EARLY CHILDHOOD DEVELOPMENT IN CUBA

sharing the experience of a scaled-up integrated system that promotes the best start in life for every child

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Many persons have contributed their time and expertise to this document. At the Ministry of Education of the Republic of Cuba (including the Latin American Reference Centre for Preschool Education and the Latin American Centre of Reference for Special Education) and the Ministry of Public Health of the Republic of Cuba, the author would like to thank: Irene Rivera Ferreiro, Isabel Ríos Leonard, María de los Ángeles Gallo Sánchez, Ivette Méndez, Gisela Álvarez, Ana María Siverio Gómez and Yindra Castro. The author would also like to thank UNICEF colleagues: Anna Lucia D´Emilio, Begoña Arellano, Aimée Betancourt, Odalys Rodriguez, Arsenio García from the Cuba Country Office and María Elena Úbeda Castillo from the Regional Office.

Finally, special thanks to Joan Lombardi, for her thorough review of the document. The author is particularly grateful to Mirta Hernandez, Ayled Sardiña, Félix Velazquez and their daughter Marian, for agreeing to share their story.

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Acronyms

ANAP	National Association of Small Farmers (*Asociación nacional de agricultores pequeños*)
APP	Assembly of People's Power (*Asamblea del Poder Popular*)
CDO	Diagnosis and Guidance Centre (*Centro de Diagnóstico y Orientación*)
CDR	Committee for the Defense of the Revolution (*Comité de Defensa de la Revolución*)
CELEP	Latin American Reference Centre for Preschool Education (*Centro de Referencia Latinoamericano para la Educación Preescolar*)
CMF	Family doctor-and-nurse office (*Consultorio del Médico y de la Enfermera de la Familia*)
CRC	Convention on the Rights of the Child
ECD	Early Childhood Development
ECDI	Early Childhood Development Index
FEU	University Students' Federation (*Federación Estudantil Universitaria*)
FMC	Cuban Women's Federation (*Federación de Mujeres Cubanas*)
INDER	National Sports, Physical Education and Recreation Institute (*Instituto Nacional de Deporte, Educación Física y Recreación*)
MICS	Multiple Indicator Cluster Survey
MINED	Ministry of Education (*Ministerio de Educación*)
MININT	Interior Ministry (*Ministerio del Interior*)
MINSAP	Ministry of Public Health (*Ministerio de Salud Pública*)
MTSS	Ministry of Labour and Social Security (*Ministerio de Trabajo y de la Seguridad Social*)
OECD	Organisation for Economic Cooperation and Development
PAMI	National Programme for Maternal and Child Care (*Programa de Atención a la Salud Materno-Infantil*)

Introduction

There are more than 855,000 children under six years of age in Cuba, of whom 99.5 per cent attend an early childhood education programme or institution,[1] according to official statistics from the Ministry of Education (MINED). Cuba has adopted a holistic approach to early childhood development (ECD), providing children under six and their families with a system of integrated services that aims to promote the best start in life for all children and the maximum development of each child's potential. These services have been scaled across the country, and today have universal reach with an equity focus, meaning that they are accessible to all children, with specific attention to ensuring access for the most vulnerable. Cuba is currently a leader in the region on early childhood development, with the highest number of inter-sectoral interventions from the moment a woman becomes pregnant to the child's entry in primary school.

At the global level, ECD is gaining momentum. Many publications have made a compelling case for ECD, backed by scientific evidence (see box), but few have focused on country-level experiences. There is a need to document good practices and enhance knowledge-sharing of quality programme design and implementation in ECD. The purpose of this document is to contribute to filling this knowledge gap by studying the case of Cuba, detailing the specifics of its ECD system and their impact on child development: how does the Cuban ECD system promote the integral development of all children under six? To date most of the literature available on the Cuban ECD model has focused on the "Educate Your Child" programme, rather than documenting the broader ECD system. The present document aims to provide concise and updated information on the integrated Cuban ECD model, including education but also health, nutrition and protection, of which the "Educate Your Child" programme is a key component. It is aligned with UNICEF's current framework for research, in which ECD is identified as a cross-cutting research priority, especially in relation to ECD service delivery systems, equity in ECD and measurement of child outcomes.

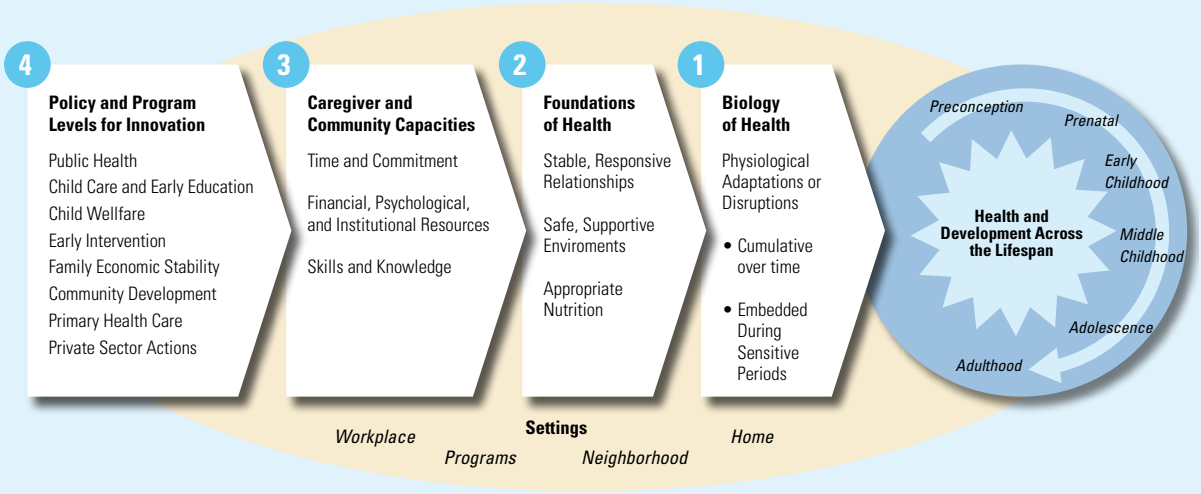
IN BRIEF: WHAT SCIENCE TELLS US ABOUT ECD

Early childhood is a key period for brain development. During the early years of life, the brain is characterised by its plasticity, which means that experiences and external stimulation influence its formation and development. This can have positive and negative consequences: positive experiences such as good nutrition support normal brain development and have beneficial consequences for a child's life, while negative experiences (such as prenatal alcohol exposure, violence and nutritional deficiencies) can cause abnormal neural and behavioural development, hindering the child's potential. The primary caregiver has an essential role to play as the main source of brain stimulation through daily interactions with young children. New research has also demonstrated that socio-emotional and cognitive skill development are intertwined, and that health and nutrition in early childhood are associated with child development outcomes, thus strengthening the need for a holistic approach to ECD.

[1] Source: CEPDE-ONEI, December 2013.

Early childhood development has an impact on lifelong human development. Safe and supportive environments are one of the three factors identified as key foundations for lasting health and development, alongside stable, responsive relationships and appropriate nutrition. These foundations trigger physiological adaptations, or disruptions, that influence lifelong outcomes in health, learning and behaviour.

Figure 1: The foundations of lifelong health and development



Source: Centre on the Developing Child, "The Foundations of Lifelong Health"

All of the above suggests that early childhood is a key window of opportunity during which interventions to stimulate child development and positive interactions between a child and his or her environment are highly effective and can have a lifelong impact. While child development was long understood to start at four years of age, progress in the fields of biology, psychology and neuroscience have highlighted that the first three years of life – the first 1,000 days – are essential for optimal human development. Moreover, early interventions that prevent or reverse risks are more effective than later interventions that attempt to remedy cumulative deficits.

The document is being published at an important time, in a context of changes at both the national and international levels. At the national level, Cuba has begun a process of updating of its economic and social model, with the 2011 adoption of the *Guidelines for Economic and Social Policy*. Since then, the private sector has developed and international investment has been encouraged through a new investment law adopted in 2014, although the economy remains predominantly state-owned. A plan to unify the two currencies currently existing in the country (the Cuban peso and the convertible peso) has been announced, although the date of unification remains unknown. Moreover, as of December 2014 a new era began in the relationship between Cuba and the United States, with the restoration of diplomatic ties and re-opening of embassies. All these changes are likely to have implications for children and their families, and for the provision of social services. This changing context increases the relevance of documenting the current ECD model, its design, implementation and results.

At the global level, 2015 has been a pivotal year, marking the end of an international development framework centred around the eight Millennium Development Goals and six Education for All goals, and the start of

a new framework; namely the 2030 Agenda for Sustainable Development and the 17 Sustainable Development Goals (SDGs), in which access to quality early childhood development, care and pre-primary education for all children is a target (4.2) under Goal 4. This underscores the relevance of developing knowledge on ECD programme implementation and promoting knowledge exchanges between countries. In addition to target 4.2, the integrated and inter-sectoral approach of the Cuban ECD system is also relevant to other SDGs, such as Goal 1 on poverty reduction (particularly in reference to vulnerable groups), Goal 2 on nutrition (particularly targets 2.1 and 2.2), Goal 3 on health (particularly in reference to reducing maternal and child mortality, and increasing access to basic health services), Goal 5 on gender equality, Goal 10 on inequality reduction (given the potential of ECD interventions to reduce inequalities[2]), and Goal 16 (particularly target 16.2 on preventing violence and abuse against children, and 16.9 on birth registration).

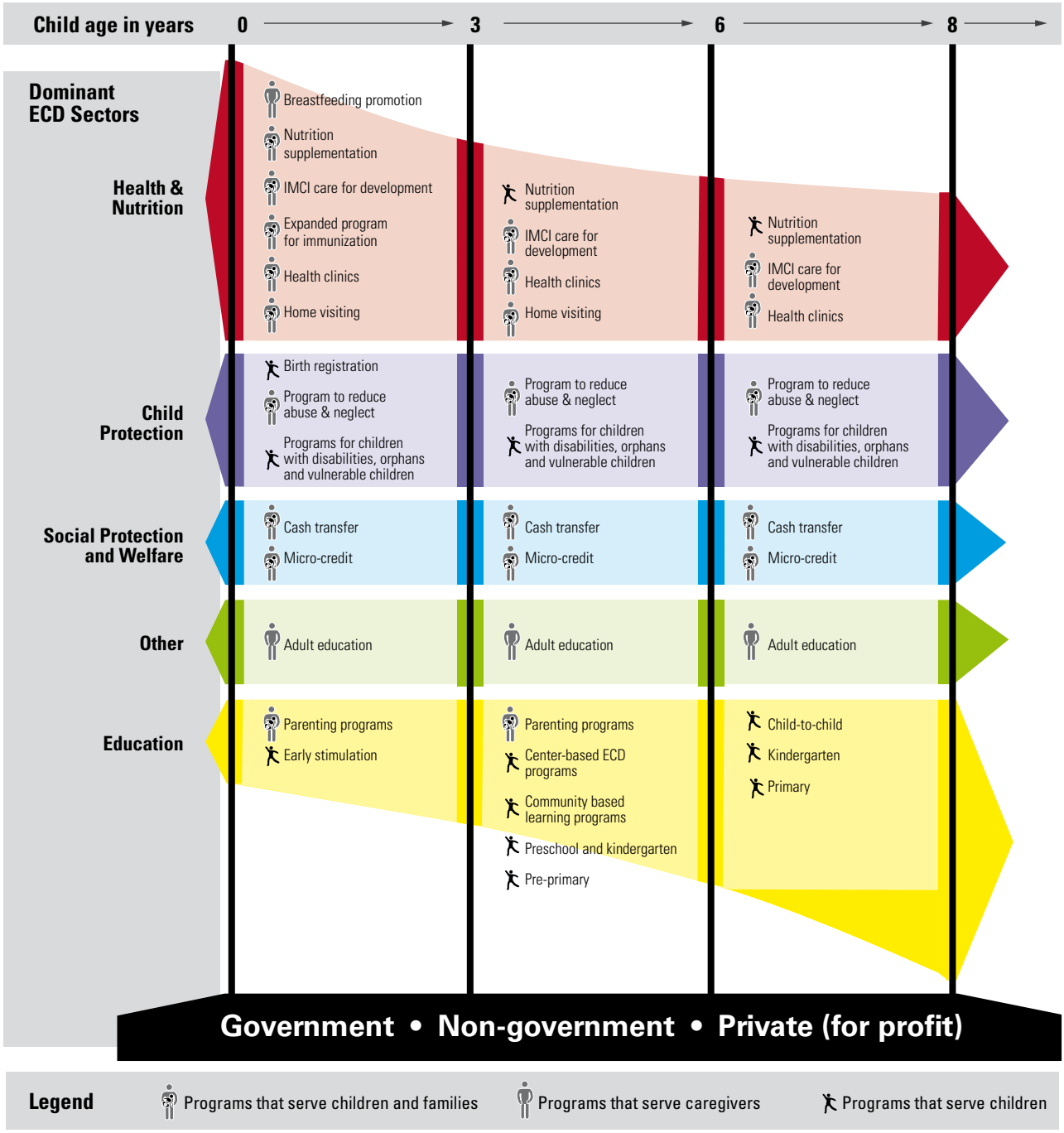
Early childhood spans from birth to the child's entry into primary school, and early childhood development is a cross-sectoral concept that encompasses all interventions and services for children in the early childhood period, as well as their families. Indeed, research has stressed the need for an integrated approach to ECD that includes: learning and education programmes, maternal and child nutrition, protection, health care interventions and family support services[3]. Equity is understood in terms of access to and quality of ECD services. Figure 2 details the need for these services by sector and children's age.

This document is based on information collected through extensive desk review of previous publications on the Cuban model and results from the latest studies, as well as interviews with key actors of the Cuban ECD system. It is organised in three parts. The first documents the ECD system in Cuba, detailing its development, organisation, interventions and implementation strategies. The second part focuses on the "Educate Your Child" programme as a successful community-level ECD initiative and describes the programme's development, essential elements, organisation, implementation and adaptation in other Latin American countries. The third part analyses the achievements of the Cuban ECD system, including "Educate Your Child".

2 Engle, P. L. and al. *Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries.* The Lancet, 2011, 378.

3 United Nations Children's Fund, *Programming Experiences in Early Child Development*, Early Child Development Unit, New York, USA, 2006; Engle, Patrice L. and al. *Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world.* The Lancet, 2007, 369; Walker, Susan P. and al. *Inequality in early childhood: risk and protective factors for early child development.* The Lancet, 2011, 378; Lake, Anthony. *Early childhood development – global action is overdue.* The Lancet, 2011, online.

Figure 2: Categorization of ECD interventions



Source: Britto, Yoshikawa and Boller (2011)

Early Childhood Development in Cuba

Background: 50 years of ECD in Cuba

Early childhood development has been a priority in Cuba for the past 50 years, with ECD services, programmes and institutions put in place and strengthened over the years to achieve a common objective: the maximum possible integral development for each child, always applying an inter-sectoral approach and guaranteeing universal access with an equity focus.

Health services have been key in fulfilling Cuban children's right to survival and development, enshrined in article 6 of the Convention on the Rights of the Child (CRC).

The National Health System, developed in the 1960s, has been directed towards primary health care. Thus institutions in charge of primary health care services were created at the community level as gateways to the health system: community polyclinics in 1976, and family doctor-and-nurse offices (CMF in Spanish) in 1984. Their coverage has been slowly extended, in terms of territorial presence (in all communities) and service provision (more and more specialised services provided at the primary health care level). Within this system, maternal and child care has been constantly prioritised and improved, from the creation of maternity homes in the 1960s to the development of well child care and Human Milk Banks in the 2000s.

As regards early education services, day care centres were set up in 1961, already employing an inter-sectoral approach, providing not only education to children under six, but also adequate nutrition and health care, including specialised health services. The Children's Institute (*Instituto de la Infancia*) was created in 1971 to coordinate the day care centres and all other institutions working in early childhood development (health, culture, sports, etc.). The Children's Institute played a key role in ensuring access and quality of early childhood education by expanding the network of day care centres and creating training schools for their educators. It also conducted research on various aspects of ECD that was critical to refining the features of the Cuban early childhood education system and raising awareness among parents on their role in their children's education and development. In 1981 the responsibilities of the Children's Institute were transferred to MINED, and early education was integrated into the National Education System.

All these services and institutions are part of today's Cuban ECD model, whose organisation and implementation strategies are described below.

The Cuban ECD system

In Cuba, ECD services are provided through the national education system and the national health system. Indeed, health and education have been two priorities of state policy, and are defined in holistic terms, incorporating elements of child protection and social assistance.

The table below summarises the ECD interventions presented in the next sections, highlighting that the majority have universal coverage and are available at the community level.

Figure 3: Summary of key ECD interventions in Cuba

Dominant ECD Sector	Intervention / Institution	Target population	Availability
Education	Day Care Centres (*círculos infantiles*)	Children aged 1-6 whose mother works	1,078 day care centres in the country
	Preschool Grade	All children aged 5-6	In primary schools or day care centres
	Educate Your Child Programme	Children aged 0-6 with their families; pregnant women	In all communities

Dominant ECD Sector	Intervention / Institution	Target population	Availability
Health and Nutrition	**MATERNAL HEALTH CARE**		
	Prevention of pre-conception risks	All women	In all communities: at the family doctor-and-nurse office
	Prenatal care	All pregnant women	In all communities: at the family doctor-and-nurse office, in polyclinics and hospitals for specialised controls
	Maternity homes	Pregnant women with risks that do not require hospitalization	138 maternity homes in the country
	CHILD HEALTH CARE		
	Institutionalised birth	All children	In hospitals
	Care for new-borns with low birth weight	Children with low birth weight	In hospitals
	Immunisation	All children	In all communities: in polyclinics
	Prevention and control of diarrhoeal diseases and acute respiratory infections	All children	In all communities: at the family doctor-and-nurse office
	Unintentional injury prevention	All children	In all communities: at the family doctor-and-nurse office
	Genetic screening	All children	In all communities: at the family doctor-and-nurse office
	Well Child Care	All children aged 0 to 19	In all communities: at the family doctor-and-nurse office
	NUTRITION		
	Breastfeeding promotion	All children, with special attention to the most vulnerable	In all communities: at the family doctor-and-nurse office, and seven Human Milk Banks for infants in need located in provincial maternity hospitals
	Prevention of anaemia and nutritional deficiencies	All children, with special attention to the most vulnerable	In all communities: monitoring at the family doctor-and-nurse office. Special interventions for children with anaemia or nutritional deficiencies (food and nutritional supplements)
	Prevention of obesity and overweight	All children, with special attention to the most vulnerable	In all communities: monitoring and nutritional education at the family doctor-and-nurse office

Dominant ECD Sector	Intervention / Institution	Target population	Availability
Child Protection	Birth registration	All children	In hospitals
	Care of children without parental care	Children under six without parental care	In the extended family, or in mixed day care centres as a last resort (60 children under six in this situation)
	Care of children with disabilities	Children under six with disabilities	In all communities: included in education institutions (regular or specialised), monitored by the family doctor and the municipal Centre for Diagnosis and Orientation
	Protection against violence, abuse and neglect	Children in difficult living situations; child victims of violence, abuse and neglect.	In all communities: inter-sectoral prevention system to address the cases of children in difficult situations. At the regional level, three Protection Centres for child victims.

Education

The National Education System is comprised of several components, one of which is the Early Education System for children under six years of age. The country's educational policy is based on the Constitution of the Republic of Cuba (articles 39 and 51); the Child and Youth Code of 1978, whose article 17 specifically focuses on the care and education of children under six; and the Family Code. The recently developed *Guidelines for Economic and Social Policy* include the improvement of educational quality (Guideline no. 145). In compliance with this legislation, the Ministry of Education is responsible for directing, executing and overseeing the implementation of state educational policy – including preschool education – from the national to the local level (see box for further explanation). Early childhood education is entirely funded by the State through the national education budget. Early childhood education is not compulsory in Cuba; but free, quality education services are available to all children between zero and six years, either through the institutional or the non-institutional modality (see Figure 4). Both share common curricula and the objective of achieving the best possible integrated development for every child.

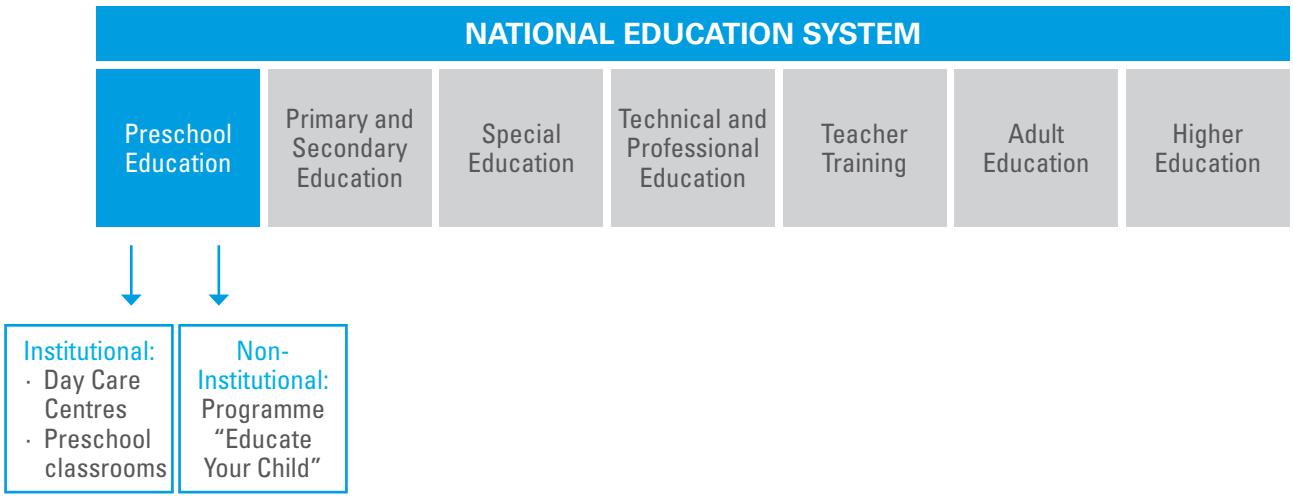
CUBA'S POLITICAL-ADMINISTRATIVE ORGANISATION

There are four political-administrative levels in Cuba: the national, provincial, municipal, and local (community) levels.

Assemblies of People's Power (APP) exist at the national, provincial and municipal levels. While the National Assembly of People's Power adopts national-scale plans for economic and social development, provincial and municipal assemblies are responsible for implementing them in their respective jurisdictions.

At the local level, people's councils act as an intermediary between the community and the State. They are responsible for coordinating multisector actions, promoting community participation and leading local initiatives in health, education and culture. They report issues related to social service delivery to the municipal assembly.

Figure 4: National Education System in Cuba



Institutional early childhood education

Institutional early childhood education takes place in two types of institutions:

- **Day care centres** (*círculos infantiles*): Children of working mothers can attend day care centres as soon as they are able to walk (generally age one to six). Before the child's first birthday, the State provides a one-year, remunerated maternity leave (see box), which allows parents to care for their child and encourages breastfeeding. Educators and teaching assistants have staggered work-times to care for children in day care centres from 6am to 7pm. There are 1,078 day care centres throughout the country.[4]

- **Preschool classrooms**: All children between the ages of five and six can attend preschool in designated classrooms, either in primary schools or day care centres. The preschool grade is taught by preschool teachers who graduated from Universities of Teaching Sciences and teaching assistants.

Despite limited resources, service quality is a priority, with the following dimensions taken into account: a safe environment, qualified staff, adapted teacher-to-child ratios and a regularly updated, multi-disciplinary educational programme. Each of these dimensions is detailed below.

Spatial environment. Early childhood education in Cuba takes into account the decisive role played by living conditions in a child's development, and the importance of providing a healthy and friendly environment, safe from potential dangers and incidents. In day care centres and preschool classrooms, spaces and furniture are adapted and do not

MATERNITY LEAVE IN CUBA

The **1974 Maternity Law** introduced an 18-week remunerated maternity leave, including 12 weeks after the child's birth.

In 2003, the **Decree-Law no. 234** expanded the maternity leave until the child's first birthday and introduced the option of sharing the second semester with the father, i.e. after the recommended six-month period of exclusive breastfeeding. In practice, a minority of families shares the maternity leave.

[4] Source: Ministry of Education, *Anuario Estadístico de Educación*, 2014-15.

represent a danger for children, and all sanitary hygiene requirements are met.

Staff qualification. Children are attended by qualified educators with a degree in preschool education, from either a vocational school or a University of Teaching Sciences. Educators are supported by teaching assistants who have received specialised training and are encouraged to follow a course to become educators, in an effort to continuously improve the qualifications of staff working with children. The teaching staff is assessed twice a year in order to analyse their strengths and weaknesses and define a personalised professional development plan.

DEVELOPING TALENTS – ART AND SPORTS IN EARLY CHILDHOOD

The educational programme emphasises artistic, musical and physical education.

- **Music education** is taught by a music educator – one per day care centre – who graduated in preschool education and specialised in music education.
- **Art education** is taught by a regular educator, previously trained by art instructors who work in the other sub-systems of the education system and also train preschool educators in these disciplines (visual arts, dance, theater). Artistic education can take place at any moment, through different activities. There is also a cultural module, in which all children participate, such as dance or choir.
- **Physical education** is taught by a regular preschool educator, following a methodological preparation by professionals from the National Sports, Physical Education and Recreation Institute (INDER).

These activities can be integrated: for instance, the educator can tell a tale which involves children in running, jumping or singing, and ends with a drawing activity.

Beyond the activities carried out in day care centres and the "Educate Your Child" programme, children and their families have many opportunities to access culture and sports.

- As regards **culture**, the country has 347 cultural centres (Casas de Cultura) located in all provinces, offering opportunities to develop artistic potential at all ages for painting, dance, theater, etc. These services are available free for the entire population and are linked to education institutions. Moreover, vocational workshops for children and adolescents are organised by professional dance and theater companies (such as the Cuban National Ballet), sometimes free of charge. Finally, community projects are developed throughout the country and encourage participation of the entire community, from young children to the elderly.
- As regards **sports**, alternatives to promote children's motor development and physical education include a programme to learn how to swim starting from the early years, available in some provinces. The country also has 924 sports centres offering free spaces to practice different sports at the community level. INDER organises sports festivals at various levels (local, municipal, provincial, national), encouraging children's participation. Moreover, health and sports professionals partner to promote systematic sports practice for children with chronic diseases and physical exercise for pregnant and breastfeeding women, as well as for young children.

Source of figures: ONEI, *Anuario estadístico,* 2014.

Teacher-to-child ratio. The teacher-to-child ratio (including educators and teaching assistants) is adapted to the requirements of each age group and favours individualised attention: the maximum ratio is one teacher for five children aged one to three, one teacher for seven children aged three to five, and one teacher for 13 children aged five to six.

Educational programme. Children participate in activities that stimulate their overall development and learning, including socio-emotional development (emotions, interpersonal relations, social norms of behaviour), physical education, knowledge of the world (nature, objects, etc.), numerical notions, language, visual arts, music and corporal expression, as well as play. These contents are implemented through different types of activities: educational (adult-led learning); independent, in which the child takes autonomous decisions regarding what he/she wants to do; and joint activities with parents, organised once a month to train families to stimulate their children's development in the home. The latter are complemented by home visits by educators.

The national educational programme is based on the life cycle, with development indicators, contents and objectives for each year of life and each developmental area. It is a flexible programme that can be tailored to each child's specific needs, abilities and level of development, and to local conditions. For instance, when teaching about social life and work in rural areas, the content will focus on farming, while that might not be the main focus in urban areas such as Havana. Educators define how they teach the contents depending on their group.

Several processes are in place to ensure a smooth transition from one age group to the other and facilitate coordination among educators: for instance, educators can attend the same group several years in a row, accompanying the same children throughout their early years. Meetings are frequently held among educators to exchange information on development outcomes achieved by each child, potential difficulties and family characteristics impacting on their development. All of these systematic observations are written down in the child's record, a tool that facilitates the handover process. Throughout the year, the educator fills in the child's record and then hands it over to the educator who will be in charge of the child the next year. Thanks to these records, the handover process is easily carried out during transitions between two institutions: from the day care centre's educator to the preschool teacher, and from the preschool teacher to the first grade teacher. This handover process can also occur between a day care centre and a special education institution, or between the "Educate Your Child" programme and a day care centre [5]. Indeed, even children in the non-institutional modality have a record, filled out by families. Because of the overall inter-sectoral approach, such records also contain health and nutrition information.

Limited resources imply that maintaining service quality is a constant challenge, both in terms of material resources (availability of toys and educational materials, repairs and maintenance of day care centres) and human resources (maintaining a sufficient number of educators and teaching assistants, ensuring differentiated training adapted to the diversity of profiles, etc.). Sometimes alternative solutions are used, such as using recycled materials to make toys.

Another important facet of day care centres is **child nutrition**. A dietary manual was developed by nutritionists from the National Institute for Nutrition and Food Hygiene, with age-specific nutritional requirements for preschool children, hygiene norms and menus describing how to cook the different meals. Day care centres serve two snacks and one lunch per day, following a weekly plan jointly developed by the centre director, administrator, nurse and cook, based on the manual and available stock in the warehouse. Parents are always informed of what their children eat; the daily menu is displayed on the information wall in each centre. Nevertheless, even though ensuring a balanced diet for children

[5] For instance, when a mother starts to work, the child goes from the programme to the institution; when a family moves to a new area where there is no capacity in the day care centre, the child goes from the institution to the programme; etc.

is a priority, complying with all nutritional requirements – which include animal protein on a daily basis – is not always feasible.

Limited resources also hamper the universalisation of early childhood education through day care centres, as expanding the network of education institutions and the number of educators is a costly option. Hence the need to find alternative solutions through non-institutional channels.

Non-institutional early childhood education

The non-institutional programme "Educate Your Child" is a community-based programme targeting families of children not enrolled in a day care centre or a preschool classroom. Based on strong family and community participation, with an inter-sectoral approach, it aims to provide guidance for families to help them implement activities in the home to stimulate all aspects of their children's development.

"Educate Your Child" is both a social programme – aimed at raising awareness and commitment of the entire society on the importance of the first years of life and the need for integrated child care in this period – and an educational programme that, through parent education, aims to foster child development from before their birth through age six. It should be noted that only 1.1 per cent of children in the programme are aged between five and six, as the majority of children in this age group attend preschool in educational institutions.[6]

"Educate your Child" is the focus of the second part of this document, hence is not detailed in this section.

"CASAS DE CUIDADO" – INTEGRATING CARE AND EDUCATION

It is worth mentioning that the number of private caregivers, or "Casas de cuidado", is increasing. They have always existed due to the insufficient capacity of day care centres to welcome all preschool children. Private caregivers take care of children in their homes, after prior authorisation by the Ministry of Public Health (MINSAP) and the Ministry of Labour and Social Security (MTSS), which control compliance with sanitary and hygiene regulations covering locations where care is provided.

It is important to note that private caregivers do not always have expertise in early childhood and are not educators. They take part in training conducted by MINSAP and MTSS on the minimum necessary conditions to care for children in the home and on the basics of child care. MINED participated in the development of an orientation brochure for this training course, but is not supervising these caregivers because they are not part of the education system. Rather they provide a paid service, while education is a public, free service. Children cared for by private caregivers usually participate in the "Educate Your Child" programme: the caregiver defines, with the programme facilitator in the community, whether the facilitator comes to the home where the children are cared for, or whether the caregiver brings the children to group sessions.

[6] These children live in very remote mountain areas, hence the absence of a nearby institution where they could attend preschool.

Health and Nutrition

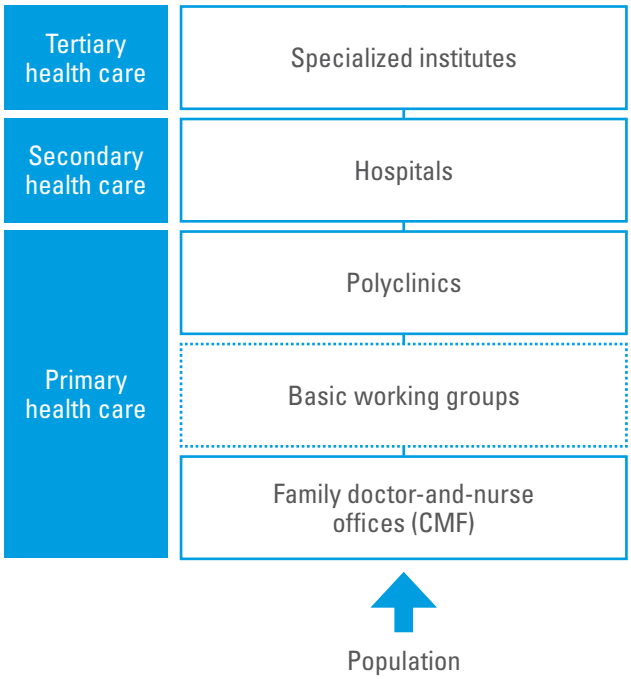
To appreciate the contribution of health services to ECD, it is necessary to have an understanding of the broader health care system in Cuba. Under the supervision of the Ministry of Public Health (MINSAP), the National Health System offers universal, integrated, decentralised and free services that are accessible by the entire population, from health promotion to care and therapy. This system is in compliance with article 50 of the Constitution (right to health for all), the Child and Youth Code (articles 13 and 113), and Public Health Law no. 41 (1983), among other legal instruments.

Organisation of the health system

Primary health care was prioritised in order to provide locally adapted health care to all communities throughout the country. Family doctor-and-nurse offices (CMF in Spanish) and community polyclinics are the gateways to the health system, in charge of primary health care. Each CMF, composed of a doctor and a nurse[7], takes care of an average of 1,300 to 1,500 individuals. The CMF is in charge of maintaining updated health records at the community, family and individual levels. At the community level, the CMF produces a Health Situation Analysis to identify the characteristics of the community, potential health risks and actions required to address them. Family health is also assessed along the lines of four key factors (family structure and composition, material living conditions, health of each family member and family functioning) to determine whether the family is functional or dysfunctional. Finally, each individual is classified in one of the following four categories: healthy, at-risk, sick or disabled. These health records contribute to prevention and early detection of health risks in each community.

CMFs are supported by basic working groups; each group provides specialised services to 15 CMFs. Basic working groups are composed of a paediatrician, psychologist, statistician, social worker and general practitioner.

Figure 5: National Health System in Cuba



Community polyclinics (451 throughout the country) complete the primary health care system, offering many specialised services, such as orthopaedics, paediatrics, dermatology, radiology, ophthalmology, laboratories, emergency services, speech therapy and physiotherapy, among others. These services are traditionally categorised as secondary health care but are available at the primary health care level as part of the national strategy to further decentralise health care. If a problem cannot be solved at the primary health care level, secondary health care is provided in one of Cuba's 152 hospitals (surgical, mother-and-child, etc.). Tertiary health care is provided at specialised institutes, such as dermatology or oncology institutes.

The health strategy focuses on promotion and prevention in an effort to address the determinants of health issues. Health is understood in a holistic manner, including attention to social well-being and non-medical factors such as education, nutrition, housing, employment or social cohesion. This holistic approach requires inter-sectoral collaboration and community participation.

[7] Except in communities with fewer than 300 inhabitants, where the CMF is only managed by a qualified nurse.

Maternal and child care

The National Programme for Maternal and Child Care (PAMI in Spanish) aims to provide comprehensive pre-, peri- and post-natal care to pregnant women and their children, with the aim of reducing maternal and child mortality through prevention, promotion, treatment and rehabilitation services. PAMI has a number of sub-programmes that address specific issues of maternal and child health.

Prior to prenatal care the health system offers **preconception care**. The programme for the prevention of pre-conception risks aims to ensure optimal health conditions when the woman gets pregnant, placing the focus on prevention even before a child is conceived. The idea is that if a woman is healthy, both her pregnancy and her baby are more likely to be healthy. Preconception care, implemented by the family doctor and nurse, is currently a strategic priority, aimed at encouraging women to begin pregnancy at the most appropriate moment in terms of their health.

Maternal health and nutrition are key determinants of whether a child will be born healthy, with appropriate weight and nutritional status – hence the priority given to health care for pregnant women. **Prenatal care** involves more than 10 prenatal visits to monitor the growth and development of the foetus and the pregnant woman's health and nutrition. Each visit is multidisciplinary: the pregnant woman is assessed by a dentist, a psychologist, a nutritionist, a general practitioner, etc. For adolescent pregnancies, a paediatrician also attends prenatal visits. Pregnant women are tested for HIV at each trimester of pregnancy, to eliminate mother-to-child transmission of the virus, and also undergo genetic screening.

Specific attention is devoted to **at-risk pregnant women**: the country has 138 maternity homes, initially created to bring pregnant women living in remote areas closer to hospitals prior to giving birth, with a view to reducing maternal and infant mortality and increasing institutionalised births. Today these institutions form part of primary health care and provide care, appropriate nutrition and a restful living environment for pregnant women with risks but who do not require hospitalisation (such as multiple pregnancy, low weight, anaemia, diabetes, vaginal infections, obesity, hypertension, risk of pre-term birth), or for social reasons (adolescent mothers, or women with a home environment not adapted for appropriate nutrition and safe pregnancy). Pregnant women can stay there until they give birth, or come on a daily basis to receive nutrition and care and enjoy a restful environment. Although a doctor and a nurse are constantly attending pregnant women in maternity homes, family doctors from the CMF also visit and monitor their patients.

All births take place in maternity hospitals, attended by skilled staff. After birth comes **postnatal care**, with a programme for new-borns with low birthweight, genetic screening, immunisation (the national immunisation scheme includes vaccination against 13 vaccine-preventable diseases), programmes to prevent and control acute respiratory infections and diarrhoeal diseases and to prevent unintentional injuries.

Well child care

For care from before birth to 19 years of age, Cuba's strategy focuses on well child care (*puericultura*), once again adopting a preventive and holistic approach. Indeed, Cuba has steadily improved child survival, which poses new challenges for the continuous improvement of children's wellbeing that can only be overcome with better health promotion and prevention actions. Moreover, the vital importance of childhood to adult pathology enhances the importance of social, psychological and biological prevention in early childhood. In this context, well child care aims to provide multidisciplinary care to promote the optimal growth and development of each child from 0 to 19, according to his/her abilities and genetic potential, as well as to prevent and reduce future diseases and risks, detect and address health issues early and guide parents on how to care for their child – in addition to guiding children about how to take care of themselves. Implemented at the community level through well child visits (*consultas de puericultura*) since

2008, well child care takes into account not only physical health and development, but also the child's family environment.

Well child visits are the responsibility of the family doctor and nurse, supported by the polyclinic paediatrician. One occurs during the last trimester of pregnancy, to inform the pregnant woman about the importance of breastfeeding and well child care. The frequency of postnatal well child visits is determined by age (six phases have been defined, from new-born to adolescent) and by the child's health status (depending on a determination made by the family doctor - cases involving risks, such as having an adolescent mother or low birthweight, are monitored more frequently).

Well child visits are made up of seven components, highlighting the holistic and preventive approach of Cuba's well child care:

- **Interview** - to review the child's health background (vaccinations, food, hygiene norms, etc.)
- **Physical exam** - including ophthalmology, dermatology, orthopaedics and dental care
- **Growth & development assessment** - to assess progress in terms of physical, psycho-motor and communication development
- **Assessment of parent-child relationship** - to identify current and potential family problems that could negatively influence the child's development, and ensure early treatment of family dysfunction and appropriate referral for serious problems that are beyond the scope of primary care. Special attention is paid to families with high social risks (history of addictions, neglect, abuse or maltreatment, adolescent mothers etc.).
- **Bio-psychosocial diagnosis** - assessment of family and social context, not only individual health and development status
- **Developmental guides and advice** - counselling for parents and children about how to respond to situations that could occur before the next visit (maturation process)
- **Advice** about nutrition, hygiene, immunisation, early stimulation, etc.

Quality is ensured through continuous training of family doctors, regular updates of the publication containing the standards and procedures of well child care in Cuba and constant monitoring.

Well child visits also take place in day care centres and through home visits. The latter allow the family doctor to better understand the family's living conditions and assess housing conditions (e.g. water supply, potential dangers for unintentional injuries, sanitary and hygiene norms), and the family's lifestyle, interpersonal relationships and community ties (social integration), etc. Home visits conclude with guidance to families on how to improve the child's environment.

Nutrition

Nutrition is an essential part of the work of primary health care professionals, given its importance for the appropriate development of young children. They closely monitor the nutrition of pregnant women, new-borns and young children to detect and address nutritional deficiencies or obesity early, and provide nutritional education, for instance through the dissemination and implementation of the nutrition guidelines for children under two years and pregnant women.

For infants, the **breastfeeding promotion programme** encourages exclusive breastfeeding for the first six months and continued breastfeeding for up to two years. A network of **Human Milk Banks** has also been developed to provide the most vulnerable infants with breastmilk, which is the best nutrition they can receive. These specialised health centres, located in provincial maternity hospitals, collect, process, store and distribute quality human milk from voluntary donors to the most vulnerable infants, such as new-borns who are underweight, seriously ill, or whose mother cannot breastfeed.

At the national scale, **food assistance programmes for pregnant women and children** support maternal and child nutrition through a basket of basic food subsidised by

the State and adapted to the requirements of each group. This basket is comprised mostly of proteins (chicken, beef, milk) and carbohydrates, and is available for all pregnant women starting from the 14th week of pregnancy; all children up to seven years of age, who receive one litre of milk per day (for children under one year of age, milk is fortified with iron and zinc). Children with chronic non-communicable diseases such as diabetes or with metabolic diseases or congenital disorders receive additional food according to their health status and requirements.

Child protection

Birth registration

Many child protection services are implemented through the health and education systems. For instance, birth registration, the first child protection measure, is carried out in hospitals thanks to bilateral coordination between the Ministry of Justice and MINSAP. Since 99.9 per cent of births in Cuba take place in health care institutions[8], hospitals offer optimal settings to ensure universal birth registration. As for the few births not taking place in health centres, many institutional mechanisms (such as immunisation and school enrolment) require a 'Minor Identity Card', making it necessary to register the child.

Care of vulnerable children

In Cuba, universalisation of quality early childhood development services with an equity focus is a priority: the State strives to make ECD services accessible even to the most vulnerable children in the most remote areas. There are CMFs in each community, although in some remote areas the CMF only includes a qualified nurse. The same applies to education services: the "Educate Your Child" programme was specifically designed to make early education services accessible even in remote, mountain and rural areas.

Vulnerable children, such as those with disabilities or without parental care, require more specific and adapted care.

Children with disabilities receive education services adapted to their specific needs, either in regular day care centres with a special education classroom, or in a specialised setting with qualified staff. The latter are jointly supervised by the preschool education and special education departments of the Ministry of Education. Mainstreaming children with disabilities or placing them in special day care centres is decided on a case-by-case basis by education professionals and the families. Moreover, special education in Cuba is understood in an inclusive context, as a step toward preparing the child for regular education.

Disability is hard to detect in early childhood, as it is a period with many rapid changes and children develop at different rates. Sometimes a developmental delay might be transitory. Therefore, detecting a potential disability requires systematic and close observation of children by their families and education agents: if they detect a problem in the child's development they request specialised advice from special education professionals and the multi-disciplinary staff of the Diagnosis and Guidance Centre (CDO) located in each municipality and which form part of the education system. Each CDO is staffed by a psychologist, speech therapist, education professional and social worker who analyse

FROM DISABILITY TO DIVERSITY

The current challenge is to shift the perspective from disability to diversity, in order to focus not only on the disabilities, but also on the different abilities of all children. This requires training teachers and educators on diversity and applying an integrated approach for the stimulation of children with disabilities that does not hamper the development of their talents and abilities. Families also need to shift their perception and to adopt an integrated approach to their child's development, rather than concentrating on their disabilities and overprotecting them.

[8] Ministry of Public Health and UNICEF, *Multiple Indicator Cluster Survey 2014*, 2015.

the situation and provide recommendations regarding the best option for the child's development, including whether to place him/her in a special education institution for a period. The final decision, however, is made by the child's family: if they prefer to keep the child in regular institutions, the day care centre's director and educators are trained to meet the child's specific needs, and the municipal CDO provides specialised attention as needed.

The health system also contributes to the early detection of disabilities, through the family doctor, who checks for language, visual or psycho-motor development problems as soon as possible (18 months of age for language problems, first check for visual problems as early as six months). Specialised services are available at the community polyclinic for the early stimulation of children with warning signs. Once detected, children falling in the category "with disability" are closely monitored by the family doctor.

Children without parental care under six years of age live in mixed day care centres, which also welcome children who only come during the day and live with their families. They are attended by qualified education and health staff, due to their parents' inability – physical or mental – to assume their parental responsibilities, or because they have lost custody. A substitute family can take care of them during weekends and holiday periods, on a voluntary basis. In the 2014-15 schoolyear, there were 58 children under six without parental care in mixed day care centres and four in preschool; the majority (47) were in Havana[9], where five mixed day care centres are functioning.

Priority attention is given to disadvantaged children and their families living in complex situations characterised by economic and social issues such as alcoholism, unhealthy living conditions or inappropriate housing. Social workers from the MTSS work with identified vulnerable families to support them and take appropriate measures.

Prevention system

The prevention system is embedded in ECD services. It adopts a case-by-case approach and an inter-sectoral perspective to define specific solutions for each identified case. It attempts to detect risks and take appropriate measures as early as possible, even before they affect child development, in order to protect the child's normal developmental path.

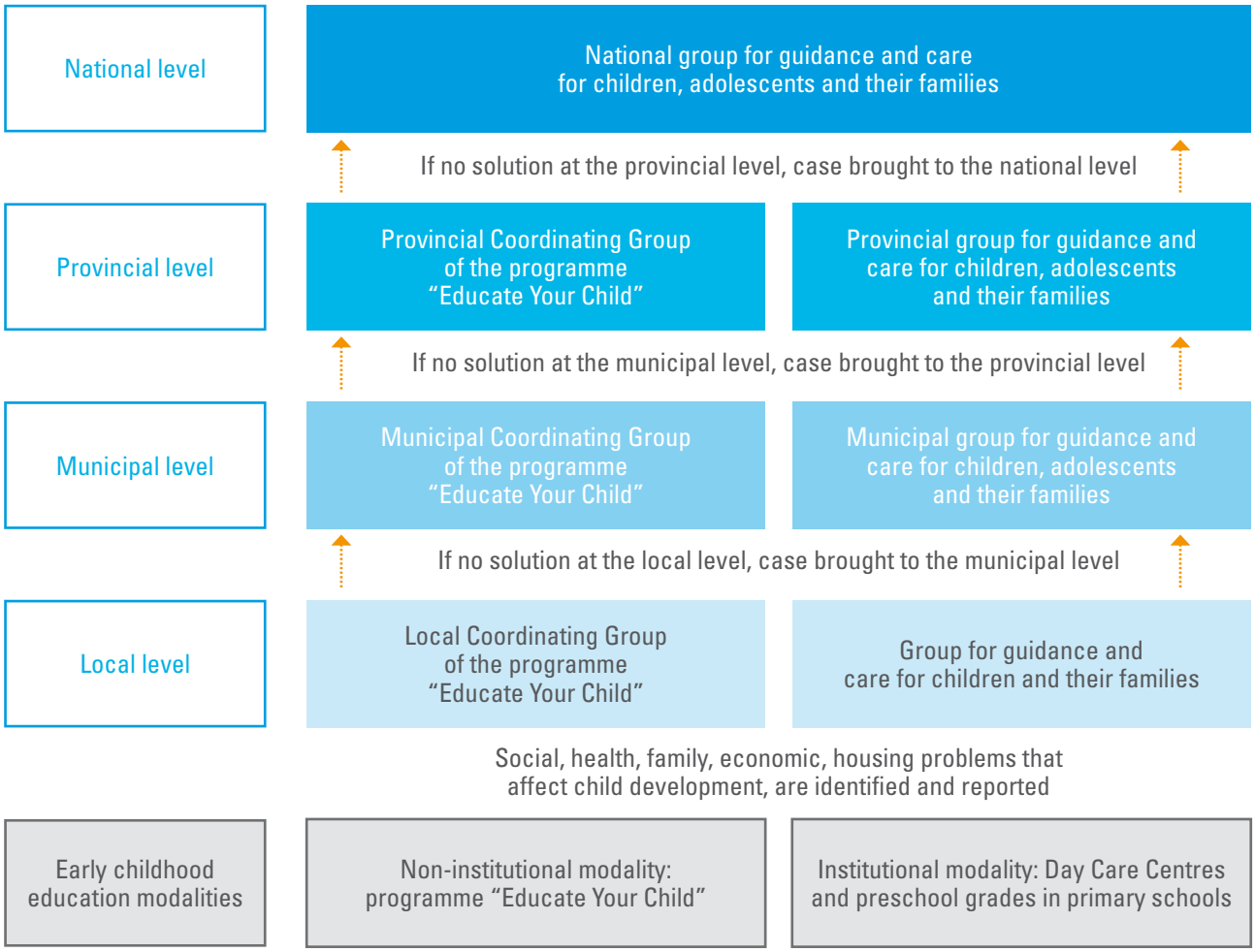
Prevention starts at the local level, in both modalities of early childhood education. In the "Educate Your Child" programme, the local inter-sectoral Coordinating Groups in charge of programme implementation are also responsible for addressing cases of children with social, economic, health or family issues that prevent them from achieving development outcomes. In day care centres or primary schools with preschool classrooms, there are groups for guidance and care for children and their families, made up of the institution's director, speech therapists, the institution's nurse and all educators working with the child whose case is being studied.

Anybody involved in the provision of ECD services can identify a child who is not progressing or is in a difficult situation that affects, or might affect, the child's normal development; for example, the educator working with the child in the day care centre, or the family doctor making a home visit. Home visits are also very important tools to detect potential risks in the family environment, which can be linked to alcoholism, maltreatment, parental mental health problems, poor housing conditions, adolescent mothers, etc. Educators are trained to identify warning signs in children's behaviour, such as extensive use of the black colour in drawings. This prevention system also allows the early detection of potential disabilities.

The case is brought to the local Coordinating Group or the group for guidance and care for children and their families, which then meets to study the specific case and develops an intervention strategy that is systematically

[9] Ministry of Education, *Anuario Estadístico de Educación*, 2014-15.

Figure 6: Prevention System in Cuba



assessed and refined. The family always participates, unless there is a problem such as neglect.

If no appropriate solution can be found at the local level, the case is presented at the municipal level by the municipal head of early childhood education: in the institutional modality, it is called "the group for guidance and care for children, adolescents and their families", led by the Municipal Director of the Ministry of Education. In the non-institutional modality, it is the Coordinating Group of the "Educate Your Child" programme, also led by the education sector. Both groups are made up of the same organisations involved in the provision of services to children and their families.

If no solution can be found at the municipal level, the case is presented at the provincial level; for instance, a decision to withdraw custody rights cannot be made at the municipal level. Finally, the most serious cases are brought to the national level, where the decision-making body is coordinated by the Vice-Minister for Preschool Education and made up of all organisations involved in child development. The national group meets on a monthly basis.

Sometimes the solution might involve only supplying material resources for the child, or strengthening social assistance. In other cases, if the parents do not respect national laws such as the Family Code, it might require legal measures, from fines to prison sentences and loss of parental rights.

In cases of crimes against children, there are three regional protection centres for children and adolescents (in Havana, Santiago de Cuba and Villa Clara), set up on the basis of articles

12 and 34 of the CRC. Functioning under the Ministry of Interior, they aim to reduce secondary victimisation of abused children and adolescents and to provide guidance to families as well as therapy and psychological services. The centres are comprised of multidisciplinary and qualified staff trained in child psychology, sexuality, education and law, who work with criminal investigators to collect evidence in a safe environment for child victims.

According to official data, 2,231 child victims of presumed sexual abuse benefitted from protection services provided in the three regional protection centres for children and adolescents in 2013.

Implementation strategies

The above section has highlighted three major features of ECD in Cuba: the Cuban early childhood development model is an **integrated system**, encouraging active **family and community participation**, and focused on **prevention**.

Integrated system

One of the strengths and specific feature of the Cuban model is that ECD services are provided in an inter-sectoral manner. Instead of separate interventions, the work of all institutions is coordinated and linked at all levels of the country's political-administrative organisation (national, provincial, municipal and local). MINED and MINSAP coordinate actions with national, provincial and municipal Assemblies of People's Power, and local people's councils.

Coordination between the ministries of education and health has a long track record, dating back to 1961. In 1997, the first joint resolution between MINED and MINSAP was signed, with the aim of achieving greater consistency in child development services. It acknowledged the importance of integrating health and education services and identified 23 programmes to be carried out jointly, including the "Educate Your Child" programme.

Health interventions include elements of education: for instance, the family doctor and nurse provide advice to parents on how best to stimulate their child's development, based on the booklets produced by "Educate Your Child", which are available at the CMF. The family doctor regularly visits day care centres to check the health status of children. Polyclinics work closely with early childhood education institutions so that as soon as a problem is identified and detected, the case can be referred to the appropriate specialist.

In early childhood education institutions, children receive health care by a qualified nurse, who is in charge of the daily monitoring of the centre's sanitary conditions and of the health of both children and staff. She also makes sure that the child's basic food and shelter needs are satisfied. The nurse meets the family prior to the child's first day, in order to know his or her habits, health history, food intolerance or allergies, etc. A medical visit is also required prior to entering the centre, and includes checks for anaemia, vision and dental issues.

Although education and health are priority sectors for early childhood development, many other sectors and institutions bring their expertise to ECD, such as universities and teaching institutes, research institutes (such as the Latin American Centre of Reference for Preschool Education, CELEP), and people's organisations, such as the Cuban Women's Federation (FMC), the National Association of Small Farmers (ANAP), and the student organisation (FEU). For instance, maternity homes benefit from inter-sectoral participation: "Educate Your Child" is implemented in these homes to guide future mothers on how to stimulate their children after birth, but ANAP also intervenes on food safety issues, as do other groups in accordance with their area of expertise.

All sectors participate in prevention efforts, as the solution might come from education, health, justice, social security or any other sector. Assisting vulnerable families requires inter-sectoral efforts and participation by all institutions and organisations. The inter-sectoral approach makes it possible to find the most effective solution from the most appropriate sector, on a case-by-case basis.

The work of all sectors involved in ECD is linked in an integrated continuum of services, with

health leading in the pre-natal period and the first years of life and education taking the lead for the care of children from two to six years of age, while always employing a holistic approach to early child development.

Family and community participation

Another guiding principle of the Cuban model is that education and health are the responsibility of all, placing the family as the core element for child development. This is in line with the CRC, whose preamble defines the family as "the natural environment for the growth and well-being of all its members and particularly children". The role of the family is also enshrined in national legal documents: Article 35 of the Constitution of the Republic of Cuba recognises the family as "the basic element of the society" and assigns it "fundamental responsibilities for the education and formation of future generations"; the Child and Youth Code specifically highlights the responsibility of the family (article 4), the society and the State (article 9) to promote children's integral development; while the Family Code details the responsibilities of the family towards their children.

Beyond this legal foundation, family and community participation is part of the implementation of all ECD services. Quality early childhood education is understood to require both a good teacher and a good family. As a consequence, families are encouraged to participate in the institutional education services. The day care centre's council is led by a parent selected by families, who organises a monthly meeting to explore ways to promote cooperation and exchange between families and the centre. The centre's director, various community organisations and selected parents attend the meeting. The process is complemented by home visits, family training activities, books offering guidance to families and the realisation of a monthly joint activity.

In the CMF, educational talks are conducted by nurses on the issues that have been identified as the most relevant in the area. Families are also educated and involved in nutrition issues, learning how to appropriately feed their children, how best to prepare food and use supplements. One of the responsibilities of the family doctor and nurse is to establish working relationships with community organisations to jointly organise health promotion and prevention activities and foster social integration. For instance, the FMC has health brigades trained to support health professionals to carry out preventive actions in the community.

Families also have a key role to play in the case of children with disabilities: first, in the detection of potential developmental delays, through constant observation of their children and constant stimulation of the child's development. Second, while special education professionals design a strategy to meet the child's special educational needs, the family is essential to ensuring continuity at home.

As is the case for education and health issues, the Cuban system makes child protection everyone's responsibility. All organisations and individuals in contact with children take responsibility for monitoring, detecting and reporting cases of violence, abuse or neglect.

Focus on prevention

The Cuban ECD model recognises the importance of ensuring a quality environment for young children's optimal development, in line with scientific evidence that demonstrates that the full development of children's abilities during early childhood is strongly influenced by their living conditions and family environment, and that a negative environment can lead to toxic stress and lifelong detrimental effects. The model is also in compliance with the CRC, whose preamble notes that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding".

As a consequence, all programmes are centred around early intervention and prevention, rather than treatment once a problem is detected. The health system strives to anticipate health problems and adopts a preventive approach that starts before the child's conception, with the identification of women who may be at risk if they become pregnant. At the community

level, family doctors and nurses carry out many health promotion activities to raise awareness among the population and foster healthy lifestyles and sanitary habits.

The universal provision of early childhood education is essentially a preventive action, given its significant potential to compensate for disparities among children and families, especially the most disadvantaged. Early childhood education also facilitates the early detection of child development issues or negative influences in the family environment. The non-institutional programme "Educate Your Child" has a preventive feature: actions are aimed at promoting the quality of life of families and children while reducing or eliminating potential risk factors. The programme includes a checklist pertaining to families and communities aimed at identifying those requiring specific attention, such as families with a history of alcoholism or addiction, families with low salaries, with a sick family member, socially complex communities, etc. All these family and community characteristics can affect a child's development, hence the importance of information about the child's environment to define specific strategies to work efficiently with these families and communities, and address potential risks.

Focus on the "Educate Your Child" Programme

Historical background: 10 years of research

The "Educate Your Child" programme is a result of Cuba's commitment to providing all children an opportunity to access early childhood education, so that they enter first grade after having participated in stimulating activities that prepare them for school. The programme's design is an example of evidence-based policy-making; relying on more than 10 years of research to develop the conceptual and methodological basis and test the effectiveness of the model. In the 1980s MINED began to study non-formal approaches to early childhood education services for children in mountainous and rural areas, where the absence of day care centres and preschool classrooms in primary schools hampered children's development and school preparedness. The initial studies focused on children between five and six. Cuban researchers tested a solution with a group of mothers in which they came once a week with their five and six-year-olds to a primary school, to receive guidance on how to increase their children's preparedness for school, promote their desire to go to school and hence reduce school failure. The mothers often brought their younger children, as they did not have another

option, and because they had to attend to these children along with older siblings, the researchers saw an opportunity to extend the scope to children from zero to six.

After studying various Latin American initiatives, the earliest methodology was designed by an inter-sectoral group composed of teachers, psychologists, paediatricians, nutritionists, specialists in child growth and development and physical education, sociologists, etc. The idea was to train parents to become their own children's teachers. The group identified contents and a methodology for family preparation, and defined age-specific developmental indicators. A series of nine booklets was designed as a resource to provide guidance to families on actions to promote their children's integral development (including motor, intellectual, socio-affective and language development), as well as recommendations for maintaining their health, nutritional and hygiene needs and for preventing injuries. The essential difference with the experiences in other countries was the *continuity of stimulating activities in the home and the key role played by the family as the central agent of child development*.

From 1983 to 1987, an experimental study was conducted to apply the methodology to 92 children under 18 months of age (half of whom were in a control group), through home visits once or twice a month to guide parents. The outcomes were significantly better for children who took part in the programme, compared to the control group, confirming the hypothesis that families have the potential to become agents of their children's development, when provided with the necessary preparation and knowledge.

A second pilot programme was implemented from 1987 to 1992, with a larger sample, a differentiated methodology for children aged zero to two (home visits) and children aged three to six (group activities), and coordination at the municipal level by inter-sectoral groups. Again, positive results confirmed the validity of the methodology and the feasibility of its implementation at the municipal level. At the same time the National Action Plan, established in 1991 to fulfil the commitments that Cuba had made at the World Summit for Children in New York in 1990, included the objective of providing early education to 70 per cent of Cuban children by 2000. The initial plan was to expand the network of day care centres; however, the disintegration of the Soviet Union in 1991 sparked an acute economic crisis in the country, known as the "special period". Given limited resources, expanding the network of day care centres was ruled out as too costly an option, due to its requirements of infrastructure, staff, food and materials. In this context, the positive results obtained in the pilot programmes and the political commitment to universalising early childhood education led to the quick roll-out of the "Educate Your Child" programme as part of national educational policy.

Essential elements

The "Educate Your Child" programme is built on three essential elements that reflect the broader Cuban approach to ECD: **family, community,** and an **inter-sectoral approach.**

The family plays a pivotal role in "Educate Your Child". Indeed, families are the direct target of the programme, as it is about training and preparing them to improve their parenting skills and to carry out stimulating activities in the home. At the same time, families are directly responsible for programme outcomes, as they are in charge of implementing stimulating activities that promote their children's development.

The whole programme is based on the family's potential to become a key player in their child's development, if properly prepared and made aware of its educational influence and of how and why to implement educational activities on a daily basis. The essence of the programme is to provide families a scientific and methodological basis to educate their children, so that they understand that behind every activity carried out with their children, there are development objectives to achieve. It builds on the fact that the family has the primary responsibility for child development, from ensuring the child's survival and providing appropriate nutrition, shelter, protection and affection, to stimulating the child's overall development. Recognising the home as the most powerful environment for child

development, the programme focuses on building parents' ability to provide safe and nurturing home environments.

However, children and families do not live in isolation: they are part of a community, sharing a common culture, values and traditions. The social vision behind "Educate Your Child" is that child development is a shared responsibility. Beyond the family and home, optimal child development requires a safe community environment and positive interactions within the community. Moreover, the community supplies resources for programme implementation. It is from the community that social workers are recruited to take part in the programme and become education agents, in community spaces that the programme is implemented, and thanks to community members that the programme is disseminated, materials are created and families are recruited. Hence the choice of the community as the optimal setting for implementing "Educate Your Child".

The third basic element is the use of an inter-sectoral approach. The programme builds on a network of existing child development services provided at the community level. Coordinating groups at each level – in charge of programme planning, design, implementation and monitoring – involve multiple sectors and organisations working in child and family care. The educational programme is multidisciplinary, including cultural and sports activities, in order to achieve holistic child development.

Implementation processes

Organisational structure and implementation methodology

The "Educate Your Child" programme is managed by inter-sectoral coordinating groups at each level of the country's political-administrative divisions (national, provincial, municipal, local). These groups are coordinated by MINED but include all organisations and sectors involved in the programme: health, nutrition, growth and development, justice, culture, sports, social assistance, prevention, radio and television, as well as people's organisations (FMC, CDR, ANAP), research centres and universities. They meet once a month and are responsible for designing and monitoring the implementation of annual action plans at their respective level, adapting it to local characteristics.

- The National Coordinating Group is composed of the highest authorities from the different organisations involved. It designs the national implementation strategy and coordinates promotion campaigns.

- At the provincial and municipal levels, the national strategy is adapted to territorial characteristics and the implementation is monitored.

- The local level is in charge of implementing the plan, selecting and training promoters and facilitators, and promoting the programme. At this level, the Coordinating Group is led by a representative of the people's council advised by an education promoter.

The action plan includes the following elements:

- **Diagnosis and awareness-raising**, through a census of the population under six and of pregnant women, a diagnosis of the initial level of development of children, and the identification of family and community characteristics. This first step is essential to identify strengths, opportunities and necessities, as well as persons who could become involved in the programme and families willing to participate. Awareness-raising is also a pre-requisite, to ensure that everyone understands the importance of the programme and the role that the family can play in the home.

- **Promotion campaign**, through simple messages on multiple channels (e.g., posters, press, radio, television) in order to mobilise resources and encourage the active participation of the population

- **Recruitment and recognition of promoters and facilitators**

- **Training** of all educational agents, indispensable step for programme quality

- **Organisation of the different forms of care for children and their families**, according to local characteristics (number of children, availability of community spaces, etc.) and children's age and needs

- **Monitoring** to assess programme quality and effectiveness.

At the community level, each sector commits its own expertise and qualifications to programme implementation. For instance, the family doctor and nurse are the leading actors for pregnant women and children under two, providing care and guidance at the CMF or through home visits. The cultural sector offers facilities such as museums or community cultural centres for group sessions, as does INDER with sports facilities. Sports specialists also voluntarily organise physical activities or support the construction of playgrounds for motor development. The FMC provides training to families on gender equality, and sex education, and voluntarily helps to make toys and teaching materials. Members of the FMC's health brigades also support family doctors and nurses to care for children aged two and under. Social workers take part in the programme, providing prevention and care for families with risk factors or those that are socially disadvantaged. Day care centres are used as training centres for the programme's promoters and facilitators, and staff from CDO and Universities of Teaching Sciences contribute to training, development of teaching materials and information management.

The challenge over the years has been to secure stable participation by all sectors and organisations at each level. In 2006 this objective seemed to have been achieved, with coordinating groups representing all sectors and organisations, the holding of monthly meetings, and development and monitoring of action plans in a coordinated and inter-sectoral manner. By 2014 the majority of local coordinating groups' members had either between one and two years, and in some cases more than five years, of experience in the programme, which is a sign of stability. An interesting trend is the increased participation of men in coordinating groups.

The programme is implemented by promoters and facilitators, mostly women, supported by members of Coordinating Groups at the local and municipal levels. Promoters act as liaison between the local coordinating group and the community, and are in charge of training facilitators. They provide guidance to the local coordinating groups and to facilitators during their activities with families. Promoters also participate in the diagnosis phase, as well as in promoting the programme and organising community activities. Promoters from MINED work full time in the programme, have studied preschool education and receive a salary, while promoters from other sectors are involved as part-time volunteers. There were 1,680 full-time promoters in 2014, representing 44 per cent of all promoters. The latest assessment highlights the need to increase this number: in 2014, the majority of promoters were in charge of 16 or more facilitators, and full-time education promoters assist between 70 and 80 facilitators.

Facilitators work directly with families, providing guidance to ensure that they carry out the activities needed to foster their children's development in their homes. They come from various sectors: mostly education and health, but also culture, sports, people's organisations (such as the FMC) or from the families themselves. Indeed, many mothers are willing to become facilitators once their children go to primary school. There were almost 60,000 facilitators in 2014.

Care throughout the life cycle

The "Educate Your Child" programme targets children from before birth to six years of age. This population is divided into three age groups: **pregnant women** (pre-natal phase), **children between zero and two,** and **children aged two to six.**

During the pre-natal phase, the programme offers guidance to future parents on how to care for their child's health and stimulate their development. This guidance usually takes place during home visits by different sectors (mainly by family doctors and nurses, but also by specialists from INDER, social workers, programme facilitators or members of the FMC health brigades), on a weekly or monthly basis,

and during pre-natal visits by the family doctor. As previously described, the health system closely monitors pregnant women, and assumes the implementation of the "Educate Your Child" programme by explaining to pregnant women how to take care of their health and nutrition during pregnancy. Family doctors and nurses also stress the importance of providing children a stable and friendly family environment.

Children between zero and two receive individualised care during weekly home visits or at the CMF. Research and evidence suggests that children under two are best cared for individually, as they are more vulnerable to environmental risk factors. Facilitators – usually the family doctor or nurse or a member of the FMC health brigade – demonstrate stimulation activities to at least one family member and assess the child's development achievements. Small group sessions (between four and six participants on average, with a limit of 10) are sometimes organised for children between one and two years of age.

Children aged two to six participate in weekly group activities with at least one family member. Organised in a community space, these group sessions are led by a facilitator who demonstrates to families different activities that stimulate the child's motor, intellectual, socio-affective and language development, and who stresses the importance of understanding the activity and systematically implementing it in the home. Group sessions promote children's social skills and exchanges between families, with a limit of 15 children per group session. These activities last about an hour and a half and are presented in three stages:

- **An initial phase**, during which the facilitator asks families whether they have carried out the past week's activities in the home, if they had any problem, and what their children's reactions were. Afterwards, the new activity is presented (materials required, which development areas are stimulated, etc.).

- **An intermediate phase**, during which families learn to carry out the activity through practical implementation with their children. The important point is that the caretaker understands how to carry out the activity.

- **A closing phase**, during which families can express their opinion about the activity and ask questions for home implementation, while children are cared for by a community member. The facilitator also proposes other activities that complete and enrich the child's development.

For children between four and five years of age, the preschool teacher usually facilitates group sessions, thus promoting a smooth transition to preschool and contributing to better preschool results, as children adapt more easily and teachers already know their pupils. The same system applies for children aged five and six who do not attend preschool because they live in remote areas: their facilitator is the first grade teacher, to ensure continuity when they start primary school.

The facilitators' work is based on a series of nine booklets, regularly updated, each focused on a different age group, which provide a short explanation of the child's key features during this period of life; instructions to stimulate child development according to age; and age-specific development indicators to help families assess the level of development achieved by their children. Moreover, it includes recommendations on how to take care of the child's health and hygiene, and on how important it is to treat the child with respect, tenderness, calm, etc. The dietary manual used in day care centres for child nutrition also provides guidance to families in "Educate Your Child": promoters and facilitators teach some key nutritional elements to families, such as the different food groups, required calories per age group, etc.

Implementation with equity: meeting specific needs

The programme is flexible and can be adapted to the child's needs. For example, additional activities are specifically designed according to the educational needs of children with disabilities. Specific training is provided to promoters, facilitators and coordinating groups on how to provide care for children with disabilities. Moreover, children with disabilities and their families receive specialised guidance by professionals from the municipality's CDO, through home visits. To promote inclusion, children with disabilities are integrated during group sessions and participate as they can.

"MARIAN WILL ACHIEVE WHATEVER SHE WANTS"

Ayled Sardiña and Félix Velazquez met 16 years ago in Bahia, a neighbourhood in Habana del Este, where they still live. They both wanted a child for a long time, but prioritised work for many years. When they finally decided to have a child, they prepared enthusiastically, starting with a healthy nutrition for both parents, even before conception. During the pregnancy, Ayled and Félix were stimulating their baby, playing music, singing songs and talking to the belly.

What they did not prepare for was that Marian would be born without arms. This was detected at the last moment of the pregnancy, recalls Ayled: "*it came as a shock, because we were not expecting it, the pregnancy had gone very well, we were sure that the baby was fine*". Like all pregnant women in Cuba, Ayled received prenatal care through more than 10 prenatal visits to monitor the growth and development of the foetus, her health and nutrition, and to carry out HIV and genetic tests, among others. In the 38th week of pregnancy, the family doctor detected that Ayled had lost weight, and sent her to the hospital for an ultrasound scan. On the screen, they saw that the baby had no right arm. The left arm could not be seen due to the baby's position.

Two weeks later, Ayled gave birth at the hospital Hijas de Galicia, in Havana. "*I was worried and hopeful at the same time, a part of me kept thinking that it might have been a mistake, that the baby would be born with both arms. When she came out, the health staff asked me if I knew that my baby had a malformation. I said yes, that doctors had told me that she had only one arm. And that is when they told me that both arms were missing*". When they put the baby in Ayled's arms, her first reaction was to look at her legs, to make sure that she had them. The first few days were hard, recalls Félix: "*Doctors told us that a malformation never comes alone, so every day we were checking our baby to make sure that nothing new had appeared*".

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Ayled, Félix and their daughter Marian, in their home in Bahia, Habana del Este, Cuba

Ayled did not breastfeed her much, for reasons beyond her control. In Cuba, only 33.2 per cent of infants are exclusively breastfed during the first six months, despite a one-year remunerated maternity leave and breastfeeding promotion programme carried out by health professionals at the community level.

After Marian's birth, Ayled had to stop working in the community centre for mental health in Guanabo, near Havana, where she used to be a psychologist, in order to take care of her. Marian cannot go to the day care centre, because she is unable to walk: in addition to the absence of superior members, she has a hip dislocation and a congenital short femur that impede her from walking – for now, because this can be solved through surgery, and her parents are hopeful that she will be able to walk one day. But the necessary operations are usually carried out when the child is older, once the body is more fully formed.

Ayled receives social assistance in compensation for not being able to work, yet it is lower than the salary she used to earn. The major part of the family income comes from Félix's job: he is a graphic designer and works

Marian draws with her mother Ayled, during one group session of the programme Educate your Chid in Bahia, Habana del Este

for an educational TV channel, with flexible hours allowing him to work from home and be very present for his daughter's education. He confesses: "*I am feeling the best when I am next to my daughter*".

He admits that the situation can sometimes be economically difficult. They had to adapt their home to Marian, especially the bathroom and the bed. Marian also needs adapted clothing and flexible shoes. She regularly has to attend a medical visit at the hospital Frank Pais, to monitor her bones, in addition to other specialized medical visits, and it is costly to travel there. Other health care services are however closer to home. In Cuba, primary health care has been prioritised, and each community has a family doctor and a polyclinic where specialised services are provided. Thanks to this system, Marian has been administered all the vaccines included in the national immunisation scheme, and is regularly checked by the family doctor, every three to six months. The neurologist from the community polyclinic monitors her reflexes every three months.

Today, Marian is two years old and an incredibly developed child: she talks, draws, builds pyramids, solves puzzles, knows six songs by heart and counts to 10. Her parents have set a rule: never mention her disabilities in front of her. Yet Marian is already aware that she is different: when she was just 22-month old, she asked Ayled why she was born this way. "*I was not ready to answer her question, I did not think it would come up so early*", explains the mother. She thinks that interacting with other children has made her more aware of the differences.

Starting in February 2015, Marian has participated in the Educate Your Child programme, just like 70 per cent of Cuban children under six. Marian's parents started to participate in the programme after the community promoter, who lives in their neighbourhood, came to their home to raise awareness and explain the benefits of the programme. Today, they participate in group sessions twice a week, during which they learn the developmental objectives that their children are supposed to achieve at each age and how to carry out educational activities with their children to achieve such goals. Before Marian's second birthday, there was only one session per week, with a group of children aged one to two; now Marian and her parents are part of a group with children aged two to four, in which children are divided into two age groups. Even though the group changes a lot, because some families move to another neighbourhood, or some children start going to the day care centre, usually there are five other children and their families. Félix stresses the benefits of the programme for parents, particularly single mothers and families in difficult social situations, because it helps them build relationships with other families and community members.

Ayled says that Marian likes the group session. "*She is a very sociable child, she really enjoys playing with other children. The group session is an opportunity to interact with children her age, because at home, she is only with us, and in the building, she has friends, but they are older children*". Marian also interacts with children from the local day care centre, as exchanges are organised between the institutional and non-institutional early childhood education modalities. In the younger group, children were too young to understand and be aware of her disability. But when she arrived in the group of children aged two to four, other children started to ask questions: "*At this age, children are very spontaneous and very indiscreet, they asked questions about her*

limitations and it accelerated the awareness process. She also observes a lot, and she saw that she was not able to run and walk like the other children". But very quickly, she became part of the group.

Her father, Félix, is also very involved in "Educate Your Child". He attends every group session and does everything he can to facilitate her interactions with other children: "*During the group sessions, there is a moment during which the facilitator explains the activity of the day to the parents, while children play by themselves: I always stay with the children and I invent activities, such as identifying the colours of the trucks passing by, playing hide and seek so that Marian learns how to count*". When other children walk, run and jump, Félix puts his daughter on his shoulders and walks, runs and jumps as well, so that Marian does not stay apart. He is not the only father in the group, which shows that Cuban fathers are more involved than they used to be in their children's education. Yet, a recent household survey carried out by UNICEF reveals that Félix is part of a minority: only 17.9 per cent of fathers participate in educational activities with their children aged three to five.[10]

Félix invests a lot of time and energy in the motor development of his daughter, in order to develop her maximum physical potential. He observes his daughter and other children a lot, to understand which moves he has to teach her to do with her feet. Thanks to these efforts, Marian can pass objects from the foot to the thigh and up to the upper arms. Félix now tries to teach her how to pass things from one foot to the other, because that is what other children do: they pass things from one hand to the other. He used to practice martial arts and is using this experience to teach her to fall protecting her face. He also reads her books rather than watching TV, "*so that she practices how to turn pages*". His objective is that she becomes as independent as possible.

Félix and Ayled also spend a lot of time designing and making educational materials for Marian's development, based on the objectives that Marian is supposed to achieve. For instance, Ayled shows her colourful cardboard circles, squares and triangles, "*to learn colours, shapes and sizes*". When taking out a puzzle, the mother explains what she learnt through the programme: "*for children aged one to two, we made a puzzle with two pieces, now she's older so we made a three-piece puzzle because that is the objective to achieve during this year*". With pride, Marian's parents show some of the drawings that Marian does with her feet, and the little star on one of them, given by the facilitator of the group session as a reward for her good work.

Ayled and Félix's active engagement in their daughter's development is evident in the way they behave with her. Any moment is a learning opportunity, they ask her many questions to test her understanding and learning of colours, sizes, stories, etc. They always encourage her to participate when they receive visitors, they never ignore her or tell her to be quiet. In this nurturing process, they are supported by Marian's grandmother, Mirta Hernandez, who works for the Latin American Centre of Reference for Preschool Education (CELEP),

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Félix Velazquez participates in all group sessions of the programme Educate your Child and makes sure that Marian never feels apart.

[10] Multiple Indicator Cluster Survey (MICS), jointly conducted in Cuba in 2014 by the Ministry of Public Health and UNICEF.

and has been offering advice to the parents since the beginning. They also rely on the programme promoter and speech therapist from the municipal Centre for Diagnosis and Orientation, who both regularly visit the home to see how Marian is developing.

In this caring and stimulating environment, helped by her family, community members and other children, Marian is growing and developing her potential. Mirta looks at her granddaughter with pride and love in her eyes and is convinced that "*with her intelligence and her abilities, she will achieve whatever she wants*". When talking about the future, both believe that they should focus on how her daughter needs to learn to accept other people's reactions. They want her daughter to go the special school, where children with disabilities go if it is better for them, as a transition prior to regular school, because she thinks it will be better for her self-esteem. Félix adds: "*it is important that she does not feel unique and sees that there are other different children, and that she learns how to help and share with other people*".

But for now, Marian does not seem to be worried by anything. When children hold hands, she naturally gives her foot. She wants Santa Claus to bring her a bracelet for Christmas, to put on her ankle, like somebody else would put at the wrist. In one group session, a boy tried to do the activity with his feet, just like Marian. This story is not about disability, but about different abilities.

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Marian starts a construction game, supported by her mother.

Another example of the programme's flexibility is its organisation in difficult-to-access mountain areas: families are trained by promoters to become facilitators and organise group sessions with rotating leadership (each session is led by a different family). Another alternative is to organise all-day group sessions once every two weeks or once a month.

The "Educate Your Child" programme has also been implemented in specific settings, such as hospitals or prisons, adapted to the needs of hospitalised children and children with incarcerated parents. While implementation in hospitals is still in the research stage, implementation in prisons has been rolled out throughout the country.

Implementation in hospitals

Over the past three years, research has been carried out to promote the accessibility of early childhood education for hospitalised children. School-aged children have access to education in hospitals, but there is no similar initiative for children under six. "Educate Your Child" was identified as being adaptable for such settings, due to its flexibility and inclusion of families and others in the implementation.

The research is taking place in the William Soler hospital, the national paediatric cardiology centre, where families come from the entire country with children with heart problems. These children may be hospitalised for a short (less than a week), medium (between one week and a month) or long (more than a month) period, and some must be re-admitted.

The programme promoter works with the entire health staff, including doctors, nurses and specialists of various medical disciplines to raise awareness on the importance of early childhood and how to conduct educational activities to promote child development in the hospital context.

However, hospitals are a very complex setting for implementation of the programme. First, everyone's attention is focused on the child's health status, rather than his or her education and development. Despite awareness-raising efforts, health professionals never consider educational activities a priority, compared to health interventions. What matters most is saving the child's life and responding to health emergencies. Yet, the idea of implementing "Educate Your Child" in this context is to take advantage of any moment to carry out educational activities, in order to continue stimulating the child according to his or her abilities and potential. Activities are conducted at the best moments for children; the programme is flexible and adapts the time, duration and frequency to the child's needs and interests.

As in other settings, family participation is an essential component of programme implementation. It is even more critical in the case of hospitalised children because families overprotect their sick children and may hinder, even if unintentionally, the development of their full potential. Families often transmit anxiety, sadness, loneliness and other negative emotions to their hospitalised children. Moreover, the family is often reduced to one or few family members accompanying the child during this difficult time. The programme's objective is to offer families and children an opportunity to enjoy moments of happiness and positive interactions through play and stimulating activities.

Another challenge is that programme implementation in this setting needs to be adapted to individual conditions. Age-specific indicators cannot be applied, as some children are affected by a disease that hampers their development. Development indicators are designed for each child, based on the age when his or her disease was diagnosed, family interpersonal relationships and the child's disease. Even though the care is personalised, group sessions also take place to encourage socialisation and interactions between children and their families. Care is also provided to pregnant women from the moment a pathology is diagnosed: information is shared on the disease and how to improve the child's quality of life.

Inter-sectoral and community participation are difficult to sustain, as hospitals must be sterile environments. The "community" is therefore the hospital community: facilitators are doctors and nurses trained to become educators. Inputs from other sectors (sports, culture, etc.) are provided through the promoter, who acts as a liaison between the outside world and the hospital environment. As regards the link between health and education, the promoter takes part in the multi-disciplinary meetings usually held to share information and clinical analyses for each child, and intends to increase the health professionals' awareness that their work, beyond treatment and therapy, also plays an educational role. For instance, the physiotherapist, responsible for the child's physical development, can carry out actions in a more integrated way, introducing play and activities that stimulate the child beyond the clinical perspective. Family preparation is included in the work of health professionals. Education professionals also receive training from the health staff, to better understand the child's pathologies and treatment and define adapted development activities and indicators.

Despite the specific challenges of the hospital environment, results have been positive. The essence and basic elements of the programme can be maintained, even though implementation has to be individualised and adapted to the child and type of hospital (cardiology, orthopaedics, oncology etc.). Group sessions have provided a solution to loneliness

and sadness, improving the emotional status of both children and their families. So far, 300 hospitalised children under six have benefitted from the programme, and have shown significantly improved child development outcomes, thus reassuring families and health professionals regarding the child's growth. At the same time, the work of health professionals has evolved to include a more integrated and educational perspective.

When the child leaves the hospital, follow-up is ensured in the community through a handover process via the different levels of MINED: from the provincial to the municipal education staff, who then pass on the information regarding each child's development achievements and difficulties, as well as his or her health conditions, to the community promoters and facilitators. This process ensures that the care is adapted to the updated conditions of the child.

Implementation of "Educate Your Child" in hospitals has not yet been rolled out nationwide, or incorporated into formal educational policy, however, the initiative is an interesting attempt at reaching vulnerable children who need individualised and specialised care for their integral development.

Implementation in the prison system

Over the past decade, the "Educate Your Child" programme has been implemented in prisons at the initiative of the Interior Ministry (MININT), in charge of the prison system in Cuba. It began in prisons for women in 1998, and in 2008 was extended to men, at their request to be able to participate. Today it is implemented in all prisons throughout the country, and included in the MININT's procedures, with a chapter of the Regulations of the Prison System dedicated to the "Educate Your Child" programme. The objective is to strengthen interactions between incarcerated parents and their young children, and beyond this, to turn early childhood development into a driving force for behaviour change and good conduct among prisoners with young children. Participation in programme activities is conditional on the prisoner's good conduct.

Among the 20 different programmes implemented in prisons, "Educate Your Child" has been found to have the most direct positive impact on prisoners' behaviour, especially men. Many fathers have used the initiative as an opportunity to ensure recognition of their parental rights. Prior to this, incarcerated fathers could see their children during visits. However, it was hard to convince mothers to bring their children with them. Moreover, it is a completely different experience for both the child and the incarcerated parent to visit or carry out activities together. Through the programme, all incarcerated fathers of children aged zero to six can connect and interact with their child in a way that was previously not possible. In another context, they might not have dedicated so much exclusive time to communicate and play with their child. Through learning to be a father, they have found a meaning to their life in jail. Young men who are not fathers but are in a relationship can also participate, to prepare them for fatherhood.

Facilitators include both prisoners and prison staff who have been prepared by the promoter to carry out educational activities. The coordinating group is led by the prison's manager and made up of the prison's staff, health professionals, and representatives from other organisations such as INDER, MINED, FMC, CDR and social workers, who have all been involved in activities to improve the quality of life and promote the reintegration of incarcerated individuals. The child participates in group sessions in the prison and in his or her community.

Implementation in the prison system also includes incarcerated pregnant women: they receive prenatal care in the prison's maternity home, and keep their child throughout the first year of life to permit breastfeeding. The child attends the same number of well child visits as children born in other settings. After one year, the child transits outside the prison's maternity home to live with a designated guardian or, as a last resort, in a mixed day care centre, while maintaining frequent contact with his or her mother.

Implementation in the prison system has highlighted that "Educate Your Child" can be used to foster social transformation and behaviour change among incarcerated parents with children between zero and six years of age.

3 KEY PHASES IN THE IMPLEMENTATION OF THE "EDUCATE YOUR CHILD" PROGRAMME

1992 to 1994: transition from research to large-scale implementation. Rapid implementation at a national scale led to deviations from the methodological and conceptual basis of the programme, such as a focus on the child without family participation, and limited inter-sectoral participation.

1994 to 1999: transformation of the implementation processes to fit the initial concept. Coordinating groups were created to establish an inter-sectoral entity responsible for programme implementation at each level. Regular participation by the different organisations was promoted and strengthened, and voluntary participation by promoters and facilitators from other sectors than education was encouraged. Day care centres were identified as training centres, thus strengthening the links between the two educational modalities. Family was positioned as the central element of the programme. Attention to pregnant women was included. Rewards to community volunteers were introduced to encourage their involvement in the programme – either to raise awareness, find spaces to carry out group sessions, act as promoter or facilitator or inform families about the programme. Implementation was expanded.

1999 to 2008: consolidation, quality improvement and sharpening of the preventive focus. The inter-sectoral approach was consolidated to make a transition from participation by different organisations to unity of action, from inter-sectoral coordinating groups to an inter-sectoral conception of the entire programme and all of its processes. Attention to children with disabilities was strengthened, with the inclusion of special education professionals in the programme. Quality was improved through the inclusion of promoters with a degree in preschool education, working full-time in the programme in each people's council. Monitoring tools were developed through the creation of a child development record to monitor development objectives achieved by each child. The preventive focus was strengthened, with new elements included in the characterisation of families, in order to facilitate differentiated family preparation according to their needs and to identify and prioritise disadvantaged families. The programme was extended to specific contexts, such as the prison system.

Quality assurance through systematic training and ongoing monitoring

Substantial attention is paid to programme quality by ensuring systematic training of the human capital involved at all levels. Training must be inter-sectoral and differentiated, tailored to the experience of each participant and their training needs, which vary in accordance with their role in the programme. Given the inter-sectoral approach, training is provided on a wide range of topics by promoters, day care teachers, professors from Universities of Teaching Sciences, family doctors, members of coordinating groups and specialists from different areas, usually on a monthly basis.

Training for promoters and facilitators is based on materials developed during the pilot phase and then regularly updated, on topics such as the characteristics of children at different ages, instructions for making low-cost toys, facilitation of parent group sessions, the importance of play for integral development, and specific themes such as nutrition, disease, unintentional injury prevention, children with disabilities, etc.

It is however important to note that progress still needs to be made on the provision of systematic, differentiated and inter-sectoral training to all Coordinating Groups' members and community workers, as this is key to

ensuring programme quality. This recurring challenge is linked to the instability in programme members and participants, which is an inherent feature of a community initiative such as "Educate Your Child".

Another way to ensure quality is through ongoing monitoring and regular assessments of programme results, to measure effectiveness and modify processes if necessary. "Educate Your Child" includes various monitoring mechanisms. First, systematic monitoring is carried out by promoters, facilitators and families, through monthly home visits, to regularly assess a child's level of development (based on indicators contained in the programme's booklets) and families' ability to stimulate their children. Then, at the end of each schoolyear, an assessment is carried out by coordinating groups. Finally, every few years the National Technical Group conducts an assessment of the programme's impact on children (assessing the level of development achieved), families (assessing their preparation and their ability to stimulate their children's development), communities (assessing their participation in the programme) and programme implementers (assessing the inter-sectoral links of Coordinating Groups, and the work of promoters and facilitators). Four assessments have been carried out to date: in 1994, 1999, 2006 and 2014.

Results from the different monitoring activities have been useful to improving programme quality, optimising programme implementation and establishing priorities. For instance, the second assessment in 1999 highlighted the need to focus on the development of children between zero and three years of age, and a series of actions was taken to improve the quality of the care they receive, such as capacity-strengthening of educators and family doctors and nurses, development of methodological guidelines, and organisation of small group sessions for children between one and two.

The latest assessment, conducted in 2014, highlights the need for more materials and toys for children (the lowest results in child development were in areas lacking appropriate resources, such as puzzles), training materials and better promotion of the programme, using all available channels. It is also essential to find ways to expand the number of mothers who stay in the programme and become facilitators once their children enter primary school, as they are the best examples for other mothers and the living proof of the programme's success.

Adaptation in other countries

The success of the "Educate Your Child" programme has inspired similar initiatives in Ecuador, Brazil, Mexico, Venezuela, Colombia and Guatemala.[11] While these experiences are not the focus of this document, the adaptation process is worth underlining.

Technical assistance is provided by Cuban experts from the Latin American Centre of Reference for Preschool Education, created in 1997 to strengthen early childhood education in Cuba through research and training, and to promote scientific cooperation and exchange between Latin American experts on early childhood education.

The adaptation process is centred on the three essential elements of the programme (family, community, inter-sectoral approach). However, it often faced resistance and required the promotion of behaviour change among families and communities. In some countries, families did not think they had the ability to stimulate their children's development, and they did not understand that the programme was specifically aimed at strengthening parenting skills. At the community level, neighbours doubted the ability of families to continue stimulating activities in the home. Little by little, families felt more empowered, and community members got involved as volunteers to support the implementation of activities. As regards the inter-sectoral approach, while it is essential to involve all sectors, coordination is not necessarily managed by education: for instance, in Brazil the programme is coordinated by the health sector.

Beyond these three core elements, other features to adapt include all steps in the implementation

[11] And other countries have expressed their interest to CELEP, such as the Dominican Republic, Haiti, El Salvador and Honduras.

process: awareness-raising on the importance of the programme; census of children under six and pregnant women; systematic training of all persons involved in the programme; promotion campaign; monitoring of children's development outcomes, families' preparation and participation, and of community members in charge of programme implementation.

A final set of elements has been identified as more flexible, and can be adjusted depending on local needs and characteristics: the way care is organised can differ, although the methodology is the same (group sessions with three phases, individualised and group care). For instance, the age of children participating in group or individual sessions can differ, as can the duration of a session. Human resources are also flexible, in terms of previous experience and education level, given that the programme includes a training component.

The most significant challenges of replicating the Cuban experience have been linked to social organisation (inadequate levels of participation and co-responsibility), and the difficulty of sustaining the programme due to insufficient political commitment. Challenges are also related to the essence of the programme: all countries have attempted non-institutional ECD modalities, and perceive the "Educate Your Child" programme through the lens of their previous experience, which makes it harder to establish the essence of the programme. Yet, the fundamental intent of a programme matters, because it orients its implementation. The "Educate Your Child" programme considers the family as the best setting for child development (and by extension communities, as families live in communities), and provides everything the family needs to strengthen its role as child educator. If promoters, facilitators and programme managers do not share this assumption, it is hard to implement the programme and maintain its initial intent.

These experiences have proved not only that the Cuban non-institutional ECD model is a valid reference, but also that its core features can be adapted in settings that are completely different from that of Cuba. The technical assistance provided was designed to offer support for adapting both core elements of the programme and differing local contexts.

FURTHER INFORMATION ON THE ADAPTATION IN OTHER COUNTRIES

The adaptation in other countries was thoroughly documented in a UNICEF publication by Ana María Siverio in 2011.

The document describes in details the "Educate Your Child" programme and presents its adaptation in Brazil, Colombia, Ecuador, Guatemala and Mexico. Analysis of the five case studies facilitates the identification of a methodology, success factors and solutions to overcome challenges. The document also includes lessons learnt and proposes recommendations for future adaptations in other countries.

The publication is available in Spanish: Ana María Siverio Gómez, "La contextualización del Modelo de Atención Educativa no Institucional Cubano "Educa a tu Hijo" en Países Latinoamericanos", UNICEF / OEI, 2011.

Key results for children

Universal early childhood education

In terms of access, official statistics indicate that Cuba guarantees the right to education for all children (enshrined in article 28 of the CRC), having achieved universal early childhood education, with 99.5 per cent of children under six attending either the institutional or non-institutional modality. Among children between zero and six years of age enrolled in early childhood education:

- 18.3 per cent are enrolled in day care centres – around 137,500 children in 2014-15
- 13.2 per cent attend preschool
- Around 68 per cent participate in "Educate Your Child", including 67.7 per cent in urban areas and 32.2 per cent in rural areas.

These figures highlight that the "Educate Your Child" programme was instrumental in Cuba's achievement of universal early childhood education. Indeed, while only 26.4 per cent of children were enrolled in early education programmes in 1992, rates quickly increased in the 1990s with the programme's roll-out, until reaching 98.3 per cent of children in 1999, including 68.4 per cent in the programme.

Results from the latest Multiple Indicator Cluster Survey (MICS) carried out in 2014, highlight that 76 per cent of children between

three and five years of age attend an early education programme[12]. There are no gender or urban-rural disparities, nevertheless gaps are observed between regions (81.6 per cent of children attend an early education programme in the western part of the country; 71.1 per cent in the central part and 73 per cent in the eastern part), ages (68 per cent of children aged three to four attend an early education programme, as do 85 per cent of children aged four to five) and mothers' education level: the higher the level, the greater the percentage of children attending an early education programme.

Positive child development outcomes

There are many measurement tools to analyse child development outcomes in Cuba. The following section presents child development outcomes in the institutional and non-institutional modalities of early childhood education, and then presents integrated results from international evaluations and tools such as the UNESCO evaluations on student achievements and educational quality in Latin America and the Caribbean (PERCE in 1998 and SERCE in 2008) or the Early Childhood Development Index (ECDI), part of the MICS survey. Despite different figures and measurement tools, the common trend is that Cuban children achieve high levels of integrated early childhood development, which positively impacts their school readiness and later academic performance.

Child development outcomes in the institutional modality

In the institutional early childhood education modality (day care centres and preschool grades), three types of qualitative assessment are carried out to measure the development achieved by children and adapt the educational process. Systematic monitoring is conducted by the teacher or the family and based on systematic observations of the achievements, needs, difficulties, interests and emotional status of the child, which are then written down in the child's record. Partial assessment is carried out once a year, in January, in both institutional and non-institutional programmes, and a final assessment is conducted in June.

This last assessment is particularly important for pre-schoolers, as it analyses their preparedness for primary school and making the transition from early childhood education to primary education. It measures the level of development achieved by children in four areas (language, fine motor skills, visual perception, establishment of relationships), as well as the child's self-evaluation (self-image) and emotional attitude. It is jointly conducted by preschool and first grade teachers in order to ensure a smooth transition and continuity with the preschool programme. It allows for differentiated attention based on the development results of each child, to focus on the areas where the child has the most difficulties.

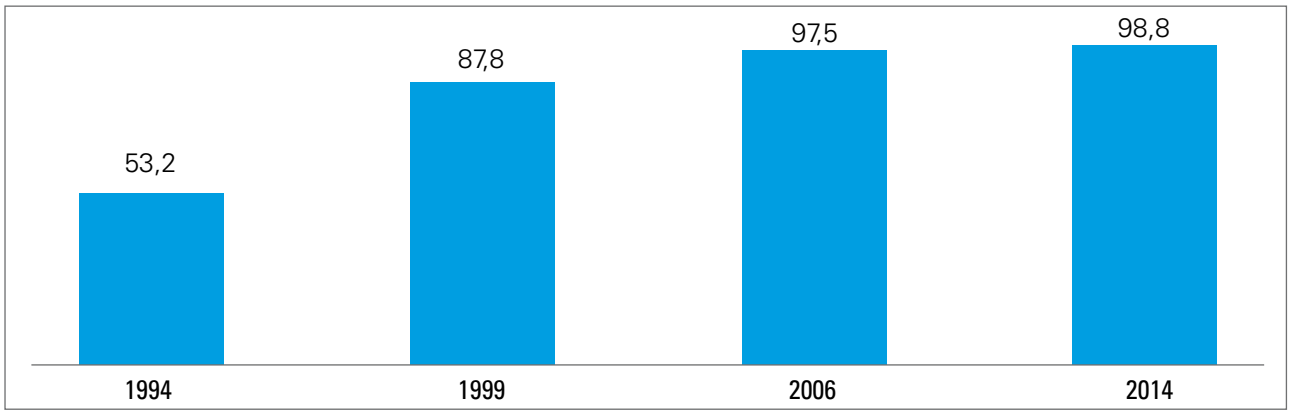
This preschool assessment is a valuable tool for measuring the quality achieved by the preschool education system, as it is applied to more than 98 per cent of the population aged between five and six. The results demonstrate that child outcomes have steadily improved.

Child development outcomes in the "Educate Your Child" programme

The development results of children participating in "Educate Your Child" have steadily improved over the past 20 years: in 1994, 53.2 per cent of children in the programme achieved all development indicators, and in 2014, almost all children (98.8 per cent) achieved the integral development expected for their age.

[12] The difference between MICS data and official data from the Ministry of Education can be explained by the way the question was formulated.

Figure 7: Percentage of children in the "Educate Your Child" programme who achieved all development indicators



Children's overall development progress is measured through a series of age-specific indicators in four development areas: motor, intellectual, socio-affective, and communication and language. Below is an example of results achieved in each area at one year of age, three years of age and six years of age (before entering primary school), taken from the second and fourth assessments (1999 and 2014).

Integrated development results of children at age 1

Development area	Age-specific indicator	In 1999 (% of children)	In 2014 (% of children)
Intellectual	Imitates simple actions that adults do, using dolls	80	98.4
Motor	Makes small steps by himself/herself	88.7	92.7
Socio-affective	Has a positive emotional attitude when he/she moves and grabs objects	95.2	99.6
Communication & language	Repeats or pronounces isolated words	91.1	97

Integrated development results of children at age 3

Development area	Age-specific indicator	In 1999 (%)	In 2014 (%)
Intellectual	Builds things with toys	77.9	94.9
Motor	Jumps with two feet	90.2	90.8
Socio-affective	Accepts to relate with strangers	85	98.4
Communication & language	Understands everything one says to him/her	94.7	90

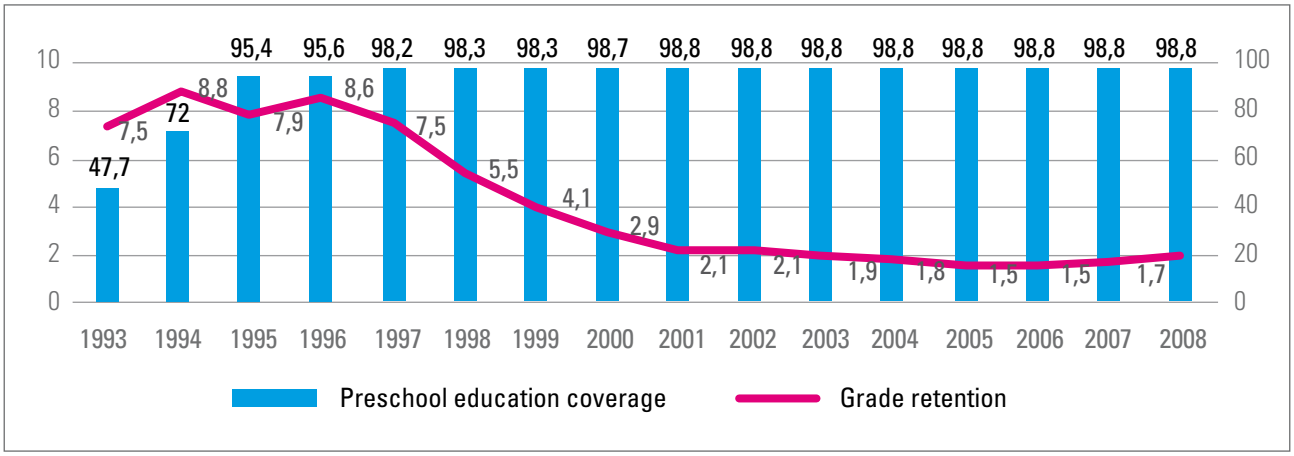
Integrated development results of children at age 6

Development area	Age-specific indicator	In 1999 (%)	In 2014 (%)
Intellectual	Solves simple problems	77.5	97
Motor	Buttons up without help	95	98.5
Socio-affective	Wants to go to school and learn to read and write	95.3	98.5
Communication & language	Talks in the past, present and future	85.4	92.5

The 2014 assessment was, for the first time, carried out in the institutional modality as well, in an effort to strengthen the integrated approach. It highlighted that early childhood development achievements of children participating in the programme are as good as the results of children in day care centres, sometimes even better, confirming that the programme is not a second-best option.

In regard to grade retention, concurrently with the expansion of "Educate Your Child", the number of children repeating second grade decreased from 7.5 per cent in 1992-93, to 1.8 per cent in 2013-14.

Figure 8: Preschool education coverage and grade retention statistics from 1993 to 2008



Integrated results

Several studies have confirmed the quality and effectiveness of early childhood education in Cuba: a **longitudinal study** conducted between 1997 and 2005 on more than 700 children attending either a day care centre or the "Educate Your Child" programme highlighted the high level of integrated development achieved by children and their school readiness in both modalities.

Two **regional evaluations conducted by UNESCO** on student achievement and education quality in Latin America and the Caribbean (PERCE in 1998 and SERCE in 2008) have shown that Cuban children enrolled in the third and sixth grades of primary school perform consistently above the results of other children in the region, in the areas of mathematics, language and natural science. Despite widely dispersed results, scores obtained by lower performing Cuban students are similar to those

of the average Latin American and Caribbean students. These results may be due to preschool education, which was positively and consistently associated with higher academic performance. James Fraser Mustard suggests that this high performance may also be thanks to high-quality health care provided to children and pregnant women at the community level.[13]

The **Early Childhood Development Index (ECDI)**, part of the MICS survey, shows that 89 per cent of children between three and five years of age are developing at an adequate pace, according to ECDI standards. The ECDI is higher if the child participates in an early childhood education programme (91 per cent of children aged three to five who attend an early education programme achieve ECDI standards, against 81 per cent of children who do not participate in any early education programme). ECDI measures four development areas, including literacy and numerical knowledge. In this area, as the preschool curriculum does not include the formation of such skills, Cuban children's performance is lower. Gaps can be observed along urban/rural lines and between Havana and the rest of the country.

Child health and survival

Despite limited financial resources, Cuba has prioritised the realisation of the right of every child to "the enjoyment of the highest attainable standard of health" (article 24 of the CRC), and has made substantial progress in child health and survival over the past decades.

Cuba has significantly reduced child mortality: infant mortality and under-five mortality rates (respectively 4.2 and 5.7 per 1,000 live births in 2014[14]) are below regional averages (respectively 16 and 19 per 1,000 live births). The child survival index underlines that 99.4 per cent of Cuban children survive the first five years of life.

Not only do children survive, but they also thrive and live a healthy life. Their birth is attended by skilled staff in hospitals, as all births take place in health facilities. They are sure to be born free of HIV, as Cuba became in June 2015 the first country in the world to complete the formal validation process for the elimination of mother-to-child transmission of HIV and congenital syphilis, led by PAHO/WHO, UNICEF and UNAIDS. Children receive systematic health care by one of the 12,842 family doctors located in each community[15], through well child visits: children attend no less than 13 well child visits at the CMF during their first year of life[16]. Through the National Immunisation Programme, all children are vaccinated against 13 diseases, including six that remain eliminated (diphtheria, measles, mumps, rubella, poliomyelitis and whooping cough), and plans are being made to expand the immunisation schedule to include new vaccines.

As regards nutrition, Cuba does not present severe child malnutrition**:** in 2012 the stunting rate was 7.8 per cent, and wasting at 2.3 per cent.[17] Although low birth weight affected only 5.3 per cent of new-borns in 2014[18], the number of new-borns weighing less than 1,500 grams is rising, representing 9.5 per cent of underweight new-borns in 2011. Moreover, some nutritional deficiencies in iron, vitamin A and iodine persist among pregnant women and children. There are also an increasing number of overweight and obese children: 17.3 per cent of children under five in 2012[19]. Anaemia coupled with overweight creates issues of double morbidity and underlines the importance of strengthening nutritional education efforts. It is also necessary to promote breastfeeding: only 33.2 per cent of infants under six months are exclusively breastfed, and continued breastfeeding for up to two years is at 24 per cent.[20]

[13] Mustard, J.F. "Early brain development and human development", in Tremblay R.E., Boivin M., Peters R. De V., eds. *Encyclopedia on Early Childhood Development,* Centre of Excellence for Early Childhood Development and Strategic Knowledge Cluster on Early Child Development, Montreal, Quebec, 2010.
[14] Source: Ministry of Public Health, *Anuario Estadístico de Salud*, 2014.
[15] Source: idem.
[16] Source: idem.
[17] Source: National Institute for Hygiene, Epidemiology and Microbiology, 2012.
[18] Source: Ministry of Public Health, *Anuario Estadístico de Salud*, 2014.
[19] Source: National Institute for Hygiene, Epidemiology and Microbiology, 2012.
[20] Source: Ministry of Public Health and UNICEF, *MICS 2014,* 2015.

Other remaining challenges for young children are maternal mortality and preventing unintentional injuries. Maternal mortality is stagnating, standing at 35.1 per 100,000 in 2014.[21] Risk factors include teenage pregnancy, which is on the rise: the number of births among women younger than 20 years of age has increased. Unintentional injuries remain the main cause of death among children aged one to 19.

Nevertheless, Cuba's child health and survival indicators are as high as those of some developed countries', which confirms the effectiveness of the health strategy. Combined with the quality of the early childhood education system, the Cuban ECD model strives to ensure a healthy developmental trajectory for young children.

Safe, stimulating environments for children

Through focusing on prevention, encouraging social mobilisation for early childhood development, and adopting a holistic approach to health and education, the Cuban ECD system is creating all the necessary conditions to establish safe environments for young children.

As regards health, at the local level the CMF, through well child visits and home visits, monitors and detects any dysfunction in families or social problems impacting child health, and informs parents about the importance of creating appropriate environments at home for children. Early childhood education institutions also educate parents on their role in stimulating their child's development in the home. Both health and education services partner with community organisations, so that community members are informed about ECD and aware that the environment matters for a child's development.

The "Educate Your Child" programme has been instrumental in creating safe environments in the family and the community, as shown in the four programme assessments whose main results are presented below.

Impact of "Educate Your Child" on family and community environments

Family preparation and upbringing practices

Behaviour changes have been observed in the families who participate in the programme: they have become active protagonists in their children's development and have adopted safer and friendlier upbringing practices. Over the years, they have become more aware of the importance of stimulating their children in their early years to encourage their integral development. Beyond awareness, they have become better prepared for and more committed to playing their role in early childhood development.

In relation to awareness, 65 per cent of families (mostly mothers) were willing to participate in the programme in 1994, even though this participation was rather passive. But awareness of the programme's importance steadily increased, alongside family's active participation in the activities. Today, 90.5 per cent of families express their willingness to actively participate in the programme and understand its importance. Participation means not only attending group sessions, but also continuing the activities in the home, helping to make toys and other educational materials, proposing activities and initiatives, etc.

In terms of preparation, families assess positively the knowledge and skills acquired through their participation in the programme and highlight the subsequent changes in their behaviour and attitude towards their children. It is very interesting to note that in 1994 – just two years after the start of the programme – 87 per cent of families declared that thanks to the training received in the programme, they did not yell at their children anymore and they beat them much less than before. In the various assessments, a majority highlight that they listen to their children when they talk, or they play and interact more with them. These changes underline the impact of the programme on

[21] Although direct maternal mortality rate is at 21.2 per 100,000. Source: Health Statistical Directory. Cuba 2014.

upbringing models and on the creation of safe, friendly and responsive family environments.

Another change observed thanks to the programme is increased paternal involvement in child development. Even though the programme has always been directed at families as a whole (mothers, fathers, siblings, etc.), mothers represented 90 per cent of the family members participating in the programme in 1994. In 1999, while the same percentage of mothers participated in stimulating activities in the home, 67 per cent of fathers also reported their participation, along with 48 per cent of grandmothers and 21 per cent of older siblings, pointing to greater diversity than at the beginning of the programme. Results have improved over the years: in 2006, 85.3 per cent of fathers thought that their participation in stimulating activities in the home was important, and three out of four expressed their interest in attending group sessions. Today, 81.6 per cent of fathers participate in the programme. This change in fathers' behaviour towards their children is not only due to "Educate Your Child", but also the programme "For Life" (*Para la Vida*), a broader communication programme encompassing all aspects of human life to promote healthier lifestyles within Cuban society, including the responsibilities of fathers. The FMC also addressed the theme of working women and the role of the father in the family. This ongoing societal change is therefore the product of inter-sectoral work.

"Educate Your Child" also had an impact on families' practices: they declare that they are dedicating more time to cultural activities, such as visiting museums or reading.

Community participation and shared responsibility

It is important to assess the impact of the programme at the community level, as community participation and the community environment are key elements of the programme "Educate Your Child". The starting point was relatively low: in 1994, 42 per cent of community members reported having supported the programme. Community awareness and participation increased: in 2006, almost all community members knew that the programme existed, and more than 90 per cent supported it through raising awareness among families, participating in the census of the child population, making toys and educational materials, caring for children during group sessions, etc.

Community members acting as promoters and facilitators report that they feel prepared for and satisfied about their role in the programme.

Evidence from MICS

The last MICS results underline Cuban parents' commitment to creating stimulating and learning environments. For instance, for 89.2 per cent of children aged three to five, adult members in the home participated in four activities or more that stimulate their development in the three days preceding the survey. Forty-eight per cent of children have at least three children's books in their home. It is, however, worth mentioning that fathers' involvement in creating stimulating environments is rather low: only 18 per cent of children aged three to five received learning support from their fathers.

As regards negative practices, such as inappropriate care or violence against children, MICS results show a mixed picture. Inappropriate care is very rare: only 4 per cent of children under five years of age were left alone or under the supervision of a child younger than 10 during the week preceding the survey. However, 28 per cent of children aged from one to two years and 38 per cent of children aged three to four were victims of at least one form of psychological or physical punishment by a family member during the month preceding the survey. The most severe forms of physical punishment, such as hitting in the head, the ears or the face, or hitting repeatedly and with force, are the least common: 0.5 per cent of children aged one to two were victims of severe physical punishment, and 1.6 per cent of children aged three to four. Twelve per cent of children aged one to two and 17 per cent of children aged three to four experienced psychological abuse. By contrast, one-third of young children are subject to non-violent forms of child discipline. Furthermore, social norms do not

support violence: only 4 per cent of survey respondents think that physical punishment is necessary to educate their children.

International standards

From an international perspective, in 2008, 10 internationally applicable benchmarks for early childhood services were defined by UNICEF's Innocenti Research Centre. Among OECD countries, only Sweden met the 10 standards, and Iceland met 9. From the description of the Cuban ECD model, one can see that Cuba meets the majority of these international benchmarks, while others cannot be measured.

Heading	Benchmark (minimum standards for ECD services)	Cuba's position
Policy framework	Parental leave of 1 year at 50% of salary, including at least 2 weeks for fathers	One-year remunerated parental leave, with 2nd semester that can be shared with the father
	A national plan with priority for disadvantaged children	National Action Plan for Children currently being drafted
Access	Subsidised and regulated child care services for 25% of children under 3	99.5 per cent of children aged 0 to 6 have access to free early childhood care and education services (majority is through accredited community-based programme)
	Subsidised and accredited early education services for 80% of 4 year-olds	
Quality	80% of all child care staff trained	Systematic training of all staff in both modalities
	50% of staff in accredited early education services tertiary educated with relevant qualification	Educators have a vocational or university degree in preschool education
	Minimum staff-to-children ratio of 1:15 in pre-school education	Highest teacher-to-child ratio is 1:13 for children aged 5 to 6
	1% of GDP spent on early childhood services	No information available
Supporting context	Child poverty rate less than 10%	No information available
	Near-universal outreach of essential child health services	Universal access to free health care

Conclusions

The Cuban ECD model has demonstrated its effectiveness, with sustained positive outcomes on children's integral development, understood in a holistic perspective. Cuba has established throughout the country a network of early childhood services at the local level that frequently interact with children and their families, and are responsible for creating the best possible conditions for child development. Thanks to this system, it has achieved universal access to quality early childhood education through institutional and non-institutional modalities, universal maternal and child health care and protective environments.

The Cuban experience presents interesting good practices regarding the design and large-scale implementation of cost-effective, integrated ECD services. First, it highlights the importance of adopting a holistic approach to early childhood development. One of the strengths of the Cuban model is that ECD services are linked and coordinated, not compartmentalised. Despite global recognition of the need for inter-sectoral approaches in ECD, operationalising this approach and overcoming the fragmentation of programmes for preschool children and their families is often a challenge. In Cuba, coordination and articulation mechanisms exist both vertically (between the national, provincial, municipal and local levels) and horizontally (among the different actors involved, at each level). Even though health and education are the

predominant institutions, other sectors are also important, particularly culture and sports. Moreover, the country promotes a culture of shared responsibility for child development: all organisations and individuals take an integrated approach to child development, not only focused on their area of expertise.

Prevention is another core element of the Cuban ECD model, which is designed to anticipate, detect early and remedy all potential threats to a child's development before they occur.

The model also underlines Cuba's commitment to equity: ECD services are universal and available to all children, meaning that they are adapted to be accessible to the most vulnerable children, such as those with disabilities, without parental care, and with incarcerated parents, among others. Equity is the foundation of the "Educate Your Child", programme, which was initially developed to respond to the local specificities of remote areas where institutional early childhood education was not available.

Beyond a commitment to equity, it is above all a commitment to ECD at all levels that characterises the Cuban experience. Even though the country does not have an official policy specific to early childhood development, there has long been a political and social commitment to expanding early childhood education and care to maximise the development of each child's potential. For instance, the roll-out of "Educate Your Child' during the special period is a strong sign of the national commitment to early childhood education even in difficult times. The ECD model is designed to foster family and community participation, thus promoting a society aware of the importance of ECD and of its responsibility in providing safe and stimulating environments for children. "Educate Your Child" has particularly contributed to building families' capacities and parenting skills, and promoting social interactions among communities. It has been instrumental in proving that, when families are properly prepared and understand the importance of early childhood, they can assume the stimulation of their children's integrated development.

Maintaining and improving the quality of ECD services is a permanent challenge, requiring constant training of all professionals and volunteers involved in service delivery, and continuous efforts to strengthen inter-sectoral coordination. For instance, further progress could be made in integrating community institutions into the education system and to work in networks at the community level: many institutions such as public libraries, museums, cultural centres have a key role to play in early childhood development.

While the new national *Guidelines for Social and Economic Policy* stress the need for improving the quality of education and health services, they also introduce changes in the model that make it necessary to closely monitor the situation of children and support national efforts to maintain past achievements, improve service quality and face remaining and new challenges. In the absence of an official policy specific to early childhood development, it is necessary to ensure that the current commitment to ECD and the progress made in education, health, nutrition and prevention are sustained. As regards health, current challenges include ensuring the continuous training of doctors on prevention issues, in a context of high turnover of family doctors, as many continue towards specialised medicine. As for education, the increase in private entrepreneurs creates disparities in terms of resources, reflected in the educational materials available to children, or in the emergence of private caregivers.

In this context of social and economic change, early childhood development becomes even more relevant, as ECD interventions have the potential to equalise opportunities and reduce gaps among children. Sustaining the commitment to fostering the best possible development for each child according to his or her potential will ensure strong foundations for their future, and by extension, for Cuban society.

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