

REQUEST FOR EXPRESSIONS OF INTEREST
CONSULTING SERVICES
BANK-EXECUTED OPERATIONS
FULL COMPETITIVE SELECTION PROCESS

PROJECT NAME: Design and Implementation of the Impact Evaluation of the Cuidado em Casa Integrated Home Care Pilot

SELECTION PROCESS #: BR-TI684-P001-B260225

SELECTION METHOD: Full Competitive

COUNTRY: Brazil

SECTOR OR DEPARTMENT: SCL/GDI

TC NAME: Support to the Piloting and Evaluating Home-Based Care Services for Older Adults in Brazil

FUNDING – TC #: ATN/JF-22089

LINK TO TC DOCUMENT: <https://www.iadb.org/en/project/BR-TI684>

Attention Consulting Firms: Important Update Regarding BEO Bidder Portal Registration

All consulting firms, both new and previously registered in the [BEO Portal](#), **must add their Business Partner Number (BP Number)** to their organization's profiles to participate or continue participating in a BEO procurement process.

Please refer to the [FAQs](#) in the Portal for more details on **"How to Find or Obtain Your BP Number"**.

Avoid delays by not waiting until the last moment to complete this update. This process may take up to **48 hours** to complete and could prevent your organization from participating in a BEO Process.

For further questions or assistance, use the [live chat](#) on the BEO Bidder Portal page or email us at ocs.procurement@iadb.org

The Inter-American Development Bank (the Bank) was established in December of 1959 to help accelerate economic and social development in Latin America and the Caribbean. Today, the Bank is a major catalyst in mobilizing resources for the region (For more information about the Bank, please refer to the Bank's website at www.iadb.org.)

Section 1. Purpose of this Request for Expression of Interest

1.1 The Bank is executing the above-mentioned project. The Bank intends to contract consulting services described in this Request for Expressions of Interest (REOI). The purpose of this REOI is to obtain sufficient information to enable the Bank to evaluate if the eligible consulting firms (CF) have the experience and qualifications relevant to provide the consulting services requested by the Bank.

1.2 As defined in the Corporate [Procurement Policy \(GN-2303-33\)](#), participating CF must be from a Bank's Member Country¹ or Territory² to be eligible to submit an Expression of Interest (EOI). The Bank will conduct the shortlisting process of the CF that expressed interest. The shortlisted CF will then be invited to continue further in the procurement process.

1.3 This REOI is not to be construed as either an RFP or an offer to contract and in no way obligates the Bank to contract anyone. The Bank reserves the right to reject any and all participating CF for any or no reason without having to provide an explanation. The Bank does not bind itself in any way to select any participating consulting firm. No debrief will be provided as to why CF have or have not been shortlisted.

Section 2. Instructions to the eligible consulting firms

2.1 Expressions of interest must be delivered using the *Bidder Portal for the Selection and Contracting of Consulting Firms for Bank-Executed Operations* (the Portal) (<http://beo-procurement.iadb.org>) by: **October 19th, 2026**, 5:00 P.M. (**Washington, D.C., Time**) in PDF format only (Max. 45MB).

2.2 To access the Portal, the CF must generate a registration account, including **all** the data requested by the Portal. In the event that any of the information requested is not included, the consulting firm will not be able to participate in this or any other Bank-executed selection process for operational work. If the consulting firm has been previously registered, please validate that you have **all** the consulting firm's information updated and complete before submitting an EOI.

2.3 Eligible CF may partner in the form of a Consortium/joint venture (JV) to enhance their qualifications. *The Consortium/JV must appoint one CF as the lead representative. Only the appointed representative may register in the Portal, submit the Expression of Interest, and shall also be responsible for all communications with the Bank and the submission of any required documentation on behalf of the Consortium/JV.*

¹ **Member Countries:** Argentina, Austria, Bahamas, Barbados, Belgium, Belize, Bolivia, Brazil, Canada, Colombia, Costa Rica, Chile, Croatia, Denmark, Dominican Republic, Ecuador, El Salvador, Finland, France, Germany, Guatemala, Guyana, Haiti, Honduras, Israel, Italy, Jamaica, Japan, Mexico, Netherlands, Nicaragua, Norway, Panama, Paraguay, People's Republic of China, Peru, Portugal, Republic of Korea, Slovenia, Spain, Suriname, Sweden, Switzerland, Trinidad & Tobago, United Kingdom, United States, Uruguay and Venezuela.

² **Eligible Territories:** a) Guadeloupe, French Guiana, Martinique, Reunion – as Departments of France; b) U.S. Virgin Islands, Puerto Rico, Guam – as Territories of the USA; c) Aruba – as a constituent country of the Netherlands; and Bonaire, Curacao, Sint Maarten, Saba, St Eustatius – as Departments of the Netherlands; d) Hong Kong – as a Special Administrative Region of the People's Republic of China.



2.4 Interested CF may obtain further information during office hours, 09:00 AM to 05:00 PM (**Washington, D.C. Time**), by sending an email to: laisar@iadb.org

Inter-American Development Bank

Division: SCL/GDI]

Attn: *Laisa Rachter, Team Leader]*

1300 New York Ave, NW

Washington DC, 20577

Tel:

E-mail: laisar@iadb.org /

Web site: www.iadb.org

2.5 The Bank hereby invites eligible CF to indicate their interest in providing the services described below in the draft Terms of Reference for the consulting services. Interested CF must provide information establishing that they have the necessary experience and are qualified to perform the services. So that all responses may be properly evaluated, eligible CF must include in their submissions the information requested in the following section, with full and clear explanations.

Section 3. Consulting Services

3.1 The consulting services include *the design and carry out the full evaluation of the Cuidado em Casa pilot in Fortaleza, Juazeiro, and Colombo over about 22 months. The core is an impact evaluation, using an RCT where feasible and a quasi-experimental design otherwise, on a reference sample of about 450 treatment and 450 comparison dyads of older adults and family caregivers. The work includes methodological design (power calculations, randomization protocol, pre-analysis plan), baseline, midline, and endline field surveys, and intensive use of administrative data. Alongside it, the firm will conduct a process evaluation of implementation and SUAS–SUS coordination and a cost-effectiveness analysis to inform sustainability and scale-up. Deliverables are a work plan, methodological design, a clean anonymized database with scripts, baseline, interim, and final reports, and dissemination products, including policy briefs, working paper co-authored with the IDB, and a workshop with policymakers.*

3.2 Although there is no standard format for presenting an Expression of Interest, eligible CF must submit an EOI containing the following information:

- 1) Basic Information—Provide the official name of CF, the contact's name, email address, phone numbers, and office address (es) of the key contact (s) responsible for the EOI.
- 2) Background—Provide a description of the CF. The CF may include brochures or documents that provide information about its organization, history, mission, structure, and number of staff.
- 3) Experience related to the requested consulting services—Provide all kinds of

evidence the CF considers appropriate to show its experience and expertise in delivering services similar to those described in Annex A, Terms of Reference (e.g., brochures, reports, studies, description of similar assignments, references to cases in which it has provided similar services, experience in similar conditions, availability of appropriate skills among staff, etc.)

3.3 Estimated budget: US\$ 280,000.00

Annex A. Draft Terms of Reference

Please note that the attached Terms of Reference may be subject to changes by the Bank. The CF that have been shortlisted will be notified of these changes.

ANNEX A – Terms of reference

Design and Implementation of the Impact Evaluation of the Cuidado em Casa Integrated Home Care Pilot

BR-T1684 Integrated Home Care for Older Adults and Unpaid Caregivers Pilot (Cuidado em Casa Pilot)

1. Background and Justification

- 1.1. The Technical Cooperation (TC) under which this consultancy is carried out aims to support the pilot implementation and evaluation of an integrated home care model for older adults with care needs, while simultaneously providing support to unpaid family caregivers, particularly women, and contributing to the initial implementation of the National Care Policy established by Law No. 15.069/2024 and of the National Care Plan *Brasil que Cuida* (Decree No. 12.562/2025). The beneficiary of the TC is the Federative Republic of Brazil, through the National Secretariat for Care and Family Policy (SNCF) of the Ministry of Development and Social Assistance, Family and Fight against Hunger (MDS).
- 1.2. The Cuidado em Casa (CeC) project is an action provided for in the National Care Plan and a strategy for the territorial operationalization of the National Care Policy. The project seeks to link basic social protection and primary health care, combining paid and trained caregivers, individual care plans, regular in-home support, and systematic coordination between the teams of the Social Assistance Reference Centers (CRAS) and the Basic Health Units (UBS). Its initial implementation covers the municipalities of Fortaleza (CE), Juazeiro (BA), and Colombo (PR), which have distinct institutional, socioeconomic, demographic, and territorial contexts.
- 1.3. Carrying out the impact evaluation of the project is a fundamental step toward generating rigorous evidence on the effects of CeC. Directly linked to Component 1 of the TC, the evaluation will make it possible to measure the project's impacts on well-being, quality of life, functional ability, service utilization, and care work burden, while also producing evidence on the processes of implementation, intersectoral coordination, and

cost-effectiveness of the intervention. The results will contribute to improving the methodological and operational design of the pilot, providing technical inputs to strengthen the capacity of the Federal Government, the states, and the participating municipalities to implement more effective, integrated, and evidence-based care policies. In addition, the knowledge generated will support the implementation of the National Care Policy and Plan and will guide decisions on the sustainability and future expansion of the model in different territorial contexts across the country.

2. Objectives

- 2.1. The main objective of this consultancy is to develop and implement a methodologically rigorous impact evaluation of the Cuidado em Casa Project, preferably through an experimental design based on a randomized controlled trial (*RCT*) in the participating municipalities — Colombo (Paraná), Fortaleza (Ceará), and Juazeiro (Bahia) — adopting the experimental design (*RCT*) in each context in which randomization is operationally feasible. In the municipalities or beneficiary groups in which randomization is not operationally feasible, the contracted firm shall propose and implement a quasi-experimental design of equivalent methodological rigor, with a technically justified causal identification strategy. The contracted firm, in coordination with the IDB, SNCF/MDS, and the participating municipalities, will be responsible for the final definition of the sample and of the evaluation methodology to be adopted in each context, including conducting the primary data collection (field survey) and the secondary data collection (administrative data made available by the participating municipalities, the intensive use of which is expected throughout the evaluation). The evaluation will integrate quantitative and qualitative methods to produce rigorous evidence on the effectiveness, implementation, and cost-effectiveness of the home care model developed under the National Care Policy.
- 2.2. The evaluation will seek to compare the outcomes observed among older adults and family caregivers who are beneficiaries of the Cuidado em Casa Program with those that would have been observed in the absence of the intervention, using an experimental design based on individual randomization among eligible participants, stratified by municipality and with the older adult–family caregiver dyad as the unit of randomization. The intention is for the study to allow the causal effects of the program to be estimated and to answer questions such as: How does the project affect the well-being, quality of life, and functional status of the older adults who benefit from it? How does the project affect the care work burden, mental health, quality of life, time use, and labor force participation of unpaid family caregivers? What are the effects of the intervention on patterns of utilization of social assistance and health services? And what resources, institutional capacities, and operational conditions are needed to ensure the sustainability and eventual scale-up of the model?
- 2.3. In parallel with the impact evaluation, the consultancy shall develop a longitudinal process evaluation and a cost-effectiveness analysis, with the aim of understanding the extent to which the Cuidado em Casa Project is implemented in accordance with the proposed model, identifying factors that facilitate or hinder its implementation in the different municipal contexts, and analyzing the mechanisms of intersectoral coordination, especially between the social assistance (SUAS) and health (SUS) systems.

3. Scope of Services

- 3.1. The contracted firm will be responsible for the planning, design, implementation, methodological supervision, and analysis of the impact evaluation of the Cuidado em Casa (CeC) Project. The evaluation shall also produce evidence on the resources needed for the sustainability and eventual scale-up of the project, contributing to the improvement of the operational design of the pilot and providing technical inputs for the implementation and expansion of this project in other Brazilian municipalities.
- 3.2. The scope of services includes, but is not limited to, the following activities: i) document review and survey of existing information; ii) development and validation of the methodological design of the evaluation; iii) definition of the identification strategy, the treatment and comparison groups, the data collection instruments, and the analysis plan; iv) definition, jointly with the IDB and the participating municipalities, of the sample and the final methodological parameters of the evaluation in each context; v) coordination with local stakeholders and technical validation with the IDB, SNCF, and the participating municipalities; vi) monitoring, supervision, and quality control of field data collection; vii) conducting the primary data collection (field survey) and the secondary data collection (administrative data and records from the social assistance and health systems); viii) analysis, systematization, and integration of quantitative, qualitative, and administrative data; ix) carrying out the impact analysis and the cost-effectiveness analysis; x) preparation of recommendations and practical tools for improving the design and implementation of future interventions; xi) production of a technical report and dissemination products;
- 3.3. The methodological design shall be developed based on the operational characteristics of the project and the feasibility of implementation in each participating municipality. The evaluation strategy shall prioritize experimental designs (RCT); in the municipalities or beneficiary groups in which randomization is not operationally feasible, quasi-experimental designs, mixed designs, or a combination of these methods may be adopted, provided that adequate standards of methodological rigor and causal identification are maintained. The proposal shall technically justify the choice of methods, specifying, where applicable, the randomization procedures, the criteria for defining the comparison groups, the primary and secondary hypotheses aligned with the Theory of Change, the outcome indicators, the statistical analysis plan, and the strategies for mitigating risks to the validity of the evaluation. The indicators shall include, among others and whenever possible given data availability, measures related to the well-being and quality of life of older adults; to the care work burden, mental health, quality of life, time use, and labor force participation of unpaid family caregivers; to the utilization of social assistance and health services; to program implementation; and to the costs of the intervention, and shall be disaggregated by sex, race/color, age, territory, and other relevant characteristics of the population served. Intensive use is expected of administrative data made available by the participating municipalities and by the federal social assistance and health systems (e.g., CadÚnico, SUAS/CRAS, SIH-SUS, e-SUS APS), so as to complement the primary data collected in the field, reduce collection costs, and mitigate risks associated with loss to follow-up.
- 3.4. **Sample size and statistical power.** The reference sample for the evaluation is approximately 450 dyads (older adult and family caregiver) in the treatment group and 450 in the comparison group, distributed evenly across the three municipalities (about 150 dyads per group in each municipality), to be confirmed depending on the size of the

lists of eligible persons in each territory. The contracted firm shall present, in Deliverable 2, the statistical power calculations for each primary outcome, adopting as minimum parameters power of 80% and a significance level of 5% (two-sided test) and reporting the minimum detectable effect (MDE) in standard deviations and in the original unit of each instrument. The calculations shall make explicit and justify, based on the literature or on existing data: i) the means and variances of the outcomes; ii) the correlation between baseline and follow-up measures; iii) the expected rates of attrition and of treatment take-up; and iv) where observations are clustered (for example, by territory, team, or paid caregiver), the intraclass correlation. They should also include a sensitivity analysis for these parameters and the code used. By way of indication, with the parameters above, without covariate adjustment and assuming 15% attrition and full take-up, the reference sample would make it possible to detect effects of about 0.20 standard deviations in continuous outcomes in the pooled sample of the three municipalities and of about 0.35 standard deviations in each municipality separately. The contracted firm shall indicate the minimum sample size per group and per municipality required to detect the effects expected considering the literature, and the initial sample shall be sized to compensate for the anticipated loss to follow up. If the sample available in any context is smaller than the calculated minimum, the firm shall report the resulting MDE and propose alternatives (for example, adjustment for baseline covariates, additional measurement rounds, or redefinition of the primary outcomes).

- 3.5. **Outcomes and hypotheses.** The primary outcomes shall be pre-specified, limited in number, and measured using instruments validated for the Brazilian population (for example, the Katz index for functional ability, the Zarit scale for caregiver burden, PHQ-9 and GAD-7 for mental health, and WHOQOL-OLD for quality of life), and clearly distinguished from secondary and exploratory outcomes. Low-incidence binary outcomes, such as hospitalizations, tend not to have sufficient statistical power with the reference sample and shall be treated as secondary or exploratory, unless the power calculations demonstrate otherwise. The analysis plan shall provide for the handling of multiple hypotheses (for example, aggregate indices by family of outcomes or false discovery rate correction) and specify in advance the subgroups of interest (for example, sex of the caregiver and degree of functional dependence at baseline), with the respective power calculations. Given the small number of municipalities, comparisons between municipalities will be exploratory and descriptive in nature.
- 3.6. **Randomization, estimation, and threats to validity.** Randomization shall be carried out after completion of the baseline, in a stratified manner (at a minimum by municipality and territory), using reproducible code, with a recorded seed and documentation that allows its verification by the IDB. The protocol shall define the period during which the comparison group will remain without receiving the intervention and the mechanisms for monitoring and minimizing contamination and crossover of participants between groups. The main estimate shall be the intention-to-treat (ITT) effect, controlling for the baseline value of the outcome (ANCOVA) and for stratum fixed effects, with robust standard errors and, where there is clustering, cluster-adjusted standard errors; in addition, the local average treatment effect (LATE) shall be estimated, using random assignment as an instrument for actual participation. The firm shall report attrition rates by group and round, test for differential attrition, and present robustness analyses (for example, Lee bounds or inverse probability of response weighting), explicitly considering losses due to death or institutionalization. In contexts in which a quasi-experimental design is adopted, it shall preferably be based on difference-in-differences with staggered rollout, using estimators robust to treatment effect heterogeneity (for

example, Callaway and Sant’Anna, 2021), with tests of pre-treatment trends and a specific power calculation.

- 3.7. In addition, the firm shall develop *policy briefs* and a working paper focused on presenting evidence on the effectiveness, implementation, and cost-effectiveness of the Cuidado em Casa Project. The documents shall highlight the main results of the evaluation for different population groups and territorial contexts, including, whenever possible, analyses disaggregated by sex, race/color, age group, and other relevant characteristics of the population served. The products shall contribute to improving the design and implementation of public care policies, providing inputs for decision-making, the strengthening of the National Care Policy, and the sustainable expansion of home care services in Brazil.
- 3.8. The consultancy will also be responsible, in partnership with the IDB and SNCF, for disseminating and sharing this evidence through workshops, events, and other dissemination strategies, ensuring dialogue with policymakers and public officials, civil society, and other relevant stakeholders.

4. Key Activities

- 4.1. The contracted firm shall carry out the following activities in the execution of the impact evaluation:

(a) Initial planning and document review

- Collect and analyze relevant documents related to the Cuidado em Casa Project, the National Care Policy and Plan, the Maior Cuidado Program, and other pertinent national and international references.
- Hold technical meetings with the IDB and other partners involved for the initial alignment of the work.
- Review diagnostics, operational instruments, implementation protocols, and available databases.
- Prepare a work plan containing the methodological proposal for the research, including a first design of the evaluation, the schedule for carrying out the activities, and the schedule for delivery of the deliverables.

(b) Methodological design of the evaluation

- Develop the methodological design of the evaluation, including the causal identification strategy, the definition of the treatment and comparison groups, the data collection instruments, and the analysis plan.
- Define the methodological procedures to be adopted in each participating municipality, considering the operational characteristics of local implementation and the feasibility of using experimental, quasi-experimental, or mixed designs.
- Develop research hypotheses, outcome indicators, process indicators, and economic indicators aligned with the Theory of Change.
- Perform statistical power calculations for each primary outcome and for the pre-specified subgroups, reporting the minimum detectable effect, the parameters adopted, and the sensitivity analysis (as per item 3.4), and define sampling strategies, including the minimum sample size per group and per municipality and the oversampling needed to compensate for loss to follow-up.

- Prepare the randomization protocol, specifying the unit of randomization, the stratification variables, the random draw procedure (reproducible code, with a recorded seed), and the mechanisms for verification by the IDB.
- Prepare a pre-analysis plan, where applicable, including its registration on a recognized public platform (e.g., AEA RCT Registry, OSF Registries, or equivalent) prior to the start of impact data collection.
- Identify potential methodological risks, including selection bias, loss to follow-up (including due to death or institutionalization), differential attrition between groups, non-compliance with treatment, contamination between groups, and heterogeneity of implementation, proposing mitigation strategies.

(c) Data collection

- Support the planning of quantitative and qualitative data collection.
- Carry out field data collection.
- Adopt a protocol for tracking and locating participants between data collection rounds, with a target response rate of at least 85% in each follow-up round and monitoring of attrition by group, as well as procedures for the use of proxy respondents in the case of older adults with cognitive impairment.
- Prepare a baseline report, including balance tests between the treatment and comparison groups, to be validated by the IDB and SNCF/MDS prior to the continuation of follow-up data collection.
- Continuously monitor the quality of the data collected and compliance with the methodological protocols.
- Implement quality control and audit mechanisms for data collection.
- Monitor the implementation of the project in the participating municipalities, recording operational information relevant to the process evaluation.
- Support the structuring and use of project monitoring systems.

(d) Data systematization and analysis

- Produce the final database, cleaned, anonymized, and duly coded, accompanied by a variable dictionary.
- Consolidate and analyze quantitative, qualitative, and administrative data.
- Estimate the effects of the project on beneficiary older adults and unpaid family caregivers, reporting intention-to-treat (ITT) estimates and, in addition, local average treatment effect (LATE) estimates, with respective confidence intervals.
- Carry out analyses of heterogeneity of results for different population groups, restricted to the subgroups pre-specified in the pre-analysis plan and accompanied by the respective power calculations.
- Prepare scripts (in R or Stata) for opening the database and running basic statistical analyses, facilitating reproducibility and future use by the teams of SNCF, the participating municipalities, and the IDB.
- Produce an interim report including a detailed presentation with the interim results of the impact evaluation

(e) Process evaluation

- Assess the fidelity of implementation of the Cuidado em Casa Project relative to the model originally proposed.

- Document facilitating factors and obstacles to implementation.
- Analyze the coordination mechanisms between social assistance and health.
- Conduct interviews, focus groups, process observation, and other qualitative activities needed to understand the implementation of the project.
- Produce evidence on the conditions needed for the expansion of the model in different territorial contexts.

(f) Cost-effectiveness analysis

- Collect and systematize information on project costs and service utilization.
- Estimate cost-effectiveness and cost-benefit indicators for the intervention.
- Produce analyses that support decisions related to the sustainability and expansion of the project.
- Identify the financial and institutional requirements needed to scale up the model.

(g) Preparation of the analytical report

- Produce a technical report presenting the methodology adopted, the main findings of the evaluation, an analysis of the results, and recommendations for future interventions and public policies.
- Prepare a technical presentation with the main results and hold a feedback meeting with the teams of the municipalities, the IDB, SNCF/MDS, and other partners. The presentation of results shall include comparative charts, impact analysis, and practical suggestions for improving future interventions in the context of the CeC Project.
- Incorporate suggestions and deliver the final version of the report and the database, accompanied by the instruments applied.

(h) Dissemination of results

- Prepare a communication strategy to disseminate the results of the evaluation, including the production of policy briefs and a working paper. The dissemination products shall be adapted to different target audiences (policymakers and public officials, civil society, entrepreneurs) and may include summary versions, infographics, and interactive dashboards.
- When necessary, conduct workshops or training meetings aimed at strengthening monitoring and evaluation capacities among the counterparts.

(i) Coordination of technical teams

- Coordinate the team of professionals involved in the execution of the Project, including the professionals mobilized by the consultancy.
- Ensure integration among the quantitative, qualitative, operational, and economic activities of the evaluation.
- Ensure the methodological consistency of all deliverables produced.

4.2. The contracted firm shall establish a continuous channel of communication with the technical teams of SNCF/MDS, the participating municipalities, and the IDB, ensuring alignment at all stages of the research, and shall participate in follow-up meetings, according to the agreed schedule, to present the progress of activities, discuss any challenges, and agree on adjustments when necessary.

- 4.3. The contracted firm shall ensure that all deliverables comply with the technical, visual, and methodological standards agreed with the contracting party.

5. Expected Outcomes and Deliverables

- 5.1. The execution of the consultancy shall result in the production of robust evidence on the effectiveness, implementation, and cost-effectiveness of the Cuidado em Casa Project, supporting the generation of strategic knowledge for strengthening the National Care Policy. The evaluation is expected to produce evidence on the effects of the project for older adults with care needs and their unpaid family caregivers, as well as on the institutional, operational, and territorial factors that influence its implementation. The results should inform the improvement of the home care model tested under Technical Cooperation BR-T1684, support decisions related to the sustainability and expansion of the initiative and contribute to the formulation and implementation of evidence-based public care policies.
- 5.2. The expected deliverables of the consultancy, corresponding to the activities listed, include:
1. **Work plan and execution schedule:** Document containing the initial methodological proposal for the evaluation, the specific objectives of the research, the strategy for implementing the activities, the detailed execution schedule, and the schedule for delivery of the deliverables.
 2. **Evaluation protocol and methodological design:** Technical document containing the approved methodological proposal, including: i) evaluation strategy for each participating municipality; ii) sampling plan and statistical power calculations (minimum detectable effect per primary outcome, parameters adopted, sensitivity analysis, and replicable code); iii) causal identification strategy and randomization protocol; iv) research hypotheses; v) data collection instruments; vi) quantitative and qualitative analysis plan; vii) pre-analysis plan, where applicable; and viii) monitoring and process evaluation strategy.
 3. **Processed database and technical documentation:** Final database, cleaned, anonymized, and coded, accompanied by: i) variable dictionary; ii) technical documentation on the structure of the database; iii) scripts for opening the database and running basic statistical analyses (in R or Stata). The deliverable shall ensure the reproducibility of the analyses and subsequent use by the teams of SNCF/MDS and the IDB.
 4. **Baseline report and balance test:** Technical report presenting the results of the baseline data collection in each participating municipality, including balance tests between the treatment and comparison groups and an update of the power calculations with the variances, correlations, and response rates actually observed, to be validated by the IDB prior to the continuation of follow-up data collection.
 5. **Interim report and presentation of preliminary results:** Technical report containing: i) description of the implementation of the project and of data collection; ii) preliminary analysis of the process and impact indicators; iii) monitoring of data quality and any methodological risks; iv) preliminary results of the evaluation; and v) technical presentation to discuss the interim findings with the IDB, SNCF, and other partners.
 6. **Final report and presentation of consolidated results:** Technical report containing: i) full description of the methodology adopted; ii) results of the impact evaluation; iii) results of the process evaluation; iv) results of the qualitative analysis; v) results of the cost-effectiveness analysis; vi) limitations of the

evaluation; vii) analysis of relevant heterogeneities; and viii) recommendations for the improvement and eventual expansion of the Cuidado em Casa Project. The deliverable shall be accompanied by an executive presentation of the results and a feedback meeting with the counterparts.

7. **Dissemination and capacity-building products:** Set of products aimed at communicating and using the results of the evaluation, including two *policy briefs*, a working paper, executive presentations, communication materials, and reports on the workshop held with policymakers, public officials, and other stakeholders. The products shall highlight the main evidence generated by the evaluation and its potential implications for the implementation of the National Care Policy. The working paper and any scientific articles derived from the evaluation shall be co-authored with the IDB technical team responsible for supervising the consultancy.