Kamrul's success in dragon fruit farming

Partha Chakraborty, *Bagerhat*

Many people at Sialkanthi village in Bagerhat's Kachua upazila are now following a youth's footsteps as he has successfully cultivated dragon fruit for the first time in the upazila.

Kamrul Islam, a resident of the village, has earned Tk 50,000 by selling the dragon fruits. With a hope of earning more profit, he has recently started cultivating the fruit on two more acres of land.

The pink colour fruit hangs from a cactus like plant and contains many vitamins, said the 35-year-old youth.

Seeing the success of Kamrul, a number of youths in the area have been showing interest in dragon fruit farming.

Kamrul said he planted some saplings of the fruit, which he got from his elder brother in 2017. His brother, who lives in Chattogram due to his job, brought the saplings from the port city.

He added that it gave him immense pleasure when he saw that the plants bore fruits in six months. Following the advice of the Department of Agricultural Extension (DAE) in the district, he then planted some more saplings of the dragon fruit in 2018 and later added around 120 more plants on his three-decimal orchard creeping over 20 poles. Tk 75,000 was spent for cultivation of the fruit.

At the end of 2019, he has already earned Tk 50,000 by selling some of the fruits and hopes to sell the remaining fruits for around fifty thousand taka this current year, said Kamrul, adding that after seeing success on experimental basis, he was planning to expand his farm.

He has recently planted 3,200 saplings on two acres of land creeping over 800 poles, spending Tk eight lakh, said Kamrul.

He further said two labourers work at his dragon fruit orchard every day. There is no need to use much fertilizer in dragon fruit cultivation. It needs TK 5,000 to Tk 6,000 per month to clean the weeds, irrigate and spray the fungicides.

Many people of the area have already come forward to start dragon fruit farming, he added.

Day labourers -- Ruhul and Saiful-- said they work at the dragon fruit orchard of Kamrul throughout the year. After seeing his success, many people are now showing interest in dragon fruit farming. It is very profitable and production cost is low as well.

After seeing the success of Kamrul, one Alamgir and Imtiaz in the area who started dragon fruit farming said they were surprised to see the ripe and unripe fruit hanging from the trees at the orchard of Kamrul.

The duo further said that the fruit also fetches a good price. Per kg of dragon fruit has been sold at Tk 300 to Tk 600 this year. Following the advice of Kamrul and Kachua upazila agriculture officer, they have also started commercial cultivation of the dragon fruit.

> Seeing the success of Kamrul, a number of youths in the area have been showing interest in dragon fruit farming.

They hope that this will make them financially independent.

Bagerhat DAE Deputy Director Raghunath Kar said the dragon is a money-spinning nutritious and delicious foreign fruit. Due to this, there is a huge demand for this fruit in the world markets including Bangladesh.

The DAE official also said the youth, Kamrul Islam, started commercial cultivation of the fruit for the first time in Kachua upazila. The dragon fruit is now being cultivated on 10 acres of land in different areas of Bagerhat as it is a profitable item.

A cobbler at work near Burir Bazar area in Aditmari upazila of Lalmonirhat. PHOTO: STAR

1,500 trainee artisans await promised govt grant

S Dilip Roy, *Lalmonirhat*

Eight months have passed since 1,500 artisans from different marginal communities in Lalmonirhat took part in a government-run training programme. But they are yet to receive their financial assistance as promised.

In December 2019, the artisans -- barbers, cobblers, blacksmiths, potters and makers of various other handcrafts -- participated in a three-day professional skills development training programme conducted by the Department of Social Services.

Each of the participants, from five upazilas and a municipality in the district, was supposed to receive a grant of Tk 18,000 upon successful completion of the training.

Premchand Rabidas, a cobbler from Bhadai Bazar in Aditmari upazila, is among the 1,500 trainees.

He said that he paid numerous visits to the upazila social services office over these past months, but only to hear that they would disburse the grant any day now.

Although the grant would be greatly helpful for people like him amid the trying times of coronavirus pandemic, he has been so frustrated that he has stopped going to the office, Premchand said.

Shoemaker Dhaneshwar Rabidas, Kalmati village of Lalmonirhat Sadar upazila, said he has been unable to do urgent renovation in his small shop due to financial insolvency.

At a time like this, especially when income is plummeting due to Covid-19, the government assistance would help them cope with the situation, he added.

Echoing the same sentiment, barber Rostam Ali, who works at a barbershop in Puran Bazar area of Lalmonirhat town, said the grants were supposed to be disbursed after the training. But all these months, the social services office did not do much in this regard.

He also said his hopes of getting the grant has diminished and he no longer checks in to the office inquiring about the grant.

Contacted, Rawshanul Mandal, social services officer in Aditmari upazila, said they have the paycheques ready for distribution among the trainees, but they had been awaiting necessary directive from the social welfare minister.

They would organise a programme to distribute the cheques among the recipients as soon as they receive the directive, he added.

Noor e-Jannat, social services officer in Sadar upazila, said they also have the paycheques ready and they await completion of necessary formalities.

Abducted schoolgirl rescued

Our Correspondent, *Lalmonirhat*

Police rescued a schoolgirl from Gunaigachh Union in Kurigram's Ulipur upazila on Saturday, three days after her abduction.

They, however, failed to arrest the prime accused in the case Sohel Rana and his family members.

Sub Inspector (SI) Anisur Rahman of Ulipur Police Station, also investigating officer of the case, said, on secret information, they went to Ulipur Upazila Parishad premises on Saturday evening and rescued the girl.

Officer in Charge (OC) of Ulipur Police Station Moazzem Hossain said after conducting the medical test the victim girl was produced before Kurigram Judicial Magistrate Court, which recorded her statement under Sec 164, yesterday afternoon.

Later in the day, Kurigram Women and Children Repression Prevention Tribunal handed the girl's custody to her parents, police said, adding that they were continuing drives to arrest the culprits as soon as possible.

According to the case, filed by the girl's father, Sohel Rana and his men entered the victim's house forcible and picked up the girl on Thursday evening.

The following morning, victim's father filed the case against 12 people, including Sohel.

ROUNDTABLE

ACCESS TO GENERAL AND REPRODUCTIVE HEALTH SERVICES FOR RMG WORKERS DURING NEW NORMAL: CHALLENGES AND OPPORTUNITIES

SNV's Working with Women Project-II funded by the Embassy of the Kingdom of the Netherlands organised a virtual roundtable titled "Access to general and reproductive health services for RMG workers during new normal: Challenges and opportunities" on July 26, 2020 in association with The Daily Star. Here we publish a summary of the discussion.

Farhtheeba Rahat Khan, *Team Leader, RMG Inclusive Business Programs, SNV Netherlands Development Organisation*

Access to general and reproductive health services is just as important as protecting our garment workers from the impact of COVID-19. Health insurance is essential, and there are pilots on insurance in the garment sector. There is an immediate need for a long-stretching vision of preparedness and collaborative approach to culminate the learnings and come up with a standardised framework to ensure health, SRHR and gender issues for RMG workers.

Mahfuz Anam, *Editor and Publisher, The Daily Star*

I want to assure you that we will highlight the issues at stake that need to be brought to the attention of the policymakers. We will research, report and try to shed some light on the issues. We will try to focus on the solutions to these issues and play the necessary role at the right time, to speed up the process and stay committed to our female workers in the garments sector.

Dr Syed Abdul Hamid, *Professor and Director, Institute of Health Economics, University of Dhaka*

The RMG sector contributes 84 percent of export earnings in the country. In more than 4,000 factories out of the 5.1 million workers, the majority is women (around 65 percent). A large portion of these females are at the peak of their reproductive health (age 18-32). Workers are often affected by sexual and reproductive diseases and issues like poor hygienic conditions and they are often unable to manage their menstrual health properly. We performed a rapid small-scale survey and interviewed 237 workers in 22 factories. Since this is a very small survey, we can surely find some indications rather than definitive conclusions.

We found that 4.23 percent of the female workers experienced reproductive health problems during the past few months. 82 percent of the workers who sought healthcare took the service from the factory medical centre due to the closure of healthcare services outside. The non-COVID patients are unable to get treatment now at public hospitals because they require the COVID-19 report of the patient before providing any treatment. Workers' monthly income has also dropped significantly. In some factories, SNV insurance-based health services are available. If the government's support in terms of providing free medicines under the DG Health Services is extended to BGMEA and BKMEA hospitals and clinics, the garments workers will benefit immensely.

If we cannot bring back the healthcare situation to normal, many pregnant workers will not receive ANC and other services. We need to ensure that skilled birth attendants are present when deliveries are taking place inside homes – which is a big challenge now. This problem can be solved if the private sector ensures all their medical professionals (full-time employees) are employed. Besides, nutritional deficiency has also increased, causing health hazards.

We need to find a way to make the Ministry of Labour and Employment's central fund accessible to introduce health insurance for the RMG workers. We also need to address increased gender-based violence.

Robust research in the RMG sector is needed so that the workers' problems can be presented as evidence to bring changes in the policy.

Ubaidur Rob, *Senior Associate and Country Director, The Population Council's office in Bangladesh*

Replicating the structure of the community-based approach in rural areas and applying it to these factories can provide the workers with affordable medicine and other health-related facilities. We need to develop a uniform service delivery model, which SNV is trying to do. We also need to bring in BGMEA into the plan to standardise the procedure and provide reproductive health services as well, to find a systematic financing mechanism.

Dr Mohammad Mainul Islam, *Professor and Chairman, Department of Population Sciences, University of Dhaka*

The positive aspect of the whole situation is that we have not been infected in huge numbers as we had assumed. However, the risk of reproductive health has increased. If we can ensure the reproductive health services of the workers, we can keep progressing with a productive labour force and in that context, the workers' rights will also be preserved. We have an opportunity to research and work on a wide range of issues related to the accessibility of healthcare services.

Md Kawsar Ali, *Chief Operating Officer, Comfit Composite Knit. Ltd*

During the lockdown workers were scared to seek medical services. Now we have entered the new normal stage. We have embraced the precautions for COVID-19 while working. We have also been successful in ensuring sanitary pad supplies and distributing contraceptives and birth control pills. However, we have been a little helpless during the pandemic due to a lack of support.

Dr Dabir Uddin Ahmed, *Chief Executive Officer, Centre for Women and Child Health*

From January to July, we provided our services to 134 male and 303 female workers and successfully continued all our vaccination services although other deliveries went well, there were still a few who were refused treatment by doctors. There is a lack of vaccination and proper healthcare; a child died after birth due to pneumonia. We require support from both the government and the private sector in bringing us affordable medical care that is within our reach.

Jordane Cathala, *Chairman, C&R Sweater Ltd.*

The workers' health is our priority. Therefore, both men and women in our factory have equal access to healthcare facilities. When our factory was built, we had ensured equal access to washrooms for all our workers. We also have sanitary napkins readily available at a subsidised cost. Lastly, various training programmes are provided to workers employed at every level.

Shammin Sultana, *Programme Officer, Gender Mainstreaming, Ready-Made Garment Sector Programme, ILO*

Women's representation in the RMG sector is declining (about 60.5 percent) whereas the female workers' access to healthcare facilities had already been a matter of concern. Now COVID-19 has truly affected them in a different manner. We want to relate this issue of gender-based violence and harassment with domestic violence during this pandemic and we must find ways to keep working on such women's issues and come up with solutions.

Dr Md Mostafizur Rahman Mian, *Director, PMK Hospital & Diagnostic Centre*

Most RMG workers lack proper nutrition and they tend to work overtime to make ends meet. We have already sought permission from the Ministry of Health to establish our nursing institute and college. We will be training nurses and midwives soon, who will be providing quality services in the surrounding RMG factories. We also need to be more proactive to reduce the impact of violence against women.

Syful Alam Mallick, *Compliance Manager, South Asia, Auchan Retail International*

Health and safety is a big issue in social compliance. The sexual and reproductive health of the RMG workers is also a part of this compliance. We have provided health insurance to 25,000 workers through our CSR funds. There is a severe lack of health insurance among the four million RMG workers we have and therefore more efforts are required by companies to cater to a higher number of RMG workers. We can accumulate the buyers' CSR funds and bring all the factories under insurance coverage. Also, a part of the government's central fund mentions health insurance that we need to activate. After all, how can we provide better facilities without ensuring the basic ones?

Sk Mojibul Huq, *Programme Manager, Urban Development Programme, BRAC*

The number of patients visiting our health centres per day has significantly declined to 15-20 from 100-120 during this pandemic. Though the centres are near the factories, workers could not visit as factories were closed at the beginning of the pandemic, and now they are unable to come due to increased workload. Policy decisions are required to provide 100 percent health insurance to RMG workers. Collaboration between ministries should increase as well.

Maheen Sultan, *Lead Researcher, Centre for Gender and Social Transformation, BRAC Institute of Governance and Development (BIGD)*

There are factories for local production which don't fall under compliance or buyer monitoring and the situation is more difficult here. With issues such as fear of losing jobs and excess workload, female workers are fearful of complaining against any occurrence of sexual violence. We need to provide different sorts of protection in such cases.

Md Azmal Hossain, *Programme Analyst-Urban Health, UNFPA Bangladesh*

The RMG sector is an excellent platform to ensure women's empowerment since it gives underprivileged women the opportunity to earn. However, the decreasing percentage of female workers leads us to ponder if we are being unable to provide a proper environment for them. We need to create a comprehensive SRHR strategy for the RMG workers to determine the roles of different stakeholders. We must focus on working towards mental health (including postpartum depression) as well since it has deteriorated during this pandemic.

Mushfiqua Zaman Satiar, *Senior Policy Adviser, SRHR and Gender, Embassy of the Kingdom of the Netherlands*

We need to take a holistic approach. The shadow pandemic – Violence Against Women (VAW) – that we are seeing now is becoming increasingly critical. The Embassy of the Kingdom of the Netherlands strongly emphasises on collaborating with multiple stakeholders. The Embassy will continue to provide policy level involvement and support on SRHR issues even though we are gradually phasing out of programming and moving towards trade from aid. We have to work together to minimise the impact of this pandemic and I believe, our combined approach will lead the RMG sector to enhance the country's GDP.

Hanifur Rahman, *Chairman, BGMEA Standing Committee on Health Centers, BGMEA*

Each year, we spend 3.5 to 4 crore taka on this sector to provide medicine and other facilities free of charge through BGMEA health centres. There should be more focus on menstrual hygiene and health since this affects both the physical and mental health of workers and is still a taboo in our country. We are working with the University of Dhaka to produce a guideline that ensures maximum nutritional value for RMG workers at a minimum cost.

Dr Md Sarwar Bari, *Director (Finance) and Line Director, FP-FSDP, DGFP Directorate General of Family Planning*

We signed an MoU with BGMEA and BKMEA under which we are providing training to factories. Family planning commodities are supplied for free to those who are trained to provide family planning services at garment factories. We have set up experimental satellite clinics, especially in the garment factories of Narayanganj. Moreover, national health insurance is required in our country. If that is not possible, then small-scale health insurance coverage should be expanded.

Dr Mollah Jalal Uddin, *Additional Secretary, Ministry of Labour & Employment*

At the beginning of the COVID-19 pandemic, the DIFE along with ILO created a guideline with clear roles of the factory owners, workers, and the government. We have undertaken a massive project to overcome manpower shortage and will create nearly 1,514 new inspector positions. This will strengthen our monitoring system. The service quality and overall scenario of the RMG sector have improved drastically. However, there is scope for further improvement.

PARTICIPANTS


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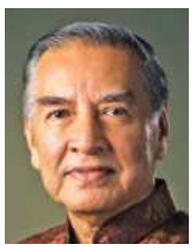
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