



Global Plant Clinic  
CABI • Rothamsted Research • CSL

BANGLADESH  
**Policy and Planning Workshop on  
Plant Health Services**



Spectra Convention Centre, Dhaka  
5-6 December 2007

RURAL DEVELOPMENT ACADEMY, BOGRA • AGRICULTURAL ADVISORY SOCIETY • SHUSHILAN

cover: virus symptoms on beans, one of many problems that plant doctors in Bangladesh handle with confidence.

[www.globalplantclinic.org](http://www.globalplantclinic.org) • [www.reserach4development.info](http://www.reserach4development.info) • [www.youtube/user/globalplantclinic](http://www.youtube/user/globalplantclinic)



Fixed Plant Clinic at Jonail, Natore, managed by AAS (photo Paula Kelly)

## PARTNERS IN THE PLANT HEALTH SERVICES INITIATIVE

The **Global Plant Clinic** provides and coordinates plant health services. It supports over 80 plant clinics in Bolivia, Nicaragua, Uganda, DR Congo, Sierra Leone, Bangladesh, India, Nepal and Vietnam. The GPC is managed by CABI in alliance with Rothamsted Research and the Central Science Laboratory and is funded by the **UK Department for International Development**.  
*Bangladesh coordinator:* Paula Kelly [p.kelly@cabi.org] *Head of GPC:* Eric Boa [e.boa@cabi.org].

The **Rural Development Academy, Bogra** is a government-supported institute has been running clinics since 2004.  
*Plant health services coordinator:* AKM Zakaria. *Director General:* Abdul Mannan.

The **Agricultural Advisory Society (AAS)** is a non-governmental organisation and has been running clinics since 2005.  
*Plant health services coordinator and director:* Harun ar-Rashid.

**Shushilan** is a non-governmental organisation and has been running clinics since 2005.  
*Plant health services coordinator:* Shahriar Zaman Dider. *Director:* Md. Nuruzzaman

We thank Mr Harun ar-Rashid of AAS and RDA Bogra and all staff for organising this meeting.

This report is written by Eric Boa and Paula Kelly.

# 1 Everyday help for farmers

---

Agriculture is the backbone of life in Bangladesh yet farmers consistently fail to get the support they need. Farmers need better access to reliable advice on plant health problems. We need speedier mechanisms for responding to wider demand.

Plant health clinics were first proposed for Bangladesh in 2004. By 2005 there were 19 regular clinics run by the Rural Development Academy, Bogra, the Agricultural Advisory Society and Shushilan, based on an original model from Bolivia in 2003 and supported by the GPC. Bangladesh also learned from clinics in Nicaragua.

New countries are now reading about Bangladesh and being encouraged to start their own clinics. Dr Umesh Singh of GB Pant UAT, the leading agricultural university in India, and himself a leading scientist with many years experience of integrated pest management (IPM), wants to introduce plant health clinics to India. The Government of India is keen to start.

The GPC has been making regular visits to Bangladesh since 2003. From 2005 to 2007 the 19 clinics received over 15 000 queries, covering an impressive range of crops and types of problems. An impressive range of innovations have occurred: female plant doctors in Bogra, schools running clinics, mobile and fixed clinics in Natore and eco-friendly agrochemical shops linked to clinics. The real innovation, though, has been in how people act.



The purpose of this workshop was to summarise the initial results from the clinics and discuss their implications with a distinguished audience. Over 70 people attended the workshop, from universities and research, the Department for Agricultural Extension, NGOs, development practitioners and the agrochemical industry.

Those running the clinics wanted to know what others thought of plans to expand clinics and their general relevance to IPM projects and farmer participatory research. Other questions included “How do we create stronger links with diagnostic laboratories? Or use the clinics to carry out community surveillance of plant pests and diseases?”

This is a short report of what happened over two days of talks and debate. The workshop was chaired by Mr Mhd. Abdul Mannan of the Rural Development Academy, Bogra, whose strong personal commitment to plant clinics comes from seeing them in action. We are grateful for his strong interest in seeking a bigger future for plant clinics in Bangladesh.



## 3 Discussions

---

Groups were asked to consider operation of clinics and strategy. They were given checklists to consider for each topic.

### OPERATION OF PLANT CLINIC

What works well? What could be improved? What additional functions could be added (at no or low cost).

*Think about ...*

Links to universities, IPM projects, DAE; links to local government; role of tele-centres; wider involvement of NGOs; monitoring quality; better use of existing expertise in crops and crop protection; training; national database; coordination roles.



These were some of the points that the group made.

*What works well*

- Awareness of farmers to approach to the plant doctors to solve their crop related problems (has been increased).
- Farmers are getting more opportunity to discuss their problem with reliable plant doctors.
- Awareness about adulteration of pesticides strengthened.
- Farmers reducing their cost of plant protection (by) using suitable and right pesticides.
- Farmers are willing to pay to get service from plant doctors; payments help sustain clinics.

*What could be improved*

- The designation of plant doctor should be replaced by Rural Plant Doctor. Qualification should be SSC.
- Three months training needed on diagnosis and management in plant problems (esp. pests, diseases, nutritional).
- Clinic should be equipped with tool box, instruments, herbarium, preserved specimens, literature, pictorial keys and other materials for diagnosis of the problems.

*Additional functions*

- Strengthen links with local Agricultural Extension, research bodies, universities, NGOs.
- Regular field visit by the Rural Plant Doctors.
- Regular monitoring of their prescriptions given by them.
- Approach to specialists with specimens, photographs and other field evidences.
- Rural plant doctor jobs should covered by rules and regulations.

## STRATEGIC

How do Rural Plant Clinics (RPCs) fit with current activities (IPM clubs, FFS et al)? Consider current policies on plant health (crop protection) and rural development. Suggest new directions which incorporate RPCs. Who will promote new ideas and start policy discussions? What methods will be used to promote RPCs?

*Think about ...*

Roles of institutions

Roles of individuals (champions)

Negotiating change: building on existing activities and institutes

Bio-security

Pest and disease surveillance

Qualification of rural plant doctors



Much of the plenary debate on strategy centered on IPM projects and several people talked at length about how they had already done or were providing similar services to the plant clinics. Other disagreed and said that there were fundamental differences between efforts to develop and promote IPM technologies and running a plant health clinic. The two activities were complementary and not duplicating.

## 4 What next?

---

The discussion on clinic operations made several useful suggestions, some of which have been subsequently used in the clinics. There are regular reviews of clinic data and recommendations. Clinics are being monitored and quality control is applied to general operations.

The most useful outcome of the discussion on strategy was that participants saw clinics as a new and useful way to help farmers and that the clinics should be expanded. There were few concrete suggestions on how this might happen. We did not discuss plant health policies in relation to clinics. In retrospect this may have been premature and more time is needed to grasp what clinics in Bangladesh do and the new opportunities they present for wider collaborations and linkages.

The head of the Bangladesh association of agrochemical dealers was adamant that his members were keen to work with clinics. We have yet to follow up on this initial offer but there is growing awareness from other countries that good working relationships between clinic and agrochemical shops have many benefits for farmers. Some of these are explored in an article published after the workshop on clinics and pesticide use (see above).

The workshop helped to introduce the clinics to a much wider audience. We (clinic operators and the GPC) did not make as much progress as we hoped for in building a consensus for increasing the number of clinics and creating integrated services, but these are still early days. The clinics continue to run and worldwide interest in them and Bangladesh has increased significantly. New ideas are being tried and we are confident that 19 clinics can become 90 or more with the continuing invention and dedication of Bangladeshi plant doctors and their supporters.



## 5 Organisations invited to workshop

---

Action Aid

Agricultural Advisory Society

Ahamedpur College-2

Bangladesh Agricultural University

Bangladesh Crop Protection Association (and SAMP Ltd)

Bangladesh Jute Research Institute

BARC

BSMRAU

CABI (Global Plant Clinic)

CARE

Department of Agricultural Extension

DFID Bangladesh

EAL

EU delegation to Bangladesh

GB Pant University of Agriculture and Technology

IRRI

Practical Action

RARS

Rural Development Academy

SAU

SEDF

Shushilan

Miscellaneous print and television journalists