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SCALING-UP EARLY CHILD DEVELOPMENT IN CUBA

CUBA'S EDUCATE YOUR CHILD PROGRAM: STRATEGIES
AND LESSONS FROM THE EXPANSION PROCESS

Alfredo R. Tinajero



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CUBA'S EDUCATE YOUR CHILD PROGRAM: STRATEGIES AND LESSONS FROM THE EXPANSION PROCESS

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INTRODUCTION

Child development in Cuba after the revolution

There are two distinct stages in Cuba's history with regard to child development services. In the first stage, before the Revolution, health services were quite limited;¹ there were only 300 children's health centers in the entire country,² and the child mortality rate was 54 per 1,000 live births.³ In the second stage, following the Revolution, health services became universal,⁴ with rates of child mortality and low birth weight comparable to those in developed countries⁵ and 99.8 percent of children under the age of six attending early education programs.⁶

Cuba's advancement with respect to child development services is a result of the ideology, culture, and values that have oriented and driven the country's social policies in recent decades. Among the key events in that historic process were the creation of the National Health System (1960), the National Literacy Campaign (1961), the U.S. embargo and the Cuba-USSR trade agreement (1962), the creation of community polyclinics (1976), the creation of the Early Education

System (1980), the introduction of the family doctor concept (1984), the fall of the socialist bloc and the beginning of a period of economic crisis (1989), and the launch of the social-educational program *Educa a Tu Hijo* [Educate Your Child] (1992). Other important changes also took place, related to university education and teaching institutes, reform of the health and education sectors, the decentralization of the government, and the contributions of *Círculos Infantiles* (day care centers) and scientific research centers.

The fall of the socialist bloc in Eastern Europe in 1989 and the disintegration of the Soviet Union in 1991 sparked an acute economic crisis in Cuba known as the "período especial en tiempos de paz [special period in times of peace]."⁷ With the tightening of the U.S. embargo in 1992, the crisis became even more acute.⁸ Imports and exports fell 20 to 25 percent between 1989 and 1993, and the fiscal balance as a percentage of gross domestic product (fiscal balance/GDP) fell 33.5 percent (Mesa Lago, 2005).

The tightening of the embargo and the deepening of the crisis interrupted the major advances made by Cuba in health care and education. Food and medicine became scarce, and health and education services

deteriorated. Between 1989 and 1993, per capita daily caloric intake fell from 3,130 to 1,823 kcal (kilocalories) a day and daily protein intake fell from 76 to 46 grams, causing a severe drop in average weight for both children and adults.⁹ Child morbidity and mortality, mortality in children under the age of five, and birth weight indicators all deteriorated.¹⁰

The Cuban government's response was consistent with its socialist principles.¹¹ Despite the economic difficulties of the special period, the Cuban government increased the percentage of the gross domestic product allocated for health and education, expanding disease prevention and health care programs and establishing universal preschool education with the launch of the Educate Your Child Program. Through that and other initiatives, Cuba was able not only to reduce the initial impact of the crisis on child development but also to improve all basic child development indicators throughout the 1990s.¹² In short, the special period was a time of crisis for Cubans and its economic consequences could still be seen in 2003,¹³ but the period also saw progress in the implementation of social policies and programs for children.

The purpose and focus of this case study: the Educate Your Child Program

The Educa a Tu Hijo program, the main subject of this case study, is a noninstitutionalized, multisector, community-based program run by the Ministry of Education that places the family at the center of program activities. Seventy percent of Cuban children under the age of six years participate in the program, along with pregnant women. Following the success of Educate Your Child, the program methodology was replicated in Ecuador, Chile, Brazil, Mexico, Venezuela, Colombia, and Guatemala.

This case study attempts to answer a number of questions regarding the implementation and expansion of the Educate Your Child Program in Cuba between 1992 and 1998. What were the characteristics of the existing system in which the program was implemented? What strategies were pursued? What impact monitoring and evaluation mechanisms were employed? Can the program methodology be replicated on a large scale in other countries—in culturally, economically, and politically diverse environments? What is the overall assessment of the program today, and what lessons does it offer for international programs and policies pertaining to child development?

It is important to note that the Educate Your Child Program, like all Cuban health and education programs, exists within a multisector network of services that makes it an early child development program—an early human development program—whose purpose goes beyond education. This case study therefore adopts a systemic approach to analysis that takes into account the role of the state (its organizational structure, leadership, values, political will); the active participation of the population (through various councils, organizations, and committees); the participation of the family; the contribution of universities, teaching institutes, and research centers; and the overlap of social policies, particularly in the areas of education and health care, in promoting child development.

THE NATIONAL CHILD DEVELOPMENT SYSTEM IN CUBA

The National Child Development System, which includes health care and education, is based on the Marxist concept of consistency between the state's economic model and social policy.¹⁴ As a matter of state policy, Cuba gives priority to health care and education, particularly for children and pregnant women, and promotes the values of social cohesion and equity among individuals, regions, and genders.¹⁵ In Cuba, child development services and basic indicators of child health and development do not differ significantly between cities and rural areas.¹⁶ Equity is imposed not by decree but by ensuring healthy life trajectories for all children with regard to health, learning, and behavior.¹⁷ Through its public policies and programs, the state seeks to ensure that all children enjoy the same level of comprehensive develop-

ment services and have the same opportunities to develop and succeed in school and in other aspects of life.

In Cuba political activities, social mobilization, and education and health programs are all interlinked; their synergy arises from the decentralization of the state into interconnected political-administrative divisions at the national, provincial, municipal, and local levels.¹⁸ The ministries of health and education coordinate their actions with the national, provincial, and municipal people's assemblies and with the consejos locales del poder popular [local councils of people's power] and the consejos locales de salud [local health councils] (see box 1). Universities, teaching institutes, scientific research institutes, people's organizations, and communities also are part of the National Child Development System.

Box 1: Assemblies of people's power and local and health councils

Asambleas del poder popular [assemblies of people's power] are vested with the highest level of authority to carry out state functions within their respective jurisdictions.¹⁹ The assemblies exist at the national, provincial, and municipal levels:

- Asamblea Nacional del Poder Popular [National Assembly of People's Power], the highest level of state power, carries out legislative functions. Its duties include approving national plans for economic and social development and overseeing state and government bodies.
- Asambleas provinciales del poder popular [provincial assemblies of people's power] are responsible for implementing actions (for example, determining the organization, functioning, and tasks of subordinated entities in charge of economic production and social services) within their jurisdiction, including those pertaining to health and education.
- Asambleas municipales del poder popular (municipal assemblies of people's power) are responsible for implementing actions and development efforts at the municipal level (for example, approving municipal socioeconomic plans and budgets), including those for health and education. In Cuba, the municipal assemblies are the closest political link to citizens, and it is at this level that local participation takes place. The municipal assemblies are where debates are held, management oversight is exercised (for example, by studying and evaluating the rendering of accounts reported by their administrative bodies), and citizen demands arising from the local councils are added to the political agenda.²⁰ Every six months, the municipal assemblies report to their constituents regarding health and education programs. In these open as-

continued on next page

semblies, elected officials and their constituents debate and make decisions that become a mandate for the assembly members.²¹

Consejos locales del poder popular [local councils of people's power] support the national, provincial, and municipal assemblies of people's power in exercising their functions; support comes also from the initiative and broad participation of the population.^{22, 23} The local councils are responsible for coordinating multisector actions, promoting community participation, and leading local initiatives to improve and promote health, education, and culture.²⁴

Consejos de salud [health councils], which are part of the Ministry of Public Health, are composed of representatives of public and community-based organizations; they exist at the national, provincial, municipal, and local levels. The purpose of the councils is to participate in strategic planning for health promotion based on analysis of regional health care needs and problems.²⁵ At the local level, the local councils of people's power and the local health councils coordinate actions among themselves and with the municipal offices of the Ministry of Health and other education and grassroots organizations.²⁶

The Ministry of Education and the National Education System

The Sistema Nacional de Educación [National Education System] is designed as a set of component systems. All of these systems are coordinated in terms of levels and curriculum, and attendance is free. The Early Education System (ages 0–6 years) is one of the components.²⁷

The Ministry of Education is responsible for directing, executing, and overseeing implementation of state educational policy, including for preschool education.²⁸ The ministry is organized along the same political-administrative divisions as the state. The Ministry of Education's provincial and municipal directorates answer to the corresponding assembly of people's power regarding operational and administrative affairs and to the Ministry of Education itself regarding regulatory and methodological concerns.²⁹

The Ministry of Public Health and the National Health System

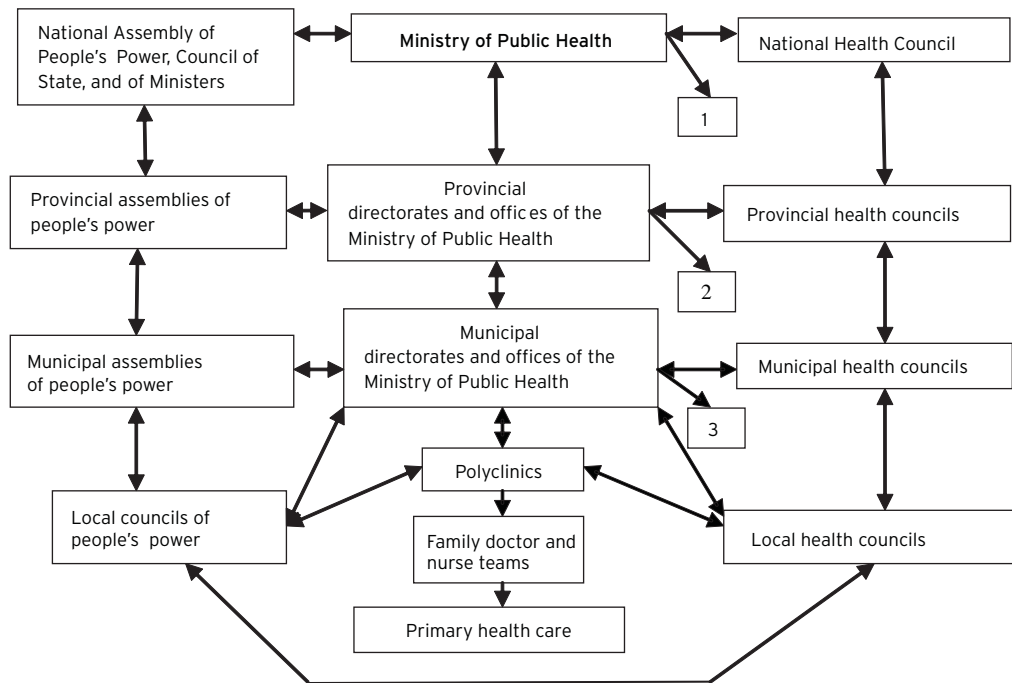
The Sistema Nacional de Salud [National Health System] was created in 1960. It offers universal, free,

comprehensive, regionalized, and decentralized services through the active and organized participation of the Ministry of Health; political and social organizations and assemblies of people's power; and all sectors of the Administración Central del Estado [Central Administration of the State] and its jurisdictional offices.³⁰ The family doctor and the polyclinic team, which together are the centerpiece of the different health programs, serve as the gateway to the system.

The Ministry of Public Health, which represents the health care system at the national level,³¹ is responsible for directing, executing, and overseeing implementation of state and government policies regarding the health of the population.³²

The organization and operations of the Ministry of Public Health are regionalized and decentralized through the ministry's provincial and municipal directorates and the assemblies of people's power. Two-way communication (top-to-bottom and bottom-to-top) takes place between the different levels. Health workers and people's organizations thereby have direct access to the political authorities,³³ as do teachers and other participants in the National Education System (see table 1).

Table 1: Structure of the National Health System and Primary Health Care in Cuba^a



Source: Adapted from PAHO (1999) and Sanabria Ramos (2004).
Box 1: national health offices, research institutes, and highly specialized hospitals; box 2: provincial offices of the Ministry of Health, provincial hospitals and health and epidemiology centers, and technical and vocational education centers; box 3: municipal offices of the Ministry of Health and municipal hospitals and epidemiology centers. In Cuba, the Ministry of Health participates in higher education. The higher institutes of medical science, the independent faculties of medical science, and the Latin American School of Medicine are attached to the Ministry of Health. The faculties of medical science of Pinar del Río, Matanzas, Cienfuegos, Sancti Spiritus, Ciego de Ávila, Las Tunas, Holguín, Granma, and Guantánamo also are attached to the Ministry of Health.

Universities and teaching institutes

In Cuba, 33.8 percent of university students are enrolled in teacher training programs, 15.4 percent in medical sciences, and 19.2 percent in social sciences and humanities.³⁴ In 2005–06, 50 percent of Cubans between the ages of 18 and 24 years were enrolled in a university.³⁵ To achieve that level of enrollment, Cuba has established institutions of higher education in each province; those institutions also have satellite locations in all of the country's municipalities.³⁶

The large number of professionals graduating in medicine and education has enabled Cuba to increase the number of doctors and teachers per inhabitant over the last 30 years. In 1999 there was one teacher for every nineteen preschool students (ages 5–6) (UNESCO, 2006a). The number of doctors per inhabitant rose from one for every 638 inhabitants in 1980³⁷ to one for every 193 inhabitants in 1995³⁸ and one for every 159 inhabitants in 2005.³⁹ However, current figures must be adjusted to reflect the fact that an

estimated 28,000 Cuban health professionals are now practicing in sixty-nine countries as part of Cuba's international public health outreach initiative.⁴⁰

Cuba is home to IPLAC (Instituto Pedagógico Latinoamericano y Caribeño [Latin American and Caribbean Pedagogical Institute]).⁴¹ This postgraduate teaching university, which operates under the authority of the Ministry of Education, has been recognized by the United Nations Educational, Scientific, and Cultural Organization (UNESCO) as a school for education sciences.⁴² Among IPLAC's objectives is to promote dialog and sharing of educational experiences at the regional level.

Scientific research institutes

Beginning in 1965, scientific medical research experienced rapid progress in Cuba. A number of research institutes were created in 1966 under the Ministry of Public Health, and others were added over time, contributing to the development of public health programs by

- training professors and researchers
- carrying out applied research⁴³
- standardizing and developing diagnostic methods.⁴⁴

CELEP (Centro de Referencia Latinoamericano para la Educación Preescolar [Latin American Preschool Education Reference Center]) is an institution under

the Ministry of Education that promotes and coordinates technical and scientific efforts in pedagogical science dealing with the first years of life. Its purpose is to promote the development of Cuban, Latin American, and Caribbean teachers and to design and execute early education programs at the postgraduate level. CELEP has supported the implementation of the Educate Your Child Program in other countries. (Implementation in Brazil and Ecuador is described in the last section on replication).

CELEP has carried out significant research on the characteristics and development patterns of Cuban children, the preschool curriculum, educational computer programs, differentiated training for educators, and the quality of educational services for children under the age of 6 years.

People's organizations

People's organizations—including the Federación Nacional de Mujeres Cubanas [National Federation of Cuban Women], Comités de Defensa de la Revolución [Committees for the Defense of the Revolution], Asociación Nacional de Pequeños Agricultores [National Association of Small Farmers], and student associations—have played an important role in the implementation and operation of national education and health programs, including the Círculos Infantiles and the Educate Your Child Program. The associations also participate actively at all levels of the assemblies of people's power.

NATIONAL CHILD DEVELOPMENT STRATEGIES AND PROGRAMS

During the 1961 national literacy campaign, Cuba established a clear principle regarding the nature of education: teaching is the work and the responsibility of all.⁴⁵ That principle, which is also applied in the arena of health, affirmed the value of social cohesion and laid the foundation for the decentralization of the government and for citizen participation.

During the post-revolutionary period, Cuba's education and health care systems went through different periods of reform. Table 2 provides a brief summary of those reforms and the ways in which they contributed to laying the foundations for the National Child Development System, under which Educate Your Child became a universal program.

Contributions of the National Health System to the National Child Development System

Table 2 shows that the health sector matured much more quickly than the Early Education System. By 1992, when the Ministry of Education implemented the Educate Your Child Program, Cuba had a national network of polyclinics and the country's basic child development indicators were comparable with those in developed countries.⁵² A disease surveillance system was implemented throughout the National Health System in 1993.⁵³

The National Health System made two major contributions to health care. It adopted an approach that covers both health issues and nonmedical factors that affect health—education, nutrition, housing, employment, and social cohesion (Evans 2008)⁵⁴—and it

focused on prevention to ensure that the population, especially pregnant women and small children, receive very careful monitoring and care and the benefit of health promotion activities through the prenatal period and all the subsequent stages of a child's development.⁵⁵

Community polyclinics and family doctors are key elements in disease prevention, health promotion, and children's healthy early development. The community polyclinic concept was introduced in 1976. During the early years, community polyclinics were responsible for providing primary health care at the national level. Work teams were made up of health professionals specializing in pediatrics, general medicine, and gynecology. Teams made up of a doctor and a nurse oversaw and promoted health and hygiene in homes and in the community.

In 1984 the services provided by community polyclinics were revised, introducing the concept of the family doctor. Since then, family doctors have specialized in pediatrics, gynecology, general medicine, and epidemiology and have been responsible for providing primary health care for preschool children, pregnant women, adults, families, children in school and early education programs, and the community.⁵⁶ Working in teams with a nurse, they carry out health promotion, health education, and disease prevention activities, diagnose diseases, and design annual health plans.

Community polyclinics also became places for university students to receive academic and clinical training.⁵⁷ Cuba has a network of 473 polyclinics,⁵⁸ each of which oversees thirty to forty family doctors.⁵⁹ Family doctors, who live in and are part of the community, are responsible for the health of 150 to 200 families.⁶⁰

Table 2: Education and health care system reforms in Cuba

National Education System ⁴⁶	National Health System
<p><i>Phase 1: Extension of educational services (1960-70)</i></p> <p>The National Literacy Campaign was launched, and the first steps were taken toward building a Cuban education model guided by Che Guevara's theory of the hombre nuevo [new man]. By 1964, 364 Círculos Infantiles had opened.⁴⁷</p>	<p><i>Phase 1: Creation of the National Health System (1960-70)</i></p> <p>Health care is established as a public, free, and universal service provided by the state. The goals are to unify existing services and reduce child morbidity and mortality. Comprehensive polyclinics and rural medicine come into operation.</p>
<p><i>Phase 2: Improvement and institutionalization (1970-86)</i></p> <p>The focus is on education planning, teacher training, achieving organization and unity within the system, and efficient and effective education.</p> <p>1971: The Instituto de Infancia [Children's Institute] is created.⁴⁸</p> <p>1980: The Instituto de Infancia becomes a part of the Ministry of Education, creating the Early Education System.</p> <p>1983: A pilot study is launched to research ideal mechanisms for preparing rural children for school.⁴⁹</p>	<p><i>Phase 2: Community medicine and community polyclinics (1970-80)</i></p> <p>The health sector is decentralized and responsibility is delegated to provincial and municipal governments; the concept of community polyclinics and the community health model are introduced, with priority placed on primary health care.</p>
<p><i>Phase 3: Ongoing improvements (1986-99)</i></p> <p>The focus is on research, active and participatory learning, decentralized education, and citizen participation.</p> <p>1987-92: More work is done on the Educate Your Child pilot study.</p> <p>1992: Efforts begin to extend the Educa a Tu Hijo program to all children.</p>	<p><i>Phase 3: Family medicine (1980-89)</i></p> <p>The family medicine model is introduced with the support of family polyclinics and family doctors. Polyclinics offer services in different medical specialties.</p> <p>1983: The Ley de la Salud Pública [Public Health Law] is enacted.⁵⁰</p>
	<p><i>Phase 4: Restructuring and decentralization (1990-)</i></p> <p>Efforts are made to maintain service quality and coverage. The role of the municipalities, health councils, community polyclinics, and family doctors and multi-sector efforts are strengthened.⁵¹</p> <p>1995: The National Health Council is created.</p>

Contributions of the Early Education System to the National Child Development System

Post-revolutionary child education began with the Círculos Infantiles, in which people's organizations, particularly the National Federation of Cuban Women,

played an important role. During the 1960s, the Círculos Infantiles were based mainly on a welfare-type model. They maintained certain features of the New School,⁶¹ and they clearly were influenced by the Soviet model.⁶²

The Círculos Infantiles quickly expanded throughout the country, gaining important experience in the field of early education, including experience in coordinating multisector efforts. The Instituto de Infancia [Children's Institute], which was created in 1971, coordinated the operations of the Círculos Infantiles. These early education units were closely linked with the people's organizations; in fact, the head of the Instituto de Infancia was president of the National Federation of Cuban Woman.⁶³ In 1973 the Círculos Infantiles already were providing education and nutrition services and health and dental care to children through the doctors and nurses who visited the centers two to three times a week.⁶⁴

The experience garnered in the Círculos Infantiles; the Instituto de Infancia's contributions to the Círculos Infantiles in terms of the conceptual, organizational, scientific, and academic training model (1971-80); the conceptual progress and advances in terms of the quality of elementary education and the goal of increasing children's preparation for school; the creation of the Early Education System, when the Ministry of Education took on functions formerly carried out by the Instituto de Infancia (1981); and research carried out in the country on child development, teaching practices, and quality education are some of the factors that contributed to the "Cubanization" of child education and the development of an independent identity, separate from the Soviet model. In the 1990s, early education became a separate field of education, closely linked with the country's social, cultural, and political life.⁶⁵

One of the Early Education System's main contributions to the National Child Development System was the adoption in 1992 of three proven principles in guiding early education programs: the need to provide services from an early age, the need to provide

high-quality teacher training, and the need to ensure participation of the family, the community, and other key individuals in a child's development.⁶⁶

National child development strategies

Cuba uses various strategies in designing and executing its early child development policies and programs, including early intervention and prevention; family-based action; participation by all sectors of society; and ongoing development monitoring.

Early intervention and prevention

Cuba's early child development strategy focuses primarily on prevention, not treatment. Health and education programs, including Educate Your Child, are coordinated from the prenatal period to provide care that promotes the maximum possible development for children. Preventive services begin before conception, with the identification of women who may be at risk if they become pregnant—for example, because of hypertension, diabetes, or genetic or obstetric conditions. Special monitoring is provided in such cases and, if necessary, care is provided in specialized health centers.⁶⁷

All pregnant women and newborns undergo a genetic risk assessment in the polyclinics⁶⁸ in order to help reduce child mortality due to genetic malformations and to provide timely treatment in the at-risk cases identified.⁶⁹ The ultramicroanalytic system (SUMA), developed in Cuba, has been used over the last 20 years to evaluate the health of more than 2.5 million pregnant women.⁷⁰

The country has a network of 298 hogares maternos [maternity homes] for pregnant women exhibiting hypertension, anemia, malnutrition, excess weight, or other health complications or for those who sim-

ply live far from a maternity clinic. The purpose of the hogares maternos is to provide general care for pregnant women to prevent complications related to pregnancy.⁷¹ In 2006, forty-eight pregnant women were admitted to hogares maternos for every 100 live births in the country.⁷² Preventive efforts are combined with health promotion activities, which include monitoring of children's growth and development (clinical history), twice-yearly tests for parasites, dental care, and monitoring to promote a healthy diet.

Family-based action

The family is at the center of Cuba's child development programs, which are designed to educate, train, and encourage the participation of the family in promoting comprehensive child development.

Participation by all sectors of society

The community, people's organizations, and agencies of the Central Administration of the State participate through the assemblies of people's power, local councils, local health councils, and coordinating groups for the different national programs. Coordinating groups for Educate Your Child composed of representatives from various sectors exist at the national, provincial, municipal, and local levels.

Ongoing development monitoring

As shown in the section on "Policies and Strategies to Expand Coverage," ongoing monitoring of child development is a fundamental characteristic of the National Child Development System. Information obtained is used to monitor children's growth, increase the quality of programs, fine-tune action plans within local councils, and establish appropriate strategies at the municipal, provincial, and national levels.

Universal child development programs

Programa Nacional de Atención Materno Infantil

The Programa Nacional de Atención Materno Infantil [National Maternal-Child Program],⁷³ run by the Ministry of Health, seeks to improve reproductive health; reduce diseases associated with pregnancy and low birth weight; reduce the incidence of perinatal complications, acute respiratory illnesses, and accidents; promote breastfeeding; and facilitate early diagnosis of cervical cancer.⁷⁴ The program offers pre-, peri-, and post-natal care for pregnant women and their babies.⁷⁵

Programs for children with developmental disabilities

In 2001 and 2003 Cuba carried out a national study to assess the status of people with mental retardation and other disabilities. The study enabled identification of the type, incidence, and etiology of the disabilities; the psychological profile, educational history, and clinical and genetic characteristics of the disabled persons; and the health and education services that they received.⁷⁶

The study identified 140,489 people nationwide with mental retardation, among them 1,751 children under the age of 4 years.⁷⁷ All of the children received specialized care or participated in special education programs or both. The most severe cases are handled by the Ministry of Health's early intervention programs (18 percent) and by Salones Especiales de los Círculos Infantiles (special classes incorporated into the Círculos Infantiles that are equipped to deal with disabled and mentally retarded children) and visiting teachers (25 percent).⁷⁸ Children who have less severe cases of mental retardation participate in the Educate Your Child or Círculos Infantiles programs. Seventy-

Table 3: Early education programs in Cuba

	<i>Institutional or formal programs</i>		<i>Noninstitutional or nonformal programs</i>
	Círculos Infantiles	Salones de Preescolar	Educate Your Child Program
Children targeted	Children of working mothers. Children are divided into age groups.	All children between the ages of 5 and 6 may attend.	Children who do not attend an institutional program. Children are accompanied by a family member.
Age range	1-5 years	5-6 years	Prenatal to 6 years
Coverage⁸³	17 percent	12 percent	71 percent
Description	Similar to day care centers. Some Círculos Infantiles also Operate as Salones de Preescolar (preschool classes).	Similar to kindergarten.	Multisector, community-based, and family-centered Fathers, mothers, and/or caretakers strengthen children's capacities and act as "teachers."
Staff⁸⁴	Educators and teaching assistants	Educators and teaching assistants	Mainly educators, family doctors, nurses, and volunteers (see table 6).
Hours of operation	Daily from 8:00 a.m. to 7:00 p.m.	Kindergarten hours	For children under the age of 2 years: one-hour, in-home sessions, once or twice a week. For children between 3 and 6 years of age: two-hour sessions, once or twice a week. These sessions are held at a site selected by the community (park, school, sports club, beach, day care center, and so forth.)

seven percent of Cubans with mental retardation have attended school.⁷⁹

Each Cuban municipality has a Centro de Diagnóstico y Orientación [Diagnosis and Guidance Center] for the early detection of developmental disabilities and provision of recommendations on the steps that should be taken—for example, in the case of deaf, blind, and autistic children. The centers are staffed by multidisciplinary teams and are the first link in the Special Education System.

Early education programs

Early education in Cuba is the responsibility of the Ministry of Education. It is organized along both institutional and noninstitutional lines;⁸⁰ both approaches share the same curricula, contents, and theoretical and methodological bases for teaching⁸¹ as well as the same objectives.⁸² Table 3 describes the children's programs that these two approaches offer.

THE EDUCATE YOUR CHILD PROGRAM AND COORDINATION WITH THE LOCAL NETWORK OF CHILD DEVELOPMENT SERVICES

In order to understand the Educate Your Child Program model as a whole, one must first understand the social vision behind the program. Children and families are not alone: they are backed by a community. Social cohesion means that child development is a shared responsibility. That is the driving force behind the program.

The program's objective is to achieve the maximum level of development possible for each child in the areas of emotional communication, intelligence, language, motor development, habit formation, health, and nutrition.⁸⁵ The primary way to achieve that objective is to prepare families to become agents for stimulating the development of their children. The program therefore has a multisector and community-oriented character that nevertheless always gives the family the central role, and the quality of the program and its effects on children's development derive from the synergy and shared objectives of those involved.

Program Implementation

The program is implemented by teams of promoters and facilitators. Promoters (primarily teachers, educators, and health professionals) serve as a liaison between the local coordinating group and the community. Their role is to educate the community, mobilize resources, train facilitators, and provide pedagogical guidance for plans established by the local coordinating groups.

Facilitators (primarily health staff and educators, but also members of the National Federation of Cuban Women, families, and community members) main-

tain direct contact with families, guiding them in how to stimulate the development of their children. Facilitators are responsible for demonstrating stimulation exercises and techniques for parents and children, assessing children's development, and ensuring that families put their new skills into practice.

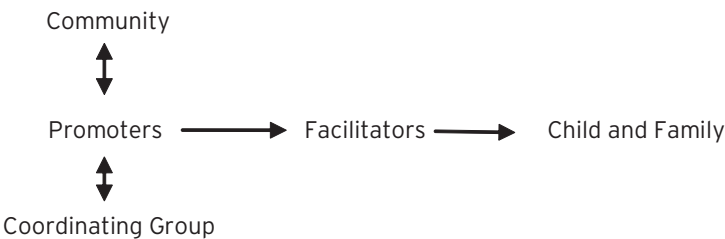
Methodology

The program works with two age groups: 0-2 and 2-6 years.⁸⁶ The 0-2 age group receives individualized care from facilitators who visit homes once or twice a week. The in-home sessions consist of demonstrations of stimulation activities by the facilitators, which serve as examples for the parents. Group structure and other methodological aspects of the program may vary according to local needs. Children in the 2-6 age group participate alongside their parents or caretakers in group sessions held once or twice a week in a community space (parks, cultural centers, sports centers). The sessions can be held with groups broken down by age (for example, groups of children aged 2-3, 3-4, 4-5, or 5-6 years). At least one family member responsible for raising the child participates in the in-home and group sessions, which seek to involve families while training and guiding them and helping them to develop the knowledge and skills to promote the development of their children.⁸⁷

The sessions are broken down into three periods:

- *Initial phase*: an orientation session in which the week's work is evaluated and new activities are introduced, including a description of the areas of development that the activities promote and the material resources that they require
- *Intermediate phase*: practical stimulation, in which the child's caretaker puts into practice the guided activity for the day and following week

Figure 1: Educate Your Child Program promoters and facilitators



- *Closing phase*: the period in which parents express their opinions, ask questions, and make plans for implementing activities at home.

Pedagogical and conceptual foundations

The pedagogical-conceptual framework of the program is based on the theoretical concepts that recognize the importance of living conditions and early experiences in the development of a child’s personality.⁸⁸ Children’s positive interaction with their environment—which is understood to mean family and community—is essential for comprehensive development. The educational model of the program establishes an organized, adult-guided, and didactic process to promote carefully designed actions to stimulate play and the development of children’s skills. The child development curriculum centers on children’s different needs and goals throughout the different stages of their development.

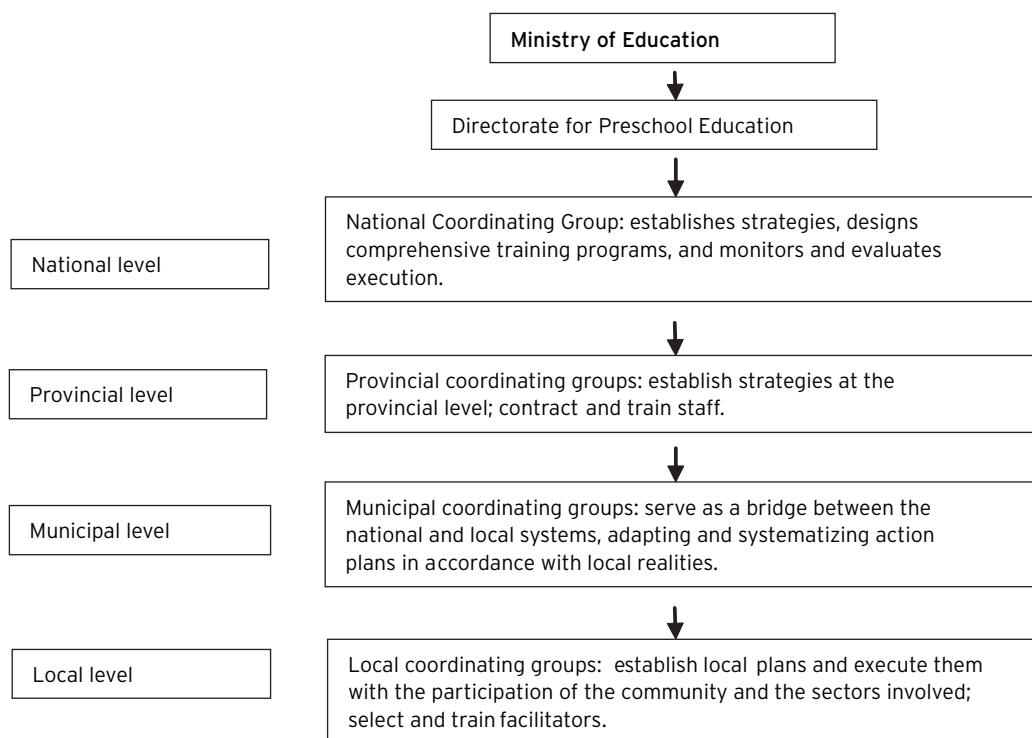
Organizational structure

Table 4 shows the organizational structure of the Educate Your Child Program. The program is run by the Ministry of Education through the Directorate for Preschool Education; the National Coordinating Group is composed of the highest authorities from different

organizations. Lower-level coordinating groups, which are formed within the provincial and municipal assemblies and the local councils, are responsible for implementing the program in their respective jurisdictions. The members of the coordinating groups are not necessarily educators, but group coordinators usually are. Coordinating groups at all levels generally meet once a month to discuss issues related to program operations. They answer to the Ministry of Education regarding regulatory and methodological matters and to the corresponding assembly of people’s power (national, provincial, or municipal level) regarding operational and administrative matters.

The local coordinating groups call on people’s organizations, communities, and families to analyze the progress of local plans. The promoters provide pedagogical guidance to the local groups and may request specific resources from them to ensure the quality of the educational process (for example, artists to take part in a community festival, new facilitators, cultural community events, and so forth). Training, which seeks to “pedagogize” doctors and other professionals who do not have a traditional link with education, is provided at the national, provincial, municipal, and local level to facilitators and members of the program coordinating groups. Training is tailored to the level of expertise and experience of the participants.

Table 4: Organizational structure of the Educate Your Child program



Program budget

The real budget for the program is hard to quantify because the program is executed by different sectors and receives funds from the Ministry of Education and other bodies. In 2000, Cuba invested 10 percent of its GDP in education programs at all levels. Of that amount, 8 percent went to preprimary education. ⁸⁹ Approximately 0.26 percent to 0.32 percent of GDP went to the Educate Your Child Program, which served 70 percent of children in the country under the age of 6, and 0.48 percent and 0.54 percent of GDP went to the remaining 30 percent of children through the Círculos Infantiles and Salones de Preescolar. ⁹⁰ The estimate of investment in the Educate Your Child Program is based on two weekly stimulation sessions,

and it does not include the cost of health care services or the participation of grassroots organizations and volunteer groups.

Coordination with the local network of Child Development Services

As shown in figure 2, the services provided by the Early Child Development System begin in the pre-natal period; preventive services actually begin in the preconception period, through the Genetic Risk Prevention Program. Community polyclinics and family doctors are key providers of health care and development services to children and pregnant women. Figure 2 also shows the comprehensive health and

development services to which Cuban children have access during their early period of development.

In 1999, the average annual number of pediatric and developmental care visits was 41.9 for children under the age of 1 year and 5.0 for children between 1 and 4 years of age.⁹¹ During developmental care visits, health professionals participate as facilitators of the *Educa a Tu Hijo* program.

Children participating in the Educate Your Child Program are estimated to receive the following services from birth to the time that they begin school:⁹²

- Between 104 and 208 home stimulation and development monitoring sessions, with the participation of at least one of the child's family members (0-2 age group).⁹³ There is a high level of participation by health professionals in these sessions.
- Between 162 and 324 stimulation and development monitoring sessions with a family member and other children and families from the community (3-5 age group).
- Presence of and care by parents, thanks to 18 weeks of maternity leave before birth and 40 additional weeks after birth (for the father or the mother).⁹⁴
- Care and support from the social environment.⁹⁵

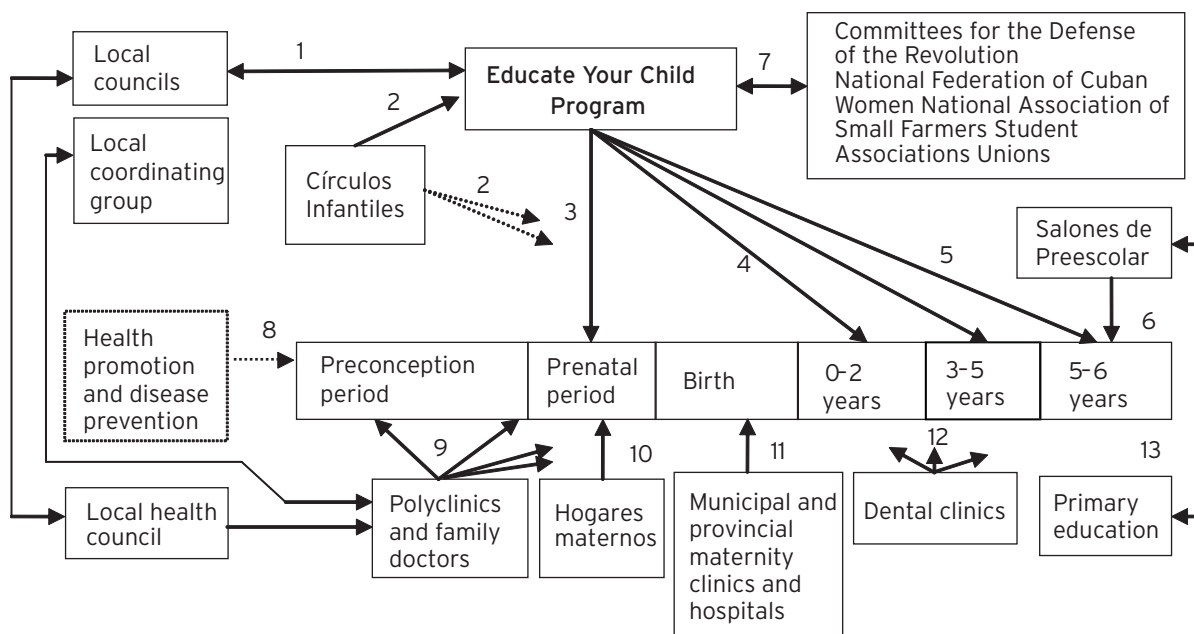
Box 2: Example of a Municipal Action Plan⁹⁶

The municipality of Rodas has 2,034 children under the age of 6 years and has nine local councils with nine promoters. Seventy-seven percent of children participate in the Educate Your Child Program, and the remaining children attend *Círculos Infantiles* or *Salones de Preescolar*.

The municipal coordinating group is composed of thirteen members: four from the education sector, one from the health sector, one from the Ministry of Labor, and seven from people's organizations. The group regularly examines children, family, and community profiles and local council action plans and uses that information to design training strategies, contract promoters, and supervise and oversee program quality at the local level.

The municipality of Rodas has achieved satisfactory results in terms of family, community, and multisector participation; coordination of teaching practices between the formal and nonformal education systems; and monitoring of and support for the families of fifty-nine children (4 percent of the total program) with special educational needs.

Figure 2: The Educate Your Child Program and coordination with the local network of early child development programs



- (1) Program coordinating groups are formed within the local councils.
- (2) The Círculos Infantiles program supports training for all local program participants. At the same time, it provides services for children between the ages of 1 and 5 years with working mothers.
- (3) The Educate Your Child program offers training for pregnant women.
- (4) The program works with children under the age of 2 years in home sessions. The 3-5 age group receives services at a community site along with other children. Sessions for both groups take place once or twice a week.
- (5) The Educate Your Child program also serves small groups of rural children 5-6 years of age who do not attend a Salón de Preescolar because the service is not offered in their community.
- (6) The Salones de Preescolar serve children between the ages of 5 and 6 years.
- (7) People's organizations, especially the National Federation of Cuban Women, participate in the coordinating groups at different levels and act as program facilitators and promoters.
- (8) Disease prevention and health promotion are carried out throughout the early development period. All pregnant women and newborns undergo a genetic risk evaluation at a community polyclinic or other health facility.
- (9) Community polyclinics and family doctors provide primary health care and coordinate health plans with early education programs. Pregnant women receive at least twelve prenatal medical visits at polyclinics and family doctors' offices. Facilitators from the Educate your Child Program and the National Institute of Sports and Recreation also provide guidance on basic developmental care to pregnant women (Yáñez 2009).
- (10) The Hogares maternos care for pregnant women who are at risk during pregnancy.
- (11) One hundred percent of births take place in maternity clinics or specialized health centers. Family doctors usually visit newborns in the same hospital.
- (12) Dental clinics coordinate actions with the Educate Your Child, Círculos Infantiles, and Salones de Preescolar programs. This service is free and universal. Polyclinics also generally offer dental services.
- (13) Salones de Preescolar and primary school teachers coordinate actions to facilitate children's transition to primary school.

DESIGN OF THE EDUCATE YOUR CHILD PROGRAM

Social equity has always been a concern of the government of Cuba. In the early 1980s, the Ministry of Education carried out studies to identify appropriate nonformal mechanisms to prepare children living in Cuba's mountains and other rural areas, where there are no day care centers, for school. The question was how to offer early education services in such remote areas.⁹⁷ To find an answer, a number of Latin American methodological initiatives in non-formal education were studied, including the Wawa Wasi [Children's Homes] program in Peru; the Hogares Comunitarios de Bienestar [Community Houses of Well-Being] program of the Instituto Colombiano de Bienestar Familiar [Colombia Institute for Family Well-Being]; and the Hogares de Cuidado Diario [Daily Care Homes] and Multihogares [Multihomes] run by the Ministry of the Family, La Fundación del Niño [The Foundation of the Child], and other Venezuelan government agencies and nongovernmental organizations.⁹⁸ Two pedagogical strategies were studied for use⁹⁹ and applied in designing a new methodology based on the Cuban experience and nonformal methodologies:

- training and participation of parents as teachers for their own children
- participation of teachers in training families through in-home stimulation sessions.¹⁰⁰

Pilot study

A field study was carried out from 1983 to 1987 to apply the new Educate Your Child methodology in a program for children under the age of 18 months. Ninety-two children from rural and marginal urban families participated in the study; half of the children were in the control group and the other half were in

the experimental group, in which the program methodology was applied.¹⁰¹ The research consisted of three phases:

- Diagnostic phase, in which the general development of all the children was evaluated.
- Experimental phase, in which a group of specialists worked with the families of children in the experimental group to train them to apply the Educate Your Child methodology. Home visits in which parents were guided on activities to promote their children's development were carried out once or twice a month.
- Control phase, in which all of the children were re-evaluated after six months of participation in program activities.

The results of the research demonstrated the methodology's positive impact on the children's development and families' potential to become agents for their children's development. The experimental group showed statistically significant better results in all areas of development (cognitive, emotional, communication, motor, and habits) than the control group.¹⁰² The study also determined that families exposed to the program methodology significantly increased their knowledge of child development.

The experimental group showed statistically significant better results in all areas of development (cognitive, emotional, communication, motor, and habits) than the control group.

The basic methodology of the program had been designed by 1987. The next task was to have it validated in the municipalities, extend the age range to include the 3-6 age group, and give the family and community a more central role.

The next phase of the pilot program took place between 1987 and 1992. The sample group studied was composed of 3,852 children under the age of 5 years who did not attend the *Círculos Infantiles* and by 3,697 families. The methodology tested included two models:

- individualized work for children under the age of 2 years, with in-home sessions¹⁰³
- small group work for small groups of children between the ages of 3 and 6 years and their parents or caretakers.

Local coordinating groups (see table 4) were formed at the municipal level and coordinated by the Municipal Directorate for Education. The groups, composed of representatives from different sectors, were responsible for coordinating the efforts of participating organizations and making sure that municipal plans were consistent and participatory. Program support groups also were formed within the local councils; their plans complemented the municipal plans.

Once again, the results demonstrated the program's positive effect on the children's development and on

training families in how to stimulate children, an effect that was seen for all age groups and areas of development. The results also showed the enormous potential of multisector action for promoting local child development plans.

The experimental and methodological evidence from the pilot phase supported other evidence, from the *Estudio del Niño Cubano* [Cuban Child Study],¹⁰⁴ which consisted of the longitudinal monitoring of 4,299 children born in Cuba in the first week of March 1973 from their birth until they reached the age of 18 years.¹⁰⁵ The evaluation produced development profiles that demonstrated the favorable impact of early education on maturity and school readiness. The study showed that 96.2 percent of children who had received at least three years of early education were considered "mature" or to have "average" school maturity at the age of 7 years. On the other hand, 34 percent of children who did not receive early education were classified as "immature." Results on reading and writing tests remained higher for eleven-year-old children who had received early education than for those who had not.¹⁰⁶

POLICIES AND STRATEGIES TO EXPAND COVERAGE

To many, the idea of universal early education was utopian: how could Cuba achieve something that the so-called developed countries had not been able to? Even more important, how could it do so in the middle of an economic crisis?¹⁰⁷

Three important events led up to the decision to universalize early education services: the broad process of social mobilization and the achievements in health and education before the 1990s; implementation in the 1970s of a family- and community-centered universal, preventive, participatory primary health care program; and the National Action Plan objective of providing early education to 70 percent of children under the age of 5 years by the year 2000.¹⁰⁸ The initial idea was to expand coverage from 26 percent to 70 percent (see table 5) through the *Círculos Infantiles*. That idea was discussed in the 1980s, but it was not carried out because of the large investment that it would have required and the impossibility of extending the *Círculos* to the most remote rural areas. The pilot study demonstrated the validity, low cost, and large-scale applicability of the new methodology. In 1992-93, the Ministry of Education began implementation of the Educate Your Child program and with it the expansion of early education services.¹⁰⁹

Whose decision was it to expand coverage? The leadership of former president Fidel Castro must be recognized in all of the social, political, and economic changes that Cuba has experienced in recent decades.¹¹⁰ But credit is also due to the Ministry of Education and its research initiatives, which laid the methodological foundation for expanding coverage. Program expansion also required the approval of the Communist Party of Cuba, thanks to which the people's organizations were included in program actions.

Further expansion

Program implementation and expansion began in 1992-93. By 1999 the three national programs—Educate Your Child, *Círculos Infantiles*, and *Salones de Preescolar*—reached 98.3 percent of the population under the age of 6 years (see table 5). Coverage was 99.8 percent in 2000, and it has remained stable since then.

Expansion Strategies

In 1993, the economic crisis gripped the entire population. In order to implement the program, the state used the strategies described below.

Political strategy

The political strategy was based on the two principles governing the operation of the State, which already have been discussed:

- The political-administrative division of the country. The program was expanded through the national, provincial, and municipal assemblies of people's power and the local councils. Program managing groups were created within each of these bodies.
- The double accountability of the decentralized education system, under which program managing groups were under the authority of the Ministry of Education for regulatory and methodological issues and of the corresponding assembly of people's power for operational and administrative concerns.

Multisector strategy

Coordination of actions among the health and education sectors began immediately after the revolution. Coordination between the ministries of education and health continued to strengthen over the years and was consolidated for implementation of the Educate Your Child program.¹¹¹

Table 5. Percent of children enrolled in early education programs in Cuba, 1992-99

Program	1992	1993	1994	1995	1996	1997	1998	1999
Educate Your Child	–	19.3	45.7	64.6	66.7	68.7	69.3	68.4
Círculos Infantiles		13.0	13.4	15.7	15.4	16.2	16.3	17.2
Salones de Preescolar		15.2	13.0	14.9	13.6	13.1	12.7	12.7
Total children served country-wide	26.4	47.5	72.1	95.2	95.7	98.0	98.3	98.3

Sources: Organización de Estados Iberoamericanos (no year); Oficina Nacional de Estadísticas de Cuba (2002); UNESCO (2007).

- The National Action Plan established by Cuba in 1991 involved all of the bodies of the Central Administration of the State.¹¹² The Educa a Tu Hijo program was executed as part of that plan and coexisted with other programs, particularly health programs and the Para la Vida (For Life) Program, discussed in more detail later in this section.
- From the start, representatives from throughout the sector participated in the coordinating groups at all levels.¹¹³ Such multisector participation was also seen in the teams of promoters and facilitators (see table 6). By 1999, 43 percent of facilitators and 30 percent of promoters were health professionals.¹¹⁴
- The Ministry of Health participated actively in child care activities before the 1990s, and its participation intensified after the program was launched. Figure 3 shows the annual average number of pediatric and developmental care visits (*puericultura*)¹¹⁵ offered by the Ministry of Health for children under 1 year of age. In 1998, the average annual number of development services visits per child was 29.4. The figure corroborates the high level of involvement of the Ministry of Health in the early human development of the population.
- The Ministry of Public Health and Ministry of Education signed an agreement in 1997 to achieve greater consistency in child development services.

Joint Resolution MINED-MINSAP 1/97 established the importance of integrating medical and educational services and defined procedures for coordinating the activities of the national, provincial, and municipal health and education councils for twenty-three programs carried out jointly by the two ministries. It also established an agreement to approach the Educate Your Child and Para la Vida programs in a systemic manner.¹¹⁶

Communications strategy

The Para la Vida program was established in 1992 to give communications support to the National Action Plan by providing the population with the information and knowledge necessary to adopt more healthy lifestyles.¹¹⁷ Para la Vida's educational messages, which targeted the family and were transmitted through dramatizations and cartoons,¹¹⁸ began to appear on television during prime time in 1993. The messages alternated with messages from the Educate Your Child program, but both had a common objective: human development. The broader messages of Para la Vida were supplemented with the more specific messages of Educate Your Child.

Operational strategy

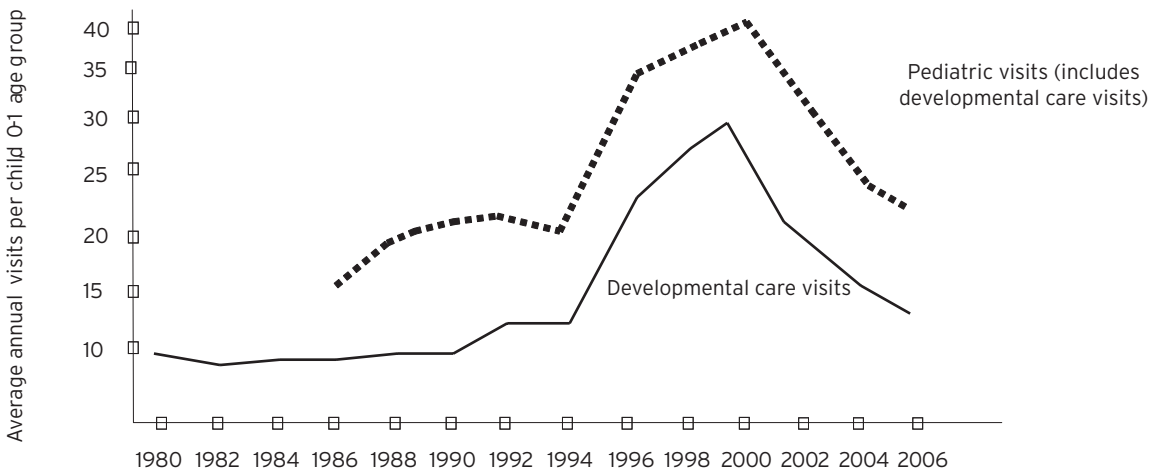
Coordinating groups were created to implement the program within the different jurisdictions. At the local

Table 6: Percent of Educate Your Child promoters and facilitators by group

Group	Promoters	Facilitators
Ministry of Education	40%	22%
Ministry of Health	30%	43%
Ministry of Culture	3%	
National Institute of Sports, Physical Education, and Recreation	4%	2%
Family and community	7%	15%
Federation of Cuban Women	7%	11%
Other	9%	7%

Source: CELEP (1999).

Chart 3: Average annual developmental care (puericultura) and pediatric visits per child offered by the Ministry of Public Health, 0-1 age group



Source: República de Cuba (2006b); República de Cuba (2007).

level, the groups were responsible for designing and implementing annual action plans,¹¹⁹ which involved:

- Designing an awareness and promotion campaign for the Educate Your Child program.
- Carrying out a census of the population under the age of 6 years and establishing a basic development profile.¹²⁰ Family and community characteristics were assessed at the same time

- Organizing the different forms of care for children and their families in accordance with the location's unique characteristics and the children's age and, if necessary, in response to special education needs.
- Selecting and contracting promoters and facilitators.
- Evaluating and monitoring the program.

Basic information on communities and their plans was compiled at the municipal, provincial, and national levels in order to coordinate actions and establish plans within each of the different bodies. Under Cuban law, members of the Assembly of People's Power report to their constituents every six months on the actions that they have taken to promote health, education, and other factors related to social development. This accountability process establishes a link between policies and social action.

Education strategy

Training was offered at the national, provincial, municipal, and local level for facilitators and members of the coordinating groups. Training content, which varied in accordance with the needs and experiences of those being trained, included basic child development principles and other areas of interest to participants.¹²¹ Promoters, day care teachers, professors from universities and teaching institutes, family doctors, methodologists, and specialists from different fields participated in the training as instructors and also supported local groups in improving local education and child development plans.

The initial training period lasted approximately one year. The national level trained the provincial level, the provincial level trained the municipal level, and the municipal level trained the local level. Promoters and facilitators received intensive, specialized training based on their professional education. Training manuals that had been designed during the program pilot

phase and continually updated were used during the training.¹²²

Institutional strengthening strategies

The Ministry of Education was strengthened by the formation of multisector groups rather than by reorganization of its internal structure. As a result, the institutional strengthening strategy did not include contracting employees at the central level or carrying out infrastructure building projects;¹²³ it was based instead on making the program operational within the framework of the political-administrative structure of the state. That required the formation of coordinating groups at all levels and a sufficient number of promoters and facilitators. Staff of the Ministry of Education themselves were used, especially from the *Círculos Infantiles*, which supported training for the *Educate Your Child* program.¹²⁴

Cuba's social policy had aspired to expand children's educational opportunities for years. For that reason, teaching institutes had graduated a significant number of teachers who were underused in 1992 because the actual number of *Círculos Infantiles* was lower than the number planned. Many of the teachers were relocated within the Ministry of Education and joined the *Educate Your Child* program as promoters. Facilitators came from other state agencies, people's organizations, the Ministry of Public Health, and the Ministry of Education itself.

Table 7 shows the number of promoters and facilitators who participated in the program between 1992 and 1998. There was one promoter for every eighteen to thirty-three children and one facilitator for every four to nine children. The ratio continued to be adjusted over the years. Approximately 26,426 nonformal program groups were served in 1999, meaning that there was one promoter for every one to two local groups.¹²⁵

Table 7: Promoters and facilitators participating in the expansion of the Educate Your Child Program

Enrollment and participants	1992	1993	1994	1995	1996	1997	1998
Total Educate Your Child enrollment		204,362	490,148	546,740	595,548	605,399	614,592
Promoters	10,087	11,221	11,744	12,456	14,643	15,242	18,077
Facilitators	30,884	45,311	57,288	66,046	60,851	61,344	64,519

Sources: Number of children enrolled in the Educate Your Child program: Oficina Internacional de Educación (2001); number of promoters and educators: Organización de Estados Iberoamericanos (no year).

IMPACT MONITORING AND EVALUATION OF THE EDUCATE YOUR CHILD PROGRAM

From the start, one of the program's top strategies was the ongoing monitoring of the quality of the process and its impact on children, families, and communities. There were three types of evaluation: systematic evaluation; diagnosis of children's level of development and preparation for entering first grade; and monitoring of the Educate Your Child program.

Systematic monitoring

Systematic monitoring is carried out by promoters and facilitators during their regular home visits. The objectives are to

- evaluate families' ability to stimulate children's development
- evaluate children's development
- get families to participate in the assessment so that the evaluation itself becomes an additional learning opportunity.

Systematic monitoring provides important information on the progress of individual children and families and the work of promoters and facilitators. The checklist of family-assessed child development indicators employed in systematic monitoring is presented in appendix 1.

Diagnosis of children's development and preparation for school

Before entering school, all children in Cuba are evaluated on the development of their language and fine motor skills, perception, establishment of relationships, and emotional relationships with other children and adults. The preschool teacher and future first-grade teacher participate together in the evaluation. The objective is to establish a developmental profile of each child in order to identify educational strategies to facilitate the child's transition to school and

ensure continuity in learning. Individual profiles are combined to create a group profile of the children who will be in the same first-grade class.¹²⁶ Once the children start primary school, teachers use the first two months to address any academic deficiencies that they may have.

Monitoring of the Educate Your Child program

The monitoring process uses a previously designed population-based methodology that has been applied every few years since 1994 to determine the quality of the program and its processes. The evaluations examine children's cognitive, motor, language, and social-emotional development; families' ability to act as stimulating agents for their children; community participation; and local coordinating groups' preparation to lead activities. The workers and organizations that provide services participate in the evaluations along with parents.

Table 8 summarizes some of the results from the 1994 and 1999 evaluations. The 1999 evaluation included new features related to participation of the family, community, and coordinating groups. In general, the results were very positive. However, despite the program's achievements, the 1994 evaluation identified certain deficiencies that needed to be corrected, including:

- insufficient coordination and lack of participation by members of the coordinating groups, which affected implementation of a unified action plan
- irregular participation of certain families with children under the age of 2 years in planned activities
- absence of differentiated training for promoters, facilitators, and other participants to meet children's specific needs, especially in the 0-2 age group
- insufficient training and preparation for staff working at the local level to promote and take advantage of communities' potential.

Table 8: Comparison of Results from the 1994 and 1999 Evaluations of the Educate Your Child Program

Indicators	Evaluation 1 (1994)	Evaluation 2 (1999)
	Sample (age groups 1-2, 2-3, 3-4, 4-5, and 5-6)	
	16,000 children from 161 municipalities and 1,000 communities	48,000 children from 14 provinces (8.1 percent of children served)
Percent of children with satisfactory results in all areas of development	53.2	87.8
Percent of children with satisfactory results in motor development	89.9 percent (age group 1-2: 91.8%; 2-3: 85%; 3-4: 95%; 4-5: 96.7%; 5-6: 97%)	92 percent
Percent of children with satisfactory results in social-emotional development	92 percent (age group 2-3: 83.4%; 3-4: 94.6%; 4-5: 98%; 5-6: 81%)	95 percent
Percent of children with satisfactory results in intellectual development	61 percent. The percentage varied between 53 percent and 84.5 percent, depending on the age group. (age group 1-2: 53%; 2-3: 71.2%; 3-4: 66.2%; 4-5: 84.5%; 5-6: 65.4%)	81.2 percent
Percent of children with satisfactory results in cultural and hygiene habits	87.2 percent (age group 2-3: 90; 3-4: 76.7%; 4-5: 97%; 5-6: 92.4%)	89.9 percent
Changes in the family	82 percent carry out program-guided activities in the home.	84 percent report that their relationship with and attitude toward the child has changed positively.
	65 percent regularly attend program group activities.	96.3 percent recognize the importance of play in children's development and the importance of their child playing with other neighborhood children.
Community perceptions and changes	71 percent of community members consider the program's actions to be positive.	85 percent participate in different activities.

Sources: MINED, UNICEF, and CELEP (no year); Organización de Estados Iberoamericanos (no year); CELEP (1999).

The 1999 evaluation showed new advances in children's development and family participation in comparison with the 1994 evaluation. Nevertheless, it was felt that certain results could still be improved, especially with regard to

- children's intellectual development in the areas of building and analogies (*construcciones y correlaciones*)
- family participation, which was still not active enough¹²⁷
- multisector coordination, which was not sufficiently representative and stable within coordinating groups
- program dissemination
- continuity of participation of program promoters and facilitators.

School performance in primary education

The evaluation of the Educate Your Child program's impact on academic school performance raises a methodological problem: how can one separate the contribution of the program from the contribution of quality elementary education and the National Child Development System? That question, for which there currently is no response, points to a research gap.¹²⁸

Cuban children have low rates of school retention and high levels of completion through the last grade of primary school (see table 9). And, as shown by two UNESCO studies, Cuban children's academic performance in primary school on language, mathematics, and natural science tests also is significantly higher than that of their counterparts in the region (see table 10).

How can one explain the academic advantage of Cuban children in the first UNESCO study? Was it the result of the early education programs, health pro-

grams, the quality of services in primary school, or a combination of all of those factors?

The 1998 UNESCO study assessed children born in 1988-89. The Educate Your Child Program must be ruled out as a possible explanation because the children were at least four to five years old when the program was launched, in 1993. In 1992 only 26.4 percent of Cuban children ages 0-5 years attended *Circuitos Infantiles* and *Salones de Preescolar* (see table 5), so early education has to be disregarded as the sole explanation.

On the other hand, the quality of Cuba's primary school system can also be ruled out as the sole explanation. The UNESCO study found an association between several factors (quality of education, student-teacher ratio, parents' level of education, parents' involvement in school activities, and so forth) with academic achievement. Studies in Canada using the Early Developmental Inventory (EDI) have demonstrated that existing developmental and academic disadvantages are hard to overcome once children enter the school system.¹²⁹

The high academic scores achieved by Cuban children in third and fourth grade suggest that they had a healthy developmental trajectory before they entered school. The quality of the *Circuitos Infantiles*, *Salones de Preescolar*, and primary school system seems to be the best explanation for the academic advantage of Cuban children. Since the 1980s, polyclinics and family doctors have provided preventive and comprehensive health care and development services to all pregnant women and young children and the quality of primary and secondary education has been significantly improved.¹³⁰

Figure 4 shows the level of association between the quality of health programs (under-five mortality rate)

Table 9: Primary education retention and school completion rates

Primary education	Cuba	Latin America and the Caribbean	North America and Western Europe
Retention rate (2004)	0.7%	5.9%	0.4%
Completion through last grade of primary school (2003)	97.4%	83.1%	99.8% ¹³¹

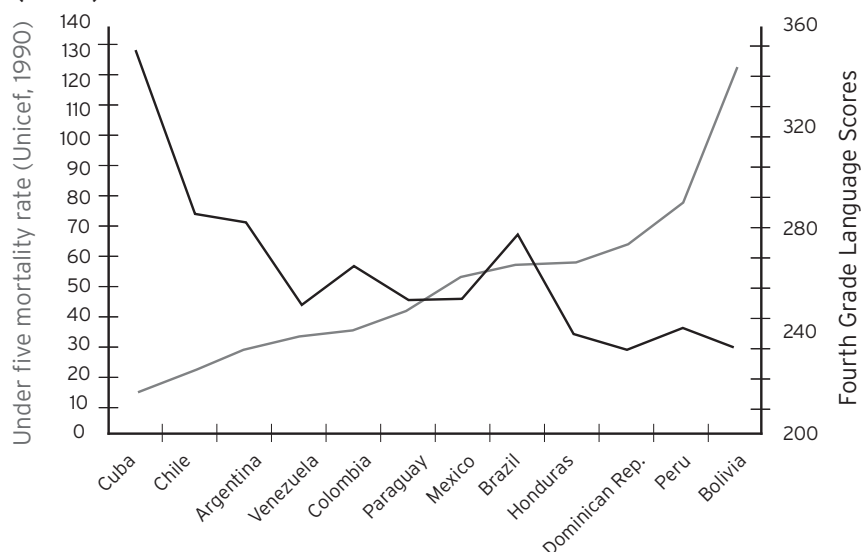
Source: UNESCO (2007).

Table 10: Number of standard deviations of Cuban children over children from the region, academic performance exams in third, fourth, and sixth grades

Grade and exam	First study (1998)		Second study (2008)	
	Third	Fourth	Third	Sixth
Mathematics	2 SDs	2 SDs	1 SD	1 SD
Language	2 SDs	2 SDs	1 SD	almost 1SD
Natural science	N/A	N/A	1 SD	1 SD

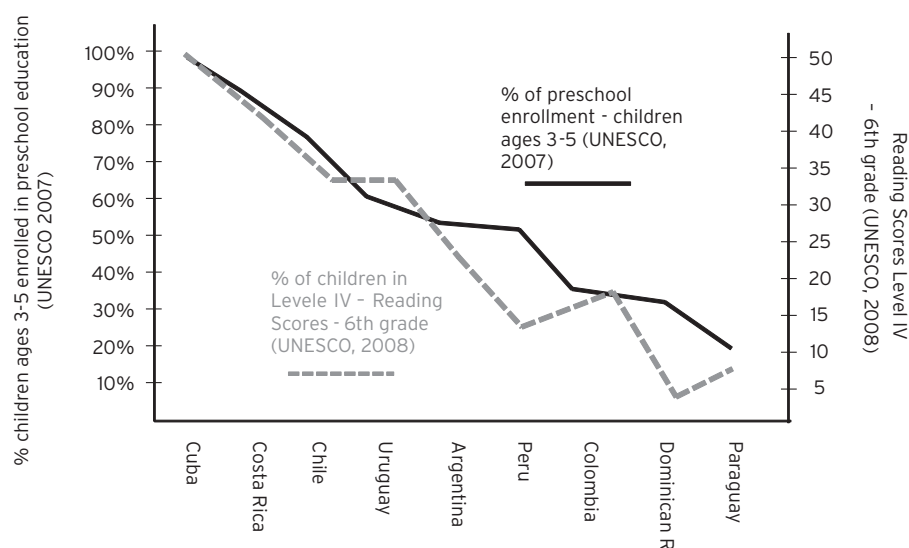
Source: First International Comparative Study of Language, Mathematics, and Associated Factors (UNESCO 1998) and Second Regional Comparative and Explanatory Study (UNESCO and LLECE 2008). The first study, which included Cuba, Argentina, Bolivia, Chile, Brazil, Colombia, Venezuela, Mexico, Honduras, Paraguay, and the Dominican Republic, evaluated third- and fourth-grade children in language, mathematics, and associated factors. The second study included Cuba, Argentina, Chile, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and the State of Nuevo León, Mexico. The second study evaluated third- and sixth-grade children in language, mathematics, and natural science. The exams in the first study were given in 1997 and those in the second study were given in 2005-06. The table shows the number of SDs (standard deviations) of Cuban children above the regional average in mathematics, language, and natural science tests. The differences are statistically significant.

Figure 4: Association between under 5 mortality rate and results from the 1st UNESCO study (1998)



Mustard, F., and Tinajero, A. (2010). Cuba and Early Human Development. Report for Van Leer Foundation.

Figure 5: Association between preschool attendance and learning



Mustard, F., and Tinajero, A. (2010). *Cuba and Early Human Development. Report for Van Leer Foundation.*

and academic achievement (language performance in third grade). Cuba obtained the highest scores in language performance and the lowest under-five mortality rate. Bolivia, on the other hand, had the highest under-five mortality rate and obtained the lowest score in language performance. Similar figures can be obtained from the association between the UNESCO results (1998 and 2008) and the under-one mortality rate. These figures exemplify the level of association between healthy early development and academic achievement.

The comparison of the results from the first and second UNESCO studies shows that Cuba's advantage over other countries dropped from 2 to 1 standard deviation. That drop can be interpreted as a major success for the country after going through the special period. Another interpretation is that countries such as Costa Rica, Chile, and Argentina made progress in their child development and school education programs, narrowing the gap. Another interpretation is that the quality of the early child development pro-

gram in Cuba has deteriorated over the past decade. Is the quality of the services of the polyclinics, family doctors, and the whole health program being affected by the high number of health professionals working abroad? It should be noted, however, that the word "deteriorated" does not imply that the quality of the service is not good; Cuba still maintains a strong academic advantage over the other countries in the region.

Figure 5 shows the level of association between pre-primary school enrollment and school performance in grade 6. The solid line corresponds to the country percentage of children ages 3 to 5 years enrolled in pre-primary education. The broken line corresponds to the country percentage of grade 6 students achieving Level IV reading performance (the highest level) in the second UNESCO study.¹³² Cuba had the highest enrollment rate in pre-primary education and obtained the highest scores in school achievement. Figure 5 shows a clear association between pre-primary school enrollment and academic achievement in grade 6.

GENERAL EVALUATION OF THE LARGE-SCALE EXPANSION PROCESS

It takes a village to raise a child.” That saying describes the participatory character of children’s programs in Cuba. Universalizing the Educate Your Child Program constitutes one of the most significant experiences in the field of early child development, and it serves as an example to the international community of how to close the gap between what we know and what we do in the realm of child development.

Lessons, achievements, and strengths

One lesson among others offered by Educate Your Child is that it is important to integrate health and education programs in a universal early human development program. Integration required the training of health and education professionals in child development (health, learning, and behavior), the formation of integrated health and education working teams,¹³³ and the provision by community polyclinics and family doctors of health care and development services during pregnancy and the entire early child development period.

The broad social mobilization and multisector participation exhibited in universalizing the program, which legitimized, validated, and strengthened the goals to be met, was one of the undertaking’s significant achievements. Other achievements were:

- the positive impact of the program on child development and families’ ability to promote development
- the high levels of children’s preparedness for school and performance in primary and secondary education.

The strengths of Cuba’s social and political system, summarized below, also facilitated the execution of the Educate Your Child Program:

- a stable political system, long-term strategic child development plans, and ongoing financing of social policies and programs in the areas of health and education.
- values that give priority to social equity and child development.
- free, participatory, universal, decentralized, preventive health care programs.
- a high number of health and education professionals per inhabitant.
- the eradication of illiteracy.¹³⁴
- active participation of universities, teaching institutes, and research centers in the design and implementation of social policies and child development programs.
- political-administrative decentralization of the state.
- a high level of social mobilization.
- contribution of the media to health and education programs.

In addition, the Educate Your Child Program itself has unique strengths:

- professional level of promoters
- well-designed training plans with regard to conceptual framework, objectives, strategies, and training manuals
- monitoring and impact evaluation system and tools
- interdisciplinary research teams with the capacity to develop scientific innovations in the area of child development

- high level of coordination between formal and nonformal early education programs (Educate Your Child, Salones de Preescolar, and Círculos Infantiles)
- high level of participation by family doctors, nurses, and volunteers from community-based organizations on program facilitator and promoter teams.

Challenges and difficulties

The program was expanded in a systemic context, and it requires constant adjustment in all areas of coordination. The main obstacle during program implementation was the acute economic crisis affecting the country. Another difficulty is that often community representatives' participation in decision making is passive.¹³⁵ Another difficulty is the community's lack of experience with multisector efforts.¹³⁶ The response to such issues is to provide ongoing training to increase the level and quality of local participation.¹³⁷ Other difficulties are that volunteers are not always available¹³⁸ and that the members of coordinating groups at the different levels of program operation are constantly rotating,¹³⁹ which has led to a continuous loss of experience and accumulated knowledge and requires ongoing program training for new work teams.

Certain challenges still must be overcome to strengthen the program:

- *Training.* Increase the quality of training, individualizing it further for the target group (promoters, facilitators, parents); achieve greater stability, consistency, and systematization in multisector and coordinating group participation; and create activities to guide parents to a more comprehensive understanding of child development.¹⁴⁰
- *Volunteer groups.* Implement a system of incentives and recognition for volunteer groups linked with the program.¹⁴¹

- *Impact evaluation.* Adjust program evaluation processes, which are difficult to carry out due to the number of people and situations involved.¹⁴²
- *Participation of the health sector.* Maintain the number of pediatric and developmental care visits offered by health staff. As chart 3 shows, the number of such visits during the first year of life has decreased since 2000. Maintaining the participation of health professionals is a crucial issue if the quality of the program is to be maintained.

Sustainability

The program has been in operation for almost twenty years, so we can conclude that its model is sustainable. The program's sustainability is based on its integration with the multisector service network and on social empowerment: the driving force behind the program comes not only from the agencies of the Central Administration of the State but also from people's organizations, local councils, communities, and families. However, its sustainability faces the same challenges that Cuba itself is facing. Noel (2005) suggests that the economic measures adopted by the state in 1993 to overcome the effects of the special period led to a redefinition of Cuba's social environment, particularly with regard to the economy and labor.¹⁴³

A 2001 survey in Havana found that around 50 percent of inhabitants consider themselves "poor" or "almost poor."¹⁴⁴ The same survey found that for the Havana population in the first and second poorest deciles, the main problems affecting daily life were insufficient income, insufficient food, deteriorating homes,¹⁴⁵ and shortage of transportation. Vulnerability and poverty also are affected by the circulation of two different currencies¹⁴⁶ and the segmentation of consumer markets and services.¹⁴⁷ There is also a growing income disparity favoring the private sector (restaurant owners, artists, and certain chauffeurs) over the public

sector (university professors, engineers, doctors, and teachers). That disparity also exists between those with and those without ties to the foreign exchange market.¹⁴⁸ As a result, many teachers, doctors, and other qualified professionals leave their jobs in search of better paid professions. Other issues that Cuba must face are the aging population, low fertility rate, internal migration from the country to the city, emigration to the United States, and the changing structure of the Cuban family.¹⁴⁹

There also are tensions within the Cuban system: between the economic growth policy and the social well-being of the population, between centralization and decentralization of the government, between the country's socialist identity and the influence of globalization and consumerism introduced through tourism and the Internet, and between the public and private sector labor markets. Those tensions raise questions whose answers closely affect the sustainability and quality of the Educate Your Child Program.¹⁵⁰

- Will the state be able to maintain the consistency of health and education policies in the absence of strict government control and guidance?
- Will the state be able to attract and motivate high-quality, dedicated professionals when other sectors of the economy offer better salaries?
- Will the state continue its heavy public investment in child development programs?
- Will the state be able to maintain the high level of participation of promoters, facilitators, volunteer groups, and people's organizations in the program?

Cuba must find the point of equilibrium between social policies and economic growth; if not, economic

and human development gaps will continue to appear among the population. New economic policies must build on the country's accumulated social and political experiences, but they must also learn, for example, from China's economic reforms of 30 years ago and the way that those reforms affected the quality of existing health and education programs.¹⁵¹

Pending tasks

The following tasks are pending:

- Studying the impact of the Educate Your Child Program in Cuba and distinguishing its impact from that of other programs in the system (see chart 2). Such a study would explain the program's contribution to the academic advantage that, according to the UNESCO 1998 and 2008 studies, Cuban children have over other children from the region.
- Carrying out a comparative study of the implementation of the Educate Your Child methodology in different countries. (UNICEF and Ana María Siverio currently are carrying out such a study in Ecuador, Brazil, Guatemala, Colombia, and Mexico.)
- Determining the lessons that Cuba's early child development programs (health and education) can provide for international programs and development agencies (in particular, joint efforts by government ministries that focus on prevention and cover both health care and social determinants that affect health).

The directors of the Educate Your Child Program and CELEP should participate in the discussions, along with those responsible for implementing the program methodology at the international level.

CAN THE EDUCATE YOUR CHILD METHODOLOGY BE BROADLY REPLICATED IN OTHER COUNTRIES?

Cuba has certain characteristics that set it apart from other countries: it has only one political party; it had only one president between 1960 and 2006; the Cuban parliament is the main element of the political system; its social machinery is designed around the idea of advancing child development; and last, its recent history is marked by its revolutionary process and unique identity on the national and international geopolitical scene. Can the Educate Your Child methodology be replicated on a large scale in other countries whose characteristics are different?

If fact, the program already has been replicated, in several countries, with the guidance and technical assistance of CELEP. The experiences of two of those countries, Brazil (state of Rio Grande do Sul) and Ecuador are presented below.

Box 3 summarizes the basic elements of the program. The idea is not to reproduce the elements exactly as they exist in Cuba but to adapt them to local realities and needs.¹⁵² As this section shows, although the identity of the original model was maintained, the basic elements of the program were adapted in different ways in Brazil and Ecuador and the focus was different.

Box 3: Basic elements of the Educate Your Child program

Family and community participation

- participation of the family as an agent of child development
- participation of the community through a multisector local managing group, which coordinates activities and provides support for families
- training of program participants

Child development practices

- provision of program services beginning in the first year of life or in the prenatal period
- provision of comprehensive child development services
- activities that target at least two age groups, to provide the younger age group with more individualized care in the home

Coordinated action among different sectors

- joint participation of the education, health, culture, and other sectors as well as community-based organizations
- formation of coordinating groups composed of representatives from different sectors at the national, provincial, municipal, and local levels
- design and implementation of action plans at the different levels of program operation

Monitoring and evaluation

- monitoring of the comprehensive development of the child
- monitoring of families' capacity and skills to facilitate their children's development; monitoring of community participation and quality of services

Programa Primeira Infância Melhor (PIM)

The Primeira Infância Melhor [Better Early Childhood] program is being implemented in Brazil, in the state of Rio Grande do Sul.¹⁵³ It is operated by the State Secretariat of Health, in coordination with the secretariats of education, of culture, and of justice and social development, and it is supported by UNESCO. The PIM Program is a global model for multisector work.

The program received technical assistance from CELEP from 2003 to 2006. In 2006, the PIM Program became public policy pursuant to state law (Ley 1544/2006) and today serves some 60,000 vulnerable and socially at-risk children under the age of 6 years. It also serves pregnant women. The goal of the program, which has been implemented in 225 municipalities in the state of Rio Grande do Sul, is to expand to serve 100,000 children, reaching all of the vulnerable and socially at-risk children in the state.

The PIM program has succeeded in adapting the main elements of Educate Your Child to local needs (see table 11). It includes a State Technical Group whose structure and objectives are similar to those of the National Coordinating Group in the Cuban model. Municipal technical groups are responsible for selecting and training staff and overseeing execution of local actions. One of the tasks of the municipal technical groups is to promote awareness, participation, and local empowerment in order to advance child development.

The first PIM impact evaluation was carried out in 2005 in five municipalities of the state. The study identified positive changes in children's development and in families' child-rearing habits (better ability to express affection, stronger emotional ties, and improved skills as facilitators of child development).

Another evaluation of twenty municipalities carried out in 2007 also demonstrated a positive impact of the program on children's cognitive, language, motor, and social-emotional development (see table 11).

There were many difficulties in implementing the PIM program, primarily in forming the municipal coordinating groups and state managing group. One difficulty was the municipalities' lack of financial resources to contract professionals to work as facilitators. (In the Cuban model, a certain percentage of facilitators are volunteers—see table 6.) To overcome that obstacle, the municipalities reached an agreement with universities to pay students an allowance in exchange for 30 hours a week of work as facilitators. Another difficulty arises from the law on decentralization, which gives municipalities the autonomy to decide whether or not to follow state plans. Of the 323 municipalities trained by the PIM Program, only 224 decided to execute the program.

The PIM Program has successfully adapted the main elements of Educate Your Child. It has been implemented through a multisector, social, participatory process, contributing to local empowerment and sustainability. One important experience from PIM has been the coordination of actions among the secretariats of health, education, culture, and justice and social development to create a network of services for communities and families. The program has also raised awareness among the population and promoted political debate. Its success as a children's policy has opened the possibility of replicating the program in the state of Espírito Santo and other Brazilian states.

Programa Creciendo con Nuestros Hijos

The Ecuadorian model of the Educate Your Child program is called Creciendo con Nuestros Hijos [Growing

Table 11: PIM program's impact on children's overall development ¹⁵⁴

Area of development	Number of children	Percent of children with age-appropriate development	
		At beginning of program	After 2 years of participation
Cognitive	377	36.9	77.7
Language	387	70.7	79.8
Motor	386	50.3	79.6
Social-emotional	416	68.7	85.8

with Our Children] (CNH). The CNH model has been implemented by various national child development agencies: INNFA (private, with public financing), between 1997 and 2002 (with technical assistance from CELEP);¹⁵⁵ the Nuestros Niños [Our Children] program, between 2001 and 2005 (also with technical assistance from CELEP);¹⁵⁶ FODI, between 2005 and 2008;¹⁵⁷ and INFA (public), starting in 2009.¹⁵⁸ The focus here is on the experience of the Nuestros Niños program.

Nuestros Niños had a number of very broad objectives that are mentioned here to clarify how the CNH model was applied. Objectives included expanding national coverage of children's services; increasing the quality of children's services; and strengthening the institutions of Ecuador's children's services sector. In order to expand the program,

- an approximately US\$26 million competitive fund for children's services was established, to which all types of public and private national, municipal, local, and legally established organizations had access through public bidding.¹⁵⁹
- a national bidding process was launched to select the children's services models that would be implemented for the program. The Creciendo con Nuestros Hijos program (based on Educate Your Child) and the Centros Infantiles (preschools similar

to Cuba's Salones de Preescolar) were two of the five models selected. Operating costs per child were calculated for each service model.

- all of the organizations in the country were convened to qualify for participation in a bidding process that would formally enable them to access the funds in order to implement one or more of the selected models.¹⁶⁰
- resources were transferred to the winning organizations to enable them to provide child development services under five different models, one of which was Creciendo con Nuestros Hijos.

The Nuestros Niños Program allocated resources, strengthened the capacity of the executing organizations through ongoing training and technical assistance, monitored the quality of services, and evaluated processes and results. The executing organizations created the services, formed the management committees, applied quality standards, and designed improvement plans at each stage of the child development program. Integrated actions between the program (centralized level) and executing organizations (local level) led to a significant restructuring of the child services sector and to broad public support of child development programs.

Management committees were responsible for applying quality service standards to child services.

Table 12: Impact of Creciendo con Nuestros Hijos on the overall development of children ages 7 to 72 months (N = 1,528)

Type of development	Control Group	Creciendo con Nuestros Hijos*	Centro Infantil*
Gross motor	21.1	22.3	22.2
Fine motor	19.3	20.6	20.7
Hearing-language	18.7	20.0	20.1
Personal-social	20.5	21.6	21.6
Comprehensive	79.7	84.5	84.7

Source: Asociación Velnec-RHV (2004).

* All of the results showed statistically significant differences favoring children from Creciendo con Nuestros Hijos and Centro Infantil over children from the control group. Children were evaluated with the EAD (Escala Abreviada de Desarrollo [Abbreviated Development Scale], Ministerio de Salud, República de Colombia).

The results were used to design a local action plan to execute health, nutrition, sanitation, education, equipment, infrastructure, and family and community participation plans. The committee also monitored the organization's fulfillment of its duties and the quality of service.

The Nuestros Niños program provided services to more than 100,000 children a year between 2001 and 2005. Sixty-two percent of the children participated in the Creciendo con Nuestros Hijos model, 6 percent in the Centros Infantiles, and the remaining 32 percent in the three other models. As table 12 shows, Creciendo con Nuestros Hijos and the Centros Infantiles had similar impacts on child development and both produced better results than the control group.

As table 13 shows, the annual unit cost per child for Creciendo con Nuestros Hijos (one session per week) was just \$US121.17 in Ecuador, compared with \$US646.46 for the Centro Infantiles (five sessions per week). Therefore, under the conditions described, five children could be served using the Creciendo con Nuestros Hijos model for the same amount it cost to serve one child using the Centro Infantil model.

However, the 1:5 cost ratio can vary by 25 percent if the installation costs for the Centro Infantil model are eliminated (see table 13). The cost ratio also can vary from 1:5 to 2:5 if the number of sessions in the Creciendo con Nuestros Hijos model is doubled. The low cost of the Educa a Tu Hijo (Creciendo con Nuestros Hijos) model can be an asset to policymakers as financial investments can be optimized, with the possibility of reaching out to more children.

Assessment of the experiences in Brazil and Ecuador

Both Brazil and Ecuador were able to implement the basic elements of the Educate Your Child program successfully (see table 14). Brazil's PIM Program and Ecuador's CNH model adopted different strategies. One notable aspect of PIM was the participation of the secretariats of health, education, culture, and justice and social development, giving the program a multisector and comprehensive character with regard to child development services. What stands out in Ecuador is local participation and the formation of management committees.

Table 13: Nuestros Niños program (Fondo de Desarrollo Infantil): comparative reference costs per child for the Creciendo con Nuestros Hijos Model and a Centro Infantil (U.S. dollars) in Ecuador

Type of expenditure	Creciendo con Nuestros Hijos (1 child, 1 session per week)	Centro Infantil (1 child, 5 sessions per week)
Specialized staff (technical and administrative) salaries	\$US37.8	\$US95.48
Installation costs (support materials, teaching materials, physical space, equipment)	\$US2.05	\$US84.0
Operating costs (field activities, training, mobilization)	\$US79.48	\$US458.3
Other costs	\$US0.81	\$US8.4
Annual cost per child	\$US121.17	\$US646.46

Source: República del Ecuador (2008).

Table 14: Analysis of the PIM and Nuestros Niños-Creciendo con Nuestros Hijos Programs (1999-2006) and compliance with the basic elements of the Educate Your Child program

	Educa a Tu Hijo (Cuba)	PIM (Rio Grande do Sul, Brazil)	CNH (Ecuador)
Participation and training			
Family participation	Yes.	Yes.	Yes.
Community participation	Community participates in local councils and coordinates with grassroots organizations.	The community is valued and encouraged in its potential for social mobilization, and support for actions in the areas of health and education. However, PIM communities do not execute local action plans, as communities do in Cuba.	The communities are organized into management committees, which design and execute local action plans.
Training	Training proceeds from the national, to the provincial, to the municipal, to the local level.	The state level trains the municipal level, which in turn trains all of the participants in the process.	Training is carried out at the centralized (national) level for organizations, communities, families, and management committees.
Child development			
Starting age of services	Birth. There is an ongoing effort to reach pregnant women.	Pregnant women and newborns.	Birth.

Table 14: Analysis of the PIM and Nuestros Niños-Creciendo con Nuestros Hijos Programs (1999-2006) and compliance with the basic elements of the Educate Your Child program (cont.)

	Educa a Tu Hijo (Cuba)	PIM (Rio Grande do Sul, Brazil)	CNH (Ecuador)
Provision of comprehensive services	Yes. Services encompass all aspects of development.	Services are comprehensive (health, nutrition, culture, education, emotional development).	Services seek to be comprehensive, but they are lacking in the area of health and nutrition. ¹⁶¹ Greater participation from the Ministry of Health (centralized level) is necessary.
Target at least two age groups	Groups: 0-2 and 2-6 years of age. The 0-2 age group receives home visits.	Groups: 0-3 and 3-6 years of age. The 0-3 age group receives home visits.	0-2 and 2-6 years of age. The 0-2 age group receives home visits.
Monitoring and evaluation			
Monitoring of children	Systematic monitoring during regular home visits; impact evaluation of the program every 5 years.	Children are monitored every three months during their first year of life. There is also at least one annual evaluation between the ages of one and six.	Regular evaluations at three months, six months, and one year. The evaluations are performed by program facilitators.
Family and community evaluations	Yes	Yes	The communities perform participatory diagnoses.
Multisector participation			
Multisector participation	Ministries of education, health, and culture; grass-roots organizations; provincial, municipal, and local assemblies.	The Secretariat of Health coordinates actions. Its strategic partners are the secretariats of education, culture, and justice and social development, along with the municipalities and local organizations.	Strategic partners are local organizations, management committees, and municipalities.
Coordinating groups and action plans	There are technical groups at the state, provincial, municipal and local levels. Action plans are designed at all these levels.	There are technical groups at the state and municipal level. Action plans are designed at the municipal level.	Communities and management committees apply quality service standards to the early child development services every six months and carry out participatory diagnoses and action plans. They also jointly manage a number of areas to enhance service quality and carry out oversight activities.

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APPENDIX 1

Child Development Checklist of Family-Assessed Indicators¹⁶²

Boy/girl aged 0 to 3 months

- Smiles at adults
- Makes gurgling sounds or vocalizes
- Holds head erect when being carried
- Lifts head and chest when lying on stomach
- Grasps object placed within reach
- Briefly watches and follows objects with eyes
- Turns toward sounds or the voice of a person

Boy/girl aged 3 to 6 months

- Recognizes familiar faces and may cry before strangers
- Babbles and laughs when happy
- Rolls from stomach to back and back to stomach
- Can reach for and briefly hold a toy
- Sits up by self or supported for short periods of time
- Recognizes familiar voices
- Looks for object falling nearby

Boy/girl aged 6 to 9 months

- Sits up by self without falling
- Can grasp small objects with two fingers
- Puts objects of different sizes in a box or wide-rimmed container and takes them out
- Looks for an object that interests him/her when hidden from his/her view
- Plays with objects by throwing and picking them up

- Makes or imitates new sounds
- Pays attention when called by own name

Boy/girl aged 9 to 12 months

- Steps by self
- Can hold or pull a toy while walking
- Throws and rolls toys
- Can perform simple actions: rock a doll; walk a toy cat
- Covers and uncovers boxes to grasp object inside
- Can understand/carry out simple orders: "Catch/give me the toy"
- May say a few words
- Drinks by self from a cup

Boy/girl aged 1 to 2

- Walks with balance
- Walks up and down stairs
- Throws a ball
- Places hoopsto form a pyramid
- Covers and uncovers boxes and jars
- Can carry out up to three simple orders simultaneously
- May say two or more words
- Feeds self

Boy/girl aged 2 to 3 years

- Understands what is said to him/her and expresses self using a larger number of words
- Imitates simple actions of adults
- Runs with confidence
- Can jump lifting both feet off ground or hop on one foot

- Selects an object similar to another by its color or shape
- Builds a tower, road, or bridge using more than three small blocks
- Draws lines or scribbles on paper
- Firmly holds a cup and spoon
- Verbalizes toilet needs
- Says good-bye when leaving
- Accepts relationship with strangers

Boy/girl aged 3 to 4

- Engages in simple conversations
- Plays with friends
- Mixes well with adults and familiar children
- Runs freely with confidence
- Jumps with more confidence
- Puts three objects in order by size
- Does simple two-to-four piece puzzles
- Plays using some objects as if they were others (sticks as combs, leaves as money)
- Dresses self with little help
- Laces shoes and fastens medium-size buttons
- Expresses self well using short sentences; can say what he/she saw on a walk
- Repeats stories and short poems

Boy/girl aged 4 to 5

- Dresses and bathes self
- Enjoys playing with other children
- Does simple suggested home tasks
- Does puzzles of up to six pieces

- Compares and groups equal objects by shape or color
- Orders four objects by size
- Runs, jumps, and climbs with confidence, showing good balance
- Talks and express self clearly
- Can talk quite well about interesting topic, in past and present tenses
- Knows the location of objects in space (up, down, in front, behind)

Boy/girl aged 5 to 6

- Takes care of self and shows some independence in doing daily routine, such as bathing and eating
- Understands what he/she should and should not do and is able to behave according to situation
- Shows readiness to help at home
- Colors well, trying to stay within the lines; cuts out with scissors accurately
- Enjoys doing manual work and makes strokes that will help in writing later
- When runs, jumps, or climbs, moves body with harmony and good coordination
- Likes difficult problems or tasks
- Likes to talk, can express own thoughts and feelings in present, past, and futures tenses
- Asks many questions, wants to know about many things
- Expresses desire to go to school and learn to read and write

APPENDIX 2

Description of CENDI Program in Monterey, Mexico

- Concept: Early human development units for pregnant mothers and children ages 0-5. The CENDI units operate as high-quality day care centers.
- Health and education programs: Integrated into a human development program. A doctor's office (similar to Cuba's polyclinics) operates within each CENDI unit.
- Working teams: Educators, pediatricians, nutritionists, social workers, psychologists, educators, and other professionals.
- Program services: Combination of high-quality health and educational services.
- Monitoring of child development: Constant (health, learning, and behavior).
- Family involvement: High participation. Families are trained in different topics, including nutrition and child development.
- Location: Poor areas in city of Monterey. The program is being expanded to other states in the country.
- Training of the professional working teams is continuous.

ENDNOTES

1. Sociedad Cubana de Salud Pública (2004).
2. UNESCO (2006a).
3. UNICEF (2003).
4. Sociedad Cubana de Salud Pública (2004).
5. República de Cuba (2006b).
6. UNESCO (2007).
7. Espinosa Martínez (1997).
8. The embargo still restricts trade with the island, including the import and export of food, medicine, and medical equipment and parts (American Association of World Health 1997).
9. Barry (2000).
10. American Association of World Health (1997).
11. During the special period, Cuba's economic policy was guided by social policy, in contrast to economic policies that focus exclusively on economic growth and stability.
12. UNICEF (2003); UNICEF (2005); UNESCO (2006a); WHO (2007).
13. According to Mesa Lago (2005), the economic reforms introduced by the central government between 1993 and 1996 brought some relief from the crisis, but improvements were slow and incomplete. The 2003 economic indicators for the country were still lower than 1989 indicators. In 2005, however, Cuba's annual GDP growth rate was 6.9 percent, one of the highest rates in Latin America (ECLAC 2006).
14. Rojas (2003).
15. Gasperini (2000). See UNESCO (1998) and UNESCO and LLECE (2008) for two studies on primary school achievement in Latin America. See also the section on "Impact Monitoring and Evaluation of the Educate Your Child Program."
16. Oficina Nacional de Estadísticas de Cuba (2006). In fact, Las Tunas, Guantanamo, and Granma, which are the most rural provinces, have higher basic child development indicators than the city of Havana. Nevertheless, certain differences do exist between cities and rural areas in terms of access to safe water and sanitation services (UNICEF 2008).
17. In Cuba there is a story that former president Fidel Castro was told that 99.9 percent of the children in the country met a certain child development goal. His immediate response was "What are the names of the 0.01 percent of children who do not meet that goal, and where do they live?" In cases of infant mortality, Castro demanded individual explanations.
18. Cuba has a population of 11,257,000 inhabitants. The country is divided into fourteen provinces and one special municipality with provincial status, Isla de la Juventud [Isle of Youth]. It has 169 municipalities (Oficina Nacional de Estadísticas de Cuba 2006).
19. Article 103 of the Constitution of the Republic of Cuba.
20. Noguera Fernández (2003).
21. Rojas (2003).
22. "The Structure of [the] Cuban State" (www.asanac.gov.cu/ingles/English%20The%20Structure%20of%20Cuban%20State.html).
23. The consejos locales del poder popular were created in 1990; they were preceded by the órganos del poder local [local power bodies].
24. Article 104 of the Constitution of the Republic of Cuba.
25. PAHO (2002).
26. Sanabria Ramos (2004).
27. The other component systems are General Technical and Occupational Education; Technical and Vocational Education; Special Education; Adult Education; Higher Education; and Teacher Training and Continuing Education.
28. The Ministry of Education, like all of the agencies of the Central Administration of the State, answers

- to the National Assembly of People's Power; the Comité Ejecutivo [Executive Committee]; and the Consejo de Ministros [Council of Ministers] (EFA Assessment 2000, Part 1, 2000).
29. Oficina Internacional de Educación (2001); Sistema Educativo Nacional de Cuba (1995).
 30. PAHO (2002).
 31. PAHO (1999).
 32. Resolución Conjunta MINED-MINSAP 1/97 (1997)
 33. Evans (2008).
 34. Armas and Espí (no year).
 35. República de Cuba (2006a)
 36. República de Cuba (2006a).
 37. Eckstein (1986).
 38. ECLAC (2006)
 39. PAHO (2006). To grasp how high these figures really are, consider that in 1995 Finland had one doctor for every 143 inhabitants and in Chile the figure was one doctor for every 917.
 40. Some 28,000 Cuban health professionals are now practicing in sixty-nine countries: Venezuela (20,000), Bolivia (1,000), Guatemala (448), Haiti (426), Honduras (347), Timor Leste (278), Ghana (188), Namibia (143), the Gambia (134), Belize (113), Mali (109), and Botswana (93) (*International Journal of Cuban Studies* 2008). In some cases health professionals are exchanged as part of financial agreements with host countries. In exchange for the services of the 20,000 Cuban health professionals in Venezuela, for example, Cuba receives oil and other goods for an estimated \$7.8 billion a year (*The Economist* 2009). Cuba does not look for financial profits when agreements are signed with low-income countries.
 41. IPLAC was created by agreement among those attending the Pedagogy '90 Conference in Havana in 1999.
 42. Between 3,500 and 5,000 Latin American and Caribbean students pass through the halls of IPLAC each year.
 43. For example, developing and producing the group B meningococcal vaccine, leukocyte interferon, neurophysiological and laboratory medical equipment, and 542 of the 809 pharmaceutical drugs that are included in the national list of basic medicines.
 44. Sociedad Cubana de Salud Pública (2004). For example, in the field of child mortality, the prenatal diagnosis of genetic diseases and neural tube malformations and the perinatal diagnosis of metabolic diseases.
 45. A total of 270,000 volunteers participated in the campaign, through which 700,000 people were taught to read and write. The campaign extended its support for those who had recently learned to read and write until they reached sixth grade.
 46. For more information on education and health care reform, see Oficina Internacional de Educación (2001) and PAHO (1999).
 47. Day care centers for children between the ages of 1 and 5 years with working mothers. The first Círculos Infantiles began operating in 1961, and their experience helped to lay the foundations for early education in the country.
 48. The Instituto de Infancia was responsible for the comprehensive development of children under the age of 5 years. It guided and oversaw the work of the Círculos Infantiles. The institute also carried out research.
 49. That study was one of the building blocks for the Educate Your Child program.
 50. Under this law, "the organization of the health sector and the provision of health programs are based on the active and organized participation of the population and society."
 51. PAHO (2002).
 52. Evans (2008) points out that health indicators in developed countries may be equal to or higher

- than those for Cuba, but at ten times the cost.
53. PAHO (1998).
 54. The health promotion approach proposes objectives that go beyond physical health. Physical, mental, and social well-being are achieved by being able to identify and reach one's goals, meet one's needs, and adapt to or change the environment (Sociedad Cubana de Salud Pública 2004).
 55. For example, the Ministry of Health recorded an average of 29.8 annual developmental care visits in 1998 for babies under the age of 1 year.
 56. Family doctors also receive training in the psychological and sociological aspects of health care, an additional tool to use in their work with individuals and communities. More than 50 percent of Cuban doctors are family doctors (República de Cuba 2006a).
 57. Sociedad Cubana de Salud Pública (2004)
 58. República de Cuba (2006b).
 59. Dresang, Brebrick, and Sullivan-Vedder (2005).
 60. Reed (2005).
 61. Siverio (2006).
 62. Kirk (2002) notes that Soviet influence on early education is reflected in university textbooks, Cuba's isolation with regard to non-Soviet approaches to teaching, and the educational practices of the *Círculos Infantiles*.
 63. Instituto de la Infancia (1973).
 64. Kirk (2002)
 65. Kirk (2002). The state is responsible for education in Cuba, and the entire society participates. Educational principles and objectives are established in Articles 9, 39, 40, 51, and 52 of the 1976 Constitution of the Republic. Early education programs are offered to children from birth until they enter primary school; they are not compulsory.
 66. From their creation, the *Círculos Infantiles* promoted family and community education, although with much less intensity than the Educate Your Child program. The research supporting these programs was carried out in the 1980s and early 1990s.
 67. Senate of Canada (2008).
 68. República de Cuba (2006a).
 69. During the prenatal period, the following evaluations are carried out: hemoglobin electrophoresis to detect increased risk for sickle cell anemia; maternal serum alpha-fetoprotein; genetic ultrasounds in the first and second trimester of pregnancy; and prenatal cytogenetic diagnosis for high-risk pregnancies (Senate of Canada 2008).
 70. República de Cuba (2006a).
 71. Senate of Canada (2008).
 72. República de Cuba (2006b).
 73. There are other universal health programs in Cuba. This one was selected because it is closely linked with early child development. The National Maternal-Child Program also includes the Breast-feeding Promotion Program, Low Birth Weight Reduction Program, Program for the Prevention and Early Detection of Genetic Diseases, and the National Immunization Program, among others. The National Immunization Program protects the child population against thirteen diseases. In the post-Revolutionary period it succeeded in eliminating poliomyelitis (1962), neonatal tetanus (1972), diphtheria (1979), measles (1993), whooping cough (1994), and rubella (1995) (República de Cuba, 2006a).
 74. PAHO (2002).
 75. MINED, UNICEF, and CELEP (no year); Gorry (2005).
 76. Por la Vida (2003).
 77. For an approximate rate of one in every eighty people.
 78. Por la Vida (2003).
 79. The study determined that almost 27 percent of

persons with mental retardation studied suffer an alteration in the number or structure of chromosomes. The results also indicated that 10 percent of mothers of mentally retarded children said that they had consumed alcoholic beverages during pregnancy and that 18 percent said that they had smoked.

80. "Noninstitutional" refers to services that go beyond "institutional" limits, taking on a multisector and decentralized character. In Cuba the term "noninstitutional" is used synonymously with "nonformal."
81. Siverio (2007).
82. UNESCO (2006a).
83. Percent of children participating in the program . UNESCO (2006).
84. In Cuba, preschool and primary school teachers receive the same university education; the curriculum lasts five years, the last of which is dedicated to a practical research project (UNESCO 2006).
85. García and Torres (2005).
86. There are actually three age groups, if the prenatal group is counted. For this group, future fathers and mothers receive guidance from doctors, nurses, and educators on health and child development.
87. Siverio (2007). There is a high level of participation by grandparents in these sessions.
88. MINED, UNICEF, and CELEP (no year).
89. Gasperini (2000).
90. This calculation was based on Ecuador's Nuestros Niños Program and figures from the Fondo de Desarrollo Infantil, which determined that the local cost comparison for providing the Educate Your Child Program and a day care center (Círculo Infantil) fluctuates between 10/44 and 10/53. That means that with the same amount of money that it takes to serve ten children in a day care center, between forty-four and fifty-three children could be served using the Educate Your Child model with one weekly stimulation session (see table 15).
91. República de Cuba (2006b and 2007). These figures, shown in chart 3, dropped significantly in 2000, although they remain quite high.
92. *Estudio psicosocial de las personas con discapacidades y estudio psicopedagógico, social y clínico-genético de las personas con retraso mental en Cuba* [Psychosocial Study of Persons with Disabilities and Psycho-Pedagogical, Social, and Clinical-Genetic Study of Persons with Mental Retardation in Cuba] determined that the incidence of autism in the country is 0.4 per 1,000 (Por la Vida 2003). This low incidence may be related to the quantity and quality of early child development experiences that Cuban children receive.
93. This number was based on an average of one to two sessions per week.
94. Chapters 2 and 4 of the Working Women's Maternity Act (Decree-Law 234 de La Maternidad de la Madre Trabajadora).
95. Michael Carnoy refers to such social care and support as "social capital," which is present in Cuban society and provides children with the security, health, and moral support that favor learning (Carnoy, Gove, and Marshall 2007).
96. "El Programa Educa a Tu Hijo en Rodas: Resultados" (www.monografias.com/trabajos57/programa-educacion-rodas/programa-educacion-rodas.shtml?monosearch).
97. Siverio (2007).
98. UNESCO-Innovemos (no year).
99. Siverio (2007).
100. Josefina López and Ana María Siverio carried out pioneering research in the early 1980s that demonstrated the usefulness of the two pedagogical strategies mentioned. That research led to the national pedagogical practices adopted by the Ministry of Education in 1985 (Siverio and López 2002). The methodology committees established by the

- Ministry of Education played a key role in the design phase of the program; they were composed of multidisciplinary teams that also contributed to designing the program manuals.
101. The sample included twenty-two newborns, thirty-two six-month-old children, and forty twelve-month-old children. The control and experimental groups were composed of forty-six children each.
 102. Siverio (2002).
 103. Sessions for the under-two group are held in the home to provide small children with individualized experiences that better strengthen their development during the critical period of the first two years of life.
 104. Gutiérrez, López, and Arias (no year).
 105. The Kern-Irasek Battery was employed to evaluate "school maturity" in children—for example, a child's perceptual organization and ability to draw a human shape and copy a written phrase.
 106. López (2001).
 107. The final decision to expand coverage was made during the most critical moments of the special period. In the face of the economic crisis, Cuba held fast to its socialist principles, putting social investment over the country's immediate economic recovery.
 108. The National Action Plan was established by Cuba to meet the commitments that it made at the World Summit for Children (New York, 1990) and in the World Declaration on Education for All (Jomtien, 1990). The plan was submitted to UNICEF in 1991.
 109. From inception, Educate Your Child received technical support from UNICEF.
 110. Kirk (2002).
 111. During the 1961 National Literacy Campaign, in addition to curriculum materials for teaching reading and writing, teachers also brought health primers that included ten basic points on health, which they used to train the population.
 112. EFA Assessment, Part 2 (2000). The plan's approach to child development was comprehensive, incorporating different subjects such as health, education, water and sanitation, social security and assistance, employment, women's issues, and environmental protection.
 113. Ana María Sivero clarifies that the term "volunteer" does not necessarily mean "unpaid" when speaking about the Educate Your Child program. Some volunteers are employees of the ministries of education, public health, and culture and of the National Institute of Sports, Physical Education, and Recreation who are paid by their respective organizations (UNESCO 2004).
 114. CELEP (1999).
 115. In Cuba, *puericultura* refers to development services, developmental screening, and early stimulation of young children.
 116. Resolución Conjunta MINED-MINSAP 1/97 (1997).
 117. UNESCO (2004). There is no advertising in Cuban media, and television and radio health and education campaigns are very common.
 118. Cisero and Rodríguez (1999).
 119. Siverio (2007); MINED, UNICEF, and CELEP (no year).
 120. In that census, children under 6 years of age who did not attend *Círculos Infantiles* or *Salones de Preescolar* were identified.
 121. González (2008).
 122. Program teaching materials consisted of nine orientation booklets for parents—*Educa a Tu Hijo*, booklets 1–9 (by Amador Martínez, A.; Berdazco Gómez, A.; Burke Beltrán, M. T.; Collado Lasoncel, M.; Esteva Boronat, M.; Garbey Acosta, S.; González Rodríguez, C.; Hernández Nodarse, F.; Ibarra Sala, A. M.; León Lorenzo, S.; López Hurtado, J.; Martínez Mendoza, F.; Pérez Forest, H.; and Siverio Gómez, A. M., under the technical direction of María

- Elena Domínguez Cabrera, 1992)–and several manuals for promoters and facilitators, among them *Manual del promotor de las vías no formales de educación preescolar*, by F. Martínez Mendoza (Editorial Pueblo y Educación, La Habana, 1994), and *Mamá, tú y yo en el grupo múltiple*, by M. E. Pérez Valdéz and others (MINED, Editorial Pueblo y Educación, 1995). The booklets and manuals cover child development, health, community work, instructions for making low-cost toys, facilitation of parent group sessions, and school readiness.
123. The state did not need to invest in infrastructure because local spaces were provided by the communities.
 124. González (2008).
 125. EFA Assessment, Part 2 (2000).
 126. MINED, UNICEF, and CELEP (no year).
 127. It should be clarified that active participation means “all” or “almost all” in Cuba. The family and community participation rates found in this study would have been interpreted as a resounding success in other countries.
 128. There is also a clear need to carry out an impact study of the National Child Development System, including the Educate Your Child Program, and to compare the results with those of similar systems and programs in other countries in the region.
 129. The EDI was developed by Dan Offord and Magdalena Janus.
 130. Mustard and Tinajero (2009).
 131. This figure is for Finland because the UNESCO report did not contain results from North America and data for Western Europe were not available.
 132. (UNESO-LLECE 2008). The second UNESCO study provides mean scores and their variation by country, areas, and grades; the study also provides percentages based on students’ distribution at each national level of performance (Levels I, II, III, and IV). The Level IV category includes children with high academic achievement and the Level I category the children with low academic achievement. More than half of Cuban children scored in the Level IV category.
 133. The Scandinavian countries, the government of South Australia, the PIM Program in Brazil (State of Rio Grande do Sul), and the CENDI Program in Monterey (Mexico) have also been able to implement integrated early human development programs. See appendix 2 for a description of the CENDI program in Mexico.
 134. A literate population is better able to provide children with enriching cognitive experiences. Cuba’s literacy rate for the 2000–04 period was 100 percent of the population over the age of 15 years (UNESCO 2006a).
 135. Passive participation has also been detected in the implementation of local health programs (Rojas 2003).
 136. UNESCO (2004).
 137. Ministerio de Educación de Cuba (1997).
 138. CINDE-UNICEF (2001).
 139. UNESCO (2004).
 140. Burke (2007).
 141. UNESCO (2004).
 142. CINDE-UNICEF (2001).
 143. The economic measures consisted of diversifying foreign trade; creating a domestic foreign currency market; introducing a new tax model; and allowing mixed enterprises, cooperative work, and informal work.
 144. Oficina Nacional de Estadísticas de Cuba (2001). In Cuba, poverty is not defined in economic terms alone; it also includes hunger and malnutrition, poor health, morbidity and mortality, lack of access to education, homelessness, discrimination and social exclusion, and lack of participation in social, political, and cultural life (Añé Aguiloché 2003). However, only 5 percent of those surveyed felt “poor” with respect to health and education,

- indicating that the population highly values the services that it receives.
145. There was a shortage of approximately 1 million homes in Cuba in 2003 (Mesa-Lago 2005).
 146. In response to the economic crisis, Cuba introduced the internal circulation of three currencies in 1993: the United States dollar, the peso, and the convertible peso (national currency pegged to the U.S. dollar). The state eliminated circulation of the U.S. dollar in 2005. The current circulation of the peso and convertible peso causes disparities in the economy.
 147. Añé Aguiloché (2003). Certain products are rationed by the state. There is a substantial difference between the prices of goods sold on rationed and nonrationed markets.
 148. Noel (2005).
 149. Arés Muzio (no year). In Cuba 70 percent of children are born to single mothers or mothers living in a nonmarital domestic union; women are heads of household in 40.6 percent of families; and the divorce rate is 60 percent (República de Cuba 2002; Añé Aguiloché 2003).
 150. Some of these questions were asked by L. Gasperini in 2000, but they were directed mainly at primary education.
 151. China's GDP has been growing at an annual rate of 9 percent for the last 25 years, and basic human development indicators have improved for the population as a whole. However, the economic reforms have brought a vicious cycle of three synergistic factors that are causing growing inequity in health among the population: imbalances in the role of the government and the market in terms of health care (for example, health services are becoming more treatment-oriented than preventive); inequities in the social determinants of health (for example, increasing disparities between urban and rural health services); and a growing public perception of unfairness (for example, for a segment of the population the relation between doctors and patients has worsened in the past years) (Tang and others 2008). Mary E. Young wrote an extensive paper on post-reform China describing the impact suffered by the health programs and suggesting medium-term strategies to reduce maternal mortality and to improve the health status of mothers and their infants (Young 1990)
 152. That is the approach adopted by CELEP when it facilitates the implementation of the program in other countries.
 153. UNESCO-Governo do Estado do Rio Grande do Sul (2007).
 154. The impact evaluation tool was included in the *Guía da Família* [Manual for Families] (UNESCO-Governo do Estado do Rio Grande do Sul 2007). This tool is an adaptation of the evaluation used by Cuba in the Educa a Tu Hijo program (see appendix 1).
 155. INNFA (Instituto Nacional de la Niñez y la Familia [National Institute of Childhood and the Family]) received extensive training from CELEP for implementation of the Educate Your Child Program and subsequently provided training to the Nuestros Niños program in applying the model. INNFA executed the model from 1997 to 2002, serving approximately 6,000 children a year.
 156. The Nuestros Niños Program, which was run by the Ministry of Social Well-Being (currently the Ministry of Economic and Social Inclusion), offered the Creciendo con Nuestros Hijos program to some 65,000 children. It operated with funds received from the Ecuadorian government that proceeded from a loan from the Inter-American Development Bank.
 157. FODI (Fondo de Desarrollo Infantil [Children's Development Fund]) was created in 2005 to support the Nuestros Niños Program. FODI currently operates the program, which serves some 250,000 children and is the largest public child development program in Ecuador.
 158. INFA (Instituto Nacional de la Familia [National

Institute of the Family)) was created by executive decree on July 3, 2008, to streamline implementation of policies related to children and teenagers. FODI (Fondo de Desarrollo Infantil), INNFA, ORI (Organización Rescate Infantil), and AINA (Atención Integral a la Niñez y Adolescencia) all come together under INFA. As of January 1, 2009, INFA assumed all of the authorities, powers, and responsibilities pertaining to execution of policies on children and adolescents, including child development.

159. For example, provincial, municipal, or parish governments; the boards of those governments; NGOs; churches; educational centers at different levels; and community organizations.
160. In order to access the resources, the organizations had to present quality proposals for priority areas and demonstrate their technical capacity for providing child development services.
161. This model worked extensively on teaching good eating habits. However, it was implemented in poor and extremely poor areas, where training alone is not enough.
162. Source: MINED, UNICEF and CELEP (no year). Questions on the Child Development Checklist are yes/no questions asked during the systematic monitoring of children. Promoters, facilitators, and family members participate in these evaluations, in which mothers are asked to answer the questions. This checklist appears at the end of the nine booklets.



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