EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Deputy Director General for Food Safety

CALL FOR TENDERS

N° SANTE/2016/C4/075

"Alcohol related harm in women"

Organisation of a pilot project

providing support to women with an alcohol problem,

to reduce risks, in particular during pregnancy.

TENDER SPECIFICATIONS

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1. INFORMATION ON TENDERING

1.1. Participation

Participation in this procurement procedure is open on equal terms to all natural and legal persons coming within the scope of the Treaties, as well as to international organisations.

It is also open to all natural and legal persons established in a third country which has a special agreement with the Union in the field of public procurement on the conditions laid down in that agreement. Where the plurilateral Agreement on Government Procurement[1] concluded within the World Trade Organisation applies, the participation to this procedure is also open to all natural and legal persons established in the countries that have ratified this Agreement, on the conditions it lays down.

1.2. Contractual conditions

The tenderer shall bear in mind the provisions of the draft contract which specifies the rights and obligations of the contractor, particularly those on payments, performance of the contract, confidentiality, and checks and audits.

1.3. Compliance with applicable law

The tender must comply with applicable environmental, social and labour law obligations established by Union law, national legislation, collective agreements or the international environmental, social and labour conventions listed in Annex X to Directive 2014/24/EU[2].

1.4. Joint tenders

A joint tender is a situation where a tender is submitted by a group of economic operators (natural or legal persons). Joint tenders may include subcontractors in addition to the members of the group.

In case of joint tender, all members of the group assume joint and several liability towards the Contracting Authority for the performance of the contract as a whole, i.e. both financial and operational liability. Nevertheless, tenderers must designate one of the economic operators as a single point of contact (the leader) for the Contracting Authority for administrative and financial aspects as well as operational management of the contract.

After the award, the Contracting Authority will sign the contract either with all members of the group, or with the leader on behalf of all members of the group, authorised by the other members via powers of attorney.

1.5. Subcontracting

Subcontracting is permitted but the contractor will retain full liability towards the Contracting Authority for performance of the contract as a whole.

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[1] See http://www.wto.org/english/tratop_E/gproc_e/gp_gpa_e.htm

[2] Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC (OJ L 94, 28.3.2014, p. 65).

Tenderers are required to identify all subcontractors whose share of the contract is above 10 % and whose capacity is necessary to fulfil the selection criteria.

During contract performance, the change of any subcontractor identified in the tender or additional subcontracting will be subject to prior written approval of the Contracting Authority.

1.6. Structure and content of the tender

The tenders must be presented as follows:

Part A: Identification of the tenderer (see section 1.7)

Part B: Non-exclusion (see section 4.1)

Part C: Selection (see section 4.2)

Part D: Technical offer

> The technical offer must cover all aspects and tasks required in the technical specifications and provide all the information needed to apply the award criteria. Offers deviating from the requirements or not covering all requirements may be rejected on the basis of non-compliance with the tender specifications and will not be evaluated.

Part E: Financial offer

> The price for the tender must be quoted in euro. Tenderers from countries outside the euro zone have to quote their prices in euro. The price quoted may not be revised in line with exchange rate movements. It is for the tenderer to bear the risks or the benefits deriving from any variation.
>
> Prices must be quoted free of all duties, taxes and other charges, including VAT, as the European Union is exempt from such charges under Articles 3 and 4 of the Protocol on the privileges and immunities of the European Union. The amount of VAT may be shown separately.
>
> The quoted price must be a fixed amount which includes all charges (including travel and subsistence). Travel and subsistence expenses are not refundable separately. The contractor should include a detailed breakdown for groups of deliverables (A to I) as described in point 2.4 below. For workshops under group E there should be a breakdown per workshop.

1.7. Identification of the tenderer

The tender must include a **cover letter** signed by an authorised representative presenting the name of the tenderer (including all entities in case of joint tender) and identified subcontractors if applicable, and the name of the single contact point (leader) in relation to this procedure.

In case of joint tender, the cover letter must be signed either by an authorised representative for each member, or by the leader authorised by the other members with powers of attorney. The signed powers of attorney must be included in the tender as well (Annex III). Subcontractors that are identified in the tender must provide a letter of intent

signed by an authorised representative stating their willingness to provide the services presented in the tender and in line with the present tender specifications.

All tenderers (including all members of the group in case of joint tender) must provide a signed Legal Entity Form with its supporting evidence. The form is available on: http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal_entities_en.cfm

Tenderers that are already registered in the Contracting Authority's accounting system (i.e. they have already been direct contractors) must provide the form but are not obliged to provide the supporting evidence.

The tenderer (or the leader in case of joint tender) must provide a Financial Identification Form with its supporting documents. Only one form per tender shall be submitted. No form is needed for subcontractors and other members of the group in case of joint tender. The form is available on: http://ec.europa.eu/budget/contracts_grants/info_contracts/index_en.cfm

The tenderer (and each member of the group in case of joint tender) must declare whether it is a Small or Medium Size Enterprise in accordance with Commission Recommendation 2003/361/EC. This information is used for statistical purposes only.

2. TECHNICAL SPECIFICATIONS

2.1 Title of contract

"Alcohol related harm in women"

Organisation of a pilot project **providing support to women with an alcohol problem, to reduce risks, in particular during pregnancy.**

2.2 Purpose and context of contract

Excessive alcohol consumption is a widespread problem in many European countries. **Each year, 120,000 EU citizens die from alcohol related harm. 4 million disability-adjusted life-years (DALYs)** - years of life lost due to either premature mortality or to disability – are lost yearly due to alcohol consumption. **25% of traffic accident deaths on EU roads are linked to alcohol**, resulting in **8.000 lives lost due to drink-driving every year.** Every year alcohol consumption **costs society** an estimated **€156 billion,** including premature deaths (€45 billion), costs to the health system (€21 billion), and costs caused by absenteeism and unemployment (€11 and €18 billion).

Being one of the leading risk factors for disease and mortality in Europe, reducing harmful use of alcohol is considered one of the priority public health areas by the WHO.

Alcohol related harm in women

Although overall, men have higher per capita consumption, consume more alcohol more frequently, have higher prevalence of high risk/problem drinking and alcohol related disorders and higher alcohol-related mortality rates than women, women are more vulnerable to the effects of alcohol than men (due to lower body weight and smaller volume of body water, which means that alcohol is absorbed into the blood more quickly). In addition, female brains are more vulnerable to the neurotoxic damage due to

alcohol consumption, and they develop cognitive dysfunction faster than men. It takes lower exposure (fewer years and lower doses) for heavy drinking women to develop severe alcoholic liver problems and other alcohol-related pathologies compared to men. There is a causal association between alcohol consumption and many types of cancer (including cancer of the female breast). The WHO has officially recognised alcohol as a risk factor for breast cancer more than ten years ago, however this fact is not well known among the general public.

Alcohol can cause a range of permanent physical, behavioural and neurocognitive abnormalities known as Fetal Alcohol Spectrum Disorders (FASD), including specific diagnoses of Fetal Alcohol Syndrome (FAS), and neurodevelopmental disorder-alcohol exposed (ND-AE). The protection of the unborn child is especially important, as FASD are a serious consequence of prenatal alcohol exposure and may affect the child, family, society and health system for many years. Further work is needed in the form of awareness-raising, education and counselling.

The importance of the work in this area was highlighted as one of the priority themes of the 2006 Alcohol strategy which is to protect the unborn child by reducing exposure to alcohol during pregnancy and thereby reducing the number of children born with Fetal Alcohol Spectrum Disorders. The objective is considered valid in EU and national actions.

In line with the 2006 EU alcohol strategy, youth drinking and heavy episodic drinking have been highlighted as policy targets in the current Action Plan on Youth Drinking and on heavy Episodic Drinking developed by the Committee on National Alcohol Policy and Action (CNAPA). **Interventions directly targeting behaviour change can make an important contribution** towards these goals, both by raising awareness about the impact of harmful alcohol consumption, and by supporting people in formulating and implementing goals for behaviour change.

The Commission plans to conclude a service contract to support actions to reduce the extent of alcohol-related harm in women of child-bearing age, including those from disadvantaged backgrounds. The objective of the contract will be to prevent drinking initiation as well as ultimately reduce the number of women already drinking or being at risk of having an alcohol problem during pregnancy.

Professionals from medical, paramedical, home care services, social workers and mid-wives as well as representatives of educational and occupational areas, play a key role in shaping the health system and delivering prevention and care. It is therefore essential that they are aware of the various

- scientific,
- cultural,
- socio-economical,
- medical,
- communicational,
- administrative

factors framing alcohol-related harm and the use of available health services by pregnant women, women of child-bearing age or women facing alcohol-related problems. Only then can they adequately address them and ensure access to and quality of prevention and healthcare delivery for women having alcohol-related problems.

Training of those caring for these women is an important tool to develop competencies and skills to better address citizens' needs and support change in prevention and health services. Training areas shall cover amongst other things:

- being better prepared to identify women at risk of having or already facing alcohol-related problems;
- the special needs of women of child-bearing age or pregnant women at risk of having or already facing alcohol-related problems;
- knowledge and competencies of medical conditions prevalent in women with alcohol-related problems, their babies and other relevant conditions;
- delivery of key messages to women of child-bearing age and pregnant women at risk of having or already facing alcohol-related problems;
- how to communicate with and influence the habits of women of child-bearing age and pregnant women at risk of having or already facing alcohol-related problems;
- the importance of effective contraception for women at risk of having or already facing alcohol-related problems;
- how to approach families to enlist their help when appropriate.

There is considerable variation in alcohol harm-reduction activities for women of child-bearing age at national level and only few examples of evaluation have been carried out. There is a potential for EU added value in analysing the experience to date in such initiatives and in developing and testing interventions and supporting training packages. The project will in this way contribute to EU and national policies on reducing alcohol-related harm.

The project will encompass:

- a general review of existing initiatives, good and best practices to reduce the extent of alcohol-related harm in women of child-bearing age or pregnant women, including those from disadvantaged backgrounds;
- specific reviews of related professional training initiatives, namely for health professionals and social workers[3], and reviews of related actions on communication and behaviour change targeting women of child-bearing age or pregnant women;
- drafting of guidelines and of a training package to support health professionals and social workers to identify women of child-bearing age, especially pregnant women at risk of having or already facing alcohol-related problems including those from disadvantaged backgrounds and strengthen/build support for prevention and treatment to reduce the extent of alcohol related harm for them;
- testing of the approach, guidelines and training materials with a representative sample in one geographical area of intervention, adequately covering disadvantaged and most affected groups.

The contractor shall engage with the relevant professional medical and other associations (of health, social and educational professionals) for this purpose. Developing and disseminating knowledge on good and best practices for effective action as well as supporting the involvement of Member States, regional authorities and other stakeholders are also important aspects of this project.

The activities must be identified as emanating from the European Union. The visual identity of the European Commission[4] is to be applied to all deliverables whilst still

[3] Including doctors, nurses, mid-wives, paramedical staff, and social workers.
[4] http://ec.europa.eu/dgs/communication/services/visual_identity/index_en.htm

making it clear to the general public and to the target audience that this is a pilot project of an experimental nature (see also 3.2).

Documentation for tenderers

Additional information on EU public health policy on alcohol related harm, health inequalities, mental health and chronic diseases developed in previous years can be found at the following internet addresses:

http://ec.europa.eu/health/alcohol/policy/index_en.htm

http://ec.europa.eu/health/social_determinants/policy/index_en.htm

http://ec.europa.eu/health/mental_health/policy/index_en.htm

http://ec.europa.eu/health/major_chronic_diseases/policy/index_en.htm

2.3 Subject of contract

This contract will review initiatives, good and best practices to reduce the extent of alcohol-related harm in women of child-bearing age, particularly in pregnant women, including from disadvantaged backgrounds, covering also the existing related training methodologies.

It will then develop, test and evaluate guidelines and a training package for health professionals and social workers to support the reduction of the extent of alcohol-related harm in women of child-bearing age, particularly in pregnant women, including from disadvantaged backgrounds.

This contract shall improve access to prevention for women of child-bearing age, particularly for pregnant women, also in vulnerable situations, being at risk of or having alcohol-related problems.

It shall ultimately contribute to reducing the number of children exposed to alcohol in the womb and of those suffering from FAS, FASD or ND-AE.

The project will identify and review existing approaches to support women of child-bearing age, particularly pregnant women being at risk of or having alcohol-related problems (including those from disadvantaged groups), namely by:

- establishing an inventory of good and best practises;
- developing guidelines;
- developing and organising the testing of a training course for professionals providing support to the above group of women;
- reaching out to women at risk, bringing them together, and involving their families;
- encouraging women to receive treatment for their alcohol problem, and offering a dedicated, comprehensive, and coordinated care package overseen by professionals;
- disseminating the project results at a European level as well as in the participating Member States, targeting policy makers, experts of national competent authorities and local health/social workers, care providers, midwives, etc.

The pilot project will be implemented alongside, and must complement, the action being taken by the WHO in this area[5]. It must draw on the outcomes and findings of

- the CNAPA Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking[6]);
- Relevant FP7- and Horizon 2020-supported research projects[7];
- Previous pilot projects[8,9];
- Other relevant projects e.g. MEM-TP[10].

The pilot project will be implemented in three NUTS2[11] regions in three different EU Member States. The contractor will propose those regions taking into consideration, amongst others:

- the number of women and families at risk of or having alcohol-related problems;
- the number of babies born with FAS, FASD[12] or ND-AE;
- the household income and the presence of vulnerable populations;
- the different languages and cultural settings of the EU including attitudes towards drinking alcohol during pregnancy.

The tenderer will explain and justify its choice of regions in detail, supported by figures, if available. The project shall ensure that its results are transferrable to most EU regions.

The project will be implemented in two phases, which may partially overlap. Dissemination activities will be carried out in both phases, targeting also experts of national competent authorities.

In the first phase the contractor will:

- carry out a general review of initiatives, good and best practices to reduce alcohol-related harm in women of child-bearing age particularly in pregnant women, also those from disadvantaged backgrounds;
- carry out specific reviews of related professional training initiatives, namely for health professionals and social workers[13], and of related actions on communication and behaviour change targeting women of child-bearing age or pregnant women;
- draft guidelines and develop a training package for health professionals and social workers to identify and support the reduction of the risk of alcohol-related harm in women of child-bearing age, particularly in pregnant women, including from disadvantaged backgrounds;

[5] http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/, and http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2016/prevention-of-harm-caused-by-alcohol-exposure-in-pregnancy.-rapid-review-and-case-studies-from-member-states-2016
[6] http://ec.europa.eu/health/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf
[7] Such as Ampora (http://cordis.europa.eu/project/rcn/92876_en.html), AAA-Prevent (http://cordis.europa.eu/project/rcn/93673_en.html), ODHIN (http://cordis.europa.eu/project/rcn/97618_en.html).
[8] We love eating: http://ec.europa.eu/health/nutrition_physical_activity/projects/ep_funded_projects_en.htm#fragment1
[9] Together: http://ec.europa.eu/health/nutrition_physical_activity/projects/ep_funded_projects_en.htm#fragment2
[10] MEM-TP http://ec.europa.eu/chafea/news/news455.html
[11] http://ec.europa.eu/eurostat/web/nuts/overview
[12] It is recognised that monitoring in this area is particularly difficult and countries with the least available data may face the most significant challenges.
[13] Including doctors, nurses, mid-wives, paramedical staff, and social workers.

- establish a coordinated network of professionals,
- organise an evidence-based training course (including a "Train the trainers" course as appropriate), its content will include
    - training on the delivery of key messages,
    - how to conduct successful interviews to assess alcohol use,
    - quality improvement methodologies,
    - methods for "approaching the family",
    - other aspects deemed useful to improve the voluntary participation of women in primary prevention settings.
- In addition, tailored information material targeting women of child-bearing age shall be developed and distributed in relevant settings.

During the second phase, the contractor will ensure that trained professionals will:

- identify women at risk,
- evaluate the approach, guidelines and materials with a representative sample of women in each geographical area of intervention, adequately covering disadvantaged and most affected groups by
    - informing them about alcohol related harm,
    - referring them to prevention services or specialised treatment,
    - coordinating their support,
    - encouraging their voluntary participation in treatment settings,
- evaluate the results.

This will include identifying and bringing at-risk persons together in discussion groups at the earliest possible stage, and involving and supporting their families as much as possible.

The profiles and needs of disadvantaged groups vary. In some cases, it is immigrant groups that are in very vulnerable conditions, while in others it might be underage mothers or groups with a lower socio-economic status or level of education. Certain disadvantaged groups may pose specific risks in terms of alcohol related harm, and might need extra support.

The tenderer will clearly outline and justify their definition of vulnerable women/disadvantaged groups in their proposal[14].

The tenderer will also propose and justify which women to include in the project, e.g.

- Women with an alcohol problem at child bearing age;
- Women who are pregnant at the time of being identified by the trained professionals and will still be pregnant at the time of the intervention;

[14] One possible definition of vulnerable women can be found in the 'Together' pilot project http://ec.europa.eu/health/nutrition_physical_activity/docs/2016_together_comparativestudy_en.pdf (page 41).

- Women who are pregnant at the time of being identified by the trained professionals (but who might have already given birth at the time of the intervention);
- Women who are breastfeeding, etc.

A wide scope of the project including (as a minimum) the first three groups of women is preferred.

2.4 Specific tasks and deliverables

Phase I

A. Assessment of the situation

The contractor shall review existing initiatives to gather examples of good and best practices from health systems regarding:

- methods of health improvement, particularly related to the reduction of alcohol related harm;
- prevention and treatment delivery;
- methods of delivering key messages

to women at risk of alcohol problems, with a special focus on those good and best practices for pregnant women.

The contractor shall also look at:

- ways to engage women - particularly in primary prevention settings - in behavioural interventions to reduce the harm from their alcohol consumption as well as to reduce the risk of alcohol-exposed pregnancies;
- methods to approach their families to enlist their help.

The inventory of good and best practices shall take into account any relevant work through EU-policies, including WHO/European Commission joint projects, WHO Guidelines for the identification and management of substance use and substance use disorders in pregnancy, the activities of EU-agencies and independent networks, such as the European Social Network and the European Regional and Local Health Authorities.

The contractor shall apply an evidence-based approach, combining scientific evidence and empirical data and analyses with the ability to support awareness raising of the health consequences in women with alcohol use. Information shall also be gathered through European Community Health Indicators (ECHI).

The contractor will review existing initiatives including training programmes which address the particular issues related to improving access, quality of health care delivery, enticing women with alcohol problems to seek support as well as communicating with vulnerable women. It will amongst others search for evaluated methods to:

- increase health professionals' awareness and sensitivity to alcohol related health needs;
- develop competencies related to the specific health rights and needs of women with an alcohol problem;

- increase awareness of barriers to healthcare access specific to (pregnant) women in particular situations like alcohol use, lower socio-economic status or others leading to vulnerability;
- encourage professionals to communicate with heightened sensitivity when dealing with (pregnant) women with alcohol problems, by avoiding stigmatisation and conveying key messages;
- help professionals develop tailored care packages/treatment plans for the target group of this pilot project.

The contractor shall include in its offer a justified methodology/criteria on how to best review the existing initiatives including training programmes by a range of search strategies, taking into account relevant initiatives in Member States and by international organisations, such as the WHO or the International Organisation for Migration (IOM).

The review will cover **the last 5 years**, all official EU languages and will cover materials developed at the national and European levels to identify good and best practices, success and failure factors, etc.

Initiatives will be described briefly following a common group of criteria such as the target group, national/regional nature, specific health issues addressed, evaluation of training results, etc.

The contractor shall review the existing initiatives including training materials and produce an **inventory of good and best practices, with conclusions and recommendations** in English identifying the existing experiences, assessing their quality, and clearly identifying the gaps.

Deliverable (D1) – Inventory of good and best practices

B. Guidelines

The contractor will draft guidelines to prevent and reduce alcohol consumption in women of child-bearing age, particularly in pregnant women. The guidelines will address the existing knowledge gaps which will then be appropriately reflected on in the training and expected to be filled in the revised final guidelines after phase II is completed.

The contractor shall engage with the relevant professional medical associations for this purpose.

Deliverable (D2) – Draft guidelines to reduce alcohol consumption in women of child-bearing age, particularly in pregnant women

C. Training materials

Based on the review of good and best practices and of training packages, the contractor will:

- develop key messages

    - targeting women with alcohol problems to encourage them to seek continuous voluntary treatment for their habit, with a special focus on pregnant women;
    - avoiding any form of stigmatisation of those seeking help or their families;
    - how to approach and enlist the help of families to encourage women with alcohol problems to enter a primary prevention setting and to keep them in treatment;
- propose the content of new training materials for professionals, considering also strategies to improve access and, quality of healthcare services, by improving
    - professionals' communication and responsiveness to the women's socio-economic background;
    - professionals' awareness to particular sensitivities of pregnant women with alcohol problems;
    - professionals' awareness of the need to relative anonymity of those seeking help and their families, and how to achieve it during prevention and treatment;
    - prevention, diagnostics and treatment of health conditions prevalent in women at risk of or having an alcohol problem and belonging also otherwise to vulnerable groups;
    - the organisation, administration, and logistics of health services, including secondary and tertiary hospital care and cooperation with adequate social services;
    - linkage between inpatient-outpatient facilities;
- develop a model for care packages/treatment plans/accompanying measures for (pregnant) women with an alcohol problem or at risk of developing an alcohol problem;
- cover recommendations and practical tips in the training package, such as:
    - how to discuss alcohol related issues with women, especially those who are pregnant or plan to get pregnant and their families;
    - how to engage pregnant women, including those from disadvantaged backgrounds;
    - how to develop tailored care packages/treatment plans for women with an alcohol problem.

The contractor shall engage with the relevant professional associations for this purpose.

The training materials shall include a **training package** composed of, but not limited to:

- training needs assessment tool (a questionnaire for the evaluation of the trainees' needs as well as to support the adaptation of the training materials to the local situation will be developed);
- training curriculum;
- trainers' and trainee manuals or guides;
- training materials for tutorial and practical trainings;
- the training material content shall include, but not be limited to, the following modules:
    - a better understanding of the socio-economic background and particular sensitivities of the target group;
    - health seeking behaviour and access to health prevention programmes;

- a better understanding of the practical problems pregnant women with or without an alcohol problem face (e.g. language issues, lack of adequate information, health literacy and empowerment, difficulties to understand the health system structure, stigmatisation of people with an alcohol problem, etc.);
- how to develop tailored care packages/treatment plans for women with and at risk of an alcohol problem;
- how to improve the organisation of health services to meet the needs of women with an alcohol problem, looking at gender issues specific to their health status (e.g. barriers for antenatal care which delay the effective treatment of women affected by alcohol problems during their pregnancy);
- behavioural health and lifestyles, especially alcohol consumption;

- sets of slides;
- A training outcome evaluation questionnaire to measure the training outcomes and collect the trainers' and trainees' feedback for the final review of the training materials;

The training material shall be available in electronic format as well as in paper format. The training materials shall be produced in English and be translated into the languages of the country where they are advance tested and those countries where the workshops are organised.

The manual or a guide provided to each attendee (as referred to above) of approximately 40 pages shall include:

- learning objectives
- background information (reference guide)
- copies of slides – 3 to a page
- practical exercises focusing on training material content
- suggestions for further learning, including links to scientific articles, relevant initiatives, etc.

Deliverable (D3) – Set of key messages

Deliverable (D4) – Preliminary training materials/training package incl. set of slides

The offer shall include the outline of the training, including the learning objectives, based on existing experience as well as good and best practices, including previously funded projects available under the Health Programme, Research Framework Programme, projects of WHO (Europe) and previous pilot projects.

During the review of the existing training materials and the preparation of new materials, the contractor will identify, document, and fully respect the **intellectual property rights** of the training materials' owners and any third party material these owners themselves might have used.

D. Establish a coordinated network of professionals

The contractor shall map potential trainees, interest groups and existing initiatives and

- draw up a list of potential participants (from medical, paramedical and social workers, mid-wives, psychologists as well as representatives of educational and occupational areas) for the training courses per host Member State taking into account
  - their access to women with alcohol problems in their area;
  - their access to pregnant women in their area;
  - previous (prevention) work with people at risk of or having an alcohol problem;
- draw up a list of interest groups (stakeholders) on a national and European level to:
  - identify potential local partners for the implementation of the project incl. multipliers with access to the women and their families, e.g. self-help groups for spouses/parents of women suffering from an alcohol problem etc.;
  - disseminate the ongoing project news and particularly its results;
- draw up a list of existing local initiatives to take advantage of the possible synergies and to ensure that there is no overlap, add organisers of those to the above lists.

Deliverable (D5) - List of potential trainees

Deliverable (D6) - List of interest groups

Deliverable (D7) - List of existing initiatives

E. Training

Selection of trainers and trainees:

The offer shall include methodology/criteria for the selection and list of the potential trainers from EU Member States, including their demonstrated expertise and practical experience of work. This experience has to be in the context of reducing alcohol related harm (particularly focusing on FASD, FAS, ND-AE and drinking during pregnancy) and reducing inequalities by field-working with disadvantaged groups.

There shall be three to five **trainers** per training session.

In addition, the offer shall include the minimum requirements for the trainers. The **trainers'** profiles and criteria for the selection shall also be proposed by the tenderer, based on the participants of the workshops. Tenderers shall also include a draft list of trainers according to the proposed profile. The list of trainers will be subject to approval by the contracting authority prior to their recruitment.

Advance testing of the training package:

- The training material shall be tested in the field in one Member State.
- The face-to-face sessions shall last 1-2 full days (a total of 12 hours of contact time) for 10 to 30 participants per training session (see section 'Training workshops' for further details of services required and costs to be covered)
- The training programme shall be adapted to the specific country situation, health system characteristics, health professionals' training needs, etc.

- The national advance testing sessions will be done in collaboration with the national interest groups, as well as health and education authorities responsible for the capacity building of health professionals and service providers, European and national health professionals associations, NGOs, etc.
- The collaboration shall ensure the replication and sustainability of the health professionals' training. The tenderer shall list in the offer experts from the national health organisations of the proposed Member State(s) who are able to contribute to the pilot trainings by stating how they plan to work with them, e.g. as subcontractors. It is expected that the contact with the national health authorities will be done by the contractor with the support of the Commission.
- The advance testing sessions shall have a minimum of 50% of presentations in the national language(s). Where materials are presented in other languages simultaneous interpretation into the national language shall be provided.
- The trainings will consist of a balanced mix of theoretical and practical trainings, 50% mixture of information given by the trainer and 50% of interactive sessions and group exercises, organised in a participatory way, promoting the exchange of views and feedback from participants. The contractor shall also include interactive learning tools such as role plays, case studies, etc. to ensure a better understanding of the covered field.

Evaluation:

The contractor will evaluate the advance testing sessions and deliver a summary of conclusions describing the results achieved, including lessons learnt from the training, relevant findings, obstacles, recommendations for the review of the training package and future trainings.

Based on the evaluation report, the contractor will update the training material.

The evaluation process and update of the training material will need to be repeated after the training workshops have been completed.

Deliverable (D8) – Advance testing workshop programme and content; approved list of trainers for advance testing workshop; one workshop

Deliverable (D9) – Evaluation of the advance testing of the training package

Deliverable (D10) – Updated training material

Training Workshops:

The contractor will organise and finance three workshops of two days (a total of 12 hours of contact time, 10 to 30 participants) each and draft a workshop curriculum (learning objectives, agenda, type of sessions, aims per session, trainers, etc.) and the workshop materials (hand-outs) and presentations.

The three workshops (including the advanced testing) will be organised in regions/countries with different economic, cultural and socio-demographic settings, in three Member States, based on a discussion with the contracting authority.

The workshops will be organised with simultaneous interpretation into the national languages of the hosting Member States plus English.

The tenderer will include in the offer all costs for the logistics (invitation/registration of participants, recruitment of trainers/speakers coming from EU Member States, trainers' fees, arrangements and costs for hotels and travel of a maximum of 90 participants plus the contractor's personnel on the spot, venue, catering, interpretation etc.). The contractor will advise the participants and trainers in advance on the reimbursement rates and procedures for travel expenses/daily allowances.

Deliverable (D11) – Workshop programme and content; two workshops

Deliverable (D12) – Information sheet for speakers and participants on assistance with hotel bookings and reimbursement rates and procedures for travel expenses

Deliverable (D13) – Approved list of trainers

Deliverable (D14) – Final list of invited trainees

F. Scientific board

The tenderer will propose a scientific board consisting of designated and experienced specialists in their respective fields (science, health, addictions, communication, legal issues etc.) to

- ensure that the deliverables e.g. training package, key messages, etc.:
    - correspond to the objectives of the project;
    - correspond to the objectives of DG Health and Food Safety;
    - meet scientific quality standards;
- provide feedback to scientific content and a methodological approach;
- ensure the relevance and effectiveness of the project;
- help design an effective communication strategy for the target group;
- provide feedback regarding the implementation of the project;
- help draw up a dissemination plan to spread the project results on regional, national and EU levels;

suggest ways to determine the success or failure of the project at the end of the implementation phase. The list of specialists will be subject to approval by the contracting authority prior to their recruitment.

Deliverable (D15) – Approved list of the scientific board members

Phase II

G. Communication
Reach out to women[15] at risk and their families

The contractor will develop an effective strategy to identify women at risk of or having alcohol-related problems, especially those who are pregnant, and the best possible approach to

- dispel misinformation/conflicting information;
- offer interventions suitable for women with time and other shortages potentially preventing them from participating in the project;

  (As much as possible, information should be made available to women where and when they can easily receive it. This will include but is not restricted to their visits to or by the doctor, midwife or social worker.)
- involve their families;
- communicate with ethnic minorities;

  (Communicating health to ethnic minorities requires its own special approach – families can play a significant role as decision-makers and thus could where it is appropriate be considered or included in communications between women and professionals. Language barriers can also require special tools. The use of pictures and visual aids has been proven an effective method of communicating medical risk information to immigrant populations.)
- encourage healthy lifestyles;
  (Women are more motivated to make lifestyle changes during pregnancy. It is essential that the project communicates messages which are clear and easy to follow, and based on up-to-date scientific evidence and findings and lessons learnt in previous interventions. Obstacles to make a shift to healthy lifestyles need to be identified and addressed too.)
- successfully convey the messages.

The contractor will develop and design communication and education material tailored to the target group. It will also propose ways to effectively communicate the developed messages, as well as how to frame them and which channels are best to deliver them.

Deliverable (D16): Communication strategy

Deliverable (D17): Communication and education material

H. Develop a support structure and care package

The contractor will develop a support structure to encourage women to receive treatment for their alcohol problem, which offers a dedicated, comprehensive and coordinated care package overseen by professionals.

Women at risk of or having alcohol-related problems will be identified by the trained professionals, will be informed about alcohol related harm and referred to prevention services or treatment specialists, coordinating support and encouraging their voluntary

[15] http://ec.europa.eu/health/nutrition_physical_activity/docs/2015_together_literaturereview_en.pdf, Chapter 3

participation in prevention and treatment settings. This will imply identifying and bringing women together in discussion groups at the earliest possible stage, involving and supporting their families as much as possible.

The tenderer shall include in their offer a proposal on how success or failure of phase II can be evaluated in terms of the reduction of alcohol consumption, of the increase of knowledge regarding alcohol related harm, and of having first/regular contact with health/social services by the women the pilot project reached. This proposal shall also outline how the professionals are going to raise the data for this comparison without disclosing the identity of the women.

The evaluation shall also include an appreciation of the improved ability of the professionals trained in phase I to provide a dedicated, comprehensive, and coordinated care package to the women.

The support structure shall encourage women, particularly those who are pregnant, to receive treatment for their alcohol problem. It shall, amongst other measures, include:

- The setting up of **local discussion groups**, 5 to 10 groups for about 10 to 20 women in each region in each Member State where the pilot project is implemented.
    - The setup shall include coming up with an efficient way to invite the potential participants and their registration.
    - The contractor shall be responsible for providing/hiring suitable venues at each location, easily accessible by public transport from everywhere in the chosen region, and shall also ensure the absolute privacy of the groups. The contractor will offer non-alcoholic refreshments and simple healthy snacks to encourage informal socialising before and after the discussions.
    - The discussion groups will meet at least every second week over a period of six months.
- **Home visits** to women at risk where appropriate to:
    - talk to them and their families individually;
    - make sure to also reach their parents and spouses.
- **Individual care packages/treatment plans** developed by the professionals based on their training in phase I for the women with alcohol problems they have identified.

Closed Facebook groups have proven a viable support to women for whom discussion groups and home visits are not an option (e.g. domestic problems, living in remote areas).

Deliverable (D18): Outline for the organisation of discussion groups

Deliverable (D19): Template for the individual care packages/treatment plans

Deliverable (D20): Attendance statistics of the discussion group meetings

Deliverable (D21): Individual records of compliance of the participating (pregnant) women with the individual care packages/treatment plans

Deliverable (D22): Evaluation of the reduction of alcohol consumption, the increase of knowledge regarding alcohol related harm and first/regular contacts with health/social services by the women the pilot project reached

Deliverable (D23): Final guidelines to reduce alcohol consumption in women of child-bearing age, particularly in pregnant women

I. Dissemination of the results

The contractor will at least:

- provide a basic text and regular news-updates for a new project section of the health website hosted, created, and maintained by the Commission, located for example under: http://ec.europa.eu/health/alcohol/policy/index_en.htm.
  This section will serve as an online information hub for all relevant news, developed resources, and results obtained within the project to make them available to interested parties.
  The contractor needs to make sure all deliverables are compatible with[16] and work on http://ec.europa.eu/.
  The contractor also needs to familiarise its staff and all consortium members with the reuse decision of the European Commission[17] and make sure all deliverables can be published without undue restrictions to their use according to Art.I.10. of the Special Conditions.
- provide regular **tweet suggestions,** in particular during the dissemination phase for the contracting authorities' own twitter accounts EU_Health and Food_EU. The setup of a twitter account for the project is discouraged, but all existing social media of consortium members shall actively be used to promote the project and its results;
- generate and manage a **functional mail box** during the implementation and dissemination phase of the project;
- send out (via a functional mail box) **regular emails,** in particular during the dissemination phase to the potential trainees, existing initiatives and interest groups on the lists drawn up during the mapping earlier in the project, to generate interest and keep it alive during the duration of the project;
- follow up on the results and **disseminate those via the expert and interest groups** of the contracting authority, including the existing EU Member States' expert groups on alcohol related harm (CNAPA), health inequalities, and healthy lifestyles;
  - The contractor shall sign up to the EU Health Policy Platform[18] and use its dissemination potential to the fullest.
  - The contractor will present the project results at a CNAPA meeting taking place towards the end of the contract period, either in Luxembourg or Brussels.
- Inform policy makers and identified interest groups, in particular health providers in the primary sector in the participating Member States of the results to encourage their replication on a national level. Key policy makers and interest groups shall be identified in consultation with the contracting authority.
- An important objective of the pilot project is its potential for replication by other countries, regions, cities etc. even without EU funding. Therefore, on top of the final report, the contractor will also prepare an **illustrated guide** in layman's terms[19]. It will include an evaluation of the methodology/approach used, and assessment of the success or failure of the project tools, e.g. training package, discussion groups, etc.

  It shall also outline the experiences and conclusions from the review of good and best practices, the concept, the implementation processes, and the key success factors and

[16] Information providers guide: http://ec.europa.eu/ipg/
[17] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:330:0039:0042:EN:PDF
[18] https://webgate.ec.europa.eu/hpf/
[19] http://ec.europa.eu/health/nutrition_physical_activity/docs/2016_weloveeating_replicationguide_english.pdf

lessons learnt. It shall ultimately tell the readers what the contractor did, what worked and what did not, to enable easy replication of the project in other geographical areas, and in particular how other regions could make use of the training material.

Deliverable (D24): Input to the project website hosted at http://ec.europa.eu/ and social media

Deliverable (D25): Presentation to and dissemination of results via expert groups, national policy makers and interest groups

Deliverable (D26): Replication guide

Intellectual property

Grant of rights forms (copyright), authorisation for the taking of photographs (image rights), filming, audio recordings etc. are to be collected by the contractor based on templates provided by DG Health and Food Safety.

The ownership of all the results or rights thereon as listed in the tender specifications and the tender attached to the contract, including copyright and other intellectual or industrial property rights, and all technological solutions and information embodied therein, obtained in performance of the Contract, shall be fully and irrevocably acquired by the European Union (Art. I.10 of the special conditions for service contracts, which may use them as described in Art. II.13 of the general conditions for service contracts). The contractor shall license pre-existing rights to the Union in accordance with Art. II.13.2. of the general conditions for service contracts.

Personal data protection

The contractor must process any personal data necessary for the performance of the contract in compliance with applicable EU and national laws on data protection (including authorisations or notification requirements). A specific privacy statement[20] and consent forms need to be prepared.

Tenderers attention is drawn, in particular, to Art.I.9. of the special conditions for service contracts and Art.II.9. of the general conditions for service contracts.

[20] http://ec.europa.eu/geninfo/legal_notices_en.htm#information

2.5 Timeframe for providing the services

The overall indicative timeframe is the following. Besides the above deliverables, the table includes **project meetings** and *other documents (work plan, meeting and interim reports)*.

The contractor will make itself available for the inception meeting no later than one month after the signature of the contract. The contractor will include in their proposal all costs for their attendance in the meetings included in the table below.

MONTH	ACTIVITY	DELIVERABLE NR	REPORTS
M0			*Updated Work Plan*
M1	**Kick-off meeting** with DG Health and Food Safety in Luxembourg.		*Inception report*
M3-24	Providing documents and regular updates for project website	**D24**	
M4	Submission of the draft inventory of good and best practices Proposal for key messages	**D1, D3**	
M5	Submission of the draft guidelines Submission of the list of the members of the scientific board	**D2, D15**	
M7	**1st project meeting.** Presentation of the inventory of good and best practices and the draft guidelines. Presentation of the - inventory of good and best practices - proposed countries for the workshops incl. justification - draft advance testing workshop programme and content - list of potential trainees, interest groups and existing initiatives in the country of the advance testing - Specific Privacy Statement.	**D1, D2, D4, D5, D6, D7**	*Minutes* *Inventory of good and best practices*
M8	Submission of the final advance testing programme and content of the training package incl. the list of participants. Submission of communication strategy with communication and education material.	**D4, D16**	*Communication strategy*
M9-10	Advance testing of the training package in	**D5**	

	workshop		
M10	Submission 1st interim report		*1st interim report*
M11-M12	Submission of the outline for the organisation of discussion groups and the template for the individual care packages/treatment plans. Submission of the evaluation of the advance testing and updated training material Submission of the list of potential trainees, interest groups and existing initiatives in the chosen countries for the training workshops	**D5, D6, D7, D9, D10, D18, D19**	
M13	Submission of training curriculum, information sheets for speakers and participants on assistance with hotel bookings and reimbursement rates and procedures for travel expenses, list of trainers, final list of invited trainees.	**D11, D12, D13, D14**	
M13-19	Reaching out to the target group, developing the support structure (setting up and running the discussion groups, home visits, applying the individual care packages/treatment plans)		
M17	Submission 2nd interim report		*2nd interim report*
M20	Submission of the attendance statistics of the discussion group meetings, individual records of compliance of the participating (pregnant) women with the individual care packages/treatment plans. **2nd project meeting**	**D20, D21**	*Minutes*
M 21-24	Presentation to and dissemination of results incl. the draft guidelines via the expert and interest groups, e.g. CNAPA as well as national policy makers and interest groups	**D23, D24, D25**	
M21	Submission of the evaluation of the reduction of alcohol consumption in the women the pilot project reached and the plan for the organisation of national dissemination meetings	**D22**	
M22	Submission of the replication guide and the draft final report/executive summary **Closing meeting**	**D26**	*Minutes*
M23-24	Submission of the final guidelines, training packages and the final report/executive summary	**D11, D23**	*Final report/Executive summary*

The contractor will provide within three working days minutes of every meeting or audio conference with the contracting authority.

3. CONTENT, STRUCTURE AND GRAPHIC REQUIREMENTS OF THE DELIVERABLES

To maximise the project's potential for replication, all its results e.g. deliverables D1, D3, D11, D17, D18, D19, D22, D23, D25, D26 etc. will be made available on the contracting authorities websites, social media, EU Health Policy Platform etc. Other deliverables and documents might have to be made available on request.

The contractor must therefore deliver all written content as indicated below.

All written deliverables must be produced in concise English, clearly written[21] as well as proofread before submission.

All documents shall include a **copyright notice** © European Union + year as well as (after seeking permission of the copyright holders for their use), document clearly any parts of the documents being the property of a third-party copyright holder.

In addition to this, all deliverables shall contain the following **disclaimers**:

"Re-use of the texts of this publication is authorised provided the source is acknowledged. The reuse policy of European Commission documents is regulated by Decision 2011/833/EU (OJ L 330, 14.12.2011, p. 39). For reproduction or use of the artistic material contained therein and identified as being the property of a third-party copyright holder, permission must be sought directly from the copyright holder."

"The information and views set out in this publication are those of the author(s) *(to be inserted)* and do not necessarily reflect the official opinion of the Commission. The Commission does not guarantee the accuracy of the information included in this leaflet. Neither may the Commission nor any person acting on the Commission's behalf be held responsible for the use which may be made of the information contained therein."

3.1 Reports and documents to be submitted

The work carried out by the Contractor under the contract will be subject to the following reports, which must be sent to the Commission by the Contractor.

The reports or documents will describe the work carried out and the results obtained during each period or phase, the duration of which is specified below, and give detailed information in particular on:

- the work performed and the results obtained related to the actions described in the contract

[21] Clear writing tips: http://ec.europa.eu/translation/documents/clear_writing_tips_en.pdf http://bookshop.europa.eu/en/how-to-write-clearly-pbHC3212148/

- the work programme planned for the following period.

All communication with the Commission and the contractor responsible for the coordination, including the drafting of the reports, shall be in English. All reports must be produced in concise English, clearly written[22] as well as proofread before submission.

After receiving the following reports, the Commission will then either inform the Contractor that it approves the report or will send comments.

Within 20 days of receiving any such comments, the Contractor will send the Commission his consolidated proposal, which will either take account of the comments or put forward alternative proposals.

In the absence of any comments from the Commission within 20 days of its receiving the draft work plan, the Contractor may request written acceptance of it.

- **Updated work plan (electronic version only)**

The contractor must send the Commission a finalised version of his work plan for year one no later than two weeks after signature of the contract, as certain elements may require modification since the bid was drafted. This plan must be approved by the Commission before being implemented.

- **Inception report (electronic version only)**

This shall as a minimum summarise the decisions taken during the inception meeting and must be delivered within two weeks after the meeting.

- **Evaluation of training material**

The report shall be based on the experience with the advance testing of the training material as well as the training (train the trainers) courses. It must be submitted by the end of month 12 counting from the signature of the contract.

- **Interim reports** (**three paper copies plus an electronic version)**

Interim reports must be sent to the Commission at the end of month 10, and 17 after signature of the contract. The report shall be accompanied by a 2-3 page summary introducing the project and its objectives as well as the state of play of the project/update on the progress made.

- **Final report and executive summary** (**three paper copies plus an electronic version)**

The contractor will provide a final report and executive summary, including the overall work carried out, challenges encountered and how they were overcome, lessons learnt, and recommendations for the future use of the training material. The final report must include in English:

- an abstract of no more than 200 words and
- a publishable executive summary of maximum 6 pages. The executive summary shall be suitable for understanding by a non-specialised reader who does not have access to other documents.

[22] Clear writing tips: http://ec.europa.eu/translation/documents/clear_writing_tips_en.pdf
http://bookshop.europa.eu/en/how-to-write-clearly-pbHC3212148/

The final report must be submitted to the Commission no later than 24 months after signature of the contract. The Commission will then either inform the Contractor that it approves the draft or will send him its comments.

The contractor shall have 20 days in which to submit additional information or corrections, a new final report or other documents if it is required by the contracting authority.

3.2 Requirements for publication on Internet

The Commission is committed to making online information as accessible as possible to the largest possible number of users including those with visual, auditory, cognitive or physical disabilities, and those not having the latest technologies. The Commission supports the Web Content Accessibility Guidelines 2.0 of the W3C.

For full details on the Commission policy on accessibility for information providers, see: http://ec.europa.eu/ipg/standards/accessibility/index_en.htm

For the publishable versions of the report, abstract and executive summary, the contractor must respect the W3C guidelines for accessible pdf documents as provided at: http://www.w3.org/WAI/ .

3.3 Graphic requirements

The contractor must deliver all written content/all publishable deliverables in full compliance with the corporate visual identity of the European Commission, by applying the graphic rules set out in the European Commission's Visual Identity Manual, including its logo. The graphic rules, the Manual and further information are available at:

http://ec.europa.eu/dgs/communication/services/visual_identity/index_en.htm

4. EVALUATION AND AWARD

The evaluation is based solely on the information provided in the submitted tender. It involves the following:

- Verification of non-exclusion of tenderers on the basis of the exclusion criteria
- Selection of tenderers on the basis of selection criteria
- Verification of compliance with the minimum requirements set out in these tender specifications
- Evaluation of tenders on the basis of the award criteria

The contracting authority may reject abnormally low tenders, in particular if it established that the tenderer or a subcontractor does not comply with applicable obligations in the fields of environmental, social and labour law.

The Contracting Authority will assess these criteria in no particular order. The successful tenderer must pass all criteria to be awarded the contract.

4.1. Verification of non-exclusion

All tenderers must provide a declaration on honour (see Annex II), signed and dated by an authorised representative, stating that they are not in one of the situations of exclusion listed in that declaration on honour.

In case of joint tender, each member of the group must provide a declaration on honour signed by an authorised representative.

In case of subcontracting, subcontractors whose capacity is necessary to fulfil the selection criteria must provide a declaration on honour signed by an authorised representative.

The Contracting Authority reserves the right to verify whether the successful tenderer is in one of the situations of exclusion by requiring the supporting documents listed in the declaration of honour.

The successful tenderer must provide the documents mentioned as supporting evidence in the declaration on honour before signature of the contract and within a deadline given by the contracting authority. This requirement applies to each member of the group in case of joint tender and to all subcontractors whose capacity is necessary to fulfil the selection criteria**.**

The obligation to submit supporting evidence does not apply to international organisations.

A tenderer (or a member of the group in case of joint tender, or a subcontractor) is not required to submit the documentary evidence if it has already been submitted for another procurement procedure and provided the documents were issued not more than one year before the date of their request by the contracting authority and are still valid at that date. In such cases, the tenderer must declare on its honour that the documentary evidence has already been provided in a previous procurement procedure, indicate the reference of the procedure and confirm that that there has been no change in its situation.

A tenderer (or a member of the group in case of joint tender, or a subcontractor) is not required to submit a specific document if the contracting authority can access the document in question on a national database free of charge.

4.2. Selection criteria

Tenderers must prove their legal, regulatory, economic, financial, technical and professional capacity to carry out the work subject to this procurement procedure.

The tenderer may rely on the capacities of other entities, regardless of the legal nature of the links which it has with them. It must in that case prove to the Contracting Authority that it will have at its disposal the resources necessary for performance of the contract, for example by producing an undertaking on the part of those entities to place those resources at its disposal.

The tender must include the proportion of the contract that the tenderer intends to subcontract.

Declaration and evidence

The tenderers (and each member of the group in case of joint tender) and subcontractors whose capacity is necessary to fulfil the selection criteria must provide the declaration on honour (see Annex II), signed and dated by an authorised representative, stating that they fulfil the selection criteria applicable to them. In case of joint tender or subcontracting, the criteria applicable to the tenderer as a whole will be verified by combining the various declarations for a consolidated assessment.

This declaration is part of the declaration used for exclusion criteria (see section 4.1) so only one declaration covering both aspects shall be provided by each concerned entity.

The Contracting Authority will evaluate selection criteria on the basis of the declarations on honour. Nevertheless, it reserves the right to require evidence of the legal and regulatory, financial and economic and technical and professional capacity of the tenderers at any time during the procurement procedure and contract performance. In such case the tenderer must provide the requested evidence without delay. The Contracting Authority may reject the tender if the requested evidence is not provided in due time.

After contract award, the successful tenderer will be required to provide the evidence mentioned below before signature of the contract and within a deadline given by the contracting authority. This requirement applies to each member of the group in case of joint tender and to subcontractors whose capacity is necessary to fulfil the selection criteria.

A tenderer (or a member of the group in case of joint tender, or a subcontractor) is not required to submit the documentary evidence if it has already been submitted for another procurement procedure and provided the documents were issued not more than one year before the date of their request by the contracting authority and are still valid at that date. In such cases, the tenderer must declare on its honour that the documentary evidence has already been provided in a previous procurement procedure, indicate the reference of the procedure and confirm that that there has been no change in its situation.

A tenderer (or a member of the group in case of joint tender, or a subcontractor) is not required to submit a specific document if the contracting authority can access the document in question on a national database free of charge.

4.3. Legal and regulatory capacity

Tenderers must prove that they are allowed to pursue the professional activity necessary to carry out the work subject to this call for tenders. The tenderer (including each member of the group in case of joint tender) must provide the following information in its tender if it has not been provided with the Legal Entity Form:

- For legal persons, a legible copy of the notice of appointment of the persons authorised to represent the tenderer in dealings with third parties and in legal proceedings, or a copy of the publication of such appointment if the legislation applicable to the legal person requires such publication. Any delegation of this authorisation to another representative not indicated in the official appointment must be evidenced.

- For natural persons, if required under applicable law, a proof of registration on a professional or trade register or any other official document showing the registration number.

4.4. Economic and financial capacity criteria

The tenderer must have the necessary economic and financial capacity to perform this contract until its end. In order to prove their capacity, the tenderer must comply with the following selection criteria.

Criterion F1 : In order to meet the financial capacity criterion, the tenderer must obtain a score of at least 8 points (out of a total of 16 points), which corresponds to 50% of the maximum number of points.

For contracts with a value of 135,000 EUR or more, tenderers (and in case of a consortium, the consortium leader and the consortium members) are also requested to fill in the 'simplified balance sheet' and the 'simplified profit and loss accounts' enclosed in the 'Simplified Presentation' form in Annex VI for the last year for which accounts have been closed. Alternatively, the tenderers may fill in only the fields marked in bold and the ones marked in italics. All amounts must be expressed in Euro using the conversion rate of the month of the publication of the tender.

On the basis of the data from the 'Simplified Presentation' form in Annex VI, a number of values and ratios will be calculated to evaluate the economic and financial capacity of the tenderers.

The following values will be calculated:

Value	Formula/source	Unfavourable if:
own funds	from the balance sheet	negative
	own funds - paid-up capital	negative
working capital	permanent capital - fixed assets	negative
gross operating surplus	from the P&L accounts	negative
net result	from the P&L accounts	negative
self-financing capacity (SFC)	net result after tax + amortization – capitalised production	negative

Following ratios are calculated:

Ratio	Formula	Unfavourable if	Average if	Favourable if
general liquidity	current assets/short-term debts	below 1	between 1 and 1.25	Above 1.25
financial independence	own funds/total liabilities	below 0.20	between 0.20 and 0.40	above 0.40
indebtedness	own funds/medium & long-term debts (MLT)	below 0.30	between 0.30 and 0.60	above 0.60
coverage of deposits and borrowed funds by the SFC	SFC / MLT debts	below 0.25	between 0.25 and 0.50	above 0.50
profitability	gross operating surplus / turnover	below 0.10	between 0.10 and 0.20	above 0.20

Each type of evaluation has a corresponding scoring (number of points) as follows:

Scoring	
Unfavourable value/ratio	0 points
Favourable value	1 point
Average ratio	1 point
Favourable ratio	2 points

Evidence (to be provided on request):

- Copy of the profit and loss accounts and balance sheets for the last two years for which accounts have been closed from each concerned legal entity;

If, for some exceptional reason which the Contracting Authority considers justified, a tenderer is unable to provide one or other of the above documents, it may prove its economic and financial capacity by any other document which the Contracting Authority considers appropriate. In any case, the Contracting Authority must at least be notified of the exceptional reason and its justification. The Commission reserves the right to request any other document enabling it to verify the tenderer's economic and financial capacity.

4.5. Technical and professional capacity criteria and evidence

4.5.1. Criteria relating to tenderers

Tenderers (in case of a joint tender the combined capacity of all members of the group and identified subcontractors) must comply with the requirements below. The evidence must be provided only on request.

The project references indicated below consist in a list of relevant services provided in the past three years, with the sums, dates and clients, public or private, accompanied by statements issued by the clients.

- **Criterion A1**: The tenderer must prove experience in the field of health reviews with EU coverage.

Evidence A1: The tenderer must provide references for three projects delivered in this field in the last three years with a minimum value for each project (tenderer's participation) of € 300.000 that cover simultaneously at least three EU countries.

- **Criterion A2**: The tenderer must prove experience in the field of organisation of training seminars.

Evidence A2: The tenderer must provide references for three seminars/workshops delivered in the last three years in three different EU countries.

- **Criterion A3**: The tenderer must prove capacity to work in three EU official languages including English.

Evidence A3: The tenderer must provide references for three projects delivered in the last three years showing its capacity to deliver such requirements.

4.5.2. Criteria relating to team delivering the service

The team delivering the service should include, as a minimum, the profiles detailed below. A CV should be provided as evidence for each proposed team member (summary of their project related experience on top), also indicating clearly the years of professional experience, educational level and language skills. The tenderer must provide a summary table clearly identifying which of the tasks below are assigned to which team member(s) and who is their backup.

a) The project leader must have at least five years of professional experience in the field of public health, with a particular emphasis on actions to reduce alcohol related harm. He/she must have a university degree in this field.
b) At least one member of the team, other than the project leader, must have at least five years of professional experience in the field of mental health and chronic diseases and must have a university degree relevant to these fields.
c) The team member responsible for the development of the training package must have professional experience relevant to these tasks of at least three years.
d) All team members must be proficient in English.

4.6. Award criteria

The contract will be awarded based on the most economically advantageous tender, according to the 'best price-quality ratio' award method. The quality of the tender will be evaluated based on the following criteria. The maximum total quality score is 100 points.
Technical evaluation criteria as weighted by percentage:

N°	Qualitative Award criteria	Weighting (max. points)
1.	The quality (relevance, scope, evidence base, robustness, coherence and innovativeness) of the proposed method for the review of existing initiatives, good and best practices including training materials.	10
2.	The suitability (relevance, potential for replication by other regions, geographic balance) of the proposed regions for the implementation of the pilot project.	10
3.	3.1. The quality (relevance, expertise, proposed approach to reach out to the target group, etc.) of the proposed support structure.	25
	3.2. The quality (relevance, proposed approach) of the methodology to evaluate the success of the support structure in terms of reduction of alcohol consumption and in terms of increased ability of the trained professionals to provide tailored care packages, etc. of phase II	10
4.	The quality (relevance, scope, participants, geographic balance, coherence and innovativeness) of the proposed methodology for the training activities (outline of the training, learning objectives, recruitment process and profiles of trainers, proposed trainers etc.).	20
5.	The quality (scope, relevance, innovativeness, expected impact) of the proposed dissemination activities throughout the duration of the pilot project.	10
6.	Quality and coherence of the proposed work plan, timing and resource allocation.	15
	Total points	100

Tenders need to obtain 50% of the points for each individual criterion and 60% of the points in total. Tenders that do not reach the minimum quality levels will be rejected and will not be ranked.

Ranking of tenders

The contract will be awarded to the most economically advantageous tender, i.e. the tender offering the best price-quality ratio determined in accordance with the formula below. A weight of 60/40 is given to quality and price.

score for tender X	=	$\frac{\text{cheapest price}}{\text{price of tender X}}$	*	100	*	price weighting (in 40%)	+	total quality score (out of 100) for all award criteria of tender X	*	quality criteria weighting (in 60%)

The tender ranked first after applying the formula will be awarded the contract.

FINANCIAL PART

Prices must be presented in the standard format of annex V.

ANNEXES:

Annex I - Tender submission form

Annex II - Declaration on honour

Annex III - Power of attorney

Annex IV - Letter of intent from subcontractor

Annex V - Budget

Annex VI - Simplified financial statements

Annex VII - Contract and annexes: Draft Contract

Annex VIII - Financial Identification form

http://ec.europa.eu/budget/contracts_grants/info_contracts/index_en.cfm

Annex IX - Legal identification :

Privacy Statement

Legal Entity form - Private Company

Legal Entity form - Public Company

http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal_entities_en.cfm

Annex X: Document checklist