

Plant clinics as embedded services?

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Plantwise

Plantwise is a global programme, led by CABI, to increase **food security** and improve **rural livelihoods** by reducing crop losses.

The focal Plantwise activity is to support in-country partners in establishing national networks of plant clinics, where farmers can find practical plant health advice from local extension staff trained as plant doctors. CABI's role is to introduce the concept and associated training into a country, and to provide support in linking plant clinics to the services (e.g., diagnostics, agro-inputs) and resources (e.g., local experts, [Plantwise Knowledge Bank](#)) needed to provide an effective advisory service.



Plant clinics

- Work like **human health clinics** (doctors, linked to pharmacies, diagnostic services and laboratories)
- Act as a **catalyst to strengthen linkages** between key actors in a plant health system
- Are a **demand-driven** extension tool, owned and operated by **in-country organisations**, and **open to the public**
- Enhance visibility of rural advisory services to farmers and **increase contact** between advisors and farmers
- Provide a **diagnosis** and a **recommendation** ('prescription') for any problem on any crop
- Provide a mechanism by which new and emerging pests can be detected (**surveillance**)
- **Record data** about the farmer, location, crop problem and recommended solution



Plant clinic ownership models

- Many plant clinic models have been tested, involving different funding mechanisms such as public funding (government programmes), donor funding (projects) and, less commonly, private funding (embedded services and, in one or two special cases, fee-for-service).
 - Government extension bodies
 - Government plant protection bodies
 - Research institutes / Diagnostic services
 - Farmer-based organisations
 - Community-based organisations
 - Non-governmental organisations
 - Food processors/traders
 - Universities
 - Agro-input producers/suppliers

Examples of embedded services

- Nicaragua – Six **farmer cooperatives** employed a plant doctor to serve their farmers. Those paying the plant doctor's salary out of cooperative-generated income are still functioning, while those who failed to embed the service have faltered.
- DR Congo – The **export company ESCO** runs more than 15 of its own plant clinics for the registered farmers from whom it buys cocoa.
- India – **Bio-Control Research Laboratories** ran plant clinics to increase contact with farmers, learn more about the use of their products in pest management and increase awareness of their products. These plant clinics, funded by the company, were not sustained.

The Plantwise preferred model

- CABI prefers to partner with **national and local governments** to strengthen existing public services. Some key reasons for this are because government partners:
 - have **greater reach** and potential for scaling up within a country;
 - provide rural advisory services to **all farmers**, regardless of status, gender, age, etc.
 - hold authority for key programme decisions/activities (e.g., pest reporting and data sharing);
 - are more likely to give **independent advice**, avoiding conflict of interest.

➤ Plantwise policies are aimed at keeping pesticide recommendations and usage to a minimum and encouraging unbiased advice that puts the farmers' interests first.



Putting clinic data to use

- Plant clinic data can reveal whether plant doctors' recommendations are influenced by a reliance on agro-input sales. This will be studied through the Plantwise research programme to understand the strengths and pitfalls in linking advisory services with agro-input suppliers.