

SECTION 3 - TERMS OF REFERENCE

1 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 bid, 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 documents 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/Harta*] 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 CDM & PHO / SDMO / MO I/c of the concerned health institution 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 is 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.[No.6125-HFW-SCH-NRHM-0015/2018/H.], dtd.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 include 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.

3.3 Category of Diet & it's Food Stuff**1. General Diet**

Food Stuff	Vegetarian	Calorie	Protein	Non-Vegetarian
Cereals	375gm	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	100gm	65	3.2	
Egg	100gm	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. Paediatric Diet

Food stuff	Vegetarian (in gms)	Calorie kcal	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	500 ml	325	16	250 ml
Curd	100gm	65	3.2	0



Egg	50gm	87	6.65	50 gms
Sugar	20	80		30
Oil	30	270		25
Condiment and spices		0		
Total Calories		1838		1860
Total Protein		53.8		57.25
Total cost	Rs.75/- per patient / day			

3. Dry food (Milk, Bread, Egg, Fruits):

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

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

5. High Protein Diet for TB/Burn/Cancer Patients:

Food Stuff	Vegetarian	Calorie	Protein	Non-Vegetarian
Cereals	375gm	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	100gm	65	3.2	
Egg	200gm	246	26.6	Egg (4 No.)
Or Paneer / Cheese	50gm			
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

1.4 Diet Menu

A.1 Daily Menu for General Diet of a Patient:

Day	Breakfast	Lunch	Dinner
Sunday	Idli -4pc, Sambar- ½ Bowl, 1 medium size Fruit, Milk-1glass(250ml), Idli Mix-100gms, Refined oil-5gm, Fruit-100gms	Rice 1 ½ Bowl, dal - ½ Bowl, egg curry/ chole paneer curry -½ bowl & Mix veg curry - ½ bowl, Curd -100gm, Rice-175gms, Dal (Moong /Aharhar) -25gms, egg-1/ paneer-20, chole-30gms, & Vegetables-50gms, potato-50gms, vegetable/cabbage-50gms, Mustard oil-10gms	Rice 1 ½ Bowl, Roti- 4nos Dalma - ½ bowl, chole Soyabean curry- ½ bowl, Milk- 1glass (250ml), Rice/atta-125gms, dal-25gms, Vegetable-50gms, potato-50gms, chole-25gms, Soyabean-25gm, Refined oil-10gms
Monday & Thursday	Uppama- 1 Bowl, Alumatar - ½ Bowl, 1 medium size Fruit, Milk-1 glass 250ml, Suji-100gms, Alo-20gm, matar-20gms, oil-5gms Fruit-100gms	Rice 1 ½ Bowl, Dalma - 1 Bowl, leaf veg/cabbage fry - ½ bowl, Curd -100gm, Rice-175gms,dal-25 gms, veg-50 gms, potato-50gms, leafy veg/cabbagefry-50gm, Refined oil-10gms	Rice 1 ½ Bowl, Roti- 4nos dalma- ½ bowl, Alu Soyabean curry- ½ bowl, Milk-250ml, Rice/atta-125gms, dal-25gms, Vegetable-50gms, potato-50gms, Soyabean-25gm, Refined oil-10gms
Wednesday	Simej Upma-1 Bowl, Sambar- ½ Bowl, 1 medium size Fruit, Milk-1glass(250ml), Simej -100gms, Potato-20gm, matar-20gms,oil-5gms Fruit-100gms	Rice 1 ½ Bowl, dal - ½ Bowl, egg curry/ chole paneer curry ½ bowl& Mix veg curry - ½ bowl, Curd -100gm, Rice-175gms, dal (Moong/Aharhar)-25gms, egg-1/ paneer-20 gms, chole-30gms & Vegetables-50gms, potato-50gms, vegetable/cabbage-50gms, Mustard oil-10gms	Rice 1 ½ Bowl, Roti- 4nos dal - ½ bowl, Mix veg curry- ½ bowl, Milk-1glass(250ml), Rice-125gms/atta-125gms,dal-25 gms, Vegetables -50 gms, potato-50gms, soyabean-25gms, mustard oil-10gms

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Tuesday & Saturday	Chuda Santula - 1 Bowl, Matar curry - ½ Bowl, Fruit, Milk 250ml, Chuda -100gms, matar-20gms,oil-5gms Fruit-100gms	Rice- 1 ½ Bowl dal – ½ Bowl, Veg chole curry - ½ Bowl, Leafy veg fry - ½ Bowl, Curd -100gm, Rice -150gms,dal-25gms, Vegetable-50gms,potato-50gms, Green leafy veg/ Cabbage-50gms, chole-25gms, mustard oil-10gms	Rice 1 ½ Bowl, Roti- 4nos dal – ½ bowl Mix veg curry- ½ bowl, egg/paneer curry Milk- 1glass(250ml), Rice-125 gms, dal-25gms,vegetable-50gms, potato-50gms, Egg-1/paneer- 30gm, Milk-250ml, Mustard oil-10gms
Friday	Idli - 4pc, Sambar- ½ Bowl, 1 medium size Fruit, Milk- 1glass(250ml), Idli Mix-100gms, Refined oil-5gm, milk-250ml & Fruit-100gms	Rice - 1 ½ Bowl, Dalma - 1 Bowl, egg / paneer curry, leaf veg/cabbage fry - ½ bowl, Curd -100gm, Rice150gms, dal-25gms,Vegetable-50gms, potato-50gms,egg-1/paneer-30gms, leaf vegetable/cabbage-50gms & mustard oil-10gm	Rice 1 ½ Bowl, Roti- 4nos, dal – ½ bowl Mix veg curry- ½ bowl, Milk- 1glass (250ml), Rice-125gms/atta-125gms, Dal-25 gms, Vegetables-50gms, potato-50gms, Chole-25gms, mustard oil-10gms

Bowl Volume: 250ml water

Roti: 01 no, medium size = 30gm atta (raw unit), Rice: 01 bowl = 300gm cooked weight (100gm raw unit), Dal/ Pulses/ legumes: 01 bowl = 125 gm cooked weight (25 gm raw unit), Mixed vegetable: 01 bowl = 200gm cooked weight, Seasonal fruit: 01 no = 100gm, Upma and Poha: 01 bowl = 300gm.

A2. DIET MENU FOR DIABETIC PATIENTS

Day	Breakfast	Lunch	Dinner
Sunday	Idli -4pc, Sambar- ½ Bowl, 1 medium size Fruit, Milk- 1glass (250ml), Idli Mix-100gms, Dal-20 gm, Refined oil-5gm, Fruit-100gms	Rice 1 Bowl, Roti- 3nos, dal – ½ Bowl, egg curry/ chole paneer curry ½ bowl & Mix veg curry - ½ bowl, Curd -100gm, Rice/Atta-100gms, dal (Moong/Aharhar) -25gms, egg-1 / paneer-20 gms, chole-30gms & Vegetables-100gms, Vegetable /cabbage-50gms, Mustard oil-10gms	Roti- 3nos dalma – ½ bowl chole Soyabean curry- ½ bowl, Milk- 1glass (250ml), Atta-100gms,dal-25gms, Vegetable-100gms, chole-25 gms, Soyabean-25gm, Refined oil-10gms
Monday & Thursday	Uppama- 1 Bowl, Matar curry – ½ Bowl, 1 medium size Fruit, Milk- 1 glass 250ml, Suji-100 gms, matar-25gms, oil-5gms, Fruit-100gms	Rice 1 Bowl / Roti- 3nos, Dalma - 1 Bowl, leaf veg/cabbage fry - ½ bowl, Curd -100gm, Rice/Atta-100gms,dal-25 gms, veg-100gms, leafy veg / cabbagefry-50gm, Refined oil-10gms	Roti- 3nos dalma- ½ bowl Soyabean curry- ½ bowl, Milk-250ml, Atta-100 gms, dal-25gms, Vegetable-100gms, Soyabean-25gm, Refined oil-10gms
Wednesday	Simei upma-1 Bowl, Sambar- ½ Bowl, 1 medium size Fruit, Milk-1glass (250ml), Simei -100gms, Dal-20gms, oil-5gms Fruit-100 gms	Rice 1 Bowl / Roti- 3nos, dal – ½ Bowl, egg curry/ chole paneer curry ½ bowl & Mix veg curry - ½ bowl, Curd -100 gm, Rice/Atta-100gms, dal (Moong/Aharhar)-25gms, egg-1 / paneer-20, chole-30gms & vegetables-	Roti- 3nos dal – ½ bowl Mix veg curry- ½ bowl, Milk-1glass(250ml), Atta-100gms,dal-25 gms, vegetables-100gms, soyabean-25gms, mustard

		100gms, vegetable/cabbage-50gms, Mustard oil-10gms	oil-10gms
Tuesday & Saturday	Chuda santula - 1 Bowl, matar curry - ½ Bowl, Fruit, Milk 250ml Chuda-100gms, matar- 25gms,oil-5gms Fruit- 100gms	Rice 1 Bowl / Roti- 3nos, dal - ½ Bowl, Veg chole curry - ½ Bowl, Leafy veg fry - ½ Bowl, Curd -100gm Rice -150gms, dal-25gms, Vegetable- 100gms, Green leafy veg/ Cabbage- 50gms, chole-25gms, mustard oil- 10gms	Roti- 3nos dal - ½ bowl Mix veg curry- ½ bowl, egg/ paneer curry Milk- 1 glass (250ml) Atta-100gms, dal- 25gms,vegetable-100gms, Egg-1/paneer- 30gm, Milk- 250ml, Mustard oil-10gm
Friday	Idli -4pc, Sambar- ½ Bowl,1 medium size Fruit, Milk- 1glass (250ml), Idli Mix- 100gms, Dal-20gm, Refined oil-5gm, milk- 250ml & Fruit-100gms	&mustard oil-10gm Rice 1 Bowl / Roti - 3nos, Dalma - 1 Bowl,egg/paneer curry, leaf veg /cabbage fry - ½ bowl , Curd -100gm, Rice/Atta-100gms, dal- 25 gms, Vegetable-100gms, egg- 1/paneer-30gms, leafy vegetable/cabbage-50gms	Roti- 3nos dal - ½ bowl Mix veg curry- ½ bowl, Milk- 1glass(250ml), Atta- 100gms, dal-25 gms, Vegetables-100gms, Chole- 25gms, mustard oil-10gms

A3. DIET MENU FOR DIARRHOEA PATIENTS

Day	Breakfast	Lunch	Dinner
Monday & Thursday	Sagokhir/ milk barley, banana, Sago/ barley- 50gms, milk-250 ml, Sugar-30gms, Fruit 100gm i.e Banana-2	Khichdi, & boiled potato, Curd -100gm, Rice-80gm, Moong dal-25gm, Potato- 50gm, Oil-10gm,	Roti/ White bread, Milk, Dalma, Banana, Wheat flour: 70gm/ White bread-80gm, Dal: 15gm, Potaoe-25gm, Vegetables: 100 gm, oil- 10gm, Milk-250ml, Fruit 100gm i.e Banana-2
Tuesday & Saturday	Mandia khir/ milk barley, banana, mandia 50gms/ barley-50gms, milk-250ml, Sugar- 30gms, Fruit 100 gm i.e Banana-2	Khichdi, & boiled potato, Curd -100gm, Rice-80gm, Moong dal-25gm Potato- 50gm, Oil-10gm,	Roti/ White bread, Milk, Dalma, Banana, Wheat flour: 70gm/ White bread-80gm, Dal: 15gm, Vegetables: 100gm, oil-10gm, Milk- 250ml, Fruit 100gm i.e. Banana-2
Wednesday & Friday & Sunday	Chuda khir/ milk barley, banana, chuda- 50gm/ barley-50gms, milk- 250ml,Sugar-30gms, Fruit 100gm i.e Banana- 2	Khichdi, & boiled potato, Curd -100gm, Rice-80gm, Moong dal-25gm, Potato- 50gm, Oil-10gm,	Roti / White bread, Milk, Dalma, Banana, Wheat flour: 70gm/ White bread-80gm, Dal: 15gm, Vegetables: 125gm, oil-10gm, Milk- 250ml, Fruit 100gm i.e Banana-2

A4. DIET MENU FOR JAUNDICE PATIENTS

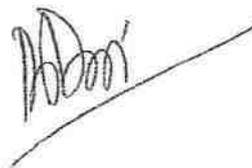
Day	Breakfast	Lunch	Dinner
Sunday	Semai Upama with vegetable, Seasonal fruit, Semai-100	Rice, dal & Mix veg curry, Curd - 100gm, Rice-150 gms,dal (Moong/Aharhar)-25gms, Vegetables-	Rice/Roti, dalma, Rice/atta- 100 gms, dal-25gms, Vegetable-50gms, potato-

DDM

	gms, Vegetable - 50gms Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), oil-5gm	100gms, potato-50gms, Leafy vegetable/cabbage-50gms, Mustard oil-10gms	50gms, Refined oil-5gms
Monday & Thursday	Uppama, alu curry & fruit, Suji-50gms and semai-50gms, potato-50gms, matar-20gms, oil-5gms & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, Dalma, leaf veg/cabbage fry, Curd -100gm, Rice-150gms, dal-25gms, veg-100gms, leafy veg / cabbagefry-50gm, Refined oil-10gms	Rice/Roti, dalma, Alu curry, Rice/atta-100gms, dal-25gms, Vegetable-50gms, potato-50gms, Refined oil-5gms
Wednesday	Suji Upama with vegetable, Seasonal fruit, Suji-100gms, Vegetable - 50gms, Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), oil-5gm	Rice, dal Mix veg curry, Curd -100 gm, Rice-150gms, dal (Moong/ Aharhar)-25gms & Vegetables-100 gms, potato-50gms, vegetable / cabbage-50gms, Mustard oil-10gms	Rice/roti, Dal, Mix veg curry, Rice/atta-100 gms, dal-25gms, Vegetables-50gms, potato-50gms, mustard oil-5gms
Tuesday & Saturday	Chuda santula/bun, alu curry & Fruit, Chuda-100gms/bun-100gms, potato-50gms, oil-5gms Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, dal, Veg curry, Leafy veg fry, Curd -100gm, Rice -150gms, dal-25gms, Vegetable-100 gms, Green leafy veg/ Cabbage-50gms, mustard oil-10gms	Rice/roti, Dalma, Rice/atta-100 gms, dal-25gms, Vegetable-50gms, potato-50 gms, Milk-250ml, Mustard oil-5gms
Friday	Semai Upama with vegetable, Seasonal fruit, Semai-100gms, Vegetable - 50gms Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) oil-5gm	Rice, Dalma, leaf veg/cabbage fry, Curd -100gm, Rice-150gms, dal-25gms, Vegetable-100gms, potato-50gms, leaf vegetable/cabbage-50gms & mustard oil-10gm	Rice/roti, Dal, Mix veg curry, Rice/atta-100 gms, dal-25gms, Vegetables-50gms, potato-50gms, mustard oil-5gms,

A.5 DIET MENU FOR LIVER CIRRHOSIS PATIENTS

Day	Breakfast	Lunch	Dinner
Sunday	Semai kheeri, Seasonal fruit, Semai-50gms, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), oil-5gm	Rice, dal, & Mix veg curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal (Moong/Aharhar)-50gms & vegetables -50gms, potato-50gms, Soyabean-25gm, Mustard oil-5gms	Rice/Roti, dalma, chole Soyabean curry, Milk-250ml, Rice/atta-50 gms, dal-50gms, Vegetable-50gms, potato-50gms, chole-25gms, Soyabean-25gm, Refined oil-5gms, Milk-250ml





Monday & Thursday	Uppama, matar & fruit, Milk 250ml, Suji-50gms and semai-50gms, Milk 250ml, matar-20gms, oil-5gms & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, Dal, Mix Veg Soyabean curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal-40 gms, veg-50gms, potato-50gms, Soyabean-50gm, Refined oil-5gms	Rice/Roti, dalma, Milk-250ml, Rice/atta-50gms, dal-40gms, Vegetable-50gms, potato-50gms, Refined oil-5gms, Milk
Wednesday	Suji kheeri, Seasonal fruit, Suji-100gms, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) oil-5gm	Rice, dal, & Mix veg curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal (Moong/Aharhar)-50gms & vegetables-50gms, potato-50gms, Soyabean-25gm, Mustard oil-5gms	Rice/Roti, dalma, chole Soyabean curry, Milk-250ml, Rice/atta-50gms, dal-50gms, Vegetable-50gms, potato-50gms, chole-25gms, Soyabean-25gm, Refined oil-5gms, Milk-250ml
Tuesday & Saturday	Chuda santula/bun, matar curry & Fruit, Milk 250ml, Chuda-50gms/bun-100gms, matar-20gms, oil-5gms Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, dal, Veg chole curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal-40gms, Vegetable-50gms, potato-50gms, chole-25gms, mustard oil-5gms	Rice/roti, Dal, Mix veg curry, Milk, Rice/atta-50gms, dal-40gms, vegetable-50gms, potato-50gms, Soyabean-50gm, Milk-250ml, Mustard oil-5gms
Friday	Semai khir & seasonal fruit, Semai-50gms, Refined oil-5gm, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, dal, Mix veg Chole curry, Paneer-50gm, Curd-100gms, Rice-100gms, dal (Moong/Aharhar)-50gms & Vegetables-50gms, potato-50gms, Chole-25gm, Mustard oil-5gms	Rice/roti, Dal, Mix veg Soyabean curry, Milk-250ml, Rice/atta-50gms, dal-50gms, Vegetables-50gms, potato-50gms, Soyabean-50gm, mustard oil-5gms

A6. DIET MENU FOR CARDIAC DISEASE

Day	Breakfast	Lunch	Dinner
Monday & Thursday	Uppama, alumatar & fruit, Milk 250ml, Suji-50gms Milk 250ml, matar-20gms, oil-5gms & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice/Roti, Dalma, green leafy veg & cucumber, Curd-100gms/ Egg white 1, Rice/Atta(whole wheat)-100 gms, Dal-30gms, vegetable-100gms, leaf veg /cabbage-100gms, mustard oil-5ml & cucumber-1	Roti, Dalma, Soyabean vegetable curry, One tomato / Cucumber, Atta(whole wheat)-50gms, Dal -30 gms, vegetable-Soyabean-25gm, 50gms, refined oil-5 ml and veg-100gm
Tuesday & Saturday	Chuda santula / bun, matar curry & Fruit, Milk 250ml, Chuda-50gms/bun-100gms, matar-20gms, oil-5gms Fruit-100gms (banana-2/guava-1/Apple-	Roti/Rice, Dal, cucumber, leaf veg /cabbage fry, Mix veg Chole curry, Curd-100gms/ Egg white 1, Rice /Atta(whole wheat) -100 gms, Dal-20 gms, Chole-25gm, vegetable-100gms, leaf veg/cabbage-50gms, refined oil-5 ml & cucumber-1	Roti, dalma, Mix vegetable curry, One tomato, Milk-250ml, Atta(whole wheat)-50 gms Dal-20 gms, vegetable-100gms, refined oil-5ml

	1/Orange-1/Mango-1)		
Wednesday	suji kheeri , Seasonal fruit, Suji-50gms, sugar-20gms,milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) oil-5gm	Roti/Rice, Dal, cucumber, Mix veg Soyabean curry, Curd-100gms/ Egg white 1, Rice/Atta(whole wheat)-100 gms Dal-30 gms,vegetable-50 gms, Soyabean-50gm, leafveg/cabbage-50 gms, refined oil-5ml &cucumber-1	Roti, dalma, vegetable curry, One tomato, leafy veg / cabbage fry, Atta(whole wheat)-50 gms, Dal-30 gms,vegetable-50, leafveg /cabbage-100gms, refined oil-5ml &veg-100gms
Friday	Semai khir & seasonal fruit, Semai-50gms, Refined oil-5gm, sugar-20gms,milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Roti/Rice, Dal, cucumber, leaf veg /cabbage fry, Mix veg Chole curry, Curd-100gms/ Egg white 1, Rice/Atta (whole wheat)-100 gms, Dal-20 gms, Chole-25gm, vegetable-100gms, leaf veg /cabbage-50gms, refined oil-5 ml & cucumber-1	Roti, dalma, Mix vegetable curry, One tomato, Milk-250ml, Rice/Atta(whole wheat)-50 gms Dal-20 gms, vegetable-100gms, refined oil-5ml
Sunday	Semai kheeri, Seasonal fruit, Semai-50gms,sugar-20gms,milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) oil-5gm	Roti/Rice, Dal, cucumber, Mix veg Soyabean curry, Curd-100gms/ Egg white 1, Rice/Atta(whole wheat)-100 gms Dal-30 gms,vegetable-50 gms, Soyabean-50gm, leafveg/cabbage-50 gms&refined oil-5ml&cucumber-1	Roti, dalma, vegetable curry, One tomato, leafy veg /cabbage fry, Rice /Atta (whole wheat)-50 gms Dal-30 gms,vegetable-50, leafveg /cabbage-100gms gms,refined oil-5ml&veg-100gms

A7 Weekly Diet Menu for Chronic Renal Failure [CRF] / Chronic Kidney Disease [CKD]

Day	Breakfast	Lunch	Dinner
Sunday	Porridge (Sagoo) Raw -100gm, Milk-100gm, Sugar-30gm to taste	Rice-150gm, Dal-1 cup(15gm), Sabji (Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg	Rice/Rotti, Sabji-150gm, Porridge-(kheer)-50gm- Cerels 100gm-Milk, 30gm- Sugar
Monday	Sagoo Raw-100gm, Milk-100gm Sugar-30gm to taste	Rice-150gm, Dal-1 cup(15gm), Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti, Sabji-150gm, Porridge-(kheer)-50gm- Cerels, 100gm-Milk, 30gm- Sugar
Tuesday	Semai Raw-100gm, Milk-100gm, Sugar-30gm to taste	Rice-150gm, Dal-1 cup(15gm), Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti, Sabji-150gm, Porridge-(kheer) -50gm- Cerels, 100gm-Milk, 30gm- Sugar
Wednesday	Semai Raw-100gm, Milk-100gm, Sugar-30gm to taste	Rice-150gm, Dal-1 cup(15gm), Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg	Rice/Rotti, Sabji-150gm, Porridge-(kheer)-50gm- Cerels, 100gm-Milk, 30gm- Sugar
Thursday	Chuda Raw-100gm, Milk-100gm, Sugar-30gm to taste	Rice-150gm, Dal-1 cup(15gm), Sabji (Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti, Sabji-150gm, Porridge-(kheer)-50gm- Cerels, 100gm-Milk, 30gm-



Friday	Chuda Raw-100gm, Milk-100gm, Sugar-30gm to taste	Rice-150gm, Dal-1 cup(15gm), Sabji (Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg	Sugar Rice/Rotti, Sabji-150gm, Porridge-(kheer)-50gm-Cerels, 100gm-Milk, 30gm-Sugar
Saturday	Rice Raw-100gm, Milk-100gm, Sugar-30gm to taste	Rice-150gm, Dal-1 cup(15gm), Sabji (Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti, Sabji-150gm, Porridge-(kheer)-50gm-Cerels, 100gm-Milk,30gm-Sugar

B) Daily Menu of Diet for Children :

Day	Breakfast	Lunch	Dinner
Sunday	Semai Khir , Fruit Semai -50gms,sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), Oil-5gm	Rice, Dalma & egg curry / Chole paneer curry, leafy veg/cabbage fry, Curd -100gm,Rice-80gms, dal-30gms, vegetable -50gms, potato-25gms,egg-1, paneer-20 gm., chole-30gms & leaf vegetable/cabbage-25gms, Mustard oil-12 gms	Rice/Roti, Dalma, Rice/atta-50gms, Dal-30gms, Vegetable-25gms,potato-50gms, Refined oil-8gms
Monday & Thursday	Uppama, Alu matar, Fruit, Milk, Suji-25gms and semai-25gms,matar-20gms, & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), Oil-5gm, Milk-250ml	Rice, Dalma, Alu soyabean curry & leaf veg/cabbage fry, Curd -100gm, Rice-80gms, Dal-30gms,veg-50gms, potato-50gms, Soyabean-25gm, leaf veg/cabbage-100gms, Refined oil-12gms	Rice/Roti, Dal, Mix veg curry, Milk,Rice-50gms/atta-50gms,dal-30gms,Vegetable-50gms,potato-50gms,mustard oil-8gms, Milk-250ml
Wednesday	Suji Khir, Fruit, Suji-50gms,sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), Oil-5gm	Rice, Dalma & egg curry/Chole paneer curry, leafy veg/cabbage fry, Curd -100gm, Rice-80gms, dal-30gms,vegetable -50gms, potato-50gms,egg-1, paneer-20 gms, chole-30gms, &leaf vegetable/cabbage-100gms, Mustard oil-12gms	Rice/Roti, Dal, Mix veg curry, Rice-50gms/atta-50gms, Dal-30gms,Vegetable-50gms, potato-50gms,mustard oil-10gms
Tuesday & Saturday	Chuda Santula / bun, Matar curry & Fruit, Milk, Chuda-50gms / bun-50gms, matar-20gms & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1), Oil-5gm, Milk-250ml	Rice, Dalma, Alu soyabean curry & leaf veg/cabbage fry, Rice-100gms,dal-30gms,veg-50gms, potato-50gms, Soyabean-25gm, leafveg /cabbage-100gms, Refined oil-12gms	Rice/Roti, Dal, Mix veg curry, Milk, Rice-50gms/atta-50gms,dal-30gms,Vegetable-50gms,potato-50gms, mustard oil-8gms, Milk-250ml
Friday	Semai Khir & fruit, Semai-50gms, sugar-20 gms, milk-250ml & banana-2/guava-1	Rice, Dalma & egg curry/ Chole Paneer curry, leafy veg / cabbage fry, Curd -100gm, Rice-80gms,dal-0gms,vegetable, -50gms, potato-	Rice/Roti, Dalma, Rice/atta-50gms, Dal-30gms, Vegetable-50gms, potato-50gms, Refined oil-8gms

	50gms, egg-1, paneer-20, chole-30gms & leaf vegetable/cabbage-25gms, Mustard oil-12gms	
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C) Dry food (Milk, Bread, Egg, Fruits):

Food stuff	Breakfast	Lunch	Dinner
Milk	500 ml		500 ml
Bread	200 gm		200 gm
Banana		2 nos	
Egg		2 nos	

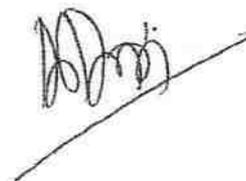
D) Full liquid diet

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 dietitian. This diet should be completely free of any solids even those found in the milk. Only clear liquids such as tea or coffee without cream or milk, 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.

Food stuffs	Amount
Milk	1000 ml
Fruit juice	500 ml
Sugar	50 gms
Rice, Dal, Vegetable soup (rice)	50 gms
Dal	20 gms
Vegetable	100 gms

E) DIET MENU FOR TB/BURN/CANCER PATIENTS

Day	Breakfast	Lunch	Dinner
Sunday	Idli -4pc, Sambar- ½ Bowl, 1 medium size Fruit, Milk- 1 glass (250ml), 2 Eggs/ 50gm paneer, Idli Mix-100gms, Refined oil-5gm, Fruit-100 gms	Rice 1 ½ Bowl, dal - ½ Bowl, egg curry/ chole paneer curry ½ bowl & Mix veg curry - ½ bowl, Curd -100gm, Rice- 175gms, dal (Moong/Aharhar) - 25gms, egg-1/ paneer-20, chole-30gms, & Vegetables-50gms, potato-50gms, Vegetable / cabbage-50gms, Mustard oil-10gms	Rice 1 ½ Bowl, Roti- 4nos dalma - ½ bowl, chole Soyabean curry- ½ bowl, Milk- 1 glass (250ml), Rice/atta-125gms, dal-25gms, Vegetable-50gms, potato-50gms, chole-25gms, Soyabean-25gm, Refined oil-10gms



Monday & Thursday	Uppama- 1 Bowl, Alumatar - ½ Bowl, 1 medium size Fruit, Milk- 1 glass 250ml, 2 Eggs/ 50gm paneer, Suji- 100gms, Alo-20gm, matar-20gms, oil-5gms Fruit-100gms	Rice 1 ½ Bowl, Dalma - 1 Bowl, leaf veg/cabbage fry - ½ bowl, Curd -100gm, Rice-175 gms, dal-25 gms, veg-50 gms, potato-50gms, leafy veg / cabbagefry-50gm, Refined oil-10gms	Rice 1 ½ Bowl, Roti- 4nos dalma- ½ bowl Alu Soyabean curry- ½ bowl, Milk-250ml, Rice/atta-125gms,dal-25gms, Vegetable-50gms,potato-50gms, Soyabean-25gm, Refined oil-10gms
Wednesday	Simeu upma-1 Bowl, Sambar- ½ Bowl, 1 medium size Fruit, Milk- 1glass(250ml), 2 Eggs/ 50gm paneer, Simeu - 100gms, Alo-20gm, matar- 20gms, oil-5gms Fruit-100gms	Rice 1 ½ Bowl, dal - ½ Bowl, egg curry/ chole paneer curry ½ bowl & Mix veg curry - ½ bowl, Curd -100gm, Rice- 175gms, dal (Moong/Aharhar)- 25gms, egg-1/ paneer- 20,chole-30gms & Vegetables- 50gms,potato-50gms, vegetable/cabbage-50gms, Mustard oil-10gms	Rice 1 ½ Bowl, Roti- 4nos dal - ½ bowl Mix veg curry- ½ bowl, Milk- 1glass(250ml), Rice- 125gms/atta-125gms,dal-25 gms, Vegetables-50gms,potato-50gms, soyabean-25gms, mustard oil- 10gms
Tuesday & Saturday	Chuda santula - 1 Bowl, matar curry - ½ Bowl, Fruit, Milk 250ml, 2 Eggs / 50gm paneer, Chuda- 100gms, matar- 20gms,oil-5gms Fruit- 100gms	Rice- 1 ½ Bowl dal - ½ Bowl, Veg chole curry - ½ Bowl, Leafy veg fry - ½ Bowl, Curd - 100gm, Rice -150 gms, dal- 25gms, Vegetable-50gms, potato-50gms, Green leafy veg/ Cabbage-50gms, chole- 25gms, mustard oil-10gms	Rice 1 ½ Bowl, Roti- 4nos dal - ½ bowl Mix veg curry- ½ bowl, egg/paneer curry, Milk- 1 glass (250ml), Rice-125gms, dal-25 gms, vegetable -50gms, potato- 50gms, Egg-1/paneer- 30gm, Milk -250ml, Mustard oil-10gms
Friday	Idli -4pc, Sambar- ½ Bowl, 1 medium size Fruit, Milk- 1glass (250ml), 2 Eggs/ 50gm paneer, Idli Mix-100gms, Refined oil-5gm, milk- 250ml & Fruit-100gms	Rice 1 ½ Bowl, Dalma - 1 Bowl, egg/paneer curry, leaf veg /cabbage fry - ½ bowl., Curd -100gm, Rice150gms, dal- 25 gms, Vegetable-50gms, potato-50gms,egg-1/paneer- 30gms, leaf vegetable/cabbage-50gms, & mustard oil-10gm	Rice 1 ½ Bowl, Roti- 4nos, dal - ½ bowl, Mix veg curry- ½ bowl, Milk- 1glass(250ml), Rice-125 gms/atta-125gms, dal-25 gms, Vegetables-50gms, potato - 50 gms, Chole-25gms, mustard oil- 10gms

1 - Bowl - volume 250ml water, Roti: 01 no, medium size = 30gm atta (raw unit), Rice: 01 bowl = 300gm cooked weight (100gm raw unit), Dal/ Pulses/ legumes: 01 bowl = 125 gm cooked weight (25 gm raw unit), Mixed vegetable: 01 bowl = 200gm cooked weight, Seasonal fruit: 01 no = 100gm, Upma and Poha: 01 bowl = 300gm,

Note:

The diet menu is suggestive and may change as per the availability of the proposed items. The concerned dietician / medical officer 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 to 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 of 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 Public Health Institutions, including CHCs and Area Hospitals, DVC would be constituted taking RKS members and medical staff of the concerned hospital. ADMO Medical would head the committee along with one Sr. Doctor. RKS would nominate two members on a rotational basis to be the member of DVC. The committee members shall meet once 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.

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 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 and report to the head of the concerned Public Health Institution on a periodic basis [time frame is to be decided by the CDMO/ADMO, Med]. The committee members will interact with the in-door patients on quality and quantity 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 counseling 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 would 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

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.

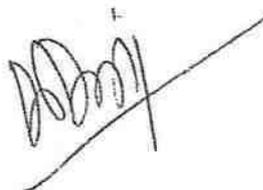
3.15 Cleanliness:

- 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 from 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) 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.

- 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 once in every month and more particularly during sickness.

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 reduction 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 & 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 out sourced period.
- h) Providing of necessary Preventive & Breakdown maintenance of Kitchen Room and all Kitchen equipment
- h) Operation and Maintenance of Kitchen with trained engineers/mechanics.

SECTION 4 - TERMS & CONDITIONS

4.1 Period of Engagement

- a) The engagement shall be for a period of two 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 year 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 of contract, amounting to 5% of the total estimated yearly contract value of the concerned district / Institution in the shape of DD / BG 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 District Authority / 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

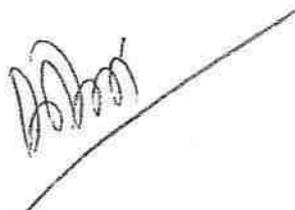
The selected agency is required to set up the kitchen facility at the concerned health institution (in the space provided by the authority of the concerned health institution) with all infrastructures and the start the service **within 15 days of signing of the contract**. If the service provider fails 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.

4.6 Penalty



- (a) A penalty of Rs.10,000/- 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.5,000/- 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 man power, raw material etc.
- (e) The amount of penalty shall be deducted from the bill of the agency.

4.7 Termination / Suspension of Contract

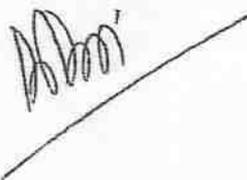
- (a) The Tender Inviting Authority may, by a notice in writing suspend the agreement if the selected agency fails to perform any of his obligations including carrying out the services, provided that such notice of suspension
 - (i) Shall specify the nature of failure, and
 - (ii) Shall request remedy 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 of 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 this contract, "Force Majeure" means an event which is beyond the reasonable control of a 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.

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 fulfill 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 difference 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 of Court

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



SECTION 5 - CRITERIA FOR EVALUATION

- 2 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 fulfillment 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.	Criteria	Total Marks (100 marks)	Marking as per criteria	Mark Obtained
1	Work experience	30	03 year experience (2 years for SHG) in preparation and supply of Diet in Health Intuitions / other institutions having bed strength / persons of 30 to 100 = 7.5 marks	
			03 year experience (2 years for SHG) in preparation and supply of Diet in Health Intuitions / other institutions having bed strength / persons of > 100 to 200 = 15 marks	
			03 or more years experiences (2 years for SHG) in preparation and supply of Diet in Health Intuition / other institutions having bed strength / persons of >200 to 300 = 22.5 marks	
			03 or more years experiences (2 years for SHG) in preparation and supply of Diet in Health Intuitions / other institutions having bed strength / person of more than 300 = 30 marks	
3	Annual Average Turnover (Rs.)	20	<u>For DHH & SDH</u> For bidders other than SHG Below Rs. 1.00cr = 0 >Rs. 1.00cr and < = RS.2 Crs : 10marks > Rs.2 Crs = 20 marks	
			<u>For SHG / SHG Federation</u> For women Self Help Groups [SHG / SHG Federation] Below Rs.30 lakhs = 0 >Rs.30 lakhs to Rs.50 lakhs = 10marks More than Rs.50 lakhs = 20marks	
			<u>For CHC</u> For bidders other than SHG Below Rs.30 Lakhs = 0 >Rs.30 lakhs to Rs.50 lakhs = 10marks More than Rs.50 lakhs = 20marks	
			<u>For SHG / SHG Federation</u> For women Self Help Groups [SHGs / SHG Federation] Below Rs. 10 lakhs = 0	

			>Rs.10 lakhs to Rs.30 lakhs = 10marks More than Rs.30 lakhs = 20marks	
3	No. of Diet Services (Preparation, Supply & Management) executed in different Institutions (not less than 30 beds / persons (executed during the last three years)	40	2 Institutions : 10 Marks 3-4 Institutions : 20 Marks 5-6 Institutions : 30 Marks > 6 Institutions : 40 Marks	
4	Quality Certification	10	ISO 9001 Certification : 5 Marks Food License / Registration : 5 Marks	

5.2 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 (No. of Diet Services in different institutions) 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.

- 5.3 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 a fixed cost based tender. Details of the fixed cost (Diet Rate) to be paid per patient / day for different types of diet with menu is mentioned at Section 3 – Terms of Reference

Adm'



RFP FORMATS

Diet Services at Govt. Health Institutions

Admin

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 2016-17, 2017-18 & 2018-19 (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 T-5		
10	Copy of Quality Certificates : 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)		

FORMAT – T2

(to be furnished in the technical proposal envelope)

TECHNICAL TENDER SUBMISSION FORM

(On the letterhead of the firm)

To

Re. : RFP Reference no. _____ dated _____

Dear Sir,

We, the undersigned, offer to provide the services for the work: **Selection 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 made in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

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 any Proposal you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]:

Name and Title of Signatory:

Name of Firm:

Address: _____

(Company Seal)

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 Person 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.		Public Ltd.		Proprietorship	
	Partnership		Society		Others, specify	
	Registration No. & Date of Registration.					

Nature of Business (Please relevant box)

5	Manufacturer		Authorized Service Provider	
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Key personnel Details (Chairman, CEO, Directors, Managing Partners 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 registered office is not in Odisha):
---	---

9	<u>GST Registration</u> Furnish the copy of the GST registration certificate
---	---

10	PAN : Furnish the copy of the PAN
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11	Registration certificate / Certificate of Incorporation of the firm (furnish the copy)
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12	<i>Copy of Quality Certification : ISO 9001, Food License / Registration (furnish the copy)</i>			
13	<i>Bank Details of the Bidder: The bidders have to furnish the Bank Details as mentioned below for return of EMD /Payment for supply if any (if selected)</i>			
	a.	Name of the Bank :		
	b.	Name of the Account & Full address of the : Branch concerned		
	c.	Account no. of the : bidder		
	d.	IFS Code of the : Bank		
<i>Date:</i>		<i>Office Seal</i>		<i>Signature of the bidder / Authorized signatory</i>

FORM T4

(to be furnished in the technical proposal envelope)

ANNUAL AVERAGE TURN OVER STATEMENT

(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	2016-17	
2	2017-18	
3	2018-19	



Request for
Proposal

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.



Request for
Proposal

FORM T5

(to be furnished in the technical proposal envelope)

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

* Note : 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)



FORMAT T 6

(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 stage of the Bidding Process or thereafter during the agreement period.

Dated thisDay of, 2020

Authorized Signatory/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 stakeholders 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 of 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 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 for In-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	Paediatric 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 1st of Nov. 2019
- 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

Guidelines

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 institutions should made 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 contain 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 diet chart 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. The health institution would procure dry diet from the empanelled agencies, empanelled specifically to supply dry food items.
- 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, 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 for 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.

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[Signature]

[Signature]

[Signature]

[Signature]

- 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 of 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, 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 without any 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.
- 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 of taking suitable action for revision of cost norm based on the market price.
- The health institution would 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 for cooking or as dry food should be in line with the quality norm of the Government. One

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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 Public Health Institutions [PHIs], including CHCs and Area Hospitals, DVC would be constituted taking RKS members and medical staff of the concerned hospital. ADMO Medical would head the committee along with one Sr. Doctor. RKS would nominate two members on a rotational basis to be the member of DVC. The committee members shall meet once in a month to discuss matters related to present dietary services and propose changes, if necessary. In Medical College Hospitals [MCHs] and Capital Hospital, the Deputy Superintendent would head the DVC. The Hospital Administrator/Manager and 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.

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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
- 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.

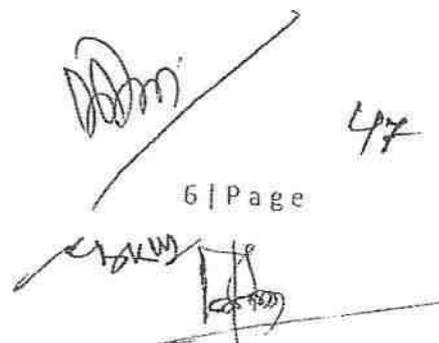
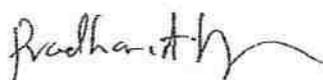
Sanitary Measures:

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 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.

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 incharge. 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 once 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 personal equipment/s should be washed and changed frequently.

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- 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 instituti on level. All such documents maintained must be certified / signed by the dietician/in charge 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

1. Too much spices and condiments
2. Fried foods

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DIET MENU

Day	Breakfast	Lunch	Dinner
Sunday	Idli -4pc, Sambar-½ Bowl, 1 medium size Fruit, Milk- 1glass (250ml), Idli Mix-100gms, Refined oil-5gm, Fruit-100gms	Rice 1 ½ Bowl, dai - ½ Bowl, egg curry / chole paneer curry ½ bowl & Mix veg curry - ½ bowl, Curd - 100gm Rice-175gms, dal (Moong / Aharhar)-25gms, egg-1 / paneer-20, chole-30gms, & Vegetables-50gms, potato-50gms, vegetable/ cabbage-50gms, Mustard oil-10gms	Rice 1½ Bowl, Roti-4 nos., dalma - ½ bowl, chole Soyabean curry- ½ bowl, Milk- 1glass (250ml) Rice/atta-125gms, dal-25gms, Vegetable-50gms, potato-50gms, chole-25gms, Soyabean-25gm, Refined oil-10gms
Monday & Thursday	Uppama- 1 Bowl alumatar - ½ Bowl 1 medium size Fruit Milk- 1 glass 250ml Suji-100gms, Alo-20gm, matar-20gms, oil-5gms Fruit-100gms	Rice 1 ½ Bowl, Dalma - 1 Bowl, leaf veg / cabbage fry - ½ bowl, Curd -100gm Rice-175gms, dal-25 gms, veg-50 gms, potato-50gms, leafy veg/cabbage fry-50gm, Refined oil-10gms	Rice 1½ Bowl, Roti- 4nos dalma- ½ bowl Alu Soyabean curry- ½ bowl, Milk-250ml Rice/atta-125gms, dal-25gms, Vegetable-50gms, potato-50gms, Soyabean-25gm, Refined oil-10gms
Wednesday	Simei upma-1 Bowl Sambar- ½ Bowl 1 medium size Fruit Milk- 1glass(250ml) Simei-100gms, Alo-20gm, matar-20gms, oil-5gms,Fruit-100gms	Rice 1 ½ Bowl, dai - ½ Bowl, egg curry/ chole paneer curry ½ bowl& Mix veg curry - ½ bowl, Curd - 100gm Rice-175gms, dal (Moong/ Aharhar)-25gms, egg-1/ paneer-20, chole-30gms, & Vegetables-50gms, potato-50gms, vegetable/cabbage-50gms, Mustard oil-10gms	Rice 1 ½ Bowl, Roti- 4nos dal - ½ bowl Mix veg curry- ½ bowl, Milk-1glass (250ml) Rice-125gms/atta-125gms, dal-25 gms, Vegetables-50gms, potato-50gms, soyabean-25gms,mustard oil-10gms
Tuesday & Saturday	Chuda santula -1 Bowl matar curry - ½ Bowl Fruit, Milk 250ml Chuda -100gms, matar-20gms, oil-5gms, Fruit-100gms	Rice- 1½ Bowl, dai -½ Bowl, Veg chole curry -½ Bowl, Leafy veg fry -½ Bowl, Curd-100gm Rice -150gms, dal-25gms, Vegetable-50gms, potato-50gms, Green leafy veg / Cabbage-50gms, Chole-25gms, Mustard oil-10gms	Rice 1 ½ Bowl, Roti- 4nos dal - ½ bowl Mix veg curry- ½ bowl, egg/paneer curry Milk-1glass(250ml) Rice-125gms,dal-25gms, vegetable-50gms, Potato-50gms, Egg-1/Paneer- 30gm, Milk-250ml, Mustard oil-10gms
Friday	Idli -4pc, Sambar- ½ Bowl, 1 medium size Fruit,Milk- 1glass(250ml) Idli Mix-100gms, Refined oil-5gm, milk-	Rice 1½ Bowl, Dalma - 1 Bowl, egg/paneer curry, leaf veg/cabbage fry - ½ bowl., Curd -100gm Rice150gms, dal-25gms,	Rice-1 ½ Bowl, Roti- 4nos, dal-½ bowl, Mix veg curry- ½ bowl, Milk- 1 glass (250ml) Rice-125gms/atta-

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	250ml & Fruit-100gms	Vegetable-50gms, potato-50gms, egg-1/paneer-30gms, leaf vegetable/cabbage-50gms & mustard oil-10gm	125gms, dal-25 gms, Vegetables-50gms, potato-50gms, Chole-25gms, mustard oil-10gms
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1 – Bowl - volume 250ml water

Roti: 01 no, medium size = 30gm atta (raw unit), Rice: 01 bowl = 300gm cooked weight (100gm raw unit), Dal/ Pulses/ legumes: 01 bowl = 125 gm cooked weight (25 gm raw unit), Mixed vegetable: 01 bowl = 200gm cooked weight, Seasonal fruit: 01 no = 100gm, Upma and Poha: 01 bowl = 300gm.

DIET FOR TB/BURN/CANCER PATIENTS

NOTE: Extra Rs. 10 has been added and also High protein is required for Burns, T.B, Cancer so, 250ml Milk/2 extra eggs/50 gm of Soya bean should be given to the patients.

FOODS TO BE AVOIDED

1. Too much spices and condiments
2. Fried foods

DIET MENU FOR TB/BURN/CANCER PATIENTS

Day	Breakfast	Lunch	Dinner
Sunday	Idli -4pc, Sambar-½ Bowl, 1 medium size Fruit, Milk-1glass (250ml), 2 Eggs / 50gm Paneer, Idli Mix-100gms, Refined Oil-5gm, Fruit-100gms	Rice 1 ½ Bowl, Dal – ½ Bowl, Egg Curry/ Chole Paneer Curry ½ Bowl& Mix Veg Curry - ½ Bowl, Curd - 100gm Rice-175gms, Dal (Moong/ Aharhar)-25gms, Egg-1 / Paneer-20, Chole-30gms, & Vegetables-50gms, Potato-50gms, Vegetable / Cabbage-50gms, Mustard oil-10gms	Rice 1½ Bowl, Roti- 4nos, Dalma – ½ bowl Chole Soyabean Curry- ½ bowl, Milk- 1glass(250ml) Rice/Atta-125gms, Dal-25gms, Vegetable-50gms, Potato-50gms, Chole-25gms, Soyabean-25gm, Refined oil-10gms
Monday& Thursday	Uppama- 1 Bowl, Alu Matar – ½ Bowl, 1 medium size Fruit Milk- 1 glass 250ml, 2 Eggs/ 50gm Paneer Suji-100gms, Alo-20gm, matar-20gms, Oil-5gms Fruit-100gms	Rice 1 ½ Bowl, Dalma - 1 Bowl, Leaf Veg/Cabbage Fry- ½ bowl. , Curd -100gm Rice-175gms, Dal-25 gms, Veg-50gms, Potato-50gms, Leafy Veg / Cabbagefry-50gm, Refined Oil-10gms	Rice 1 ½ Bowl, Roti-4nos dalma- ½ bowl, Alu Soyabean curry- ½ bowl, Milk-250ml. Rice/atta-125gms, Dal-25gms, Vegetable-50gms, Potato-50gms, Soyabean-25gm, Refined Oil-10gms
Wednesday	Simei upma-1 Bowl, Sambar- ½ Bowl, 1 medium size Fruit, Milk- 1glass(250ml), 2 Eggs/ 50gm paneer Simei - 100gms, Alo-20gm, Matar-20gms, oil-5gms,	Rice 1 ½ Bowl, Dal – ½ Bowl, Egg Curry/ Chole Paneer Curry ½ Bowl& Mix Veg Curry - ½ Bowl, Curd - 100gm Rice-175gms, Dal (Moong/ Aharhar)-25gms, Egg-1/ Paneer-20, Chole-30gms,	Rice 1 ½ Bowl, Roti-4nos dal – ½ bowl Mix veg curry- ½ bowl, Milk-1glass(250ml) Rice-125gms/atta-125gms, dal-25 gms, Vegetables-50gms,

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	Fruit-100gms	& Vegetables-50gms. Potato-50gms, Vegetable / Cabbage-50gms, Mustard Oil-10gms	Potato-50gms, soyabean- 25gms, Mustard Oil- 10gms
Tuesday & Saturday	Chuda Santula -1 Bowl Matar Curry -½ Bowl Fruit, Milk 250ml 2 Eggs / 50gm Paneer Chuda-100gms, Matar- 20gms, Oil-5gms, Fruit-100gms	Rice- 1 ½ Bowl dal – ½ Bowl, Veg chole curry - ½ Bowl, Leafy veg fry - ½ Bowl, Curd -100gm Rice -150gms, dal-25gms, Vegetable-50gms, potato- 50gms, Green leafy veg/ Cabbage-50gms, Chole- 25gms, mustard oil-10gms	Rice 1 ½ bowl, Roti- 4nos Dal – ½ Bowl Mix Veg Curry- ½ Bowl, Egg/Paneer Curry, Milk-1 glass (250ml) Rice-125gms, Dal-25gms, Vegetable-50gms, Potato- 50gms, Egg-1/Paneer- 30gm, Milk-250ml, Mustard Oil-10gms
Friday	Idli - 4pc Sambar- ½ Bowl 1 medium size Fruit Milk- 1glass(250ml) 2 Eggs / 50gm paneer Idli Mix-100gms, Refined oil-5gm, milk- 250ml & Fruit-100gms	Rice-1 ½ Bowl, Dalma - 1 Bowl, Egg / Paneer Curry, Leaf Veg/Cabbage Fry - ½ bowl., Curd -100gm Rice-150gms, dal-25gms, Vegetable-50gms, Potato- 50gms, Egg-1/ Paneer- 30gms, Leaf Vegetable / Cabbage 50gms & Mustard oil-10gm	Rice 1 ½ Bowl, Roti- 4nos dal – ½ bowl Mix veg curry- ½ bowl, Milk- 1glass(250ml) Rice-125gms/Atta- 125gms, Dal-25 gms, Vegetables-50gms, Potato-50gms, Chole- 25gms, Mustard Oil- 10gms

1 – Bowl - volume 250ml water

Roti: 01 no, medium size = 30gm Atta (raw unit), Rice: 01 Bowl = 300gm cooked weight (100gm raw unit), Dal / Pulses / legumes: 01 bowl = 125 gm cooked weight (25 gm raw unit), Mixed vegetable : 01 bowl = 200gm cooked weight, Seasonal fruit: 01 no = 100gm, Upma and Poha: 01 bowl = 300gm.

DIET FOR DIABETIC PATIENTS

Foods to be avoided

1. Roots and tubers
2. Sweet dish and sugar
3. Fried foods
4. Fruits like Banana, Sapota and fruit juices

Food Stuff	Amount in gm
Cereals	300
Pulses	60
Green Leafy Vegetables	200
Other Vegetables	200
Fruits	200
Milk	500
oil	20

This diet provides

Calories	2000kcal
Proteins	80gm

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DIET MENU FOR DIABETIC PATIENTS

DIET MENU

Day	Breakfast	Lunch	Dinner
Sunday	Idli -4pc Sambar- ½ Bowl 1 medium size Fruit Milk- 1glass(250ml) Idli Mix-100gms, Dal-20gm Refined oil-5gm, Fruit-100gms	Rice 1 Bowl /, Roti- 3nos , dal – ½ Bowl, egg curry/ chole paneer curry ½ bowl& Mix veg curry - ½ bowl, Curd - 100gm Rice/Atta-100gms,dal (Moong/Aharhar)-25gms, egg-1/ paneer-20,chole- 30gms, & Vegetables- 100gms, vegetable/ cabbage- 50gms, Mustard oil-10gms	Roti- 3nos dalma – ½ bowl chole Soyabean curry- ½ bowl Milk- 1glass(250ml) Atta-100gms,dal- 25gms, Vegetable-100gms, chole-25gms, Soyabean-25gm, Refined oil-10gms
Monday& Thursday	Uppama- 1 Bowl Matar curry – ½ Bowl 1 medium size Fruit Milk- 1 glass 250ml Suji-100gms, matar- 25gms, oil-5gms Fruit-100gms	Rice 1 Bowl / Roti- 3nos, Dalma - 1 Bowl, leaf veg/cabbage fry - ½ bowl., Curd -100gm Rice/Atta-100gms, dal-25 gms, veg-100gms, leafy veg/cabbagefry-50gm Refined oil-10gms	Roti- 3nos, dalma-½ bowl Soyabean curry- ½ bowl, Milk-250ml Atta-100gms, dal-25gms, Vegetable-100gms, Soyabean-25gm, Refined oil-10gms
Wednesday	Simei upma-1 Bowl Sambar- ½ Bowl 1 medium size Fruit Milk- 1glass(250ml) Simei -100gms, Dal- 20gms,oil-5gms Fruit- 100gms	Rice 1 Bowl/Roti-3nos,dal- ½ Bowl, egg curry / chole paneer curry ½ bowl& Mix veg curry - ½ bowl, Curd -100gm Rice/Atta-100gms,dal (Moong/Aharhar)-25gms, egg-1/ paneer-20,chole- 30gms, & Vegetables- 100gms, vegetable/cabbage- 50gms, Mustard oil-10gms	Roti- 3nos dal – ½ bowl Mix veg curry- ½ bowl, Milk-1glass (250ml) Atta-100gms, dal-25 gms, Vegetables- 100gms, soyabean- 25gms, mustard oil- 10gms
Tuesday & Saturday	Chuda santula -1 Bowl matar curry - ½ Bowl Fruit, Milk 250ml Chuda-100gms, matar- 25gms,oil-5gms Fruit- 100gms	Rice 1 Bowl/Roti-3nos,dal-½ Bowl, Veg chole curry - ½ Bowl, Leafy veg fry - ½ Bowl , Curd -100gm Rice -150gms,dal-25gms, Vegetable-100gms,Green leafy veg/ Cabbage-50gms chole-25gms, mustard oil- 10gms	Roti- 3nos dal – ½ bowl Mix veg curry- ½ bowl, egg/paneer curry Milk-1glass(250ml) Atta-100gms, dal- 25gms, vegetable -100gms, Egg-1 / paneer- 30gm, Milk- 250ml, Mustard oil- 10gms
Friday	Idli -4pc Sambar- ½ Bowl 1 medium size Fruit, Milk-1glass (250ml) Idli Mix-100gms, Dal- 20gm, Refined oil-5gm, milk-250ml & Fruit- 100gms	Rice 1 Bowl / Roti- 3nos, Dalma - 1 Bowl, egg/paneer curry, leaf veg/cabbage fry - ½ bowl. , Curd -100gm Rice/Atta-100gms, dal- 25gms, Vegetable-100gms, egg-1/paneer-30gms, leafy vegetable/cabbage-50gms &mustard oil-10gm	Roti- 3nos dal-½ bowl Mix veg curry- ½ bowl, Milk- 1glass (250ml) Atta-100gms,dal-25 gms, Vegetables- 100gms, Chole-25gms, mustard oil-10gms

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Diet for Children This is a normal diet for children modified from the balanced diet recommended by ICMR. It can be used for children up to (10 years) patients admitted in a hospital who does not need any dietary modification

Food stuff in Gram	Vegetarian	Non Vegetarian
Cereals	180	180
Pulses	60	60
Green leafy vegetables	100	100
Other vegetables	100	100
Roots and tubers	100	100
Fruits	100	100
Milk	500	250
Egg		50
Curd	100	
Sugar	30	
Oil	20	30
		25

This diet provides

Calories	1838 kcals
Proteins	53.8gm
Fats	20.5gm

DIET MENU FOR CHILDREN

Day	Breakfast	Lunch	Dinner
Sunday	Semai khir, fruit Semai-50gms, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/ guava-1/Apple-1/ Orange-1/ Mango-1), Oil-5gm	Rice, dalma& egg curry/Chole paneer curry, leafy veg /cabbage fry, Curd -100gm Rice-80gms, dal-30gms, vegetable-50gms, potato-25gms, egg-1, paneer-20,chole-30gms, &leaf vegetable /cabbage-25gms Mustard oil-12gms	Rice/roti, dalma, Rice/atta-50gms,dal-30gms, Vegetable-25gms, potato-50gms, Refined oil-8gms
Monday & Thursday	Uppama, alu matar, fruit, Milk Suji-25gms and semai-25gms, matar-20gms, & Fruit-100gms (banana-2 /guava-1/ Apple-1 / Orange-1/Mango-1), Oil-5gm, Milk-250ml	Rice, dalma, Alu soyabean curry & leaf veg/cabbage fry, Curd -100gm Rice-80gms, dal-30gms, veg-50gms, potato-50gms. Soyabean-25gm, leaf veg/cabbage-100gms, Refined oil-12gms	Rice/roti, dal, Mix veg curry, Milk Rice-50gms/Atta-50gms, dal-30gms, Vegetable-50gms, potato-50gms, mustard oil-8gms, Milk-250ml
Wednesday	suji khir, fruit Suji-50gms, sugar-	Rice, dalma & egg curry / Chole paneer curry, leafy veg / cabbage fry, Curd -	Rice/roti, dal, Mix veg curry Rice-50gms/atta,50gms,

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	20gms,milk-250ml & Fruit-100gms (banana-2/guava-1 /Apple-1/Orange-1 /Mango-1), Oil-5gm	100gm Rice-80gms, dal-30gms, vegetable-50gms, potato-50gms, egg-1, paneer-20, chole-30gms, & leaf vegetable / cabbage-100gms Mustard oil-12gms	dal-30gms, Vegetable-50gms, potato-50gms, mustard oil-10gms
Tuesday & Saturday	Chuda santula/ bun, matar curry & Fruit, Milk Chuda-50gms/ bun-50gms, matar-20gms & Fruit-100gms(banana-2/ guava-1/Apple-1/ Orange-1/Mango-1), Oil-5gm, Milk-250ml	Rice, dalma, Alu soyabean curry & leaf veg/cabbage fry. Rice-100gms, dal-30gms, veg-50gms, potato-50gms, Soyabean-25gm, leaf veg / cabbage-100gms, Refined oil-12gms	Rice/roti, dal, Mix veg curry, Milk Rice-50gms / atta-50gms, dal-30gms, Vegetable-50gms, potato-50gms, mustard oil-8gms, Milk-250ml
Friday	Semai khir & fruit Semai-50gms, sugar-20gms, milk-250 ml & banana-2/guava-1	Rice, dalma & egg curry / Chole paneer curry, leafy veg/cabbage fry, Curd - 100gm Rice-80gms,dal-30gms, vegetable-50gms, potato-50gms, egg-1, paneer-20, chole-30gms, & leaf vegetable/cabbage-25gms Mustard oil-12gms	Rice/roti, dalma, Rice/atta-50gms, dal-30gms, Vegetable-50gms, potato-50gms, Refined oil-8gms

BLAND DIET/ DIARRHEAL DIET

A bland diet is a diet which is non-irritating chemically and mechanically and which inhibits gastric secretion. It can be used for gastric and duodenal ulcer. With slight changes and reduction in fibre and fat content it can also be used for diarrhea and ulcerative colitis.

Foods to be avoided

1. All bran and course cereals
2. Skin and seeds of fruits
3. Vegetables like cabbage, beans, ladies fingers, bitter gourds etc.
4. Spices and condiments.
5. Fried foods

Food Stuff	Amount in gm
Cereals	150
White bread	80
Pulses	40
Other Vegetables	100
Roots and Tubers	75
Fruits	200
Milk	500
Sugar	30
oil	20

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This diet provides

Calories	1676 kcals
Proteins	50gm

DIET MENU FOR DIARRHOEA PATIENTS

Day	Breakfast	Lunch	Dinner
Monday & Thursday	Sagokhir/ milk barley, banana Sago/ barley-50gms, milk-250 ml, Sugar-30gms Fruit 100gm i.e Banana-2	Khichdi, & boiled potato. Curd -100gm Rice-80gm, Moong dal-25gm, Potato-50gm, Oil-10gm.	Roti/ White bread, Milk, Dalma, Banana Wheat flour: 70gm/ White bread-80gm, Dal: 15gm, Potaoe-25gm, Vegetables: 100 gm, oil-10gm, Milk-250ml, Fruit 100gm i.e Banana-2
Tuesday & Saturday	Mandia khir/ milk barley, banana mandia 50gms/ barley-50gms, milk-250ml, Sugar-30gms, Fruit 100gm i.e Banana-2	Khichdi, & boiled potato, Curd -100gm Rice-80gm, Moong dal-25gm Potato-50gm, Oil-10gm,	Roti/ White bread, Milk, Dalma, Banana Wheat flour: 70gm/ White bread-80gm, Dal: 15gm, Vegetables: 100gm, oil-10gm, Milk-250ml, Fruit 100gm i.e Banana-2
Wednesday & Friday & Sunday	Chuda khir/ milkbarley, banana chuda- 50gm/ barley-50gms, milk-250ml, Sugar-30gms, Fruit 100gm i.e Banana-2	Khichdi, & boiled potato, Curd -100gm Rice-80gm, Moong dal-25gm, Potato-50gm. Oil-10gm,	Roti/ White bread, Milk, Dalma, Banana Wheat flour: 70gm/ White bread-80gm, Dal: 15gm, Vegetables: 125gm, oil-10gm, Milk-250ml, Fruit 100gm i.e Banana-2

LIVER DISEASE- Jaundice (Low Fat, Low Protein, High Carbohydrate)

Liver

Food Stuff	Vegetarian
Cereals	350
Pulses	50
Green Leafy Vegetables	50
Other Vegetables	200
Roots and Tubers	100
Fruits	100
Curd	100
Sugar	20
oil	20

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This diet provides

Calories	2000 kcals
Proteins	35gm

FOODS TO BE AVOIDED

1. Too much spices and condiments
2. Fried foods

DIET MENU FOR JAUNDICE PATIENTS

Day	Breakfast	Lunch	Dinner
Sunday	Semai Upama with vegetable, Seasonal fruit Semai-100gms, Vegetable – 50gms Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) oil-5gm	Rice, dal & Mix veg curry, Curd -100gm Rice-150 gms, dal (Moong /Aharhar)- 25gms, Vegetables-100gms, potato-50gms, Leafy vegetable / cabbage-50gms, Mustard oil-10gms	Rice/Roti, dalma Rice/atta-100 gms, dal-25gms, Vegetable-50gms, potato-50gms, Refined oil-5gms
Monday & Thursday	Uppama, alu curry & fruit, Suji-50gms and semai-50gms, potato-50gms, matar-20gms, oil-5gms & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, Dalma, leaf veg/cabbage fry, Curd -100gm Rice-150gms, dal-25 gms, veg-100gms, leafy veg/cabbage fry-50gm Refined oil-10gms	Rice/Roti, dalma, Alu curry Rice/atta-100gms, dal-25gms, Vegetable-50gms, potato-50gms, Refined oil-5gms
Wednesday	suji Upama with vegetable, Seasonal fruit Suji-100gms, Vegetable– 50gms, Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) oil-5gm	Rice, dal Mix veg curry, Curd -100gm Rice-150gms, dal (Moong /Aharhar)-25gms & Vegetables-100gms, potato-50gms, vegetable/cabbage-50gms Mustard oil-10gms	Rice/roti, Dal, Mix veg curry Rice/atta-100 gms, dal-25 gms, Vegetables-50gms, potato-50gms, mustard oil-5gms
Tuesday & Saturday	Chuda santula / bun, alu curry & Fruit Chuda-100gms/bun-100gms, potato-50gms, oil-5gms, Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, dal, Veg curry, Leafy veg fry, Curd -100gm Rice -150gms, dal-25gms, Vegetable-100 gms, Green leafy veg/ Cabbage-50gms mustard oil-10gms	Rice/roti, Dalma, Rice/atta-100 gms, dal-25gms, Vegetable-50gms, potato-50gms, Milk-250ml, Mustard oil-5gms

Friday	Semai Upama with vegetable, Seasonal fruit Semai-100gms, Vegetable – 50gms Fruit-100gms (banana-2/ guava-1/Apple-1/Orange-1/Mango-1) oil-5gm	Rice ,dalma, leaf veg/cabbage fry, Curd -100gm Rice150gms,dal-25gms, Vegetable-100gms, potato-50gms, leaf vegetable/ cabbage-50gms & mustard oil-10gm	Rice/roti, Dal, Mix veg curry Rice/atta-100 gms, dal-25 gms, Vegetables-50gms, potato-50gms, mustard oil-5gms,
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LIVER CIRRHOSIS (Low Fat, Low sodium, High Protein)
Liver Cirrhosis

Food Stuff in gm	Vegetarian
Cereals	200
Pulses	100
Soyabean	50gm
Green Leafy Vegetables	100
Other Vegetables	200
Roots and Tubers	50
Paneer	50
Curd	100
Fruits	100
Milk	500
Sugar	20
oil	15

This diet provides

Calories	1925kcal
Proteins	86.25gm

FOODS TO BE AVOIDED

1. Too much spices and condiments
2. Fried foods

DIET MENU FOR CIRRHOSIS LIVER PATIENTS

Day	Breakfast	Lunch	Dinner
Sunday	Semai kheeri, Seasonal fruit Semai-50gms, sugar-20gms,milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) oil-5gm	Rice, dal , & Mix veg curry, Paneer-50gm, Curd-100gms Rice-100gms,dal (Moong/Aharhar)-50gms & Vegetables-50gms,potato-50gms, Soyabean-25gm, Mustard oil-5gms	Rice/Roti, dalma, chole Soyabean curry, Milk-250ml Rice/atta-50 gms,dal-50gms, Vegetable-50gms, potato-50gms, chole-25gms, Soyabean-25gm, Refined oil-5gms, Milk-250ml

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Monday & Thursday	Uppama, matar & fruit, Milk 250ml Suji-50gms and semai-50gms, Milk 250ml, matar-20gms, oil-5gms & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, Dal, Mix Veg Soyabean curry, Paneer-50gm, Curd-100gms Rice-100gms, dal-40 gms, veg-50gms, potato-50gms, Soyabean-50gm, Refined oil-5gms	Rice/Roti, dalma, Milk-250ml Rice/atta-50gms, dal-40gms, Vegetable-50gms, potato-50gms, Refined oil-5gms, Milk
Wednesday	suji kheeri, Seasonal fruit Suji-100gms, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1) oil-5gm	Rice, dal, & Mix veg curry, Paneer-50gm, Curd-100gms Rice-100gms, dal (Moong/Aharhar)-50gms & Vegetables-50gms, potato-50gms, Soyabean-25gm, Mustard oil-5gms	Rice/Roti, dalma, chole Soyabean curry, Milk-250ml Rice/atta-50gms, dal-50gms, Vegetable-50gms, potato-50gms, chole-25gms, Soyabean-25gm, Refined oil-5gms, Milk-250ml
Tuesday & Saturday	Chuda santula/bun, matar curry & Fruit, Milk 250ml Chuda-50gms/bun-100gms, matar-20gms, oil-5gms, Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, dal, Veg chole curry, Paneer-50gm, Curd-100gms Rice -100gms, dal-40gms, Vegetable-50gms, potato-50gms, chole-25gms, mustard oil-5gms	Rice/roti, Dal, Mix veg curry, Milk Rice/atta-50gms, dal-40gms, vegetable-50gms, potato-50gms, Soyabean-50gm, Milk-250ml, Mustard oil-5gms
Friday	Semai khir & seasonal fruit Semai-50gms, Refined oil-5gm, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice, dal, Mix veg Chole curry, Paneer-50gm, Curd-100gms Rice-100gms, dal (Moong / Aharhar)-50gms & Vegetables-50gms, potato-50gms, Chole-25gm, Mustard oil-5gms	Rice/roti, Dal, Mix veg Soyabean curry, Milk-250ml Rice/atta-50gms, dal-50gms, Vegetables-50gms, potato-50gms, Soyabean-50gm, mustard oil-5gms

CARDIAC DIET (Low Calorie, Low Fat, High fibre, High Carbohydrate, Low Sodium)

Food Stuff	Vegetarian	Non-Vegetarian
Cereals	200	200
Pulses	70	50
Green Leafy Vegetables	200	200
Other Vegetables	200	200
Roots and Tubers	50	50
Citrus Fruits and Tomato	200	200
Milk	500	250
Egg White		50(one)
oil	15	15

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Calories	1648
Proteins	60.55gm

FOODS TO BE AVOIDED

1. Too much spices and condiments
2. Fried foods
3. Salt

DIET MENU FOR CARDIAC DISEASE

DAY	BREAKFAST	LUNCH	DINNER
Monday & thursday	Uppama, alumatar & fruit, Milk 250ml Suji-50gms Milk 250ml, matar-20gms, oil-5gms & Fruit-100gms (banana-2/guava-1/Apple-1/Orange-1/Mango-1)	Rice/Roti, Dalma, green leafy veg & cucumber, Curd-100gms/ Egg white 1 Rice/Atta(whole wheat)-100 gms Dal-30gms, vegetable-100gms, leafveg/cabbage-100gms & mustard oil-5ml & cucumber-1	Roti, dalma, Soyabean vegetable curry, One tomato/Cucumber, Atta(whole wheat)-50gms, Dal-30gms, vegetable-Soyabean-25gm, 50gms, refined oil-5 ml & veg-100gm
Tuesday & Saturday	Chuda santula/bun, matar curry & Fruit, Milk 250ml Chuda-50gms/bun-100gms, matar-20gms, oil-5gms Fruit-100gms (banana-2/ guava-1/ Apple-1/ Orange-1/ Mango-1)	Roti/Rice, Dal, cucumber, leaf veg / cabbage fry, Mix veg Chole curry, Curd-100gms /Egg white 1 Rice/Atta(whole wheat)-100 gms Dal-20 gms, Chole-25gm, vegetable-100gms, leafveg / cabbage-50gms & refined oil-5 ml & cucumber-1	Roti, dalma, Mix vegetable curry, One tomato, Milk-250ml Atta(whole wheat)-50 gms Dal-20 gms, vegetable-100gms, refined oil-5ml
Wednesday	suji kheeri, Seasonal fruit Suji-50gms, sugar-20gms, milk-250ml & Fruit-100gms (banana-2/ guava-1/ Apple-1/ Orange-1/ Mango-1) oil-5gm	Roti/Rice, Dal, cucumber, Mix veg Soyabean curry, Curd-100gms/ Egg white 1 Rice/Atta(whole wheat)-100 gms Dal-30 gms, vegetable-50 gms, Soyabean-50gm, leafveg /cabbage-50 gms & refined oil-5ml & cucumber-1	Roti, dalma, vegetable curry, One tomato, leafy veg /cabbage fry, Atta(whole wheat)-50 gms Dal-30 gms, vegetable-50, leafveg / cabbage-100gms gms, refined oil-5ml & veg-100gms
Friday	Semai khir &	Roti/Rice, Dal, cucumber,	Roti, dalma, Mix

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	seasonal fruit Semai-50gms, Refined oil-5gm, sugar-20gms,milk- 250ml & Fruit- 100gms (banana- 2/guava-1/Apple- 1/Orange-1/Mango- 1)	leaf veg / cabbage fry, Mix veg Chole curry, Curd-100gms/ Egg white 1 Rice/Atta(whole wheat)- 100 gms Dal-20 gms,Chole-25gm, vegetable-100gms, leafveg/cabbage-50gms &refined oil-5 ml & cucumber-1	vegetable curry, One tomato, Milk- 250ml Rice/Atta(whole wheat)-50 gms Dal- 20 gms, vegetable- 100gms, refined oil- 5ml
Sunday	Semai kheeri, Seasonal fruit Semai-50gms,sugar- 20gms,milk-250ml & Fruit-100gms (banana-2/guava- 1/Apple-1/Orange- 1/Mango-1) oil-5gm	Roti/Rice, Dal, cucumber, Mix veg Soyabean curry, Curd- 100gms/ Egg white 1 Rice/Atta(whole wheat)- 100 gms Dal-30 gms,vegetable-50 gms, Soyabean-50gm, leafveg /cabbage-50 gms & refined oil-5ml & cucumber-1	Roti, dalma, vegetable curry, One tomato, leafy veg /cabbage fry, Rice/Atta(whole wheat)-50 gms Dal- 30 gms,vegetable- 50, leaf veg/cabbage- 100gms gms, refined oil-5ml &veg-100gms

Diet for in Acute & Chronic Renal Disease

Salient Features:

1. Provision of low protein, low sodium and low potassium diet
2. The protein given should be of good quality to minimize workload of kidneys
3. Adequate calories to prevent utilization of protein for energy

SN	Particulars	Food Items	Quantum
A	20 g. Protein diet	Milk and Milk Products	200 ml.
		Egg/ Panner	One/30 g.
		Cereals	50 g
		Potato or root vegetable	100 g
		Other vegetables	100 g
		Sago	100 g
		Arrowroot powder	100 g.
		Cooking fat	25 g
		Sugar	75 g
		Approx Nutritive Value	
		Calories	1900
		Protein	20 g
		Fat	60 g
		Carbohydrate	320 g
		Sodium	136 g
		Potassium	922 mg

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		Note: 1. Sugar can be increased as the diet aims at providing enough calories. 2. Use of salt during cooking is to be avoided 3. All green leafy vegetables and potato should be boiled and water is to be discarded.	
B	30 gm. Protein diet	Milk and Milk Products	250 ml.
		Egg	1/30 g
		Paneer	75 g
		Cereals	100 g
		Potato	100 g
		Other vegetables	100 g
		Fruit	100g
		Sago	100g
		Arrowroot powder	100g
		Cooking fat	25g
		Sugar or glucose	50g
		Approx Nutritive Value	
		Calories	2070
		Protein	30 g
		Fat	70g
		Carbohydrate	330 g
		Sodium	225 mg
		Potassium	1545 mg
		Note: 1. Sugar can be increased as the diet aims at providing enough calories. 2. Use of salt during cooking is to be avoided 3. All green leafy vegetables and potato should be boiled and water is to be discarded.	
C	40 gm. Protein diet	Milk and Milk Products	350 ml.
		Egg/ Paneer	1/30
		Cereals	30
		Other vegetables	150 g
		Potato	100 g.
		Sago	50 g.
		Arrowroot Powder	100 g.
		Cooking fat	25 g.
		Sugar	50 g.
		Approximate Nutritive Value	
		Calories	2155
		Protein	40 g.
		Fat	75 g.
		Carbohydrate	330 g.
		Sodium	230 mg.
		Potassium	1552 mg.
	Foods to avoid in Renal disorders: 1. Extra milk or milk products 2. Meat, Fish, Chicken, extra egg etc.		

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3. Pulses, extra cereals, legumes, peas, beans.
4. Dry fruits, peanut, coconut, cashew nuts & other nuts.
5. Cakes, pastries, jam, jellies
6. Squash, lemon, fruit, juices
7. Vegetables which are rich in protein, sodium and potassium such as dried peas, spinach etc.

Table 2: Weekly Diet Menu for Chronic Renal Failure [CRF] / Chronic Kidney Disease [CKD]

Day	Breakfast	Lunch	Dinner
Sunday	Porridge (Sagoo) Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Monday	Sagoo Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Tuesday	Semia Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Wednesday	Semia Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji (Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Thursday	Chuda Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Friday	Chuda Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Saturday	Rice Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji (Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar

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Note:

The diet menu is suggestive and may change as per the availability of the proposed items. The concerned dietician / medical officer would be the final authority to take appropriate decision on the menu without compromising the quality

Dry food

Food stuff	Amount
Milk	1000ml
Bread	400gms
Banana	2nos
Egg	2nos
Calorie	2055kcal
Protein	90gms

Food stuff	Breakfast	Lunch	Dinner
Milk	500ml		500ml
Bread	200gm		200gm
Banana		2nos	
Egg		2nos	

Annexure VI: Terms of Reference

**Terms of Reference for Outsourced Agency:
Draft Contract**

The "terms of reference" to be prepared by specific public health institutions should have the following points, apart from other details based on the requirement of the specific public health institution.

Invitation to Bid:

The Medical College Hospital, Cuttack / Burla / Berhampur/Koraput/ Balasore/ Baripada; District Headquarter Hospital of _____, Sub-Divisional Headquarters Hospital of _____ functioning under Department of Health and Family Welfare, Government of Orissa, invites tender from the eligible registered diet preparation and catering firm to prepare and distribute therapeutic and non-therapeutic diet in the concerned public health institution. Women Self Help Groups [SHGs] can also apply. The bid is asked as per the decision of Department of Health and Family Welfare for outsource the diet preparation and its services to the patients on annual contract basis to the eligible firms.

Introduction:

- > This bid is open to agency/agencies and women Self Help Groups [SHGs] satisfying the criteria laid down in this bid document who have the required operational experience in dietary services and its management.
- > The health institution will select an agency, in accordance with the method of selection specified in this bid document
- > The work details have been mentioned in this bid document for the reference of the bidder and preparing the bid document accordingly.

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- Interested Bidders are invited to submit a "Financial Bid" for providing services required for diet preparation and diet related services as per the standard norm and procedure of the Government of Orissa
- The hospital administration is not bound to accept any bid/s, and reserves the right to terminate the selection process at any time prior to the award of the contract, without showing any reason thereby. Keeping the greater interest of indoor patients in mind, the contract of the selected / awarded agency may also be terminated by the hospital administration if prescribed quality standards are not adhered to. However, hospital administration is not bound to show any reason for cancellation of the bidding process or termination of contract.
- The potential bidders can avail the tender / bid document from the office of the concerned health institution by paying Rs.2000/- for the bid document and another Rs.2000/- towards the processing fee of the bid. The amount paid towards the bid document and processing fee would be non-refundable. The cost of tender document and processing fee must be deposited along with the Bid documents by demand draft drawn in favour of " _____ " payable at _____. The Tender Document is not transferable to any other bidder.
- The bidder is expected to examine all instructions, forms, terms, specifications, and other information in the bid / tender document. Failure to furnish all information required for bidding or to submit the bid may be considered for rejection.
- The bidder would bear all costs in connection with the preparation of the bid and its submission. The hospital administration would not bear any bid preparation cost and cost for submission of the bid.
- In case of requirement, the hospital administration would provide required information, based on the request of the bidder, which is necessary for preparing the bid.

This bid / tender does not commit to award the contract or to engage any agency through negotiations. Further, no reimbursable cost may be incurred in anticipation of award and in such cases; hospital administration would not be responsible to bear such costs incurred by the bidder.

Eligibility Criteria:

- The bidder should have a registered / operating office in the district with staff strength not less than 10 members.
- The bidder / outsourced agency should have relevant experience in diet preparation, diet service and overall management of diet in hospital or similar Government and/ or non-Government establishments.
- The bidder should have a minimum of 3 years experience in diet preparation and its supply / services in public or private institutions.
- If the agency has provided similar type of services in any public /private health institution/s, it would be the added advantage. The agency should provide required evidence in this regard.
- The agency must be a registered body under appropriate law of the State or Central Government and having the documentary evidence in this regard.
- In case of Women SHGs, the hospital administration is free to take suitable decision and may consider relaxation in the overall eligibility criteria.

Number of Bids:

- The bidder can apply only one bid in this tendering / bidding process.
- In case if a single bidder submits multiple bids, either singly or in collaboration, all bids, except one that is most suitable as per the decision of the hospital administration would be liable for rejection.

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Bid Validity:

- The bid would remain valid for a period of 120 days from the date of submission.

Tenure of Contract:

- The selected agency / bidder would be initially contracted for a period of one year from the date of award of the contract. Based on the performance and feedback from different stakeholders, the contract may be renewed for another one year.

Payment Schedule:

- 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 or any such norms that is suggested and agreed upon mutually by the hospital administration and the outsourced agency / bidder.
- Hereby, it is mandatory for the health institution to pay the dues to the agency within the first seven working days of each month, based on the submitted 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.

Tender Fee:

All Bidders are required to pay Rs. 2000 (Rupees Two thousand only) towards Tender Fees in the form of Demand Draft drawn in favour of the _____. The Tender Fee is NonRefundable and cannot be claimed by the tendering agency.

Tender Processing Fee:

All Bidders are required to pay Rs. 2000 (Rupees Two thousand only) towards Tender Processing Fees in the form of Demand Draft drawn in favour of the _____. The Tender Processing Fee is Non-Refundable and cannot be claimed by the tendering agency.

Performance Bank Guarantee:

The agency, after selection, has to deposit "security money" in shape of Bank Guarantee amounting to Rs. _____ which should not be less than _____ % of the total reimbursable amount within one week of signing the contract. The Bank Guarantee would remain valid initially till the end of the initial contract period and extendable if the contract gets extended.

Last Date for Submission of Bid:

The bid would be submitted in an appropriate form in a sealed envelope on or before _____. The bids received after the due date would not be accepted and liable for rejection.

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Bid Withdrawal:

After the submission of the bid, if so wished by the bidder, s/he may withdraw the bid with a payment of non-refundable amount of Rs.2000/- towards withdrawal processing fee.

Right to Accept or Reject the Bid:

The administration of the concerned Health institution reserves the right to accept or reject any Bid and the bidding process and reject all such bids at any time prior to award of contract, without showing any reason there by.

Opening of Bids:

The bids would be opened on the specified date, time and venue in the presence of the persons nominated by the hospital administration and in presence of the bidders. The bidders would be requested to attend the bid opening and all present bidders shall put their signature on the bid as an evidencing of their attendance.

Bid Evaluation Criteria:

Tenders evaluation will be done

- a. Technical bid (Weightage 60%)
- b. Financial bid. (Weightage 40%)

Each bid to be submitted in separate sealed envelopes super-scribed "Technical Bid" and "Financial Bid" respectively. All these 2 envelopes along with envelope containing EMD should be put in another envelope marked as "Tender for Outsourcing of Hospital Patient Dietary Services for _____ sealed with sealing wax.

Disqualification:

The administration of the hospital, seeking this bid, reserves under its sole discretion to disqualify any bid document if;

1. The bidder submit the bid after the last date of submission of bid;
2. The bid document does not have the proof of similar nature of work in public / private health institutions or any such establishments of Government or Private agency.
3. No Registration certificate [photo copy] is attached to the bid document.
4. The bidder is blacklisted by any Govt. agency [declaration in this regard is to be given by the bidder]
5. No att achment of bank draft towards processing fee of Rs.2000/- and cost of the bid document amounti ng to Rs.2000/-.

Adequacy of Information:

Once the bidder submits the bid document, it will be assumed that the bidder have carefully examined

the bid document to his / her entire satisfaction. Once the agency is selected on the basis of its submitted bid, the agency would be responsible to fulfill his/her obligation as per the submitted bid.

Address for Submission of Bid:
The bid should be address to the following;

Clarification on the Bid:

In case the bidder seeks further clarification, s/he may contact the following designated person for correspondence and providing clarification on the bid.

Name:

Designation:

Telephone No.:

General Information to Bidder:

1. The successful bidder [also referred here as the agency or outsourced agency] would operate from the campus of the concerned health institution and required basic infrastructure would be provided by the health institution 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 bid, 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, at least once in three months.
5. The maintenance of kitchen and equipments 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 waist 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 person. The agency should not have any restriction to this rather the agency would facilitate such process to improve the service quality.

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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 before hand and maintained by the agency on daily basis. The financial and non-financial documents would be subject to audit.
13. The behaviour of the serving staff of the agency towards the patients should be conducive and disciplinary action would be taken by the hospital administration, in consultation with the concerned agency, against the person/s violating the behavioural norm.
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 designated person of the concerned health institution 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 is mutually agreeable.
18. The hospital administration reserves the right to cancel or renew the contract of the outsourced agency with prior notification of 7 days without assigning any reason thereof. The same condition is also applicable for the outsourced agency in case the agency wants to quit its service.
19. 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.

Services required:

1. Operation, Maintenance of Kitchen equipment including cooking & distribution of the cooked Food as per menu/diet chart to each hospital bed in specified tray and collection of dirty dishes from each bed to the Kitchen for cleaning and proper disposal of the hospital kitchen wastes on daily basis.
2. Providing of good quality hygienic and qualitative food to patients from the Kitchen where Kitchen should be conducted under conditions, which are controlled, thereby contributing to a reduction in the incidence of contamination in the hospital.
3. 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 each bed and maintaining record with log book / challan on daily basis.
4. Co-ordination with the hospital authority in arranging food/meal on day to day basis for patient and hospital needs.

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5. Setting up a comprehensive Kitchen facility within the space allocated in concerned health institution to fulfill requirements of Kitchen suitable for providing hygienic & qualitative meal to patients and to avoid any spread of unforeseen contamination.
6. Providing of the good service practice for Kitchen required under this contract should be performed in the Kitchen of the service provider so set up at health institution.
7. Keeping up In-house Kitchen & store functional round the year, to serve the breakfast, meal etc. as per requirement of the Hospital.
8. Ensuring of comprehensive Hospital Patient Dietary services with utmost care for all equipment and resultant services during the out sourced period.

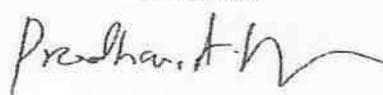
PENALTY CLAUSE:

1. A penalty of Rs.20,000/- shall be deducted for bad quality of food noticed during the inspection of hospital officials.
2. 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.
3. A penalty of Rs.5,000/- shall be deducted for not using the required quantity of meal/food by the service provider.
4. Rs.50/- per meal per person for shortfall of meal against the target output due to non-availability of manpower, raw material etc.
5. The amount of penalty shall be deducted from the bill of the bidder.

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