

BOB-04
Part (II)

INSTITUTE OF CURRENT WORLD AFFAIRS

Feb-March, 1993.

Peter Bird Martin
Institute of Current World Affairs
4 West Wheelock Street
Hanover, N.H. 03755

Dear Peter,

HEALTH CARE IN CHILD-CARE CENTERS IN SANTIAGO DE CUBA

The extensiveness of primary health care delivery network in Cuba continue to surprise me. Primary care physicians, known as family doctors, and family nurses seem to be everywhere on this Caribbean Island. The concept is that there should be a doctor wherever there is a citizen; in the work place, neighborhood, school, child-care center and hospital (1). Although this concept may raise some eyebrows elsewhere, the fact is, already there are about 46,860 trained doctors in Cuba, of which 18,503 have been trained as family doctors and they are now fully involved in primary health care delivery in most parts of the country (2).

In this letter, I am writing about my visits to child-care centers, known as *circulos infantiles*, in Santiago de Cuba City. But first, what are *circulos infantiles*? Who has the right to use them? Who is responsible for them? what do the children do there? Until what age can they attend? How much do they cost? And who looks after the health of the children? In addition to answering these questions, a short description about health care in the Abel Santamaria sub-urban community will be given.

Bacete Bwogo is an ICWA fellow studying primary health care delivery in Cuba, Costa Rica, Kerala State(in India) and the USA.

Since 1925 the Institute of Current World Affairs (the Crane-Rogers Foundation) has provided long-term fellowships to enable outstanding young adults to live outside the United States and write about international areas and issues. Endowed by the late Charles R. Crane, the Institute is also supported by contributions from like-minded individuals and foundations.

CIRCULOS INFANTILES

These are day-care centers where working mothers bring their children when they have no one to care them at home. There they are taught, fed, painstakingly cared for, and in addition, receive medical care (3). They have permitted mothers to enter the country's work force and provided them with their first real opportunity to further their education (4). Day-care centers receive children from the age of 45 days to six years of age. So far, there are 854 of them. And although not all children under six years of age go to day-care centers everyday, around 109,923 children do. Some 101,530 mothers benefit from the child-care centers, although the demand for future enrollments is yet to be satisfied. Day-care centers are under the direction of the sub-system of pre-school education. The Federation of Cuban women was responsible for the circulos infantiles until 1971 when the Infancy Institute was created, which later became a sub-ministry of education (5).

On the education side, the child-care centers offer a special opportunity. In these centers, the objective is to lay the foundation for integrated and harmonious development of the child's personality through a scientifically developed plan of education, that integrates the physical, intellectual, ethical and aesthetic formation of pre-schoolers. That task is carried out by 20,984 people with special training. Different tasks and activities are provided, according to the special requirement of each child from the first to the sixth year of life. Independent activity on the initiative of each child under the guidance and

orientation of the educator is of special importance; activities such as outings, simple work experience, and artistic or cultural activity. Pre-school educational programme scribes the single greatest importance to play, through which children reflect their knowledge of life around them, imitate adults, establish relationships, develop the power of observation, memory, thought, imagination, creativity and will power, and considerably widen their the sphere of interest. Children enter day-care centers between 6:00 and 8:00 AM and leave between 5:00 and 7:00 PM.

The care for children in day-care centers is not offered free-of-charge. The cost to the public depends on per capita family income and 50% discount is applied when two or more children are enrolled. The lowest cost is two pesos (approximately 2 U.S. dollars) per month, although a low income family may pay 3 U.S. dollars monthly for two children. The highest is 40 U.S. dollars. Most pay 24-480 pesos a year although the annual cost for each child is about 957. This show strong state subsidy for day-care activity, whose global cost is about 65 million pesos.

HEALTH CARE

In addition to education programmes for children in day-care centers, health care services are also present. Ensuring child survival and development is one of the principle areas of intervention for the family doctor programme. Thus health care teams (doctor, nurse, hygienist, nutritionist) at day-care centers must address the health care needs of pre-school children, which include the surveillance of the children's growth

and development, the prevention of accidents, the treatment of outbreaks of infectious childhood diseases, and actions aimed at ensuring adequate nutrition, hygiene and cleanliness and the timely diagnosis of mental, eye, hearing and motor problems.

During my stay in Santiago, I visited two day-care centers (Capullito and Almendros en flores) and the provincial school for deaf and mute children (Eduardo Mesa Llul).

Circulo infantil-Capullito is a day-care center for 'ninos sanos' or healthy children. I asked the family doctor in charge about her role and the role of other health care workers in the day-care center. According to her, the health care programme in the day-care center is operated through co-ordinated activities between health care workers (doctor, nurse, nutritionist, hygienist) and educators (instructors, psychologist) and the administration of the center.

The family doctor keeps the clinical records of all children in the center. She makes periodic evaluation of the nutritional status of the children and keeps a chart to monitor their growth and development. There is a vaccination programme too. All children undergo physical examination to determine their health status before they are enrolled. If mental, eye, hearing or motor disability is detected early on, the affected child is referred to a special day-care center where it will receive specialist attention and an appropriate programme of education, for example, 'Almendros en flores' for children with visual affections.

In the circulo infantil-**Almendros en flores**, I found children with eye conditions such as; myopia, glaucoma and aphakia. One child had an artificial eye prostheses. A technician trained in ophthalmology looks after these children everyday and give them their treatments. An eye specialist visits the center every week to check the visual conditions of the children and review their treatments.

After completing 5 years, sighted children go to normal primary schools, while children who are blind go to special schools for the blind.

The education activities in the center is interesting for the children. They go to class. There is plenty of time for playing. Also, there is a music room with a piano and the children listen to music. They learn to dance, holding each other's hand in orderly manner while their teacher watch them. Children get some sleeping time too. They are served three meals a day. They are bathed, their teeth are brushed (older ones do that alone) and their clothes are changed. Little ones under one of age are cared for separately from those children who are 2-4 years old.

The **Eduardo Mesa Llul** school, is the only of its kind for the deaf and mute children in the province of Santiago de Cuba (see photos 26-30). It enrolls 210 boarding students, girls and boys. They study from primary through junior secondary to technical high school, where they learn special skill work. The ages of the students range from 6-20 years. After every 11 days in school, students are allowed to spent 3 days with their parents at home.

I visited students in their class rooms. Teaching of student include observation and use of visual alertness. Modern hearing aid equipment and computers are used in the teaching of students to increase their vocabulary. Some of the equipment are of German make, others are made in Cuba.

The school has a medical team which consist of 3 nurses and a family doctor. In addition to usual primary care, special attention is given to affective problems in children, who may sometimes need specialist attention in hospital or they are visited in school. Three children had heart conditions and they were receiving specialist attention too.

Every Wednesday, a meeting is held with Children's parents to review the progress of their children in school. They are also informed about the special conditions that their children have. Education is given on what things they should do to help their children at home. In this manner, the school, health care workers and parents are able to act as a team to finding ways of promoting the education of the deaf or mute child. The slogan of the Eduardo Mesa school is: "the education of a deaf child is a noble declaration of love".

The education and care of deaf and mute children at Eduardo Mesa entails enormous costs to the state since education is free. According to the school's director, about 1,400 pesos is the estimated average cost per month per student. This include, accommodation, tuition, food, recreation, and health care, all of which are offered free to students in the school. Although the

the cost of care is high, ensuring child survival and development is given high priority in Cuba. This is a national policy (6). 8.3 percent of Cuban population are children under four years of age and the protection of the health of these children is priority work for the family doctor programme (7). Since 1984, the focus of the family doctor programme has been to reduce mortality in this age group and considerable advances have been made in this area in 1992 (see p.26 for figures).

Peter, I guess at this point I must pause to tell you that I did not intend to write this long. But I could not resist telling you also about the dedication of health workers, educators and administrators in Santiago de Cuba, to the care of young children in day-care centers and as well as for the care of handicapped ones in specialized institution. What I have been able to see during the short time I stayed in Santiago appears to be an unusual experience in a developing country. It is more surprising specially when one imagines the wide net-work of primary care delivery system in all Cuba.

One only wishes that children elsewhere are able to get 'just a bit' of reasonable health care and perhaps some education too. This make me recall the words of a Nobel prize-winning poet from Chile, Gabriela Mistral, who some years ago wrote:

" We are guilty of many errors and faults
but our worse crime is
abandoning the children
neglecting the fountain of life.
Many of the things we need can wait.
The child can not.
Right now his bones are being formed, his blood is being made
and his senses are being developed.

To him we can not answer 'Tomorrow'.
His name is 'Today'."



Can we make the care of the young children our absolute
priority?
All the flowers of the future are in the seed".
His name is 'Today'.
The young child must have priority (8).

Hasta aqui y como siempre, muchas gracias.

B. O. Bwogo
Bacete Othwonh Bwogo

P.S.

Please, in order not to elongate the letter further,
I thought it best to show you some pictures (photos 1-15) of
Polyclinic Josue-Pais in Abel Santamaria sub-urban neighborhood
in Santiago de Cuba. This I hope will give you an idea about what
is going on in the polyclinic and the facilities in use. Footnote
explanation accompany all photos. An image is worth more than a
thousand words, so I hope you will find the pictures interesting.
Una vez mas, gracias.

REFERENCES

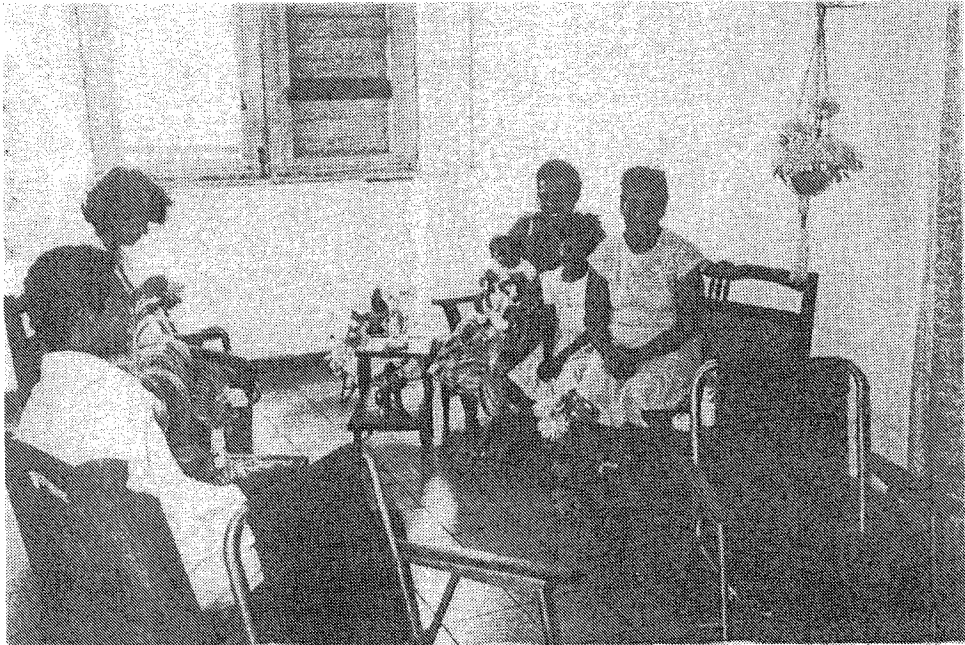
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ABEL SANTAMARIA SUB-URBAN NEIGHBORHOOD

BOB-04
PART (II)

Polyclinic- Josue Pais

Santiago de Cuba

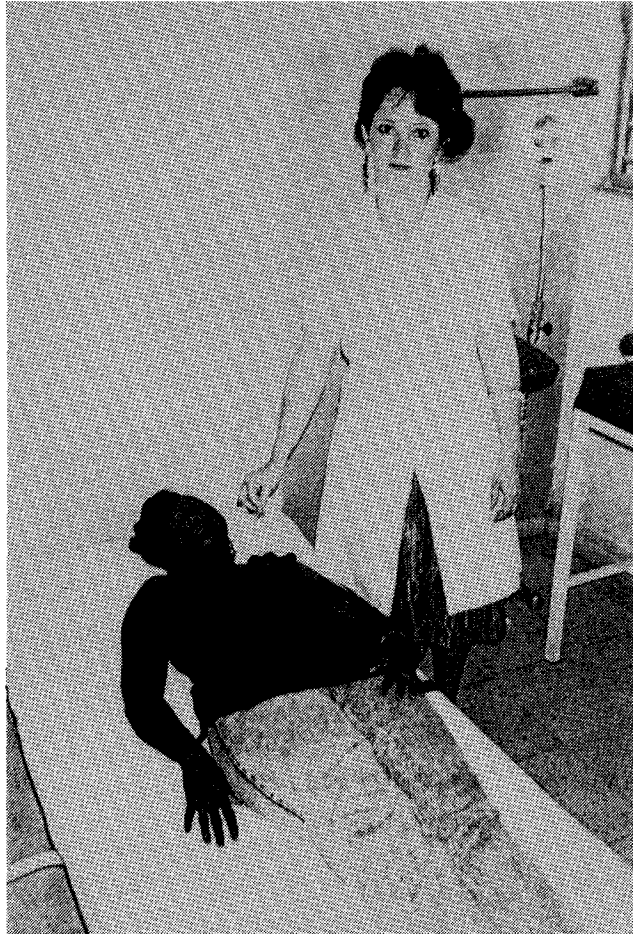


Visiting a nursing mother in her home in Abel Santamaria.



Patients suffering from bronchial asthma receive outpatient treatment in Polyclinic Josue Pais.

BOB-04
PART (II)

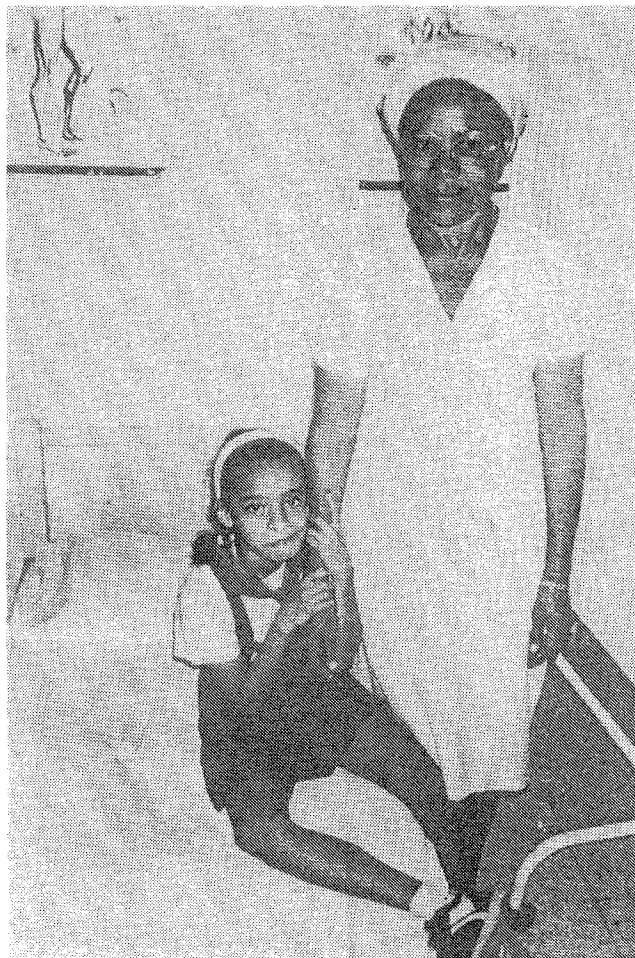


Family doctor treat bronchial asthma sufferer using acupuncture. As alternative means, acupuncture is also used to treat other diseases.

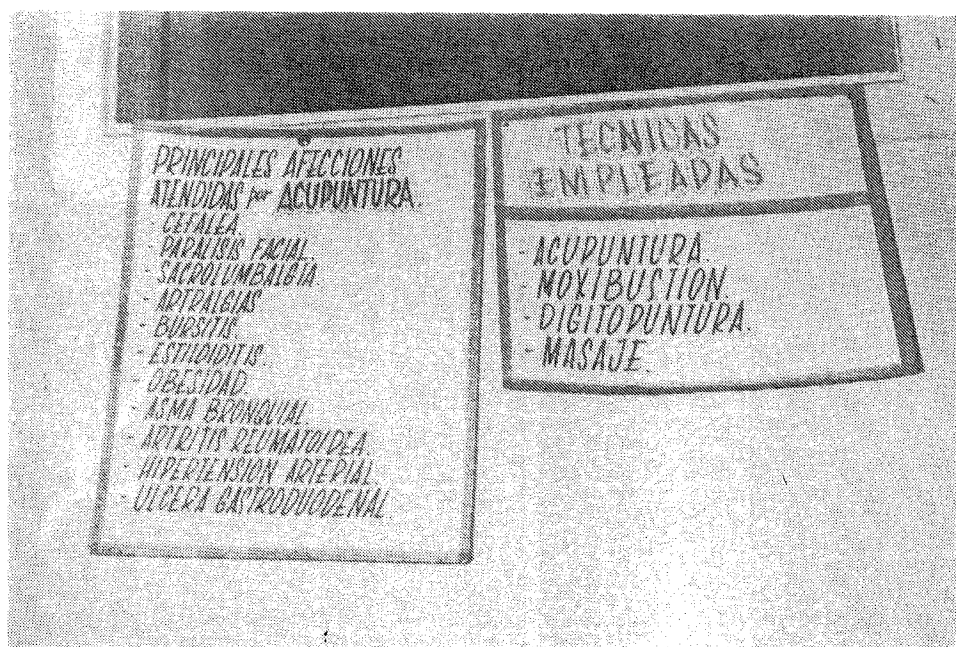


While acupuncture is used to treat overweight, it is also used to treat underweight & improve appetite.

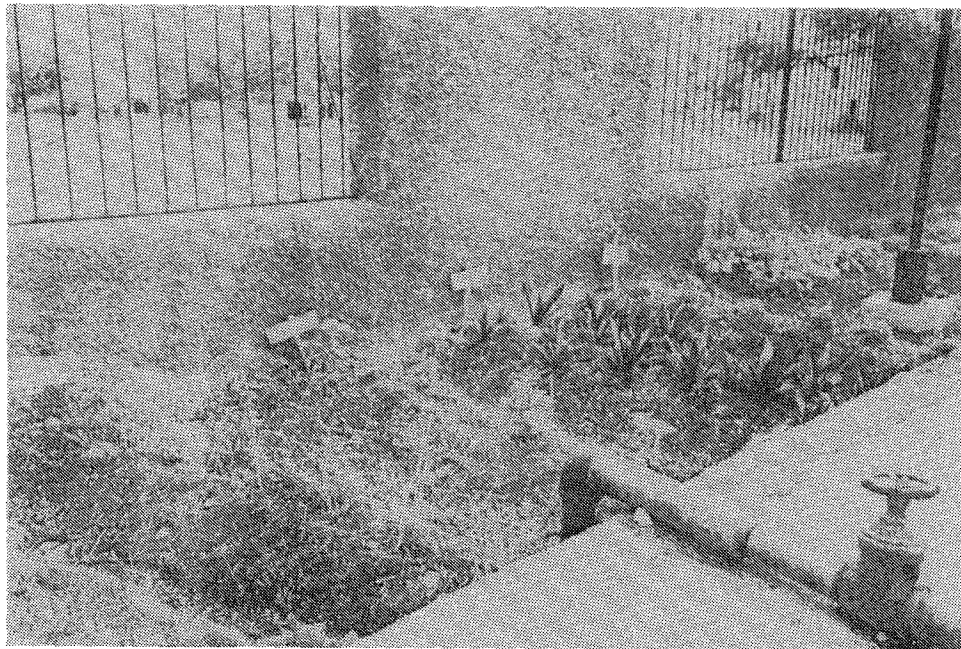
BOB-04
PART (II)



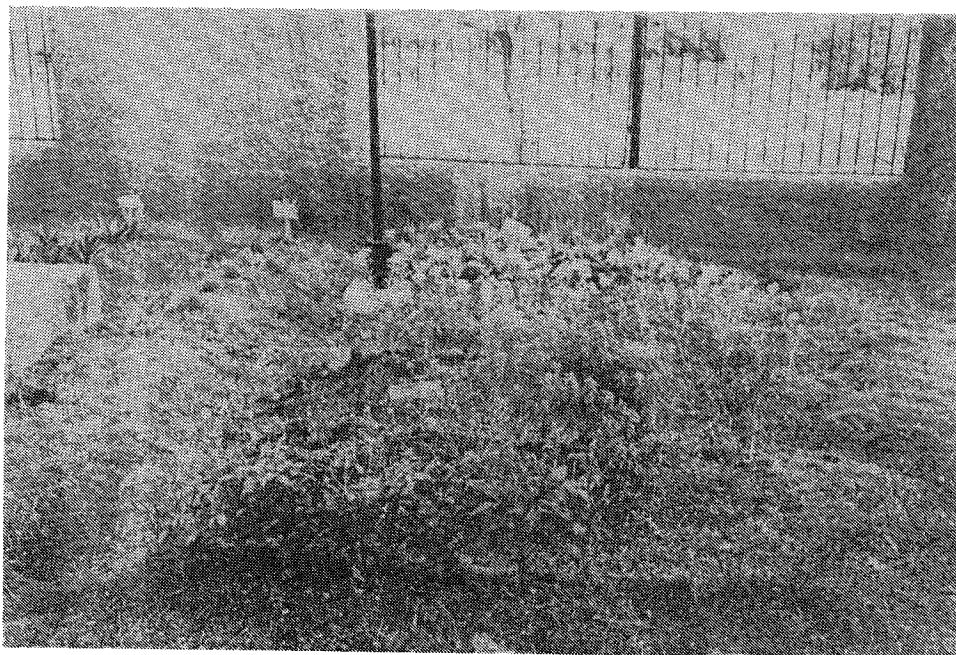
Nurse assistant to acupuncturist, Polyclinic Josue Pais.



A list of health problems and the acupuncture techniques used.



Doctors grow medicinal plants in small gardens in the backyard of Polyclinic Josue Pais, to meet needs caused by shortages of medicines.



The use of medicina verde (or green medicine) has increased during The Special Period.

CIRCULOS INFANTILES VISITED IN SANTIAGO DE CUBA

BOB-04
PART (II)

1. Capullito

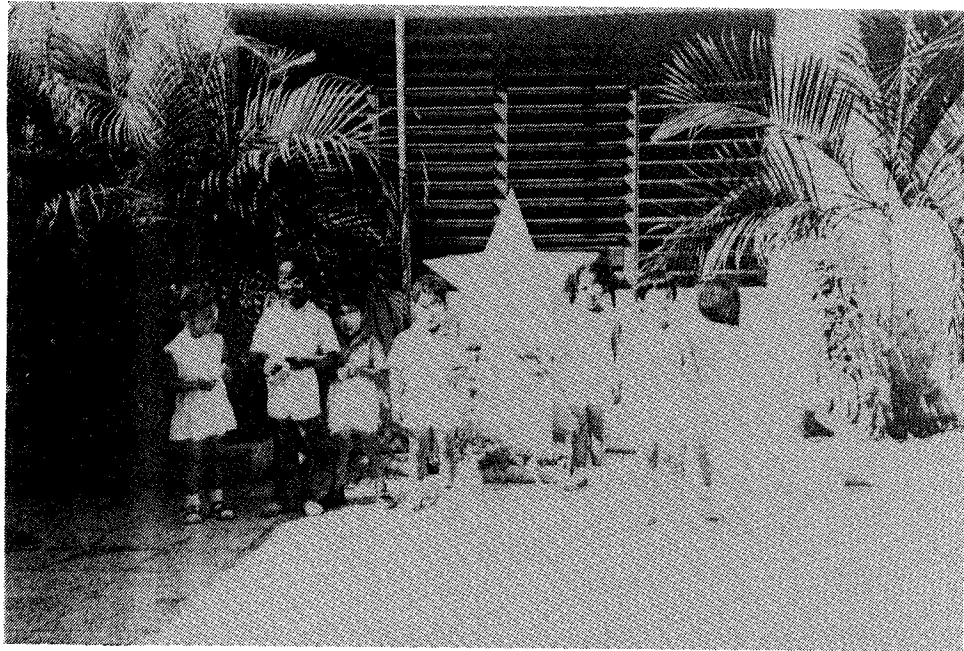
2. Almendros en flores



Inside the classroom. Preschool children receive classes in the Circulo infantil (Capullito) or child care center.



Learning practical skills. In the picture, children learn to water plants.



Children with eye problems attend school & looked after in the special circulo infantil (day care center) " Almendros en Flores "

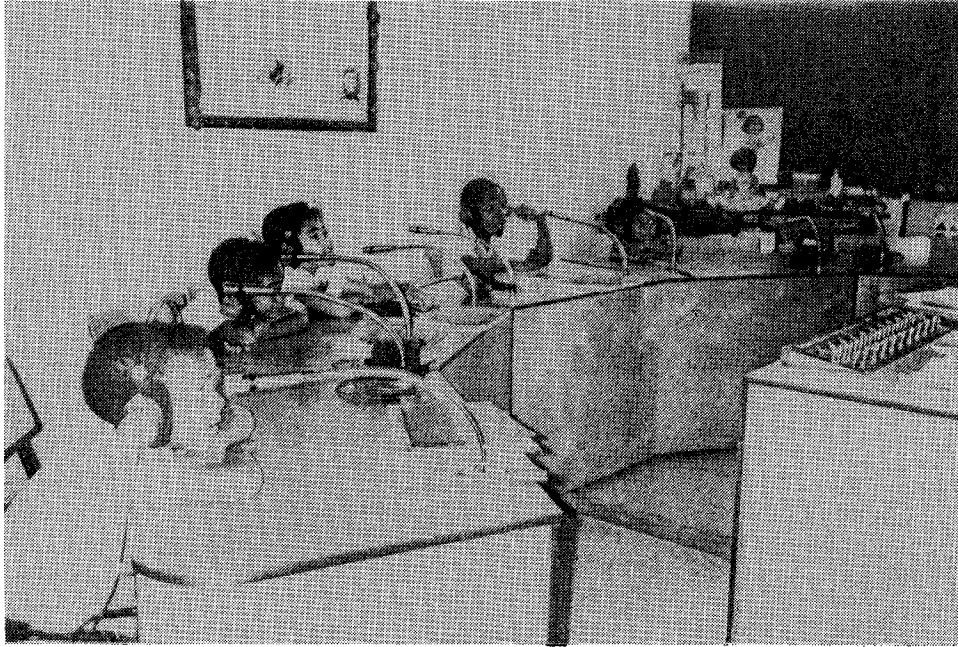


With children who suffer from eye problems.

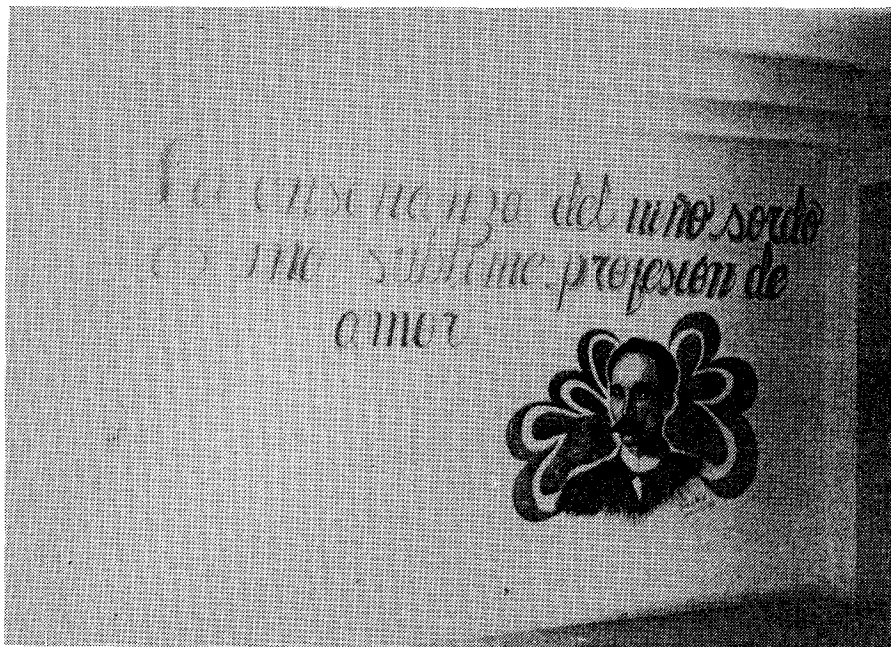
BOB-04
PART (II)

EDUARDO MESA LLUL: SCHOOL FOR DEAF AND MUTE CHILDREN

Santiago de Cuba



Children with hearing problems attend classes at "Eduardo Mesa Llul" special school for the deaf and mute.



The education of a deaf child is a noble declaration of love (Jose Marti).

LEVELS ATTAINED IN THE BASIC INDICATORS OF MOTHER-INFANT HEALTH IN CUBA

	1991	1992
Infant mortality (per 1000 live births)	10,7	10,2
Preschool mortality (per 1000 inhabitants of 1-4 years old)	0,7	0,6
Mortality rate under 5 years old (per 1000 live births)	13,4	13,0
Survival at 5 years old	98,7	98,8
Maternal mortality (per 10 000 live births)	3,6	3,2
Mortality due to acute diarrhea per 1000 live births (at less than 1 year old)	0,5	0,3
School age mortality (per 10 000 inhabitants age 5-14 years)	0,4	0,4

CUBA: INFANT MORTALITY RATE FOR THE LAST 24 YEARS

(per 1000 live births)

1969	46.7
1970	38.7
1971	36.1
1972	28.7
1973	29.6
1974	29.3
1975	27.5
1976	23.3
1977	24.9
1978	22.4
1979	19.4
1980	19.6
1981	18.5
1982	17.3
1983	16.8
1984	15.0
1985	16.5
1986	13.6
1987	13.3
1988	11.9
1989	11.1
1990	10.7
1991	10.7
1992	10.2

Note: In 1959, the year the Revolution triumphed, the infant mortality rate was more than 60 per 1000 live births.

Source: National Statistics Directorate of MINSAP.



Granma International Jan 17, 1993

INFANT MORTALITY RATE IN LATIN AMERICA (per 1000 live births)

Bolivia	89
Haiti	89
Peru	68
Honduras	62
Dominican Republic	59
Ecuador	59
Nicaragua	58
Brazil	55
El Salvador	50
Paraguay	48
Venezuela	34
Mexico	30
Panama	23
Argentina	22
Uruguay	21
Colombia	18
Chile	17
Costa Rica	14

Source: State of the World's Children, published in 1993 by UNICEF.

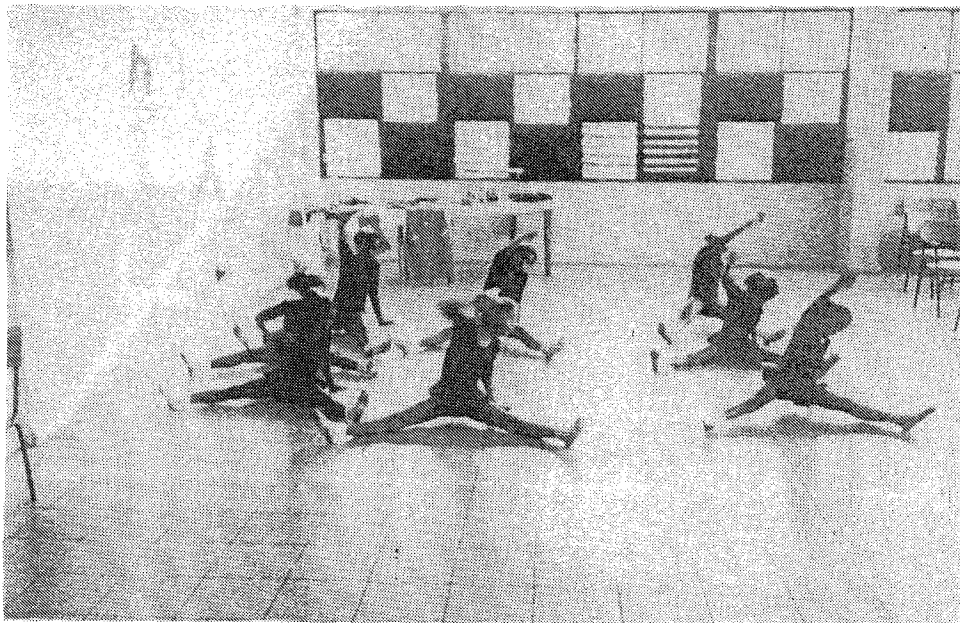
COUNTRIES WITH INFANT MORTALITY RATES OF LESS THAN 11

Israel	10
Portugal	10
Greece	10
United States	9
South Korea	9
Ireland	8
Singapore	8
Belgium	8
Australia	8
Italy	8
New Zealand	8
Germany	8
Denmark	8
Austria	8
Spain	8
Canada	7
Switzerland	7
France	7
England	7
Norway	7
Holland	7
Finland	6
Japan	5
Sweden	4

Source: State of the World's Children, published in 1993 by UNICEF.



Computers are used as teaching aid in the teaching of children with impaired hearing.



A physical education class at "Eduardo Mesa LLul".

Cuba: Principal causes of death in infants under one year of age, 1985-1989

(number of deaths per 1000 live births)

Causes of death	1985	1986	1987	1988	1989
Perinatal factors	5.9	5.9	6.2	5.1	4.6
Congenital factors	3.4	3.3	3.0	3.0	2.8
Influenza and pneumonia	1.7	1.1	1.1	1.0	0.7
Gastroenteritis and other diarrhoeal diseases	1.1	0.6	0.7	0.5	0.4
Accidents	*	0.4	0.4	0.4	0.4

* Not accounted among the first five principal causes of infant mortality.

Cuba: Principal causes of death among children from 1 to 4, and from 5 to 14 years of age, 1989

Causes of death	1 to 4 years of age *
Accidents	1.9
Congenital factors	0.9
Malignant tumors	0.7
Meningococcal infections	0.3
Influenza and pneumonia	
	5 to 14 years of age **
Accidents	18.0
Malignant tumors	5.0
Congenital factors	2.6
Meningococcal infections	1.2
Heart disease	1.2

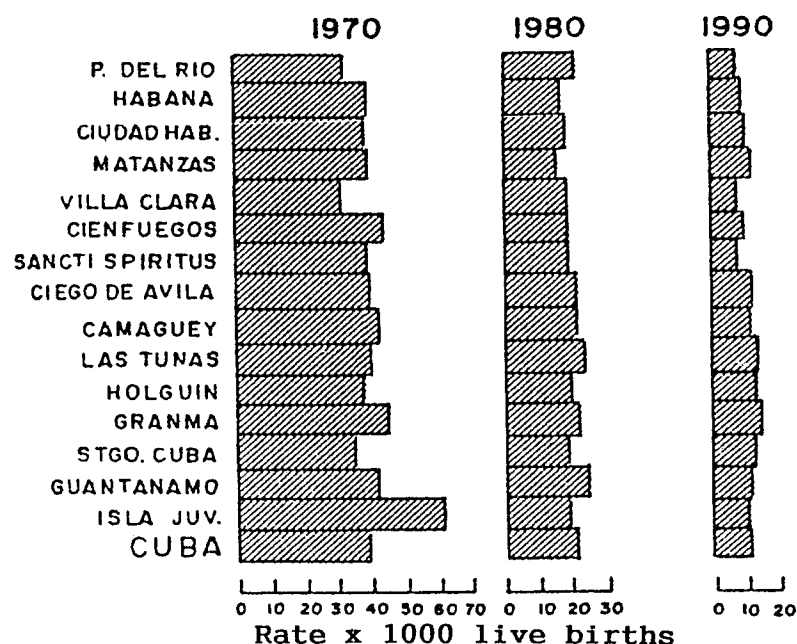
* Deaths per 10,000 children in this specific age group.

** Deaths per 100,000 children in this specific age group.

Source: MINSAP (1990), Cuba's family doctor programme.

Infant mortality by provinces

1970, 1980 & 1990.



Source: MINSAP, Informe anual 1990.

Cuba: Mortality rates, by principal causes of death, 1980-1989

	1980	1986	1987	1988	1989
Heart disease	166.7	183.6	185.6	191.4	188.3
Malignant tumors	106.6	118.2	119.7	123.9	125.3
Cerebral-vascular disease	55.3	63.1	64.7	62.1	63.9
Accidents	38.0	42.8	43.6	48.5	48.3
Influenza and pneumonia	38.6	38.5	39.3	34.3	25.4
Suicide and self-inflicted wounds	21.4	22.6	22.4	21.3	21.1
Diabetes mellitus	11.1	16.2	17.0	20.5	20.7
Bronchitis, emphysema and asthma	7.0	7.3	7.7	10.1	8.6
Perinatal factors	13.2	9.6	10.8	9.5	8.2
Congenital factors	8.1	8.1	8.3	8.7	7.9

Source: MINSAP (1990), Cuba's family doctor programme.

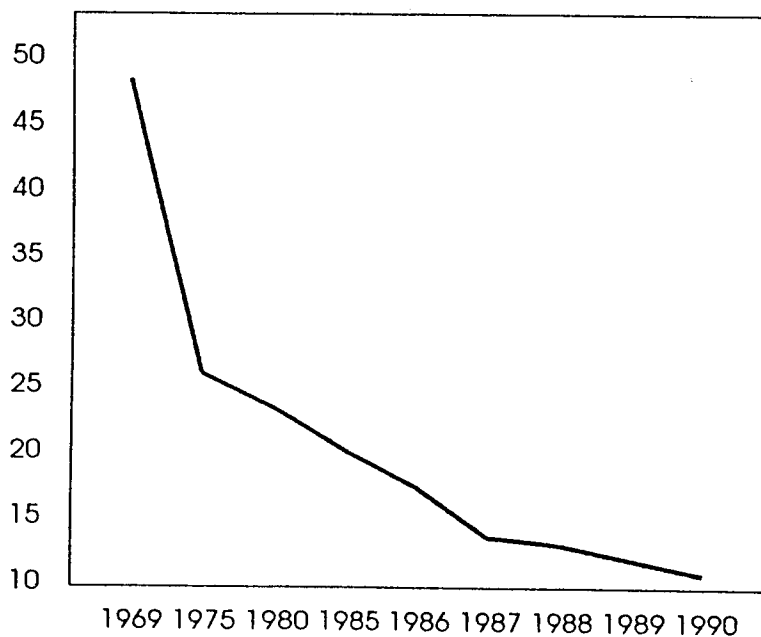
Cuba: Breakdown of deaths and mortality rates in infants under one year of age *, 1985-1989

	< 7 days		7-27 days		28 days-11 months		< 1 year	
	No. deaths	Rate	No. deaths	Rate	No. deaths	Rate	No. deaths	Rate
1985	1479	8.1	380	2.1	1138	6.3	2997	16.5
1986	1166	7.0	285	1.7	811	4.9	2262	13.6
1987	1279	7.2	346	1.9	744	4.2	2387	13.3
1988	1114	6.1	375	2.0	716	3.8	2235	11.9
1989	994	5.4	332	1.8	723	3.9	2049	11.1

* Rate of deaths per 1,000 live births.

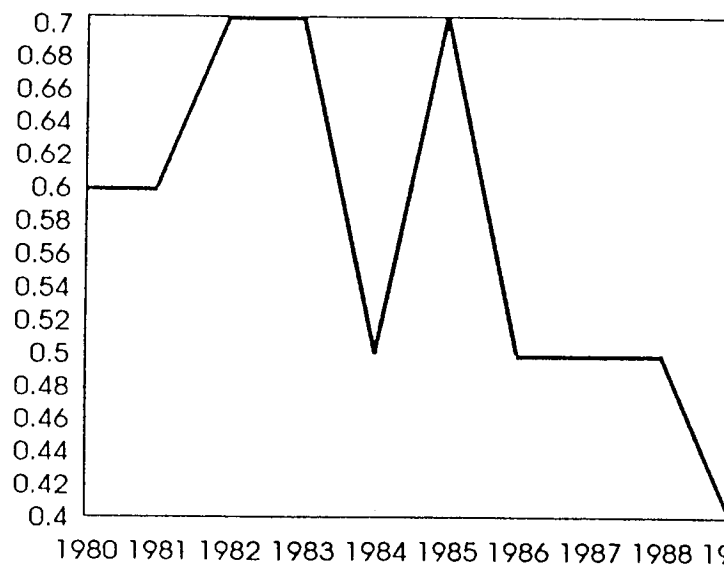
Source: MINSAP (1990), Cuba's family doctor programme.

Cuba: Infant mortality, 1969-90



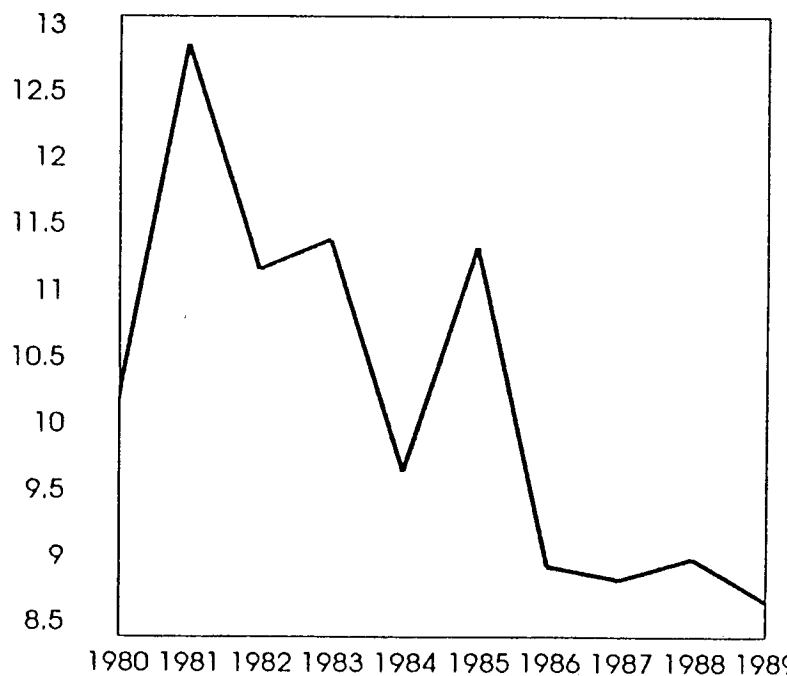
Source: MINSAP (1990), Cuba's family doctor programme.

Mortality, acute diarrhoeal diseases
1980-1989



Source: MINSAP (1990), Cuba's family doctor programme.

Mortality, infections and parasites
(per 100,000 inhabitants)



Source: MINSAP (1990), Cuba's family doctor programme.

CUBA. PREVENTION OF IMMUNO- PREVENTABLE DISEASES

Vaccination coverages, by type of vaccine,
age-group and level of schooling, 1982 and 1989

Type of vaccine	Universe to be covered	Coverage	attained*
		1982	1989
Anti-tuberculosis	Under 1 yr. of age	96.8	98.4
DPT*	Under 1 yr. of age	75.1	95.3
PRs*	with 1 yr. of age	-	94.9
DPT**	from 1-5 yrs.	59.5	87.9
Tetanus Toxoid	from 15-64 yrs.	57.4	90.9
Tetanus Toxoid	65 yrs. and over	63.9	90.8
DT***	First graders	94.6	98.1
Anti-tuberculosis	Fifth graders	91.0	97.3
Anti-typhoid	Fifth graders	83.5	91.7
Anti-typhoid	Eighth graders	83.6	97.2
Tetanus Toxoid	Ninth graders	-	98.8
Anti-typhoid	Eleventh graders	82.3	95.3
Share of population fully immunized.		**Parotiditis, Rubella, Measles	
*Diphtheria, Pertussis, Tetanus vaccine.		***Diphtheria, Tetanus	

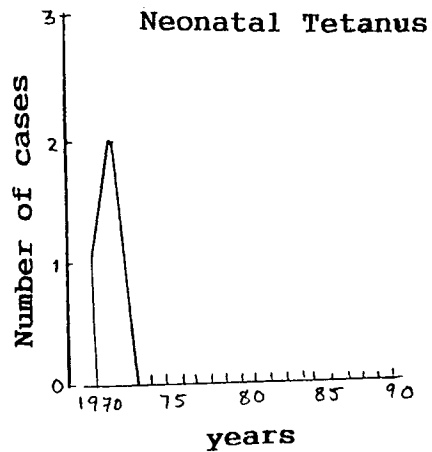
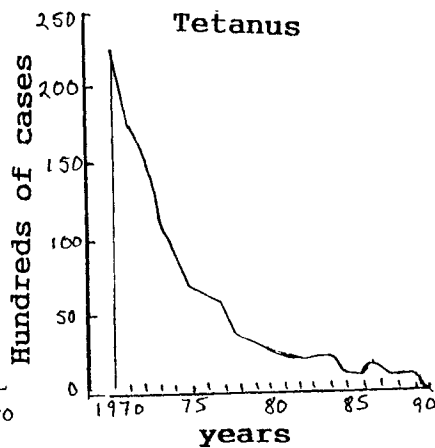
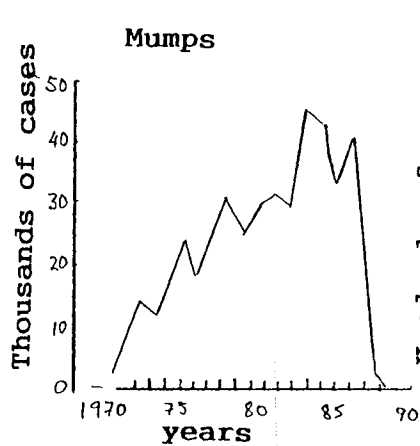
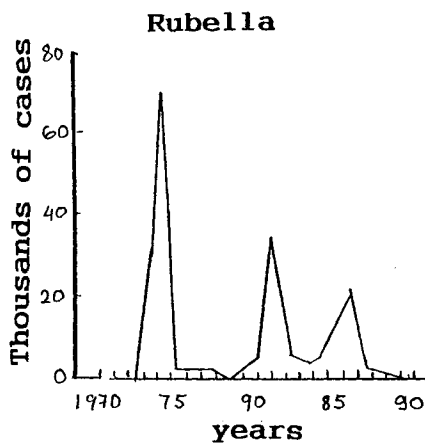
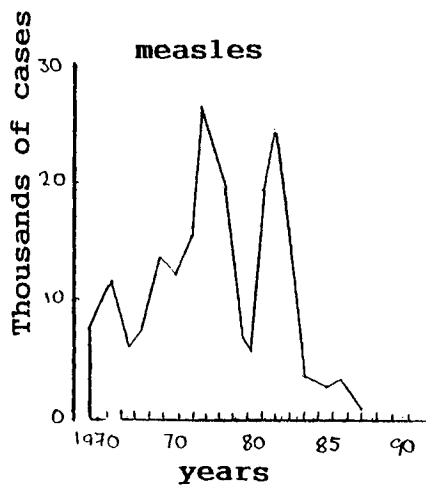
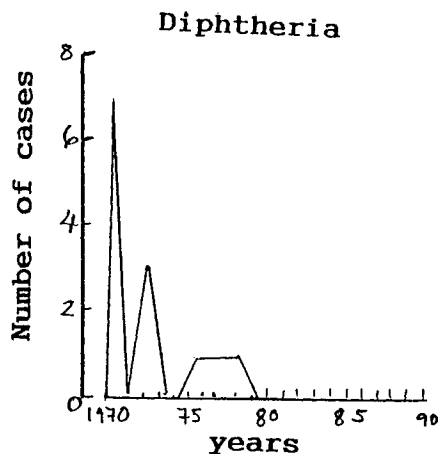
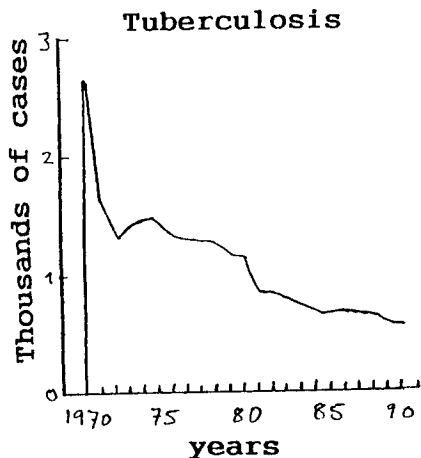
CUBA: INCIDENCE OF SELECTED DISEASES*, 1965-1989 (Cases reported per 100,000 inhabitants)

	1965	1980	1987	1988	1989
Typhoid fever	3.1	1.0	0.7	0.9	0.5
Tuberculosis	64.3	11.6	6.1	5.9	5.5
Tuberculin meningitis	0.0	-	0.0	-	0.0
Diphtheria	8.1	-	-	-	-
Pertussis	27.0	1.3	1.0	0.3	0.7
Tetanus	6.6	0.3	0.1	0.0	0.1
Infantile tetanus	0.4	-	-	-	-
Measles	120.3	38.9	8.3	1.2	0.1
Meningococcal meningitis	0.3	4.4	5.5	5.1	3.7
Poliomyelitis	-	-	-	-	-

* Diseases the outbreak of which must be reported to health authorities.

Source: MINSAP (1990), Cuba's family doctor programme.

BOB-04
 PART INCIDENCE OF SOME DISEASES OF OBLIGATORY DECLARATION
 1970-1990



Source: MINSAP, Informe anual 1990.