The Convention on the Rights of the Child, adopted in 1989, was the first international treaty to state the full range of civil, political, economic, social and cultural rights belonging to children. The realities confronting children can be assessed against the commitments to which it holds States parties.

Legally binding on States parties, the Convention details universally recognized norms and standards concerning the protection and promotion of the rights of children—everywhere and at all times. The Convention emphasizes the complementarity and interdependence of children’s human rights. Across its 54 articles and 2 Optional Protocols, it establishes a new vision of the child—one that combines a right to protection through the State, parents and relevant institutions with the recognition that the child is a holder of participatory rights and freedoms. All but three of the world’s nations—Somalia, South Sudan and the United States of America—have ratified the document. This broad adoption demonstrates a common political will to protect and ensure children’s rights, as well as recognition that, in the Convention’s words, “in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special consideration.”

The values of the Convention stem from the 1924 Geneva Declaration of the Rights of the Child, the 1948 Universal Declaration of Human Rights and the 1959 Declaration of the Rights of the Child. The Convention applies to every child, defined as every person younger than 18 or the age of majority, if this is lower (Article 1). The Convention also requires that in all actions concerning children, “the best interests of the child shall be a primary consideration,” and that States parties “ensure the child such protection and care as is necessary for his or her well-being” (Article 3).

Every child has the right to be registered immediately after birth and to have a name, the right to acquire a nationality and to preserve her or his identity and, as far as possible, the right to know and be cared for by her or his parents (Articles 7 and 8).

Non-discrimination
States parties also take on the responsibility to protect children against discrimination. The Convention commits them to respecting and ensuring rights “to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or her or his parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status” (Article 2). Children belonging to ethnic, religious or linguistic minorities and those of indigenous origin have the right to practise their own culture, religion and language in the community (Article 30).

Furthermore, “a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community” (Article 23). This extends to the right to special care, provided free of charge whenever possible, and effective access to education, training, health care, rehabilitation services, recreation opportunities and preparation for employment.

Participation
One of the core principles of the Convention is respect for and consideration of the views of children. The document recognizes children’s right to freely express their views in all matters affecting them and insists that these views be given due weight in accordance with the age and maturity of the children voicing them (Article 12). It further proclaims children’s right to freedom of all forms of expression (Article 13). Children are entitled to freedom of thought, conscience and religion (Article 14), to privacy and protection from unlawful attack or interference (Article 16) and to freedom of association and peaceful assembly (Article 15).

Social protection
The Convention acknowledges the primary role of parents or legal guardians in the upbringing and development of the child (Article 18) but stresses the obligation of the State to support families through “appropriate assistance,” “the development of institutions, facilities and services for the care of children” and “all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.”

Of particular relevance in the urban context is the recognition of “the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development” (Article 27). The responsibility to secure these conditions lies mainly with parents and guardians, but States parties are obliged to assist and “in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.” Children have the right to benefit from social security on the basis of their circumstances (Article 26).

Health and environment
States parties are obliged to “ensure to the maximum extent possible the survival and development of the child” (Article 6). Each child is entitled to the “enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health” (Article 24). This includes child care; antenatal, postnatal and preventive
care; family planning; and education on child health, nutrition, hygiene, environmental sanitation, accident prevention and the advantages of breastfeeding. In addition to ensuring provision of primary health care, States parties undertake to combat disease and malnutrition “through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution.”

**Education, play and leisure**

The Convention establishes the right to education on the basis of equal opportunity. It binds States parties to make “available and accessible to every child” compulsory and free primary education and options for secondary schooling, including vocational education (Article 28). It also obliges States parties to “encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity” (Article 31).

**Protection**

States parties recognize their obligation to provide for multiple aspects of child protection. They resolve to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, even while the children are under the care of parents, legal guardians or others (Article 19). This protection, along with humanitarian assistance, extends to children who are refugees or seeking refugee status (Article 22).

Under the Convention, States are obliged to protect children from economic exploitation and any work that may interfere with their education or be harmful to their health or physical, mental, spiritual, moral or social development. Such protections include the establishment and enforcement of minimum age regulations and rules governing the hours and conditions of employment (Article 32). National authorities should also take measures to protect children from the illicit use of narcotic drugs and psychotropic substances (Article 33) and from all forms of exploitation that are harmful to any aspect of their welfare (Article 36), such as abduction, sale of or traffic in children (Article 35) and all forms of sexual exploitation and abuse (Article 34).

The Convention’s four core principles – non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child – apply to all actions concerning children. Every decision affecting children in the urban sphere should take into account the obligation to promote the harmonious development of every child.

Recent research from Nigeria suggests that living in a socio-economically disadvantaged urban area increases the rate of under-five mortality even after the data have been adjusted for factors such as mother’s education or income. In Bangladesh, 2009 household survey data indicate that the under-five mortality rate in slums is 79 per cent higher than the overall urban rate and 44 per cent higher than the rural rate. Around two thirds of the population of Nairobi, Kenya, lives in crowded informal settlements, with an alarming under-five mortality rate of 151 per thousand live births. Pneumonia and diarrhoeal disease are among the leading causes of death. Poor water supply and sanitation, the use of hazardous cooking fuels in badly ventilated spaces, overcrowding and the need to pay for health services – which effectively puts them out of reach for the poor – are among the major underlying causes of these under-five deaths. Disparities in child survival are also found in high-income countries. In large cities of the United States, income and ethnicity have been found to significantly affect infant survival.

**Immunization**

Around 2.5 million under-five deaths are averted annually by immunization against diphtheria, pertussis and tetanus (DPT) and measles. Global vaccination coverage is improving: 130 countries have been able to administer all three primary doses of the DPT vaccine to 90 per cent of children younger than 1. More needs to be done however. In 2010, over 19 million children did not get all three primary doses of DPT vaccination.

Lower levels of immunization contribute to more frequent outbreaks of vaccine-preventable diseases in communities that are already vulnerable owing to high population density and a continuous influx of new infectious agents.

Poor service delivery, parents who have low levels of education, and lack of information about immunization are major reasons for low coverage among children in slums as diverse as those of western Uttar Pradesh, India, and Nairobi, Kenya.