



MATERNAL NUTRITION

Facilitator Guide for SHG Meetings



Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)

Ministry of Rural Development, Government of India

Dear Facilitator

This facilitator guide on "Maternal Nutrition", is designed to help all facilitators under State Rural Livelihood Missions (SRLMs) in rolling out the Flipbook and disseminating key messages within the SHG groups and other community cadres. This session is part of a training package on Food, Nutrition, Health and WASH (FNHW) consisting of Flip books, Facilitator guides, Posters, Counselling Cards and Stickers.

The objective of this training is to gain knowledge to improve the health and nutrition care practices during prenatal and postnatal period. This knowledge will consequently help to adopt better behavior and practices that will improve the nutritional and health status of pre and post-natal mothers. We all know that better health and nutrition results in higher productivity leading to reduction in poverty and improvement in quality of life.

It should be kept in mind that this orientation package, although meant for SHG women, should serve as reference material for the entire family. Information provided under each session through flipbooks and this guide should be seen as collective learning for the family, and each member of the family needs to play their part to ensure that the messages are adopted by them in everyday lives.

The responsibility of getting these behaviors imbibed does not lie with women only; the men/husbands/older boys in the family need to ensure making arrangements for whatever is required to follow these practices on FNHW.

Objectives

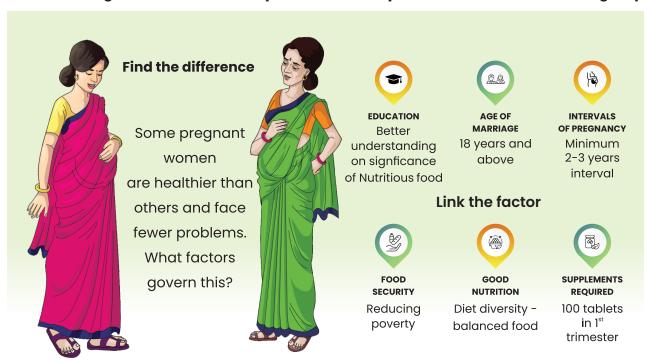
After going through the module, the facilitator will be able to:

- Explain the significance of maternal nutrition including requirement of extra and diverse nutrition during prenatal & postnatal conditions.
- Explain the need of supplements (IFA and Calcium) for pregnant and lactating women.
- Understand the role of family members in creating an enabling environment for a supportive maternal nutrition and care system.

Initiate the session with discussions on the following points with the group

- Prenatal and postnatal period is one of the most crucial stages of the life cycle.
- It is a growth phase and hence nutritional demand is more during this time.
- The unborn child is completely dependent on the health and wellbeing of the mother.
- A healthy child and mother are an asset to the family, community and to the nation.

Look at the figure below, read the question carefully and discuss them with the group



- Some pregnant women are healthier than others. They don't face any difficulty during delivery and deliver healthy babies, why?
- Why is a balanced diet and proper nutrition important for pregnant woman?
- Why pregnancy & lactation demand extra nutrition?

Case Study

Kamala is 18-year-old and is 3 months pregnant, carrying her second child while her elder daughter is one year old. She has to work in the farm along with her mother-in-law and husband, cook for the family and parallelly breast feed her daughter. In the midst of the household chores, Kamala rarely finds time to feed herself with one nutritious meal or rest even for a while. Even though from an agricultural family, her food plate is lacking diversity and missing the important food groups. Moreover, she is yet to meet the ANM/ASHA or even the Anganwadi worker and thus her pregnancy is not registered till now.

Her elder sister who is an ANM Didi visits her after a long time, observes her condition and is worried about her. She decides to sit with her husband for a discussion. What would be her points to discuss with her husband?

- Is Kamala's situation favorable for her health and wellbeing?
- ▶ What are the factors which may be detrimental to her nutritional status and health vulnerability?
- What are the barriers that a family/women may face in providing appropriate nutrition and health care during pregnancy?

Note: Do not provide any answers here. Just listen to what the group has to say. Remind the group of the malnutrition cycle discussed in the session on 1000 days.

Messages

- Pregnant women become vulnerable to diseases when their age at marriage is less, gap between children is less, dietary diversity is poor, fed with poor nutritious meal under hard working circumstances.
- When girl children are fed with less diversity in their diets and poor nutritious meal in their growing age, they tend to develop as weak adolescents who enter into weak motherhood.
- Recognize key factors that contribute to a healthy, well-nourished child, teenager, adult woman, pregnant woman, lactating woman and new born.

Step 1: Initiate discussion with the group and tell them about the golden rules for maternal nutrition



Consume atleast one food item from each of 5 recommended food groups with trimester during Roti/Rice, daily.



Consume adequate quantity of diet as per pregnancy.



From 4th month of pregnancy, take 1 IFA tablet daily, with water/lime juice before sleeping at night.



From 4th month of pregnancy, take 2 calcium tablets daily.



Maintain proper hygiene



weight gain on regular basis.

a. Diet Diversity: Consume at least Five Food Groups in a Day

As a first rule, explain the group about the 10 food groups and the minimum 5 food groups which should be consumed by pregnant and lactating mothers. While taking this session, start with a Quiz, read out the options and let the participants select the correct answer. Explain the correct answer on the basis of what you read in this chapter.

Group No.	Food Group	Benefits of Food Groups
1.	Cereals and Roots	Provides energy to perform daily tasks
2.	Pulses and Beans	for physical development
3.	Dry Fruits and Seeds	For physical development and fighting diseases
4.	Milk and Milk products	For strength of teeth and bones
5.	Meat and Fish	To provide energy, increase physical development and blood
6.	Eggs	For physical growth and sharp mind
7.	Green Leafy Vegetables	To increase blood and fight diseases
8.	Red-Yellow Fruits & Vegetables	For healthy eyes and fight diseases
9.	Other Vegetables	To fight diseases
10.	Other Fruits	To fight diseases



1. Pulses and animal foods are good sources of;

- a. Carbohydrates
- b. Calcium
- c. Vitamins
- d. Proteins



- 2. As an alternate vegetarian pregnant woman is advised to consume more;
 - a. Eggs b. Milk & dairy products c. Green leafy Vegetables d. Nuts & Oilseeds
- 3. Fruits and vegetables are good sources of;
 - a. Vitamins b. Proteins & amino acids c. Vitamins & Minerals d. Fats
- 4. Yellow fruits and vegetables are good sources of;
 - a. Vitamin B b. Vitamin A c. vitamin E d. Vitamin D
- 5. Pregnant and lactating women are advised to consume one food from each of the 5 food groups daily along with;
 - a. Water/Salt b. Roti/Rice c. Nuts/fats d. Fruits/vegetables

Explain the importance of diet diversity through this video.



Dietary diversity increases the nutrient density especially during special conditions like pregnancy because each food group has different composition of nutrients, which will be made available to the body when more variety in food intake is included

Case Study 2

Anjali is 19-year-old, is 5 months pregnant and a very poor eater. She works in Geetha Didi's house helping in all the domestic household work. Anjali eats very little, does not eat on time and is very choosy towards foods including fruits, vegetables, milk and dairy products. ANM Didi during her home visits, found Anjali to be in the underweight category, looking pale, dull and weak. She asked her to report to VHSND. Anjali keeps skipping to attend VHSND where food demonstrations and counselling on nutrition for pregnant and lactating mothers happen regularly. One day Anjali fainted in her workplace and Geetha Didi was worried about her condition and took her to the primary health center. The doctor examined her and said that her weight is much less than expected, she has anemia and her hemoglobin level is very low. She also looked very malnourished. The doctor advised her that if this condition continues, she might be adding complications to her delivery, adding risk to the fetus' life and to her own life.

- Let the participants give their opinion, whether Anjali's situation is favorable for her health and wellbeing?
- What was wrong with Anjali? How can you help her?

b. Increased quantity of nutritious food, based on pregnancy trimester

The second rule is about the quantity of food required based on pregnancy trimesters. Explain through the illustration below that requirement of food for pregnant and lactating women is more than normal, which should be followed for the health and adequate growth of the mother and child.



Why extra nutrition?

Body goes through lots of physical and hormonal changes during pregnancy. To fuel the mother and her growing baby, good food choices including a balanced diet from a variety of food sources is to be made. The food she eats is her baby's main source of nourishment, so it's critical to get all of the nutrients she needed. A nutrient-rich maternal diet before and during pregnancy is associated with improved fetal health, more appropriate birth weight, and increased rates of maternal and infant survival. Protein is critical for ensuring the proper growth of baby's tissues and organs, including the brain. It also helps with breast and uterine tissue growth during pregnancy. It even plays a role in your increasing blood supply, allowing more blood to be sent to your baby.

C. Consumption of IFA Supplements

Inform the participants that there is an increased requirement of iron during pregnancy and lactation and it is very essential to meet this requirement through IFA tablets which are freely available at health centers or from ASHA/A.N.M and Anganwadi workers.

Iron-folic acid (IFA) supplementation during pregnancy can effectively reduce the risk of iron deficiency and anemia and improve gestational outcomes. Women face increased iron requirements during pregnancy, and folic acid is necessary for the healthy development of the fetus. In the antenatal care package, daily IFA supplementation is a key intervention. The required amounts is usually not fulfilled by the diet intake and the requirements are increased, therefore the need for IFA should be emphasized.

- Ask the pregnant woman if she is taking the iron tablets regularly.
- Explain to her the benefits and remind her what not to do;
 - Consumption of IFA tablets reduces anemia and decreases other difficulties during pregnancy.
 - It helps in cognitive development of unborn child (foetus)

- From the 4th month of pregnancy, consume 1 IFA tablet with water or lime juice, before sleeping at night daily.
- Have citrus fruits (Orange, Guava, Lemon, etc) to increase iron absorption.
- Consume 180 tablets from the 4th month of pregnancy till the time of delivery.
- Continue consumption of 1 IFA tablet daily for 6 months after birth of child;
 - Do not take it with tea or milk.
 - Do not take it together with calcium tablets.
 - Do not drink tea/coffee I hour before or after taking the tablets.

D. Consumption of Calcium Supplements

Ask the pregnant woman if she is taking calcium tablets regularly. Inform the group that consumption of calcium is necessary for you and your child's health. It will help reduce the possibility of high blood pressure in pregnancy related complications. High blood pressure is dangerous for both mother and child. Calcium is also important for the growth of bones and teeth of your child. A woman needs a lot of calcium during pregnancy, which she can't get from the food items she consumes. Therefore, it is necessary to supplement calcium tablet along with calcium rich food in pregnancy. Remind her on what to do and what not to do.

- From the 4th month of pregnancy, consume 2 calcium tablets daily.
- Continue consumption of 2 calcium tablets daily for 6 months after birth of child.
- Consume the first calcium tablet after breakfast and the second tablet after lunch.
- Do not take it on an empty stomach.
- Do not take it with iron tablets.

E. Maintain proper hygiene

Explain the importance of good hygiene to the group members, discuss that unhygienic conditions can lead to various infections and emphasize on the following points -

- Wash your hands with soap at all critical times such as after using toilet and every time before cooking and eating.
- Don't walk barefoot and Ensure cleanliness of food items, Wash fruits and vegetables before consumption. Keep drinking water covered always.
- Do not defecate in the open. Use a hygienic household toilet.

F. Monitor weight gain during pregnancy

The facilitator will then also discuss the importance of proper weight gain by the pregnant women, which is one of the signs of adequate nutrition and health care. Following points need to be explained. Go for regular A.N.C. (Ante-Natal check-ups), monitor weight and get it registered in the Mother-Child Protection Card.

- Weight gain shows the healthy growth of unborn baby (foetus).
- Normally in the first trimester, the woman should gain 1 kg weight every month, and from 4th month onwards she should gain 1.5-2 kg weight every month.
- A woman should gain 10-12 kgs of weight from pregnancy till birth of child.

Take medicine for deworming (one tablet of Albendazole of 400 mg) in the 2nd trimester of pregnancy.

Video Resource: Key considerations in Maternal Nutrition

Identification of at-nutritional (or high risk) women

Now identify from the group if there are any postnatal women and ask the members if any of their family members are in this phase. Ask them to share their experiences, the process of delivery and identify their good and wrong practices and discuss on it. Facilitator should make sure to discuss on the prominent mistakes and risk factors identified referring to the module.

Inform the group that a pregnancy is considered 'at nutritional risk' when at least one of the following indicators is present:

- Pre pregnancy weight taken >20 weeks gestation below BMI of less than 18.5 or a BMI of 25 or higher identifies woman as severely thin, thin, overweight or obese.
- Age of pregnancy (below 20 and above 35 years).
- Body weight at the time of registration (40 kg or less); & Height (less than 145cm).
- Anaemia (severe anaemia: less than 7 g/dl, moderate anaemia: 7-10.9 g/dl).
- Inappropriate gestational weight gain (GWG) (<1 kg/month or >1.5-2 kg/month from second trimester onwards).
- Frequent births.

Step 2: Role of family members, especially husband and mother in law

Explain to the group that the family members, especially husband and mother in law can create a very supportive environment for the pregnant/lactating woman by ensuring a few things such as:

The husband can ensure that there is availability of the required food items in the house at all times and should make sure that his wife is emotionally supported by being with her, taking her for check ups and reminding her to follow the necessary practices in terms of appropriate diet and maintaining hygiene.in particular, he should ensure;

 At least 5 out of 10 diverse, nutrient rich and locally available recommended foods.



- IFA and calcium tablets availability.
- Accompany her for regular A.N.C. (Ante-Natal check-ups), monitor weight and get it registered in the Mother-Child Protection Card.
- Ensure that pregnant and lactating women wash hands with soap regularly.

The Mother in law can ensure that the daughter in law is supported by reducing her work load, allowing her time for adequate rest, cooking for her the foods that she likes ensuring more number of food groups in her diet. The mother in lar can specifically ensure that her daughter in law;

- Consumes at least an item daily from each of 5 recommended food groups with Roti/ Rice. If the family is non-vegetarian, eat eggs or meat several times a week.
- Consume 1 IFA tablet and 2 calcium tablets daily.
- Regularly tracks her weight gain during ANCs
- Wash hands with soap regularly.

All SHG women and the family members including husbands and mother-in-law's play a crucial role in supporting pregnant and lactating women at home with efficient care services.

Do's & Don'ts for pregnant women. Some common points to remember can be explained to the group through this table below;

Do's



- Vitamin C rich fruits like Gooseberries (Amla), Guava and Orange should be included in the diet to improve iron absorption of plant foods.
- Add green leafy vegetables and other vegetables to your daily diet (eg. Methi roti, Palak roti, Vegetable idli, Vegetable dosa).
- In case of nausea and vomiting, take small and frequent meals (4-6 times/day).
- Expose yourself to direct sunlight for at least 15 minutes to get sufficient vitamin D.
- Avail supplementary nutrition from Anganwadi Centres and micronutrient supplements as per doctor's advice.
- Add variety of food items to your daily diet so that daily requirement of all the nutrients can be met.
- Consume green leafy vegetables, legumes and nuts as they are good sources of folic acid.



- Smoke or chew tobacco and consume alcohol.
- Consume carbonated beverages.
- Eat cooked food made with hydrogenated fat.
- Sleep immediately after eating any meal.
- Wash vegetables after peeling.
- Consume tea, coffee and other caffeinated drinks along with meals or after meals.
- Lift heavy objects or do strenuous physical activities.





Type of recipes, time of consumption and frequency may vary according to the region and cultural preferences and convenience but amounts provided in the diet chart need to be followed to meet adequate dietary requirements.

Use up to 30g oil (20g of vegetable oil and 10g butter or ghee) per day for Normal Pregnant Woman, 35g oil (25g of vegetable oil and 10g butter or ghee) for Undernourished Pregnant Woman and 20g oil (15g of vegetable oil and 5g butter or ghee) for Overweight Pregnant Woman Use double fortified salt (Iron + Iodine) during preparation of the meal. Restrict salt usage to < 5g per day.

Cereals may be replaced twice or thrice per week with millets (Nutricereals), use whole wheat and less polished rice and avoid refined wheat our and highly polished rice Vegetarians can substitute *egg/*chicken/*fish/*meat with 30g of pulses/paneer.

*Non vegetarians can replace pulses with *egg/*chicken/*fish/*meat

*Flesh foods: Instead of 30g/day, one can consume 60–100g twice or thrice in a week BMI (Body Mass Index) calculated using weight in Kg divided by height in meter square.

Normal (BMI 18.5-23.0) Pregnant Woman should gain minimum 10kg, Undernourished (BMI<18.5) Pregnant Woman should gain minimum 13kg, Overweight (BMI>23.0) Pregnant Woman should gain 7-10kg by term.

*Non-veg food items are advised ONLY as per regional, religious and cultural acceptance & availability/affordability.

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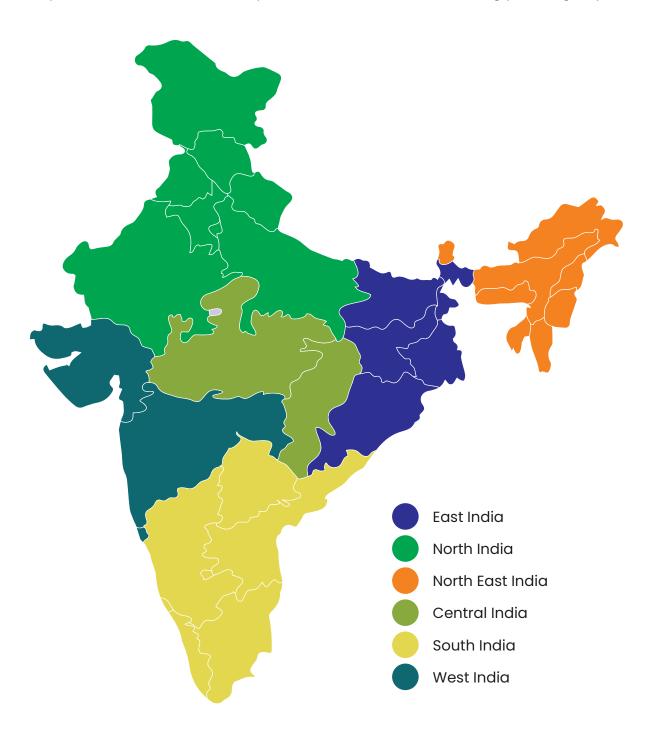
- Self-help group members should ensure that that there is proper understanding on the issues of nutrition, health and hygiene behaviors for pregnant and lactating women.
- ▶ All the members should ensure that within their families, all pregnant and lactating women are consuming at least five food groups in the day, also ensure that the family members are aware of the locally available diverse foods and what can be consumed.
- ▶ The members of the group should also ensure that all pregnant women in their families get ante-natal check ups done, monitor their weight gain and consume IFA and Calcium tablets regularly.
- It should be ensured that washing hands with soap and other hygiene measures are taken care of, by all family members in the household.

Note: The Self Help Group should be ready to support those members who face problems or find it difficult to convey these messages and convince their families.

Session concludes: End the session by revisiting the questions from the case study and their answers. Thank the participants and close.

In the next few pages, daily diet charts for pregnant and lactating women are recommended based on the regional differences in the country.

The facilitator should study and read the diet chart relevant for her region/ state only, and then recommend diet pattern and food items accordingly to the group.



Regional Diet Chart – Central India



Food Options

Breakfast: Roti, Vegetable Stued Parantha, Poha, Sewai (Sweet/Salty), Besan Moong Cheela, Porridge, Dal Parantha, Khichdi, Sago, *Omelette, *Boiled Egg, etc.

Snacks: Besan Cheela, Tikki, Laapsi, Chirwa, Roasted Peanuts, Chana Chaat, Sprouts, Chakli, etc.

Lunch & Dinner: Rice/Roti, Bajra/Makki Roti, Khichdi, Dal, Vegetables Like Sarson Ka Saag, Methi Aloo, Aloo+Gobhi, Palak+Dal, Beans, Dum Aloo, Peas Curry, Carrots With Raita/Curd, Palak Roti, Baingan Ka Bharta, Dal Baati, *Bhuna Gosht, *Meat Curry, etc.

Sweets: Gulgula (Pua), Halwa (Gajar/Moong Dal), Phirni, Kheer (Carrot/Rice), Laapsi, Shahi Tukda, Besan Ladoo, Jalebi, etc.

Green Vegetables: Spinach, Methi, Amaranth,

Moringa Leaves, Mint, Bathua, Sarson, etc.

Fruits: Banana, Orange, Guava, Mango, Sweet Lime, etc.

Other Vegetables: Lotus Stem, Raw Banana, Green Onion, Peas, Drumsticks, Turnip, Bottle Gourd, Tomato, Ladynger, Bitter Gourd, Brinjal, etc.

Pulses: Moong Dal (Split and Skinned Green Gram), Chawli Dal (Black Eyed Beans), Masoor Dal (Split Red Lentils), Sabut Masoor (Indian Brown Lentils), Toor Dal (Yellow Pigeon Peas), Hari Matar (Green Peas), White Peas, Bengal Gram, Urad, Soyabean, Moth Beans, etc.

Nuts: Groundnuts, Dried Coconut, Til, Water Melon Seeds, etc.









Regional Diet Chart – North-East India



Food Options

Breakfast: Pumaloi, Pusaw (Traditional Khasi Cake), Pukhlein (Fried Rice Cake and Dumped In Jaggery Syrup), Yam, Pudoh (Khasi Red Rice), Sweet Potato (Boiled), Ja-shulia (Steamed Sticky Rice), Chira, Khura, Momos, Dal Bhath, Pitaguri, Tilta, Luchi, Ghungni *Omelette Putharo [(Steamed Rice Cake) (Usually Have With *Meat Or *Chicken)], etc.

Snacks: Thukpa (Noodles), Momos (Vegetable, *Meat), Pitha (Pan Cake), Sanpiau, etc.

Lunch & Dinner: Rice (Plain Rice/ Red Rice/ Jadoh), Dal, Boiled Vegetables, Fried Vegetable, Chutney (e.g. Dhania Chutney), Tungrymbai (Fermented Soyabean, Sesame Seeds), Bamboo Shoot Curry, Jack Fruit Curry, Apong, Thukpa, Pasa, Monpa, Pekha, Nagtok, Gundruk, Dhindo, Bohra, Donbori *Soup With Non- Veg, *Fish Fry/*Chicken/*Mutton (Smoked/Fried), *Umshit (Like Rasam, *Non-veg Curry) *Fermented Fish, *Iromba (Fish + Potato), *Meat /*Chicken /*Fish Curry, etc.

Sweets: Kheer Payasam (With Black Rice), Sandesh, Kheer, Pitha, Rava Ladoo, Tikli Pitha, Khaja, Coconut Ladoo, etc.

Green Vegetables: Methi, Spinach, Sorrel Leaves, etc.

Fruits: Pineapple, Banana, Khasi Mandarin Orange, Plum, Peach, Pear, Guava, Papaya, Jack-fruit, Lemons

Other Vegetables: Radish, Beetroot, Potato, Colocasia, Brinjal, Cauliower, Pumpkin, Tomato, Squash, Tender Bamboo Shoots Cucumber, French Bean, Cabbage, Peas, etc.

Pulses: Moong Dal (Split And Skinned Green Gram), Chawli Dal (Black Eyed Beans), Masoor Dal (Split Red Lentils), Sabut Masoor (Indian Brown Lentils), Toor Dal (Yellow Pigeon Peas), Hari Matar (Green Peas), White Peas, Bengal Gram, Urad, Soyabean, Moth Beans, etc.

Nuts: Dried Coconut, Peanut, Til, Water Melon Seeds, etc













Regional Diet Chart – **North India**





Food Options

Breakfast: Roti, Parantha, Poha, Sewai (Sweet/Salt), Besan Moong Cheela, Porridge, Paushtik Cheela, *Omelette, *Boiled Egg, etc.

Snacks: Chirwa, Roasted Peanut, Chana Chaat, Sprouts, Paushtik Cheela, Poha, Dahi Vada, Stued Parantha, etc.

Lunch & Dinner: Rice/Roti, Bajra/Makki Roti, Khichdi, Dal, Vegetable Like Sarson Ka Saag, Methi Aloo, Aloo+gobhi, Palak+dal, Beans, Dum Aloo, Peas Curry, Carrots with Raita/Curd, Vegetable Kadhi, Paneer, Gobhi, *Rogan Josh, *Egg Rice, *Meat, *Chicken, *Fish Curry, etc.

Sweets: Gulgula (Pua), Halwa (Gajar/ Moong Dal), Kheer (Carrot/Rice), Laapsi, Custard, Besan Ladoo, Til Ladoo, Chikki, etc.

Green Vegetables: Spinach, Methi, Amaranth,

Moringa Leaves, Mint, Gongura Leaves, Bathua, Sarson Ka Saag, etc.

Fruits: Orange, Guava, Mango, Sweet Lime, Malta, Amla, Pomegranate, Banana, etc.

Other Vegetables: Bitter Gourd, Lotus Stems, Raw Banana, Onion, Green Peas, Drumsticks, Turnip, Bottle Gourd, Tomato, Lady Finger, Brinjal, Carrot, Parwal, etc.

Pulses: Moong Dal (Split and Skinned Green Gram), Chawli Dal (Black Eyed Beans), Masoor Dal (Split Red Lentils), Sabut Masoor (Indian Brown Lentils), Toor Dal (Yellow Pigeon Peas), Hari Matar (Green Peas), White Peas, Bengal Gram, Urad, Soyabean, Moth Beans

Nuts: Dried Coconut, Peanut, Til, Water Melon Seeds, etc.



Regional Diet Chart – North-East India



Food Options

Breakfast: Roti, Parantha (Plain, Sattu/Vegetable Stued), Poori, Aloo Sabji, Mixed Sabji, Pued Rice, Matar (Peas), Panta (Cooked Rice Soaked Overnight), Fresh Cooked Rice With Onion (Fresh), Bengal Gram Sattu (Powder Made To Paste), Dal, Chira, Dal Bhath, Radhaballabhi With Chole, Luchi, Muri, *Boiled Eqq/*Omelette

Snacks: Chira, Besan Cheela, Chikki, Roasted Chana, Sprouts, etc.

Lunch & Dinner: Fresh Cooked Rice, Leafy Vegetable, Mashed Potato, Dal (Lentil/Green Gram), Mixed Sabji, Chutney, Rice/Roti, Sabji, Dal/Pitta, Khichdi, Besan Curry, Saag, Khichidi, Moong Saag, Guguni (Boiled Green Gram), *Fish (Either Curry or Jhol) (Spicy & Watery) or *Mutton/*Chicken, *Fish Jhol, etc.

Sweets: Chenna Pora, Til Laddu, Darbesh, Makhana Kheer, Rasgulla, Sandesh, Rasmalai, Chamcham, Kheer or Payasam, Coconut Laddu, etc.

Green Vegetables: Raddish Leaves, Kalmi Saag, Red Saag, Poi Saag, Methi Saag, etc.

Fruits: Banana, Orange, Jack Fruits, Guava, Lemon, Mango, Pineapple, Watermelon, Jamun, Musk Melon, etc.

Other Vegetables: Ridge Gourd, Pointed Gourd, Bottle Gourd, Broad Bean, Cabbage, Potato, Badami Aloo (Small

Kidney Shaped), Pumpkin, Brinjal, Cauliower, Yam, Makhana, etc.

Pulses: Moong Dal (Split and Skinned Green Gram), Chawli Dal (Black Eyed Beans), Masoor Dal (Split Red Lentils), Sabut Masoor (Indian Brown Lentils), Toor Dal (Yellow Pigeon Peas), White Peas, Urad, Soyabean, Bengal Gram (Chana), Moth Beans, etc.

Nuts: Dried Coconut, Peanut, Water Melon Seeds, Til Seeds, etc.















Food Options

Breakfast: Khara Bhaath, Kesari Bhaath, Ragi Dosa, Besibele Bhaath, Vangi Bhaath, Khara Pongal, Sweet Pongal, Akki Roti (Rice), Ragi Roti, Dosa, Sambar, Coconut Chutney, Idli Sambar Chutney, Puttu (Steam Cake) Appam, Upma, Uthappam, Idiyappam, Puri and Curry, Chapati and Curry, Pongal, *Egg Curry, *Fish Curry, etc.

Snacks: Idli, Upma, Bonda, Murukku, Bhajji (Chilli, Capsicum, Banana), etc.

Lunch & Dinner: Rice, Sambar, Aviyal, Koottucurry (Boiled Vegetables With Coconut Gravy), Mix Veg Curry, Chapati, Kootu, Jowar Roti, Stued Brinjal, Mushroom Curry, Gogurapachadi, Bottle Gourd Curry, Ragi Mudda, *Fish Curry, *Chicken Curry, *Fish Fry, etc.

Sweets: Payasam, Peanut Chikki, Mysore Pak, Til Seeds Laddu, Rava Kesari, Ragi Sweet Adai, etc. Green Vegetables: Palak, Fenugreek, Amaranth, Moringa Leaves, Gongura Leaves, Coriander, Mint, etc.

Fruits: Banana, Jack Fruit, Orange, Guava, Apple, Grapes, Mango, etc.

Other Vegetables: Carrot, Beans, Pumpkin, Cabbage, Drumsticks, Bitter Gourd, Beetroot, Potato, Brinjal, Parwal, etc.

Pulses: Moong Dal (Split and Skinned Green Gram), Chawli Dal (Black Eyed Beans), Masoor Dal (Split Red Lentils), Sabut Masoor (Indian Brown Lentils), Toor Dal (Yellow Pigeon Peas), Hari Matar (Green Peas), White Peas, Bengal Gram, Urad, Soyabean, Moth Beans, etc.

Nuts: Groundnuts, Dried Coconut, Til, Water Melon Seeds, etc.









Regional Diet Chart – WEST INDIA



Food Options

Breakfast: Vada Pav, Pav-Bhaji, Missal-Pav, Poha, Daliya, Upma, Missi Roti, Idli, Dosa, Chapati, Sabji, Rice/Roti With Sabji, Milk, Aloo Parantha, Thepla, Dokhla, Ragada, Bhelpuri, *Egg Omelette, etc.

Snacks: Chiwda, Multi-Grain Laddu, Khaman Dokhla, Laapsi, Sukadi, Fafada, Missal-Pav, Thepla (Methi), Bhel, Batata-Vada, Chakli, Sago-Vada, Muthiya (With Green Leafy Vegetables Or Bottle Gourd), Khakhra, Masala Bhakri, Shira (Halwa), etc.

Lunch & Dinner: Dal-Bafale, Baingan Ka Bharta, Dal-Chawal Roti Sabji, Bhakri (Rice/Jowar, Bajari and Ragi), Butter Milk, Curd, Kadhi, Jhunka+Bhakhar, Usal, Ragirotla (Bajara/Jowar/Ragi), Khichdi Kadhi, *Fish, *Mutton Curry, *Chicken, *Egg-Curry, *Prawn Curry, *Fish Curry, *Pomfret, etc.

Sweets: Shreekhand, Puranpoli, Sheera, Kheer, Chikki, Besan Ladoo, Churma, Basundi, etc.

Green Vegetables: Spinach, Amaranth Leaves, Moringa Leaves, Mint, Bathua, Fenugreek Leaves, Drumstick Leaves, etc.

Fruits: Banana, Orange, Guava, Mango, Sapota, Pomegranate, Custard Apple, Apple, Jamun, Pineapple, Sweet Lime, Grapes, etc.

Other Vegetables: Tomato, Potato, Elephant Foot Yam, Carrot, Cauliower, Pumpkin, Bitter Gourd, Bottle Gourd, Cabbage, Capsicum, Lady Finger, Brinjal, Guarbeans, Cucumber, Peas, etc.

Pulses: Moong Dal (Split and Skinned Green Gram), Chawli Dal (Black Eyed Beans), Masoor Dal, Brown Lentils, Toor Dal, Green Peas, White Peas, Bengal Gram (Chana), Urad, Soyabean, Moth Beans, etc.

Nuts: Groundnut, Dried Coconut, Watermelon Seeds, Til Seeds, etc.







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The standard materials of Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Development (MoWCD), National Centre for Excellence & Advanced Research on Diets (NCEARD), Alive & Thrive, JTSP-PCI and UNICEF have been referred while finalizing the content.

Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)

Ministry of Rural Development, Government of India 7th Floor, NDCC Building-II, Jai Singh Road, New Delhi - 110001 website: www.aajeevika.gov.in



