



**Commissioner, Health Services and
Mission Director, National Health Mission**

Public Health Department, Govt. of Maharashtra



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No.: NHM/Quotation/Ahaar seva portal/2026-27 122578

Date : 2 /09/2026

**Sub : Invitation of quotation for "Development, Implementation and Maintenance of
Web-Based "Ahaar Seva Portal."**

Sealed quotations are hereby invited from reputed, experienced and technically competent **IT Software Development Agencies / System Integrators / Software Development Companies** for **Development, Implementation, Deployment, Training, Support and Maintenance** of the **"Ahaar Seva Portal"**.

The proposed portal shall provide an end-to-end, centralized, transparent and role-based digital platform for registration, scrutiny, scoring, selection, empanelment, work-order management, billing, penalties, inspection, monitoring and grievance redressal of Women Self-Help Groups (SHGs) providing diet services in Public Health Department Hospitals having fewer than 200 beds.

1. Scope of Work- attached with this letter.

2. Eligibility Criteria

The bidder/agency should:

1. Be a legally registered entity/company/firm.
2. Have experience in **web portal/software application development and implementation.**
3. Have experience in development/implementation of Government/PSU/large institutional IT projects, preferably involving dashboards, assessment systems or hospital/healthcare applications.
4. Possess valid **GST registration** and PAN.
5. Submit details of similar completed/ongoing projects along with work orders/completion certificates.
6. Not have been blacklisted/debarred by any Central/State Government Department, Government organization or PSU.

3. Documents to be submitted

The quotation shall be accompanied by:

- Registration/Incorporation Certificate.
- PAN Card.
- GST Registration Certificate.
- Copies of relevant work orders/completion certificates.

- Technical proposal/work plan.
- Financial quotation.
- Declaration regarding non-blacklisting.

4. Financial Quotation

The bidder shall quote the rates in the prescribed format, clearly indicating:

Sr. No.	Particulars	Amount (Rs.)
1	Development / Customization of Ahaar Seva Portal	
2	Implementation & Deployment	
3	UAT, Testing & Go-Live Support	
4	Integration/API Development	
5	Warranty / Initial Support	
6	Annual Maintenance & Technical Support – Year 1	
Subtotal		
GST		
Grand Total including GST		

The quoted rates shall be inclusive of all applicable charges, duties, taxes, manpower, development, implementation and other incidental expenses, except GST, which shall be shown separately.

5. Contract Period

The initial contract period shall be **1 years** from the date of issuance of Work Order/Agreement. The maintenance period shall be as specified in the Work Order/Agreement.

6. Important Conditions

1. The Department reserves the right to accept or reject any or all quotations without assigning any reason.
2. The lowest financial quotation shall not automatically confer the right for award of work.
3. The Department may evaluate the quotation on the basis of technical capability, experience, proposed methodology, functionality and financial quotation.
4. The agency shall maintain confidentiality of all departmental information and data.
5. The agency shall provide adequate technical support during the entire contract period.
6. The final scope, number of hospitals, hosting requirements, SLA and payment terms shall be finalized by the Department before/at the time of award of work.
7. Any additional functionality shall be undertaken only with prior written approval of the competent authority.
8. The total expenditure shall be restricted to the **approved budgetary provision** and applicable financial rules/orders of the Government.
9. The work shall be carried out strictly as per directions of the Public Health Department/National Health Mission.

7. Submission of Quotation

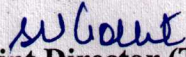
Interested eligible agencies may submit their **Technical and Financial Quotation** in sealed cover superscribed:

“QUOTATION FOR DEVELOPMENT, IMPLEMENTATION AND MAINTENANCE OF WEB-BASED AHAAR SEVA PORTAL”

8.Submission Details

You are requested to provide your offer latest by 2.00 pm hours on 09.09.2026

1. Quotations to be submitted to the office of State Health Society Maharashtra, Arogya Bhavan, 2nd floor, St. George Hospital Compound, P.D'mello Road, Mumbai-400 001.
2. Quotations will be open in the presence of the committee at 3.30 PM on 09.09.26 in the office of the Arogya Bhavan, 1st floor, St. George Hospital Compound, P.D'mello Road, Mumbai-400 001.
3. We look forward to receiving your quotations for your interest in this project.


Joint Director (T)

National Health Mission, Mumbai.

Scope of Work: Ahaar Seva Portal

Project Title: Development and Implementation of a Web-Based System for Selection, Empanelment and Monitoring of Women Self-Help Groups Providing Diet Services in Public Health Department Hospitals with Fewer than 200 Beds

Department: Public Health Department, Government of Maharashtra

Reference: Government Resolution No. Prashama-2025/Pr.Kr.171/RSA (Unique Code 202608041011337417), dated 04 August 2026

Technology Stack: Java 21 / Spring Boot 3.5, React 18 + TypeScript, PostgreSQL 16

1. Project Background & Need

Patients admitted to district, sub-district, rural and other hospitals under the Public Health Department require clean, safe, nutritious and timely diet as an integral part of treatment. Under the Maharashtra State Women's Policy 2024, the Government has decided to provide diet services in hospitals with fewer than 200 beds through eligible women Self-Help Groups (SHGs) registered under the Maharashtra State Rural Livelihoods Mission (MSRLM). The GR prescribes a transparent, performance-based selection process, committee-driven monitoring, fixed rates and a penalty regime. Administering this manually across every district would repeat the familiar problems of paper processes: opaque scoring, delayed selections, unverifiable documents and no consolidated view for the state. The Ahaar Seva Portal is a centralized, web-based platform that digitizes the entire lifecycle prescribed by the GR — from SHG registration to selection, work orders, monthly billing, penalties and monitoring.

2. User Roles & Access Hierarchy

The system is built with role-based access control (RBAC) mirroring the GR's administrative structure:

- Tier 1 — SHG: self-registration with OTP verification, application submission, document upload, objections, work-order acceptance, visibility of bills and penalties, complaints.
- Tier 2 — Hospital (Medical Superintendent, Dietician): monthly service certification, inspections, menu and quality compliance checks.
- Tier 3 — District Committee (Civil Surgeon as Chairperson, RMO (External) as Member Secretary, MSRLM District Mission Manager, Chief Administrative Officer, Dietician): scrutiny, scoring, selection proceedings, work orders, penalties, contract actions.
- Tier 4 — Division (Deputy Director, Health Services): approval or return of work orders; quarterly performance review across districts.
- Tier 5 — State (Assistant Director – Hospitals / Administrator): statewide dashboards, master data and user administration.

3. Technical Architecture

The system follows a layered architecture with the business logic separated from the web and data layers, delivered as a single self-contained deployable.

3.1 Technology Stack Particulars

- Backend: Java 21 with Spring Boot 3.5 (Web, Data JPA, Security, Validation); Flyway for versioned database migrations.

- Frontend: React 18 with TypeScript, compiled to static assets served by Spring Boot — a single JAR deployable with no Node.js at runtime.
- Database: PostgreSQL 16 with a normalized schema covering the full GR workflow.
- Identity: token-based authentication with server-side session controls; OTP-based mobile verification for SHG self-registration.
- Workflow: state-machine logic for the application, selection, work-order and billing lifecycles, matching the stages defined in the GR.

4. Comprehensive Functional Modules

Module A: SHG Registration & Application

- SHG self-registration from the login page with OTP-based mobile verification.
- Capture of the GR's baseline eligibility criteria: MSRLM registration with minimum 2 years of operation, Grade 'A' or 'B', minimum 10 members, active bank account with regular savings, regular General Body / Executive Committee meetings, and the General Body resolution approving participation.
- Application to the concerned hospital within the notified application window (server-enforced).
- Compulsory document upload: registration proof, grading certificate, bank statement, resolution (Tharav), experience certificates.
- Draft-and-resume support so an SHG can complete its application across sittings.

Module B: Scrutiny, Scoring & Rule Engine

This module enforces the GR's norms in code:

- Document scrutiny workflow for the district committee with per-document verification status and objection remarks.
- The 100-mark Performance Based Selection framework: SHG Performance (25), Food & Entrepreneurship Experience (25), Manpower & Skill (15), Financial Capability (25), Social Standing (10), with each sub-criterion scored to its GR maximum.
- Automatic cutoffs: 80+ marks eligible for the panel, 70–79 wait-listed, below 70 ineligible.
- Validation logic: scores cannot exceed sub-criterion maxima; applications outside the window or with missing mandatory documents are auto-flagged.

Module C: Merit List, Selection & Objections

- Merit list of a maximum of 10 eligible SHGs per health institution, in descending order of marks.
- Publication of provisional ranking with an objection window; recording and disposal of objections.
- Selection of the first-ranked SHG by the district committee in a recorded proceeding (minutes are final); tie-break by lottery.
- Fallback chain per the GR: 70–79 scorers when ten 80+ SHGs are unavailable, then adjacent/nearby talukas, then other talukas of the district.
- Wait-list promotion when a selected SHG declines, fails to start, or is removed.

Module D: Work Order Management (to & fro workflow)

- Work-order preparation at district level, submission to the Deputy Director, approval or return with remarks for resubmission, issuance, and SHG acceptance.
- Validity of one year, extendable by one year on satisfactory performance.
- Termination workflow with show-cause notice and hearing for persistent poor performance, permanent disqualification, and immediate replacement from the wait list.

Module E: Operations, Billing & Penalties

- Monthly service certification by the hospital for each SHG.
- Bill computation at the GR rates: Rs. 145 basic diet cost + Rs. 29 (20% incidentals) + minimum 10% profit (Rs. 17.40) = Rs. 191.40 per patient per day, plus GST as applicable.
- Automatic application of the GR penalty schedule: late distribution (Rs. 500/occasion), diet not served or insufficient (Rs. 290/patient/meal), hygiene/FSSAI violations (Rs. 1,000–5,000), menu deviation (Rs. 500/occasion), and an additional 10% of the month's bill for three or more repeat lapses in a month.
- Persistent Poor Performance flagging when penalties exceed 15% of the bill in two consecutive months, feeding the termination workflow.

Module F: Monitoring, Inspections & Complaints

- Monthly inspection records for the district committee; quarterly performance review for the divisional committee.
- Compliance tracking against FSSAI norms, nutrition standards, hygiene rules and the approved diet chart.
- Complaint registration, tracking and resolution for SHGs, hospital staff and committee users.

5. Advanced System Features

Feature	Detail
Audit Trail	Tamper-resistant log of every action (login, submit, score, approve, penalty) with user, timestamp and detail; audit detail is serialized so hostile input cannot corrupt or roll back entries.
OTP & SMS Alerts	OTP-based mobile verification for SHG registration; SMS notifications at every stage (submission, selection, work order, billing). Gateway integration point built in, enabled when the department provides credentials.
Document Vault	Uploaded documents (PDF/JPG/PNG) are content-verified (magic-byte checks), stored securely, and served with sanitized filenames; antivirus hook point provided.
Marathi-first UI	Bilingual Marathi/English interface designed for field use by SHG members and hospital staff.
Login Protection	Throttling of failed logins (5 attempts per username+IP, 15-minute lock) with timing-equalized responses; server-side password policy.

Feature	Detail
Application Window Control	Application submission is accepted only within the dates notified under the GR, enforced server-side.
Grievance Redressal	Integrated complaint module for SHGs, hospital staff and committee users, with tracking and resolution workflow.

6. Dashboard and MIS

- Role-scoped dashboards at state, division, district, hospital and SHG level.
- Counts and drill-downs for applications received, scored, selected, wait-listed and rejected; work orders by status; certified months, bills and penalties.
- District-wise and division-wise comparisons for committee meetings and state review.

7. User Management and Security

- Role-based access control for all tiers, with district/division scoping enforced on every endpoint — a district user cannot view or act on another district's records.
- Complete audit trail and log management.
- Hardened production posture: startup guards reject weak or development secrets; seeded users receive random one-time passwords unless explicitly configured.

8. Deliverables

- Full source code (Java / Spring Boot backend, React frontend).
- Database schema with versioned Flyway migration scripts.
- Single self-contained deployable JAR with build and configuration instructions.
- Seeded demo/UAT environment covering every role and every lifecycle state (application, wait list, work order, billing, penalty, complaint, inspection) for department review.
- User guide covering each role's workflows.

9. Implementation & Delivery Milestones

The application has been developed and is functional end to end. The remaining milestones are sequenced below; their timing is driven by departmental inputs rather than development effort:

1. Department review and UAT on the seeded demo environment; incorporation of review feedback.
2. Master data finalization: confirmed list of hospitals with fewer than 200 beds, talukas and committee users for each district.
3. Integration enablement as the department provides access: LOKOS/MSRLM MIS data sharing, SMS gateway credentials, and departmental SSO.
4. Go-live, with a pilot district if the department prefers a phased rollout.