declaration of 1986, Article 1, states the right to development as an

> *"inalienable human right by virtue of which every human being and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized" (Nowak, 2005:7).*

Furthermore, according to Peleg (2013:11) the contents of the development of the child in Article 6 of the Convention on the Rights of Children are more clearly supported by various articles mainly incorporating major themes like that of the physical, mental, moral, spiritual, social, and cultural development of children.

In line with the different findings above, the findings of this study also showed that urban refugee children have got various needs in relation with their physical, mental, social, spiritual, moral, and cultural development. Moreover, the in-depth interview with the unaccompanied children also showed that the critical nature of intimacy and family environment for the development of children. In addition, the finding also showed the intersectionality of the various developmental needs, meaning since the urban refugee children have passed through difficult period to get to a secure

location, the importance of psychosocial, spiritual, and cultural needs has been highlighted in bringing a suitable environment for urban refugee children.

5.2 Service Provision

To better cater to their developmental needs and help them reach their full potential, children need to be protected, get educated, and obtain adequate services, not considering their present predicament as refugees. Wherever they are, every child has similar rights and retains those rights irrespective of his/her status as a migrant or not. Thus, it is crucial both morally and practically to cater to these children's rights and families. In line, the most extensively endorsed human rights treaty in history, the United Nations Convention on the Rights of the Child (UNCRC), commands endorsing nations to protect and retain all children's rights in their jurisdiction, irrespective of the background and migration status of the child. The statutory frameworks that protect refugees and other migrant adults are fragmented. However, considering the various vulnerability of children, the CRC presents a firm set of safeguarding tools for all children. The dual exposure of refugee children both as migrant and underage presents a good case for the global community for protecting all children, even those left furthest behind due to different circumstances (UNICEF, 2016:14).

In line with is, the Key Informant interview of the study shows that the organization is providing different services, including case management, child-friendly centre, and informal language class for the urban refugee children under its care.

5.2.1 Case Management

According to the Inter-Agency Guidelines for Case Management and Child Protection (2014), case management is a method by which particular children and their families, who are helpless to

definite perils, are given security and assistance either straightaway or through referral administration, and taking after that handle as long as objectives are met.

The study also confirms that to ensure the security and render assistance to the urban refugee children, the organization performs different activities that are pertinent to alleviate the challenges of the children and works in partnership with different stakeholders by advocating the rights of the urban refugee children to be respected at different places like schools, health centers, legal services and in the community. This effort is assisting the children in getting through the various challenges they face. Moreover, the case management service that is being rendered is enabling the children to have a good grasp of their protection concerns, in the meantime, disempowering any violations. This effort is particularly significant because three of the interviewed children are under foster care protection.

5.2.2 Child-Friendly Centre

According to Hermosilla, S., Metzler, J., Savage, K., Musa, M., & Ager, A. (2019:1) Child-Friendly Spaces (CFS) have come to be a standard method to tackle the psychosocial and safeguarding needs of children within the framework of humanitarian emergencies. It is also being incorporated in numerous key intervention guidelines. Child Friendly Spaces are ways of offering a short-term, safe environment that children may set up a certain level of normalcy supportive of their well-being in circumstances of severe hardship.

In line with that, the result shows that the Child Friendly centre is providing the children with a well-equipped safe space to play and connect with each other. It is also assisting the children to improve upon their communication and interaction in turn aiding them to better rehabilitate and bounce back from the psychological trauma that they suffered. However, Hermosilla, S., Metzler,

J., Savage, K., Musa, M., & Ager, A. (2019:10) argues that the impact of child friendly spaces with older children is notably weak. In this regard, I suggest other research to make a comparative study to uncover the extent of success of child-friendly space on younger and older children.

5.2.3 Informal Language Class

According to Krumm and Pultzer (2008:72), "from the perspective of the hosting community there is a threat that migrants may be considered as "speechless", since they are not able to use the language(s) of that country" and hence speaking the language(s) of a hosting nation "usually plays a critical role in the course of integration, for the reason that it is a prerequisite for participation". In accordance with this, the finding of the study points that even though few children are interested, the organization offers informal language classes for the children as a means to connect and ease their integration with the host community.

The right to development articles includes different forms of education (formal and non-formal), primary health care, leisure and recreation, cultural activities and the right to a standard of living that is adequate for the child's physical, mental, spiritual, moral and social development (Save the Children, 2011). In a nutshell, the comprehensive child protection services that the Jesuit Refugee Service offers have contributed to ensuring the right to development among the urban refugee children under its care. In addition to the core services outlined above, the organization provides the children with both financial and non-financial support according to their situation. This enables the children to take of their needs such as shelter, clothing, healthcare and education. Moreover, the availability of the child-friendly center is benefiting the children to easily make friends and entertain themselves by using the various facilities. Furthermore, the different class that are offered

by the organization aid the children in gaining valuable skills other than the one they acquire through formal education at school.

5.3 Strategy

Ethiopian National Refugee Child Protection Strategy 2017-2019 (2017:4-6) has outlined crucial child safeguarding matters of particular concerns throughout the Ethiopian refugee operation. These include safeguarding of unaccompanied and separated children and alternative care, dealing with and altering harmful traditional practices in the refugee communities, ability to access the national birth registration system, selection and protection to Other Vulnerable Children (OVC), getting children back into school, responding to mental health and psychosocial needs, providing alternatives to onward movement and highly incorporating the issue of youth in refugee programming.

With regards to unaccompanied children, UNHCR Refugee Children: Guidelines on Protection and Care (1994:62) ensured that unaccompanied children are put in foster families or grouped under the management of an assigned agency or responsible adults from the same community. To this end, the study has found out that the organization, JRS-CPC, in accordance with UNHCR refugee children protection and care guideline, has placed a strategy to ensure that adequate alternative care services are in place for the children, giving particular emphasis on foster care.

The Impact of Protection Interventions on Unaccompanied and Separated Children in Humanitarian Crises, Williamson, Katharine Landis, Debbie Shannon, Harry Gupta, Priya Gillespie, Leigh-Anne, (2017:41) concluded that the outcome for children in foster care were generally positive for majority of children and at least as good as the outcome for children in other

forms of care. However, the same paper stated that the findings were not consistently positive and indicated that significant support is required to make foster care work for unaccompanied and separated children. Accordingly, JRS-CPC strategy to safeguard adequate alternative care services via the foster care system is mostly promising; however, it needs persistent follow up and follow through.

5.4 Challenges and Barriers

5.4.1 Lack of Awareness

According to UNHCR (2007:6), as a result of the regular bias most children, particularly girls, encounter, they most frequently expressed feelings of powerlessness against the forces of violence and discrimination.

In line with this, the study also revealed that the refugee children are experiencing ignorance, lack of acceptance, and misunderstanding from their school and community. The key informant interview revealed that urban refugee children are having a difficult time whenever they're seeking different social services. She also added children who go to schools where awareness levels of the children's' protection are low, have been having lower learning and performing abilities.

The Refugee and Asylum-Seeking Children: Interrupted Child Development and Unfulfilled Child Rights, Ziba Vaghri, Zoë Tessier and Christian Whalen (2019:12) argued that extensive community awareness creation and raising is compulsory to win against problems like that of discrimination and xenophobia. This was evident from the citizens that add to the challenges encountered by these children. These perceptions and behaviours of the citizens can frequently have

an impact on the difficulty of newcomers negatively, not by simply increasing to the stressors in the environment but then also by shaping State immigration protocols and laws in a negative way.

In view of that, the findings revealed that the organization and different partners are implementing information dissemination work and advocate awareness in different sectors, including schools, health centers and other service providers so as to properly service the childrens' need. In addition to these steps, the study result revealed that the willingness and open heartedness of the people receiving these information plays a great role.

5.4.2 Language Barrier

According to Ariel Burgess (2004:1), even though there are several difficulties for every potential patient, people of foreign-born background encounter unique barriers when attempting to benefit from health care. These include difficulties in communicating cross culturally, different practice in health care beliefs, and gap of cultural awareness by the health care provider.

In relation to the above assumption, the study revealed that urban refugee children are also facing different communication barriers either due to ignorance or mere difficulty in communication when they head to health centers to use different services. In addition to this, they are also expected to translate for relatives with the little and broken language they have acquired which is an added burden to their stress. One urban refugee child reported that she has to take her grandmother to health facilities nearby even if she herself cannot communicate well with Amharic.

According to Seker, B Dilara; Sirkeci, Ibrahim (2015:6), limited language ability is a crucial factor that is causing a problem with refugee children and their peers. A teacher expressed that the refugee students either started school in another language or not once been to school. The conflicts

they have experienced negatively impinge on their dedication to their education and self-esteem. It also causes lack of self-esteem within their peer groups at school". The teacher also observed that due to the language barrier, refugee children are not accepted in peer groups at school. Likewise, dropping out of school and alienation by refugee children might be cause as a result of social exclusion from peer groups and bullying and being mocked at school.

In relation to the above statement, the study revealed that urban refugee children are having a difficult time at school with regards to their communication barrier. Even though they appreciate and enjoy school and learning, they find the pity mockeries due to their difficulty to communicate with local students, adeptly leads them to frustration.

According to Şeker & Sirkeci, (2015:129), cultural difference and language barriers were factors for refugee children to be in conflict with other students in school. Nevertheless, intervention in classrooms by teachers have exposed that clashes, biases and racism in school can be handled so as to create a conducive environment for all. Concerning intergroup relations, the fear of rejection by individuals and anxiety as they may face clear or obvious discrimination. This is very common in most part of the world (see Stephan and Stephan, 2000; Taylor and Sidhu, 2012; Lewis, 2013; Walton et al., 2014 cited in Şeker & Sirkeci, 2015:129). Moreover, in order to reduce bias between groups, it is best to implement equal treatment of various members of a group. This is to mean equal social and legal status complemented with satisfaction level and collaborative attitudes. (Pettigrew and Trop, 2006; Stephan and Stephan, 2000 cited in Şeker & Sirkeci, 2015:129). Classroom activities whereby all children mingle with all students act as a preventive solution for racism and some teachers are implementing it as a way to solve the challenges of refugee children.

In line with the above assumption, our study found that local students were not making it easy for the refugee children to ease their integration to the schools and community's environment. This situation was being exasperated due to the fact that parents were not informing and educating their children adequately about the kind of peers that they would encounter at school. In addition, the teachers, who somewhat understand the depth of the challenges the urban refugee children are facing and have faced beforehand, are effectively implementing interventions that would ease clashes, and biases and achieve a satisfactory level of cooperative attitude among their students.

5.4.3 Technical Capacity

Every staff help in one way or another in ensuring the safeguarding of children of interest to the UNHCR. Community services, protection, program and field staff specifically need to be well trained to be able to recognize and act to perils confronted by children, to communicate with children, to design programs and strategies in consultation with stakeholders in child protection and become advocates for children's participation in decisions that affect them. Child protection needs to be mainstreamed into all sectors to guarantee that particular needs of children are given due consideration in program design and implementation. The sectors incorporate health and nutrition, livelihoods, water and sanitation and shelter. The commitment of UNHCR to organizational knowledge make certain that every staff can utilize state-of-the-art child protection tools, approaches, as well as best-practices while working with children (UNHCR, 2012:31).

Contrary to the above statement, the finding in our study shows that there is a surmountable gap regarding the capacity of technical staff in protecting the children's' developmental rights within the organization and by the different child protection actors involved in service delivery, as seen, for example, within the health sector where the children were not being treated with basic respect

like other patients. This further exemplifies the hole created by the lack of adequate training given to the staff and other satellites who have a direct and indirect effect on the children's developmental rights. Moreover, one urban refugee reported frustration by the way they received treatment from the staff as service users and another one reported unprofessional manner from basic service providers.

5.4.4 Scattered Settlement

According to the urban refugee guideline (UNHCR 2009: 2-3), the policy statement is based on the principle that refugee's right and UNHCR's mandated responsibilities in relation with them are uninfluenced by the way whereby they get in an urban area, their location, or their status (or lack thereof) in the legislation of the nation. The Office takes into account urban areas as a legitimate location for refugees to enjoy their rights, including those derived from their status as refugees as well as those that they hold in common with all other human beings. Similarly, UNHCR recognizes the challenges that can happen in circumstances where huge numbers of refugees reside in urban areas. These types of movements can exert considerable burden on the resources and services that are currently incapable to satisfy the needs of the urban poor. Protection should be supplied to refugees in a harmonizing and equally helpful way, regardless of wherever they are situated.

In relation to the above UNHCR guideline, even though the child protection center is located where most urban refugee children can access it, there are cases where the children are not getting the needed support because of the scattered setting in which they live, distance they have to cover to use the service and unfamiliarity of the city. This is not only putting a strain on service delivery but also making monitoring and follow up of the children challenging.

5.4.5 Limited Space

According to a Chipo Mutambo, Kemist Shumba and Khumbulani W. Hlongwana (2020:1) Child-friendly spaces make a contribution to the concentration of care for children in PHCs. This was demonstrated by the improved engagement and involvement of children, enhanced PCGs' partaking in the treatment of their children and a progressive change of the PHC to a therapeutic atmosphere for children. Numerous challenges hindering the triumph of child-friendly spaces were mentioned. Theses incorporates challenges regarding space; conflicting health facility urgencies; insufficient management backing; insufficient knowledge on instruction to capitalize on the child-friendly spaces and finally the unsuitability of current child-friendly spaces for much older children.

In regards with the above report, our study revealed that even though JRS is the one and only center to cater for the needs of urban refugee children due to unavailability of partners directly involved in rendering child friendly services to urban refugee children, the organization is having problem with the shortage of space for children under its care to offer optimal services. As a result, the center is forced to plan different schedules and timings when children can use the facility for a certain amount of time. Even if this is done with regard for the children according to their interest and peer group, the children are not able to come to the facility whenever they desire.

5.5 Strength

According to Saint-Jacques, M.-C., Turcotte, D., & Pouliot, E. (2009:1), the strengths-based approach claims that approaches shall centre on the competencies of the client and on the resources at their disposal. Clients are expert of their circumstance and the practitioners, using his/her

technical and theoretical knowledge, is a partner to aid them to be empowered rather than labelling them (et. al Arnold, Walsh, Oldham, & Rapp, 2007; Rapp, 1998; Smith, 2006).

Moreover, according to NPC research (2020:1), strength-based service delivery is an attempt to delivering assistance and assets to individuals with the aim of finding and developing their assets and skills, to assist them make crucial adjustment. According to the NPC Research (2020:1)

> *'Strengths are emotional or behavioral skills, competencies, and characteristics that 1) create a sense of personal accomplishment, 2) contribute to satisfying relationships, 3) enhance one's ability to deal with stress and adversity, and 4) promote moral, social, emotional, skill, and other types of development. Many areas of the human services are incorporating this approach, which engages and empowers the service recipient, family, and community.'*

In line with this, our study revealed that, even though the urban refugee children are faced with numerous challenges, they possess different kinds of skills ranging from being adaptive to their environment, immersion of oneself into their situation adequately and communication skills with their peers and local community. Moreover, instead of being frustrated by the situation that they are in, the children exhibit growth and learning mindset, which is empowering them to be hard workers, creative, innovative and hopeful about what the future holds. As a result, they are able to overcome the difficult situations they face in hope of a brighter future.

5.6 Response of the Refugee Children

UNHCR's Public Health and HIV guiding principles underlines that the critical importance of accessible and affordable health services for urban refugees. These principles include matters

regarding partnership, integration, sustainability and service quality – simply put, efficiency, effectiveness, acceptability, appropriateness, equity, accessibility and availability, attributed to specific significance to the urban refugee condition (UNHCR, 2009:6).

In line with the above principle, the organization is able to integrate a productive partnership with health care providers to ensure that the urban refugee children are able to be access affordable and quality medical care. However, with regards to the tailoring of the services and ensuring the appropriateness of the services to cater for each individual child, there has been a gap due to some children reporting frustration and misunderstanding arising due to language barrier when they access these services.

Furthermore, according to UNHCR Geneva (1994:47), since education is critical to children's development, it is documented as a universal human right. The Convention on the Rights of the Child, namely article 28, obliges parties to the treaty to carry out their duty in providing it. Displacement should not deny a right of a child to education nor the responsibility of the state to provide it. The 1951 Convention relating to the Status of Refugees reasserts in article 22 the duty of the regime of the nation of asylum to deliver education for refugees. School attendance offers continuity for children, in return, provides immensely to their well-being. On those grounds, protection and assistance activities should prioritize education for refugee children.

In accordance with the above principle, our study finding shows that the organization also deems education highly valuable to the development of children since all the children in the study are enrolled into school. Despite the different language and cultural challenges the children encounter,

the presence of supportive teachers and good friends is enabling them to passionately pursue their school with the intent to be a change maker one day.

According to UNHCR Ethiopia National Refugee Child Protection Strategy (2019:3-7), it is anticipated that greater attention will be given to access to justice along with services for health for refugee children that came in contact with the law and for survivors of Sexual and Gender based violence, considering the pledges the country made regarding social services and local integration. Partnership and advocacy with stakeholders to guarantee refugee children have access and to procedures that are child friendly inside the national justice system and building the capacity of important stakeholders in formal and informal justice system on Child Protection also offers a step in the right direction.

Contrary to the above assumption, our study findings reveal that the gap in accessing judiciary service by the urban refugee children still persists and the organization is also finding it challenging to ensure the children's' developmental right particularly regarding legal process.

CHAPTER SIX

Conclusion and Implication of the Study

This study assesses the situation of urban refugee children's' developmental rights in a particular urban refugee center. The finds of this study were obtained from nine urban refugee children and four key informants who participated in the key informant interview.

The findings to this study revealed that the there are different efforts being carried out to support urban refugee children in Addis Ababa. All of the urban refugee children who participated in this study have access to health care, education, and receives cash and in-kind support. Moreover, the organization is providing case management service, child-friendly space, and informal language classes to ensure the developmental right of the urban refugee children. The organization is also employing a strategy of ensuring the developmental rights of the urban refugee children by facilitating foster care service for unaccompanied and separated children, which is in line with the Ethiopia National Refugee Child Protection Strategy 2017-2019.

Despite the efforts as mentioned above, the urban refugee children are facing various challenges and barriers with regard to ensuring their developmental rights. The low awareness level existing within the community, and different sector actors are creating ignorance, lack of acceptance, and misunderstanding for the urban refugee children. Moreover, the language barrier is creating frustration among the children when are trying to access different basic services.

Similarly, the organization is also facing different hurdles in ensuring the developmental rights of urban refugee children which includes the inadequate technical capacity of its staff, the scattered

settlement of the urban refugee children and the limited space it has got to render efficient service to its service users.

Urban refugee children also reported that they possess different kinds of attributes and skills ranging from being adaptive to their environment, immersion of oneself into their situation adequately and communication skills with their peers and local community. They disclosed that this is helping them to cope with their situation. Moreover, instead of being frustrated and hopeless by their condition, the children are actively engaged in learning and growing by exposing themselves to different activities.

Despite some challenges particularly related with language barrier and cultural misunderstanding, the urban refugee children are content by the services that is being rendered by the organization since they are able to easily basic services like health care and education while they are in Addis Ababa. However, the urban refugee children have disclosed that there is a huge gap in accessing the judiciary system, one of the major tools in ensure their developmental rights.

From the findings of the study, it is reasonable to conclude that the right to development such as, the physical, mental, psychosocial, moral, spiritual and leisure and recreational rights of urban refugee children are being ensured to a great extent as a result of the various services in particular the case management, child friendly centre, language classes and financial and non-financial support the organisation offer to the children . Moreover, it is also possible to summarize that urban refugee children are facing different social and institutional challenges which are constraining efforts of ensuring the developmental rights of the children. Therefore, efforts should be made to alleviate the challenges of urban refugee children to ensure their developmental rights so that to prevent different kinds of maltreatment and abuse.

6.1 Implication of the Study

The findings of this study have implication for researchers, professional and organization in the area of refuge child protection. Moreover, it has implication for policy, counseling, training, advocacy, social policy and networking. They study has a potential to inform mechanism to improve child protection services to better meet the needs of urban refugee children. Child protection organizations can use the finds of the study to understand the challenges of urban refugee children in dealing with protection issues. This awareness will help child protection workers to look for ways to support urban refugee children in an adequate manner.

6.2 Implication for Practice

Intensive awareness raising and behavioural change campaigns are needed to tackle the challenges that urban refugee children are facing due to ignorance, lack of acceptance and misunderstanding from the community, service providers and their peers. Moreover, since the community particularly teachers and peers are first line responders to tackle issues related with ignorance, actively engaging the community in problem identification and solution mapping is essential.

Moreover, capacity building in relation with child friendly customer service should be given to key sector actors is needed to enhance access to services for refugee children within the national education, social services as well as the judicial systems. Furthermore, to alleviate the problem of technical capacity of its staff, the organization should finance intensive capacity building efforts to all its staff members.

6.3 Implication for Policy

Various legal instruments deal with refugee issues in Ethiopia and except few differences and reservations, the Ethiopian refugee laws adopt the provisions of the international instruments. The finding of this study indicated that urban refugee children are facing challenges due to ignorance, lack of acceptance and misunderstanding from the community they live in, service providers and their peers. Similarly, they reported that accessing the national justice system is painstaking. Therefore, it is important to follow the proper implementation of policies and strategies and ensure the developmental rights of urban refugee children. Full awareness and implementation need to be reached on the policies and laws available in the area of refugee children's rights by the different stakeholders partaking in refugee child protection activities.

6.4 Implication for Further Research

This study was an assessment of the developmental rights among urban refugee children in a service providing organization in Addis Ababa. The findings of this study will serve as a base for other studies in the area. Due to time and resource constraints, this study has been conducted only in Addis Ababa. Thus, research should be done at a larger scale to understand the practice as well as all the challenges of ensuring developmental rights of urban refugee children in different context. For example, the impact of child friendly spaces for older children can be separately studied. Moreover, further in-depth research is needed to see why there are few children taking the informal language class that they organization provides while mentioning language barrier as their major problem.

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SANNEXE

Annex 1

Consent Form

My name is Barkeal Beyene. I am a Master's student at school of social work, Addis Ababa University. I am doing a research on Ensuring the Developmental Rights of Urban Refugee Children: The case of Jesuit Refugee Service. I would like to ask for your permission to participate voluntarily in this study. I am interested to know about the practice and challenges that came along with ensuring the developmental rights of urban refugee children. During this process, I would like to assure you that your identity will not be disclosed to anyone. This is to protect your privacy and confidentiality of the information you provide. I will use tape recorders to correctly record the conversations we did, and the recordings will be locked in a safeplace and will not be exposed to anyone. The notes and tapes will be destroyed after the study is completed and approved by the School of Social Work. By participating in this interview, you will contribute to the success of my study. You are free to answer questions only if you want to do so. You may not answer questions if you feel uncomfortable. You can ask questions at any time during the interview and in case you do not understand the questions or in case you feel tired and you want to continue later, that will be your choice. Finally, I would like you to confirm your agreement by signing on the space provided bellow. I am grateful for your cooperation for the success of the study.

Participant Signature_____Date _____

Annex 2

Data Collection Tools

I. Observation Check List

Note: The Researcher will put tick marks in the respective box.

S. N	Variables for Observation	Poor	Needs Improvement	Satisfactory	Very good	Excellent
1	The neatness of the Compound					
2	The conduciveness of the compound					
3	Closeness of the compound to the children					
4	Services offered in the center					

Annex 3

Interview Questions for the Urban Refugee Children

1. Please introduce yourself?

2. When did you come to Addis Ababa? How long have you stayed in Addis Ababa?

3. With what means are you living life in Addis Ababa?

4. How much do you get each month, and on average how much do you spend? What are your major expenditures?

5. How do you describe your relationship with (Your Sponsors, Fellow refugees in the city Refugees in the camp & surrounding community)

6. How do you describe your nutrition condition? How often do you eat per day? What kind of meals are your usual?

7. How do you describe your access to social services (Health, Education, etc)

8. Do you go to school? In what grade are you in now?

8. What's your housing condition like (rental, with Sponsors, living with someone else)?

10. What is the one thing you love about yourself?

11. What do you feel about the support that you are getting from Jesuit Refugee Service Child protection center?

12. Do you feel the support you get from the child protection center is enough? In what way can it be enhanced?

13. Can you refer to an experience that you had related with a challenge in service provision?

14. What do you think of the child protection center approach? How has it changed your life? (If it did)?

Annex 4

Key Informant Interview with the Staff of JRS

1. How do you see the JRS child protection center?

2. What are the services offered by the child protection center?

3. Is there a strategy to ensure the survival and developmental rights of the urban refugee children?

4. Do you think that it has changed the protection of Refugee children? In what way has it impacted them?

5. What are the challenges associated with running the child protection center? What barriers have you faced in your effort to ensure the survival and developmental rights of the children?

6. Have you witnessed struggles of refugees with their developmental rights?

7. What are the strong attributes of this child protection center?

8. Do you see any implementation gaps or factors that the child protection center should address?

9. Are the children informed about their rights and obligations?