**UNODC Country Partnership Programme (2023-26)**

**Sub-Programme 3- Drug Use Prevention, Treatment, Rehabilitation, and HIV Care**

**Call for Proposals**

**Evaluation of the effectiveness of UNODC Strong Families Implementation Programme**

1. **Background and Context**

Family Skills Training, often also referred to as parent training or education, offers a combination of parenting knowledge, skill building, competency enhancement and support[[1]](#footnote-1). Family skills training programmes have been designed to reduce presenting problems and prevent future difficulties thorough training, support or education[[2]](#footnote-2). They aim to strengthen family protective factors such as communication, trust, problem-solving skills and conflict resolution, and often include opportunities for parents and children to spend positive time together, as ways to strengthen the bonding and attachment between the two. Family skills training programmes have frequently been used in universal level prevention strategies, targeting whole populations through schools, neighbourhoods or communities, without specific screening at the individual level for the level of risk presented. These approaches share the assumption that almost anyone can benefit from prevention efforts delivered with this health promotion orientation, and that delivery to groups made up of families with differing levels of risk is likely to foster engagement.

The United Nations Office on Drugs and Crime (UNODC) had identified that very few family skills programs existed to serve the needs of families living in low resource settings. The few available current reports appear promising and indicate feasibility of this approach (e.g. Mejia, Calam, & Sanders, 2015). For the current program, Professor Virginia Molgaard utilised, primarily, the four theories and concepts of The Strengthening Families Program, SFP-10-14 [[3]](#footnote-3) as well as drawing on literature on other programmes that have utilised stress management techniques. Firstly, the biopsychosocial vulnerability model presented by Karol Kumpfer [[4]](#footnote-4) was the basis of the original SFP and offers a framework that suggests that family coping skills and resources (such as effective family management, conflict resolution/problem solving skills and communication skills) buffer family stressors such as family conflicts and financial stress. The approach assumes a developmental perspective, with the family exerting relatively more influence on young adolescents than older adolescents. The second, the resiliency model [[5]](#footnote-5), has a greater focus in families on protective processes that are associated with basic resiliency characteristics in young people. It includes seven coping or life skills: emotional management skills, interpersonal social skills, reflective skills, academic and job skills, ability to restore self-esteem, planning skills and problem-solving ability. The third theory is the family process model[[6]](#footnote-6) and relates to objective economic stress to parents’ perceptions of increased economic pressure. This perceived pressure is, in turn, linked to increased parental depression and demoralisation, leading to greater marital discord and more frequent disruptions in successful parenting. The model indicates that the disrupted parenting adversely affects adolescent adjustment. The final theory is social learning theory[[7]](#footnote-7), which helps parents with the skills they need to survive the teenage years and recognize the crucial role they play in shaping their children's behaviour. The applied model shows how to apply common-sense techniques to prevent problems and provide support for growth and development.

The Strong Families (SF) Programme is a family skills programme developed by UNODC in 2017-18 for low- and middle-income countries. It provides an evidence-informed prevention response for improving family skills which benefit the health and safe development of children from both genders. It can be easily adapted to serve families in challenged settings in different contexts. SF helps caregivers and children, living in such settings, to deal with difficulties and daily stresses and challenges. A main component of this program is to strengthen the family structure and functions to help as such families prevent drug use, violence and other negative social consequences in their children. It is a universal within this selective subgroup of families and is best suited for families with children aged between 8 and 15 years[[8]](#footnote-8). SF helps caregivers and children, living in such settings, to deal with difficulties and daily stresses and challenges. A main component of this program is to strengthen the family structure and functions to help as such families prevent drug use, violence and other negative social consequences in their children[[9]](#footnote-9). The SF is already piloted in a small scale in Tehran and Alborz provinces in s small scale in 2019-2020 and evaluated successfully[[10]](#footnote-10).

Now the SF is to be piloted in a wider scale in the provinces of: Hormozgan, Lorestan, Kerman, Khorasan Razavi, Khuzestan, Sistan & Baluchistan and Tehran through the respective universities of medical sciences under the auspices of the Ministry of Health and Medical Education (MoHME) as part of the UNODC Iran Country partnership programme (2023-26) Sub-programme 3- “Drug Use Prevention, Treatment, Rehabilitation, and HIV Care” work plan for 2024 and as a joint action of UNODC and its direct national counterpart the Iranian Drug Control Headquarters (DCHQ), the national umbrella entity for coordinating drug Control programmes in the country. The present activity aims for conducting an evaluation exercise accompanying the SF implementation in the above-mentioned provinces and assess the effectiveness of this family skills programme implementation to be conducted before the intervention (baseline), two weeks and six weeks after the intervention (follow-up). The measures for the present assessment comprise of Farsi versions of:

**Caregiver measures:** Family Demographics Questionnaire; Strengths and difficulties questionnaire (SDQ) behavioural screening questionnaire (25 items)[[11]](#footnote-11); Parenting and Family Adjustment Scales (PAFAS)[[12]](#footnote-12) measures parenting practices and parental adjustment (30 items), this has been developed to be used in low resource settings.

**Child measures:** Strengths and difficulties questionnaire (SDQ) behavioural screening; Child and Youth Resilience Measure (CYRM-R) 10-23 years[[13]](#footnote-13)

1. **Scope of Work**

The aim of the present Call for Proposals is to engage an institution which ensures conducting an effectiveness evaluation based on earlier identified methodology accompanying the implementation of the UNODC Strong Families programme in identified sties in the provinces of: Hormozgan, Lorestan, Kerman, Khorasan Razavi, Khuzestan, Sistan & Baluchistan and Tehran necessarily using the measures introduced under Section A of the present Call for Proposals.

1. **Detailed Responsibilities:**

It is expected that the contracted institution:

1. ***Data collection matrix:*** Develops and delivers a data collection matrix and coding protocol [in English] for the individual and sites results based on the already developed methodology and identified measures for conducting the study. The data collection matrix should necessarily include:
	1. Results of filled-in battery questionnaires by caregivers and children from each site and for the bassline and the two follow-up measurements (two weeks and 6 weeks after the intervention respectively).
	2. Variables of the study: independent variables and dependent variables/outcomes
	3. Results of fidelity check lists and forms filled-out by the SF facilitators and supervisors.
2. ***Ethical approval:*** Obtains Ethical Approval[in Farsi with unofficial English translation] from credible research ethics committee on the research methodology
3. ***Detailed evaluation plan:*** Develops and delivers a detailed plan for conducting the evaluation at all implementation sites ensuring timely baseline and follow-up measurements [in Farsi with English translation]
4. ***Training:*** Plans arranges and delivers training for evaluators (who shall be identified by each university of medical sciences from the respective provinces) and develops and delivers the report of the training
5. ***Evaluation exercise:*** Conducts, coordinates and supervises the evaluation exercise in all implementation sites to be conducted by evaluators, who shall be identified by each university of medical sciences from the respective provinces and compiles and delivers a report on the evaluation process.
6. ***Results and findings:*** Compiles results and findings of the evaluation [in English]
7. ***Statistical Analysis:*** Conducts and compiles report on the statistical analysis of the findings, together with the discussion section.
8. ***Final Report:*** Compiles a final report on the entire elevation exercise, which should necessarily include challenges limitations and recommendations.
9. **Outputs/Deliverables:**

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| --- | --- | --- | --- | --- |
| **Part** | **Deliverables/Outputs description** | **Estimated Duration** | **Target Due Date** | **Required Review and Approvals** |
| I | * Ad C.1- Data collection matrix
* Ad C.2. Ethical approval
* Ad C.3- Detailed evaluation plan
* Ad C.4- Training of evaluators
 | 6 weeks | mid-July 2024 | UNODC DDR Coordinator |
| II | * Ad C.5- Evaluation exercise report
 | 10 weeks | Mid Oct 2024 | UNODC DDR Coordinator |
| III | * Ad C.6- Results and findings
* Ad C. 7- Statistical Analyse
* Ad C.8.- Final Report
 | 8 weeks  | End of Dec 2024 | UNODC DDR Coordinator and DCHQ  |

1. **Institutional Arrangement/Verification**
* The final report should be verified/ endorsed by DCHQ and UNODC based on the final terms of reference.
* The institution shall closely liaise with the UNODC, DCHQ, MoHME for all technical aspects of work.
* UNODC would not be made responsible for any obstacle: logistic, legal and financial, which might arise in the implementation of the set of activities under the contract.
* Copyright for all materials produced by the contractor under this project will remain with UN and DCHQ including its involved member organisations

1. **Duration of work**

The contractor is expected to complete the activity within 6 months between June- Dec 2024

1. **Duty Station:**

The contractor’s site is subject to providing smooth communication means. The contractor is expected to be available for meetings in Tehran province- Iran while conducting field visits to the 7 provinces locations in the country and as detailed under sections B. and C. of the present terms of Reference.

1. **Scope of Price Proposal and Schedule of Payments**

As full consideration for the services performed by the contractor under the terms of this contract the United Nations shall pay the total amount of Contract upon certification and approval of UNODC that the services have been satisfactorily performed as per below listed milestones, and against the receipt of actual invoice:

|  |  |  |  |
| --- | --- | --- | --- |
| **Deliverable** | **Description** | **Target Due Date** | **Payment percentage** |
| I | * Ad C.1- Data collection matrix (5%)
* Ad C.2. Ethical approval (5%)
* Ad C.3- Detailed evaluation plan (5%)
* Ad C.4- Training of evaluators (15%)
 | mid-July 2024 | 30% |
| II | Ad C.5- Evaluation exercise report (25%) | Mid Oct 2024 | 25% |
| III | * Ad C.6- Results and findings (20%)
* Ad C. 7- Statistical Analyse (15%)
* Ad C.8.- Final Report (10%)
 | End of Dec 2024 | 45% |

* The contract’s total payment is expected to cover Travel and communication costs, costs of typing and preparing the soft and hard copies of documents and any other relevant administration and logistic –preparation costs regarding this activity such as transfer and incentives for participating actual and potential service users
* The Contractor shall not do any work, provide any equipment, materials and supplies or perform any other services which may result in any costs in excess of the total contract amount.
* Upon receiving and verification of deliverables, payments will be paid by United Nations, as per the bank account information that was shared through signed Vendor Form and banking certificate.
* Each payment will be made within 30 days from receiving verification and request by UN.
* Payments will be made according to UN regulations as explained in the contract documents.
1. **Criteria for Selection of the Best Offer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Total Obtainable Scorer** | **Criteria** | **Sub score** |
| Expertise of the firm | 30 | Mandatory:Min. 7 years of experience of work in the area of health scientific research ≥7 X <9 years of exp (8/10)≥ 9 X < 15 years of exp (9/10)≥ 15 years of exp (10/10) | 10 |
|  Mandatory:Has published at least five articles on reports of evaluation-epidemiologic assessments in scientific international journals during the past 10 years. Number of publications:5≤X <10: (8/10); X ≥ 10 (10/10) | 10 |
| Mandatory:Min. 5 years of experience in organizing and conducting training workshops or implementing health related activities5≤X<10: (8/10); X ≥ 10 (10/10) | 10 |
| Proposed Methodology, Action Plan, and Challenges | 35 | Understanding and Proposed MethodologyRelevant and comprehensive (15/15)Relevant, sufficient but not comprehensive (13/15)Relevant but not sufficient (7/15)Irrelevant (0/15) | 20 |
| Action planRelevant and comprehensive (15/15)Relevant, sufficient but not comprehensive (13/15)Relevant but not sufficient (7/15)Irrelevant (0/15) | 10 |
| ChallengesRelevant and comprehensive (5/5)Relevant, sufficient but not comprehensive (3/5)Relevant but not sufficient (1/5)Irrelevant (0/5) |  5 |
| Expertise of the key staff | 35 | Mandatory:The Team Leader has min. master’s degree in the field of public health, epidemiology, psychology, social work or medicine Master’s degree (8/10), Higher education (10/10) | 10 |
| Mandatory:The Team leader has min. 10 years of experience active in the area of prevention/health promotion≥10 X <12 years of exp (6/10)≥ 12 X < 15 years of exp (8/10)≥ 15 years of exp (10/10) | 10 |
| Mandatory:The team leader has been first author to at least 2 published articles in international journals in English in the area of health interventions evaluation during the last 5 years2≤X<4 published articles and a first author: (10/15)≥ 4: (15/15) | 15 |

The financial offer must refer to all mentioned actions, all various incurring costs and align completely with the technical proposal for being acceptable.

**Submission**

Interested institutions/organisations are encouraged to submit their proposals in **two separate documents for technical and financial**, to the email address: unodc-iran.procurement@un.org State the title of the call as the subject of your email.

**Subject Email: Technical and Financial proposal for “Evaluation of the effectiveness of UNODC Strong Families Implementation Programme” – SP3-1**

Containing a cover email and four attachments:

1. Technical Proposal
2. CV of the Institution/organisation
3. CV of the Head Consultant/Team Leader
4. Financial proposal

**Application deadline**

27 May 2024

1. Barry, Margaret M. (2001). Promoting positive mental health: theoretical frameworks for practice. International Journal of Mental Health Promotion, 3(1), 25-34. [↑](#footnote-ref-1)
2. Smith, P., Dyregrov, A., Yule, W., Perrin, S., Gjestad, R., & Gupta, L. (2000). Children and war: Teaching recovery techniques. *Bergen, Norway: Foundation for Children and War* [↑](#footnote-ref-2)
3. Molgaard, V., & Spoth, R. (2001). The Strengthening Families Program for Young Adolescents: Overview and Outcomes. *Residential Treatment For Children & Youth*, *18*(3), 15–29. https://doi.org/10.1300/J007v18n03\_03 [↑](#footnote-ref-3)
4. Kumpfer, K. L., Trunnell, E. P., & Whiteside, H. O. (1990). The biopsychosocial model: Application to the addictions field. *Controversies in the Addiction Field. Dubuque, IA: Kendall Hunt Publishing Co*. [↑](#footnote-ref-4)
5. Richardson, G. E., Neiger, B. L., Jensen, S., & Kumpfer, K. L. (1990). The resiliency model. *Health education*, *21*(6), 33-39. [↑](#footnote-ref-5)
6. Conger, R. D., Lorenz, F. O., Elder, G. H., Melby, J. N., Simons, R. L., & Conger, K. J. (1991). A process model of family economic pressure and early adolescent alcohol use. *The Journal of Early Adolescence*, *11*(4), 430-449. [↑](#footnote-ref-6)
7. Vuchinich, S., Bank, L., & Patterson, G. R. (1992). Parenting, peers, and the stability of antisocial behavior in preadolescent boys. Developmental Psychology, 28(3), 510–521. [https://doi.org/10.1037/0012-1649.28.3.510](https://psycnet.apa.org/doi/10.1037/0012-1649.28.3.510) [↑](#footnote-ref-7)
8. <https://www.unodc.org/unodc/en/prevention/strong-families.html> [↑](#footnote-ref-8)
9. <https://www.unodc.org/documents/drug-prevention-and-treatment/Strong_families_Brochure.pdf> [↑](#footnote-ref-9)
10. Haar K, El-Khani A, Mostashari G, Hafezi M, Malek A, Maalouf W. Impact of a Brief Family Skills Training Programme (“Strong Families”) on Parenting Skills, Child Psychosocial Functioning, and Resilience in Iran: A Multisite Controlled Trial. International Journal of Environmental Research and Public Health. 2021; 18(21):11137. https://doi.org/10.3390/ijerph182111137 [↑](#footnote-ref-10)
11. Goodman R. The Strengths and Difficulties Questionnaire: a research note. J Child Psychol Psychiatry. 1997 Jul;38(5):581-6. doi: 10.1111/j.1469-7610.1997.tb01545.x. PMID: 9255702. [↑](#footnote-ref-11)
12. Sanders, M. R., Morawska, A., Haslam, D. M., Filus, A., & Fletcher, R. (2014). Parenting and Family Adjustment Scales (PAFAS): Validation of a brief parent-report measure for use in assessment of parenting skills and family relationships. Child Psychiatry and Human Development, 45(3), 255-272. doi: 10.1007/s10578-013-0397-3 [↑](#footnote-ref-12)
13. Jefferies, P., McGarrigle, L., & Ungar, M. (2019). The CYRM-R: A Rasch-validated revision of the child and youth resilience measure. *Journal of Evidence-Based Social Work*, *16*(1), 70-92. [↑](#footnote-ref-13)