



RESEARCH  
PROGRAM ON  
Agriculture for  
Nutrition  
and Health

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## **A4NH Consultation on Equity Research Priorities**

CGIAR Research Program on Agriculture for Nutrition and Health (A4NH)

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International Food Policy Research Institute, New Delhi, India

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## Abbreviations and acronyms

A4NH	CGIAR Research Program on Agriculture for Nutrition and Health
ANH	Agriculture, Nutrition, and Health
GEE	Gender, Equity, and Empowerment unit
ICDS	Integrated Child Development Services
IEG	Institute of Economic Growth
IFPRI	International Food Policy Research Institute
LANSAs	Leveraging Agriculture for Nutrition in South Asia
MDMS	Mid Day Meal Scheme
MSSRF	M. S. Swaminathan Research Foundation
PDS	Public Distribution System
SC	Scheduled caste
ST	Scheduled tribe
UNICEF	United Nations International Children's Emergency Fund

## Objectives

1. Learn about equity work at partner organizations.
2. Inform partner organizations about A4NH's equity work.
3. Identify priorities for equity research, resource and information needs related to equity, and recommendations for A4NH's equity strategy.

## Proceedings

The CGIAR Research Program on Agriculture for Nutrition and Health (A4NH) held two two-hour consultations with key research partners to learn about equity work at partner organizations in India, inform partners about A4NH's equity work, and identify priorities for equity research to guide creation of an equity strategy for the research program.

Before the consultations, attendees and A4NH representatives were sent three questions to guide the discussion:

1. In the near term, what equity areas and research questions are your organization or research group addressing?
2. How does your organization or research group integrate equity into its work?
3. What resources, knowledge, and tools does your organization or research group need to effectively address these priorities?

**John McDermott**, director of A4NH, opened each session with a short introduction to A4NH. **Agnes Quisumbing**, senior gender advisor to A4NH, then introduced A4NH's Gender, Equity, and Empowerment (GEE) unit and A4NH's work on equity. After these introductions, John and Agnes facilitated an open discussion about equity issues and research in India. These consultations took the form of informal, small group discussions with two to three external partners present at each session.

The external partners invited to these sessions were chosen for their expertise in equity issues related to caste and tribal groups in India.

## Equity work at A4NH partner organizations in India

Partner organizations in India are already carrying out considerable research related to equity issues in India. Each of the external partners in attendance shared highlights from their equity-related work.

**Sukhadeo Thorat** is the chairman of the Indian Institute of Dalit Studies, which assesses inequalities in nutrition, hunger, and poverty in India by gender, caste, tribe, and religious group, as well as looking at intra-social and intra-ethnic inequalities. They are interested in both the drivers of and potential policy solutions for these inequalities, and have several relevant publications, including the 2009 book [Blocked by Caste](#) and the 2006 article [Dalits and the Right to Food](#). The Institute of Economic Growth (IEG) looks at many different aspects of equity in health outcomes. For example, **Indrani Gupta**, professor and head of the Health Policy Research Unit at IEG, has a project researching gender and musculoskeletal disorders. **R. Gopinath**, senior scientist at the M. S. Swaminathan Research Foundation (MSSRF), shared how MSSRF identifies vulnerable households to target by looking at caste, gender of the household head, land ownership, and farm size. **Ashwini Deshpande** of the Delhi School of Economics researches gender, caste, and early childhood outcomes. **Vertika Choudhary**, senior consultant at the Roshini Centre of Women Collectives Led Social Action, supported by the United Nations International Children's Emergency Fund, described Roshini's work to address the nutritional needs of rural women through self-help groups and schools.

Attendees also highlighted the work of other prominent researchers who work on equity issues in India. For example, Aparajita Dasgupta of the Indian Statistical Institute [recently published a paper](#) on the impact of cattle slaughter bans on health outcomes that examined women from different age, socio-economic, caste, and religious groups. [Maitreyi Das](#) of the World Bank focuses on inequality and exclusion in designing and implementing social policies and programs. She led two related World Bank reports, [Inclusion Matters: The Foundation for Shared Prosperity](#) and [Scaling the Heights: Social Inclusion and Sustainable Development in Himachal Pradesh](#).

## Priority areas for equity research in India

The conversations covered several areas of equity research that are important in studying agriculture, nutrition, and health in India. Attendees also highlighted the importance of looking at the intersections between these categories.

- *Caste*: In India, discrimination by caste is deep-rooted. Caste-based discrimination can impact how effective nutrition and health interventions are for vulnerable groups. For example, a health worker may refuse to vaccinate a lower caste child because they do not want to touch the child's arm. Or, higher caste children may be served first and most during school meals. This discrimination can also cause economically irrational behavior. For instance, high caste people may choose not to purchase food from shops owned by lower caste people, even if the price is lower. In addition, cultural differences between caste groups can affect nutrition and health interventions and policies. For example, dietary preferences around foods like eggs can vary by caste, so interventions focused on specific foods may need to be adjusted to reach certain groups.

- *Geography and remoteness*: It is important to look at difference between regions of the country and between urban and rural areas. For example, food choices and school feeding programs vary widely by region. Research in this area must be nuanced because there are gradients both between and within urban and rural areas and geographical areas. Health outcomes for the urban poor are often worse than those for rural populations.
- *Migration*: Migration can often lead to changes in dietary patterns. For example, when tribal populations migrate to urban areas, they may transition from eating meat to a mainly vegetarian diet but may not replace meat with enough other sources of protein and micronutrients. Also, people in rural areas are often used to consuming fresh milk. When they move to urban areas, they may not want to drink the processed milk available there.
- *Tribe*: It is important to distinguish between scheduled castes (SCs) and scheduled tribes (STs) in research because, depending on the region, these groups can be very different. For example, tribal groups are often more gender neutral in their households than scheduled castes.
- *Age and youth*: E.g., eating habits vary by age group. Children and adolescents, for instance, often have access to government-funded school meals and tend to snack before and after school.
- *Religion*: E.g., inequality between SC and non-SC groups is often larger in Hindu populations compared to other groups.
- *Gender*: Gender often also intersects with other aspects of equity, such as religion and caste.

## Resources, knowledge, and tools needed to address equity issues in India

Attendees suggested a variety of research and tools needed to address these equity issues in India.

- Research is needed to fill key knowledge gaps, including:
  - The inequities in the implementation and reach of public sector programs like Public Distribution System (PDS), Integrated Child Development Services (ICDS), and Mid Day Meal Scheme (MDMS)
  - The large diversity of dietary habits across India
  - How the nutrition transition, the double burden of malnutrition, and non-communicable diseases are affecting India, including a focus on how the causes of malnutrition vary between groups
  - How to scale interventions in a cost-effective way
  - How existing social structure and discrimination affect vulnerable groups' access to technology and resources, such as biofortified seeds and tubers that are passed between farmers via social networks
- Tools and structures are also needed, including:
  - Coordination of research between groups to identify areas where additional research and mapping are needed
  - Tools to improve nutrition literacy, especially among vulnerable groups

## Approaches for understanding and addressing inequities in India

Attendees also discussed approaches that A4NH could pursue to better understand and address inequities through research.

- *Policy analysis*: It is important to understand the impacts of potential or current policies. For example, if cattle slaughter is prohibited, what do people eat instead and how much?
- *Publishing*: Many Indian researchers do not regularly publish in journals. Systematic reviews of nutrition and health in India should include working papers, and A4NH could play a role in encouraging researchers to publish their work.
- *Data analysis*: A4NH can analyze existing data – including spatial data – to better understand the theoretical pathways between agriculture, nutrition, and health, as well as to assess the current situation. For example, we could use consumption data from national surveys to understand how much and what people eat.
- *Targeting*: In some cases, we can target interventions to specific groups and geographic areas. For example, there is a high prevalence of sickle cell anemia among tribal populations in some parts of India, so current programs to combat anemia may not be effective there. In other cases, too much targeting can be harmful because we may inadvertently exclude people who need help.
- *Monitoring and evaluation*: Integrate equity issues into monitoring and evaluation plans.

## Next steps for A4NH's equity work in India

1. Plan a research session or workshop at the Agriculture, Nutrition, and Health (ANH) Academy Week conference in Hyderabad in June 2019 in collaboration with MSSRF about lessons from the Leveraging Agriculture for Nutrition in South Asia (LANSA) project and how better consideration of equity issues could improve impacts.
2. Form and strengthen partnerships with Indian researchers to improve A4NH's work on caste and tribal issues.

## Appendix: List of participants

<b>Name</b>	<b>Affiliation</b>
Vertika Chowdhary	Roshini Centre of Women Collectives Led Social Action
Ashwini Deshpande	Delhi School of Economics
R. Gopinath	M. S. Swaminathan Research Foundation
Indrani Gupta	Institute of Economic Growth
Elena Martinez	CGIAR Research Program on Agriculture for Nutrition and Health
John McDermott	CGIAR Research Program on Agriculture for Nutrition and Health
Agnes Quisumbing	CGIAR Research Program on Agriculture for Nutrition and Health
Manika Sharma	CGIAR Research Program on Agriculture for Nutrition and Health
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