

TC Document

I. Basic Information for TC

▪ Country/Region:	BRAZIL
▪ TC Name:	Aging Facility: Support to the Government of the State of Bahia to develop an intersectoral model of care for the elderly
▪ TC Number:	BR-T1671
▪ Team Leader/Members:	Gouvea Gomes, Livia (SCL/SPL) Team Leader; Goes Shibata, Leonardo (SCL/SPH) Alternate Team Leader; Rocha, Marcia Gomes (SCL/HNP) Alternate Team Leader; Machado Maciel Da Silva, Anna Carolina (SCL/SPH); Avila, Krysia A (LEG/SGO); Rivera Herrera Sergio Andres (SCL/SPL); Gonzalez Herrera, Beatriz Maria (SCL/SPL); Souza Eugenio, Gabriela Fernanda (CSC/CBR); Ramos De Alvarado, Paola Michelle (SCL/SPL); Regueiro Martinez, Silvina (GPS/REM); Tavares Sousa, Maria Elisa (CSC/CBR); Mendoza Centellas, Mariana Beatriz (GPS/GCM); Garcia Diaz Milagros (SCL/SPL)
▪ Taxonomy:	Client Support
▪ Operation Supported by the TC:	.
▪ Date of TC Abstract authorization:	.
▪ Beneficiary:	State of Bahia, through its Secretary of Health
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	Cofinancing Special Grants(COF)
▪ IDB Funding Requested ¹ :	US\$200,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	36 months
▪ Required start date:	10/01/25
▪ Types of consultants:	Individual firms and consultants
▪ Prepared by Unit:	SCL/SPL-Social Protection and Labor Markets Division
▪ Unit of Disbursement Responsibility:	CSC/CBR-Country Office Brazil
▪ TC included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the Institutional Strategy 2024-2030:	Afro-descendants; Gender equality; Diversity; Social protection and human capital development; Targets poor populations

II. Objectives and Justification of the TC

- 2.1 The objective of this technical cooperation (TC) is to develop in the State of Bahia an intersectoral model of care for the elderly, with a focus on those diagnosed with dementia and their families, involving sectoral policies and actions in Health, Social Assistance and Human Rights.

¹ Individual Operation under the “Aging Facility: Strengthening Capacity for Health, Long-Term Care and Social Services” (RG-O1682) approved by the Board by Resolution DE-99/20.

- 2.2 **Context.** In Brazil, it is estimated that about 8.5% of the population aged 60 and over lives with dementia, which is equivalent to approximately 1.8 million people.² Prevalence varies depending on the analyzed region and the design of the analysis, ranging from 5.1% to 17.5%, and is higher among women (9.1%) than among men (7.7%). In the global context, prevalence among older adults ranges from 5% to 7%, with Latin America being the region with the highest rates.
- 2.3 According to the proposal for a Comprehensive Model of Health Care for the Elderly, the integrated care for older people provided through the SUS (*Sistema Único de Saúde*) should be embedded in the Health Care Networks (Redes de Atenção à Saúde – RAS). Within this framework, Primary Health Care (*Atenção Primária à Saúde – APS*) is responsible for coordinating this care and organizing actions and services. In this sense, the design of a care line for elderly people with dementia and their families expands access to health systems, systematizes flows and organizes points of the care network.
- 2.4 According to the National Dementia Report (2024), about 80% of people with dementia in Brazil are unaware of their diagnosis, which hinders the implementation of appropriate individualized therapeutic plans. Recent national estimates suggest that only about 20% of dementia cases are correctly diagnosed and that underdiagnosis has become a challenge that must be addressed. Therefore, detecting cognitive changes in APS is a necessary strategy for early diagnosis and the adoption of timely treatment measures.
- 2.5 In the current scenario, it is urgent to structure the health system to care for people with cognitive deficits, whether related or not to dementia, in accordance with the recently enacted Law No. 14,878/2024 – National Policy for Comprehensive Care for People with Alzheimer's Disease and Other Dementias. Likewise, the intervention proposed by this TC also contributes to the principles of the National Care Policy (Law No 15.069/2024), as it promotes not only the well-being of older people who require care, but also the improvement of the living and working conditions of those who provide care, recognizing the interdependence between both groups.
- 2.6 In this sense, the objective of this TC is to develop an Intersectoral Model of Care for the elderly, with a focus on those diagnosed with dementia and their families, in the State of Bahia. The Model will include coordinated actions across the sectoral policies of Health, Social Assistance, and Human Rights, and will establish a specific line of care for dementia. The TC will also support the development of a governance model for group care spaces, as well as training and psychoeducation for family caregivers, with the aim of recovering, maintaining and promoting the autonomy and independence of the elderly. As a complementary strategy, this TC will finance the development of software to support the rehabilitation process in dementia care.
- 2.7 **Strategic alignment.** This project is aligned with the IDB Group's Institutional Strategy "Transformation for Greater Scale and Impact" (CA-631), particularly with its objective of reducing poverty and inequality by improving the quality of life of older people and their families, who face multiple forms of vulnerability. The program also aligns with the operational focus areas of: (ii) gender equality and inclusion of diverse population groups and (iv) social protection and human capital development. It is also aligned with the Sectoral Framework Document on Social Protection and Poverty (GN-2784-

² BRAZIL. Ministry of Health. National rapporteurship on demência: epidemiology, (re)knowledge and future projects. Brasília: Ministério da Saúde, 2024. 132 p. ISBN 978-65-5993-648-9. Available at: http://bvsmms.saude.gov.br/bvs/publicacoes/relatorio_nacional_demencia_brasil.pdf

12), which identifies the provision of long-term care as a key line of action for strengthening social protection systems and reducing multidimensional poverty. Likewise, this TC is aligned with the IDB Group's Strategy with Brazil 2024–2027 (GN-3243-3), especially with its Strategic Pillar 3: "Advancing a new social agenda for a prosperous and inclusive country". In this pillar, the strategic objective of "supporting protection and care policies for women and diverse populations" is directly addressed by this cooperation, by considering: (i) the reduction of the burden of unpaid care that falls mostly on women; and (ii) the professionalization of the care workforce, which has a strong presence of Afro-descendant women in vulnerable situations. The proposed activities are fully consistent with the Bank's expertise in social protection and long-term care, and with the IDB Group Strategy with Brazil 2024–2027 (GN-3243-3), under Strategic Pillar 3: "Advancing a new social agenda for a prosperous and inclusive country," contributing to the strategic objective of strength policies for the protection and welfare of women and diverse population. In addition, the Government of Brazil, through its official liaison Ministry of Finance, has concurred with this TC as reflected in the letter of request/non-objection included in Annex I.

2.8 **Complementary operations.** This operation is aligned with the IDB's agenda to strengthen long-term care in Latin America and the Caribbean. It is funded by the "Aging Facility: Strengthening Capacity for Health, Long-Term Care and Social Services" (RG-O1682), which aims to support countries in developing strategic policies to respond to the multidimensional challenges of ageing in the areas of health, care and social services by promoting gender equality. Within this framework, this TC will contribute to the design of an intersectoral model of comprehensive care, to the improvement of the governance of social and health services and to the development of technological solutions that favor the autonomy and quality of life of the elderly and their caregivers. In addition, this TC is complementary to other IDB-financed operations in Brazil that support the care agenda, such as "Paraná Amigo da Pessoa Idosa" (ATN/JF-21458-BR), which assists the State of Paraná in developing a registry of long-term care providers, training of caregivers with a person-centered approach, and the piloting of community prevention strategies. Finally, it is also related to the silver economy initiatives led by the IDB Lab, such as *Región Plateada* (ATN/ME-20055-RG), whose objectives include supporting the development of care services for older adults and offering training for caregivers.

2.9 **Sustainability.** The sustainability of this TC will be ensured through the institutionalization of the intersectoral line of care developed by the State of Bahia, building on existing state initiatives for older adults' care and social protection. The training of technical teams and the integration of the developed guidelines and protocols into public services will strengthen continuity, while the knowledge products including a systematization report documenting the main lessons from implementation, will be designed for replication in other states, positioning Bahia's experience as a reference beyond the life of the TC.

III. Description of activities/components and budget

3.1 **Component 1: Development of a comprehensive intersectoral care line for elderly people diagnosed with dementia and their families (US\$70,000).** Activities under this component include a diagnosis of existing services and gaps, the design of an intersectoral line of care with integrated service flows, and the preparation of technical presentations to support the supervision of the cooperation.

- 3.2 **Component 2: Design of a governance model for hybrid care services that integrate actions from the Health, Social Assistance, and Human Rights sectors (US\$60,000).** This component will finance the development of a governance framework and the organization of policy dialogue events with key secretariats to identify demands and opportunities for support.
- 3.3 **Component 3: Development and piloting of a digital tool to support the functional rehabilitation of elderly people with dementia (US\$70,000).** This tool will be implemented in two locations selected based on service availability, potential integration with CREASI, local implementation capacity, and regional diversity. A qualitative evaluation will assess its operation, acceptance, and opportunities for improvement, with the goal of complementing hybrid service delivery and expanding access to care.
- 3.4 **Expected Outputs:** (i) Consolidated diagnosis analyzing existing services and identifying gaps in the lines of care for elderly people with dementia; (ii) Methodological document describing the intersectoral care route with integrated service flows (care pathway); (iii) Presentations prepared with relevant inputs for the supervision of the technical cooperation; (iv) Methodological document defining the governance structure and guidelines for integrated intersectoral actions; (v) Dialogue events organized with key secretariats, face-to-face or virtual, to identify demands and opportunities for IDB support; and (vi) Pilot intervention implemented through the use of a digital tool to support the rehabilitation of elderly people with dementia, tested in two locations and accompanied by a qualitative evaluation of its operation, acceptance, and areas for improvement.
- 3.5 **Expected results and beneficiaries.** The result of the execution of this TC will be the development of an intersectoral model of comprehensive care for elderly people diagnosed with dementia in the state of Bahia, including: (i) a line of care with integrated flows between Health, Social Assistance and Human Rights; (ii) a governance model for hybrid care services; and (iii) software to support the functional rehabilitation of elderly people with cognitive impairment. This TC will contribute to improving the quality of life of elderly people with dementia and their families, promoting their autonomy and timely access to coordinated public services. It will also benefit caregivers, mostly women in vulnerable situations, by providing support tools and strengthening the services that accompany them. Finally, this TC will contribute to the innovation of social and health services in Bahia, generating inputs that can be replicated in other regions of the country.
- 3.6 **Indicative budget.** The total cost of the TC is US\$ 200,000 financed with resources from the *Agence Française de Développement* (AFD) through the Aging Facility: Strengthening Capacity for Health, Long-Term Care and Social Services (RG-O1682). No local counterpart is contemplated. The disbursement and execution period will be 36 months.

Indicative Budget

Activity/Component	Description	IDB/Fund Funding	Total Funding
Component 1	Development of a comprehensive care line for elderly people diagnosed with dementia and their families.	US\$ 70,000	US\$ 70,000

Component 2	Design of a governance model for hybrid care services that integrate actions from the Health, Social Assistance, and Human Rights sectors	US\$ 60,000	US\$ 60,000
Component 3	Development and piloting of a digital tool to support the functional rehabilitation of elderly people with dementia	US\$ 70,000	US\$ 70,000
Total		US\$ 200,000	US\$ 200,000

- 3.7 Resources of this project have been received from the *Agence Française de Développement* (AFD) through a Project Specific Grant (PSG). A PSG is administered by the Bank according to the “Report on COFABS, Ad-Hocs and CLFGS and a Proposal to Unify Them as Project Specific Grants (PSGs)” (Document SC-114). As contemplated in these procedures, the commitment by the *Agence Française de Développement* (AFD) has been established through a separate Administration Agreement. Under such agreement, the resources for this project will be administered by the Bank.
- 3.8 **Supervision.** The technical supervision of this TC will be led by the sector specialist and team leader from the Social Protection and Labor Markets Division (SCL/SPL), in coordination with Marcia Rocha from the Health, Nutrition and Population Division (SCL/HNP), who will serve as the alternate team leader. Both SCL/SPL and SCL/HNP will share responsibility for technical implementation of the TC.

IV. Executing agency and execution structure

- 4.1 The progress and quality of the activities financed by this TC will be monitored directly by the IDB, in accordance with the Aging Facility agreement (RG-O1682) which establishes that TC operations will be executed by the IDB. At the same time, the execution will be carried out in accordance with the TC Policy (GN-2470-2) and the IDB's TC processing procedures (OP-619-4). The execution is justified by the added value of centralized execution through the Bank, which brings technical expertise in developing intersectoral care models, cross-sectoral coordination, and efficiency in the implementation of multi-stakeholder activities, avoiding delays in the execution because of procedural constraints. This modality is further justified by the technical nature of the cooperation—focused on studies, methodological tools, and digital solutions—and by the need for agility in hiring national and international consultants ensuring the quality of deliverables. In the case of this TC, the State Health Secretariat of Bahia formally requested that the IDB act as the executing agency.
- 4.2 As established in the Aging Facility Administrative Agreement signed on December 11, 2020, between the Bank and AFD for project RG-O1682, before awarding a contract or authorizing a sub-contract to be paid for with resources from the Contribution, the Bank shall provide AFD with the (a) name of the person, group, company, institution, or entity, and (b) its country of registration or country of citizenship to enable AFD to verify whether any of these participants are designated in the Sanctions Lists of France.
- 4.3 **Reporting.** The project team will be responsible for preparing and submitting the project reporting to AFD, as well as for all other actions and deliverables pertaining to project execution and agreed with AFD in the Administration Agreement. In compliance with the IDB's TC Monitoring System and OP-1385-4 regulation, the team leader will present at the end of each year a progress report on the results achieved in the year that is ending.

- 4.4 **Procurement.** All acquisitions to be executed under this Technical Cooperation have been included in the Procurement Plan (Annex IV) and will be contracted in accordance with the Bank's applicable policies and regulations as follows: (a) Hiring of individual consultants, as established in the Complementary Workforce Standard (AM-650) and (b) Contracting of services provided by consulting firms in accordance with the Institutional Procurement Policy (GN-2303-33) and its Guidelines.
- 4.5 **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 assigned or licensed in his favor.

V. Major issues

- 5.1 Although no significant potential risks are anticipated due to the technical nature of the planned activities, some operational challenges that could affect the execution of this TC are identified. Among them, the risk of delays in the contracting and coordination processes between the different institutional actors involved stands out, especially in an intersectoral model that requires the articulation of the areas of Health, Social Assistance and Human Rights. To mitigate these risks, the IDB will maintain continuous coordination with the Ministry of Health of the State of Bahia and other key institutions, promoting periodic follow-up meetings, detailed execution schedules, and agile communication channels. All personal data related to the registry of caregivers will be collected, stored, and managed exclusively by the State of Bahia in accordance with its own regulations.

VI. Exceptions to Bank policy

- 6.1 No exceptions to Bank policies are foreseen.

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:

[Request from the Client_71085.pdf](#)

[Results Matrix_29158.pdf](#)

[Terms of Reference_549.pdf](#)

[Procurement Plan_76181.pdf](#)