

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK
MULTILATERAL INVESTMENT FUND

JAMAICA

**Innovative Community Based Caregiving for Older Adults in
Jamaica**

(JA-T1203)

DONORS MEMORANDUM

This document was prepared by the project team comprised of Svante Persson (LAB/DIS) Team Leader, Terry-Ann Segree (CJA/DIS) Alternate Team Leader, Sudaney Blair (CCB/CJA), Stefano Pereira (DSP/DVF), Masato Okumura (LAB/DIS), Marco Stampini (SCL/SPH), Patricia Guevara (LAB/DIS) and Daisy Ramirez Ruiz (FML/LAB).

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PROJECT SUMMARY

JAMAICA

Innovative Community Based Caregiving for Older Adults in Jamaica

(JA-T1203)

Jamaica's population is growing older which creates increasing needs, one of which is the provision of long-term care services aimed to ensure that older adults can enjoy a high quality of life despite their limitations. Existing state-run institutions cannot meet the needs of older adults given the high prevalence of comorbidities and reliance on the care, support, and assistance of others (typically family members) and therefore the demand for services far outweighs the supply. Approximately 70% of older adults in Jamaica own their own homes and would prefer to remain there. However, the range of services available to facilitate aging in place is limited.

This project will aim to solve the problem of the lack of community-based long-term care options for older adults (60+) caused by a lack of awareness of the needs of older adults and the services they require, lack of skilled community-based care workers and lack of coordination between state-run services and community-based care providers.

It will accomplish this by the creation of a community based long term care services model and by implementing a series of community-based initiatives that will allow older adults to not only access information they need but also to actively participate in community life. This new model includes GIS mapping to identify socially, economically, and medically vulnerable older adults in Jamaica, building community capacity/resource mobilization to meet the needs of vulnerable older adults, development of digital platforms to allow for greater access to information and dissemination of this information, such as a registry and app of care givers and the services they offer. The project will also pilot a model day center program in both urban and rural settings, creating a support network and materials for home-based care providers and utilization of multimedia strategies to facilitate knowledge transfer.

The project will mainly focus on improving the ability of older adults to access information and key care services they require (both health and other home-based services). The model is deemed highly replicable to the rest of Jamaica and widely over the Caribbean region.

The target population is 15% of older adults in Jamaica (48,000 persons) especially those who may be unable to afford costly private long-term care services and who rely on the State, relatives, friends, and other persons in the community for assistance. These will benefit from a variety of services such as access to a community day Centre, geriatric health aide service, and access too home-based telecare services through an app and the website.

The executing agency is the University of the West Indies and its Mona Ageing and Wellness Centre.

ANNEXES

ANNEX I	Results Matrix
ANNEX II	Budget Summary
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APPENDICES

Draft Resolution

AVAILABLE IN THE TECHNICAL DOCUMENTS SECTION OF MIF PROJECT INFORMATION SYSTEM

ANNEX IV	Diagnosis of Integrity and Institutional Capacity (DICI) [includes Integrity Due Diligence Analysis]
ANNEX V	Reporting Requirements and Compliance with Milestones and Fiduciary Arrangements
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ACRONYMS AND ABBREVIATIONS

CJA	Country Office in Jamaica
CCB	Caribbean Countries Department
DICI	Assessment of Integrity and Institutional Capacity
GIS	Geographic Information System
GDP	Gross Domestic Product
IDB	Inter-American Development Bank
IDB Lab	Formerly Multilateral Investment Fund
IDBG	Inter-American Development Bank Group
IT	Information Technology
LAC	Latin America and the Caribbean
LMK	Labor Markets and Social Security Division
MIF	Multilateral Investment Fund
PSR	Project Status Report
SBDC	Small Business Development Centre
SDG	Sustainable Development Goal
SMEs	Small and Medium Enterprises
UWI	The University of the West Indies

PROJECT INFORMATION

Innovative Community Based Caregiving for Older Adults in Jamaica

(JA-T1203)

Country and Geographic Location:	Jamaica		
Executing Agency:	University of West Indies. Mona Ageing and Wellness Centre		
Focus Area:	Knowledge Economy		
Coordination with Other Donors/Bank Operations:	NIDS project (JA-L1052)		
Project Beneficiaries:	The direct beneficiaries are 48,000 participating older adults; 320 small businesses providing services; 9,600 beneficiaries from rural and vulnerable communities.		
Financing:	Technical Cooperation:	USD 300,000	50%
	TOTAL MIF FUNDING:	USD 300,000	
	Counterpart:	USD 300,000	50%
	TOTAL PROJECT BUDGET:	USD 600,000	100%
Execution and Disbursement Period:	30 months of execution and 34 months of disbursement.		
Special Contractual Conditions:	Conditions prior to first disbursement will be, to the Bank's satisfaction: (i) Selection of the Project Coordinator.		
Environmental and Social Impact Review	This operation was screened and classified as required by the IDB's safeguard policy (OP-703) on October 28, 2021. Given the limited moderate impacts and risks, the proposed category for the project is C.		
Unit responsible for disbursements	CCB/CJA		

I. The Problem

A. Problem Description

- 1.1. Jamaica is the largest English-speaking Island in the Caribbean (2.7 million people) and has a population that is growing older. While demographic changes provide opportunities for increased economic growth, they also create needs, one of which is the provision of long-term care services aimed to ensure that older adults can enjoy a high quality of life despite their limitations. In Jamaica, health and social services are often hard-pressed to meet the needs of older adults given the high prevalence of comorbidities and reliance on the care, support, and assistance of others (typically family members). The demand for facility-based services is also concerning given that this demand far outweighs the supply. In some geographic regions, the ability to access these facilities is dependent on the construction of additional facilities or if a resident becomes deceased. The construction of new facilities and provision of care to residents (especially in public institutions) is not only costly to the State but also may lead to policy decisions that are focused on facility-based care. It is important to note that these long waitlists may be an inflation of the need for institutional care and maybe more of a reflection of the need for increased investment in community-based care for older adults. Approximately 70% of older adults in Jamaica own their own homes and would prefer to remain there¹. However, the range of services available to facilitate aging in place is limited.
- 1.2. The specific problem that this project is aiming to solve is the lack of community-based long-term care options for older adults (60+) in Jamaica which will allow them not only to “age in place” but also to enjoy a high quality of life. The key causes for the problem are a lack of awareness of the needs of older adults and the services they require, lack of skilled community-based care workers and lack of coordination between state-run services and community-based care providers.
- 1.3. Wilma is a 75-year-old woman who lives in Carron Hall (a small rural community in the parish of St Mary). Wilma has never worked and relied financially on her husband (now deceased). He worked in the informal sector as a mason and so received no pension or other benefits when he was alive. Wilma lives in a one room structure and depends on nearby church to help with some of her needs. The health center she attends is far away and because of financial limitations she often misses her scheduled appointments at the chronic disease clinic. The State-run infirmaries have no available spaces and so despite Wilma being eligible to be accepted she has been placed on a waiting list and must accept that her only option is to continue depending on others even though assistance is often adhoc. She has been unable to find information about where she can receive other forms of assistance. In Jamaica, community-based long-term care options are limited but if there was a program to train and deploy Community Geriatric Health Aides and a well-funded community-run day center program operational Wilma would be able to receive quality health care at home and to widen her social network. Through the geriatric aide services created by this project, Wilma will be able to have regular health checks for close monitoring of chronic conditions. In addition, attendance at

¹ [West Indian Med J](#). 2014 Jan; 63(1): 3–8.

the day center will afford her the opportunity to interact with her peers, learn a skill and expand her social network. The printed directory of services that Wilma is now able to increase her awareness of the range of available services (telecare, social services, and home care services) from which she can benefit despite her limited income.

- 1.4. There is a need to balance investment between institutional care for older adults and their caretakers and community-based care so those who are vulnerable can have both increased access to services and improved quality of life.
- 1.5. **Beneficiaries.** The target population is the 48,000 older adults (15% of the entire population of older adults in Jamaica) in Jamaica especially those who may be unable to afford costly private long-term care services and who rely on the State, relatives, friends, and other persons in the community for assistance (180day Centre users, 600 geriatric health aide service users, 4,800 viewers of videos and directories and 42,000 app and website users who receive home-based telecare services). These reflect minimum figures as persons are likely to benefit from more than one service. Studies show that among older adults in Jamaica while physical dependency is relatively low, they are not economically independent. In fact, more than 60% of older adults do not receive any pension (64.8% males and 64.7% females) and those in rural areas are less likely to receive a pension when compared to those residing in urban areas (56 % of older adults in the Kingston Metropolitan Area vs. 60 % in other towns and 71 % in rural areas)². Using GIS technology, the Project will determine three geographical areas to focus some key interventions on (one urban, one rural that is densely populated and one rural that is sparsely populated), and special efforts will be made to reach poor and vulnerable populations.

II. The Innovation Proposal

A. Project Description

- 2.1. The main objective of the project is to create a community based long term care services model for older adults in Jamaica. This will be accomplished mainly by implementing a series of community-based initiatives that will allow older adults to not only access information they need but also to actively participate in community life.
- 2.2. The solution to the problems identified is balanced investment between institutional care for older adults and community-based care. To do this, we are proposing a shift in the way that care of older adults is typically conceptualized in Jamaica (and by extension the wider Caribbean). While the focus has been traditionally on the provision of long-term care in State-run institutions our solution proposes an array of initiatives. These include: GIS mapping to identify socially, economically and medically vulnerable older adults in Jamaica, building community capacity/resource mobilization to meet the needs of vulnerable older adults, development of digital platforms to allow for greater access to information and dissemination of this information (registry and app of care givers and the services they offer and a registry and app focused on other services such as housekeeping,

² [West Indian Med J](#). 2014 Jan; 63(1): 3–8.

- gardening, supermarkets etc.), piloting a model day center program in both urban and rural settings, creation of a support network and materials for home-based care providers and utilization of multimedia strategies to facilitate knowledge transfer. These steps we believe will allow for older adults (particularly those who are socially and economically vulnerable) to have increased access to quality care, be aware of the social programs that are available to them and will also support caregivers who are often also in need of social and psychological help.
- 2.3. The project will mainly focus on improving the ability of older adults to access information and key care services they require (both health and other home-based services).
 - 2.4. **The Model.** We intend to utilize a public-private partnership model which will foster a sense of ownership by both the community and private and public stakeholders who have the capital, human resource capacity and time to devote to the continuity of this work. All materials created will be shared free of cost with partners and the results from this project will be used to determine the plan of action for widespread roll-out across Jamaica and possibly the wider Caribbean. To promote sustainability, the executing agency will facilitate grant writing workshops to assist community-based stakeholders in accessing funds to continue this work.
 - 2.5. **Innovation.** The solution is both innovative and strategic in that it utilizes GIS technology to identify vulnerable communities that will be the focus of community-based pilot projects. The solution is also novel in that this is the first time that a web- and telephone-based app will be developed for older adults and their caretakers (not only in Jamaica but in the English-speaking Caribbean) that will allow them to more easily access information related to the services they require. This will also generate opportunities for small businesses in the care sector who will now be more aware of the needs of this demographic and develop solutions to many of the issues they have. These technological tools and services will greatly increase the opportunities for the older adults to engage in life-affirming activities and expanded social networks.
 - 2.6. **Component I: Communications and awareness campaign (Total USD 30,000; IDB Lab USD 25,000; Counterpart USD 5,000):** The objective of this component is to increase stakeholder engagement and promote utilization of new health and support services for older adults and their caregivers. Some of the key stakeholders include government agencies such as The National Council for Senior Citizens, Ministry of Health and Wellness, private entities, community-members, and other community-support groups. In this regard the Executing Agency will employ the services of a consultant to create a communications and awareness campaign aimed to promote the suite of products and services that are developed.
 - 2.7. The activities under this component are the development of a series of 10 videos which highlight common issues faced by older adults and their caregivers and possible ways of addressing them; design and printing of a “Directory of Services” for older adults and their caregivers and the creation of avenues that allow for increased stakeholder engagement as it relates to securing partnership agreements for other components of the project e.g., operation of the day center and piloting the community geriatric health aide program.

- 2.8. The expected outputs of this component are: (i) Video series developed; (ii) Directory of services, and (iii) Partnership agreements with stakeholders finalized.
- 2.9. **Component II: Training program and pilot for community-based geriatric health aide program and day center (Total USD 350,000: IDB Lab USD 99,500, Counterpart USD 250,500):** The objective of this component is to develop a training program and pilot for a community-based geriatric health aide program and community day center. Firstly, the Executing Agency will hire a consultant to develop the training manual for the Geriatric Health Aide Program and train community facilitators who will supervise students involved in the pilot. Next, activities related to the operation of two-day centers for older adults (one rural and one urban) will be the focus. One consultant will be employed to manage each of these facilities and two venues secured and retrofitted to create an age-friendly design.
- 2.10. The activities under this component are: (i) development of a training manual for the geriatric health aide program; (ii) training of community facilitators; (iii) rental of venue for trainings including meals, meal and transport provisions for students who will take part in the geriatric health aide pilot program; and (iv) securing, retrofitting and furnishing venues for day center operations (two centers – one rural and one urban) to make them age-friendly. It is expected that the combination of these outputs will raise the standard of care provided to beneficiaries prior to the intervention.
- 2.11. The expected outputs of this component are: (i) Geriatric Health Aide Training Manual; (ii) Cadre of trained community facilitators; (iii) Report of pilot program, and; (iv) age-friendly day centers operational.
- 2.12. **Component III: Digitalization of the community-based healthtech solution: (Total USD 59,500: IDB Lab USD 53,000, Counterpart USD 6,500)** This component focuses on the technology innovations that underpin the overall project design. The purpose is to implement and assess the viability of the solution in reaching potential beneficiaries.
- 2.13. Under this component, the Executing Agency will work with GIS professionals and consultants as well as web and app designers. GIS experts will assist in identifying vulnerable communities which will be the focus of the pilot interventions. The web and app developers will assist in designing digital platforms that host the registry of services for older adults and facilitate active interaction between service providers and end users, reducing information asymmetries in the process.
- 2.14. The expected outputs of this component are: (i) maps depicting communities and their resources; (ii) Database of service providers; (iii) Project webpage, and; (iv) Mobile app.

B. Project Results, Measurement, Monitoring and Evaluation

- 2.15 At the impact level, the project seeks to increase access to community-based long-term care services for older adults who require individualized health and social support but are not able to benefit from State-run services (which focus primarily on institutional care). Our target is to reach 48,000 older adults (15% of the older adult population).

- 2.16 The executing agency, via a project coordinator and project assistant, will periodically track and collate data and produce reports on specific results attained as outlined in the project's results matrix and will report on project results every six months via the IDB Lab's Project Reporting System (PSR). Sources of data are outlined in the results matrix and monitoring activities have been budgeted for. These periodic reviews will help determine if the project is on track to yield its intended outcomes or whether corrective action is needed. The Centre will also complete a final PSR on conclusion of the project.
- 2.17 The Executing agency will develop an annual Impact Report using data collected during implementation. The project will also be subject to a final evaluation financed by IDB Lab which will be conducted by an independent consultant, on conclusion of the project execution period. The objectives of this evaluation will be to evaluate the effectiveness of the model in terms of improving the quality of the lives of the participants and how sustainable and scalable the solution is. Any additional sources of data needed to complete the evaluation that is not presented in the project's monitoring activities will be identified ex-ante. The evaluation will contribute to IDB Lab's knowledge on the silver economy.

III. Alignment with IDB Group, Scalability, and Risks

A. Alignment with IDB Group

- 3.1. The project is consistent with the second update to the Institutional Strategy 2020-2024 (AB-3190-2) as it is aligned to the IDBG's Vision 2025 recognition that technology is a driver for economic growth, greater productivity, and new job creation. At the country level, the project is in direct alignment with IDB Country Strategy for Jamaica (2016-2021) namely the strategic objective of improving the public health system by reducing patient burden through promoting the use of alternative caregiver services, and with the social pillar of CCB's sub-regional strategy initiative called Build Forward. The project is aligned with the Knowledge Economy thematic focus of IDB Lab, which emphasizes on the provision of products and services that solve social and environmental problems and linking the poor and vulnerable to the economic engine driven by knowledge-intensive sectors.
- 3.2. IDBLab will leverage expertise from the SPH division of the Bank to assist in the implementation of the solution and to improve the value proposition of the intervention. Whilst this division of the Bank will provide support to the Government of the Jamaica on areas related to health care, IDB Lab's intervention will focus on providing support to Mona Ageing and Wellness Centre.
- 3.3. Since 2019, IDB Lab has been promoting the Silver Economy as one of the medium and long-term strategic pillars, working mainly with the Social Sector, expanding the collaboration to other parts of the IDB Group. This proposal is one of those selected from the regional Challenge that was launched in June on the Silver Economy that will allow us to strengthen the portfolio of projects relevant to the subject and position IDB Lab and the IDB Group as the leader on the subject in the region. Colleagues from SPH, who also supported the evaluation of the Challenge, will accompany the implementation.

- 3.4. The project is also aligned with the following Sustainable Development Goals (SDGs): (i) SDG 3 Good Health and Well-being in that the project will improve access to quality essential health-care services for project beneficiaries, and; (ii) SDG 9 Industry, Innovation, and Infrastructure in that it will promote innovation in developing countries through healthtech solutions.

B. Scalability

- 3.5 To ensure scaling of the program beyond the period of IDB Lab financing, the executing agency will be collaborating on a continual basis with key stakeholders including government agencies e.g. The National Council for Senior Citizens, Ministry of Health and Wellness, private entities, community-members, and other community-support groups. This implementation approach will engender a strong sense of ownership and buy-in from stakeholders. At the end of our project, stakeholders would have been sensitised and fully trained to conduct similar activities in other communities. This allows for ongoing capacity building and use of produced materials. The results and lessons learned of this project will be used by the UWI's Mona Ageing and Wellness Centre and other stakeholders to demonstrate benefits and leverage greater support for sustainability of this initiative and further investments in long-term community-based care in Jamaica. Given the similarity of the situation for the target population in other Caribbean countries, and the fact that the executing agency has presence there, there are good chances for scaling and replicating across the Caribbean region. The experience and knowledge gathered from the project will be shared and disseminated through the IDBG's long-term care network as well.

C Project and Institutional Risks

- 3.6. The key technical risks and corresponding mitigation strategies identified for the project are as follows:
- 3.7. **Disruption due to extreme weather events:** Jamaica is vulnerable to hurricanes and such events or severe storms can impact power and access to training in the short term, as well as further depress business operations and job opportunities in the short and medium terms. This is mitigated by the community's and executing agency's preparedness and adaptive capacity for extreme weather events.
- 3.8. **Community unrest:** As some of the project activities take place in vulnerable communities it is important to note that within such communities there may be civil unrest which could affect the timing of our activities. The executing agency will monitor stories covered in the media and consult with local authorities to determine the best times to carry out the activities.
- 3.9. **Uncertainty due to COVID 19:** The pandemic has cast significant uncertainty as there is the possibility of restrictions and lockdowns that may come into effect if COVID-19 cases increase. While this will impact our ability to pilot a "face-to-face" model day centre, it will create even more opportunities for the Geriatric Health Aides to be utilised in community-based care. In addition, our model day centre would then have to be developed taking into consideration all the limitations that exist (possible that it may have to be virtual). Finally, the executing agency anticipates that there would be an increased need for the directories of caregivers

and home-based services and support systems in place especially for informal care providers.

- 3.10. The Assessment of Integrity and Institutional Capacity (DICI) conducted for this project rated institutional risk as low.

IV. Instrument and Budget Proposal

- 4.1 The total project budget is of USD 600,000, of which USD 300,000 (50%) will be provided as a non-reimbursable technical cooperation by the IDB Lab, and USD 300,000 (50%) in counterpart financing. The counterpart financing includes in kind resources from the management and staff of the UWI in co-ordination, quality assurance and fiduciary support.

	IDB Lab (USD)	Counterpart cash (USD)	Counterpart in-kind (USD)	Total (USD)
Project Components				
Component 1: Communications and awareness campaign	25,000	-	5,000	30,000
Component 2: Training program and pilot for community-based geriatric health aide program and day center	99,500	188,500	62,000	350,000
Component 3: Digitalization of community-based healthtech solution	55,500	4,000	6,500	66,000
Project Administration	105,000	-	34,000	139,000
Final Evaluation and audit	10,000	-	-	10,000
Contingencies	5,000	-	-	5,000
Grand Total	300,000	192,500	107,500	600,000
% Of Financing	50%	32%	18%	100%

V Executing Agency (EA) and Implementation Structure

A. Executing Agency Description

- 5.1. The project will be executed by the University of the West Indies (UWI), through its Mona Ageing and Wellness Centre (the Centre). The UWI, which will sign the agreement with IDB Lab, is an institution with nearly 50,000 students across 5 campuses in the Caribbean. As the oldest UWI campus, The University of the West Indies - Mona Campus was established in 1948 and is the founding campus of the multi-national University of the West Indies. The University offers a wide range of undergraduate, masters and doctoral programs in Humanities and Education, Science and Technology, Science and Agriculture, Engineering, Law, Medical Sciences and Social Sciences. The University is very visible in the policy advisory and community engagement space not only in the Caribbean Diaspora but also internationally and has extensive experience with executing international development projects.
- 5.2. The project will be implemented in collaboration with key stakeholders including government agencies e.g. The National Council for Senior Citizens, Ministry of

Health and Wellness, private entities, community members and other community support groups. This implementation approach will engender a strong sense of ownership and buy-in from stakeholders. At the end of our project, stakeholders would have been sensitized and fully trained to conduct similar activities in other communities. This allows for ongoing capacity building and use of resource materials. The results of this project will be used by the UWI's Mona Ageing and Wellness Centre and other stakeholders to demonstrate benefits and leverage greater support for the sustainability of this initiative and further investments in long-term community-based care in Jamaica.

B. Implementation Structure and Mechanism

- 5.3. The Centre will establish an executing unit and the necessary structure to execute project activities and manage project resources effectively and efficiently. The Centre will also be responsible for providing progress reports on project implementation.
- 5.4. To support implementation, the Centre will contract a full-time project coordinator for the project to manage delivery of training and mentorship in Jamaica and a part time administrative assistant will be assigned to the project to support monitoring of results, technical reporting, and fiduciary management. Additionally, the Centre will provide technical oversight and quality assurance.
- 5.5. The Centre will create a project steering committee to govern the project implementation, manage risks and address challenges. The steering committee will comprise key staff members at The Centre (Project Lead and two supporting team members), key community stakeholders, university administrators from the finance and special projects unit as well as representatives from the Family Health Unit of the Ministry of Health and National Council for Senior Citizens. The IDB Lab team leader or country specialist may attend meetings upon invitation to provide input and advice on changes that may be necessary to strengthen impact and achievement of project results, as well as to foster connections with IDB Lab's technical partners in the region to support knowledge sharing and regional scaling. The project steering committee will meet at least quarterly in the first year of the project, and at least semiannually in subsequent years, as well as at the end of each training cohort, to evaluate the program and provide strategic advice to improve content, delivery and as well as employment and business opportunities for future cohorts.

VI Compliance with Milestones and Special Fiduciary Arrangements

- 6.1 **Disbursement by Results, Fiduciary Arrangements.** The Executing Agency will adhere to the standard MIF disbursement by results, IDB procurement policy³ and financial management⁴ arrangements as specified in Annex V and VI.

³ Link to the Policy: [Procurement of Works and Goods Policy](#)

⁴ Link to the document [Operational Guidelines for Management of Milestones and Financial Supervision for MIF and SEP Technical Cooperation Projects](#)

- 6.2 **Results-based disbursement.** The Project will be monitored by the Country Office of Jamaica. Monitoring will be undertaken in accordance with the performance and risk management policies (fulfilment of milestones) established by the IDB Lab. Project disbursements will be contingent upon verification of the achievement of milestones (pre-determined outputs critical to achievement of the development objectives). Achievement of milestones does not exempt the Executing Agency from the responsibility of reaching the results matrix indicators and project's objectives.
- 6.3 **Financial Management and Supervision.** The UB will establish and be responsible for maintaining adequate accounts of its finances, internal controls, and project files according to the financial management policy of the IDB Lab. For the procurement of other goods and contracting of consulting services, the Executing Agency will adopt the principles of IDB Policies (GN-2349-9 and GN-2350-9), however, the Executing Agency, which is a private entity, will use their private sector procurement policy for the execution of the project.

VII Information Disclosure and Intellectual Property

- 7.1 **Information Disclosure.** This document contains confidential information related to one or more of the ten exceptions to Access to Information Policy and will be initially treated as confidential and made available only to Bank employees. This document will be disclosed and made available to the public upon approval.
- 7.2 **Intellectual Property.** The Executing Agency shall own the intellectual property rights to all works produced or results obtained under the Project and will grant the IDB Group an irrevocable, worldwide, perpetual, royalty-free, and non-exclusive license to use, copy, distribute, reproduce, publicly display, and perform any and all intellectual property derived from execution of the Project, as well as to create derivative works.