

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

MEXICO

**SUPPORT TO THE DESIGN AND IMPLEMENTATION OF LONG-TERM CARE SERVICES AND
PREVENTION OF CARE NEEDS IN MEXICO**

(ME-T1566)

PROJECT DOCUMENT

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PROJECT SUMMARY

Operation Type:	Technical Cooperation
Sector:	SOCIAL INVESTMENT
Subsector:	HUMAN RESOURCES & WORKFORCE DEVELOPMENT
TC Taxonomy:	Operational Support
Project Number under the Operational Support Taxonomy:	ME-L1342
Technical Responsible Unit:	SCL/SPL-Social Protection and Labor Markets Division
Unit with Disbursement Responsibility (UDR):	SCL/SPL-Social Protection and Labor Markets Division
Executing Agency:	Inter-American Development Bank

PROJECT OBJECTIVE

The objective of this Technical Cooperation (TC) is to support the development of the long-term care component of Mexico's National Progressive Care System. More specifically, the TC will support: (i) the development of a functional dependency assessment scale; (ii) the design and implementation of a new intervention model in day centers; (iii) the strengthening of caregiver training programs; (iv) the formulation of a national policy on healthy aging.

FINANCIAL INFORMATION

Financing Type	Fund	Amount in US\$
TCN - Nonreimbursable	JSF - Japan Special Fund	700,000
Total IDB Financing		700,000
Counterpart Financing		70,000
Total Project Budget		770,000
Donors:	N/A	
Disbursement Period:	36 months	
Execution Period:	36 months	

ADDITIONAL FINANCIAL INFORMATION

N/A

I. JUSTIFICATION AND OBJECTIVE

- 1.1 **Diagnostic.** Mexico is experiencing a demographic and epidemiological transition that has significantly increased the demand for long-term care services. As of 2023, there were approximately 17 million people aged 60 and over, representing 12% of the total population.¹ This figure is projected to reach 33.4 million, or 22.5% of the population, by 2050.² The aging process is accompanied by a high prevalence of functional dependency: 25.5% of older adults report difficulty performing at least one activity of daily living (ADL), compared to a regional average of 14.4% in Latin America and the Caribbean.³ Yet 41% of older adults with ADL limitations report receiving no care.⁴
- 1.2 The burden of long-term care in Mexico falls primarily on families—particularly on women. The supply of public services remains limited. In 2024, there were 2,322 facilities in the country classified as care providers for older adults, the vast majority of which were private and residential. Fewer than 1,250 were day centers, and 80% of those belonged to the public sector.⁵ The Mexican Social Security Institute (IMSS) operates only one day center and two community clubs promoting healthy aging, which served 701 people in 2022–2023.⁶ In this context, Mexico requires a scalable model of community-based service that can prevent care-dependency.
- 1.3 Furthermore, Mexico lacks a standardized national tool to assess care needs. The absence of such an instrument hampers effective service allocation, targeting of benefits, and institutional coordination. Developing a national assessment scale is therefore essential to guide the organization of long-term care services.
- 1.4 Similarly, there is no unified national strategy to promote healthy aging or prevent frailty. Despite high rates of chronic diseases such as hypertension (40%), diabetes (27.6%), and cardiovascular disease (7.3%)—all of which are associated with increased risk of dependency—preventive and community-based policies remain incipient. Only a third of adults over 60 underwent screening for these conditions in the year prior to the 2023 National Health and Nutrition Survey (ENSANUT).⁷
- 1.5 The care workforce—both paid and unpaid—remains largely informal and untrained. A recent IDB study reports that 21% of institutional caregivers and 38% of home-based

¹ INEGI (2023a). Encuesta Nacional para el Sistema de Cuidados 2022.

² CONAPO (ND). Proyecciones de la Población de México y Entidades Federativas 2016-2050. (conapo.gob.mx)

³ Aranco, N., Stampini, Ibararán, P., y Medellín, N. (2018). Panorama de envejecimiento y dependencia en América Latina y el Caribe (Tabla 7). Resumen de Políticas IDB-PB-273

⁴ Instituto Nacional de Geriátrica. Análisis de datos a partir de ENASEM 2015. Laboratorio de Política Pública. 2018.

⁵ Instituto Nacional de Geriátrica (2025) [Sistema de Cuidado para personas mayores con dependencia en México](#).

⁶ IMSS (2023). Informe de Labores y Programa de Actividades 2022-2023. <https://www.imss.gob.mx/sites/all/statics/pdf/informes/2023/ILPA-22-23.pdf> (p.145)

⁷ Shamah-Levy T, Lazcano-Ponce EC, Cuevas-Nasu L, Romero-Martínez M, Gaona-Pineda EB, Gómez-Acosta LM, Mendoza-Alvarado LR, Méndez-Gómez-Humarán I. [Encuesta Nacional de Salud y Nutrición Continua 2023](#). Resultados Nacionales. Cuernavaca, México: Instituto Nacional de Salud Pública, 2024.

paid caregivers have no formal training.⁸ Only 27% of paid caregivers are formally employed, and their average monthly income is approximately USD 250—below the national minimum wage. Strengthening the training, certification, and regulation of caregivers is a priority in the care policy agenda.

- 1.6 The Government of Mexico is addressing the above mentioned challenges in the context of the creation of the National Care System, with a key role played by IMSS and the National System for Integral Family Development (SNDIF). Through the National Development Plan, the administration established the construction of this system as one of the key transformations of its six-year term, with the aim of recognizing and redistributing care responsibilities among the State, society, and families.⁹
- 1.7 **Request.** The Government of Mexico requested technical assistance to support the development of the long-term care component of Mexico’s National Progressive Care System. The project will support work by IMSS, SNDIF, INGER, who play a key role in delivering long-term care services, setting training standards for the System’s human resources, and producing inputs for policy formulation.
- 1.8 **Objective.** The objective of this Technical Cooperation (TC) is to support the development of the long-term care component of Mexico’s National Progressive Care System. More specifically, the TC will support: (i) the development of a functional dependency assessment scale; (ii) the design and implementation of a new intervention model in day centers; (iii) the strengthening of caregiver training programs; (iv) the formulation of a national policy on healthy aging.
- 1.9 **Description of the associated Loan.** This Technical Operation (TC) will support the execution of the loan ME-L1342 “Support for the construction of the National Progressive Care System in Mexico” which is currently under preparation and is expected to be approved in 2026.
- 1.10 The general objective of the program (ME-L1342) is to improve the well-being of populations that require and provide care. Its specific objectives are to: (i) build the institutional framework of the National and Progressive Care System (SNPC); (ii) strengthen the provision and quality of care services; and (iii) improve the economic conditions of caregivers.
- 1.11 The operation is structured as a Programmatic Policy-Based Loan (PBP) and includes four components aligned with its objectives: (i) ensuring a stable macroeconomic context; (ii) regulatory framework, governance, and financing of the National Progressive Care System; (iii) care services for early childhood and older adults; and (iv) certification and recognition of caregivers.
- 1.12 While the overall objective of ME-L1342 is to support the development of a national progressive care system, this TC focuses specifically on strengthening services for long-term care and preventing dependency among older persons. The implementation of the operation requires a series of technical and analytical inputs, including assessments of functional dependence, a model of intervention for day centers, caregiver training, and a healthy aging policy. This TC will support the elaboration of these inputs.

⁸ Fabiani, B., Stampini, M., Aranco, N., Benedetti, F., & Ibararán, P. (2024). *Cuidadoras de personas mayores: sobrecargadas y mal pagadas: evidencia de una encuesta del Banco Interamericano de Desarrollo en América Latina y el Caribe. Versión 1: junio 2024.* <https://doi.org/10.18235/0013053>

⁹ [Plan Nacional de Desarrollo 2025-2030](#)

- 1.13 **Complementarity.** This operation is complementary to ATN/OC-21928-ME, which also supports ME-L1342. The specific contribution of this TC operation is that it focuses exclusively on the long-term care component of the National Care System.
- 1.14 This TC builds on the work of two previous IDB TC operations. ATN/KP-18349-ME “*Support to the Mexican Social Security Institute (IMSS) in the Development of a Long-Term Care System*”, supported the design, implementation, and evaluation of the first IMSS day center for older adults with functional dependency. This initiative included the development of an integrated care model, staff training, and the incorporation of a person-centered approach to promote autonomy and prevent institutionalization. ATN/CF-21039-ME, “*Aging Facility: Support for the design and strengthening of training policies for long-term care (LTC) providers in Mexico,*” supports the National Institute of Geriatrics (INGER) in designing a competency-based training and certification model for caregivers of older adults with dependency. This TC aims to professionalize the care workforce by developing national standards and training tools rooted in the principles of person-centered care.
- 1.15 This TC also builds on JICA’s (Japan International Cooperation Agency) recently closed “Project for Community-based Integrated Care for the Elderly”. This project highlighted the need to develop a scale to assess older persons’ care needs, as a fundamental element of long-term care provision in Mexico. It also developed training materials for caregivers of older persons. The proposed IDB project will address the need to develop an assessment scale and will use the training material as an input for its training activities.
- 1.16 Moreover, lessons learned from projects ATN/JF-21357-CO and ATN/JF-21458-BR, ATN/OC-22050-BR, funded by Japan Trust Funds, will be integrated into the design and implementation of this TC. In particular, ATN/JF-21458-BR, ATN/OC-22050-BR is piloting a community-based care needs prevention strategy in day centers, and the findings from this initiative will directly inform the development of the day center model in Mexico. During the project implementation, a virtual exchange meeting will be organized, through which the Government of Parana will present its policy Parana Friend of Older People to the Mexican government organizations benefiting from this technical cooperation.
- 1.17 **Strategic alignment.** The TC is consistent with the IDB Group's Institutional Strategy: Transformation for Greater Scale and Impact (CA-631) and is aligned with its objective of reducing poverty and inequality, by promoting the quality of life of vulnerable older persons. It is also aligned with the following areas of operational focus: (i) gender equality; (ii) social protection and human capital development. It is also consistent with the Social Protection and Poverty Sector Framework Document (GN-2784-12), which identifies long-term care as a key line of action, and with the Gender and Diversity Sector Framework Document (GN-2800-13), which includes a line of action focused on solutions for the reconciliation of work and home care responsibilities for men and women and facilitate women's participation in the labor market. It is also aligned with the IDB Group Country Strategy with Mexico 2019–2024 (GN-2982), particularly with Priority Area 1: contributing to equitable and sustainable access to social services.
- 1.18 This operation is part of IDB Cares, the IDB’s initiative to address the growing care demands in LAC through innovative, scalable, and evidence-based solutions that deliver long-term growth and productivity. It also aligns with the Japan Special Fund’s priority area of “Global Health and Universal Health Coverage,” particularly in improving access to services and addressing aging, since it will support the development of tools, services,

and policies to promote the well-being of older people with frailty or care needs. This project will build on a previous JICA project in Mexico. Additionally, given Japan's extensive experience in dependency assessment, caregiver training, and prevention of care dependency, collaboration with Japanese experts promoted by this project will add significant value in the process of building Mexico's National Progressive Care System.

II. COMPONENTS

- 2.1 **Component 1: Support for the Development of a Functional Dependency Assessment Scale.** This component aims to support the design and validation of a standardized tool to assess care needs and functional dependency. The scale will serve as a core instrument for eligibility determination, care planning, and policy design within the national care system. Key activities under this component include: (i) a review and analysis of international and regional dependency assessment tools and methodologies; (ii) design of an initial proposal for the dependency scale, including dimensions, scoring criteria, and classification levels; (iii) consultation with experts, institutions, and stakeholders at the federal and subnational levels to ensure relevance, technical rigor, and feasibility of implementation; (iv) pilot testing of the new Functional Dependency Assessment Scale in selected territories, including training of interviewers and data collectors; and (v) technical validation of the instrument and development of operational guidelines for its use. This component will benefit from advisory services from a JICA expert on Japanese long-term care policies, focusing on standardized tools to assess care needs and the eligibility criteria to access care services.
- 2.2 **Component 2: Support for the Design and Implementation of a New Intervention Model in Day Centers.** This component supports the design and implementation of a new model of intervention focused on preventing care needs in existing day centers operated by IMSS (commonly known as senior clubs) and the National System for Integral Family Development (SNDIF). The objective is to transform these spaces into community-based day centers that promote autonomy, prevent frailty, and delay care dependency among older adults. Key activities under this component include: (i) comprehensive review of existing day center programs in Mexico, analyzing their service offerings, target populations, infrastructure, (ii) consultations with older persons and their caregivers to better understand their needs, preferences, and expectations regarding day center services, in order to design a model centered on the user experience, (iii) design a new model of day center service, defining objectives, service packages, user profiles, staffing profiles, physical infrastructure needs and operating protocols, (iv) implementation of training and supervision sessions for center staff and facilitators, incorporating a person-centered care approach, (v) supervision of a pilot of the new care model in existing day centers operated by institutions such as IMSS and DIF, (vi) an evaluation of the effects of the intervention on users' functional status and quality of life and (vii) a strategy document for institutionalization and expansion, including cost estimates, and recommendations for regulatory or operational adjustments at national and subnational levels. At the beginning of the project, a class delivered by a JICA or Japanese expert will be organized to communicate good practices for prevention of care needs in Japan.
- 2.3 **Component 3: Alignment and Strengthening of Caregiver Training Programs.** This component aims to strengthen and better align caregiver training programs in Mexico,

contributing to a more coherent and effective training ecosystem. It seeks to improve the quality of care and support the professionalization of the care workforce, including both paid and unpaid caregivers. This component will foster dialogue among institutions, promote shared quality criteria, and strengthen existing training efforts. Activities under this component include: (i) mapping and analysis of existing training programs across different sectors and institutions, including IMSS, ISSSTE, INGER and DIF, identifying commonalities, gaps, and good practices; (ii) review of existing curricula to incorporate a person-centered care approach and the development of a modular training pathway that allows caregivers to progressively build caregiving competencies; (iii) implementation of training-of-trainers sessions to build institutional capacity and promote gradual alignment of content and methodologies; (iv) facilitation of interinstitutional workshops to exchange experiences, identify complementarities, and promote articulation between different actors involved in caregiver training. This component will build on the lessons learned from the recently concluded JICA project in Mexico and will draw on its learning materials (such as training manuals and resources). At the beginning of the project, a class delivered by a JICA expert will be organized to communicate the results of the JICA project.

2.4 Component 4: Support for the Development of a National Policy on Healthy Aging.

This component aims to support the Government of Mexico in the formulation of a comprehensive National Policy on Healthy Ageing, aligned with the guiding principles of the WHO Decade of Healthy Ageing (2021–2030), including a life-course approach, equity, rights-based action, and the meaningful engagement of older persons. The policy will provide strategic direction for coordinated public action on ageing and foster intersectoral collaboration among key institutions such as IMSS, INGER, SNDIF, ISSSTE, and INAPAM. Key activities under this component include: (i) a diagnostic review of existing policies, programs, and institutional arrangements related to healthy aging in Mexico; (ii) a participatory consultation process involving key stakeholders across government sectors (health, social development, labor, housing, etc.), and direct engagement with older persons through focus groups and community dialogues to ensure their voices, needs, and preferences are reflected in the policy design (some of these activities may be implemented in Jalisco State and Guadalajara City); and (iii) technical assistance for the drafting of the national policy, including the definition of strategic objectives, priority areas for action (e.g., integrated care, age-friendly environments, long-term care, social protection, participation), and results-oriented indicators. This component builds on the lessons learned from JICA’s Community-Based Integrated Care for Older Persons Project in Mexico (including training manuals and materials) and will benefit from advisory services from a JICA expert on Japanese healthy ageing policies, with a focus on intersectoral coordination and community-based approaches.

2.5 Expected results and Beneficiaries. This Technical Cooperation will benefit older persons in Mexico by applying the new dependency assessment scale to 1,000 individuals, reaching 1,000 participants through redesigned day centers with a preventive focus, and training 1,000 trainers in updated caregiver programs. It will also promote coordination across government sectors to support a healthy ageing program. These actions will help strengthen services and contribute to building a national care system. In the medium term, this TC will benefit many more older persons and their family members, who will be reached by the services of the national care system designed using the products of this project.

III. BUDGET

3.1 The total budget of the TC is US\$700,000 (Table 1). Given the area of this TC, the synergy with a former JICA project, the opportunity to learn from Japan's expertise in long-term care, this project will be funded by the Japan Enhanced Initiative for Quality Infrastructure, Resilience against Disaster and Health (JEI) of the Japanese government. A local counterpart contribution will be US\$ 70,000 provided in kind, mainly through the allocation of staff time to support project activities. The disbursement and implementation period will be 36 months.

Budget in US\$				
Components	Description	IDB Fund Funding	Local	Total
1	Support for the Development of a Functional Dependency Assessment Scale	US\$150,000	US\$ 0	US\$150,000
2	Support for the Design and Implementation of a New Intervention Model in Day Centers	US\$320,000	US\$ 50,000	US\$370,000
3	Alignment and Strengthening of Caregiver Training Programs	US\$150,000	US\$ 20,000	US\$170,000
4	Support for the Development of a National Policy on Healthy Aging	US\$80,000	US\$ 0	US\$80,000
Total		US\$700,000	US\$ 70,000	US\$770,000

IV. EXECUTION STRUCTURE

- 4.1 The TC will be executed by the Inter-American Development Bank (IDB), based on a request by the beneficiaries, in accordance with the Bank's Technical Cooperation Policy (GN-2470-2) and the Procedures for the Processing of Technical Cooperation Operations and Related Matters (OP-619-4), through Division of Social Protection and Labor Markets (SCL/SPL), in collaboration with the team at the Country Office in Mexico. This execution structure is justified by the Bank's expertise in designing, contracting, supervising and evaluating the long-term care interventions proposed for this operational support operation. The Bank, in close coordination with IMSS, DIF, INGER and relevant institutions, will execute support activities, including the contracting of studies and knowledge-sharing activities. Additionally, the hiring of national and/or international consultants may be required, for which the IDB's procurement process is more efficient, reducing the risk of delays in execution.
- 4.2 Throughout the implementation of this TC, the Bank will coordinate closely with JICA and receive operational and technical inputs for this TC activities and outputs based on their operational experience in each country and their knowledge. JICA will join key meetings including progress meetings of this TC at least twice a year for an overall assessment of the program's progress and results and for necessary inputs to this program.
- 4.3 **Procurement.** All procurement activities to be carried out under this TC have been included in the Procurement Plan (Annex IV) and will be hired in compliance with the applicable Bank policies and regulations as follows: (a) Hiring of individual consultants, as established in the regulation on Complementary Workforce (AM-650) and (b) Contracting of services provided by consulting firms in accordance with the Corporate procurement Policy (GN-2303-33) and its Guidelines.
- 4.4 **Execution and Disbursement Period.** The estimated execution and disbursement period for the project is 36 months.
- 4.5 **Financial Management.** The financial management of the operation will be governed by the provisions established in the Financial Management Guidelines for IDB Financed Projects (GN-2811-1). Since the IDB will act as the executing agency, and in accordance with GN-2811-1, financial audit reports will not be required, and therefore no external audit services will be contracted. There are no prior disbursement conditions, nor is any reimbursement of expenses anticipated.
- 4.6 **Monitoring, Reporting, and Supervision.** The Bank will supervise the consulting services, and the beneficiary may provide technical inputs to the consultancy reports. SCL/SPL will be responsible for disbursement. The overall supervision of the Technical Cooperation will be under the responsibility of the designated Team Leader and the project team from SCL/SPL. The project team will be responsible for preparing and submitting project reports through the Technical Cooperation Monitoring and Reporting System (TCM) in Convergence, in accordance with the provisions of the Grants and Co-financing Management Unit (ORP/GCM).

V. POTENTIAL RISKS

- 5.1 The major risk for the implementation of this TC is scarce collaboration between institutions (IMSS, SNDIF, etc.) for the definition of the day center model and the implementation of training courses. This risk will be addressed through the coordination mechanisms set up for the loan operation ME-L1342 “Support for the construction of the National Progressive Care System in Mexico”, under the leadership of the Ministry of Finance.
- 5.2 **Intellectual Property.** The knowledge products generated under this TC will be the property of the Bank and may be made available to the public under a Creative Commons license. However, at the request of the beneficiary, the intellectual property of such products will be transferred or licensed to them.

VI. EXCEPTIONS TO BANK POLICIES

- 6.1 This project does not foresee any exceptions to the Bank’s policies.

VII. ENVIRONMENTAL AND SOCIAL ASPECTS

- 7.1 This Technical Cooperation is not intended to finance pre-feasibility or feasibility studies of specific investment projects or environmental and social studies associated with them; therefore, this TC does not have applicable requirements of the Bank’s Environmental and Social Policy Framework (ESPF).

REQUIRED ANNEXES:

- Annex I: Request from Client
- Annex II: Results Matrix
- Annex III: Terms of Reference
- Annex IV: Procurement Plan