

Strengthening Eye Camps in Bangladesh: The Community Clinic Approach

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Nahid Ferdausi*

Professor of Ophthalmology and Former Director, Gopalganj Eye Hospital and Training Institute, Bangladesh

***Corresponding Author:** Nahid Ferdausi, Professor of Ophthalmology and Former Director, Gopalganj Eye Hospital and Training Institute, Bangladesh.

Eye camps have long been essential in combating preventable blindness in Bangladesh, traditionally conducted in schools, community centers, or open spaces. While these initiatives provide crucial services, they often face patient registration, referral, and follow-up care challenges. However, in partnership with Sightsavers Bangladesh, a recent Gopalganj Eye Hospital and Training Institute initiative has demonstrated a more effective model by integrating community clinics into the process. This approach ensures continuity of care, enhances patient compliance, and fosters local government involvement, making eye care more sustainable and accessible.

A Structured and Collaborative Approach

The initiative began with communication between Gopalganj Eye Hospital and Training Institute and primary health workers at community clinics. These health workers were crucial in mobilizing patients and ensuring smooth operations during the eye camps. Instead of setting up camps in schools or temporary locations, venues were carefully chosen in Union Parishad offices—Bangladesh's smallest rural administrative and local government units—near community clinics. This strategic selection enabled local government representatives to take ownership of the initiative and actively participate in promoting eye health within their constituencies.

Once the venues were selected, the primary health workers spearheaded a community-wide campaign to inform people about the upcoming eye camps. Posters, word-of-mouth communication, and announcements in public spaces were used to maximize outreach. This grassroots mobilization proved instrumental in ensuring a high turnout, particularly among elderly individuals and marginalized groups who often face barriers to accessing healthcare.

The Eye Camp Process: A Comprehensive Model

On the day of the eye camp, the process was systematically organized to ensure efficiency and effectiveness. Primary health workers registered patients upon arrival, documenting their socio-demographic information, which would later facilitate follow-ups. This registration method significantly improved over traditional eye camps, where patient records were often incomplete, making it difficult to track their medical history.

A medical team from Gopalganj Eye Hospital and Training Institute arrived to conduct examinations following registration. Mid-level ophthalmic personnel performed initial vision tests, checked blood pressure, and measured blood sugar levels. These preliminary assessments helped identify patients at risk for other systemic diseases and ensured that those needing surgical intervention were stable.

Next, ophthalmologists conducted detailed eye examinations to diagnose various conditions. Patients diagnosed with cataracts, chronic dacryocystitis, and other treatable conditions were selected for surgical intervention, provided their blood pressure and blood sugar levels were within the normal range. Those with uncontrolled hypertension or diabetes were advised to seek medical treatment before undergoing surgery to minimize complications. Additionally, patients with suspected retinal diseases were referred for specialized evaluation.

Patients with refractive errors other than presbyopia were referred to the hospital for refraction and further evaluation. Patients with only presbyopia were evaluated and provided reading glasses free of cost.

Ensuring Access to Surgical and Postoperative Care

One of the significant challenges of traditional eye camps in Bangladesh has been ensuring that referred patients reach the hospital for further treatment. Typically, organizers transport patients in a single batch, and those who miss this opportunity often do not receive the care they need. Moreover, post-surgical follow-up remains a challenge, leading to unaddressed potential complications.

To resolve these issues, the Gopalganj Eye Hospital and Training Institute, with support from Sightsavers, arranged free transportation for referred patients. This ensured all eligible individuals could reach the hospital safely and without financial burden. Postoperative follow-up was conducted at the hospital, but primary health workers from the community clinics played a crucial role in ensuring that patients attended their follow-up visits. These health workers maintained communication with the focal person at the hospital regarding eye camp-related patient issues, facilitating better coordination and ensuring no patient was lost to follow-up. This innovation significantly improved patient compliance and reduced the risk of complications.

Community Ownership and Sustainability

Beyond treatment, these community-integrated eye camps fostered awareness about preventive eye care. Health workers educated patients on diabetes management to prevent diabetic retinopathy, proper eye hygiene, and protective measures to reduce infections and injuries. This holistic approach aligns with Bangladesh's broader vision of universal health coverage and preventive healthcare.

The involvement of Union Parishad offices and community clinics ensured that the program was not just a temporary intervention but a sustainable model for the future. Local representatives, health workers, and community leaders became stakeholders, increasing accountability and ensuring long-term commitment to improving eye health.

A Call to Action: Expanding the Model Nationwide

The success of this initiative in Gopalganj presents a strong case for scaling up this model across Bangladesh. Government bodies, NGOs, and healthcare providers should consider adopting this structured approach, integrating eye camps within the community clinic framework. This model not only enhances accessibility but also ensures that eye care services become a continuous and structured effort rather than one-off interventions.

Bangladesh has made significant progress in reducing preventable blindness, but to sustain this progress, community-driven solutions are necessary. Integrating eye camps into community clinics is not just an improvement—it is an essential evolution in our approach to eye healthcare.

Now is the time to institutionalize this model and expand its reach. We urge policymakers, healthcare leaders, and donor organizations to invest in community-based eye care programs. By doing so, we can bring quality eye care to the doorsteps of those who need it most, ensuring that no one loses sight due to a lack of access.