

## Community Clinic - A Unique Opportunity for Eye Health Care Referral System in Bangladesh

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The flagship initiative of the current administration in Bangladesh is Community Clinic (CC), a population-based health care network specifically designed for providing primary health care to people at the grass-roots level. The CC-based PHC concept is a distinctive form of Public-Private Partnership (PPP) since the CCs are built on property contributed by the community and the government provides the medications, staff, and service providers. Each CC serves roughly 6000 rural residents and is led by a community healthcare provider (CHCP), who works six days a week. A health assistant (HA) and a family welfare assistant (FWA), who alternately work three days a week, also serve as part of the healthcare team. With a focus on prevention and health promotion, CC offers a “one-stop” service outlet for nutrition, family planning, and health. In accordance with the current epidemiological trend of diseases, CC performs Non-Communicable Disease screening, referring urgent cases and complex cases to higher-level institutions for optimal care.

Irreversible vision loss is frequently a highly traumatic event. It affects the quality of life and depending on the intensity, persons who are afflicted could start to burden others around them. The key to the prevention of many eye problems is early identification. Early detection of ophthalmic conditions is crucial to prevent vision loss.

The only specialist government eye hospital outside of the capital of Bangladesh is Sheikh Fazilatunnesa Mujib Eye Hospital and Training Institute (SFMEHTI), a tertiary eye hospital located in the Gopalganj district. The residents of Gopalganj and the 21

neighboring districts can receive eye care treatments from this institution. With the goal of prompt referral and early identification of ocular problems, this institute has launched an initiative to train CHCPs in basic eye care. However, four conditions—cataracts, refractive error, diabetic retinopathy, and retinopathy of prematurity—have been given more emphasis. CHCPs have received training on how to recognize cataract patients and assess visual acuity using an illiterate vision chart. A vision chart is provided to each CHCP. If CHCPs are aware that a diabetic patient may develop diabetic retinopathy, they are able to refer diabetic patients as part of their diabetic screening. Due to their focus on prenatal and postnatal examinations, CHCPs are more likely to identify and refer preterm infants with low birth weights for screening for Retinopathy of Prematurity (ROP).

The mobile number of the focal person has been supplied by SFMEHTI. Once the patient has been located, the referrer should get in communication with the focus point. At Sheikh Fazilatunnesa Mujib Eye Hospital and Training Institute, the patient will later get medical care. Following treatment, the patient will get in touch with their local community clinic, and the CHCP will keep track of their medical information. As a consequence, a referral network will be established, and for 6,000 residents in a certain region, a database will show how many eye patients there are.