

2011



**PICTURE FROM TOP TO BOTTOM:** An infected orange tree in an orchard in Kisinga Sub County, Cassava leaves suffering from mosaic in Budandi, Cocoa pods dying from a fungus infection and a woman displaying an aphid infested cabbage in Bundibugyo.

**Main Picture:** Infected coffee berries in a Kasese District farm.

**Photos By:** Erastus Ang'ienda



# GLOBAL PLANT CLINIC REPORT

## PROGRESS REPORT OF THE PLANT CLINICS IN THE RWENZORI REGION OF WESTERN UGANDA

This report details the progress and prospects of the five plant clinics operated by RICNET with the technical support of SATNET and financial support from GPC and HIVOS



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## **LIST OF ABBREVIATIONS**

GPC	Global Plant Clinic
RICNET	Rwenzori Information Centers Network
SATNET	Sustainable Agriculture Trainers Network
PC	Plant Clinic
NAADS	National Agricultural Advisory Services
SC	Sub County
LC	Local Council
RIC	Rural Information Center

## 1.0 INTRODUCTION

Since September 2010 RICNET with the technical support of SATNET and financial support from GPC has been running Plant Clinics in the Rwenzori region of Western Uganda. The clinics were launched in the Districts of Kasese and Bundibugyo with 3-Kiyondo, Kisinga, Bwera and 2- Budandi, Bundibugyo clinics respectively. The major aim of these clinics was to offer advisory services for the farming community in these districts on plant health since good plant health management is essential for producing healthy crops for human and animal consumption.



*Plant doctor Bundibugyo market explaining to famers how to identify infected beans in a farm*

The clinics are basically advisory centers that provide primary plant healthcare for the famers in the region. The plant doctors were trained by GPC and deployed in areas that the participating organizations thought were mostly affected by plant diseases.

Most of these areas are those bordering the Congo, this is because it has been proven that most plant diseases in Western Uganda originate from the Congo.

## 2.0 PLANT CLINIC PROGRESS IN 2010

The plant clinics in the Rwenzori region actively started operating in September 2010 with Launches in Bundibugyo and Kasese districts respectively by SATNET and RICNET officials.



*Farmers and Sub county officials pose for a photo after launching of the Kisinga plant clinic*

The community, who are mostly low income farmers, welcomed the clinics saying it was a practical way of accessing advisory services for their farms which in turn helped them to get more yield. Farmers in the Rwenzori region have been affected by plant pests and diseases, coupled with their limited know how on how to identify the diseases and get medication for the plants, a greater threat is posed to food security in the region and

Uganda as a whole since the Rwenzori region is the basket of Cassava, beans and an assortment of fruits in Uganda.

The launch saw all five plant clinics furnished with basic equipment that would enable the smooth operation of the services. Each clinic received a Table, five chairs, one lab coat, for



*Plant doctor Kiyondo Ms. Betty receiving furniture from Mr. Thadeo Kahigwa of SATNET*

the plant doctor to use while diagnosing the plants, hand lenses, a banner with the name of the clinic and the day I which it operates. The plant nurses were also provided with branded T-shirts so that the community would easily identify them. Each clinic also received a digital camera and resource material that the doctor and farmers would use for reference.

The clinics were later visited to check on the progress they are making and so far all of them are doing great. The best we would speak of is the clinic in Kisinga Sub County where as many as 116 famers had been helped and most of them have returned for more services

## **2.1 DATES AND LOCATIONS OF CLINICS THAT OPERATED**

In 2010 the clinics worked from the period of the time they were launched to the end of the year. The schedule of the clinics was made in such a way they were to operate on the first and last market days of the month.

This means all five clinics in the Rwenzori region ran twice a month which results to six times for the last three months of 2010. In 2011 the clinics have been operating from January and still operating.

The market days they operated were, Bundibugyo on Monday, Kiyondo and Budandi on Wednesdays and Kisinga and Bwera on Fridays. The last market days of September were used for the launchings and the clinics started operating in the month of October.

Below please find the clinic schedule as at 14<sup>th</sup> March 2011.

CLINIC	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
KISINGA	8 <sup>th</sup> and 29 <sup>th</sup>	5 <sup>th</sup> and 26 <sup>th</sup>	3 <sup>rd</sup>	7 <sup>th</sup> and 28 <sup>th</sup>	4 <sup>th</sup> and 25 <sup>th</sup>	4 <sup>th</sup>
BWERA	8 <sup>th</sup> and 29 <sup>th</sup>	5 <sup>th</sup> and 26 <sup>th</sup>	3 <sup>rd</sup>	7 <sup>th</sup> and 28 <sup>th</sup>	4 <sup>th</sup> and 25 <sup>th</sup>	4 <sup>th</sup>
KIYONDO	6 <sup>th</sup> and 27 <sup>th</sup>	3 <sup>rd</sup> and 24 <sup>th</sup>	1 <sup>st</sup> and 22 <sup>nd</sup>	5 <sup>th</sup> and 26 <sup>th</sup>	2 <sup>nd</sup> and 23 <sup>rd</sup>	2 <sup>nd</sup>
BUNDIBUGYO	4 <sup>th</sup> and 25 <sup>th</sup>	1 <sup>st</sup> and 29 <sup>th</sup>	6 <sup>th</sup> and 20 <sup>th</sup>	31 <sup>st</sup>	7 <sup>th</sup> and 21 <sup>st</sup>	7 <sup>th</sup>
BUDANDI	6 <sup>th</sup> and 27 <sup>th</sup>	3 <sup>rd</sup> and 24 <sup>th</sup>	1 <sup>st</sup> and 22 <sup>nd</sup>	5 <sup>th</sup> and 26 <sup>th</sup>	2 <sup>nd</sup> and 23 <sup>rd</sup>	2 <sup>nd</sup>

## **2.2 HOW LONG THE CLINICS HAVE RAN**

As at 14<sup>th</sup> of March 2011, the clinics have now run for 6 months operating twice a month except in march where they have only operated once as at the time of the report.

### **2.2.1 PUBLICITY GIVEN BEFORE/DURING THE CLINIC**

The clinics were publicized in different ways depending on the region it operated and the medium that the people accessed fast. Radio being the most used source of information in the region, adverts and radio programs were used to publicize the clinics.



***Famers and Thadeo from SATNET display the Budandi plant clinic banner***

The clinics were also issued with plastic banners that had the name of the clinic, day of operation and the name of the market. Other publicity used after the clinics were launched was branded T shirts that had the GPC logo and the participating organizations' logos. The



clinics were also talked about in churches and public meetings at the sub county headquarters.

This however is not enough, more IEC material should be printed in the language the locals understand and distributed to them for easy reading and reference.

### **2.2.2 NUMBER OF FARMERS ATTENDED TO**

So far in the 6 months the clinics have been operating, all 5 clinics have managed to see an average of 22 famers on each of the market days.



*A famer in Bundibugyo goes through the disease identification chart*

This result to approximately 660 famers in the six months they have operated. This includes cases of individual farmers who request the plant doctors to visit their farms and advice them on what to do in situations where the whole farm is infected.

### **2.2.3 NUMBER OF SAMPLES TAKEN FOR DIAGNOSIS**

In only severe cases do the doctors send samples for diagnosis because they cannot do it in the field. There has been only one such case which happened on an egg plant that could flower but not fruit.

### **2.3 FOLLOW UP VISITS**

Follow up visits have been done twice since the launching of the clinics. The visits were to establish if the clinics are working well and to check on the state equipment and furniture given to the clinics.

### **3.3.1 OPINIONS AND FEEDBACK**

The clinics so far have done well in the first six months of their existence. However, there are still challenges faced by the doctors especially when individual famers want them to leave the clinics and visit their farms. There is no facilitation for them to do this hence making it very hard to visit these farms. It is therefore important to look at a solution to enable these doctors get to the famers immediately. The farming community also requested if the doctors would have permanent stations where they are found throughout the week instead of the market days. This is because there are some problems that cannot wait for the next clinics to be solved, they need immediate attention.

## **3.0 PLANS FOR 2011**

### ***3.1 USE OF EXCEL SPREADSHEET***

On the last visit Dr. Solveig made to RICNET she introduced the use of spreadsheet for inputting data from the clinics. This is something we were not able to do last year because of time but is in our work plan for this year. It is possible doing it because the plant doctors have access to computers at our information centers.

### ***3.2 EMBEDDING PLANT CLINICS TO NAADS***

We have also attempted to get government to embed the plant clinic concept into the NAADS services that they offer the people and we hope it will be taken into consideration. NAADS being an advisory service, if put together with the plant clinic concept then more farmers will be reached in a short time than it is today.

### ***3.3 OPERATING PLANT PHARMACIES***

This was another new concept that we could not adopt as at last year because of the timing. It was shared to us by Dr. Solveig when she visited RICNET. The whole idea of having these pharmacies is to make the clinics a one stop shop for the farmers. This will enable them to have more services at their doorsteps.

### ***3.4 EXPANDING THE CLINIC NETWORK***

We thought it would be wise to expand the clinic network to the remaining Districts of the Rwenzori region namely Kabarole, Kamwenge, Kyenjojo and Kyegegwa. This will help in giving advisory services and improving the amount of food in the Rwenzori region.

## **CONCLUSION**

The plant health clinics in the Rwenzori region are still in their very first stages of growth. Irrespective of the good start they have had, it is important to mention that there are still a number of teething problems that they have to overcome to be more effective.