



**OFFICE OF THE DEAN & PRINCIPAL,
MAHARAJA KRISHNA CHANDRA GAJAPATI MEDICAL COLLEGE,
BRAHMAPUR.760 004, GANJAM, ORISSA.**

No. 1491 /MCB-2021/Welfare/ Dt. Berhampur, the 15th February, 2021

TENDER NOTICE

Bids in sealed tender are invited from reputed agencies/service providers to provide the service of DIET (Dry, Liquid, Cooked) to Indoor patients for MKCG Medical College & Hospital for a period of one year w.e.f the date of execution of the agreement and likely to extend for another period subject to satisfactory performance, mutual agreement on yearly basis.

The detailed information for outsourcing of aforesaid service is available in the Tender Document which may either be downloaded from the website www.mkcgmch.org or procure in person from Office of the Dean & Principal, M.K.C.G. Medical College, Berhampur (GM), on any working day between 11 A.M to 4 PM on payment of **Rs.2000/- (Rupees two thousand) only**. The last date and time for submission of Tender document is **from 21 (twenty one) days from the date of publication of this Advertisement in the News paper by speed post/Regd Post only.**

The undersigned reserves the right to cancel the Tender in full or parts at any time without assigning any reason thereof.


**Dean & Principal,
MKCG Medical College,
Berhampur**

TENDER DOCUMENT

OUTSOURCING FOR

(DIET SERVICE)

THROUGH SERVICE PROVIDER

**OFFICE OF THE DEAN & PRINCIPAL MKCG MEDICAL COLLEGE,
BERHAMPUR**

BERHAMPUR ODISHA

Email. mkgmc.bam@gmail.com

(Tender document cost = Rs5000/-

DD in favour of Dean & Principal Payable at Berhampur)

LAST DATE FOR SUBMISSION OF TENDER:- 12.3.21 BY 2 P.M

DATE OF OPENING OF TECHNICAL BID; 12.3.21 AT 5 P.M

DATE OF OPENING OF FINANCIAL BID. 18.3.21 AT 5 P.M

B. Tripathy
15/2/21

**Dean & Principal
M.K.C.G. Medical College Hospital
Berhampur. (Gm.)**

REQUEST FOR PROPOSAL (RFP)

Outsourcing of Diet Services (Dry & Cooked) for Indoor Patients at Govt. Health Institutions.

RFP Reference Nos: Diet / MKCG Medical College & Hospital, Berhampur

Date: 15.12.20.....

Document or subsequently provided to bidder (s), whether verbally or in documentary form by or on behalf of the Tender Inviting Authority under Department of Health & Family Welfare, Govt. of Odisha, or any of their employees or advisors, is provided to bidder (S) on the terms and conditions set out in this RFP document and any other terms and conditions subject to which such information is provided. This RFP document is not an agreement and is not an offer or invitation by the Tender Authority or its representatives to any other party. The purpose of this RFP document is to provide interested parties with information to assist the formulation of their proposal and detailed Proposal. This RFP document does not purport to contain all the information each bidder may require. This RFP document may not be appropriate for all persons, and it is not possible for the department, their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP document. Some bidders may have a better knowledge of the proposed Project than others. Each bidder should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this RFP document and obtain independent advice from appropriate sources. Tender inviting Authority / Department, its employees and advisors make no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the RFP document. Tender Inviting Authority / Department may in its absolute discretion but without being under any obligation to do so can update, amend or supplement the information in this RFP document.

Dr. P. S. Mishra
15/12/20

Dean & Principal
M.K.C.G. Medical College Hospital
Berhampur- (Gm.)

NOTICE INVITING PROPOSAL

RFP No: RFP Reference Nos: Diet

DETAILED PROPOSALS ARE INVITED FROM ELIGIBLE BIDDERS FOR SELECTION OF THE MOST SUITABLE AGENCY FOR SUPPLY OF DIET (DRY, LIQUID, COOKED) TO INDOOR PATIENTS

Schedule of Events:

1	Period of Availability of RFP Document	From 19-2- 2021 to 12-03-2021 (Downloadable from Website : www.mkcgmch.org)
2	Pre-bid Meeting	Date: 4-3-2021 2021, Time: 11.30 AM Address
3	Last date for submission of Proposal	Date: 12-03-2021, Time: 2 PM Address: NB: Proposals should be submitted through Speed Post / Registered Post
4	Date, time and place of opening of Proposals and presentation	a) Technical Proposals (Part A & B) Opening: 12-03- 2021 at 5 PM at MKCG MC (Name of the Health Institutions is mentioned at Section 1 : Schedule of proposal submission) (Bidders / authorized representative may remain present at the time of opening of proposal

SECTION 1: SCHEDULE OF PROPOSAL SUBMISSION

RFP No. & Date	Name of the Institutions	Address for submission of Proposal & Opening of Proposal	Last date & time of submission of proposal	Date & time of opening of Technical Proposal
Diet.1491/MKCG/ dated15-2-2021	MKCG Medical College, Berhampur	Dean & Principal, MKCG Medical College, Berhampur, Ganjam, Pin- 760004	12-3-2021 2 P.M	12-03-2021 5 P.M

SECTION - 2 - INSTRUCTIONS TO BIDDERS

2.1 Scope of Proposal

- Interested bidders fulfilling the eligibility criteria may submit their bid at this Medical College. Detailed description of the objectives, scope of services, deliverables and other requirements relating to "Provisioning of Diet Services at Govt. Health Institutions" are specified in this RFP. The manner in which the Proposal is required to be submitted, evaluated and accepted is explained in this RFP.
- The selection of the Agency shall be on the basis of an evaluation by the tender committee of the concerned Institution, through the Selection Process specified in this RFP. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given and that the decision of the health institution is without any right to appeal whatsoever.

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Berhampur- (6m.)

15/2/21

- c) The bidder shall submit its proposal in the form and manner specified in the RFP. Upon selection, the agency shall be required to enter into an Agreement with MKCG Medical College, Berhmapur in the form specified at Annexure - I

2.2 Eligibility Criteria:

The bidder should fulfil the following Eligibility Criteria:

- I. The bidder must be registered in India as a Company / Firm / Society / Trust or SHG / SHG Federation and must have registration certificate under relevant Act / rule of the State or Central Government.
- II. The bidder must have a registered / operating office in Odisha.
- III. The bidder must have minimum 3 years experience in diet preparation, supply and management of diet services in Government Institutions / other Govt. Institutions. The bidder shall furnish the details of the past performance in the required format (Form T5) supported with the work order / contract copies.
- IV. In case of SHG / SHG Federation, the Technical committee is to take decision in view of their past experiences (to be furnished in the required format (Form T5) supported with the work order / contract copies) for at least minimum Three year experiences for preparation of Diet and supply in any Health Institutions (Government). The number of beds of the Institution where the supply of DIET is existing to be mentioned in a separate sheet. (Experience)
- V. The bidder applying for Medical College must have minimum average annual turnover of Rs.7 Crores per year during the last three financial years (2017-18, 2018-19 and 2019-20) **in similar service**. In case of SHG / SHG Federation, the bidder must have minimum average annual turnover of Rs.2 Crores per year during the last three financial years (2017-18, 2018-19 and 2019-20). The bidders has to furnish the details of their annual turnover certified by the chartered accountant in the required format (Form T4) supported by audited Profit / Loss Statement.
- VI. The Bidder must have valid labour registration certificate.
- VII. The bidder must have PAN
- VIII. The bidder must have GST registration

Note: ISO certification / Food License is not mandatory. However bidders have ISO certification / food license shall be given additional weightage in the evaluation criteria as mentioned in Section 5

In case of selected bidder, they will have to furnish the up to date food registration / license (if not having) from the authority of the concerned region within 10 days of issue of notification of award and before signing of contract.

2.3 Proposal Submission

Interested bidders fulfilling the eligibility criteria may submit their bids with EMG, Tender Document cost & documents as set forth in the RFP at this Medical College, the detail address of which is mentioned in Section 1: Schedule of Proposal Submission.

[Signature]
15/12/21

Dear: Principal
M.K.C.G. Medical College Hospital
Berhmapur- (Gm.)

The proposal shall be submitted in two parts:

- I. Part A–Tender Document Cost, EMD as per format set out in RFP.
- II. Part B–Technical Proposal as per the format set out in RFP.
 - a. The proposal shall be typed or written legibly in indelible ink and shall be signed the authorized representative of the bidder.
 - b. Any interlineations, erasures or overwriting shall be valid only of the person or persons signing the Proposal have put his / their initial prior to submission of the same.

Note: There is no Financial Proposal to be submitted in the bid, as this is a fixed cost based tender. Details of the fixed cost (Diet Rate) to be paid per patient / day for different types or diet with menu is mentioned at Section 3–Terms or Reference.

2.4 Bid Document Cost:

The bidders shall have to furnish a bid document cost Rs.2000/- (non-refundable) in the shape of Banker's Cheques / Demand Draft from any Nationalized / Schedule Bank pay able at Berhampur in favour of Dean & Principal, MKCG Medical College, Berhampur.

In the absence of the bid document cost, the technical proposal of the bidder shall be rejected. There is no exemption in submission of bid document cost:


2.5 Earnest Money Deposit (EMD)

The bidder along with the technical proposal shall have to furnish Earnest Money Deposit (EMD) amounting to Rs.7,00,000/- (Seven lakhs) (refundable) in the shape of Banker's Cheques / Demand Draft from any Nationalized / Schedule Bank pay able at Berhampur in favour of Dean & Principal, MKCG Medical College, Berhampur.

In the absence of the EMD, technical proposal of the bidder shall be rejected. However, as per the Finance Department, Govt. of Odisha office memorandum No.21926 dated 12-08-2015 the local MSEs (Micro & Small entrepreneurs) registered with respective DICs, Khadi, Village, Cottage & Handicraft Industries, OSIC and NSIC are exempted from submission of EMD while participating in tenders of Govt. Departments and Agencies under its control. It is further clarified that the above exemption is applicable to local MSEs register in Odisha only. The exemption to the local MSEs shall be applicable if the kind of service as required under this tender enquiry is clearly specified against the details of the service to be provided in their DIC / NSIC registration certificate (to be furnished in the technical bid)

The EMD shall be returned to unsuccessful bidders within a period of 4 weeks from the date of announcement of the successful bidder.

The EMD shall be forfeited if the bidder withdraws its proposal during the interval between the proposal due date and expiration of the proposal validity period or on in case of successful bidder, if does not execute the agreement.


(5/2/21)
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Berhampur- (Gm.)

2.6 Packing, Sealing and marking of Proposal

- A. The Tender document cost & EMD (Cover A) and Technical Proposal (Cover B) must be inserted in separate sealed envelopes, along with applicant's name and address in the left hand corner of the envelope and super scribed in the following manner.
- I. Cover A - Tender Document Cost & EMD for "Supply of Diet (Dry, Liquid, Cooked) to Indoor Patients at MKCG Medical College, Berhampur.
 - II. Cover B - Technical Proposal for "Supply of Diet (Dry, Liquid, Cooked) to Indoor Patients at MKCG Medical College, Berhampur.
- B. The two envelopes, i.e. envelope for Part - A, Part-B must be packed in a separate sealed outer cover and clearly super scribed with the following.
- I. Proposal for "Supply of Diet (Dry, Liquid, Cooked) to Indoor Patients at MKCG Medical College, Berhampur.
 - II. RFP No. and Institution name (The bidder should clearly mention the RFP No. & Institution name for which the proposal is submitted)
 - III. The bidder's Name and address shall be mentioned in the left hand corner of the outer envelope.
- C. The inner and outer envelopes shall be addressed to the Dean & Principal, MKCG Medical College, Berhampur at the detail address mentioned at the Section - 1 Schedule of Proposal Submission.
- If the outer envelope is not sealed and marked as mentioned above, then the O/o the Dean & Principal, MKCG Medical College, Berhampur will assume no responsibility for the tender's misplacement or premature opening, Telex, cable or facsimile tenders will be rejected.***
- D. Content of the Proposal
- I. Cover A (Tender document Cost & EMD)
 - i. EMD of Rs.7 Lakhs in the shape of Banker's Cheques / Demand Draft from any Nationalized / Schedule Bank pay able at Berhampur in favour of Dean & Principal, MKCG Medical College, Berhampur.
 - ii. Bid document cost of Rs.2000/- in the shape of Banker's Cheques / Demand Draft from any Nationalized / Schedule Bank pay able at Berhampur in favour of Dean & Principal, MKCG Medical College, Berhampur.
 - II. Cover B (Technical Proposal)

The bidders are requested to submit a detailed technical proposal with respect to DIET Services at this Medical College during the proposed contract period in conformity with the Terms of Reference forming part of this RFP.

1. Form T1 (Checklist)
2. Form T2 (Technical Tender submission Form)
3. Photocopy of the Registration certificate of the Agency
4. Photocopy of the PAN
5. Photocopy of GST
6. Form T3 (Details of the Bidder)
7. Form T4 (Turnover certificate from the Chartered Accountant)

[Signature]
15/2/21

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8. Photocopy of the audited Profit & Loss Statement in the last three financial years in support of the turnover certificate (2017-18, 2018-19 and 2019-20).
9. Form T5 – Relevant Experience Details in managing Diet Services in State Govt. / Govt. of India Institutions / Govt. & Pvt. Hospitals during the last three years.
10. Photocopies of work orders / contracts executed in support of the information furnished in Form T5.
11. Form T6 – Affidavit certifying that the bidder is not blacklisted.
12. Any other details, the bidder like to include in the proposal.

2.5 Validity of Proposals

The Proposal shall remain valid for 180 day after the date of bid opening. Any proposal, which is valid for a shorter period, shall be rejected as non-responsive.

2.6 Cost of Proposal

The bidder shall be responsible for all of the costs associated with the preparation of their proposals and their participation in the Selection Process. The Medical College will neither be responsible nor in any way liable for such costs, regardless of the conduct of outcome of the Selection Process.

2.7 Acknowledgement by the bidder

- A. It shall be deemed that by submitting the Proposal, the bidder has:
- I. Made a complete and careful examination of the RFP.
 - II. Received all relevant information requested from this Medical College.
 - III. Acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of this Medical College relating to any of the matters stated in the RFP Document.
 - IV. Satisfied itself about all matters, things and information, necessary and required for submitting an informed Proposal and performance of all of its obligations there under.
 - V. Acknowledged that it does not have a Conflict of Interest: and
 - VI. Agreed to be bound by the undertaking provided by it under and in terms hereof.

- B. This Medical College shall not be liable for any omission, mistake or error on the part of the bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by this Medical College.

2.8 Language:

The Proposal with all accompanying documents (the "Documents") and all communications in relation to or concerning the Selection Process shall be in English language and strictly as per the forms provided in this RFP. No supporting document or printer literature shall be submitted with the Proposal unless specifically asked for and in case any of these Documents is in another language, it must be accompanied by an accurate translation of the relevant passages in English, in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

2.9 Proposal Submission due date

RFP filled in all respect must reach O/o the Dean & Principal, MKCG Medical College, Berhampur at the address, time and date specified in the Section - 1:

[Signature]
15/12/20
Dean & Principal
M.K.C.G. Medical College Hospital

Schedule of Proposal Submission, through Speed Post / Regd. Post. If the specified date for the submission of RFPs is declared as a holiday, the RFPs will be received up to the stipulated time on the next working day.

2.10 RFP Opening

- a) This Medical College will open all Proposals, in the presence of the bidders or their authorized representatives who choose to attend, at the location, date and time mentioned in the Section 1 : Schedule of Proposal Submission.
- b) The bidder / their authorized representatives who will be present shall sign a register evidencing their attendance.
- c) In the event of the specified RFP opening date being declared a holiday, the RFPs shall be opened at the stipulated time and location on the next working day.

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SECTION 3 - TERMS OF REFERENCE

3.1 Modalities of Diet Service

- 1) The successful bidder [also referred here as the agency or outsourced agency] would establish it's kitchen setup with all required infrastructure & kitchen equipment and operate from the campus of the concerned health institution. The space and water supply required to setup the kitchen shall be provided by the concerned health facility to facilitate the smooth operation of the agency.
- 2) The agency would be abided by the cost and quality norms / standards as mentioned in the bit, diet guidelines and communicated to them from time to time by the concerned health institution.
- 3) The agency would recruit required number of staff for cooking and serving so that diet can be supplied to the in-door patients in time.
- 4) The agency would take up free health check-up of the cooking and serving staff from time to time.
- 5) The maintenance of kitchen and equipment's would be the responsibility of the agency and the agency should ensure that proper care is taken in this regard.
- 6) The agency would prepare and supply diet adhering to the quality norms specified by the health institution. The agency should also prepare different types of diet as per the indent placed by the health institution keeping in mind the diet requirement of different category of patients.
- 7) The agency would be responsible for procurement of different items required for preparing diet and storing it properly. The health institution would not be responsible for any loss of procured items.
- 8) Perishable items would be supplied / procured on daily basis and for that supplier / suppliers would be identified jointly by the designated person of the health institution and the outsourced agency.
- 9) The Health Institution would have the right to monitor the quality of items purchased and used in the diet preparation process.
- 10) The agency would manage kitchen waste in a scientific manner with due consultation with the concerned hospital administration.
- 11) At any point of time i.e. during procurement of raw materials, processing, preparation of diet, serving the diet to the patients and cleaning the utensils / instruments, the dietician and/or any person from the health institution can visit and interact with concerned agency. The agency should not have any restriction to this rather the agency would facilitate such process to improve the service quality.
- 12) The agency would prepare and update the accounts details and maintain other related documents that are required for reimbursement of the expenses on monthly basis. In case of incomplete documents, the Hospital Administration would not reimburse the incurred cost. The documents to be prepared should be supplied by the health institution beforehand and maintained by the agency on daily basis. The financial and non-financial document would be subject to audit.
- 13) The behaviour of the staff of the agency towards the patients / attendants should be conducive and disciplinary action would be taken by the Hospital Administration against the staffs of the said agency violating the behavioural norm in consultation with the concerned agency.

- 14) The agency would be responsible to make alternative arrangements in cases of situations such as staff strike, local strike (Bandh / Hartal) etc. ensuring that the patients get diet in the appropriate time.
- 15) The agency would be abided by different Government notification, circulars, written instructions etc. published from time to time with regard to the subject. In case of requirement, the hospital administration would provide required clarity to the agency on the related notification, circular etc.
- 16) For any grievance, the agency would approach to the Superintendent of the Hospital in person and appraise them in written about the problem. It is the responsibility of the health institution to comply with the grievance and solve it within a maximum of one month time and decision should be communicated to the agency in the written form.
- 17) Any dispute arising in the process of managing the diet preparation and supply, both the party i.e. the outsourced agency and the hospital administration should discuss and take appropriate decision that mutually agreeable.
- 18) The outsourced agency would provide uniform embedded with its logo to all the staff recruited by the agency. The agency would ensure that the recruited staff attend their duty with clean uniform and keeping themselves neat and clean while on duty.

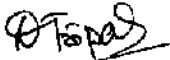
3.2 Category of Diet & it's Price

As per Government Resolution No.6125-HFW-SCH-NRHM-0015/2018/H dated 02-03-2019, the following category of Diet shall be provided to the indoor patients of all Government Health Institutions.

Sl.	Category of Diet	Proposed Diet Rate* per Patient (Breakfast, Lunch & Dinner) per day (IN Rs.)
1	General Diet	85/-
2	Paediatrics Diet	75/-
3	Dry DIET	75/-
4	Liquid Diet	85/-
5	High protein Diet for TB / Cancer / Burn Patients	95/-

Note:

*The Diet Rate per patient per day (Breakfast, Lunch & Dinner) to be paid to the outsourcing agency shall includes all costs relating to food stuffs, raw vegetable, Spices, Edible Oils for cooking, Fuel (LPG) < Stove burners, cooking, distribution & cleaning, kitchen equipment, utensils, stainless steel diet trays for patients, food trolleys, manpower cost for cooking / distribution / cleaning and service charges.


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3.3 Category of Diet & it's Food Stuff

1. General Diet

Food Stuff	Vegetarian	Calorie	Protein	Non-Vegetarian
Cereals	375 gm	1294	26.25	375 gm
Pulses	75 gm	259	16.5	75 gm
Green Leafy Vegetables	100 gm	45	4	100 gm
Other Vegetables	200 gm	64	3.8	200 gm
Roots and Tubers	200 gm	146	2.6	200 gm
Fruits	100 gm	60	0.8	100 gm
Milk and milk products	500 ml	325	16	500 ml
Curd	100 gm	65	3.2	
Egg	100 gm	173	13.3	Egg (2 No)
Sugar	20 gm	80		20 gm
Oil	25 ml	225		25 ml
Condiment and spices				
Calories		2563		2671
Proteins		73.15		83.25
Total Cost	Rs.85/- per patient / day			

2. Paediatrics Diet

Food Stuff	Vegetarian (in gms)	Calorie	Protein Gram	Non-Vegetarian (in gms)
Cereals	180	621	12.6	180
Pulses	60	207	13.2	60
Green Leafy Vegetables	100	45	4	25
Other Vegetables	100	32	1.9	75
Roots and Tubers	100	73	1.3	75
Fruits	200	120	1.6	200
Milk and milk products	500 ml	325	16	250 ml
Curd	100 gm	65	3.2	0
Egg	50 gm	87	6.65	50 gms
Sugar	20	80		30
Oil	30	270		25
Condiment and spices		0		
Calories		1838		1860
Proteins		53.8		57.25
Total Cost	Rs.75/- per patient / day			

3. Dry Diet (Milk, Bread, Egg, Fruits)

Food Stuff	Amount
Milk	1000 ml
Bread	400 gm
Egg	2 Nos
Banana	2 Nos.
Protein	90 gms
Calories	2055 kcal
Total cost	Rs.75/- per patient per day

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4. Full Liquid Diet:

The full liquid diet can be provided to the patients in the pre or post operative stage for one or two days or based on the advice of the doctor and dietician. Only clear liquids such as milk, clear soup, fruit juice etc. should be given. This diet is to be used for a very short period of time. Full liquid diet may also be given to all patients with acute conditions including ICU patients as per the advice of the treating physician

Food Stuff	Amount
Milk	1000 ml
Fruit juice	500 ml
Sugar	50 gms
Rice, Dal, Vegetable soup	50 gms
Dal	20 gms
Vegetable	100 gms
Total cost	Rs.85/- per patient per day

5. High Protein Diet for TB / Cancer / Burn patients.

Food Stuff	Vegetarian	Calorie	Protein	Non-Vegetarian
Cereals	375 gm	1294	26.25	375 gm
Pulses	75 gm	259	16.5	75 gm
Green Leafy Vegetables	100 gm	45	4	100 gm
Other Vegetables	200 gm	64	3.8	200 gm
Roots and Tubers	200 gm	146	2.6	200 gm
Fruits	100 gm	60	0.8	100 gm
Milk and milk products	500 ml	325	16	500 ml
Curd	100 gm	65	3.2	
Egg	200 gm	246	26.6	Egg (4 No)
Or Paneer / Cheese	50 gm			
Sugar	20 gm	80		20 gm
Oil	25 ml	225		25 ml
Condiment and spices				
Calories		2563		2671
Proteins		73.15		83.25
Total Cost	Rs.95/- per patient / day			


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3.4 Diet Menu (As per list)

Note: The diet menu is suggestive and may change as per the availability of the proposed items. The Medical Superintendent of Hospital would be the final authority to take appropriate decision on the menu without compromising the quality.

3.5 Timing of Diet Supply:

The timing of diet supply to the patients is mentioned below for adherence. In no case, there should be deviation in time, not exceeding 20 minutes for each category of diet timing. The diet preparing and distributing contractor would be advised accordingly.

Breakfast:	Between 7.30 am to 8.00 am
Lunch:	Between 1.00 pm and 2.00 pm
Dinner:	Between 8.00 pm to 9.00 pm

Note: Timing of diet and times of diet provision may vary based on the diagnosis and as per the recommendation / prescription of the dietician / doctor. The hospital manager / person designated for the management of dietary services would adhere to the timing as prescribed by the doctor / dietician. Timing for patients prescribed for "liquid diet" under therapeutic diet may vary based on the advice on the dietician / doctor.

3.6 Storage of Commodities / Raw Materials

1. Storage of commodities / raw materials would be the responsibility of the outsourced agency. However, it is to be monitored from time to time by the dietician / assistant dietician of the health institution or any other persons assigned for the purpose. The perishable and non perishable items should be stored as per the storage specification norms.
2. Care should be taken to avoid quality degradation of the food commodities due to humidity, rodents, insects etc.

3.7 Fuel for Cooking

1. The kitchen should have LPG connection to be provided by the agency for diet preparation with provision of additional cylinder.
2. Coal and wood must not be used for cooking excluding emergency cases.

3.8 Diet Certification

Diet prepared (cooked / dry diet) on day to day basis should be certified by the dietician before its distribution. The diet certification would be with regard to quality, test and its adherence to the specified menu.

3.9 Constituting Diet Vigilance Committee (DVC)

For monitoring and supervision of diet preparation, distribution, ensuring diet quality and overall management of diet, Diet Vigilance Committees (DVC) will be constituted. In every Health Institutions DVC would be constituted taking Senior Doctors and medical staff of the concerned hospital. SMO (Store Medical Officer) would head the committee along with one Sr. Doctor. They would nominate two members on a rotational basis to be the member of DVC. The committee members shall meet one in a month to discuss matters related to present dietary services and propose changes, if necessary. The Hospital Manager and selected / nominated members of Swasthya Vikash Samiti would be the member of the DVC.

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3.10 Role of DVC in Monitoring & Supervision:

Diet Vigilance Committee will overall supervise the diet preparation and distribution process. The Diet Vigilance Committee would be regular surprise check to see the aspects like quantity and quality check of the diet, timeliness in supply of diet, hygiene and other related aspects and report to the head of the concerned Public health Institution on a period basis (time frame is to be decided by the Superintendent// Administrative Officer. The committee members will interact with the in-door patients on quality and quality of diet and discuss accordingly with the outsourced agency.

3.11 Role & Function of Dietetics Section in the health institution.

The dietetics section would be expected to perform important functions in dietary services and management. The basic responsibility of dietetics section would be.

- a. Menu Planning,
- b. Food purchasing (if not outsourced and in case of dry diet supply),
- c. Purchase of requisition of needed equipment and supplies,
- d. Establishment and maintenance of safe food storage practices,
- e. Selection, training, assignment of duties, supervision of personnel,
- f. Supervision of departmental sanitation.
- g. Establishment of adequate records and supervision of record keeping, budget planning, etc.

3.12 Role of Dietician / Nutritionist

- a. Periodic check of the quality of food materials.
- b. Diet related counselling services to the patients during admission and discharge
- c. Prescribing diet for patients based on the diagnosis
- d. Monitoring the food preparation process and kitchen cleanliness
- e. Pre-distribution quality check of diet following self-testing procedure
- f. Monitoring food handling
- g. Interacting with patients and getting feedback on diet quality, diet menu etc.

Apart from this, the dietician would be responsible for the management of therapeutic diets including modifications of the general menus to meet the needs of the patient and maintaining diet records;

The dietician / in-charge or members of his/ her team would prepare the diet distribution chart based on the placed indent by the ward boy / sister. The dietetics section would maintain records on day basis for the audit purpose. The dietetics section also be responsible to deal with empanelled contractors and ensure qualitative diet supply to the patients as per the norm.

3.13 Sanitary Measures:

Required sanitary measures would be taken up by the agency in and outside the kitchen to prevent any contamination of food during its preparation or distribution. The Hospital Sanitation Committee should take up the following measures to ensure cleanliness.

- a. Periodic sanitary inspection of cooking & serving equipments, at least once in a day.
- b. Daily inspection of food conveyors, kitchen equipment and service equipment
- c. Supervise handling and disposing of garbage and waste.
- d. Supervising cleanliness in the kitchen & taking appropriate measures.

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3.14 Storage & Stock

- a. The agency outsourced for diet preparation would be responsible for maintaining the store and stock. The agency should assign the responsibility of store keeping to person/s recruited by him / her.
- b. In case of dry diet, the health institution would maintain the store and stock. In such cases, one person would be assigned with the responsibility of the store and stock who would perform the following role.

3.15 Cleanliness:

- a. Kitchen Staff: The kitchen staff should wear clean uniform while on duty and keeping themselves clean i.e. keeping hands cleaned properly including finger nails before cooking, limited conversation among them while cooking and serving, keeping utensils clean and maintaining kitchen cleanliness.
- b. Dishes / Utensils: Cleaning of the dishes properly, before and after the use, would be the responsibility of the outsourced agency. However, it would be monitored by the Hospital Sanitation Committee form time to time. The dishes are to be cleaned and sterilized before and after use so that possible contamination can be avoided. Before service, it should be ensured that the dishes are properly cleaned, sterilized and dried. After the use, all the soiled dishes will be collected and placed in one place for washing. The soiled dishes should be cleaned with hot and soapy water. After wash, the dishes should be cleaned to leave no water stain on the dishes. Again before serving, the dishes should be inspected and used. To avoid contamination, which is expected between the cleaning and serving, the dishes should be cleaned once again with boiled water before serving.

3.16 Food Handling

The persons of the outsourced agency, who are handling food, should follow the followings

- a. Keeping their hands clean and use glove for serving. They should not touch food in bare hand
- b. They should wash their hands properly after visiting the toilet and before handling food.
- c. Cover cuts, burns and other raw surfaces with water-proof dressings while handling food
- d. Ensure that food is supplied as per the consumption specification of foods (hot / warm / cold) and as per the direction of the dietician.
- e. Cover the main food container and protect from flies and other pests before and after serving.
- f. Persons suffering from a discharging wound, sores on hands or arms, discharging nose or who is suffering from attacks of diarrhoea or vomiting should not handle food items, either during preparation or serving. Persons with such problems should be brought in to the notice of the catering manager for taking remedial measures.
- g. However, all the persons associated in diet preparation and its distribution should undergo regular free health check up in the concerned medical health institution periodically, at least one in every month and more particularly during sickness.

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3.17 General service Requirements of the Agency

- a. Operation, maintenance of Kitchen equipment including cooking & distribution of the cooked food as per menu / diet chart to each hospital bed and collection of dirty dishes from each bed to the Kitchen for cleaning and proper disposal of the hospital kitchen wastes on daily basis at the respective health institution.
- b. Providing of good quality hygienic and qualitative food to patients from a kitchen where kitchen should be conducted under conditions which are controlled, thereby contributing to a reducing in the incidence of contamination in the hospital.
- c. Collection of dirty plates from each bed (Patients) from Hospital to Kitchen for washing & cleaning. If required, testing & inspection as quality checking and delivery to the each bed and maintaining record with log book / challan on daily basis.
- d. Co-ordination with the hospital authority in arranging food / meal on day to day basis for patient and hospital needs.
- e. Setting up a comprehensive kitchen facility within the space allocated in the concerned health institution to fulfil the requirements of kitchen suitable for providing hygienic and qualitative meal to patients and to avoid any spread of unforeseen contamination.
- f. Keeping up In-house Kitchen & store for the concerned health institution functional to serve the breakfast, lunch & dinner in stipulated time as per requirement of the health institution.
- g. Ensuring of comprehensive Patient Dietary services with utmost care for all equipment and resultant services during the outsourced period.
- h. Providing of necessary Preventive & Breakdown maintenance of kitchen Room and all Kitchen equipment.
- i. Operation and maintenance of Kitchen with trained engineers / mechanics.

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Bhubaneswar, Odisha

SECTION 4 – TERMS & CONDITIONS

4.1 Period of Engagement

- a) The engagement shall be for a period of three years from the date of actual operation (beginning of service) or signing of contract whichever is later.
- b) The contract shall be signed initially for a period of one year which shall be extended for another years if performance of the agency is found satisfactory as per due assessment.

4.2 Award of Contract

On evaluation of technical evaluation of the RFP and decision thereon by the tender inviting authority, the selected bidder shall have to execute a contract with the Tender inviting Authority within 15 days from the date of acceptance of their bid is communicated to them. This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral part of the agreement.

4.3 Performance Security

The selected agency has to furnish a performance security deposit at the time of signing on contract, amounting of 5% of the total estimate yearly contract value (3.5 crores) of the concerned institution in the shape of DD / GB from a National / Scheduled bank in India. The amount of Earnest money deposit of the selected bidder can be adjusted against the performance security deposit. The performance security deposit is for due performance of the contract.

The Institution in the following circumstances can forfeit it.

1. When any terms or the condition of the contract is infringed.
2. When the service provider fails in providing the required services satisfactorily.

4.4 Commencement of Service

The selected agency is required to set up the kitchen facility at the concerned health institution (in the space provided by the authority of the concerned health institution) with all infrastructure and the start the service within 15 days of signing of the contract. If the service provider fails to commence the service as specified herein, the tender inviting authority may, unless it consents to the extension of time thereof, forfeit the Performance Security

4.5 Payment & Price Validity

- a. The payment shall be made in Indian Rupees.
- b. The payment shall be made by the concerned District Authority / institution where the diet service is operational.
- c. The mode of payment is as specified below:

The agency would be paid once in a month based on the case load and number of meals supplied. The number of diets prepared during "lunch" would be considered as the benchmark for calculation of number of patients / days. The payment shall be made within 21 days of submission of bills / vouchers in the prescribed format. The hospital administration would verify the bills, vouchers and other supporting and do the needful for payment of the dues within seven working days of submission of bills / vouchers / supporting documents.

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4.6 Penalty

- a) A penalty of Rs.1,00,000/- shall be deducted for bad quality of food for each occurrence noticed during the inspection of hospital officials.
- b) For not wearing Uniform / Hand gloves / Cap /shoes or not possessing identity cards a penalty of Rs.100/- per person / day shall be deducted from the bill as penalty.
- c) A penalty of Rs.10000/- in a month shall be deducted for not using the required quantity of meal / food by the agency.
- d) Rs.50/- per meal per person for shortfall of meal against the target output due to non availability of manpower, raw material etc.
- e) The amount of penalty shall be deducted from the bill of the agency.

4.7 Termination / suspension of Contract

- a) The Tender Inviting Authority may, by a notice in writing suspend the agreement if the selected agency fails to perform any of his obligations including carrying out the services, provided that such notice of suspension.
 - I. Shall specify the nature of failure, and
 - II. Shall request remedy of such failure within a period not exceeding 15 days after the receipt of such notice.
- b) The Tender Inviting Authority after giving 30 days clear notice in writing expressing the intension of termination by stating the ground / grounds on the happening of any of the events (a) to (b), may terminate the agreement after giving reasonable opportunity of being heard to the service provider.
 - I. If the service provider do not remedy a failure in the performance of his obligations within 15 days or receipt of notice or within such further period as the tender inviting authority have subsequently approve in writing.
 - II. If the service provider becomes insolvent or bankrupt.
 - III. If, as a result of force majeure, service provider is unable to perform a material portion of the services for a period of not less than 60 days : or
 - IV. If, in the judgment of the Tender Inviting Authority, the service provider is engaged in corrupt or fraudulent practices in competing for or in implementation of the project.

4.8 Modifications

Modifications in terms of reference including scope of the services can only be made by written consent of both parties. However, basic conditions of the agreement shall not be modified.

4.9 Force Majeure

For the purposes of the contract, "Force majeure" means an event which is beyond the reasonable control of party, is not foreseeable, is unavoidable, and not brought about by or at the instance of the Party claiming to be affected by such events and which has caused the non-performance or delay in performance and which makes a Party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible in the circumstances, and includes, but is not limited to war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other industrial action (except where such strikes, lockouts or other industrial action are within the power of the Party invoking force Majeure to prevent), confiscation or any other action by Government agencies.

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In such circumstances of emergencies and Force Majeure Event, if the Performance Standards are not complied with because of any damage caused to the services or any of the Project Facilities or non availability of staff, or inability to Provide services in accordance with the Performance Standards as a direct consequence of such Force Majeure Events or circumstances, then no penalties shall be applicable for the relevant default in Performance Standards and would be applied to such particular defaults. Further, unless the Force Majeure event is of such nature that it completely prevents the operation of services, a suspension or failure to provide Services on the occurrence of a Force majeure event will be an Event of Default and the District authority may terminate this Agreement without any termination payment being made in respect thereof.

The failure of a party to fulfil any of its obligations under the agreement shall not be considered to be a default in so far as such inability arises from an event of force majeure, provided that the party affected by such an event has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the agreement and has informed the other party as soon as possible about the occurrence of such an event.

4.10 SETTLEMENT OF DISPUTE

If dispute or deference of any kind shall arise between the Tender Inviting Authority / User Institution and the service provider in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations.

If the parties fail to resolve their dispute or difference by such mutual consultation within twenty-one days of its occurrence, then such dispute or difference shall be referred to the sole arbitration of Secretary to Health, Govt. of Odisha whose decision shall be final.

4.11 RIGHT TO ACCEPT AND REJECT ANY PROPOSAL

The District Authority / Institution / Tender inviting Authority reserve the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

4.12 JURISDICTION OR COURT

Legal proceedings if any shall be subject to the concerned District jurisdiction only.

SECTION 5 – CRITERIA FOR EVALUATION

5.1 Evaluation of Technical Proposals based on eligibility criteria:

Evaluation of proposals shall be made at the respective facility (DHH / SDH / CHC) by the concerned authority.

In the first stage, the Technical Proposal will be evaluated on the basis of bidder's fulfilment of eligibility criteria. Only those bidders whose Technical Proposals becomes responsive based on the eligibility criteria, shall qualify for further detail technical evaluation for awards of marks based on the following criteria.

5.2 Evaluation Technical Proposal for Award of Marks:

The technical proposal of the bidders shall be evaluated and awarded marks based on the following criteria:

Sl. No.	Criteria	Total Marks (100 marks)	Marking as per criteria	Mark obtained
1	Work experience	30	03 year experience (2 years for SHC) in preparation and supply of Diet in health Institutions / other institutions having bed strength / persons of 30 to 100 = 7.5 marks	
			03 year experience (2 years for SHC) in preparation and supply of Diet in health Institutions / other institutions having bed strength / persons of >100 to 200 = 15 marks	
			03 or more year experience (2 years for SHC) in preparation and supply of Diet in health Institutions / other institutions having bed strength / persons of >200 to 300 = 22.5 marks	
			03 or more year experience (2 years for SHC) in preparation and supply of Diet in health Institutions / other institutions having bed strength / persons of more than 300 = 30 marks	

Sl. No.	Criteria	Total Marks (100 marks)	Marking as per criteria	Mark obtained
2	Annual Average Turnover (Rs.)	20	For Health Institution Below Rs.7 cr = 0 >Rs. 7 cr and = 10 marks >Rs.7.5 crore = 20 marks	
3	No of Diet Services (Preparation, supply & Management) executed in different Institution (not less than 30 beds / persons (executed during the last three years)	40	2 Institutions = 10 marks 3-4 Institution = 20 marks 5-6 Institution = 30 marks >6Institution = 40 marks	
4	Quality Certification	10	ISO 9001 Certification : 5 Marks Food License / Registration : 5 marks	

NB: Annual average turnover in rupees more than 7 Crores shall be accompanied by Tax Audit for last three years 2017-18, 2018-19 & 2019-20.

5.3 Award of Contract:

1. The bidder who will secure highest total marks in the technical bid evaluation shall be awarded the contract.
2. In case the total marks secured by two or more bidders become equal, then the bidder having more marks in the Sl. No.3 of the above Table **from Government Institution (Health)** shall be awarded the contract.
3. In case the total marks as well as the marks in Sl No.3 of the above table by two or more bidders become equal, then the bidder having the higher average annual turnover shall be awarded the contract.

5.4 In case of a selected bidder, they will have to furnish the up to date food registration / license if not having from the authority of the concerned region within 10 days of issue of notification of award and before signing of contract.

Note: There is no Financial Proposal to be submitted in the bid, as this is fixed cost bases tender Details of the fixed cost (Diet Rate) to be paid per patient / day for different types of diet with menu is mentioned at Sectin 3 – Terms of Reference.

RFP FORMATS

DIET SERVICES AT GOVT. HEALTH INSTITUTIONS TECHNICAL PROPOSAL

Format – T1
(to be furnished in the technical proposal envelope)

Check List (Technical proposal)

Please check whether following have been enclosed in the respective cover, namely, Technical Proposal (**Please arrange the documents serially in the following order**)

Sl. No.	Item	Whether Included Yes / No	Page No.
1	Format-T1 (Check List)		
2	Bid Document Cost as DD of Rs...../-		
3	Earnest Money Deposit of Rs...../- as Demand Draft		
4	Format-T2 (Technical Proposal Submission Form)		
5	Format-T3 (Details of Bidder)		
6	Format - T4 (Annual Turnover Statement by Chartered Accountant)		
7	Copies of the annual audited statement / Annual Report for 2017-18, 2018-19, 2019-2020 (Provisional statement of account shall not be considered)		
8	Format - T5 (performance Statement during the last three years)		
9	Copies of work orders & end user certificates in support of the information furnished in Format - T5		
10	Copy of Quality Certificate: ISO 9001, Food Licence / Registration certificate		
11	Format-T6 (Format of Affidavit regarding the firm is not blacklisted)		
12	Copy of the Registration certificate of the Firm (Certificate of Incorporation)		
13	Copy of the GST registration certificate		
14	Copy of PAN (income Tax)		

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Format – T2
(to be furnished in the technical proposal envelope)

Technical Tender Submission Form
(On the letterhead of the firm)

To _____

Ref: Ref Reference No _____ dated _____

Dear Sir,

We, the undersigned, offer to provide the services for the work: **Section of the agency for supply of Diet (Dry, Liquid, Cooked) to Indoor patients.**

We are hereby submitting our Proposal, which includes this Technical Proposal sealed under a separate envelope.

We hereby declare our Confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

We hereby declare that all the information and statements make in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualifications.

We undertake that our Proposal shall remain valid for 180 days after the date of bid opening for the purpose of bid evaluation / finalization of contract.

I hereby declare that my company has not been debarred / black listed by any Government / Semi government organizations. I further certify that I am the competent authority in my company authorized to make this declaration.

We understand you are not bound to accept my Proposal you receive.

Yours Sincerely,

Authorizes Signature (In Full and Initials):

Name and Title of Signatory:

Name of Firm:

Address: _____

(Company Seal)

Stamp
15/2/21

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M.K.G. Medical College Hospital
Barhampur, (F.M.S.)

Format – T3
(to be furnished in the technical Bid envelope)

(On the letterhead of the Organization)

DETAILS OF THE BIDDER

GENERAL INFORMATION ABOUT THE BIDDER				
1	Name of the Bidder			
	Registered address of the firm			
	State		District	
	Telephone No.		Fax	
	Email		Website	
Contact Persons Details				
2	Name		Designation	
	Telephone No.		Mobile No.	
Communication Address				
3	Address			
	State		District	
	Telephone No.		Fax	
	Email		Website	
Type of the Firm (Please √ relevant Box)				
4	Private Ltd	<input type="checkbox"/>	Public Ltd.	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	Society	<input type="checkbox"/>
	Registration No & Date of Registration			
Nature of Business (Please √ relevant Box)				
5	Manufacturer	<input type="checkbox"/>	Authorized Service Provider	<input type="checkbox"/>
Key personnel Details (Chairman, CEO, Directors, Managing Partner etc.)				
6	In case of Directors, DIN Nos. are required			
	Name		Designation	
	Name		Designation	
7	Whether any criminal case was registered against the company or any of its promoters in the past?			Yes / No
8	Details of the Branch Office in Odisha (if register office is not in Odisha)			
9	<u>GST Registration:</u> Furnish the copy of the GST registration certificate			
10	<u>PAN:</u> Furnish the copy of the PAN			
11	Registration certificate / Certificate of Incorporation of the firm (furnish the copy)			

12	Copy of Quality Certification : ISO 9001, food License / Registration (furnish the copy)
13	<p>Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD / Payment of supply if any (if selected)</p> <p>a. Name of the Bank:</p> <p>b. Name of the Account & Full Address of the Branch concerned</p> <p>c. Account no. o the bidder:</p> <p>d. IFS Code of the bank:</p>

Date:

Office Seal

Signature of the Bidder/
Authorized Signatory

Handwritten: 15/12/21

Dean & Principal
M.C.S. Medical College Hospital
Bapatla, Andhra Pradesh

Format - T4
(to be furnished in the technical proposal envelope)

ANNUAL AVERAGE TURNOVER STATEMENT ON DIET SERVICE

(To be furnished in the letter head of the Chartered Accountant)

The Annual Turnover of M/s _____ for the financial years are given below and certified that the statement is true and correct.

Sl.	Financial year	Turnover in Lakhs (Rs.)
1	2017-18	
2	2018-19	
3	2019-20	

Membership No:

Registration No. of Firm

Note:

- A. To be issued in the letter head of the Auditor / Chartered Accountant mentioning the Membership No.
- B. This turnover statement should also be supported by copies of audited annual statement of the last three years and the turnover figure should be highlighted there.

Format - T5

(to be furnished in the technical proposal envelope)

PAST EXPERIENCE IN EXECUTING DIET PREPARATION AND ITS SUPPLY / SERVICES IN GOVERNMENT OR PVT. HEALTH INSTITUTION / OTHER GOVT. INSTITUTIONS

(Attached separate sheets if the space provided is not sufficient)

Name / address of the Organization	Work order / Contract No and date	Brief Description of the Scope of Work	Details of the Kitchen Setup established if any	No. of Human resource deployed for the diet service	No. of Beds / People for which diet service provided	Date of completion of assignment	Value of the Assignment	Role of your firm

*None: Please furnish the Work order / Contract copies of the works executed Serially in support of the information mentioned above

Authorized Signatory / Signature (in full and Initials)

Name and Title of Signatory _____ (Company Seal)

Handwritten: 15/12/21
Stamp: Dean & Principal
 M.K.C. Dental College Hospital
 Bangalore

Format – T6

(to be furnished in the technical proposal envelope)

Format for Affidavit certifying that the firm is not blacklisted

(On a Stamp Paper of Rs.20/-)

AFFIDAVIT

I, M/s _____ (the name of the firm with address of the registered office) hereby certify and confirm that we are not debarred by Department of health & FW, Govt. of Odisha / or any other entity of GoO or blacklisted by any State Government or Central government / Department / Organization in India from participating in Tenders / Projects.

We further confirm that, our proposal for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any state of the Bidding Process or thereafter during the agreement period.

Dated this _____ Day of _____, 2020

Authorized Signature / Signature (in full and initials):

Name and Title of Signatory:

(Company Seal)

Introduction to the Guidelines:

Key Features of the Guidelines:

- These guidelines highlight the dietary practices to be followed in the public health institutions adhering to the prescribed cost norm for different category of patients.
- It highlights the diet requirement of different category of patients by their disease type.
- It highlights the dietary management practices to be followed in public health institutions and role of different stake holders in the process

Objective and Applicability of the Guidelines:

- Present guidelines are meant for the public health institutions to strengthen and streamline the dietary services and its management. .
- These guidelines would be applicable to all the public health institutions which have required provision for in-door patients.
- In case, if in-door/bed provision is not available in any health institution but based on the advice of the doctor / in-charge the public health institution, if a person is kept under watch in such health institutions, she/he would be entitled for availing diet as per the norm of the Government.
- Unless it is followed by any other notification / order of the Government, present guidelines would be applicable for all types or in-door patients superseding earlier notification/s made by Government in this connection.
- This is omnibus guideline which supersedes all previous guidelines on this subject.

Duration of Effectiveness of the Guidelines:

- These guidelines would be effective from Nov. 2019 // date of execution of agreement and would remain in force till further notification/order of the Government issued in this regard.
- Government may issue revised circulars / notifications from time to time, if so required, after careful examination of the outcome of these guidelines. The beneficial dimensions of these guidelines would be examined after its implementation, not exceeding six months time, and if so felt necessary, further modification would be made to make it more suitable for the patients.

Revised Cost Norm form-door Patient's Diet

Sl. No.	Patient Category	Earlier Rate of Diet per Patient per Day	Revised Rate of Diet per Patient per Day
1	Paediatrics Diet	Rs.50.00	Rs.75.00
2	General Diet	Rs.50.00	Rs.85.00
3	High protein diet for Cancer, TB and Burn patient	Rs.60.00	Rs.95.00
4	Liquid Diet		Rs.85.00
5	Dry Diet	Rs.50.00	Rs.75.00

Note:

- The revised cost norm is effective from the date of agreement.
- Till the age of 9, a patient would be considered pediatrics and above the specified age, provision for adult will be applicable i.e. Rs.85/- or Rs.95/- based on the patient category

Right to Access Diet:

- Right to diet, as per the prescribed standard of diet, adhering to the quality and quantity is reserved for all the in-door patients.
- Any in-door patient, if not allotted with bed but admitted as in-door patient would be entitled to avail the diet as per the prescription of the doctor and advice of the dietician.
- During admission to the in-door, every patient would have a diet advice slip [please find the format (attached) which would be treated as diet entitlement slip for the indoor patients till discharged from the health institution.

Timing of Diet Supply:

The timing of diet supply to the patients is mentioned below for adherence. In no case, there should be deviation in time, not exceeding 0.30 hrs for each category of diet timing. The diet preparing and distributing contractor would be advised accordingly

1. Breakfast: Between 7.30 am to 8.00 am
2. Lunch: Between 1.00 pm to 2.00 pm
3. Dinner: Between 8.00 pm to 9.00 pm

Note: Timing of diet and times of diet provision may vary based on the diagnosis and as per the recommendation / prescription of the dietician/doctor. The hospital manager / person designated for the management of dietary services would adhere to the timing as prescribed by the doctor / dietician. Timing for patients prescribed for "full liquid diet" under therapeutic diet may vary based on the advice of the dietician / doctor.

Cooked and Dry Food Diet:

- Dry diet would be provided to the in-door patients where provision for number of in-door patient is less than 30. The public health institutions that have more than 30 or 30 beds would be provided with cooked diet.
- Dry diet would be provided three times i.e. during breakfast, lunch and dinner like that of cooked diet.
- Dry diet would encompass Milk, Egg, Bread and Fruits:

If required and felt it necessary by the Dietician / Medical Officer it may be changed, looking at the condition of the patient and the diagnosis.

Diet Typology:

- In general the health institution should make necessary arrangement for preparation of non-therapeutic and therapeutic diet based on patient category.
- This diet must be nutritionally adequate either to maintain adequate nutrition or to improve the nutritional status. Patients who need adaptations or modifications in their diet, due to illness, accident or injury, should be served

modified diet until they become ambulatory patients who can be served the general diet.

- Clear Liquid diet would be provided to the patients in the pre or post operative stage for one or two days or based on the advice of the doctor and dietician. This diet should be completely free of any solids clear soup etc. should be given. This diet is to be used for a very short period of time. Full liquid diet should be given for all acute conditions before diagnosis.
- Soft / Bland diet is intermediate between a full liquid and light diet. It should be served to patients who are convalescing from surgery, gastrointestinal disturbances and acute infections. This diet should be nutritionally adequate and planned on the basis of a normal diet. The food should be soft in texture and consistency, easy to chew and should contains low roughage. The diet would be made of simple, easily digestible foods and should contain no harsh fibre and no rich or highly flavoured foods. It should be a high calorie-high protein diet. A slight modification of this diet may be mechanically softened or dental soft diet which requires little or no chewing.
- Therapeutic diet should be prepared for six different patient categories i.e, persons suffering from
 1. Diabetes Mellitus
 2. Cardio-Vascular
 3. Acute & Chronic Renal Diseases
 4. Cancer, TB and Burning cases.
 5. Bland Diet / Diarrhoeal Diet
 6. Liver Disease

Dietician/in charge dietician should follow weekly diet chart in accordance to the calorie and nutritional norm for all category of patients based on the diagnosis. Sample for different therapeutic and non therapeutic diet is annexed to this guideline. The diet chart can be changed / modified by the dietician/ medical officer based on the diagnosis.

Outsourcing Diet Preparation & Supply:

- Outsourcing for diet preparation and its supply/distribution is applicable for the cooked diet only. For dry diet, the concerned health institution would procure and distribute the diet from existing approved agency. Preparation and distribution of diet (cooked food) would be outsourced to the private agencies at the MCHs, DHHs, Capital Hospital, Bhubaneswar, and in all sub-divisional hospitals where there is approved bed strength: for in-door patients is 30 or more than 30. In suitable cases, effective Women Self Help Groups [SHGs] should also be allowed to run the canteen which includes preparation and distribution diet [cooked food].
- At the CHC / PHC level, canteen system may be promoted within the campus of the health institution in collaboration with private agency for both in-door and out-door patients. The concerned health institution would provide space for any such interested private agency to run canteen. The canteen manager / concern agency would supply required diet to the in-door patients as per the diet norm mentioned in these guidelines and instructed by the dietician / medical officer of the concerned health institution. Apart from in-door patients,

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the canteen could also prepare and supply diet to outdoor patients and general public of the locality. But, the primary focus of the canteen would be serving the indoor patient with qualitative diet.

- Existing Government /Departmental norm should be strictly followed for identification and enrolment of agency for diet preparation & distribution. The agency would be selected on Cost and Quality basis: Transparent tendering process should be adopted by the health institutions for the selection of the agency ensuring quality and standards of diet. The Terms of References for the agency is annexed to the guidelines or reference [the terms of reference should be modified according to the suitability of the health institution].
- The agency empanelled and assigned with the responsibility of preparation and supply of diet would adhere to the prescribed quality standards under specific diet category. Different types of diet, as per the requirement of the patient and indent placed in this regard by the dietician / hospital management.
- The selected agency would sign a contract with the administration / management of health institution. The period of the contract would be initially for 12 months and can be extended for the same period based on the satisfactory performance of the supplier / outsourced agency. The performance of the agency must be certified by the management or the health institution before extending or renewing the contract period. During extending or renewing the contract period, the management may think of revising the conditions of the contract as per its suitability without affecting the basic objective.
- The outsourced agency would procure raw materials only from the designated suppliers identified mutually by the health institution and the outsourced agency. If so wished by the health institution along with the outsourced agency would empanel one or more than one supplier for the supply of different items, for preparation of cooked diet. For dry diet, procurement would be done by the concerned health institution through empanelled agencies// existing approved agency without any further outsourcing.
- For the supply of dry diet, the concerned health institution would empanel different suppliers independently. If so wished by the health institution, multiple agencies may be empanelled for different items. The agencies would be identified and empanelled through tender process following tendering norm of the Government. For tendering, quality of the items to be supplied would be fixed and lowest price, adhering to the mentioned quality would be selected for supply. Existing approved agency can also supply dry diet.
- Every year there would be review of the price and Government may think of modifying the head wise cost based on the prevailing market rate of the commodities not exceeding the stipulated per patient cost. However, during the five year plan period, per patient cost norm would be revised and Government may think or taking suitable action for revision of cost norm based on the market price.
- The health institution should take care to ensure that the items [packaged ones] supplied or used for cooking have not surpassed the date of expiry. In case of perishable items, the quality of supply, as per the prescribed standard would be adhered to by the supplier / outsourced agency. In case, if the management of the hospital feels that the supplied items perishable or non-perishable, are not up to the standard norm, they would return the items to

the concerned agency on the spot of receiving. If so wished by the management, a penalty may be charged to the empanelled supplier for negligence and taking risk of providing poor quality materials. Quality review of the supplied items would be done by the dietician, members of DVC, management of the health institution and RKS from time to time.

Times of Procurement:

- Though, diet preparation and supply system would be outsourced, still, the health institution should have an eye on the quality of the raw materials procured for cooking. In case of dry diet it is equally applicable to verify the quality of diet supplied by the outsourced agency / empanelled supplier.
- The raw materials for cooking [in case of cooked diet] especially vegetables, milk etc. should be procured on daily basis, either in the morning hour and/or in the evening hour based on the suitability. Same procedure should also be adopted for dry food procurement.
- Certain non-perishable and packaged items may be procured once in a week or once in two-three days time such as condiments and would be stored properly to avoid wastage / loss.

Quality Assurance of Raw Materials:

- The materials / commodities to be supplied by the empanelled supplier/s either / or cooking or as dry food should be in line with the quality norm of the Government person should be assigned at the health institution level to look after the quality aspect of the supplied items.
- Quality inspection of supplied materials is mandatory for dry diet on day basis. For the raw materials supplied by different suppliers for preparation of cooked diet, quality check would be done on day basis during procurement / supply.
- Procurement should be planned to ensure that expected strike/s prolonged holidays and / or any such unprecedented circumstances should not affect the diet preparation and its supply to the in-door patients.

Storage of Commodities / Raw Materials:

- Storage of commodities /raw materials would be the responsibility of the outsourced agency. However, it is to be monitored from time to time by the dietician / assistant dietician of the health institution or any other persons assigned for the purpose. The perishable and non perishable items should be stored as per the storage specification norms. Care should be taken to avoid quality degradation of the food commodities due to humidity rodents, insects etc.

Fuel for cooking:

- The kitchen should have LPG connection for diet preparation with provision of additional cylinder.
- As far as possible, coal and wood should be avoided for cooking excluding emergency cases.

Diet Certification;

- Diet prepared [cooked] / procured [dry diet] on day to day basis should be certified by the dietician/in-charge dietician before its distribution. The diet certification would be with regard to quality, test and its adherence to the specified menu.

Constituting Diet Vigilance Committee [DVC]:

- For monitoring and supervision of diet preparation, distribution, ensuring diet quality and overall management of diet, Diet Vigilance Committees (DVC) will be constituted. In every Health Institutions DVC would be constituted taking RKS members and medical staff of the concerned hospital. Store Medical Officer would head the committee along with one Sr. Doctor. They would nominate two members on a rotational basis to be the member of DVC. The committee members shall meet one in a month to discuss matters related to present dietary services and propose changes, if necessary. The Hospital Manager and selected / nominated members of Swasthya Vikash Samiti would be the member of the DVC selected / nominated members of Rogi Kalyan Samiti would be the member of the DVC.

Role of DVC in Monitoring & Supervision:

- The Diet Vigilance Committee would do regular surprise check to see the aspects like quantity and quality check of the diet, timeliness in supply of diet, hygiene and other related aspects. If it is felt required Govt. may appoint an independent monitoring & evaluation team from time to time to monitor the diet management process.
- The committee members should interact with the in-door patients on quality and quantity of diet and discuss accordingly with the outsourced agency.

Role & Function of Dietetics Section in the Health Institution:

The dietetics section would be expected to perform important functions in dietary, services and management. The basic responsibility of dietetics section would be;

1. Menu Planning;
2. Food purchasing [if not outsourced and in case of dry diet supply];
3. Purchase of requisition of needed equipment and supplies;
4. Establishment and maintenance of safe food storage practices;
5. Selection, training, assignment of duties, supervision of personnel;
6. Supervision of departmental sanitation;
7. Establishment of adequate records and supervision of record keeping, budget planning, etc.

Role of Dietician / Nutritionist:

- Periodic check of the quality of food materials
- Diet related counselling services to the patients during admission and discharge
- Prescribing diet for patients based on the diagnosis
- Monitoring the food preparation process and kitchen cleanliness

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- Pre-distribution quality check of diet following self-testing procedure
- Monitoring food handling Interacting with patients and getting feedback on diet quality, diet menu etc.
- Apart from this, the dietician would be responsible for the management of therapeutic diets including modifications of the general menus to meet the needs of the patient and maintaining diet records;
- The dietician / in-charge or members of his/her team would prepare the diet distribution chart based on the placed indent by the ward boy/sister. The dietetics section would maintain records on day basis for the audit purpose.
- The dietetics section would also be responsible to deal with empanelled contractors and ensure qualitative diet supply to the patients as per the norm.

Sanitary Measures:

Required sanitary measures would be taken up in and outside the kitchen to prevent any contamination of food during its preparation or distribution. The Hospital Sanitation Committee should take up the following measures to ensure cleanliness.

1. Periodic sanitary inspection of cooking & serving equipments; at least once in a day;
2. Daily inspection of food conveyors, kitchen equipment and service equipment;
3. Supervise handling and disposing of garbage and waste;
4. Supervising cleanliness in the kitchen & taking appropriate measures.

Stock and Store:

- The agency outsourced for diet preparation [cooked diet only] would be responsible for maintaining the stock and store and stock.
- The agency should assign the responsibility of store keeping to person/s recruited by him/her;
- In case of dry diet, the health institution would maintain the stock and store; In such cases, one person would be assigned with the responsibility of the store and stock who would perform the following role.

Cleanliness:

1. Kitchen Staff: The kitchen staff should wear clean uniform while on duty and keeping themselves clean i.e. keeping hands cleaned properly including finger nails before cooking, limited conversation among them while cooking and serving, keeping utensils clean and maintaining kitchen cleanliness.
2. Dishes/Utensils Cleaning the dishes properly before and after the use, would be the responsibility of the outsourced agency. However, it would be monitored by the Hospital Sanitation Committee from time to time. The dishes are to be cleaned before and after use so that possible contamination can be avoided. Before service, it should be ensured that the dishes are properly cleaned and dried. After the use, all the soiled dishes will be collected and placed in and place for washing. The soiled dishes should cleaned with hot and soapy water. After wash, the dishes should be cleaned to leave no water stain on the dishes. Again before serving, the dishes should be inspected and used. To avoid contamination, which is expected between the cleaning and serving the dishes should be cleaned once again with boiled water before serving.

Food Handling:

The persons who are handling food, should follow the followings.

1. Keeping their hands clean and use glove for serving. They should not touch food in bare hand.
2. They should wash their hands properly after visiting the toilet and before handling food.
3. Cover cuts burns and other raw surfaces with water-proof dressings while handling food.
4. Ensure that food is supplied as per the consumption specification of foods [hot/warm/cold] and as per the direction of the dietician.
5. Cover the main food container and protect from flies and other pests before and after serving.
6. Person/s suffering from a discharging wound, sores on hands or arms, discharging nose or who is suffering from attacks of diarrhoea or vomiting should not handle food items, either during preparation or serving. Persons with such problems should be brought in to the notice of the catering manager for taking remedial measures.
7. However, all the persons associated in diet preparation and its distribution should undergo regular free health check up in the concerned medical health institution periodically, at least once in every month and more particularly during sickness.

Other Key Requirements:

- The food after preparation should be checked and tested by the cook at the kitchen level and further verified and certified by the dietician / medical officer in-charge. If the quality and condition of food is found unsatisfactory, it should not be served and alternative arrangement should be made by the outsourced agency.
- Smoking in the public place including kitchen is strictly prohibited.
- Premises should be maintained and kept clean. This involves washing floors at least three times in a day supplemented by sweeping. Using damping agents as often as may be necessary and cleaning all walls and other surfaces at least one in a week. All cupboards, drawers and other fixtures should be kept scrupulously clean and free from all articles other than those for which they are intended.
- Personal cleanliness on the part of the staff should be maintained. Other person equipment/ should be washed and changed frequently.
- The refrigerator should be kept thoroughly cleaned and defrosted at least once in a week.
- Infestation by rats, mice and other rodents is dangerous as they can spread infection. All practicable steps should be taken to eliminate this source of infection such as maintaining the premises thorough repaired and cleaned, removing food scraps promptly and immediately, using impervious receptacles with tightly fitting covers for the storage of foods, fly-proof system etc.

Record Keeping:

- Records related to diet such as number of meals supplied in a day records of direct procurement in case of dry diet etc. are to be maintained at the health institution level. All such documents maintained must be certified / signed by the dietician/incharge dietician with the counter sign of the head of the institution [CDMO/MoIC etc.].

Audit of Accounts:

- All the expenditures incurred towards procurement, preparation and supply of diet would be audited at the end of the financial year. In case, if so desired, management audit would be conducted by the Government on quarterly / half yearly basis.

Full Diet

This is a normal diet modified from the balanced diet recommended by ICMR. It can be used for an adult patient (male female) and children above 10 years who admitted in a hospital and does not need any dietary modification.

Food Stuff	Vegetarian	Non-Vegetarian
Cereals	375	375
Pulses	75	75
Green Leafy Vegetables	100	100
Other Vegetables	200	200
Roots and Tubers	200	200
Fruits	100	100
Milk	500	250
Egg		100
Curd	100	
Sugar	20	20
Oil	25	25

This diet provides

Calories	2563
Proteins	73.15gm

FOODS TO BE AVOIDED

- Too much spices and condiments
- Fried foods

Diet Menu

Day	Breakfast	Lunch	Dinner
Sunday	Idli-4 pc, Sambar - ½ Bowl, 1 medium size fruit, Milk- 1 glass (250 ml), Idli Mix - 100 gms, Refined oil 5 gm, Fruit - 100 gms	Rice 1 ½ Bowl, dal - ½ Bowl, egg curry / chole paneer curry - ½ bowl & Mix veg curry - ½ Bowl, Curd - 100 gm, Rice - 175 gm, Dal (Moong / Aharhar) - 25 gms, egg -1 / paneer - 20 gm, Chole - 30 gms, & Vegetables - 50	Rice 1 ½ Bowl, Roti - 4 nos, Dalma ½ bowl, Chole soyabean Curry - ½ bowl, Milk - 1 glass (250 ml) Rice / atta - 125 gms, Dal - 25 gms, Vegetable - 50 gms, Potato - 50 gms, Chole - 25 gms,

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