

Tender document for Diet Management in DHH, Sundargarh  
Department of Health & Family Welfare, Government of Orissa

**A 1.2.5 Diet for Cardio-Vascular Disorders**

Acute myocardial infarction or cardiac failure

**Salient features:** Low cholesterol, low fat (unsaturated), sodium restricted, low calories and frequent liquid feeds. Low & Modified Fat Diet for Atherosclerotic Conditions:

**Table 15: Diet by Calorie Norm for Cardio-Vascular Disorders**

SN	Particulars	Diet Specification	Quantum	
<b>A</b>	<b>1000 Calories liquid diet.</b>	Milk and milk products	750 ml.	
		Egg [white]	One	
		Fruit for juice	200 g.	
		Vegetables for soup	200 g.	
		Cereal (for porridge, bread)	150 g.	
		Sugar	20 g.	
		Oil (unsaturated )	10 g.	
		<b>Approximate Nutritive Value</b>		
		Calories		1020
		Protein		40 g.
		Fat		40 g.
		Carbohydrate		150 g.
		Sugar		20 g.
		Oil (unsaturated)		10 g.
	<b>Note:</b> Light tea, Coffee, jelly, sweet drinks can be given.			
<b>B</b>	<b>Maintenance Diet – 1800 Calories</b>	Milk and milk products	750 ml.	
		Egg [white]	One	
		Paneer / meat/chicken	30/50 g.	
		Fruit	200 g.	
		Dal	25 g.	
		Vegetables	400 g.	
		Cereal	200 g.	
		Sugar	20 g.	
		Oil (unsaturated )	15 g.	
		<b>Approximate Nutritive Value</b>		
		Calories		1815
		Protein		70 g.
		Fat		55 g.
		Carbohydrate		260 g.
Sodium		385 g.		
Potassium		2671 mg.		
	<b>Note:</b> Salt and foods in which salt or baking power has been added are to be avoided			
	<p><b>Foods to avoid:</b></p> <ol style="list-style-type: none"> <li>Glandular meat e.g. Kidney, liver and brain</li> <li>Whole milk, cream, ice cream and other preparations made out of whole milk</li> <li>Butter, ghee, hydrogenated fat, coconut oil, palm oil, Egg yolk, processed cheese</li> <li>Sweets of all kinds, cakes, pastries</li> <li>Dry nuts like almonds, walnut, groundnut, coconut</li> <li>Fried foods</li> <li>Cocoa and chocolate based drinks</li> <li>All aerated waters</li> <li>Alcohols and wines</li> </ol> <p>High sodium foods – (To be avoided if the person has hypertension and oedema)</p> <ol style="list-style-type: none"> <li>Bread, biscuits, eggs, cakes, pastries.</li> <li>Canned vegetables, soups and fruits.</li> <li>Salted or smoked fish, chicken, cheese etc.</li> <li>Salted nuts, peanut butter, salted pickles, <i>samosa</i> etc.</li> <li>Any other food in the preparation of which baking powder has been used</li> </ol>			

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**Note:** Green leafy vegetables have high sodium content and therefore should be consumed after boiling the vegetable and discarding the water.

Table 16: Weekly Diet Menu for Patients of Heart Disease			
Day	Breakfast	Lunch	Dinner
Sunday	Roti 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji(mixed)-150gm-Seasonal vegetable Chicken/fish-75 gm/Egg-2pc/ Paneer 50gm exchange	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Monday	Idli 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji(mixed)-150gm-Seasonal vegetable, Meal Maker/Sola curry/Besan curry Fruits-apple/orange/banana-one medium size	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Tuesday	Chakuli 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji(mixed)-150gm-Seasonal vegetable, Meal Maker/Sola curry/Besan curry Fruits-apple/orange/banana-one medium size	Roti Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Wednesday	Upama, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji(mixed)-150gm-Seasonal vegetable Chicken/fish-75 gm/Egg-2pc/ Paneer 50gm exchange	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Thursday	Chuda Puha, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji(mixed)-150gm-Seasonal vegetable, Meal Maker/Sola curry/Besan curry Fruits-apple/orange/banana-one medium size	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Friday	Roti 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji(mixed)-150gm-Seasonal vegetable Chicken/fish-75 gm/Egg-2pc/ Paneer 50gm exchange	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Saturday	Idli 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji(mixed)-150gm-Seasonal vegetable, Meal Maker/Sola curry/Besan curry Fruits-apple/orange/banana-one medium size	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
<b>Note:</b> 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			

#### A 1.2.6 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

Table 17: Diet by Protein Requirement			
SN	Particulars	Food Items	Quantum
A	20 g. Protein diet	Milk and Milk Products	200 ml.
		Egg/ Panner	One/30 g.
		Cereals	50 g

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		Potato or root vegetable	100 g
		Other vegetables	100 g
		Sago	100 g
		Arrowroot powder	100 g.
		Unsalted butter	25g
		Cooking fat	25 g
		Sugar	75 g
		<b>Approx Nutritive Value</b>	
		Calories	1900
		Protein	20 g
		Fat	60 g
		Carbohydrate	320 g
		Sodium	136 g
		Potassium	922 mg
		<b>Note:</b>	
		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>B</b>	<b>30 gm. Protein diet</b>	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
		Unsalted butter	25g
		Cooking fat	25g
		Sugar or glucose	50g
		<b>Approx Nutritive Value</b>	
		Calories	2070
		Protein	30 g
		Fat	70g
		Carbohydrate	330 g
		Sodium	225 mg
		Potassium	1545 mg
		<b>Note:</b>	
		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>C</b>	<b>40 gm. Protein diet</b>	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.
		Unsalted Butter	25 g.
		Cooking fat	25 g.
		Sugar	50 g.
		<b>Approximate Nutritive Value</b>	
		Calories	2155
		Protein	40 g.
		Fat	75 g.
		Carbohydrate	330 g.
		Sodium	230 mg.

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	Potassium	1552 mg.
<b>Foods to avoid in Renal disorders:</b> <ol style="list-style-type: none"> <li>1. Extra milk or milk products</li> <li>2. Meat, Fish, Chicken, extra egg etc.</li> <li>3. Pulses, extra cereals, legumes, peas, beans.</li> <li>4. Dry fruits, peanut, coconut, cashew nuts &amp; other nuts.</li> <li>5. Cakes, pastries, jam, jellies</li> <li>6. Squash, lemon, fruit, juices</li> <li>7. Vegetables which are rich in protein, sodium and potassium such as dried peas, spinach etc.</li> </ol>		

Table 18: 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
<b>Note:</b> 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			



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**A 1.2.7 High Protein High Calorie Diet:**

This type of diet is suitable for [1] Tuberculosis [2] Chronic fevers and infections [3] Post- surgical Cases and [4] Burns.

<b>Food Items</b>	<b>Quantum</b>
Cereals	400 g.
Pulses	50 g.
Roots & tubers	100 g.
Green leafy vegetables	200 g.
Other vegetables	200 g.
Eggs / Panner	2/60 g.
Fruit	200 g.
Milk & Milk Products	1 litre
Fats and oils	25 g.
Sugar	50 g.
Tea or coffee	7 / 15 g.
<b>Approximate Nutritive Value</b>	
Calories	3085
Protein	110 g.
Fat	85g.
Carbohydrate	470 g.
<b>Note:</b> Nutritive value of the diet may be further enhanced by addition of 100 gm. of full cream milk powder. Diet may also be supplemented with high protein foods.	

Annexure II: Diet Prescription Slip

**Diet Prescription Slip:**

Sl. No.		Date of Issue					
District		Institution Type		MCH	DHH		
Block / Sub-division				SDH	AH		
Patient's Name				CHC	PHC		
Patient's Age		Gender		Male	Female		
Diagnosed Disease		Diagnosis Date					
Name of the Doctor		Admission Date					
Expected days of stay		Expected Discharge Date					
<b>Prescribed Diet:</b>							
Date	Breakfast		Lunch		Dinner		Special Diet, if any
	Diet Type	Diet	Diet Type	Diet	Diet Type	Diet	
<p><b>Signature of the Dietician</b> Name: Place:</p> <p><b>Please mention the Diet Type by date:</b> [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric</p>							

**Specific colour code for specific disease and specific diet**

**Note:**

1. Use of **red colour** may kindly be avoided as it may create different impression in the mind of the patients.
2. Use of **Light Colour** is preferable in all the colour segments for different diet types.
3. For Liquid diet, soft diet and light diet, single unique or mixed colour can be used in a pattern mode i.e. original colour of therapeutic diet and colour of diet category. For Example, if colour of diet slip for cancer patient is green and liquid diet is having a water colour, the slip should have both the colours in a pattern i.e. top green and bottom with water colour or vice versa. Or the slip should have indication of both the colour. It will identify the patient type and diet type

SN	Diet Prescription Slip by patient types	Colour of the Slip	Remark
<b>A</b>	<b>Therapeutic Diet</b>		
A1	Diabetes Mellitus		Cyan
A2	Cardio-Vascular		Yellow
A3	Acute & Chronic Renal Diseases		Black
A4	Cancer		Cyan50% + Magenta50%
A5	TB and		Magenta 50%+ Yellow 50%
A6	Burning cases		Cyan 50% + Yellow 50%
A7	Paediatric		Magenta 50% + Black 50%



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<b>B</b>	<b>Specific Diet Type</b>		
B1	Liquid Diet		Yellow 25% + Black 25%
B2	Soft Diet		Magenta 50% + Yellow 100%
B3	Light Diet		Cyan 25 % + Yellow 100%
B4	Normal Diet		Magenta 50 % + Yellow 25 %
<b>C</b>	<b>Non-Therapeutic Diet</b>		Cyan 100% +Magenta 100%



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### Diet Slip for Diabetic Patients

Sl. No.		Date of Issue					
District		Institution Type	MCH	DHH			
Block / Sub-division			SDH	AH			
Patient's Name			CHC	PHC			
Patient's Age		Gender	Male	Female			
Diagnosed Disease		Diagnosis Date					
Name of the Doctor		Admission Date					
Expected days of stay		Expected Discharge Date					
<b>Prescribed Diet:</b>							
Date	Breakfast		Lunch		Dinner		Special Diet, if any
	Diet Type	Diet	Diet Type	Diet	Diet Type	Diet	
	Liquid Diet		Liquid Diet		Liquid Diet		
	Soft Diet		Soft Diet		Soft Diet		
	Light Diet		Light Diet		Light Diet		
	Normal Diet		Normal Diet		Normal Diet		
<p><b>Signature of the Dietician</b> Name: Place:</p> <p><b>Please mention the Diet Type by date:</b> [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric</p>							



### Diet Slip for Cardio-Vascular

Sl. No.				Date of Issue			
District				Institution Type		MCH	DHH
Block / Sub-division						SDH	AH
Patient's Name						CHC	PHC
Patient's Age				Gender		Male	Female
Diagnosed Disease				Diagnosis Date			
Name of the Doctor				Admission Date			
Expected days of stay				Expected Discharge Date			
<b>Prescribed Diet:</b>							
Date	Breakfast		Lunch		Dinner		Special Diet, if any
	Diet Type	Diet	Diet Type	Diet	Diet Type	Diet	
	Liquid Diet		Liquid Diet		Liquid Diet		
	Soft Diet		Soft Diet		Soft Diet		
	Light Diet		Light Diet		Light Diet		
	Normal Diet		Normal Diet		Normal Diet		
<p><b>Signature of the Dietician</b> Name: Place:</p> <p><b>Please mention the Diet Type by date:</b> [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric</p>							

### Diet Slip for Acute & Chronic Renal Diseases

Sl. No.				Date of Issue			
District				Institution Type		MCH	DHH
Block / Sub-division						SDH	AH
Patient's Name						CHC	PHC
Patient's Age				Gender		Male	Female
Diagnosed Disease				Diagnosis Date			
Name of the Doctor				Admission Date			
Expected days of stay				Expected Discharge Date			
<b>Prescribed Diet:</b>							
Date	Breakfast		Lunch		Dinner		Special Diet, if any
	Diet Type	Diet	Diet Type	Diet	Diet Type	Diet	
	Liquid Diet		Liquid Diet		Liquid Diet		
	Soft Diet		Soft Diet		Soft Diet		
	Light Diet		Light Diet		Light Diet		
	Normal Diet		Normal Diet		Normal Diet		
<p><b>Signature of the Dietician</b> Name: Place:</p> <p><b>Please mention the Diet Type by date:</b> [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric</p>							



### Diet Slip for Cancer

Sl. No.					Date of Issue			
District					Institution Type		MCH	DHH
Block / Sub-division							SDH	AH
Patient's Name							CHC	PHC
Patient's Age					Gender		Male	Female
Diagnosed Disease					Diagnosis Date			
Name of the Doctor					Admission Date			
Expected days of stay					Expected Discharge Date			
<b>Prescribed Diet:</b>								
Date	Breakfast		Lunch		Dinner		Special Diet, if any	
	Diet Type	Diet	Diet Type	Diet	Diet Type	Diet		
	Liquid Diet		Liquid Diet		Liquid Diet			
	Soft Diet		Soft Diet		Soft Diet			
	Light Diet		Light Diet		Light Diet			
	Normal Diet		Normal Diet		Normal Diet			
<p><b>Signature of the Dietician</b> Name: Place:</p> <p><b>Please mention the Diet Type by date:</b> [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric</p>								

### Diet Slip for TB and

Sl. No.					Date of Issue			
District					Institution Type		MCH	DHH
Block / Sub-division							SDH	AH
Patient's Name							CHC	PHC
Patient's Age					Gender		Male	Female
Diagnosed Disease					Diagnosis Date			
Name of the Doctor					Admission Date			
Expected days of stay					Expected Discharge Date			
<b>Prescribed Diet:</b>								
Date	Breakfast		Lunch		Dinner		Special Diet, if any	
	Diet Type	Diet	Diet Type	Diet	Diet Type	Diet		
	Liquid Diet		Liquid Diet		Liquid Diet			
	Soft Diet		Soft Diet		Soft Diet			
	Light Diet		Light Diet		Light Diet			
	Normal Diet		Normal Diet		Normal Diet			
<p><b>Signature of the Dietician</b> Name:</p>								



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Place:

**Please mention the Diet Type by date:**  
[1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic;  
[6] Diet for CRF/CKD; [7] Diet for Paediatric

### Diet Slip for Burning cases

Sl. No.		Date of Issue		MCH	DHH	
District		Institution Type		SDH	AH	
Block / Sub-division				CHC	PHC	
Patient's Name		Gender		Male	Female	
Patient's Age		Diagnosis Date				
Diagnosed Disease		Admission Date				
Name of the Doctor		Expected Discharge Date				
Expected days of stay						
<b>Prescribed Diet:</b>						
Date	Breakfast		Lunch		Dinner	Special Diet, if any
	Diet Type	Diet	Diet Type	Diet	Diet Type	
	Liquid Diet		Liquid Diet		Liquid Diet	
	Soft Diet		Soft Diet		Soft Diet	
	Light Diet		Light Diet		Light Diet	
	Normal Diet		Normal Diet		Normal Diet	
 <b>Signature of the Dietician</b> Name: Place:						
<b>Please mention the Diet Type by date:</b> [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric						

### Diet Slip for Paediatric

Sl. No.		Date of Issue		MCH	DHH	
District		Institution Type		SDH	AH	
Block / Sub-division				CHC	PHC	
Patient's Name		Gender		Male	Female	
Patient's Age		Diagnosis Date				
Diagnosed Disease		Admission Date				
Name of the Doctor		Expected Discharge Date				
Expected days of stay						
<b>Prescribed Diet:</b>						
Date	Breakfast		Lunch		Dinner	Special Diet, if any
	Diet Type	Diet	Diet Type	Diet	Diet Type	
	Liquid Diet		Liquid Diet		Liquid Diet	
	Soft Diet		Soft Diet		Soft Diet	
	Light Diet		Light Diet		Light Diet	
	Normal Diet		Normal Diet		Normal Diet	
 <b>Signature of the Dietician</b>						



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Name:
Place:
<b>Please mention the Diet Type by date:</b> [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric

**Diet Slip for Non-Therapeutic Diet**

Sl. No.		Date of Issue					
District		Institution Type	MCH	DHH			
Block / Sub-division			SDH	AH			
Patient's Name			CHC	PHC			
Patient's Age		Gender	Male	Female			
Diagnosed Disease		Diagnosis Date					
Name of the Doctor		Admission Date					
Expected days of stay		Expected Discharge Date					
<b>Prescribed Diet:</b>							
Date	Breakfast		Lunch		Dinner		Special Diet, if any
	Diet Type	Diet	Diet Type	Diet	Diet Type	Diet	
	Liquid Diet		Liquid Diet		Liquid Diet		
	Soft Diet		Soft Diet		Soft Diet		
	Light Diet		Light Diet		Light Diet		
	Normal Diet		Normal Diet		Normal Diet		
<b>Signature of the Dietician</b> Name: Place:							
<b>Please mention the Diet Type by date:</b> [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric							





**Annexure IV: Stock Issue Register**

**Stock Issue Register:**

Month	Date	Voucher / Bill No	Particular	Received		Issued		Balance Stock	Remark
				QT.	Price	Date	QT		

**Annexure V: Indent Slip**

**Indent Slip:**

Date:

Ward:

Diet Time	Diet Type	No. of Persons
Breakfast		
Lunch		
Dinner		
Signature		

## 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.*

#### VI.1 Invitation to Bid:

The District Headquarter Hospital, Sundargarh, functioning under Department of Health and Family Welfare, Government of Odisha, 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. **NGO like same type of experience is preferable.** 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. Authority is not bound to accept the lowest price quoted by the bidder.

#### VI.2 Introduction:

1. Bidders have to apply separate sealed envelope written above Technical Bid & Financial Bid.
2. The health institution will select an agency, in accordance with the method of selection specified in this bid document
3. The work details have been mentioned in this bid document for the reference of the bidder and preparing the bid document accordingly.
4. 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.
5. 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 in-door 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.
6. The potential bidders can avail the tender / bid document from the office of the concerned health institution by paying Rs.2500/- (Two Thousand Five Hundred only) for the bid document. 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 **Rogi Kalyan Samiti, DHH, Sundargarh** payable at **Sundargarh SBI Main Branch** The Tender Document is not transferable to any other bidder.

7. 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 consider for rejection.
8. 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.
9. 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.
10. 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.
11. Successful Bidder permitted to open the Canteen for the open the canteen at the hospital provided place to the Patient attendant & Hospital staffs in the subsidised rate. Cost of Meal rate will finalised by the Rogi Kalyan samiti, DHH, Sundargarh. The bidder will submit the amount Rs 25,000.00 (Twenty five thousand rupees only) annually at Rogi Kalyan Samiti, Sundargarh for annual fee. The fee will increase 20 % in every year.

**VI.3 Eligibility Criteria:**

1. The bidder should have a registered / operating office in the district with staff strength not less than 10 members.
2. 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.
3. The bidder should have a minimum of 3 years experience in diet preparation and its supply / services in public or private institutions.
4. 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.
5. The agency must be a registered body under appropriate law of the State or Central Government and having the documentary evidence in this regard.
6. In case of Women SHGs, the hospital administration is free to take suitable decision and may consider relaxation in the overall eligibility criteria.

**VI.4 Number of Bids:**

1. The bidder can apply only one bid in this tendering / bidding process.
2. 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.

**VI.5 Bid Validity:**

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

**VI.6 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.

**VI.7 Payment Schedule:**

1. 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.
2. 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.

**VI.8 Tender Fee:**

All Bidders are required to pay Rs. 2500/- (Two thousand Five hundred only) towards Tender Fees in the form of Demand Draft drawn in favour of the RKS, DHH, Sundargarh. The Tender Fee is Non-Refundable and cannot be claimed by the tendering agency.

**VI.10 Performance Bank Guarantee:**

The Bidder have to submit EMD Rs 5,000/- (Five thousand only) in shape of Demand Draft, Favour of **Rogi Kalyan Samiti, DHH, Sundargarh, Payable at Sundargarh SBI, main Branch** along with application form. Unsuccessful bidder will get refund the EMD within 30 day of complete of tender process. Any information given by the bidder found by the authority the EMD will be forfeited. Performance Security shall be 5% of annual contract value. The successful bidder shall deposit the balance amount (after adjustment of EMD) towards performance security in the form of Demand Draft (DD) in favour of RKS, DHH, Sundargarh, payable at Sundargarh institution wise within 21 days of notification of award or execution of contract, whichever is earlier.

**VI.11 Last Date for Submission of Bid:**

The bid would be submitted in an appropriate form to the CDM&PHO, Sundargarh in a sealed envelope on or before 29.05.18, at 05.50 PM. The bids received after the due date would not be accepted and liable for rejection.

**VI.12 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.500/- towards withdrawal processing fee.

**VI.13 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. Without any self attested/ signed supporting document, tender paper Cost & EMD the bid will cancel.

**VI.14 Opening of Bids:**

The bids would be opened on the dt. 30.5.18 at 11.50 pm at the Office Chamber of CDM& PHO, Sundargarh 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.

**VI.15 Bid Evaluation Criteria:**

The bids would be evaluated on cost and quality basis i.e. the cost quoted by the bidder for each category of diet to be supplied to the patients in the hospital. The lowest quoted bidder adhering to the specified quality would be awarded the contract.

**VI.16 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. Valid Agency Registration certificate
3. 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
4. No Registration certificate [photo copy] is attached to the bid document
5. The bidder is blacklisted by any Govt. agency [declaration in this regard is to be given by the bidder]
6. No attachment of bank draft towards Tender paper fee of Rs.2500/- and EMD of Rs 5,000 in favour of RKS, DHH, Sundargarh.

**VI.17 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 fulfil his/her obligation as per the submitted bid.

**VI.18 Address for Submission of Bid:**

The bid should be address to the following;

Chief District Medical Officer, District Head Quarter Hospital, Sundargarh, All bid will reach by Speed post or Registered post only on or before 29.05.2018 5pm.

**VI.19 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: Dr Dillip Kumar Sarangi

Designation: District Medical Officer (MS)-cum-Suprintendant, DHH, Sundargarh

**VI.20 General Information to Bidder:**

1. Unsatisfactory performance by the successfully assigned bidder, authority right to reserve forfeits the E.M.D.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. The health institution would have the right to monitor the quality of items purchased and used in the diet preparation process.
11. The agency would manage kitchen waist in a scientific manner with due consultation with the concerned hospital administration.
12. 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.
13. 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.

14. 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.
15. 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.
16. 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.
17. 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.
18. 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.
19. 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.
20. 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.

**VI.21 Financial Proposal Form:**

SN	Diet Type	Cost per Meal			Cost per patient per day
		Break fast	Lunch	Dinner	
1	General Diet				
2	Diabetic Diet				
3	Diet for Patients suffering from heart disease				
4	Diet for CRF / CKD				
5	Full Liquid Diet				
6	Semi Solid Diet				
	<b>Average Cost</b>				

**Signature**

[Name and designation of the person signing on behalf of the agency]

Date & Place

Name of the Bidder / Applicant

