

CUBA

Social Policy at the Crossroads:

Maintaining Priorities, Transforming Practice

An Oxfam America Report



Acknowledgements

Cuba's process of social development has been at the center of the ongoing debate about the merits, the failures and the challenges of the Cuban socialist experiment of the last four decades. In writing this piece, that powerful history of documentation and struggle by scholars and policy makers in and out of the island was a presence, and my first appreciation is for their work. For the possibility of exploring this topic I thank, first of all, Oxfam America and its Cuba Program Officer Minor Sinclair. Sinclair, I and our families shared many times in Cuba during "the special period" and, thankfully, his perspective is present in this document. Most special thanks go also to Georgina Chabau, Jesus Ramos, Gina Rey and Rosa Oliveras who provided material and helped arrange interviews in Cuba. David Diaz Carbo, Lorena Barberia, Rafael Betancourt, Rosa Oliveras, Mario Coyula and Alfredo Prieto read the manuscript or commented on presentations of the material. I thank them for their input. Thanks also go to Jim O' Brien and Lori Anne Saslav who edited the manuscript; Izakun Gaviria, Jeff Deutsch, Jennifer Wilder, Kevin Pepper, and Martha Thompson of Oxfam America who brought the publication process to the end.

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An Oxfam America Report

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TABLE OF CONTENTS

Introduction	3
1: “The Right Priorities: Health, Education, and Literacy”	6
2: The “Special Period” and its Social Impact	19
3: A Safety Net Tattered but Holding	32
4: Transforming Community Development	43
5: Social Development: Looking Forward	58
Endnotes	61
References	65

INTRODUCTION

From the beginning of the Cuban revolution in 1959, the model of social development has underscored equity across society and universal access. Full responsibility rests on government to fund and deliver social entitlements. These values have framed the development and implementation of social policy during the last 40 years. During this time Cuba has instituted free and universally accessible health care and education and has built on its formerly weak pension system to develop a universal and government-sponsored one. Cuba's safety net of benefits includes protection of workers' employment and housing, food subsidies, utilities and other necessities, and mechanisms to assist vulnerable families without stigma. The results have been quite positive. Adult literacy is nearly 96%, and schooling rates have risen dramatically. Infant mortality has decreased, drug use and crime are subdued compared with other countries, and youth violence is minimal. Cubans feel these effects in their daily lives, and for many these transformations mean that the revolution is working for them.

In 1990, Cuba spent 20.08% of its gross domestic product on social benefits including social security, health, and education¹; an amount greater than that spent by Japan, Australia, and the United States² (Latin American countries averaged 10.4%³). Suddenly, in 1989 the collapse of socialism in Europe, and particularly in the Soviet Union, fundamentally altered the Cuban economy most particularly through the loss of Cuba's import capacity, which plunged by 75%. As Cuba attempted to cope with the crisis, Washington tightened its embargo and curtailed trade even further. These two events together had the force of an earthquake on the economy. In the countryside, agricultural production practically stopped, causing serious food shortages. In the cities, public transportation almost disappeared, as did gasoline for private cars. Throughout the island, electricity was closely rationed. As Cuba weathered the economic crisis of the 1990s, many questioned whether continued financial commitment to the values of universality and government responsibility for social benefits would be possible and whether the wide range of benefits they had spawned would survive under such a deep and all-encompassing crisis.

The answer, thus far, has been yes. The system has held, though somewhat battered and facing even more challenging problems. When the ground stopped shaking, it became evident that there was strong political will to maintain Cuba's safety net. Cuban television announcers often exclaimed, "Not one hospital has been closed, not one teacher has lost a job," and that has been true.

Throughout the 1990s, the share of Cuba's gross domestic product spent on social programs increased by 34%. But despite this level of funding, the system strained in the face of higher demands and decreased buying power of these resources. Today, delayed maintenance of hospitals and schools is a major problem. Shortages of medicines, medical equipment, and schoolbooks limit health care and education. Nutrition levels remain far below what they were in 1989. Most critically, the last decade has brought complex social changes that challenge Cuba's commitment to equity. Rapid changes in income



JUAN CABALLERIA

Despite the economic crisis, people have found ways to adapt with few resources available. Here school children play handball on a Havana street.

distribution have brought new wealth and a growing set of economically vulnerable families, who have placed additional demands on an already strained system.

In today's Cuban economy, even a strong political will has to come to grips with economic imperatives in ways that Cubans have seldom experienced. And it has to do so in an environment where social differences are far more prevalent than they were just a decade ago.



MINOR SINCLAIR/OXFAM AMERICA

These women participate in a community based housing rehabilitation project in the Havana municipality of Marianao. Over half of Havana's housing is in need of repair or replacement. Self-help housing repair brigades are one of the community-based responses to this challenge.

Up to now, Cuba has achieved positive social outcomes by spending large amounts of money on services. Now, they must find new ways to achieve such results. Cuba does not possess infinite resources, and it faces an escalating set of demands. The new economic environment requires efficiency as well as effectiveness.

Strong indicators signal that leaders will not seek efficiencies either by reducing services or by privatizing them. Cuba is choosing instead to take the harder road, that of transforming the framework and the delivery of services. As Cuba develops effectiveness that does not rely solely on the massive deployment of resources, it will need to use its great reservoir of experience in approaching problems preventively. But it will also need to

develop the mechanisms to identify local needs, focus resources, and respond agilely with appropriate services.

There are indications that the system, although strongly relying in its universal reach, is slowly introducing new and more differentiated initiatives. Cuba has always attended to the needs of specific populations – women, children, and the disabled, for example. But what is new is the growing recognition that universal policies and centralized initiatives alone, as successful as they had been in addressing social problems in the past, may miss the particular needs of specific areas and of new vulnerable populations in this more difficult environment.

As new complex problems challenge the social system, solutions are being developed with more collaborative and integrated approaches, especially at the level of service delivery.

Finally, the experience of the local community development movement of the last decade offers an emerging model of small-scale, place-based, participatory planning and monitoring of services, which could greatly complement the reach and effectiveness of current models of service delivery. The experiences at the community level have developed useful methods that include:

- A close focus on families and communities;
- Horizontal collaboration and coordination of activities between local entities;
- Connecting families and communities to enhanced community networks;
- Developing the capacity of residents and local government to participate in local policy development and in the monitoring of local services.

Cuba faces these challenges armed with a considerable accumulation of strengths. First of all, Cubans know how to take care of their own. In a relatively short period of time, they drastically improved and maintained the health status of the nation, virtually eradicated illiteracy, and developed one of the most educated workforces in the hemisphere.

With this extraordinarily high level of education, Cubans have proven to have a high capacity for innovation and transformation that should not be underestimated. This has been demonstrated over the past 40 years, but certainly never more than since the beginning of the Special Period. Through major endeavors, such as the transformation of the economy, the urban agriculture movement and development of environmentally sound agricultural practices, and the application of alternative energy sources, Cubans have proven capable of adaptation and invention in the face of adversity.

Finally, the values of equity and responsibility that have framed the development of social policy in the past, and the practice of constructing a humane and equitable society, will continue to serve Cubans well as they face the challenges of the future.

This Report

Chapters One, Two, and Three of this report offer an analysis of Cuban social policy and its outcomes during the last 40 years. This analysis examines the impact of the crisis of the 1990s on Cuban society, as well as the social benefits of economic measures instituted to address the crisis.

This analysis, and draws on existing data from sources including the World Bank and the United Nations, Cuban statistics, and the writings of social policy analysts both inside Cuba and abroad.

Chapter Four analyzes the “different way of working” that has begun to emerge in the delivery of Cuban social services. This section draws on the work of Cuban social policy analysts and researchers working on community development, as well as from the author’s own research on community development processes on the island.

1. “THE RIGHT PRIORITIES: HEALTH, EDUCATION, AND LITERACY”

“Cuba’s achievements in social development are impressive given the size of its gross domestic product per capita. As the human development index of the United Nations makes clear year after year, Cuba should be the envy of many other nations, ostensibly far richer. [Cuba] demonstrates how much nations can do with the resources they have if they focus on the right priorities – health, education, and literacy.”

Kofi Annan, Secretary General
of the United Nations – April 11, 2000



Women in Cuba are integrated into all levels of the workforce. These women are members of the “Soy Brigade” in Palma Soriano, in the province of Santiago de Cuba.

When Cuba’s revolution came to power in 1959, its model of development aimed to link economic growth with advances in social justice. From the start, transforming economic changes were accompanied by equally transforming social initiatives. For example, in 1959, Cuba carried out a profound agrarian reform which ended *latifundia* in the island and distributed land to thousands of formerly landless small farmers. Alongside this fundamental reform were programs directed at providing health care and education to the farmers and their families. A national health system and its rural health services were introduced in 1959; only 8% of the rural population had access to health care at that time.⁴ The National Literacy Campaign of 1961, recognized as one of the most successful initiatives of its kind, mobilized teachers, workers, and secondary school students to teach more than 700,000 persons how to read. This campaign reduced the illiteracy rate from 23% to 4% in the space of one year.⁵

Initiatives in the cities were no less ambitious. Urban reform brought a halving of rents for Cuban tenants,⁶ opportunities for tenants to own their housing, and an ambitious program of housing construction for those living in marginal shantytowns. New housing, along with the implementation of measures to create jobs and reduce unemployment, especially among women, rapidly transformed the former shantytowns.

The swift pace of change of the early years gave way to more measured advances, but the values that framed those initiatives have greatly influenced the body of social policy in Cuba. Cuban social policy is characterized by its emphasis on **universal coverage** and reach for all programs and for all educational, health, and social benefits. These are seen as part of a “social wage” that workers accrue in addition to their monetary wage.⁷

Social policy has also favored the development of **equity** across society, including the equitable distribution of benefits across all sectors of the population, sometimes favoring the most vulnerable. In the last 40 years Cubans have greatly reduced differences in income between the lowest and the highest paid persons.⁸ Women have benefited significantly from the revolution as they have educated themselves and entered the labor force in large numbers.⁹ The differences among Cubans of different races have also been reduced.

Cuban social policy is also characterized by **the exclusive participation of the public sector** in its development and execution. The government assumes responsibility for financing social programs and for providing all social benefits.

The programs and subsidies that make up Cuba’s safety net cover its citizens from cradle to grave. They have led the island to outcomes that, especially in health and education, are almost universally recognized as positive. The 1999 Human Development Index (HDI)¹⁰, which measures basic dimensions of human development – longevity, knowledge, and a decent standard of living – ranked Cuba 58 out of 174 countries. Primary

indicators for Cuba were: life expectancy at birth (75.7 years), adult literacy rate (95.9%), combined enrollment in school (72%), and per capita income (est. \$3100).

The Human Poverty Index for Developing Countries ranked Cuba 5th out of the 90 developing nations considered in the analysis in 1997. For Cuba the indicators included the percentage of people not expected to live to age 40 (4.5%), the adult illiteracy rate (4.1%), the percentage of people without access to safe water (7%), the percentage without access to health services (0%), and the percentage of underweight children under 5 (9%).

AREA	POLICIES
Education^a	Education is a right of Cuban citizens.
	Education is delivered free at every level, including post-secondary and graduate education.
	There is universal access to primary education and secondary technical or pre-university education, including special education for those who need it.
	Access to programs of study at the university and post-graduate levels takes place through competition. Availability of slots is closely linked to economic priorities and needs.
	The delivery of education is the sole responsibility of the state, which is charged with assuring the access of all citizens to the educational system and developing and maintaining a network of educational institutions of all levels across the island. Every level is guided by a national program.
	There is an emphasis on the educational value of work, and students are encouraged to participate in study-work experiences, which usually take place in the countryside.
Health^b	Health is a right of Cuban citizens and is delivered free of charge at all levels.
	The delivery of health care is the sole responsibility of the state, which is charged with assuring the access of all citizens to primary, secondary, and tertiary care as well as with developing and maintaining quality health care services at all levels across the island.
	Strong commitment to primary prevention and to a decentralized delivery of health services.
Social Security and Disability^c	State backed universal retirement pension program; employers pay 10% contribution. Retirement age is 55 for women and 60 for men.
	Disability benefits encompass coverage for work-related disability, accidents, and illness as well as common accidents and illnesses for all workers; coverage for temporary disability.
Social Assistance^d	Encompasses means-tested cash subsidies and services for families without economic support.
Subsidies^e	Universal food subsidies through a ration card that in 2000 covered about 65% of the nutritional needs of the population. Special "diets" are available for children, pregnant women, the elderly, and those with illnesses requiring special nutrition.
	Caps on rent at 10% of the income for housing; subsidies for mortgages.
	Subsidies on utilities including water, electricity, gas, telephone.

TABLE 1

Summary of key policies and benefits in the areas of education, health, social security, and social assistance, 2000

Sources: (a) Centro de Investigaciones de la Economía Mundial, 2000, pp. 79; Lutjens, 2000, p.56-57; (b) Centro de Investigaciones de la Economía Mundial, 2000, p. 98; (c) Centro de Investigaciones de la Economía Mundial, 2000, pp. 69 and 73; Mesa-Lago, 1997, p. 505; (d) Centro de Investigaciones de la Economía Mundial, 2000, p. 74; (e) Centro de Investigaciones de la Economía Mundial, 2000; Segre, Coyula, and Scarpacci, 1997; Ferriol, 2001.

Right: A family doctor checks an infant in a well baby clinic in Havana.

FIGURE 1

Infant mortality rate, 1960 to 2000
(out of 1000 live births)

Source: World Bank, 2001.

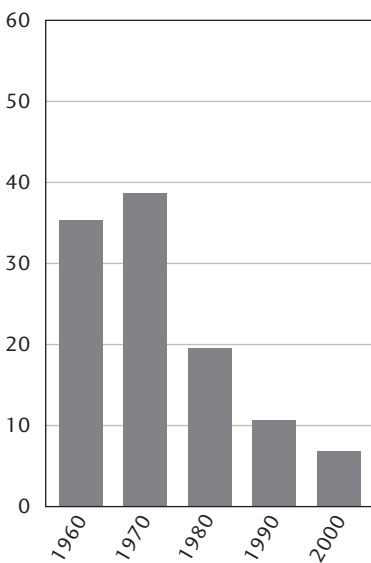
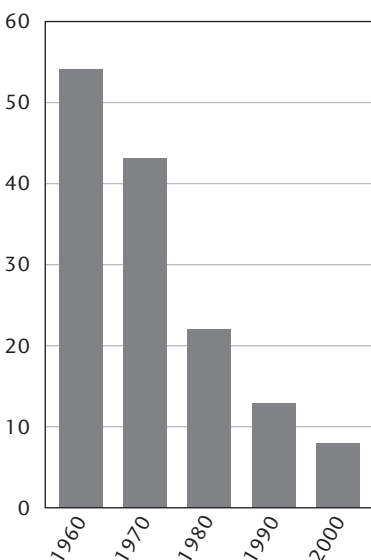


FIGURE 2

Mortality for children under 5 years,
1960 to 2000
(out of 1000 live births)

Source: World Bank, 2001.



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In the following section we review the benefits available to Cubans and the outcomes that these benefits have afforded them. In the area of health and education, where comparative data is readily available, comparisons are presented along several indicators between Cuba and other countries in the hemisphere.¹¹ The analysis compares Cuban indicators with those of Canada and the United States, both developed nations in the Americas; with Costa Rica, one of the Latin American nations with the highest level of human development; and with the Dominican Republic, one of Cuba's closest neighbors in the Caribbean.

Health Care

Health care is considered a right of Cuban citizens and is provided free of charge. Health care was nationalized in Cuba in 1961, although some physicians continued to operate privately and a very small number still do so today.¹² When, in 1959, Cuba began the process of transforming the health status of its population, it faced some important challenges. First of all, most health care was concentrated in urban areas, and was offered through a network of private clinics and a weak public system that was generally regarded as deficient. Second, in the first years after the revolution, about one-half of the physicians left the country, many in the wake of the socialization of medicine. Cuba was left with the burden of caring for its people with greatly diminished resources and the need to train almost all its medical personnel. But it was also left with the opportunity to develop a health care system from the ground up. And it developed a system that has attracted the attention of the world for its reach, its access, and its orientation to prevention. Health outcomes worsened during the first decade of the revolution as the system was put in place, but outcomes recovered by 1970 and have continued to improve to this day.

	CUBA	CANADA	COSTA RICA	DOM REP	U.S.
Per capita gross domestic product	2,208	20,822	2,942	2,091	32,778
Infant mortality rate (per 1K children)	7.0	6	12	44	7
Under 5 mortality rate (per 1K children)	8.0	6	14	49	8
Life expectancy at birth (in years)	75.7	79	76	70.6	76.7
Adults living w/ HIV/AIDS (% of 19-49)	0.03	0.3	0.5	2.8	0.6
Physicians (per 1K persons)	5.18	2.1	.85	1.5	2.6

The Ministry of Public Health directs the activities of the health system, which includes specialized medical research and treatment institutions as well as a highly decentralized system of health care.¹³ Its greatest strengths lie in its universality, accessibility, and orientation to primary care and primary prevention. The entry to the health care system was traditionally the community polyclinic located in every neighborhood, with a mission of providing accessible primary health care akin to that of a public community health center in the United States. From the polyclinic, Cubans, depending on their need, had access to specialists and highly sophisticated treatment.

Beginning in 1983, primary care was transformed by the arrival of the “family doctor,” a primary care physician who lives and works in the community. The doctor is provided with a home, an equipped medical office, and the assistance of a nurse. He or she attends to about 250 families. Family doctors provide primary care in their offices and conduct home visits, following closely all pregnant women and newborns, children, those with chronic illnesses, the elderly, and those recently released from the hospital. Family doctors are linked to neighborhood polyclinics, which provide more sophisticated care and access to specialists. Family doctors conduct primary care and primary prevention activities in rural and urban areas and today cover most of the island.¹⁴

Selected Health Outcomes

Infant mortality is an internationally recognized indicator of human well-being because it taps both the quality of health care available to mothers and newborns, and the many variables – such as poverty and access to food – that affect the health status of mothers and babies. In the 1950, infant mortality stood at 35 deaths for every 1,000 live births in Cuba. After rising slightly in 1970, infant mortality rates have declined dramatically (see Figure 1). Even during the 1990s, when Cuba suffered through a very serious economic crisis, the infant mortality rate continued to decline. In 1999, Cuba reported an infant mortality rate of 7.2 deaths per 1,000 babies born alive. This rate is comparable only to that of the United States and Canada in this hemisphere (see Table 2).

TABLE 2
National comparison of selected health indicators, 1999

Source: United Nations Development Program, 2001.

FIGURE 3
Immunization for DPT and measles (%) 1980 to 2000

Source: World Bank, 2001.

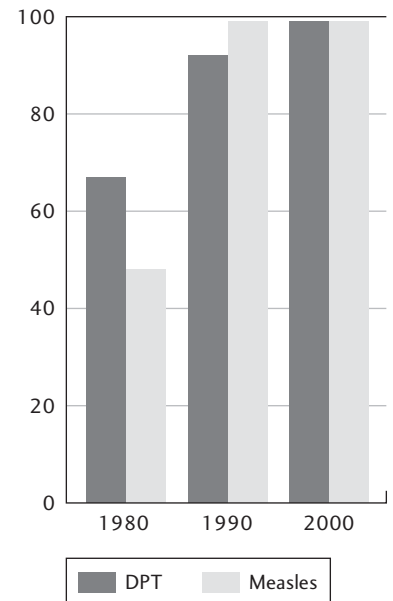


FIGURE 4
Life expectancy at birth, (yrs) 1960 to 2000

Source: World Bank, 2001.

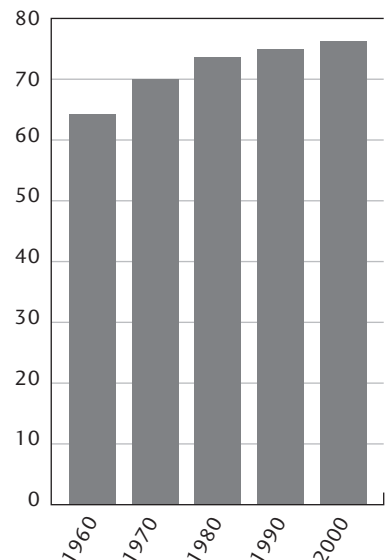


TABLE 3

Most prevalent causes of death in Cuba, 1958 and 2000

Sources: (a) Centro de Investigaciones de la Economía Mundial, 2000, p. 104; (b) Oficina Nacional de Estadísticas, 2001, p. 65.

1958 ^a	2000 ^b
Heart Disease	Heart Disease
Malignant Tumors	Malignant Tumors
Diarrhetic Illnesses	Cerebrovascular Diseases
Childhood Diseases	Accidents
Cerebrovascular Diseases	Influenza and Pneumonia



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The government assigns children a liter of milk a day up to age five. In a rural community in La Florencia, in the province of Ciego de Avila, a woman holds her child while waiting to receive their milk.

Other health indicators are equally improved. Mortality for children under five years was 54 deaths per 1000 children in 1960 and only 8 deaths in 1999. Child deaths are often due to infectious diseases, many of which have been eradicated in Cuba through immunization campaigns, country wide control of vectors, and widespread health education. By 1990, Cuba had eradicated measles, rubella, typhus fever, and diphtheria, and had significantly lowered the incidence of tetanus and tuberculosis.¹⁵ Children are vaccinated for diphtheria and measles before they are a year old at rates that rival those of Canada and the United States.

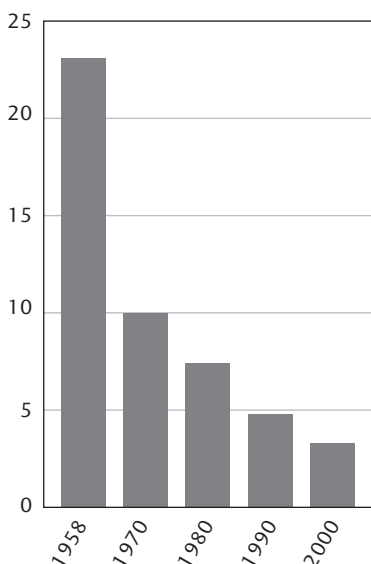
The life expectancy of Cubans has increased and today stands one percentage point lower than that of the far more wealthy United States. Life expectancy for Cubans is slightly lower than that of Costa Rica and higher than that of the Dominican Republic.

Today Cubans die of the types of diseases that cause the death of persons in developed nations: heart disease, cancer, and strokes, leaving behind the infectious diseases that are the most prevalent causes of death across the Third World, and were the third and fourth causes of death for Cubans before 1959, according to Cuban statistics (see Table 3).¹⁶

FIGURE 5

Illiteracy rate (%), 1958 to 2000

Source: World Bank, 2001.



Education

Education is also considered a right of every citizen and is provided free of charge at every level. The Cuban educational system includes pre-primary, primary (1 to 6), secondary (7 to 9), and pre-university or technical/professional education (10 to 12). University education is also available. The evolution in this area is similar. In 1959, the educational attainment of Cubans stood at third grade. Forty-five percent of primary school children did not attend school, and 23% of the population over 10 years old was illiterate. The National Literacy Campaign reduced the illiteracy rate to 4% in 1961; the illiteracy rate in Cuba has remained under 10% and today stands at 6.8% of the population (see Figure 5). According to the United Nations, the rate of literacy among people 15 and older in Cuba was 97%, compared to 99% in Canada and the United States, 96% in Costa Rica, and 83% in the Dominican Republic (see Table 4).

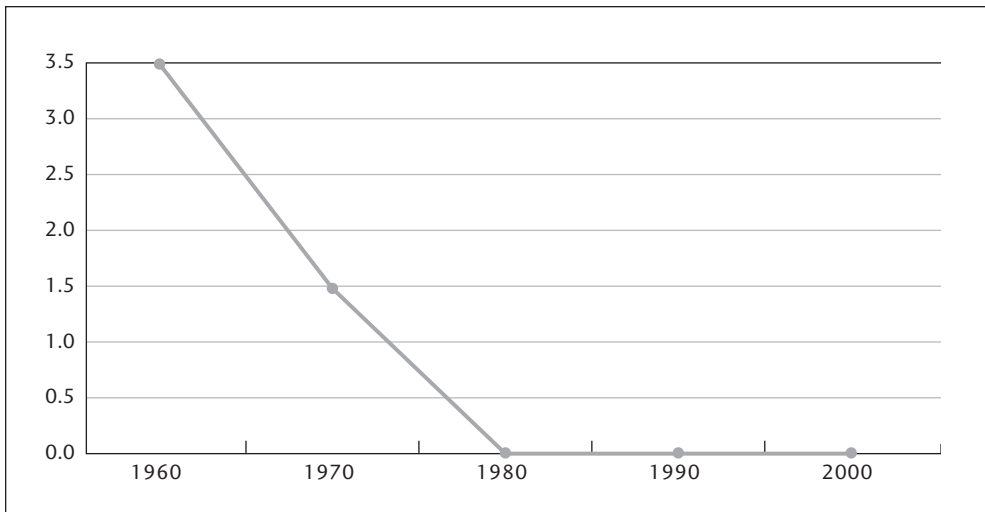
In the 1960s and 1970s, schools were constructed, and a system of scholarships was instituted that assured that all children, regardless of where they lived or the economic situation of the family, would be able to attend school. The number of children in the labor force, low even in 1960 when compared to Latin America as a whole,¹⁷ first decreased and then dropped to zero (see Figure 6) as the availability of schools led to

	CUBA	CANADA	COSTA RICA	DOM REP	U.S.
Per capita gross domestic product	2208	20822	2942	2091	32778
Adult literacy rate (15% and above) ^a	97	99	96	83	99
Youth illiteracy rate (15%-24%) ^b	.2	—	1.7	8.9	—
Children 10%-14% in the labor force ^c	0	0	4.13	13.22	0
Combined Enrollment Ratio (%) ^{d, e}	76	97%	67	72	95

TABLE 4

Comparison of selected education indicators, 1999

Notes and sources: (a and d) United Nations Development Program, 2001; (b) United Nations, Statistics Division, 2001; No data is available for United States and Canada; (c) World Bank, 2001; (e) Combined enrollment ratio includes gross primary, secondary, and tertiary enrollments.

**FIGURE 6**

Children under 14 in the labor force (%), 1960 to 2000

Source: World Bank, 2001.

dramatic increases in the rates of enrollment in primary, secondary (high school), and tertiary (university or professional school) education.

Pre-primary school enrollments increased from 52% in 1970 to 94% in 1995. In 1980, 98.8% of the children 6-11 were attending primary schools.¹⁸ Enrollments in secondary education also climbed from 14% in 1960 to a high of 90% in 1990 (see Figure 7). In the 1990s, during the economic crisis, these rates fell somewhat, due primarily to higher dropout rates particularly in the technical schools. The dropout rate for all pre-university and technical schools is 8%.¹⁹ Today, educational attainment for Cubans stands at the ninth grade.

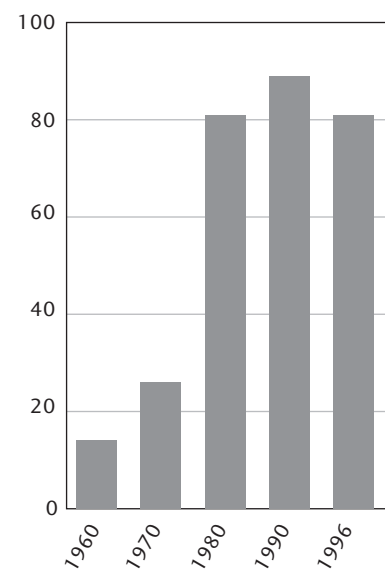
The educational system from pre-primary to grade 12 is administered by the Ministry of Education. Curriculum is guided by a national program; this has provided a uniform set of guidelines and has resulted in a pretty homogenous level of preparation across the country. This was meant to offset the differences in the quality of education available for children in different areas, especially between urban and rural schools and between historically more and less affluent urban neighborhoods.

Total enrollments at all levels of education – primary, secondary, and pre-university or technical professional – stand at 76% of the population of appropriate age. Compared to the other countries selected for comparison, Cuban rates fall between the high enrollments found in Canada and the United States (97% and 95%, respectively) and the much lower ones found in Costa Rica (67%) and the Dominican Republic (72%).

FIGURE 7

Enrollment in secondary education, 1960 to 2000 (%)

Source: World Bank, 2001



Enrollment in Cuban universities is highly competitive. Access to programs of study at the university and post-graduate levels is granted through competition. Availability of slots is closely linked to economic priorities and may not always respond to students' choices. Enrollments in higher education increased from a low of 7% in 1970 to a high of 21% in 1990. These enrollments were strongly affected by the economic crisis of the 1990s, dropping to 12% in 1996.²⁰

Nevertheless, the educational attainment of Cubans has translated into a highly educated workforce: of all Cuban workers, 14% have a university degree.²¹ There were 37 institutions of higher education in Cuba, including general, technological, and pedagogical universities, all under the direction of the Ministry of Higher Education.



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Cubans have created a vibrant identity through music, dance and art. Here the lead singer of Anacaona, the first Afro-Cuban all women salsa band, rehearses for their new CD.

CULTURE FOR ALL

Another area that strongly reflects the universality present in Cuban social policy is arts and culture. As early as 1959, several new cultural institutions were founded in Cuba that would become important to the development of art and culture across Latin America: Casa de las Americas, the Cuban Institute of Cinematographic Arts and Industry (ICAIC), the National Theatre, the National Ballet, the National Symphonic Orchestra, and the National Folkloric Group. The literacy campaign also raised Cuban capacity to fully engage in the arts and culture. These developments alone would have enhanced the life of the Cuban people. But what has most characterized the process of cultural development in Cuba is the massive participation and access to arts and culture that is available to the Cuban people.

Cuba has made significant investments in the development of a system dedicated to training in the arts, to the development of artistic and cultural expression, and to the enabling of Cubans to both participate and

enjoy arts and culture. A critical premise has been that culture in Cuba has not been as highly commercial as we experience it elsewhere in the world. Movies and concerts are still easily affordable, for example, although the increase of tourism on the island has created affordability barriers to some cultural venues.

But the most important vehicle for popular participation in the arts is the national system of art education that operates free of charge through primary and secondary schools, specialized art schools and high schools, university-level art education, and the Casa de la Cultura, which is an art institution present in every municipality. The Casa de la Cultura offers free and low-cost art lessons for children and adults and provides space for exhibitions and performances. Cuba has a strong movement of *aficionados* that promotes and organizes artistic expression from all sectors of population, but especially youth.

Social Security, Retirement Benefits, and Disability

Cuba's social security entitlement consists of a state-backed old age and disability pensions and survivors insurance that is accessible to all Cuban workers, including agricultural workers. Pensions are proportional to salary and time worked, and minimum and maximum pensions maintain significant equity among beneficiaries. At a retirement age

of 55 years for women and 60 years for men, 1,352,200 Cubans were receiving pensions in 1995, about 12.3% of the population. A minimum pension is 94.61 pesos a month, close to the 100 pesos of minimum salary and about 49% of the median salary for Cuban workers.²²

Both coverage and distribution have improved significantly since the revolution. With a pension system since the 1930s, Cuba was one of the first Latin American countries to establish one.²³ It consisted of independent pension funds and by 1959 covered about 63% of workers,²⁴ but the system varied greatly in terms of benefits and relied almost exclusively on workers' contributions. Since 1959, the program has been funded completely by the government. In 1958, about 63% of the labor force was covered for old age, disability, and survivors insurance; today, the coverage is universal.

Social security is a major concern in a country whose population is aging very rapidly. Ten percent of Cuba's population was over 65 years of age in 2000, just slightly under the 12.7% that are over that age in the United States.²⁵ A longer life expectancy and the over-representation of the young among emigrants are contributing factors. Projections from the World Bank show that by 2040, Cuba's population 65 years and over will account for 26% of the population, the fastest-growing group within the cohort being those persons over 75 (see Figure 8). By comparison, those over 65 in the United States will account for only 20.4% of the American population.²⁶

Social Assistance Benefits for Persons of Low Income

For families without economic support, the government provides social assistance through cash subsidies and special services. In order to become eligible, families have to demonstrate that they are not capable of generating enough income to maintain their families. Beneficiaries include single mothers with young children who cannot obtain adequate child care; families of deceased workers who are eligible for death benefits; and elderly workers who retire without having met the minimal time required for a social security pension.

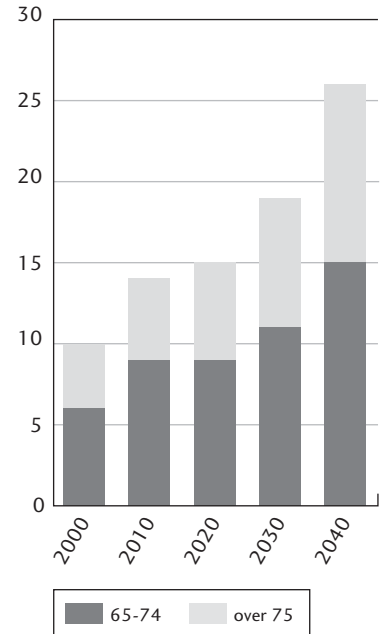
If a family needs additional services, such as special schools for at-risk adolescents or special services for the elderly, these are provided preferentially by the municipal entities charged with those services. Other benefits offered include meals and laundry services for poor elderly and job training for mothers without a source of income. The latter also receive preference in obtaining day care and scholarships for their children.

Universal Subsidies

In addition, Cubans are covered by several subsidies that are also universally available and provided by the central government. These include subsidized food available to all through the ration card (see *La Libreta: The Cuban Ration Card*); subsidized meals at schools and work places; subsidies in the cost of water, gas, and electricity; subsidized

FIGURE 8
Projected growth of Cuban population 65 to 74 years and over 75 years, 2000-2040. (%)

Source: World Bank, 2001



HOUSING POLICIES: A CLOSER LOOK

A continuing challenge for Cuba has been to provide sufficient and adequate housing for its growing population. Although there have been improvements in the cost of housing and in its distribution across the island, the housing deficit is significant.

Housing in Cuba is not a commodity that is bought and sold privately in the market; it is a benefit, although not an entitlement. One of the revolution's first initiatives was to reduce the rents of tenants and to provide the means by which renters could become home owners. Rents are capped at 10% of a family's income, except in the case of the elderly or those who are sick, who pay somewhat less. Today fewer than 10% of families are renters; most Cubans own or are buying their own home.

Housing is largely the responsibility of the government, which is supposed to build it and maintain it. But this is an area in which there has been considerable delegation of responsibility to lower levels of government. Construction micro-brigades, made up of workers from specific work centers volunteered to construct very simple housing that was then distributed to families of the workers, constructed a significant amount of housing across the country in the 1970s and 1980s. Currently,

social micro-brigades, made up of both professional and volunteer construction workers, construct housing for municipalities, which are then charged with their distribution. But beginning in the 1980s, families themselves became the most active sector in construction as they began to build, expand, and renovate their own housing.²⁷

Policy has tended to favor the construction of government housing away from the capital and in the countryside. Nevertheless, throughout the island, but especially in urban areas and most critically in Havana, housing remains a serious deficit. Many households are greatly expanded with family members who are unable to obtain independent shelter. In Havana, more than 16% of the households had more than six persons in 1995 and about 3% of the homes housed more than one household. "In the City of Havana," writes demographer Maria Elena Benitez Perez, "are concentrated – and in very large numbers – all the problems we face in the area of housing: it has the largest concentration of tenements, the largest number of marginal neighborhoods, and a very large amount of housing in bad condition."²⁸

slots in day care for children of working mothers, and subsidies to rents and mortgages (see Housing Policies: A Closer Look, above). These subsidies add significant strength to the Cuban "safety net."

The Role of Government

During the early 1960s, the process of nationalization brought all areas of health care delivery and education under the control of Cuba's central government. Over the last 40 years, the system has developed along a socialized model funded completely by the central government.

During the economic crises of the 1980s and 1990s, many national governments underwent processes of decentralization and devolution. Responsibility for social policy

LA LIBRETA: THE CUBAN RATION CARD

State rationing of food was established in 1961 as a way to ensure that everyone has access to at least a minimum of food at highly subsidized prices. Each household has a booklet, *la libreta*, that lists household members and documents what they have been provided each month. *La libreta* includes food items as well as items such as toiletries and cooking fuel, and in the past has included clothes and shoes. Historically, the ration card has guaranteed everyone, regardless of income, access to a basic set of foodstuffs.

Through the 1990s the amounts of foodstuffs available through the *libreta* were deeply reduced. Nevertheless, every person received most months at least the following: 5 lbs of rice at 24 cents a pound; 1.25 lbs of black beans at 30 cents a pound; 2 lbs of split peas at 11 cents a pound, 3 lbs of white sugar and a similar amount of dark sugar at

14 cents a pound; 12 eggs at about 19 cents each and half a pound of coffee at 12 cents per two ounce package. Children under 7 received a liter of milk per day for 25 cents, and those between 8 and 14 received a soy yogurt for a similarly low price. Chicken, fresh fish, meat, hot dogs, spam, and other sources of protein were available sporadically at subsidized prices.²⁹

At this time, the ration card provides food supplies for about two weeks out of the month.³⁰ Families must buy additional food in the peso farmers markets or from the black market at prices close to 10 times those of the *libreta*, from the urban gardens (which sell vegetables for reasonable prices in pesos), and from the dollar stores, where purchases can be made only in hard currency. Sinclair and Thompson report that "food purchases can take up 66% of the average Cuban salary."³¹

has in some cases been passed on to lower levels of government and in others to private entities outside of the central government's direct control. Although Cuba has resorted to some decentralization of its economic activity, there is no noticeable effort in this direction in the arena of social policy. Cuba's central government remains firmly in control of social policy, and the delivery of service remains firmly in the public sector.³⁴ In fact, most Cubans are quite proud of the public control of social policy and service delivery; health, education, and social security are seen as some of the most important accomplishments of the last four decades.

Cuba's government is organized as a three tier system – national, provincial, and municipal – and at all levels there are policy making and legislative structures as well as administrative ones. But power is heavily centralized. At the national level, the National Assembly of Popular Power, the highest legislative body, meets twice a year. In between sessions the Council of State represents the Assembly and carries out the decisions taken. The Council of Ministers is the highest level of the executive and administrative branches. The Assembly (and the Council of State) and the Council of Ministers compose the chief policy making bodies in the central government.

At the provincial level, the Provincial Assembly of Popular Power is the deliberative body. Its administrative counterpart is the Provincial Administrative Council (CAP), which administers the resources available to the province. There are 14 provinces (and the special municipality of the Isle of Youth). Finally, each of the 169 municipalities has



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Iris, the president of the neighborhood popular council, listens to residents in a community meeting in Vedado, Havana.

SOCIAL POLICIES AFFECTING CHILDREN

“Children are born to be happy” is a refrain that captures Cubans’ attitudes toward children. In comparison with the poverty and violence felt by children in so many parts of the world, the experience of children in Cuba is privileged. There are no children in Cuba who live in the streets, and the overwhelming percentage of students finish high school. Drug use among children and youth is almost non-existent, and there is little violence by and toward youth to speak of in Cuban cities.

Attention to the needs of children begins before they are born. Free health care means that their mothers receive prenatal care in community clinics. Women faced with at-risk pregnancies receive care in one of the specialty hospitals. Chances are that the child will be born with normal weight; 92% of Cuban babies are. A Cuban newborn has the hope of living to 74 years, compared with the 69 years of life expectancy of a Latin American newborn. He/she has one of the best chances of any child in the hemisphere to live to one year: the infant mortality rate in Cuba, at 8.4 deaths per 1000 live births, is comparable only to those of Canada and the United States.

Children are born into families that most likely include several generations living in the home. Grandparents are an important element in the lives of children. Most likely both parents work, and, although most families struggle to make ends meet, they have a basic set of benefits that make life a bit easier. The ration card provides at least two weeks worth of subsidized food which the family augments with more expensive pork, chicken, rice, beans, and vegetables bought in the black market, the farmers markets, or the dollar food stores. There is significant job security for his/her parents, by law they pay only 10% of their salaries for rent (the family is likely to own their home), and their utilities are subsidized. But, in most cases, children live in households where the essen-

tial things are taken care of, but there is not a lot left for luxuries.

Day care may be the first formal schooling experience, but it is not yet available for all children. Primary schools are neighborhood schools and are simple but clean; all schoolbooks are free. In middle school they will be exposed to art and literature and will have biology, chemistry, and physics before leaving the ninth grade. All will have mastered math up to algebra and be literate by then as well. Beginning in the seventh grade, they will spend three weeks working in the countryside in the “escuela al campo.” Volunteer work in the neighborhood is valued by the schools. Most children complete nine grades of schooling; only about 4% drop out from middle schools. In the ninth grade children compete for the slots in the elite pre-university schools and in the technical and art schools. The pre-university schools entail a rigorous academic preparation, and most of their students go on to the university. Technical schools provide terminal degrees in careers that do not require university training. About 8% drop out of the pre-university and technical schools. Nevertheless, most children are engaged in school until their later teens. There is no child labor in Cuba; children cannot work until they are 17. In Latin America, almost one in every 10 children works for a living before age 14.

If a child runs into trouble, it will most probably come to the attention of an adult at school or in the community. Minor cases are managed at the school level. In serious cases, children will be referred to special schools by the Commissions for Prevention, which is organized in every municipality. Very few children get to this point: only 0.3% of children ages 10 to 16 were in these schools in 1995. Children less than 16 years old are not routed through the court system.³³



MINOR SINCLAIR/OXFAM AMERICA

"Children are born to be happy" is a popular saying in Cuba. Here children from the Polo Viego farmers cooperative in Sancti Spiritus province take a "free ride" on a horse-drawn trailer.

a Municipal Assembly of Popular Power, which is the deliberative body closest to the base, and a Municipal Administrative Council (CAM). The CAM is charged with administering most of the government services that Cubans encounter on a day-to-day basis. The population directly elects delegates to the Municipal Assembly from among its neighbors.³⁵ These delegates report on the situations facing their area and also help address the specific problems of constituents.

The Cuban structure is highly centralized. For example, while each province has a Directorate for Health which reports to the Provincial Assembly, its work is largely guided by the national-level Ministry of Public Health and its priorities. Likewise, each municipality has a Municipal Health Directorate, which oversees the local delivery of health services. Local work in public health is monitored by the Municipal Assembly but, again, guided by the national Ministry of Public Health.

This centralization has made it possible to focus resources on national priorities and to deploy them quickly, making large-scale initiatives possible. But despite a goal of adapting central directives to local conditions, provinces and municipalities have had great difficulty in both matching central directives to local needs and steering resources to unique local problems.³⁶ Over time, a growing number of local problems have been left unresolved, particularly those that respond to specific characteristics not contemplated at the national level. This problem has been strongly felt in the urban areas, particularly in the city of Havana.

The central government and its ministries retain the policy development role as well as the capacity to assign resources to the implementation of social policies. Local government communicates the needs of the population to central government policy makers, but although there are instances in which initiatives may "bubble up," the tendency is for directives to "trickle down." The argument is that the central government has at its disposal the best information and the best expertise to make decisions on public policy

for the country as a whole, be it because it gathers it in the nation's institutes and think tanks or because it taps it through the representatives gathered in the National Assembly and its committees.

There are some avenues for citizens' input into policy development, but their effectiveness is very limited. One way is through the mass organizations which are present in aspects of decision making at the different levels of government. Cubans argue that the role of the mass organizations is to act as "pulley" that carry up the information about the needs of the population and carry down the *orientaciones* of the initiatives that are to be taken to remedy them. The mass organizations cluster women (Federation of Cuban Women), neighbors (Committees for the Defense of the Revolution), farmers (ANAP), and youth (Pioneers, Federation of Middle School Students, and the Communist Youth). Two of these, the FMC and the CDRs, are organized at the block level. The mass organizations have similar tri-level structure to that found in government and participate in policy making through its professional staff.



MINOR SINCLAIR/OXFAM AMERICA

Maria Zurena, a representative of the Cuban Women's Federation (FMC) visits women on cooperative in Santiago de Cuba to congratulate them on their soy harvest. Before the implementation of the popular councils, the eight mass organizations organized the population by sector rather than by community.

Neighborhood delegates are the main point for users to advocate for the solution of the problems they face in service delivery. Most of the complaints presented to the delegates refer to problems with municipal services of all types, including social services, education, and health care, addressing both serious problems – for example, a health hazard in the area – and specific individual problems.³⁷ But the delegates have only the strength of persuasion on their side: they have little authority and control no resources. The delegates report to their constituencies through *asambleas de rendición de cuentas* (accountability assemblies). About 70% of the complaints raised in the assemblies are resolved,³⁸ and there is evidence that the number of problems that are solved by the delegates is growing.³⁹ But the lack of resources and information available to the delegates, their lack of authority, and the fact that they are volunteers have limited their effectiveness.

The combination of the lack of alternative sources of service and lack of clear avenues for making opinions and complaints known has resulted in very low expectations about the quality of services and a reluctance to raise complaints unless the problem is both very serious and has a solution at hand. "The population does not bring up issues when it is known there are no solutions," said Pedro Chávez, former president of the Provincial Assembly in the City of Havana.⁴⁰ Both the low quality of services and the reluctance to complain have been exacerbated during the economic crisis as real shortages affected service delivery. Users, conscious of the difficulties and supportive of the efforts that were being made by the government to maintain the services, did not tend to exacerbate their complaints.

At the same time, in spite of problems in their quality, Cubans use their health and educational benefits – in fact all benefits and subsidies – amply and without reserve. Because all services are universal and provided without complex processes of eligibility or application, there appears to be no stigma or social cost for their use. Cubans conceive of them more as entitlements than as benefits, and this has tended to develop a very strong sense of ownership of these services across the population.

2. THE “SPECIAL PERIOD” AND ITS SOCIAL IMPACT

Cuba staked its economic future on commercial relations with other socialist states. In 1988, the socialist countries accounted for most of Cuba’s economic exchange: 87.4% of its imports and 86.4% of its exports.⁴¹ Cuba relied on the socialist countries for most of its imports of medicine, fuel, and food as well as most of the heavy equipment required in sugar cane production, mining, and agriculture. When socialism ended in eastern Europe and then in the Soviet Union, Cuba suddenly lost all of its commercial partners and the providers of most of its infrastructure. The resulting dramatic plunge in Cuba’s imports (see Figure 9) affected the availability of food, clothing, medicines, construction materials, and many raw materials for industry. The drop in imports, in the context of sluggish domestic production, severely jolted the Cuban economy.

The drop in imports was linked to a sharp, forced disinvestment in infrastructure and deep alterations to the daily life of Cubans. The initial effect of disinvestment was dramatic. In agriculture, which depended greatly on imported fertilizers, pesticides, petroleum, and repair parts for machinery, the production of sugar cane plummeted; sugar is Cuba’s historic mainstay in the world market and the source of about 30% of its hard currency. When the economy touched bottom in 1994, Cuban agriculture was producing 55% of what it had produced in 1990.⁴² The nickel and tobacco industries, other main sources of hard currency, were similarly affected by the lack of materials. Other indicators of great economic malaise included a sharp decline in the



Members of the Antonio Goitzolo cooperative in the province of Cienfuegos in front of empty pigpens explain the devastation the economic crisis wrought on animal production. Imported pigs required imported or manufactured feed and medicine. When imports plummeted, there was no way to provide the necessary inputs to keep the pigs healthy and breeding.

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FIGURE 9
Imports and exports, Cuba 1990-1998
(millions of pesos)

Source: Oficina Nacional de Estadísticas, 1999, p. 11, and 2001, p. 37.

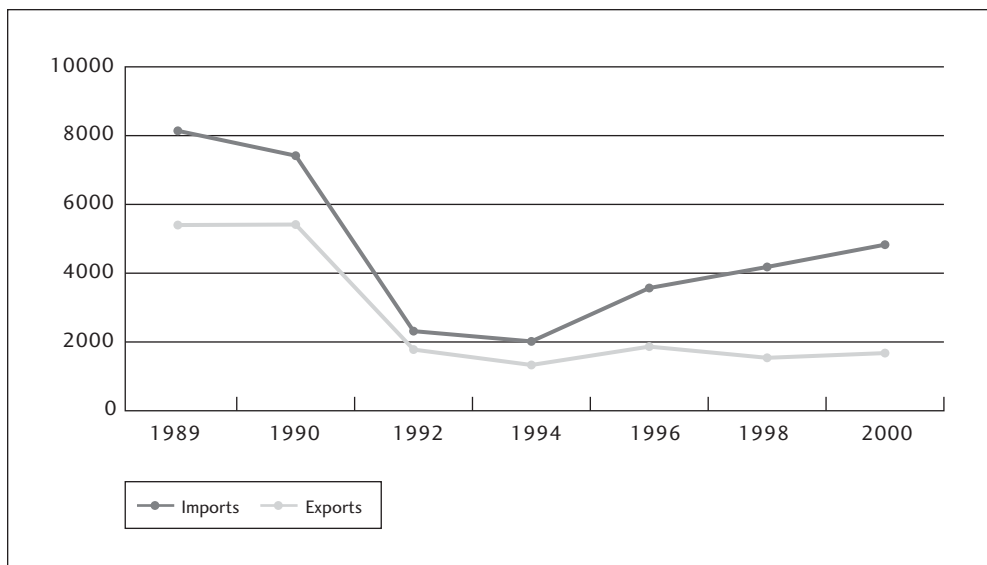


TABLE 5
Change in imports of selected products between 1988 and 1993

Source: Oficina Nacional de Estadísticas, 1999.

Product	% change
Condensed and Powdered Milk	-26%
Meats	-69%
Wheat Flour	-32%
Medicines	-61%
Pharmaceutical Products	-60%
Wood	-99%
Gasoline, Petroleum, and Diesel	-56%
Printing, Writing, and Craft Paper	-95%
Clothes	-94%
Shoes	-99%



MINOR SINCLAIR/OXFAM AMERICA

Daily milk distribution for children, pregnant and lactating women in a community in La Florencia, Ciego de Avila. Throughout the crisis, the government made enormous efforts to provide special care for these vulnerable groups.

GDP and the explosion of a budget deficit that had been growing since the 1980s.⁴³ Although the situation was improving by 2000, Cuba’s imports in that year were still 40% lower than in 1989 (see Figure 9).

With U.S.-Cuba hostilities then entering their fourth decade, the U.S. Congress chose the moment of Cuba’s crisis to further tighten the U.S. embargo of trade and travel with Cuba, aggravating the economic situation. In 1992, Congress passed the “Cuban Democracy Act,” which prevented U.S. subsidiaries in third world countries from trading with Cuba. In addition, ships that delivered goods to Cuba were prohibited from docking in U.S. ports for six months, adding an estimated 40% to Cuba’s shipping costs, according to a report by the American Association of World Health. In 1996, just as Cuba began to welcome foreign investment, Congress passed the Helms-Burton Bill, which sanctioned foreign companies making investments in Cuban properties that were expropriated from U.S. citizens. A controversial provision of the law covers expropriated properties formerly held by Cuban citizens who later became U.S. citizens. This provision, known as Title Three, so far has been waived by presidential action every six months, but hangs like the Sword of Damocles over Cuba, its foreign investors, and U.S.-Cuba relations.

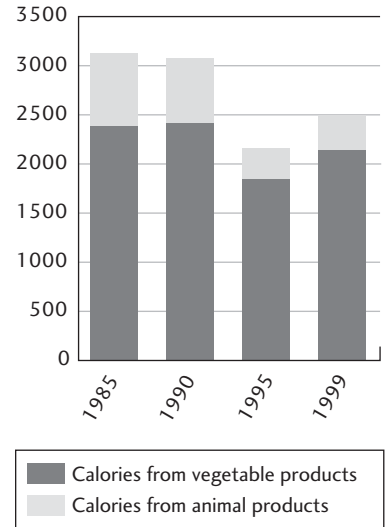
Early Effects of the Crisis

The impact of the crisis on the Cuban people was dramatic. Food scarcity was felt first as food production plummeted and the shortage of imported milk, meat, flour, and other foodstuffs made itself felt. Caloric intake fell significantly between 1990 and 1994 (see Figure 9). Food available from the ration card decreased markedly, especially the protein and the fats, and there were few alternatives for acquiring food except at very high black-market prices. The 2001 Human Development Report of the United Nations reported that between 1996 and 1998, when the economy was already in some recovery, 19% of the Cuban population was undernourished – a higher percentage than in El Salvador or Peru.⁴⁴ During the early 1990s, when the food situation was worse, the loss of weight among the adult population, estimated at about 20 pounds,⁴⁵ was very evident. In 1999, Cubans were still consuming far fewer calories, both animal and vegetable, than in 1990.

Health problems related to nutrition developed shortly after the crisis began. The first indicator was a rise in low-birth-weight babies that began in 1992. In 1993, 9.0% of babies were born with low birth weight compared with 7.6% in 1990.⁴⁶ Increasing numbers of pregnant women presented with insufficient weight gain during pregnancy, and special nutritional programs had to be set up to remedy the nutritional deficits of the mother. Expectant mothers were provided meals in workers' cafeterias; community-based *Hogares Maternos* (akin to a day hospital for pregnant women) were set up to attend to the most at-risk cases. By 1995, these situations were reversed and, fortunate-

FIGURE 10
Daily caloric intake by product,
Cuba, 1985 to 1999

Source: FAO, 2001



FINDING SOLUTIONS FOR HOUSING IN THE SPECIAL PERIOD

We never imagined we would face a situation like this. We thought we had resources allocated for the next 10 years, so we demolished seven ciudadelas [tenements]⁵⁰, and we placed the families within the neighborhood, in special hostels prepared for them...And then we were left, as we say, colgados de la brocha (hanging from the paintbrush), and, frankly, we did not know what to do with the people. We had to slowly find them housing, fixing some buildings to house them. We found

a shelter and we adapted it for three families with a common bathroom...it was not a complete solution but it was better than 14 families and one bathroom...We took the care to make sure they all got along. We found a solution for about 100 families in these ways. We still have 10 families left...

Architect working in the neighborhood of Cayo Hueso, Havana.⁵¹

FIGURE 11
Use of wood for energy in homes, Cuba, 1990 to 2000

Source: Oficina Nacional de Estadísticas, 1998, p. 165; 1999, p. 153; 2001, p. 56.

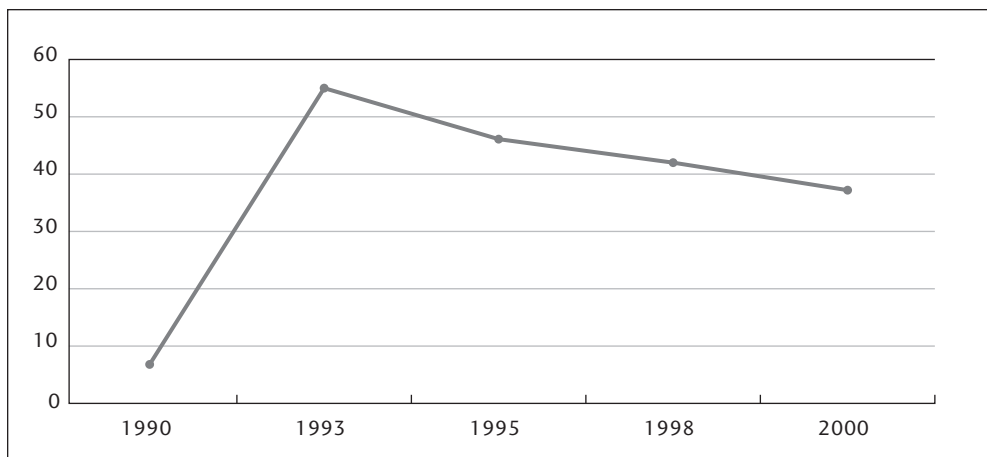


FIGURE 12
Bus trips in urban areas, Cuba, 1999 to 2000 (millions)

Source: Source: Oficina Nacional de Estadísticas, 1998, p. 237; 1999, p. 220.

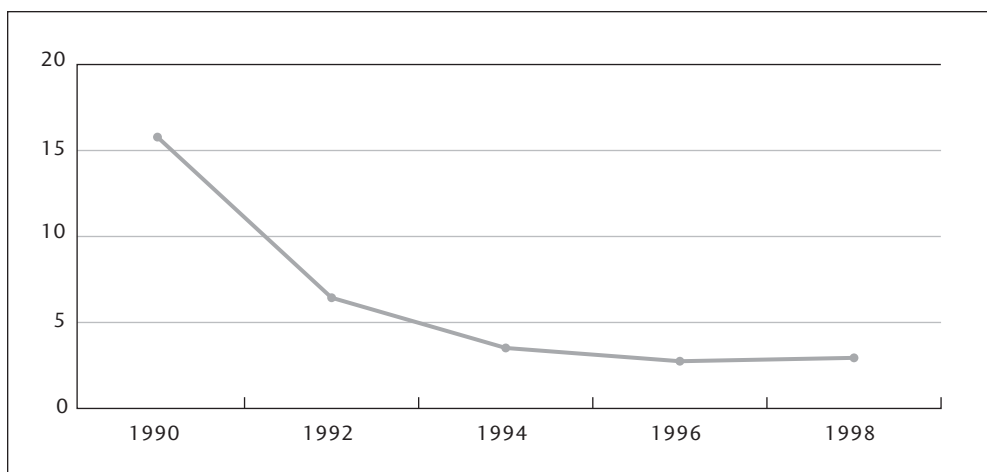
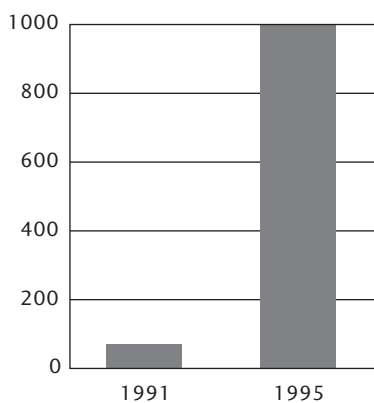


FIGURE 13
Number of registered bicycles in Havana, 1991 and 1995 (thousands)

Source: González, 1997, p. 220.



ly, the infant mortality rate was not affected: it continued its decline and by 2000 stood at 7.2 deaths per 1000 live births.⁴⁷

An epidemic of neuropathy, which affected 60,000 persons between 1992 and 2001,⁴⁸ is another example of the health effects of the nutritional problems faced at this time.⁴⁹ The recurrence of infectious diseases – such as tuberculosis – that had all but disappeared in Cuba was another consequence of the deterioration of the standard of living of the population. The decline in hygienic conditions because of the lack of disinfectants and cleansers was an important contributor.

Housing, as was pointed out in the previous chapter, had always been a difficult problem, particularly in the urban areas. Between 1990 and 1993, housing construction was paralyzed as building materials, steel, and wood suddenly disappeared on the island. Buildings being constructed in Havana were left half-finished. There were no materials for repairs to existing buildings, so the already battered housing stock deteriorated dramatically. Construction picked up again as the investment in the tourism industry made itself felt in the mid-1990s; but housing building materials, steel construction has yet to approach the levels of 1990. The deteriorating condition of Havana’s buildings, even today, is perhaps the most salient evidence of the crisis.

Families began to operate in a “scarcity mode” and lowered their standard of living. For example, as gas and kerosene, the most prevalent sources of cooking fuel, became very scarce, families at times had to use wood for cooking (see Figure 11). In a country without large forests, this wood came from remaining trees, and in the cities, from park benches and old furniture as well.

Public transportation all but disappeared in the early 1990s both in the city (see Figure 12) and in the countryside, and very few owners of private cars were able to get enough gasoline to drive with any regularity. Cubans walked for miles to go to work: in the countryside it became usual to see groups of people walking along the highway. They took to bicycles (Figure 13) to go to work or to travel. A common scene was a man pedaling and steering, a woman riding over the back tire on the rack, often carrying a bundle, and a child between the two of them. The massive and dangerous use of bicycles in the city caused many accidents and deaths.⁵²

An already frugal society became even more so. Nothing was wasted. Pets ate the few organic wastes, often their only source of food; all paper was saved for a variety of purposes; old bottles and packaging were brought to the market to carry the family’s share of groceries; old construction nails were straightened for reuse; every scrap of wood was saved.

For those who shared the “Special Period in time of peace,” there are many emotions that accompany the images of those days. Women leaving work early to find food for the night meal; waiting for the end of the blackout in the searing heat of a summer night; hoarding medicines and finding someone who had the one that was urgently needed; walking many miles to work; cooking with wood because there was no gas or kerosene. “*No es fácil*” (it’s not easy), a favorite phrase, took on a whole new meaning. And through it all, the joke in the lines waiting in the *bodega* (neighborhood store); the night conversations on the stoop; the offer of *agua con azúcar* (sugared water), and the dignity of a proud people.

Institutional Responses to the Crisis

By 1995, the economy had touched bottom and a very modest recovery had begun. This recovery resulted from a series of measures taken by the Cuban government to restructure the economy. The government’s action was far reaching; it created the conditions for foreign investment, addressed critical problems in the internal finances of the country, and opened up new economic spaces for Cubans to work privately (see Table 6). As these measures wound slowly through Cuban society, they brought fundamental and lasting changes to Cubans’ daily lives.

Ever since the nationalization campaigns of the 1960s, the Cuban government had been the main actor in the economy. It was the sole producer of goods and services (with the exception of a number of private owners of small farms), the sole importer, and the sole employer. But beginning in 1992, Cuba took steps to stimulate foreign investment as well as private domestic activity in some sectors of the economy.



JUAN CABALLERA

This artisan is licensed to sell crafts to tourists. With the dollars she earns, she can buy items such as her tape recorder. Cubans with no access to dollars have little chance of purchasing these items.

Mixed enterprises, with the Cuban government in partnership with foreign firms, made their appearance. Foreign investment was particularly encouraged in the tourism industry, which began to grow to the point that today it is one of the main sources of hard currency for the island's economy. State-owned associations and corporations developed to service this and other sectors dominated by foreign investment.

To support investment, in 1993, the government legalized the use of hard currency (the dollar),⁵³ and both the dollar and the peso (national currency) began to circulate freely. At the same time, the government began to open “dollar stores” where food, import items (mostly consumer goods), and some national products were offered in dollars. The legal use of foreign currency by Cuban citizens gave them access to these goods. Stores opened in every city neighborhood and throughout the country.

The growth of foreign investment also presented Cubans with the possibility of jobs in the hotels, offices, and services being developed and/or administered by foreigners, as well as working for the corporations (such as Cubase and Corporación CIMEX) that were organized to provide services to this sector. Special employment agencies were set up to process the applications of workers hoping to enter this new sector of the economy. The advent of a “dual economy” created *de facto* segmented commercial and labor markets – one operating in dollars and the other in pesos – with very distinct pay scales and working conditions.

TABLE 6
Economic measures taken by the Cuban government during the early years of the crisis

1992	Decentralization of authority to engage in foreign trade, permitting non-government entities to engage in it
	Recognized mixed ownership of properties
1993	Decentralization of sectors of the agriculture industry through the creation of the Unidades Básicas de Producción Cooperativa (UBPC)
	Expansion of the economic areas outside of the government sector in which private citizens could engage in work
	Legalization of the holding and use of hard currency
	Granted permission to state entities to engage self-financed economic activity in hard currency
	Creation of a network of shops that were open to Cuban citizens where goods could be purchased in dollars
1994	Introduction of the convertible peso, worth US\$1.00
	Creation of the agricultural markets, industrial and artisan markets
	Passed tax laws (on both income and sales) that affected non-state workers and activities
	Eliminated some non-essential gratuities and increased the prices of some products and utilities
1995	Opened establishments for currency exchange

Two other reforms also helped change the economy’s landscape. In 1993, the state turned over the land formerly used by state farms to cooperatives called Basic Agricultural Production Units (UBPCs), swiftly privatizing large sectors of agricultural production. In 1994, the government opened the Farmers Market (for private farmers and state producers), which allowed for the sale in pesos of food products. Prices were determined by supply and demand in an open, legal commercial relationship between private farmers and consumers. This meant additional sources of food for a population that sorely needed them but also food at a very high price.

Finally, also in 1993, the government expanded sources of self-employment for Cubans, permitting private enterprise in a broader number of areas. These “trabajadores por cuenta propia” (self-employed workers) range from taxi drivers, hairdressers, and fishermen to restaurant owners and video producers, particularly personal services, food preparation, and the like. These “trabajadores por cuenta propia” (self-employed workers) range from taxi drivers, hairdressers, and fishermen to restaurant owners and video producers. In 1995, 138,000 Cuban workers were self-employed.⁵⁴ Self-employed workers are charged both a tax on their gains and a significant amount in fees, justified as their contribution to public services such as health and education.⁵⁵ The high rate of fees and taxes, competition, and the harsh conditions of self-employment have tended to discourage this type of work.⁵⁶

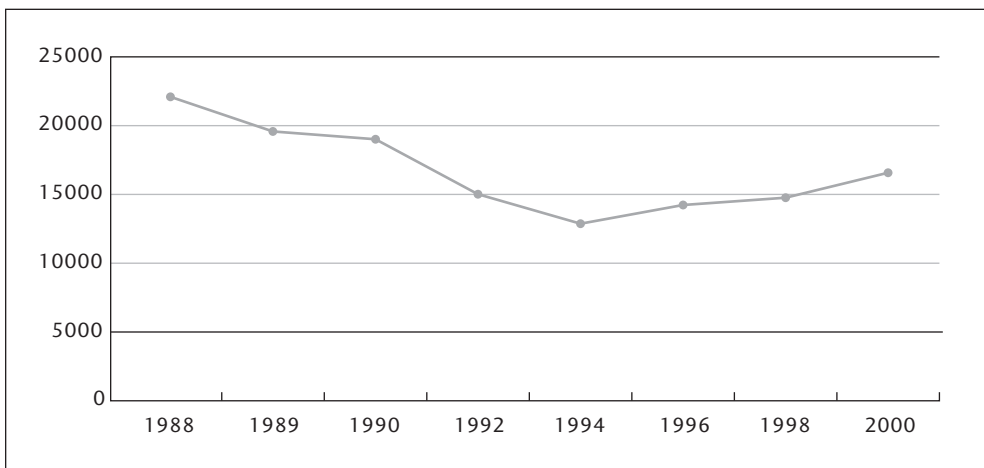


FIGURE 14
Gross domestic product of Cuba,
1988 to 2000

Source: Oficina Nacional de Estadísticas, 1996, 1999, and 2001. Note: in constant 1981 pesos

In 1994, the National Assembly passed a series of measures aimed at reducing the deficit and controlling inflation. The state established the mechanisms by which it could collect some of the gains of the growing private sector and also removed some gratuities. An income tax was established for gains from private activities, and fees were collected to pay for the state’s supervision of tax payment of this new sector. Other measures instituted at this time included taxing the sale of items such as tobacco and alcohol, charging fees for some services that were not deemed essential (language classes for adults, for example), and reducing some subsidies such as those for water and electricity.

These measures improved the economy. The GDP inched upward consistently after 1994 (see Figure 14), the deficit narrowed, and imports expanded slightly. As a result, caloric intake improved, as did transportation; electricity, gas, and some consumer goods became more available. In general, the quality of life of Cubans improved somewhat, though it was still far from the level enjoyed in 1990.

Social Impact of the Economic Measures

But even as the success of the measures was becoming evident, the Cuban government often expressed reluctance at having to implement them. “Some of these measures are unpleasant,” said President Fidel Castro in July of 1993. “We don’t like them.” Throughout, the measures were projected as “necessary evils,” as temporary, emergency measures that would be reviewed once the crisis was over. “It’s a risk that government leaders have decided to take... because they have no other alternative,” explained the Agencia de Información Nacional in 1998, “but also because they are confident that these are transitory circumstances.”⁵⁷ But as the measures proved to be permanent, many people raised serious concerns about the effects of the reforms on Cuban society. “There will be those who will have privileges, while others do not,” explained President Castro. And this, indeed, was the case.

Income Inequality

The most critical effect of the reforms has been the increase in income inequality, propelled primarily by the transformation in the structure of the labor market. “The greatest income inequality in the population,” writes Cuban economist Angela Ferriol, “responds to the new characteristics of the labor market, which is related to the opening to foreign capital and with the adjustments and reforms we have undertaken.”

Although there had always been a “private sector” in Cuba, it was small and had been shrinking.⁵⁸ The measures introduced in the early 1990s reversed that trend. Currently the labor market is privatizing rapidly, as joint ventures and the Cuban public/private entities developed to service them continue to grow. Many of these are “new economy” jobs in the tourism industry, in areas with heavy foreign investment, and in private national industries and agencies created to service this sector (like Cubalse and Corporación CIMEX). Others are self-employed workers, independent farmers, and farmers working in cooperatives. Close to one-quarter of Cuban workers were employed in the emerging private sector in the year 2000 (see Table 7).

The difference between the working conditions and the rewards for workers in the state and in the “new economy” sector (except the self-employed workers) is significant. Workers in the emerging sector have access to technology, office supplies, and comforts (such as air conditioning) that are often lacking in state enterprises. Aside from the regular salary in pesos, these firms would reward workers with needed “extras” that were hard to come by during the Special Period, such as clothes, toiletries, and some specialty



JUAN CABALLERIA

Pork is available again in the markets all over the country but only some can afford it.

foods. In time, some of these enterprises offered workers – both under the table and legally – at least some of their salaries in dollars.

Prior to the Special Period, the highest-paid Cuban workers – mainly professionals such as doctors or engineers – were paid only 4.5 times as much as the lowest-paid workers.⁵⁹ This built in a significant equity based on income. But during the Special Period, this was greatly altered in an unusual way. Now it is possible for a waiter in a tourist hotel, which is one of the lowest-paid jobs in Cuba,⁶⁰ to obtain a set of rewards – salary in pesos, tips in dollars, the “extras,” and improved working conditions – worth many times more than the rewards that could accrue to a top professional who works for the state and earns a top salary, but only in pesos. Cubans call this the “inverted pyramid,” a phenomenon that reflects the devalued return on education and professional preparation in the new economy. The immediate result has been the exodus of public service workers into low-level service jobs in the tourism industry. During 1993-1994, for example, almost 8% of teachers made this leap.⁶¹

	1981 ^a	1995	2000
Total Employed Population (thousands)	2,867.6	3,591.0	3,843.0
State (%)	91.8	80.5	77.5
Private (%)	8.2	19.5	22.5
In joint ventures	na	0.5 ^b	0.7
In national private enterprises	5.5	5.2	9.4
Self-employed (“cuentapropistas”)	1.6	3.9	4.0
Cooperativists	1.1	9.7	8.4

TABLE 7

The changing structure of the Cuban labor market

Source: Oficina Nacional de Estadísticas, 1996, 1999, and 2001.

Notes: (a) Data come from Cuba’s last census in 1981; a new census is scheduled to take place in 2002; (b) in 1997.

Income inequality has also risen as both the economic crisis and the subsequent restructuring of the old economy displace workers. From 1990 to 1998, 155,000 workers became unemployed.⁶² The initial policy, begun in 1991, was that, when factories stopped production or state entities were restructured, workers continued to draw at least 60% of their salary. There has been an effort to relocate workers to other jobs, and in fact, most have been relocated. Those who have not are protected by unemployment for a period of six months to three years depending how long they had worked for the state. Many of these workers have entered the ranks of self-employed.

Retraining workers for new jobs is ongoing as are the special programs to support the entry of young people, particularly young women, to the labor force. But this has not succeeded completely in stemming the flow of female workers out of the labor force. In 1997, male unemployment amounted to 4.4% while that of females reached 10.1%⁶³. Zulema Hidalgo, who runs a self-esteem group for women in the neighborhood of Atarés in Havana explained:

During the Special Period, we were surprised at the amount of women in the neighborhood that were unlinked from work. They told us that they received little result from their work: that they spent almost as much going to work, having lunch, and maintaining themselves there as what they earned. They had a lot of limitations, really, that were very crude and hard. In addition, the women also had to spend a lot more time in domestic tasks, getting food and solving problems due to the lack of resources available. These limitations led many women to leave their jobs.⁶⁴

Finally, another salient factor contributing to the growing inequality is the unequal access to dollars that the new structure provides. About one-half of the population has access to dollars in some way. Many earn dollars through their work: according to newspaper reports, about 35% of Cuban workers receive some remuneration in dollars.⁶⁵ Some of these are state workers, a small percentage of which receive part of their salary in hard currency.⁶⁶ But the majority of Cubans with access to dollars earn them as part of self-employment, formal and informal – in *paladares* (home restaurants), as unofficial taxi drivers, performing different services, or selling goods in the black market.

Employment is not the only way Cubans have access to dollars. Remittances come from across the world, but mainly from Cubans living in the United States.⁶⁷ Estimates range between \$400 and \$800 million per year, now a major source of hard currency for the country and of income for many families.⁶⁸

The importance of dollars to everyday survival has produced great differences in conditions between those who have family abroad and those who do not, between salaried and self-employed workers, and between salaried workers in different sectors of the economy. Among the most economically vulnerable households are those that depend solely on the wages of low-paid state workers, on the fixed incomes of retirees, or on social assistance – that is, households where no member has the means to increase his or her income through private enterprise. Persons without access to dollars through remittances

or employment are also very vulnerable. Vulnerability is most characterized by lack of access to alternative possibilities for the purchase of food and goods outside of the subsidized ration card. This can happen if the household does not have access to dollars or has a level of income in pesos that does not permit them to purchase food in the higher-priced agrarian markets or in the gouging black market.

Effects on Families

Increased economic vulnerability has made the situations of many families quite difficult. These difficulties result not only from the problems that arise from lack of income, but also from the problems that come from the way that the emergent economy affects families. Members of the family often work for the state but have additional ways of earning dollars, usually informally. This can range from selling arts and crafts, to renting out a room in their home, to running a *paladar*. Working adults in families are extremely busy managing the problems of getting to and from work with a badly deteriorated transportation system, obtaining the necessary food and supplies for the home, and, in many cases, having this second job. This is contributing to less attention being paid by adults to the daily family life at home, including the supervision of children.

The new economy has also made for very deformed economic relationships within the family. Many different forms of participation in the economy can coexist in a family: most continue to be salaried workers working for the state, but increasingly, members of the family will work in the firms and businesses of the emergent sector, while others are self-employed working in both the established and the informal economies. Under the new conditions, a teenager can earn more money in one afternoon showing a tourist around Old Havana than his father earns in a month working in his government job. Parents complain that they have lost authority over their dollar-earning children, especially their teenagers. Parents feel pressure from children to purchase items in dollar stores when they may have no or very limited access to dollars. Families are under a great deal of pressure to raise children under very new and very different circumstances; this has led to significant family stress and dysfunction.⁶⁹

One indicator of the stress placed on families by these new situations is the increase in the divorce rate, which climbed from 3.5% in 1990 to 6.0% in 1993.⁷⁰ By 1998, this rate had stabilized at the 1990 level. Another is the reappearance of children begging



MINOR SINCLAIR/OXFAM AMERICA

Although the Special Period brought real hardship to the Cubans, people shared a great commitment to work together to find solutions to the myriad of problems in everyday life.

EMIGRATION TO THE UNITED STATES AS A SOLUTION

Emigration has always been a sensitive issue in Cuba. Long manipulated for political reasons, it has been perceived, at best, as an abandonment of the homeland. U.S. immigration policy favors Cuban entrants, allowing them entrance to the United States even if they reach American shores illegally. In 1994, emigration to the United States exploded as thousands took to rafts to cross the Florida Straits. There was no condemnation by Cuban authorities or by the Cuban people. This time many perceived that the emigrants were making the hard choice between family life in Cuba and the possibility of helping their family from abroad.

A report by Martín y Pérez asserts that “we have seen an abrupt rise – especially of illegal emigration – since the 1990s. Figures show that between 1991 and 1994, 13,147 *balseros* (people leaving in rafts) arrived in the United States and that the Cuban government intercepted 36,208 attempted exits. If we add those held in the United States Naval Base in Guantanamo between 1990 and 1994, the figure of those who arrived to the United States reaches 45,479. To those, we must add the 15,675 who traveled with a temporary visa and never returned. As can be ascertained, the number of persons who chose this strategy is not easily dismissed.”^a

Sources: (a) Martín y Pérez, 1997, p.16-17; (b) U.S. Bureau of the Census, 2000, p. 10; (c) Figure for this decade includes the 100,000 immigrants who arrived through the Mariel boatlift of 1981.

CUBAN IMMIGRANTS ADMITTED TO THE UNITED STATES ^b	
1981-1990	1991-2000
159,200 ^c	180,700

from tourists or doing small jobs as unofficial tourist guides. Political scientist Sheryl Lutjens from Northern Arizona University writes that a 1996 report on education in the City of Havana identifies over 20,000 children living in conditions of social disadvantage and vulnerable to the pull of street life. Lutjens further reports, for example, that in the *Casco Histórico*, the renovated historic section of Old Havana, most children working in the streets were boys between 5 to 11 years old, and that authorities had identified over 2,200 children in this situation in 1996.⁷¹

An additional burden for families is the fact that some long-disappeared social problems have returned. Illicit street life has reappeared in a very public way in high tourist areas. Prostitution has increased significantly in cities with high tourist traffic, often in very blatant forms and involving young women. Petty crime has also increased involving mostly but not exclusively tourists.⁷² Although Havana’s streets are still relatively safe compared with those of large urban areas elsewhere in the hemisphere, the reappearance of social problems and crime has been very troubling to a population that believed these social ills were problems of the past.

In many ways Cuba spent the first part of the decade focused on the economic crisis with very thoughtful, measured, and, in the Cuban context, unexpected initiatives. But the second half of the decade has required a different response: managing the impact of these measures in Cuban society. For the first time in 40 years, Cuba is contending with a growing set of social differences emerging from the new economy and their consequences for vulnerable groups, for families, and for communities. And this is happening in an environment of extremely reduced resources and options. It is still too early to foretell

the policy prescriptions that Cuba may adopt to face these challenges, but all indications show their intention to hold to the strong values that have shaped Cuba's social policy in the past and build on the considerable strengths of both their social programs and their communities.

LESSONS FROM THE SPECIAL PERIOD

While economic hardship, crime, and prostitution may be the headlines arising from the Special Period, many Cubans point to the lessons learned from the past 10 years of economic crisis: initiative, innovation, self-reliance, group solidarity.

The Special Period taught me the value of spirituality, the strength of example. When one is trying to determine the worth of certain actions, one has to value the material aspects, but also those that are more subjective, more of the spirit. We cannot just concentrate in giving people things; we must look after how they live their lives, what they value, what they believe in.

Community activist in the neighborhood of Atarés, Havana

With the Special Period we were able to see clearly what is possible and what is not possible. When we were left in midair by the crisis, we realized that we had to find new solutions to old problems because the usual solutions were just not available...

City planner, Havana

People were used to having others take care of their needs, to wait for others to solve their problems. When the Special Period arrived, those first years when we hardly knew what was going on and what we could do, people suffered through many problems. At first all

said 'no, no, there's nothing to do,' but then we learned that we could all come up with solutions. I believe that the Special Period has helped us Cubans to become better, more capable...

Women's group leader in Atarés, Havana

I learned how much people can resist when they are determined not to be defeated. There were many problems, new problems, old problems; it was unexpected, but we pulled together to get over the worst times...

Popular Council President, Guanabacoa

The Special Period taught me to do more with less... that coming together, getting everyone's collaboration, we can achieve a lot with very few resources.

Social worker from the neighborhood of Pogolotti, Marianao

I realized that I could not just receive or be an echo, but that I needed to be the subject of the solutions of the problems in my family and in my neighborhood. I feel a lot of pride in what I achieved during that time.

FMC member in Pogolotti, Marianao

I have learned about the richness that people have inside them, if we know how to reach them.... We found the true value of a lot of people during the Special Period...

Community activist, Centro Habana

3. A SAFETY NET TATTERED BUT HOLDING

The introduction of market-based reforms, which quickly began to heal the economy, had the same effect as in market societies – a sharpened economic inequality – and gave rise to a host of the emergence of new social problems. Where Cuba differed from other countries undergoing liberalizing reforms was the political will to shield the population from the most pernicious of these effects as well as from the impact of the crisis itself. Cubans sought to maintain the basic values of the Cuban social policy: universality, equitable access, and government control. This meant protecting social expenditures as much as possible in a rapidly shrinking budget. Table 8 summarizes the outcome indicators in health and education that underwent most severe change during the crisis, and the ways in which policies were adjusted. These examples are drawn from reviews of writing by Cuban social policy analysts as well as from the author's own research.⁷³



The most vulnerable groups in society such as these mentally and physically challenged children in the Tomas Garcia school for special education in the province of Ciego de Avila continue to receive schooling throughout the crisis.

The basic outcome indicators, some of which were reviewed earlier, show the deterioration of some gains in health and education. The increase in low birth weights and the decrease in the nutritional status of young children, although they did not affect the infant mortality rate, were great concerns. Notable also were the reappearance of diseases such as tuberculosis, the increase in mortality from some infectious and parasitic diseases, and increases in incidence of contagious diseases, such as hepatitis and sexually transmitted diseases. Finally, the appearance of epidemics, such as the neuritis epidemic in 1992, mentioned earlier, underscored the effect of the economic crisis on people's health.

In education, the most affected indicators were enrollments and dropout rates. Enrollments decreased slightly in post-secondary schools and more sharply in higher education. In 1990 to 1991, 94.5% of the graduates from secondary schools (ninth graders) went on to further education; by 1994 to 1995, that figure had dropped to 86.4%.⁷⁴ Moreover, whereas in 1990 most of these students went on to pre-university high schools, most were now going on to technical schools. This shift may represent a choice but most likely indicates tighter enrollments at the university level. University slots are highly linked to available positions in the Cuban economy, which was greatly reduced during the 1990s. As a result, enrollments in higher education dropped from a high of 21% in 1990 to 12% in 1996;⁷⁵ dropout rates from high school also rose, particularly

for students enrolled in pre-university education. These schools, which are almost all located in the countryside, represented a lot of hardship for students as food became scarcer and problems in transportation prevented teachers from reaching the schools.

The decrease in the quality of services also had an effect on health and education outcomes. The crisis led to the physical deterioration of hospitals, clinics, and schools; the absence of medical supplies and equipment and disinfectants; and the declining quality of education due to the lack of supplies and an exodus of teachers to jobs in emergent sectors.

TABLE 8

Summary of effects on outcomes and services in the areas of education, health, social security, and social assistance in the 1990s.

Note: (a) These do not include military pensions. Centro de Investigación de la Economía Mundial, 1996.

	Education	Health	Social Security and Social Assistance
Effects on outcomes	Illiteracy rate held at 3.8%. There was an increase in dropout rates from pre-university and technical schools, especially the latter.	Continued improvements in the rates of infant mortality but worsening of indicators such as low birth weight and nutritional status of young children.	The erosion in the purchase value of pensions and social assistance due to decreased value of the national currency and the introduction of the use of dollars.
	Enrollments decreased at all levels; there were sharp decreases in enrollments in higher education	Appearance of epidemics, such as the neuritis epidemic in 1992; increase in mortality from some infectious and parasitic diseases and increases in incidence of contagious diseases, such as hepatitis and sexually transmitted diseases.	
		Continued improvement in the rates of immunizations	
Effects on Services	Significant deterioration in the physical conditions of schools. There were shortages of food and supplies in boarding schools, and student/teacher ratios increased across the board.	Significant deterioration of the physical condition of hospitals and clinics.	Increase in the number of pensioners from 1.13 million in 1990 to 1.35 million in 1995. ^a
	Exodus of teachers to private-sector jobs.	Decrease in the quality of services at the community level due to lack of material resources, lack of materials for training.	53,134 families (97,000 individuals) were provided social assistance (cash) in 1994
		Decrease in the overall quality of care due to the lack of medicines, medical supplies, instruments and equipment, and disinfectants.	

In the area of social security, the most notable impact was the erosion in the buying power of pensions and social assistance. As the buying power of wages and pensions decreased⁷⁶ and the subsidized ration goods covered less of a person's needs, those with fixed incomes, such as pensioners, became increasingly vulnerable economically. Nevertheless, the difficulties of daily living under the crisis made it very hard for persons to maintain employment; many older workers retired, increasing the number of retirees and the expenditures in social security.

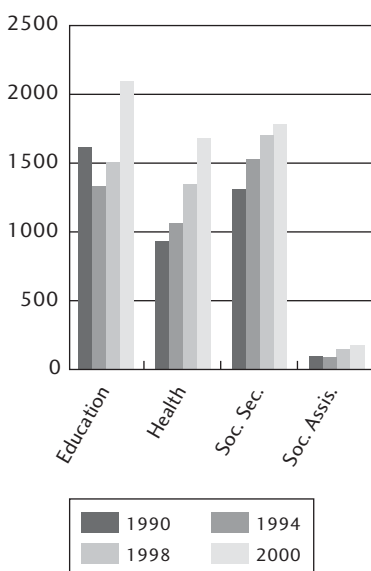
In response to the crisis, the Cuban government has strongly reaffirmed the basic values of Cuban social policy and has reasserted the political will to maintain its social development model. At the same time, the government has begun to transform aspects of the model, particularly in the area of service delivery, in order to guarantee its reach and effectiveness.

TABLE 9
Effects of the crisis on policy
and eligibility

Education	Health	Social Security and Social Assistance
State continues as sole provider of education.	Preserves coverage and universal access.	State provides 100% pension and disability coverage for all state workers; continues at the same level of coverage.
Educational services remain free. Some fees are charged for non-essential services (adult classes, for example).	Health services remain free of charge.	All contributions continue to be made by employers; government covers difference between social security contributions and disbursements.
All schools and programs remain open.	State continues as sole provider of health care.	Increase in minimum retirement pension payment from 83.69 pesos in 1990 to 102 pesos in 1997.
Additional libraries were opened in municipalities and their services promoted.		Central government continues as sole provider of social assistance.
		Eligibility requirements for social assistance remain the same, as does the level of benefits provided.

FIGURE 15
Expenditures for health, education,
social security, and social assistance
in Cuba, 1990-2000
(millions of pesos)

Source: Oficina Nacional de Estadísticas, 1996, 1999, 2000.



Maintaining Basic Principles and Policies

A review of the current writing in social policy makes evident that the basic principles of Cuban social policy have remained in place. First of all, there continues to be a clear commitment to equity in access by maintaining all services free of charge, as has been the history of health, education, and other benefits in Cuba. Although some fees have been instituted, these are minimal and affect services that are not central to the mission: for example, fees for school lunches in high schools and fees for some adult education. Cuba did not use the crisis to revoke the basic benefits of free, socialized medicine and public education.

It is also clear that the commitment to universal accessibility has been retained. Cuba did not approach the current funding crisis by excluding sectors of the population from basic benefits and services, and there is no evidence of serious efforts to curtail benefits with new eligibility criteria or time limits, even in areas like social assistance. The commitment to universality is strong, although this does not mean that no consideration has been given to developing targeted programs, directed toward the most vulnerable.⁷⁷

Finally, in spite of the thrust to decentralization existent in Cuba in the last decade, the government's role as the main actor in this sphere remains unchanged. The central government continues to be responsible for funding, developing, and providing the benefits and services of the Cuban safety net.

Protecting Social Expenditures

In the midst of the crisis, the commitment to social benefits – education, health care, social security, and social assistance to the poor – was maintained. In fact, social expenditures increased in absolute terms through the period of 1990 to 2000, from 3.816 to 4.705 million pesos.⁷⁸ With the exception of education, which experienced a reduction in 1990 to 1994, expenditures in all areas increased through the period (see Figure 15).

Social expenditures also held their own as a proportion of the Gross Domestic Product (GDP). Figure 16 shows changes relative to 1990 in GDP, total budgetary expenditures, and social expenditures, here limited to education, health, social security, and social assistance. As the GDP dipped by 40% between 1990 and 1994, overall expenditures remained constant but social expenditures increased slightly. As the GDP began its slow recovery in 1996, total expenditures were actually reduced, as part of the campaign to reduce the deficit, but social expenditures continued to increase. By 1998 they were 23% higher than they had been in 1990.

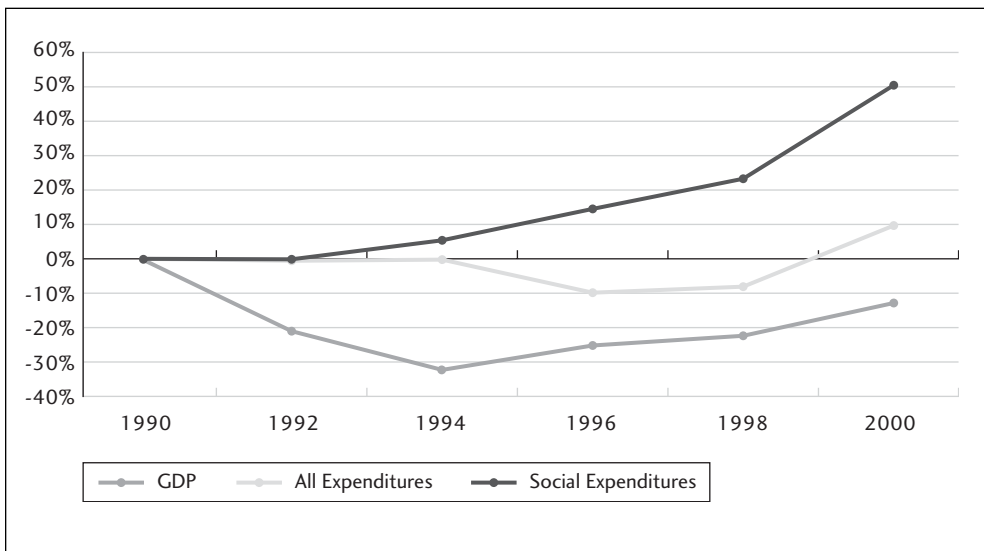


FIGURE 16

Change in GDP, public expenditures, and social expenditures (relative to 1990), Cuba, 1990 to 2000

Source: Oficina Nacional de Estadísticas, 1996, 1999, 2001.

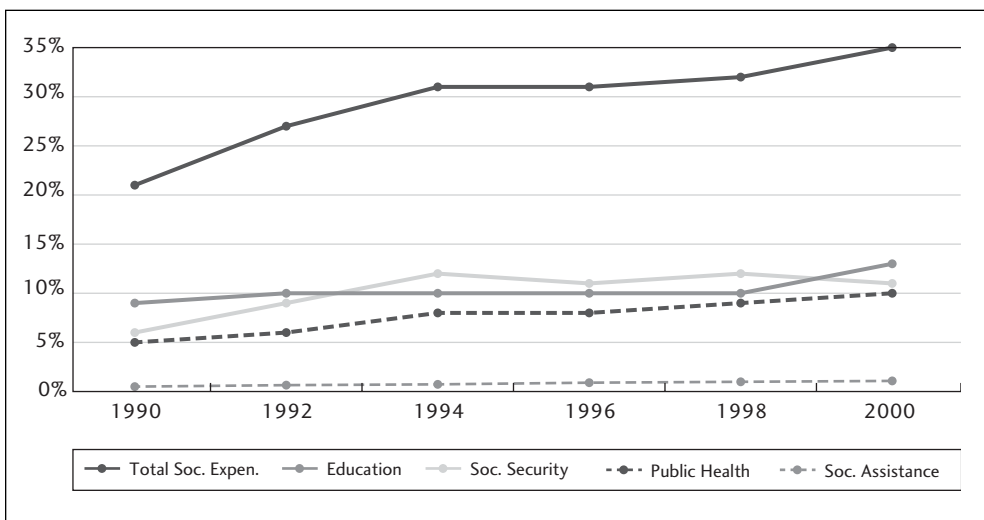


FIGURE 17

All social expenditures and expenditures by sector as a percentage of GDP, Cuba, 1990 to 2000

Source: Oficina Nacional de Estadísticas, 1996, pp. 85 and 99; 1999, pp. 82 and 93; 2001, pp. 30 and 34.

The fact that social expenditures increased even as the GDP decreased tends to indicate a strong protective inclination toward social expenditures⁷⁹ (though it may be also due to the inherent resistance to change of items such as pensions). In fact, social security showed the sharpest increase in relation to the GDP, surpassing education in 1993 as the largest social expenditure (see Figure 17). But increased allocations to education and health care and, to a lesser extent, social assistance also demonstrated a clear commitment to and protection of these areas.

Cuban social expenditures as a share of GDP are nearly double the average in Latin America. In 1990 Latin American countries devoted an average of 10.4% of their GDP to social programs;⁸⁰ Cuba's share was 21%. By 1998, after a decade of crisis, Cuba's financial commitment to social programs, at 32% of GDP, was still the highest in Latin America.⁸¹ Like Cuba, other Latin American countries experienced a rise in the share of GDP dedicated to social expenditures during this period; but at 60%, Cuba's rise has been much more pronounced than those of other Latin American countries, which experienced an average rise of 30%⁸². Only Paraguay and Colombia had higher rates of increase of social expenditures in relation to GDP.

In spite of this clear financial commitment, the negative impact of the economic crisis on services was evident, due to two critical factors. The first was a decrease in the allocations in convertible currency (i.e., U.S. dollars) toward education, health, and, in fact, all areas of life in Cuba. In 1994, for example, the allocation in convertible currency for the health sector was 39.6% of what it had been in 1989;⁸³ by 1997 the allocation had risen to only 49.4% of that available in 1989. These restrictions limited the importation of such necessities as medicines and medical supplies, materials needed for the production of medicines, building materials for the repair of hospitals and clinics, and tires for ambulances. A similar situation took place in education, which was left without supplies and without paper to print books. Only funding for personnel, who are paid in pesos, was unaffected.

The second factor that tended to undermine the government's financial commitment to social benefits was the decreased buying power of the peso. Although government ministries received the same or even more pesos during the 1990s, the fact was that, except again for personnel, the real purchasing value of the peso had dropped.

Transforming the Delivery of Services

Even as Cuba has reaffirmed its social development model and sought to protect the funding of social services, the government has felt the need to transform the delivery of services. In the past, Cuba has created service effectiveness by placing large amounts of funding behind a universal coverage for all services, without strong regard for efficiency. But this logic faces critical challenges at this time. Outcomes along many social indicators are not yet at levels achieved in the late 1980s. Although their amounts have been sustained and even increased, budget investments in social benefits have not completely prevented their deterioration, signaling that a much stronger financial investment will

be required to reach the levels of 1989. All this takes place in a context of increasing demand: not only are more retirees requiring pensions, but more families are put at risk by the economic pinch. More attention is needed for pregnant women, more support is needed for families with less income, more work is needed with adolescents facing temptations to stay out of school – the list is long.

TABLE 10
Effect of the crisis on the delivery of services

Education	Health	Social Security and Social Assistance
Increased support at the delivery point. For example, increase of methodological support for teachers and principals was instituted to address higher student/teacher ratios.	Continued emphasis on primary prevention; continued deployment of family doctors and family nurses to attain greater coverage nationally.	Growing collaboration between the Ministry of Labor and Social Security and MINSAP and others on the care of elders.
Collaboration with other ministries on comprehensive initiatives (e.g., the anti-dropout program instituted in 1995 involving actions from several ministries and entities at all levels).	The development of comprehensive, collaborative initiatives (e.g., the Low Birth Weight Prevention Program). Other initiatives include collaboration in the improvement of nutrition, public hygiene, and water quality.	Experimentation at the municipal level with the delivery of services to persons eligible for social assistance.
Established recreational and after-school programs in collaboration with local organizations.	Focused attention to vulnerable groups, including those at risk because of age, gender, and income.	Massive training and deployment of social workers to provide assistance to needy families.
Comprehensive initiatives at the community level addressing the service needs of women, youth and children as well as specific community development activities.		
Building the capacity of Popular Councils to monitor the delivery of service at the community level.		

There is also great pressure to improve the quality of services. A large gap separates the service system as conceived by policymakers and providers and what is actually delivered today. This gap is becoming an increasing concern of users and will become even more critical as services begin to represent a more important survival element for those in need. The timeliness of a pension check, for example, takes on a different meaning when the recipient population is so economically stretched, as it is today.

In many ways, the now decade-old crisis appears to have underscored the need for transformations in the implementation of social programs. Without abandoning the basic values that have shaped policy, Cubans now look for ways in which social policy can be delivered both efficiently and effectively.

Doing more and doing better for less is not a new concept in the delivery of service. Most countries approach these challenges by curtailing eligibility and working hard to improve both the efficiency and the effectiveness of services. Cuba's approach so far has been to maintain a commitment to universality and prevention and to introduce limited reforms at the level of delivery to increase efficiency and reach.⁸⁴ Many of the reforms seek to improve the encounter between service and recipient and to improve the quality of service delivery, not only in education and health but in other areas as well. But making improvements, writes economist Angela Ferriol, will require transforming service delivery at the local level through collaboration, modernization, and training.⁸⁵ This emerging transformation shows certain characteristics, which we will describe in the following sections and in Chapter Four.

The necessities of the Special Period created new types of horizontal collaboration between different sectors. Right, representatives from the Federation of Cuban women, the Ministry of Agriculture, the Ministry of Science, Technology and Environment work together on a project which organizes women to grow soy to be processed into yogurt for school children in Santiago de Cuba.



The first characteristic is the increase in collaborations across sectors in the approach to the new problems that are emerging as the result of the Special Period. There is a recognition that the problems faced by the growing number of poor persons, or the issues of adolescents who drop out of school, or the prevention of criminal behavior – or any social problem caused by a constellation of factors – do not often respond well to categorical solutions. Collaboration among government ministries, between ministries and elected government structures at the local level, and between all of these and community-based organizations represents an important change.

The second characteristic is the understanding that, in spite of the commitment to universal programs, the current situation calls for focused attention on the most vulnerable sectors of society. Important initiatives that focus resources on those groups have begun to be implemented and represent an important departure from past practice.

Finally, the last decade propelled the development of community-based initiatives. Although begun in the 1980s, the current methods of community practice have evolved greatly under the pressure to attend to local problems. The actions of both community-based organizations and the Popular Councils are new elements in the social arena in Cuba, elements with great potential for enhancing the reach and the effectiveness of social programs. These community-based initiatives are the subject of Chapter Four.

A Growing Tendency Toward Collaboration

Critical problems in the delivery of services have been the strong sectoral orientation of services and the lack of collaboration among the different areas of service delivery. This is not unusual in the delivery of services anywhere. But, in a highly centralized society, without any alternative sources of service, this separation is much more constraining. In Cuba, within every sector – health, education, social security and assistance, social pre-

vention, culture, and others – planning takes place nationally, and directives flow down to the provinces and the municipalities. Collaboration among the sectors at any particular level is infrequent, and the result is a kind of incoherence at the community level. In 1996, the Sociological Research Group of the Cuban Academy of Sciences complained of “programs that act simultaneously upon a community but without articulating common objectives and methods,” leading to “overlap, competition among different actions, and a general decrease in efficiency and effectiveness.”⁸⁶ Moreover, the strict vertical structures may prevent the accurate assessment of complex problems that overflow disciplinary boundaries. Verticality may hinder the mobilization of professionals from diverse disciplines and with diverse experiences to address the problems.

The fiscal crisis of the 1990s presented Cuban social institutions with precisely these types of problems. In the face of increasing complexity and differentiation, social systems cannot succeed in their missions if they act alone. The rise in poverty; the resurgence of prostitution, petty crime, and drug use; the escalating school dropout rates; the nutrition problems; the problems facing urban neighborhoods – these are precisely the kinds of problems that challenge disciplinary boundaries and call for cross-sector collaboration.

There is evidence that approaches directed toward these problems are becoming better-integrated and more collaborative. Initiatives that foster horizontal collaboration have included those undertaken to address, for example, the increasing incidence of low-weight births, the rise in school dropouts and the tide of children engaged in street activities, and the problems of single mothers and elders on fixed incomes. These initiatives have brought together the resources of the Ministries of Education, Public Health, Internal Commerce and Work, Social Assistance and Social Security; the Commissions of Prevention; the mass organizations; and local governments – all focusing their interventions on problems affecting specific groups. These types of initiatives are also at the center of community development efforts, where they are focused on environmental interventions.

The following vignettes illustrate some of the ways in which collaboration is bringing new energy into the solution of community problems.

1: Reducing Low-Weight Births.

After showing a consistent improvement during the 1980s, the prevalence of babies born with low weight (under 2500 grams) began to increase in 1991, reaching in 1993 a rate of 9% (compared to 8.7% in 1988). The National Program of Low Birth Weights established a collaboration between the Ministry of Public Health (MINSAP) and local governments to address the nutritional needs of at-risk pregnant women. At-risk pregnant women were identified in every neighborhood and connected to Hogares Maternos, which provide preventive education, social assistance, and recreation for pregnant women and their young children. Through the work of local governments, at-risk women were connected with a workers' lunchroom, where they receive at least one free meal every day. By 1995, low birth weights had been reduced to 7.9%, and they were continuing to decrease through the late 1990s.⁸⁷

2: Helping Mothers Raise Children.

Many of the mothers raising their children alone in a neighborhood in Marianao did not have any source except social assistance, which, as the economic crisis hardened, barely covered the basic essentials for the family. The Municipal Directorate of Work, Social Assistance and Social Security, the Popular Council, the Federation of Cuban Women, and the neighborhood community development organization began a collaboration directed to identify the needs of these women and develop a plan of action to ensure appropriate resources for the families. The group trained community women, including some of the mothers, in interviewing skills and set them off to identify and interview needy mothers in the neighborhood. Twenty-nine mothers, all receiving social assistance, were interviewed. The survey revealed that all had children between ages 0 and 16; only 26% received support from the children's fathers, with half reporting very little support from other family. Most lived in very precarious housing. Most women had worked, but not in stable jobs; most were willing to work if child care was provided.

Together, the different institutions set out to provide some relief. Eight mothers were found jobs, most of them providing services to elders in the area. Three were referred for appropriate medical care, and three were placed in courses to prepare them for work. Collaboration continues in the development of resources for mothers in Marianao.⁸⁸

3: Working Together for Clean Communities.

In 1997, the lack of fuel had made garbage pickup in Pogolotti very erratic. At first, families began to hang their small plastic bags from trees and posts to allow foot and vehicle traffic through the streets while they waited for the garbage to be picked up. But as time went by, large areas of the sidewalk, then the street, and, often, any empty lot became a dumping ground for household wastes. During that year, the Popular Council, the Metropolitan Park of Havana, the Taller de Transformación Integral de Pogolotti, and the Martin Luther King Center came together to form an Environment Group, made up of residents and community workers concerned about the environment. They reported on a diagnosis of environmental problems carried out by community members which documented every dumping site and all areas where contamination was suspected. In community meetings, 50 residents prioritized the elimination of the garbage dumping sites but also raised the need to reforest the areas and develop places for recreation of children, "making the connection between an environmentally healthy community and a healthy community."⁸⁹

And so the project, funded in part by the Canadian International Development Agency through the Canadian Urban Institute, included all three: they implemented a pilot recycling program for 150 families; they provided seven workshops on environmental education on recycling for the neighborhood, and they eliminated all the dumping sites (some of them have been reforested, and one was used to develop a sports area for children). Participation of the population was an integral part of the project. "We involved the community from the start, and they participated in the decision making on the project," said the project's social worker. "They... were helpful because they have great interest in the solution of their own problems. [Because of this], we had very concrete results."⁹⁰

Collaboration is evolving, but not without resistance. Turf issues and lack of practice in collaboration and integration of services are barriers. "There is a need to transform the existing thinking... of caring for people in a fragmented way and from the perspective of only one area, be it health, education, or social security," writes sociologist Lourdes

Urrutia Barroso.⁹¹ Nevertheless, the experiment with collaboration across sectors has been positive, not only in terms of the effective and efficient use of resources but, more important, in terms of gaining success over new, very complex problems.



JUAN CABALLERIA/OXFAM AMERICA

Many of the government's new social initiatives seek to prevent problems. Increasing cultural programs for youth at a community level is a priority. These children in a school in the province of Vinales prepare a school concert.

Focusing Attention on the Most Vulnerable Groups

In a culture of universality, attention targeted to the problems of specific groups is not expected. And so, when in September of 2000, the Social Work Student Brigades began to assess the needs of the poorest families in the city of Havana and weeks later returned to give these families some of the goods and services they needed, there was consternation. The prevailing ethic for many years was that everyone received the same from the government – be it food from la libreta or universal medical care and education – and only those who had performed with merit at work were entitled to receive extras. Made up of university students, the Brigades reported on their findings directly to the leadership of the country, bypassing the structures of local government but also sensitizing the leadership to the growing problems of the poor in Havana. Special funds were made available to alleviate the worst situations, and students worked to connect families to needed services. The fact that some families were singled out for additional government benefits, and that in some cases these were families with difficult social behavior, raised questions. Delivering focused attention to families with great economic and social needs would later be understood and largely supported as the means of reaching out in a preventive way to society's most vulnerable people.

That same September, over a thousand young persons began training as “social workers” in the first of what would soon grow to four Social Work Training Colleges that now operate throughout the island. Training for professional social work had ended in Cuba



JUAN CABALLERIA/OXFAM AMERICA

Grassroots organization in practice, these men participate in a community clean-up organized by the CDR as part of a nation wide public health campaign against dengue.

in 1962. The perspective was that the changes brought about by the revolutionary process would address most of the social problems and those that remained could be handled by the mass organizations (the Committees for the Defense of the Revolution and the Federation of Cuban Women).⁹² In the 1970s para-professional training in social work was started by the Ministry of Public Health, and in 1998, in the aftermath of the economic crisis and at the request of both the Ministry of Public Health and the Federation of Cuban Women, an undergraduate program in social work was started in the Department of Sociology at University of Havana.

The founding of the Social Work Training Colleges, has introduced social work to a far broader segment of people, but at the paraprofessional level. Their first group of students was young people ages 16 to 22 who had not attained admission at the university⁹³ and had an inclination for this type of work. They received a 10-month training program delivered by faculty from the University of Havana and began their work in the city, tending to youth, the elderly, and others in need. Once they begin to work, these social workers are eligible to attend the university social work program or any other undergraduate program.⁹⁴

Attention is currently being provided to at risk-groups, which include persons with poor living conditions, the disabled, families of incarcerated persons and ex-prisoners, pregnant teens, single mothers, seniors, and children and youth, particularly those no longer in school.⁹⁵ Although there is a strong social support function in these emergency programs, there is also a strong focus on preventing delinquency. As a result of the crisis, along with the losses of jobs and livelihoods, “criminal behavior escalated together with changes in social values and the emergence of new manifestations of social indiscipline,” explains Lourdes Perez. “These programs emphasize prevention and nurturing over punishment.”⁹⁶

Aside from the initiatives taken by the new social workers, other targeted programs have also been implemented. These have focused, for example, on protecting women’s employment by protecting their jobs and retraining them for jobs in the emergent sectors. They have emphasized the development of cultural programs for youth at the community level and created networks of resources in the community to provide food at workplace cafeterias at very low prices for the elderly and for pregnant women.

This has not meant abandoning a universal approach and its great advantages. The current debate on the role of targeted programs in Cuba’s universal system focuses on two fundamental aspects. The first is the need to reach out and support vulnerable groups, as the government has done, without having to provide similar services to everyone. This is an approach that receives consensus because of its role in preventing the development of more serious social problems and the limited character of its intervention. The second aspect of the debate is re-examination of current universal benefits with an eye to possibly focusing resources on the most vulnerable groups, taking into account poverty and other special needs. There is far less consensus at this time on the need for such a shift.

4. TRANSFORMING COMMUNITY DEVELOPMENT

Community development is not new in Cuba, but it took a different form in the 1990s. The main social organizations in Cuba, such as the Committees for the Defense of the Revolution (CDRs) and the Federation of Cuban Women (FMC), are organized at the block level. Although not professional service providers, both do offer resources at the community level. The FMC, for example, organizes vaccination campaigns and conducts public education in a variety of areas. Although the CDR are charged with the security of neighborhoods and with mobilization for activities and volunteer work, they too provide primary support for neighborhood residents. Other important resources at the community level are the family doctor/family nurse teams that provide primary care in the community and the local schools. Schools are used by neighborhood children all day. After classes, many children participate in activities organized in the schools by the Young Pioneers.

When the economic crisis hit in the early 90s, community organizations proved to be a crucial element in the organization of social support, particularly in urban areas. When there was no transportation out of the neighborhood, the CDR could ask a neighbor with gasoline and a car to drive to the hospital in an emergency; the CDR provided recreation at the block level; the FMC distributed vitamins to every household and held meetings to talk about ways to cook meals with the limited choices available; in the darkest times of the crisis, the CDR would organize a neighborhood cleanup. Mass organizations also participated in the prevention of crime and delinquency at the community level by activating the neighborhood watch and organizing activities for youth. This continuous work at the community level is clearly an important element that allowed Cuba, and especially Havana, to weather the crisis.

During the Special Period, however, long-standing problems in the communities were joined by new problems. The surging needs of the population, together with the lack of resources and the hardship of daily life during the Special Period, quickly went beyond what the mass organizations could address. Their structures and their proclivity for waiting for *orientaciones* (directions) before stepping out of the usual line of work meant that the mass organizations were unable to provide either leadership or a response to the specifics of the crisis facing individual communities⁹⁷. Although an important element in the fabric of Cuban society, mass organizations proved not to be the best vehicles for more proactive activity.

The “local level” in Cuba had always meant the municipalities, but the Special Period highlighted that the municipality was too far away from the base and had too few resources to prove effective in addressing community needs. This is so, first of all, because the territory occupied by the municipality is much too large and the needs of its population are much too diverse to be addressed by “one size fits all” solutions.

Responding differentially to the many demands was especially difficult during the Special Period, when differences became even more salient while the resources all but disappeared.

The Special Period also demonstrated that, although there had been a process of deconcentration of decision making and administration from the central government to the provinces and municipalities, the municipalities still have very little power. Although they oversee a broad range of services – including some that in the United States are handled by the private sector, such as grocery stores, bakeries, and repair shops –

they are not empowered to raise revenue, make budgetary decisions, or veer very far from established priorities.⁹⁸ Over time, this has left a growing number of local problems unresolved.

The vacuum that existed at the community level and the great needs that arose during in the Special Period led to the forceful emergence of what sociologist Haroldo Dilla has labeled a “neighborhood movement.”⁹⁹ Community-based organizations, hundreds of them, developed in Cuban barrios to address urgent needs facing urban dwellers in the Special Period. The “neighborhood movement” focused attention on the neighborhoods, most particularly on horizontal networks at the community level. In

doing so, the new initiatives ushered in the participation of many actors: local governments, the mass organizations, Cuban non-governmental organizations, international development organizations, institutions of higher education, and, most important, the neighbors themselves. The first entity to engage in this urban development work were the Neighborhood Transformation Workshop (Talleres de Transformación Integral del Barrio [TTIB]). The second were the Popular Councils, which today are the institutions that are best poised to take good advantage of the new experience acquired at the community level. Both are described in detail below.

The Neighborhood Transformation Workshops

In 1988, Fidel Castro inaugurated the Group for the Comprehensive Development of the Capital (Grupo para el Desarrollo Integral de la Capital – GDIC) under the sponsorship of the Provincial Assembly of Popular Power. The GDIC was made up of top Cuban urbanists and was charged with improving the life of people in the capital. Havana, free from some of the more pressing social problems facing urban areas in Latin America – such as overpopulation, homelessness, huge marginal neighborhoods, great social inequality, drugs, and crime – was in a good position to make important steps in this direction.



MINOR SINCLAIR/OXFAM AMERICA

Neighborhood Transformation Workshop team members meeting with community leaders to jointly identify issues of concern in El Canal, Central Havana.

One of the first demonstration projects implemented by the GDIC was the initiation of Neighborhood Transformation Workshops (*Talleres de Transformación Integral del Barrio*) in three vulnerable neighborhoods in the city of Havana: Atarés, La Guinera, and Cayo Hueso. Both Cayo Hueso and Atarés are located in the central part of the city, in Centro Habana and El Cerro respectively. Both boast great historical and cultural traditions but also are old, poor neighborhoods with serious problems in the quality of the housing and an equally difficult set of social problems. La Guinera, in contrast, is located in Arroyo Naranjo in the outskirts of Havana with many people living in marginal, precarious neighborhoods with no water, electricity, or services.

The Workshops gathered together six or seven professionals – architects, planners, social workers – to address the problems of the neighborhood. The early approach of the Workshops consisted of identifying the main problem areas in the neighborhood (usually housing) and mobilizing neighborhood and outside resources to address them. The Workshops were quite successful. In Cayo Hueso and Atarés, for example, they worked to remove tenement buildings. The Workshops convinced the residents to move if the tenement building was in precarious condition and helped design and renovate the housing. More than 12 tenement buildings were repaired in the first three years.¹⁰⁰ The Workshops were also effective in bringing resources into the neighborhood. In the early years, the GDIC and the Workshops enjoyed considerable government support, which helped overcome many barriers and permitted a very entrepreneurial approach in the search for solutions; for example, the Workshops were often able to bypass clogged municipal bureaucracies and mobilize provincial and even national resources. Leveraging resources to address problems identified at the neighborhood level by neighborhood residents would become the landmark contribution of the Workshops. By 1991, five additional Workshops were working in Havana neighborhoods.

The 1990s economic crisis in many ways transformed the work of the Workshops. As construction materials became scarce, the brick-and-mortar approach of the Workshops transitioned into interventions that focused on the social needs of the community. In order to do so, the Workshops had to come to understand the community in which they worked in a much deeper way and transform the methods by which they carried out their work.

Workshops began to apply participatory community planning methods that helped the activists conduct needs assessments of the neighborhood. They aggressively looked for ways to involve residents in the process. Workshops began to focus on the needs of vulnerable

An example of new kinds of collaboration on community projects, this housing reconstruction project is coordinated with the Neighborhood Transformation Workshop of Central Havana, the Martin Luther King Center, the popular council and the municipal government.



RODERICK SINCLAIR

SELF-ESTEEM AND COMMUNITY DEVELOPMENT

Zulema Hidalgo is a member of the Neighborhood Transformation Workshop in the community of Atarés. Zulema focused on women in the community and their motivations for improving their lives and their community. She was interviewed in March 2001:

We felt that it was necessary to work with women in a different way for many reasons. Ours is a neighborhood where a sexist education predominates, where there are many customs that are strong shaped by machismo. At the same time there were many women who were no longer working. It was through our work with the children that we realized the need to focus on women because there was a lot of violence directed at them and at their children. The violence and their lack of participation in work meant that there were no spaces where they could better themselves and little by little there was less presence of women in the issues that were concerning the community.

They were members of the popular organizations such as the CDRs or the FMC – our neighborhood participates actively and with a lot of joy in the activities of its central organizations. But we felt that women needed a more

specialized attention, attention with more technical rigor. It couldn't just be going to a meeting or seeing each other about basic problems like we do at the Federation. It had to be different.

We formed a self-esteem workshop, where women come once a month to our community house. It is the same members of the Federation that live in our community, but we give a space for reflection and exchange. We work on our self-esteem through several themes; for example, we have invited housing specialists, lawyers, doctors to speak about sex education and breast cancer.

We wanted them to share their potential and their values, become more active in the work that was going on in the community. And the work demonstrated that this took place. After a few meetings the women began to become more involved in their organization, the FMC. They began to take leadership in the base organizations and became more involved in the work of the Taller. It has had a great impact because it has helped women to become involved. And it has also changed these organizations.

populations, such as women and adolescents; on reinforcing the cultural identity of the neighborhood; and on working, as much as resources permitted, on concrete neighborhood betterment projects. The work so far has included:

- *Construction projects* such as the renovation of neighborhood housing and schools and the construction of offices of the family doctor and grocery stores;
- *Environmental projects* such as the organization of neighborhood solid waste recycling programs and reforestation campaigns;
- *Small-scale economic development projects* such as workshops for neighborhood artisans (where women make products that go on sale in the neighborhood), the organization of video centers and showings, job training for women, and computer classes.
- *Social service activities* such as the organization of teen clubs, mothers groups, self-esteem groups for women, and after-school programs focused on local cultural expressions.



RODERICK SINCLAIR

*Self-esteem and community development:
“We wanted women to share their
potential and their values, become
more active in the work that was going
on in the communities...”*

Zulema Hidalgo, Neighborhood
Transformation Team worker in
Atarés, Havana

The Workshops quickly related to the neighborhood in ways that had been difficult for provincial or municipal entities to do. Workshop staff were known in the neighborhood; they addressed issues that the residents felt were priorities; and, unencumbered by emergencies in other areas, they had the time to build the relationships and the networks necessary to address problems at the neighborhood level. The Workshops provided mechanisms by which other entities (such as the mass organizations, the school principals, the family doctors, and others acting in the neighborhood) could focus on neighborhood-identified problems. Their role was not to replicate the efforts of the CDR or the FMC or the public health system, but rather to bring the CDR and FMC and the health system to focus on the specific problems of the neighborhood.

The Popular Councils

Perhaps the most aggressive advocates of local issues and the institution that holds the most potential in truly transforming life at the local level are the Popular Councils. The Councils were formed precisely to help bridge the gap between the municipalities and the neighborhoods by focusing on horizontal networks at the neighborhood level that had been previously overlooked. Through their work, the Councils look to support the efforts of the local delegate to the Municipal Assembly. Pilot Councils were first founded in 1988 and then four years later were implemented throughout the country. Today there are about, 1505 Popular Councils in the country; Havana alone has 105 Popular Councils, each serving an average of 20,000 residents.

The Popular Councils consist of volunteer delegates elected directly by the population as well as representatives of the main economic, social, and service institutions in the area, including the CDRs and the FMC. The president of each Popular Council, elected by the delegates who compose the Council, dedicates his or her time fully to its work. As a full-time employee, the President has more time than the other delegates to investigate problems and bring them to the Council for discussion and recommendation. With the

backing of the Council, the Council President makes the case before the municipal authorities and, if necessary, the Municipal Assembly.

Neither the President of the Popular Council, the Council itself, nor the delegates have any administrative authority in their territory. Their job, by law, is to monitor all entities in the territory – municipal, provincial, and central government entities alike – for the purpose of improving services at the local level. The Council’s role, as stated in its founding resolution, is to “work actively for efficiency in the development of activities of production and services and for the satisfaction of the medical, educational, cultural, and social necessities of the population, promoting the greatest participation by the population” in the solution of its problems.¹⁰¹ The Council is charged by law with addressing the specific needs of the population, establishing coordination and promoting collaboration between the different entities in the area of the Council.

The Popular Councils began their work at the peak of the economic crisis, which has presented quite a challenge. As one government official put it, “The amount of objective problems that exist in the community and the limited capacity on the part of the government, places the delegates and the Presidents of the Councils in a very difficult position.”¹⁰² And that was surely the case: almost all community problems came to the Popular Councils. As the central, provincial, and municipal governments became less able to provide resources and less effective in addressing the growing problems at the local level, the Councils became, in practice, the managers of the impact of the crisis at the community level.

The urgency of the economic crisis pushed the Councils to find local solutions to a great variety of community problems and some entrepreneurial Councils have moved forward with aggressive community development projects. For example, Havana’s early initiatives in urban agriculture, instrumental in improving people’s nutrition, were largely based in the city’s Popular Councils.¹⁰³ Many environmental awareness and cleanup projects, as

LEARNING FROM THE EXPERIENCE OF POPULAR COUNCILS

We are thinking of a Popular Council for the present and for the future... We are focusing on the control and monitoring role that Popular Councils should exert as well as on the role of the Council in organizing participation of the residents...

Without a doubt, the Council is a fundamental element in the art of coordinating and integrating all the organizations and entities at the

community level. I think there is the willingness to develop this type of activity. But the issue is not so much to be successful in one small place or in one experience. The challenge is in how we implement this across the country. But for that, we need to let the different experiences evolve so that we can learn from them.

Tomás Cárdenas, Comisión de Órganos Locales, Asamblea Nacional del Poder Popular¹⁰⁵

well as cultural programs and other initiatives, are also sponsored by the Councils. The same is true of many other areas of community work.

But not all Councils took this broad approach, and many that did were not as effective. In fact, analysis of the work of the Councils reveals great deficiencies in their ability to monitor services, to promote the participation of residents, and to strengthen the ties among those responsible for different services at the community level.¹⁰⁴

Ongoing efforts to enhance the Councils' effectiveness emphasize their coordinating role vis à vis other actors in the neighborhood and their capacity to monitor the quality of services at the community level. And many believe that this increased effectiveness depends on the transformation of the relationship of the Council to the residents. In particular, promoting popular participation in decision making is perceived as key to transforming governance and to improving services at the local level.

Significant attention is being placed on supporting the Councils' role in this regard. For example, in 2000, the National Assembly approved Law 91 of the Popular Councils, which emphasized in its language the role of popular participation in the work of the Councils:

*Popular participation in the activities of the Popular Council constitutes the fundamental means for carrying out the work of the Council. Participation has to be present from the time that problems, needs, and solutions are identified, to the process of decision making, as well as in the planning, development, and evaluation of the main activities that take place in its territory.*¹⁰⁶

The adoption of these processes may not necessarily mean that there will be structural changes to Poder Popular – for example, the greater control of resources at the local level – but the adoption of this language signals that Popular Power is seeking a more effective way of carrying out its work. Although this quality of participation remains a goal, it does provide the context for continued experimentation in transforming relationships at the local level.

A Different Way of Working: What Is New?

The decade was full of experimentation in the areas of community participation, community development, and the uses of participatory community planning methodologies. By 1993, the three original Workshops had grown to seven; in 1997, 12 barrios of Havana had Workshops; and today there are 20 in the city of Havana. At this point most Workshops work closely with the Popular Councils. To date there is no exact count of the number of experiences of participatory community development taking place in Cuba, but some estimate that the number is in the hundreds.¹⁰⁷ In the City of Havana alone, Popular Councils are sponsoring an estimated 70 community development initiatives. What then are the characteristics of the “neighborhood movement?” How is this practice different from its precursors? And finally, how does it relate to the improvement of services?



The Miramar popular council in Playa, Havana took the initiative to set up a store selling organic agricultural inputs to urban gardeners at a low cost.

Five key characteristics of community development initiatives in Cuba can be identified. These initiatives, which are analyzed in greater detail below, generally:

- act upon small, geographically defined areas
- have a comprehensive and integrated vision of the neighborhood
- use participatory community planning methodologies
- prioritize efforts that can be accomplished with neighborhood resources, supported by small government and/or international NGO support.
- seek to build capacity at the community level

1. Focus on Local Communities

Traditionally, social organizations in Cuban society had not ignored the community, but they had not highlighted their role. That was to change in the 1990s. “Although the Special Period has made more evident the need to pay attention to this scenario of social life,” expresses a document from the Grupo de Investigaciones Sociológicas (Social Research Group) of the Academy of Sciences, “today, the [issue of the community is more opportune, more indispensable” because it is the locus for popular participation and a key element for social development.¹⁰⁸

Community development initiatives act upon a specific community, unlike the large-scale initiatives that target large territories (and at times the whole island). In almost all cases this is a geographically defined community, with the most common locus being the area served by a particular Popular Council. The Popular Council joins together the delegates of several *circumscripciones*, the equivalent of a “ward” in the United States, each of which is represented by a locally elected delegate. The existence of the Popular Councils allowed for a redefinition of *lo local* as a space much closer to the everyday life of people and of a size much more amenable to community-based interventions.

DEVELOPING STRATEGIES FOR THE NEIGHBORHOOD...

Strategic community planning is taking place in the 22 Popular Councils in the City of Havana in which there is a Taller de Transformación Integral. Strategic community planning begins with a participatory diagnosis of the major issues affecting the residents in the Council conducted by the Taller together with Council members and persons from the community. Once this is completed, a series of meetings are organized where the Council and community-based organizations analyze the findings

and determine the strengths, weaknesses, opportunities, and threats they face in addressing the problems. This technique assists the group in prioritizing those areas in which they have the potential for success. Objectives and action plans are devised as are methods for monitoring the progress. The hope is that all entities in the neighborhood can take direction from the strategic community plan as they organize their own activities.¹⁰⁹

2. Emphasis on Horizontal Networks

The second characteristic is that community development efforts have tended to seek a **comprehensive, integrated vision** of the needs of the area and of the solutions that best fit those needs. This requires a focus on the neighborhood and prioritizes the construction of relationships among the different neighborhood stakeholders, who are then forced to take into account the actions of all those entities that impact upon the neighborhood (a horizontal perspective).

A DIFFERENT WAY OF WORKING IN THE POPULAR COUNCIL (1)...

When I speak to local Popular Power leaders about community work, I tell them that I am talking about a new way of working. What do you mean, "a new way of working"?, they say. And I tell them that they have to think about an integrated development rather than the sectoral perspective we are used to-that if you are talking about community development, of

*community work, you are talking about integrated, comprehensive development, and that the Popular Council permits that kind of work. In fact, it encourages it.*¹¹⁰

Interview with David Diaz Carbo, a sociologist and former trainer of Popular Council delegates, March 2001.

3. Participatory Methodologies

The third characteristic of new community development initiatives is the use of participatory methods in the planning and execution of the projects. Cuban initiatives use many variations on classic community planning processes.¹¹¹ With guidance from the GDIC, the Ministry of Culture, and the Martin Luther King Center, Popular Councils and community-based groups are experimenting with the application of these methodologies to the Cuban context.

One of the issues that has elicited most debate has been the potential of generating in the Cuban context the level of participation that is required for effective community development. There is a strong and rich history of social and political participation and voluntarism in Cuba. Most successful Cuban initiatives, from the Literacy Campaign to the vaccination of children, have benefited from the active and selfless participation of ordinary citizens. But most of this participation has focused on the execution of initiatives that are often designed centrally. The opportunities for citizens to participate

Representatives of the popular council, Cuban NGOs, municipal government, construction brigades, and community members gather to unveil the housing rehabilitation project they have all collaborated on in La Juara, Havana. Housing rehabilitation projects are a principle vehicle for new forms of horizontal coordination among different sectors.



OXFAM CANADA

AN INITIATIVE IN WARD 10 IN ATARÉS...

The neighborhood diagnosis and the strategic plan identified Ward 10 in the neighborhood of Atarés as one of the poorest, least developed areas of the neighborhood. The Taller began to work with the residents of Ward 10 in conducting a participatory assessment which showed the main areas of concern of the population: the petty crime perpetrated by groups of neighborhood adolescents; an unfinished building that had become the site of illegal activities; a small group of students who were skipping and dropping out of school; and an increase in the recreational use of alcohol and drugs. The residents also noted that the neighborhood lacked areas of recreation for children and youth and that the physical condition of the neighborhood left a lot to be desired: streets and sidewalks were in a bad state, there were several dumps of solid wastes in the neighborhood, the streets needed lights...

The Taller called together neighbors, the delegates of Ward 10, the CDRs. The FMC, and in a series of meetings, using participatory planning techniques, they decided the objectives and specific actions to be taken. These focused on the improvement of the physical conditions of the neighborhood as

well as on the specific problems facing families. Specific actions in relation to the latter included a neighborhood youth conference, which highlighted the family conflicts and school issues, as well as the issues related to alcohol and drug use. They also included series of very well attended “street conferences” focused on drug abuse as well as specific initiatives such as the development of a neighborhood baseball team, the construction of a park in the former site of a garbage dump, and the organization of cultural activities for youth and adults.

“When we finished one of our work sessions,” writes Regla Barbon and Isabel Mora of the Taller, “we invited the residents to reflect on the following dedication by Jose Marti to his son: ‘Horrified with everything, I take refuge in you. I have faith in the betterment of humankind, in our future, in the value of virtue, and in you.’ One neighbor responded: ‘Our society today is very convulsed, but it is necessary to think in the positive in order to work with our children and our youth, we have to demonstrate our confidence and faith in their betterment.’ We think that our work has gotten all of us nearer to this goal.”¹¹²

in decision making, even in areas that affect their daily lives, have been limited. Local planning for services and neighborhood improvements favor professional intervention and, less so, the participation of those affected by the plans. Participation in the identification of problems and solutions, and in the planning, development, and evaluation of local activities is relatively new. But the fact is that the new law guiding the development of the Popular Councils requires precisely this level of involvement.¹¹³

In many ways, the core element of community development processes is participation, real and sustained participation by those impacted (positively or negatively) by the services and the plans. Most Cuban community development projects make strong efforts to promote “real” participation, but in many cases providing real-decision making power to residents has not been fully achieved. Some participation processes have involved structured methods of participation such as that taking place in some of the strategic planning processes that have begun to take place in Popular Councils in Havana, while others emphasize less structured methods such as those exemplified by the initiative in

A DIFFERENT WAY OF WORKING IN THE POPULAR COUNCILS (2)

A very common comment, for example, is that the 'accountability assemblies' held by Popular Power delegates are a mechanism to pick up on needs, and I say that this is not so, that you are picking up on demands, using a mechanism that the government put in place to pick up complaints, not needs, and that you don't have in place a systematic way of picking up felt needs directly from the people, to understand how people see their problems.

I tell them that this work requires building the capacity of and supporting local leaders, that this work is slow and leaders need to be encouraged and supported. It requires self-help and leadership generated from the community. And when I say that, all kinds of discussions

begin: But what kind of self-help are you talking about? Money running about in the community? Not now, I tell them. Right now we are talking about the work that we can do together with existing resources and maybe a bit more.

I tell them that this is a method, a different way of working that requires significant initiative on the part of the community and that this initiative needs to be encouraged and supported...Community development is not adding another category of tasks to what [the members of the Council] are doing, but transforming what they are doing by doing it in a different way.¹¹⁴

Ward 10 described in a box in this section. "To perfect this process is still a goal for us," says David Diaz Carbo, who trained City of Havana Council presidents in these methodologies. "There are many projects experimenting in this direction with some good experiences, but we still have a ways to go."¹¹⁵ A significant amount of training has been devoted to achieving better levels of participation.¹¹⁶

Finally, there is evidence of something akin to a glass ceiling when it comes to participation, in that participatory initiatives remain unlinked to decision making in critical areas of life in the community. Urban planner Carlos Garcia Pleyan¹¹⁷ expresses it this way: "There is this tremendous opportunity – perhaps the only one in the world – of having a powerful State, organized and with an ideology that supports these popular initiatives," but it "has had a hard time linking with them because of some unworkable structures. We have to imagine, investigate, discuss, and propose solutions that articulate both elements." Here, Garcia Pleyan underscores the importance of partnerships between local community processes and municipal, provincial, and central government structures, all working to address problems facing families and communities.

4. Mobilizing Resources

Mobilizing resources for neighborhood priorities has proved a challenge. Most projects aim to use neighborhood resources, which are often readily available, especially if they entail only person-power. For other resources, groups have to rely on local organizations like the CDRs or the FMC, or on government agencies such as the Ministry of Culture or the Ministry of Health. The Ministry of Culture, for example, funds the Houses of Culture in every municipality and, more important, along with the Union of Cuban Writers and Artists (UNEAC), funds directly thousands of community-based artists.

Large urban projects, such as the Metropolitan Park of Havana and the *Plan Maestro* for the Renovation of Old Havana, support many community development initiatives in their areas. The Metropolitan Park, which applied participatory methods in the development of its strategic plan for the environmental restoration of a large swath of land bordering the Almendares River,¹¹⁸ has organized Environmental Groups in the nine Popular Councils within its territory. The Park coordinates the work of the neighborhood and involves neighborhood residents and the Councils in planning for the Park. Many Metropolitan Park projects are conducted in conjunction with the Councils and receive assistance from international agencies.

Community projects have attracted significant support from local universities and research centers, which sponsor training, student and faculty research, seminars, and publications on the topic. They also receive direct as well as technical support from national non-governmental organizations such as the Martin Luther King Center, the Council of Churches, and the Center for Information and Study of InterAmerican Relations (Centro de Información y Estudio sobre las Relaciones Interamericanas CIERI).



A woman resident contributes her work on a community housing repair project funded by Oxfam through the Martin Luther King Center in Central Havana.

OXFAM AMERICA IN CUBA

Oxfam America's program in Cuba began in 1994 as a humanitarian response to a country in economic crisis. Oxfam America's initial focus was quite specific: support farmers to produce more food for local people. Oxfam America partners, such as the National Association of Small Producers (ANAP) and the Cuban Council of Churches proposed creative solutions and innovative strategies – such as extensive urban agriculture to feed the cities and animal traction to substitute for antiquated machinery – and gradually an alternative path to farming took hold. What began as a piecemeal approach to help the country regain its footing and feed its people evolved into program support of key grassroots and membership organizations which are successfully promoting alternative development strategies. In Cuba this means strategies

rooted in the community, which renew not deplete the environment and which make good sense for people.

Oxfam America's involvement, whether support for community response to destructive hurricanes or for farm management training for family-run forestry farms or for farm cooperatives to modernize, have exposed agency staff and partners to many innovations forged in the communities and fields of Cuba. Increasingly, sharing this knowledge and helping Cubans make the connections with communities and organizations in other countries will figure highly in Oxfam America's future support for Cuba.

For a complete description of Oxfam America's program in Cuba, refer to the website www.oxfamamerica.org/global.

Community projects are also funded by international non-governmental organizations, which began to operate in Cuba during the mid-1990s. The international NGOs' presence initially stirred some controversy in Cuba because of their preference to fund non-governmental organizations instead of state institutions, but generally their role has been accepted and well received. International NGO support has been crucial in funding of community development projects as well as in providing technical support and facilitating international exchanges.

5. Building Community Capacity

A final characteristic of the Cuban community development process is the way it has supported and developed local leadership. Cuban mass organizations, present at the block level and at every workplace, have always been the site of significant leadership development. Most promising leaders who were identified at the base moved on to positions outside the neighborhood. In the past, community-based leaders were not called upon to address the level of complexity that is required today of the local leaders in the Popular Councils, the Workshops, and the community projects. And therefore, one of the first tasks was the development of the capacity of grassroots leaders to take on these tasks.

CUBANIZING POPULAR EDUCATION...

An important element in the participatory processes of the 1990s has been the application of methods of popular education pioneered by Pablo Freire, a Brazilian educator specializing in adult literacy for liberation, and used widely in Latin America. But Cuban practitioners found that the methods could not be applied without taking into account the particularities of the Cuban experience. Here Esther Pérez, the founder of the training program of the Martin Luther King Memorial Center in Havana, explains the reasons:

As time went by, the popular education has gained in complexity because of various reasons. The most obvious is the high educational level of people here. This means that we have discarded the Latin American materials with which we started to work since they were designed for people with less contact with written texts. We also include or produce texts that our people subjects not only understand but usually demand, since they create a very strong link between the written word and the learning

process. We also do away with some common topics or approaches to training processes used in Latin American countries for example, the creation of capacities for simple diagnosis, observation, and research processes since people in our workshop already have those skills. High educational levels have also allowed us to do several things among them, for example, to use elements from various social disciplines in our training.

But it is not only the educational level that makes our groups different from others. The experience of Cubans is very different from that of others. The practice of being members of organizations and, therefore, the clear link established between organizational and educational processes, and the widely spread idea that individual realization is linked to the collective project are some of the characteristics that make them specific. All this has compelled us to smell and sense as accurately as we can, to study like mad, to learn all we have been able in order to 'Cubanize' our experience.¹²⁰

Initially, people learned by doing in an atmosphere of innovation and experimentation. Cuban institutions such as the GDIC, the Martin Luther King Center, CIERI, the Council of Churches, the University of Havana, and others provided support for these efforts.¹¹⁹ Later on, national organizations began to systematize what they had learned from these early experiences and with support from international NGOs began to train community members in substantive areas – such as community planning methods, facilitation of meetings, use of computers, health and environmental education methods, casework, youth work, etc.

The government, particularly at provincial levels, has also supported the training programs of delegates and Popular Council presidents in order to improve the functioning and effectiveness of Councils. A training program sponsored by the Secretariat of the Provincial Assembly, for example, for new delegates and Council presidents, covers a variety of topics including participatory methods of identifying needs of the population, the skills for running meetings, and the processes of monitoring services at the community level.

The capacity developed in people and organizations as a by-product of the process of community development tends to strengthen all aspects of the neighborhood. Participants learn methods and ways of working that they carry to their work elsewhere, strengthening other community organizations with their new vision and their new skills.

Community Development, Social Development

The critical ingredients for the substantial transformation of services, particularly the way that users experience them, are slowly emerging. There is a growing recognition that universal policies and centralized initiatives alone, as successful as they had been in addressing key social problems in the past, may not be enough in this new, complex environment. There is recognition that preventing the entrenchment emerging from social problems requires comprehensive and integrated approaches. Strong steps are being taken in the direction of increased collaboration and coordination among services, especially at the point of delivery.

These new transformations of social service systems are closely tied to the strengths and capacities being developed at the community level. The processes of community development in Cuba are strong precisely in the areas that best interact with the improvement of services: placing families and communities at the center of their mission; identifying the needs of families and communities; encouraging the horizontal coordination of services at the community level; and strengthening the connection of families to that network. While many developed countries are seeking to improve the accessibility and quality of services in some of these same ways, few countries have the conditions present in Cuba that give this experimentation the hope of success.

Another critical ingredient in the transformation of systems of service can be found in the interaction between participation and public policy. “Participation is understood in its most integrated sense,” says the document written in 1996 by the Group of Sociological Research of the Academy of Science on work at the community level, “...in the

active intervention in the complete social process, from the identification of needs, the definition and formulation of policies, to the execution, implementation, and control of the development of activities related to said policies.” Transforming service delivery requires listening to and taking direction from the users of the services. Change will come when users have a say in evaluating the quality and effectiveness of the services provided. The full exercise of the planning and monitoring role of Popular Councils energized by the participation of residents shows the best potential for the improvement of services at the community level.

New perspectives and new visions mean more decisions at the base, more capacity to administer at the base, more real impact on people’s lives, says Fernando Rojas, director of the Center of Culture in the Community of the Ministry of Culture, speaking about the path that Cuba is taking out of the crisis of the 1990s. “I believe that the country is promoting a transformation, a colossal transformation. Our country is taking very solid steps out of this crisis, and it is doing things that have no turning back.”¹²⁵

5. SOCIAL DEVELOPMENT: LOOKING FORWARD



JUAN CABALLERIA/OXFAM AMERICA

During the crisis, Cuba kept to its priorities of sustaining universal access to a full array of social benefits. Here a mother mixes the daily milk ration for her child in a neighborhood in Central Havana.

As Cuba weathered the economic crisis of the 1990s, many wondered whether continued commitment to the values of universality and full government sponsorship that framed the development of its social safety net would be possible. Clearly, this commitment held true: the government had the political will to sustain the full array of social benefits that remained un-cut during the decade of crisis. But, in spite of continued investment, the quality of services has deteriorated over time. The investment in social benefits required to regain the level of services available in 1989 is now much larger than what it has been so far.

Until today, Cuba has covered the needs of its people by devoting a large percentage of its GNP to services. But as the country moves to rebuild its economy, it faces critical challenges to the sustainability of its system of social benefits under these premises.

- There is great urgency to address an increasing demand for services. This demand flows from an expanding sector of the population that is increasingly vulnerable. Such demands are all the more urgent when they come from a population accustomed to having their social demands readily met.
- There is also urgency to address the problems posed by a population aging rapidly in the context of reduced government resources; this has great implications for the national budget, which must cover the full amount drawn by pensions.
- There is also great pressure to improve the quality of the services damaged during the special period. Although funding has been increased across the board, both in pesos and in hard currency, it has yet to reach the buying power of resources allocated in the 1980s.

That is the bad news.

But Cuba faces this set of challenges with considerable strengths:

- The first is that Cubans know how to take care of their own. There is a vast reservoir of knowledge and successful experience in improving and maintaining the health status of the population, in eradicating illiteracy, and in maintaining one of the most educated workforces in the hemisphere, all of which give Cuban social services great legitimacy and credibility.
- The most serious social problems facing Cuba today are not yet entrenched. The worst effects of poverty; the increased presence of prostitution, drugs, and crime; and the rise in school dropout rates, are all relatively new and thus malleable to strong interventions.

- Cuba has essentially sound service systems that are merely in need of adaptation. The challenge is not to construct new ones, but rather alter and improve the ones that exist. As we have shown, there are indications that these adjustments are beginning to take place:
 - > recognition that services need to improve;
 - > growing acceptance and practice of collaboration and horizontal integration;
 - > growing recognition of the importance of differentiated approaches to working with individuals, families, and communities.
- There is a growing practice in participatory methods that could be effective in involving users in decision making.
- There is experience in identifying community needs and the needs of families in ways that are valid and that involve the user.
- There are mechanisms in place – although they need to be perfected – to monitor the quality of services at the community level through the Popular Councils.

Finally, Cubans, because of their level of education, have a capacity for innovation and transformation that should not be underestimated. This was demonstrated during the 1990s in a major transformation of the economy, as well as the smaller transformations that brought about the community development movement, the urban agriculture movement, the application of alternative sources of energy and environmentally sound agricultural practices, and so many other innovations that were part of the experience of the “special period.”

Nevertheless, major challenges remain:

- Critical choices will surely have to be made to address budgetary issues posed by “safety net” entitlements. Cuba does not have infinite resources but faces an escalating set of demands. The highest values of the revolution ensure that every effort will be made to maintain the current coverage and to protect the most vulnerable. But, if the needs continue to expand, the setting of priorities will become critical.
- There is every indication that Cuba is choosing to slowly transform its systems by increasing efficiency rather than by privatizing services or reinventing whole new structures. In this process, there are several key questions:
 - > Cuba has a long history of successful practice in the delivery of health, education, and other services. But theirs is an expensive approach. Systems rely heavily on highly trained personnel, for example, the deployment of family doctors. The new economic environment requires considerations of efficiency as well as effectiveness. How flexible is the current service structure to redesign service modalities and practices?



JUAN CABALLERIA/OXFAM AMERICA

Cubans survived the special period by inventing what they did not have. Here a clean up brigade fuel a homemade debris blower for street cleaning.

Can the prevailing tendency to organize services strictly along sectoral lines, for example, solely within the field of health, yield to effective horizontal collaboration in the design and delivery of more efficient services? Can a centralized structure see the validity of cross-sector collaboration? How can collaboration be promoted among service systems (particularly at the point of service)? And how can collaboration be promoted between service systems and local governments and community-based organizations?

- > Our best knowledge about what it takes to design effective service delivery is to pay attention to the needs of and feedback from users. Cuba has very little experience with gathering and applying user input. What would be the new points of contact between the policymakers, planners, and professionals in the service systems and the users?

The difficult challenges facing Cuba as it moves forward are not unlike those facing social benefits systems everywhere: budget-buster pension and health costs, increasing demands due to economic crisis, demands to improve both efficiency and effectiveness. All face the challenge of engaging the participation of consumers and require the development of effective mechanisms for monitoring access, reach, and quality of services at the community level, particularly for vulnerable groups. But, unlike the people of many other countries, Cubans face these challenges as a people who have constructed a society that is equitable and humane. Those values and that experience inspire and inform new systems as Cuba moves into the future.

ENDNOTES

- ¹ Oficina Nacional de Estadísticas, 1998, p.99.
- ² Alcock and Craig, 2001, p. 20.
- ³ Comisión Económica para América Latina y el Caribe, 2001, Ch. 4, p. 5.
- ⁴ In 1958, there was only one rural hospital on the island and 60% of Cuba's physicians and 62% of hospital beds were in Havana, according to Mesa-Lago, 1981, p. 169.
- ⁵ Centro de Investigaciones de la Economía Mundial, 2000, p. 79.
- ⁶ Segre, Coyula, and Scarpacci, 1997, p. 129.
- ⁷ Mesa-Lago, 1981, p. 164.
- ⁸ According to data from the Centro de Investigaciones de la Economía Mundial (2000, p. 63), in 1959, the share of income of the highest 20% was 25.5 times that of the lowest (57.9% compared to 2.1%). Economist Angela Ferriol (1997, pp. 94-95) estimated that in 1996 the income of the highest 20% was 6 times that of the lowest.
- ⁹ At present, the participation of women in the labor force stands at 41% compared to 12% in 1959, according to a 1996 report of the Centro de Investigaciones de la Economía Mundial (p. 73). This reports also points out that 53.6% of Cuba's university graduates are women (1996, p. 74) as are 28% of the delegates to the National Assembly (2000, p. 208) and 13% of those in the Central Committee of Cuba's Communist Party (2000, p. 208).
- ¹⁰ All figures are from United Nations Development Programme, 1999, pp. 127-148.
- ¹¹ Although a full assessment is not possible with available data, there is indication that in 1959 some aspects of social development were already advanced in Cuba compared with Latin America and the Caribbean as a whole. For example, World Bank Development Indicators (2002) show that infant mortality was lower and life expectancy was higher in Cuba than in the region as a whole. But primary school enrollments were just minimally higher and secondary school enrollments were significantly lower in Cuba than in the rest of the region.
- ¹² The private practice of medicine is restricted to physicians who were private practitioners at the time that health care was socialized in 1961. Doctors who began their practice after that time are not permitted to practice privately.
- ¹³ Ministerio de Salud Publica, 2000
- ¹⁴ Estimates of coverage vary, but most assessments agree that coverage is almost complete in urban areas and is rapidly growing in rural areas.
- ¹⁵ Centro de Investigaciones de la Economía Mundial, 2000, pp. 99 and 101.
- ¹⁶ Domínguez (1978, p. 223) places diarrheic diseases as the seventh cause of death, listing cerebrovascular diseases as the third and influenza and pneumonia as the fifth. Here we use Cuban statistics.
- ¹⁷ For comparison with Latin America, see World Bank, 2001. Minimum age to enter the labor force in Cuba is 17 years, according to Centro de Investigaciones de la Economía Mundial, 2000, p. 64.
- ¹⁸ Centro de Investigaciones de la Economía Mundial, 2000, p. 82.
- ¹⁹ Lutjens, 2000, pp. 56-57.
- ²⁰ World Bank, 2001.
- ²¹ In contrast, only 25% of the United States population over 25 has a college degree. (Cuban statistics report only on the percentage of workers.)
- ²² Centro de Investigaciones de la Economía Mundial, 2000, pp. 66, 75, 201.
- ²³ Mesa-Lago, 1997, p. 505.
- ²⁴ Mesa-Lago, 1981, p. 170.
- ²⁵ World Bank Indicators, 2001.
- ²⁶ United States Department of Commerce, 2001.
- ²⁷ Benitez Perez, 1999, p. 49.
- ²⁸ Benitez Perez, 1999, p. 51.
- ²⁹ Del Rio, 2001; Segre, Coyula, and Scarpacci, 1997, pp. 231-32.

- ³⁰ Ferriol (2001) reports that the food available through the ration card provides 65% of the required nutrition.
- ³¹ Sinclair and Thompson, 2001, p. 28, quoting Grogg, 2000.
- ³² World Bank, 2001.
- ³³ Mendoza Diaz, 2002, p. 13. Dropout and “special” school figures are from Lutjens, 2000, pp. 56-57.
- ³⁴ Although there are new “actors” in the provision of some services, such as those provided by religious organizations or by self-employed persons, the vast majority of the services are delivered by the government. Examples of the new “actors” range from Caritas Cubana, a non-governmental organization affiliated with the Catholic Church that provides social services and distributes medications, to some programs funded through collaboration with international non-governmental organizations, to self-employed persons who provide, for example, care for the sick, elderly or disabled at home or provide academic support for children.
- ³⁵ For a description of the electoral process in the Popular Power, see Dilla Alfonso and González Nuñez, 1995.
- ³⁶ For an analysis of the problems facing municipalities, see Dilla, 1995.
- ³⁷ Roman, 1999, p. 164
- ³⁸ Roman, 1999, p. 157.
- ³⁹ Interview with Jesus Ramos, Secretary of the Provincial Assembly of Popular Power for the City of Havana, March 2001.
- ⁴⁰ To Peter Roman in 1988, reported in Roman, 1999, p. 164
- ⁴¹ Comité Estatal de Estadísticas, 1988, p. 415.
- ⁴² Sinclair and Thompson, 2001, p. 10.
- ⁴³ Oficina Nacional de Estadísticas, 1999, p.318-19.
- ⁴⁴ This compares with 6% among Costa Ricans and 28% in the Dominican Republic. United Nations, 2001, pp. 163 and 257-58.
- ⁴⁵ Sinclair and Thompson, 2000, p. XX.
- ⁴⁶ Centro de Investigaciones de la Economía Mundial, 2000, p. 106.
- ⁴⁷ Oficina Nacional de Estadísticas, 2001, p. 122.
- ⁴⁸ Barnouin et al. 2001, p. 275.
- ⁴⁹ Among the factors believed to have contributed to the neuropathy epidemic were nutritional deficiencies in protein, B vitamins, and antioxidants and smoking, aggravated by increased physical activity and heat. See, e.g., Barnouin et al., 2001; Barry, 2000; Tucker and Hedges, 1993.
- ⁵⁰ Ciudadelas date back to the last century and were always housing for the very poor. Ciudadelas are made up of a series of rooms in which several families live. They share water and a common bathroom, which are usually located outside. It is common to find ciudadelas in the oldest sections of Havana.
- ⁵¹ Interviewed in March 2001.
- ⁵² González, 1997 p. 220.
- ⁵³ Cuba did not encourage investments in some its basic industries, such as sugar production or of the biotechnology and pharmaceutical industries, which continued to receive support and to be under the control of the state because of their potential to generate foreign exchange.
- ⁵⁴ Oficina Nacional de Estadísticas, 1999 p. 103
- ⁵⁵ Self-employed workers are not guaranteed a unemployment or a retirement pension.
- ⁵⁶ Cuban officials emphasize that the private sector has been “permitted” but not promoted, providing the context for the government’s very ambivalent relationship with the internal private sector.
- ⁵⁷ Quoted in Snow, 1998
- ⁵⁸ Oficina Nacional de Estadísticas, 2001, p. 40.
- ⁵⁹ Centro de Investigaciones de la Economía Mundial, 2000, p. 66.
- ⁶⁰ Oficina Nacional de Estadísticas, 2001, p. 41.
- ⁶¹ Centro de Investigaciones de la Economía Mundial, 2000, p. 84 reports that about one-third of those teachers later returned to the education field.
- ⁶² Centro de Investigaciones de la Economía Mundial, 2000, p. 72.
- ⁶³ Centro de Investigaciones de la Economía Mundial, 2000, p. 93.
- ⁶⁴ Interview with Zulema Hidalgo, Taller de Atarés, La Habana, March 2001.

- ⁶⁵ Snow, 1998 reports that 1.4 million of Cuba's 4 million workers receive part of their salary in dollars.
- ⁶⁶ A small percentage of state workers laboring in key industries receive a small part of their salaries in "dollar equivalents," some in the form of a card (similar to a debit card) which they can use in the stores that sell only in dollars.
- ⁶⁷ The Helms-Burton Bill prohibited the remittances to Cuba from the United States but these were restored by President William Clinton in 1998. Americans can send a person in Cuba up to \$300 quarterly
- ⁶⁸ Snow, 1998
- ⁶⁹ Ares Muzio, 1998, pp. 61-62.
- ⁷⁰ Benítez Pérez, 1999, p. 30.
- ⁷¹ Lutjens, 2000, p. 63.
- ⁷² Segre, Coyula, and Scarpacci, 1997, p. 229.
- ⁷³ González, 1995; Ferriol, 1997 and 2000; and Cano y Dávalos, 2000. Discussion on these themes can be found across last years in TEMAS and in the publications of Cuban academic institutions such as Instituto Nacional de Investigaciones Económicas, Centro de Investigaciones Psicológicas y Sociológicas, and the University of Havana, among others.
- ⁷⁴ World Bank, 2001.
- ⁷⁵ World Bank, 2001.
- ⁷⁶ Mesa-Lago (1998, p. 864) estimates that by 1993 "real wages" were 25% lower than they had been in 1989; by 1995, he estimates, they were 46% less.
- ⁷⁷ Centro de Investigación de la Economía Mundial, 2000.
- ⁷⁸ Oficina Nacional de Estadísticas, 1996, pp. 85 and 99; 1999, pp. 82 and 93.
- ⁷⁹ Comisión Económica para América Latina y el Caribe, 2001, Ch. 4, p. 17.
- ⁸⁰ Comisión Económica para América Latina y el Caribe, 2001. p. Ch. 4, p.2.
- ⁸¹ Comisión Económica para América Latina y el Caribe, 2001. p. Ch. 4, p. 5.
- ⁸² Comisión Económica para América Latina y el Caribe, 2001. p. Ch. 4, p.5.
- ⁸³ Centro de Investigaciones de la Economía Mundial, 2000; p. 102
- ⁸⁴ Ferriol, 2001.
- ⁸⁵ Ferriol, 1997, p. 97.
- ⁸⁶ Grupo de Investigaciones Sociológicas (ACC), 1996.
- ⁸⁷ Example taken from Centro de Investigaciones de la Economía Mundial, 2000, p. 106.
- ⁸⁸ Taken from Céspedes Roig, Mato Guerra, and Rojas Rojas, 1999.
- ⁸⁹ La Hoz Padilla y Reyes Herrera, 1999, p. 30.
- ⁹⁰ La Hoz Padilla y Reyes Herrera, 1999, p. 30.
- ⁹¹ de Urrutia Barroso, n.d., p. 9.
- ⁹² de Urrutia Barroso, n.d., p. 96.
- ⁹³ The opening of the Social Work Training Schools came at a time in which, due to the economic crisis, university enrollments hit their lowest levels in two decades. Hundreds of students who would otherwise have attended one of Havana's several institutions of higher education were denied admission. Their only options to attain a university education were special programs in the armed forces or through independent study. Its first group of students were youngsters ages 16–22 that had graduated from pre-university high schools and not attained admissions. Upon completion of social work training, students are eligible for admission at a university.
- ⁹⁴ Because of the success of the training of social workers, similar programs now train teachers, art instructors and computing instructors.
- ⁹⁵ Pérez Montalvo, 2002.
- ⁹⁶ Pérez Montalvo, 2002.
- ⁹⁷ Grupo de Investigaciones Sociológicas (ACC), 1996.
- ⁹⁸ Dilla Alfonso, 1998, p. 46.
- ⁹⁹ Dilla, Fernandez y Castro, 1998, p. 65.
- ¹⁰⁰ Interview with Joel Diaz and with Taller de Transformación de Atarés in 1994.
- ¹⁰¹ Roman, 2000, p. 215.
- ¹⁰² A comment by the chairperson of the Grupo Ministerial de Trabajo con las Comunidades, a multi-ministerial task force focused on the work at the community level, as quoted in Grupo de Investigaciones Sociológicas (ACC), n.d. (1996).
- ¹⁰³ Cruz Hernández, 1997, pp. 202-16.

- ¹⁰⁴ See e.g., Brigos, 2000; del Rio Hernandez, 2000; Roman, 2000.
- ¹⁰⁵ Interviewed in March 2001.
- ¹⁰⁶ Republica de Cuba, Gaceta Oficial de la Republica, 25 July 2000
- ¹⁰⁷ In 1998, for example, there were 170 experiments of this type being funded through international collaborations, according to Caño Secade, 1998, p. 67.
- ¹⁰⁸ Grupo de Investigaciones Sociológicas, 1996.
- ¹⁰⁹ See Oliveras Gomez, 1999.
- ¹¹⁰ Interview with David Diaz Carbo, March 2001.
- ¹¹¹ These are processes that incorporate the perceived needs of those affected by the plan and give them decision making power in defining the problem, designing the solutions, executing the plan, and overseeing the results
- ¹¹² Barbon y Mora, 2000.
- ¹¹³ Republica de Cuba, Gazeta Oficial de la Republica, 25 July 2000.
- ¹¹⁴ Interview with David Diaz Carbo, March 2001.
- ¹¹⁵ Interviewed in March 2001.
- ¹¹⁶ See, for example, Grupo para el Desarrollo Integral de la Capital, 2000, 1999, 1999(a); Oliveras Gomez, 1999; Uriarte Martín y Fernandez Pérez, 1998.
- ¹¹⁷ Interviewed in March 2001
- ¹¹⁸ For example, the GDIC has “accompanied” the development of the Talleres with ongoing technical assistance since 1988 and during the 1990s developed a process of capacity building that included periodic seminars, analysis, and publication of best practices. The Martin Luther King Memorial Center has provided direct training to activists and community leaders since 1993. Based on Pablo Freire’s theories on popular education, the center has developed a set of training modules that focuses on integration, communication, and group work and on planning/design/evaluation of educational activities. CIERI was early in its support of the community planning work of the Popular Councils and Municipalities. The University of Havana supported the development of several community projects throughout the city.
- ¹¹⁹ Interviewed by Mensaje de Cuba, 1998, p. 4.
- ¹²⁰ Interviewed March 2001.

REFERENCES

- Alcock Peter and Craig Gary. (2001) *International Social Policy*. New York: *Palgrave*.
- Arés Muzio Patricia. (1998) *Familia, ética y valores en la realidad cubana actual*. Temas No. 15, Julio-Septiembre.
- Barbon María Regla y Mora Isabel. (1999) Aplicación del Planeamiento Estratégico Comunitario en la Circunscripción no. 10 del barrio Atarés. In Grupo para el Desarrollo Integral de la Capital, *Comunidades que se descubren y se transforman*. La Habana: Grupo para el Desarrollo Integral de la Capital, 1999.
- Barnouin Jacques, Verdura Barrios Tomas, Chassagne Michelle, Pérez Cristiá Rafael, Arnaud Josiane, Felices Mestre Pedro, Montoya Maria Esther, and Favier Alain. (2001) *Nutritional and Food Protection Against Epidemic Emerging Neuropathy. Epidemiological Findings in the Unique Disease-Free Urban Area of Cuba*. *International Journal of Vitamin Nutrition*. 71 (5), 274-285
- Barry Michele (2000) Effect of the U.S. Embargo and Economic Decline on Health in Cuba. *Annals of Internal Medicine*. 132. 151-154
- Benítez Pérez Maria Elena. (1999) *Panorama Sociodemográfico de la Familia Cubana*. La Habana: Editorial Ciencias Sociales,
- Castro Fidel. (2000) Speech in Riverside Church, New York, September 8. Quoted in <http://www.afrocubaweb.com/eugenegodfried/reflectionsonrace.htm>
- Caño Secade Maria del Carmen. (1998) *Cuba: Desarrollo Local en los 90*. En Roberto Dávalos Domínguez (compilador) *Desarrollo local y descentralización en el contexto urbano*. La Habana: Universidad de La Habana.
- Caño Secade Maria del Carmen y Dávalos Domínguez Roberto. (2000) *Políticas Sociales y Desarrollo Local: Una aproximación desde la perspectiva de género*. En Roberto Dávalos Domínguez (compilador). *Ciudad y Cambio Social en los 90*. La Habana: Universidad de La Habana.
- Centro de Investigaciones de la Economía Mundial. (CIEM) (2000) *Investigación sobre el desarrollo humano y equidad en Cuba, 1999*. La Habana: Caguayo, SA.
- Centro de Investigaciones de la Economía Mundial. (CIEM) (1996) *Investigación sobre el Desarrollo Humano en Cuba, 1996*. http://www.onu.org/cu/uunn/pnud/idh/idh96/idh96_capitulo1.pdf
- Céspedes Roig Rebeca, Mato Guerra Mercedes y Rojas Rojas Libia. (1999) El trabajo con las madres solas de Los Pocitos-El Palmar. In Grupo para el Desarrollo Integral de la Capital. *Desde el Barrio*. La Habana: Grupo para el Desarrollo Integral de la Capital, 1999.
- Comisión Económica para América Latina y el Caribe (CEPAL) (2001) *Panorama Social de América Latina 2000-2001*. <http://www.cepal.org/cgi-bin/getProd.asp?xml=/publicaciones/xml/4/7924/P7924.xml&xsl=/dds/tpl/p9f.xsl>
- Comité Estatal de Estadísticas. (1999) *Anuario Estadístico de Cuba, 1988*. La Habana, Cuba
- Cruz Hernández Maria Caridad. (1997) *Agricultura Urbana y Medio Ambiente: Ciudad de La Habana*. In Mario Coyula, et al. *¿Quiénes Hacen Ciudad?: Ambiente Urbano y Participación Popular: Cuba, Puerto Rico, Republica Dominicana*. Cuenca, Ecuador: Ediciones SIAP.
- Del Río Marcela. (2001) *Qué significa vivir en Cuba con veinte dólares*. *EL Siglo* (Chile) 21 de Octubre. Listed in Cuba-L@unm.edu 11/10/2001.
- Del Río Hernández Mirtha. (1998) *Consejos Populares: Entorno comunitario de la participación política en Cuba*. En Roberto Dávalos Domínguez (compilador) *Desarrollo local y descentralización en el contexto urbano*. La Habana: Universidad de La Habana

- Díaz Carbó David. (1998) *Participación comunitaria en cuatro experiencias del gobierno local en Cuba*. Tesis de grado, Departamento de Sociología, Facultad de Filosofía e Historia, Universidad de La Habana, 1998.
- Díaz Carbó David, Uriarte Martín Miren y Dávalos Domínguez Roberto. (1998) *Participación comunitaria en cuatro experiencias de los órganos locales de gobierno en Cuba*. En Roberto Dávalos Domínguez (compilador) *Desarrollo local y descentralización en el contexto urbano*. La Habana: Universidad de La Habana, 1998.
- Dilla Alfonso Haroldo. (1995) *Los Municipios Cubanos y los Retos del Futuro*. Comunidad 4/95. La Habana: Instituto de Planificación Física
- Dilla Alfonso Haroldo. (1998) *¿Por qué necesitamos municipios mas fuertes?* En Roberto Dávalos Domínguez (compilador) *Desarrollo local y descentralización en el contexto urbano*. La Habana: Universidad de La Habana.
- Dilla Alfonso Haroldo, Fernandez Soriano Armando y Castro Flores Margarita. (1998) *Movimientos barriales en Cuba: un análisis comparativo*. En Aurora Vázquez Penelas y Roberto Dávalos Domínguez (compiladores). *Participación social: Desarrollo urbano y comunitario*. La Habana: Universidad de La Habana.
- Dilla Alfonso Haroldo and González Nuñez G. (1995) *Successes and Failures of a Decentralizing Experience: Cuba's local governments*. *Canadian Journal of Development Studies* XXI(1):131-147.
- Dominguez Jorge. (1978) *Cuba: Order and Revolution*. Cambridge, MA: The Belknap Press of Harvard University Press, 1978.
- Espina Prieto Mayra. (1998) *Panorama de los efectos de la reforma sobre la estructura social Cubana: grupos tradicionales y emergentes*. XXI Congreso, Latin American Studies Association, Chicago.
- FAO (2001) Food Balance Sheets, <http://apps.fao.org/page/collections?subset=nutrition>
- Angela Ferriol Murruaga. (2001) *Apertura externa, mercado laboral y política social Cuba: Siglo XXI*. No 3 Marzo 2001. http://www.cubaxxi.f2s.com/economia/ferriol1_280201.htm
- Angela Ferriol Murruaga. (1997) *Política social cubana: situación y transformaciones*. Temas. No 11, Julio-Septiembre.
- García Ramos Armando y Gonzalez de La Hoz Xiomara. (1999) *La Promoción de la Participación Social en la Circunscripción 40 del Príncipe, Municipio Plaza*. En *Desde el barrio*. La Habana: Grupo para el desarrollo integral de la Capital.
- García Brigos Jesus. (2000) *Cinco tesis sobre los consejos populares*. *Revista Cubana de Ciencias Sociales* No 31 in *Cuba: Siglo XXI*. No 3 Marzo http://www.cubaxxi.f2s.com/politica/brigos4_280201.htm
- Gonzalez Mario. (1997) *Un transporte alternativo en La Habana: la bicicleta*. In Mario Coyula, et al. *¿Quiénes Hacen Ciudad?: Ambiente Urbano y Participación Popular: Cuba, Puerto Rico, Republica Dominicana*. Cuenca, Ecuador: Ediciones SIAP.
- Gonzalez de La Hoz Xiomara. (2000) *La Colaboración en el Barrio Príncipe*. En *Los barrios hacen ciudad*. La Habana: Grupo para el desarrollo integral de la Capital, 2000.
- Grupo de Investigaciones Sociológicas. (1996) Trabajo Comunitario Integrado. Proyecto de Programa. La Habana, Enero de 1996. (unpublished)
- Grupo para el Desarrollo Integral de la Capital (2000) *Los barrios hacen ciudad*. La Habana: Grupo para el desarrollo integral de la Capital
- Grupo para el Desarrollo Integral de la Capital (1999) *Desde el barrio*. La Habana: Grupo para el desarrollo integral de la Capital.
- Grupo para el Desarrollo Integral de la Capital (1999(a)) *Comunidades que se descubren y se transforman*. La Habana: Grupo para el desarrollo integral de la Capital
- Hamberg Jill. (1986) *Under Construction: housing policy in revolutionary Cuba*. New York: Cener for Cuban Studies.

- La Hoz Padilla Ileana y Reyes Herrera Noemí. (1999) *Vamos a participar en el reciclaje*. En *Comunidades que se descubren y se transforman*. La Habana; Grupo para el desarrollo integral de la Capital.
- López Mackbean Maritza y Inerarity Rojas María de la Caridad. (1999) *Te espero en la Ceiba*. En *Comunidades que se descubren y se transforman*. La Habana; Grupo para el desarrollo integral de la Capital
- Lutjens Sheryl L. (2000) *Restructuring Childhood In Cuba: The State as Family*. In Roslyn Arlin Mickelson (ed) *Children on the Streets of the Americas*. New York: Routledge
- Marable Manning. (1996) *Revolution and Race in Cuba*. *Chicago Defender*, Feb 15. <http://www.afrocubaweb.com/marable.htm#revolution%20and%20Race%20in%20Cuba>
- Martín Consuelo y Pérez Guadalupe. (1997) *Familia, Emigración y Vida Cotidiana en Cuba*. La Habana: Editora Política, 1997
- Martínez Canals Elena and García Brigos Jesús. (2001) *Comunidad y Desarrollo: una experiencia cubana en área urbana*. Cuba: Siglo XXI. No IX, Septiembre.
- Mendoza Díaz Juan. (2002) Cuba's Experience in the Attention of Minors with Conduct Disorders. In *Social Work : Development and Practice in Cuba and in the U.S*. Washington DC. Cuban American Alliance Education Fund, Inc.
- Mensaje de Cuba (1998) *Speaking with the Goblin on Popular Education*. No. 49/50, February and March (La Habana: Centro de Estudios Europeos).
- Mesa-Lago Carmelo. (2000) *The Resurrection of Cuban Statistics*. *Cuban Studies* (31) pp. 139-150.
- Mesa-Lago Carmelo. (1998) *Assessing Economic Performance and Social Performance in the Cuban Transition of the 1990's*. *World Development*, 26(5) 857-876.
- Mesa-Lago Carmelo. (1997) *Social Welfare reform in the Context of Economic Political Liberalization: Latin American Cases*. *World Development*, 25(4) 497-517
- Mesa-Lago Carmelo. (1981) *The Economy of Socialist Cuba: A Two Decade Appraisal*. Albuquerque: University of New Mexico Press
- Ministerio de Salud Publica. (MINSAP) (2000) *Sistema Nacional de Salud, Cuba 2000*. Powerpoint Presentation.
- Oliveras Gómez Rosa. (1999) *Planeamiento Estratégico Comunitario: Método, Técnicas y Experiencias*. La Habana: Grupo para el desarrollo integral de la Capital.
- Oficina Nacional de Estadísticas (ONE) (2001) *Cuba en Cifras, 2000*. La Habana, Cuba
- Oficina Nacional de Estadísticas (ONE) (1999) *Anuario Estadístico de Cuba 1998*. La Habana
- Oficina Nacional de Estadísticas (ONE) (1997) *Anuario Estadístico de Cuba 1996*. La Habana
- Pérez Montalvo Lourdes. (2002) *Social Work Experience in Cuba*. In *Cuba American Alliance Education Fund, Inc. Social Work Development and Practice in Cuba and the U.S*. Washington D.C.: CAAEF
- Republica de Cuba, (2000) *Gaceta Oficial de la Republica*, 25 de Julio.
- Rodríguez B. L. (1997) *Descentralización y participación en el ámbito local. Estudio Comparativo de los Consejos Populares de Prado y Belén*. Tesis de Grado, Facultad de Filosofía e Historia, Universidad de La Habana
- Roman Peter. (1999) *People's Power: Cuba's Experience with Representative Government*. (Latin American Perspectives Series No. 20). Boulder, Co: Westview Press.
- Segre Roberto, Coyula Mario and Scarpacci Joseph L. (1997) *Havana: Two faces of the Antillean Metropolis*. West Sussex, England: John Wiley and Sons
- Sinclair Minor and Thompson Martha. (2001) *Cuba, Going Against the Grain: Agricultural Crisis and Transformation*. Boston: Oxfam America

Snow Anita. (2001) *U.S. Dollar Takes on Role in Cuba*. *The Associated Press*. July 20, 1998 AP-NY-07-20-980657EDT

Tucker K. and Hedges T.R. (1993) Food shortages and an epidemic of optic and peripheral neuropathy in Cuba. *Nutrition Reviews* 51, p 341-357.

United Nations, (2001) *Statistics Division. Indicators on literacy*, United Nations Development Programme,

United Nations, (2001) *Human Development Report, 2001* <http://www.undp.org/hdr2001/back.pdf>;

U.S. Department of Commerce, Bureau of the Census (2001) *Statistical Abstract of the United States*. Washington D.C.: U.S Government Printing Office (CD Rom version)

U.S. Bureau of the Census (2001) *Statistical Abstract of the United States*. Washington D.C.: U.S. Government Printing Office (CD Rom version)

Uriarte Miren y Fernández Pérez Marilyn. (1998) *Involucrando a la comunidad en la participación: Un manual para técnicos*. Toronto, Canada and La Habana, Cuba: Canadian Urban Institute and El Parque Metropolitano de La Habana.

Uriarte Miren y Fernández Pérez Marilyn. (1998) *La acción ambiental urbana y la participación: El caso del desarrollo del Parque Metropolitano de La Habana*. En Aurora Vázquez Penelas y Roberto Dávalos Domínguez (compiladores). *Participación social: Desarrollo urbano y comunitario*. La Habana: Universidad de La Habana, 1998.

De Urrutia Barroso Lourdes n.d. *El Trabajo Social en Cuba: Desarrollo de una Profesión*. In *Selección de Lecturas Sobre Sociología y Trabajo Social*, Curso de Formación de Trabajadores Sociales. La Habana: Universidad de La Habana.

World Bank, (2001) *World Development Indicators* <https://publications.worldbank.org/WDI>.



The urban community gardens which sprang up all over Cuba were a new form of neighborhood organization. Neighbors banded together to feed themselves and their families, working together and dividing the produce. This couple works in a garden in a neighborhood in the city of Cienfuegos.



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