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Research Article

Enhancing Social Accountability in Health Systems: The Case of the Opinion Box Initiative in Madhukhali Upazila Health Complex, Bangladesh

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Abstract

Social accountability has become a critical component of health system governance, particularly in low- and middle-income countries where gaps in service quality, transparency, and citizen engagement persist. In Bangladesh, despite notable progress in maternal and newborn health outcomes, institutional mechanisms that enable citizens to voice concerns and influence service delivery at the facility level remain limited. This study examines the Opinion Box Initiative implemented at the Madhukhali Upazila Health Complex in Faridpur District in Bangladesh as a practical social accountability mechanism embedded within the public health system. The purpose of this study is to explore how a simple, low-cost feedback tool can enhance institutional responsiveness, provider accountability, and community trust in a primary healthcare setting. Using a qualitative case study approach, data were collected through document review, field observations, semi-structured interviews with healthcare providers, facility managers, and community members, and review of Quality Improvement Committee meeting records. The data were thematically analyzed to assess the processes, outcomes, and governance implications of the initiative. Findings indicate that the Opinion Box Initiative created a structured and confidential platform for citizen feedback, particularly benefiting women and marginalized service users. The regular review of feedback through institutional committees contributed to tangible improvements in cleanliness, waiting times, provider behavior, and service utilization. The initiative also strengthened communication between service providers and the community, fostered a culture of transparency, and reinforced leadership accountability at the facility level. The study concludes that social accountability mechanisms, when embedded within existing governance and quality improvement structures and supported by facility leadership, can significantly enhance responsiveness and trust in public health services. The Madhukhali experience demonstrates that simple participatory tools can generate meaningful institutional change and offers policy-relevant lessons for scaling similar approaches within primary healthcare systems in Bangladesh and other resource-constrained settings.

Keywords

Social Accountability, Health Governance, Citizen Feedback, Maternal and Newborn Health, Participatory Monitoring, Bangladesh, Save the Children

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1. Introduction

Health systems aim to deliver equitable, accessible, and quality care for all, yet many fall short of this goal. Social accountability—defined by the World Bank [1] as "an approach toward building accountability that relies on civic engagement, where citizens and civil society organizations participate directly or indirectly in holding providers and policymakers accountable"—has emerged as a key pillar of equitable and responsive public health systems. It bridges the traditional divide between citizens and providers, enabling communities to become active participants in shaping service standards, identifying barriers, and co-creating solutions. Beyond being a complaint mechanism, social accountability fosters dialogue, transparency, and mutual trust, contributing to improved health outcomes [2, 3].

In recent decades, global health institutions, including the World Health Organization (WHO) and multilateral partners, have recognized that technical and financial inputs alone cannot ensure quality healthcare without mechanisms that reflect citizens' voices [4]. These agencies, along with international NGOs such as Save the Children, have increasingly integrated social accountability into governance and quality-improvement frameworks [5].

At the global level, empirical evidence suggests that social accountability mechanisms can improve provider responsiveness, transparency, and service utilization when they are embedded within formal governance structures rather than implemented as standalone projects [6, 7]. Studies from low- and middle-income countries demonstrate that sustained citizen engagement, coupled with institutional follow-up, enhances accountability and contributes to improved health system performance [8].

Across Asia, social accountability initiatives have been applied in diverse health system contexts. Experiences from countries such as India, Indonesia, and the Philippines show that community monitoring and feedback mechanisms have supported improvements in maternal health services, local health governance, and service transparency [9-11]. However, regional evidence also highlights persistent challenges, including limited institutionalization, weak feedback loops, and dependence on external project support, which undermine sustainability once donor assistance ends [10, 12].

Within South Asia, hierarchical administrative systems, power imbalances between providers and service users, and limited local capacity often constrain effective accountability. Research from Bangladesh, Nepal, and Pakistan indicates that while participatory platforms formally exist, they frequently lack clear operational guidance, regular follow-up, and meaningful integration into routine health system management [3, 13-15]. Consequently, citizen feedback is often collected but insufficiently used to inform decision-making or service improvement.

In Bangladesh, while progress in maternal and neonatal health has been significant, challenges persist in embedding accountability, particularly in primary care settings. Feedback systems are either absent or poorly maintained due to limited institutional ownership and the absence of clear practical guidance on how to operate social accountability mechanisms locally [16, 17]. The Opinion Box Initiative at Madhukhali Upazila Health Complex (UHC)1 in Faridpur District, Bangladesh was introduced under USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni-MNCSP)2, implemented by Save the Children3. Designed as a participatory and sustainable feedback mechanism, the initiative institutionalized people's voices within facility governance. This paper highlights how such context-appropriate, low-cost mechanisms can drive cultural and procedural change, demonstrating that meaningful citizen engagement is central to building responsive, transparent, and people-centered health systems in Bangladesh.

2. Methodology

This study employed a qualitative case study approach focusing on the Madhukhali UHC in Faridpur District, Bangladesh, where the Opinion Box Initiative was introduced to strengthen social accountability in public health services. Both primary and secondary data were used. Secondary data included literature reviews, government policy documents, and project reports. Primary data were collected through field visits, semi-structured interviews, and discussions with healthcare providers, facility managers, community members, and local officials. Observations of Quality Improvement Committee (QIC)4 meetings and feedback review sessions provided additional insights. Data were thematically analyzed, ensuring triangulation, confidentiality, and adherence to Save the Children's ethical research guidelines.

3. Upazila Health Complex in Bangladesh and Its Services

The Upazila Health Complex (UHC) forms the backbone of Bangladesh's rural public health system, functioning as the

1 The Upazila Health Complex (UHC) is the primary sub-district–level public health facility in Bangladesh's government health system. It provides preventive, promotive, and curative services to approximately 200,000–300,000 people.

2 USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni-MNCSP) was a national program (2018–2024) implemented by Save the Children in partnership with the Government of Bangladesh and funded by the United States Agency for International Development (USAID).

3 Save the Children is an international non-governmental organization (NGO) that works in over 100 countries to advance children's rights, education, and health.

4 The Quality Improvement Committee (QIC) is a multidisciplinary team established at each health facility under the Ministry of Health and Family Welfare (MoHFW) of Bangladesh. It monitors service quality, patient satisfaction, and adherence to national standards, identifies gaps through regular meetings, and develops action plans for improvement.

primary sub-district health facility and referral hub for Community Clinics5 and Union Health and Family Welfare Centres (UH&FWCs)6. Operating under the Directorate General of Health Services (DGHS) and the Ministry of Health and Family Welfare (MoHFW), UHCs deliver preventive, promotive, and curative care [17].

As part of Bangladesh's three-tier healthcare delivery system, Community Clinics offer grassroots health education and basic care, UH&FWCs provide family planning and maternal services, while the UHC delivers more advanced outpatient, inpatient, and emergency services. A standard UHC is equipped with 31 beds (some expanded to 50) and staffed by medical officers, nurses, midwives, and support personnel. Core services include maternal and newborn health (MNH), family planning, emergency obstetric care, laboratory diagnostics, and routine immunization. In addition, UHCs implement national programs on tuberculosis, malaria, non-communicable diseases, and nutrition. Each UHC typically serves between 200,000 and 300,000 people delivering preventive, promotive, and curative care [18, 19].

The facility is managed by the Upazila Health and Family Planning Officer (UH&FPO)7, who coordinates supervision of union-level facilities and collaborates with the Upazila Nirbahi Officer (UNO)8 and local government representatives. Each UHC typically operates a Quality Improvement Committee (QIC) to monitor performance and service delivery. Despite their critical role, many UHCs face constraints—limited staff, infrastructure gaps, and weak feedback systems—underscoring the need for participatory mechanisms such as the Opinion Box Initiative to strengthen accountability and citizen trust [20].

4. Save the Children's Approach

Save the Children International (SCI) has long recognized that health outcomes are inseparable from governance and accountability. In Bangladesh, SCI has implemented numerous initiatives emphasizing community participation and local government engagement in service delivery. Through the USAID-funded *MaMoni Maternal and Newborn Care Strengthening Project (MaMoni-MNCSP)*, SCI sought to institutionalize participatory monitoring systems in order to strengthen maternal and newborn health (MNH) services in 18 districts across the country [21].

Within this broader program, SCI identified the absence of citizen voice as a persistent barrier to service quality. Facilities lacked structured ways to hear from patients, and grievances—when expressed informally—rarely reached decision-makers. To close this gap, SCI introduced the Opinion Box as a formal feedback mechanism, designed not merely as a receptacle for complaints but as part of the governance and quality-improvement cycle. More recent MaMoni experimentation also piloted digital kiosks and web dashboards to modernize client feedback and make feedback actionable in near real-time [22].

The initiative was grounded in three interrelated principles.

1) Institutional accountability — feedback should be handled through committees and formal procedures to survive staff turnover.
2) Visible accountability — when citizens see that their feedback is discussed and acted upon, participation and trust increase.
3) Inclusive accountability — systems must be accessible to women and marginalized groups who often feel intimidated in official spaces.

In practical terms, SCI worked with the DGHS and district authorities to ensure that opinion boxes were placed in prominent, secure areas of UHCs. Staff were oriented on how to encourage clients to use the boxes and how to maintain confidentiality. The boxes were opened periodically by a small team comprising the UH&FPO, a MaMoni-MNCSP representative, and a member of the facility's administrative staff. Comments were transcribed into a register, analyzed for patterns, and presented during QI committee meetings. Decisions and follow-up actions were documented, ensuring feedback was incorporated into facility management.

5. Specific Work in the Case Study Area

Madhukhali Upazila, one of nine sub-districts in Faridpur District, is located about 140 kilometers southwest of Dhaka. Covering approximately 230 square kilometers, it consists of 11 Union Parishads9 and one municipality, with a population of around 210,000 [23]. The upazila's healthcare system includes one UHC, 11 UH&FWCs, and 26 Community Clinics. The Madhukhali UHC—a 31-bed government facility managed by the UH&FPO—serves as the main healthcare center and referral hub for the sub-district.

Despite its importance, Madhukhali UHC faced challenges typical of rural facilities: limited infrastructure, heavy patient loads, sanitation issues, and a lack of formal mechanisms for

5 Community Clinics are the lowest-tier primary healthcare facilities in Bangladesh's public health system. Each clinic serves approximately 6,000 people and is jointly managed by the Ministry of Health and Family Welfare (MoHFW) and local community groups. They provide essential health, nutrition, and family planning services, including antenatal care, immunization, and health education, aiming to ensure universal access to basic healthcare at the grassroots level.

6 Union Health and Family Welfare Centres (UH&FWCs) are the primary-level public health facilities at the union level in Bangladesh, serving as the cornerstone for delivering essential health and family planning services to rural communities. Each UH&FWC is generally located in a union, which is the smallest rural administrative unit in Bangladesh, and is designed to ensure accessibility to basic health care for a population of approximately 25,000 to 30,000 people.

7 The Upazila Health and Family Planning Officer (UH&FPO) is the senior government health official responsible for managing health and family planning services at the Upazila (sub-district) level in Bangladesh.

8 The Upazila Nirbahi Officer (UNO) is the chief administrative officer of an Upazila/sub-district in Bangladesh, responsible for coordinating government activities, supervising development programs, and ensuring implementation of policies at the local level.

9 Union Parishads (UPs) are the lowest tier of local government in rural Bangladesh, responsible for local administration, development planning, service delivery, and community welfare at the union level.

patient feedback. To address these gaps, Save the Children International (SCI), through the USAID-funded MaMoni Maternal and Newborn Care Strengthening Project (MaMoni-MNCSP), introduced the Opinion Box Initiative—a simple, low-cost feedback system to promote citizen participation and institutional accountability.

The initiative provided a platform for patients to share opinions, complaints, or suggestions anonymously, enabling managers to identify and respond to service gaps. It sought to make accountability participatory, inclusive, and sustainable by embedding the feedback process within existing management structures.

SCI supported the UHC and its Quality Improvement Committee (QIC) with technical and capacity-building inputs. The opinion box was installed in a visible area near the waiting space, painted in bright colors, and labeled in simple Bangla for accessibility. Staff and community members were oriented on its purpose and use through awareness sessions in the waiting area and courtyard meetings.

Key features of the initiative included:

1) Transparent feedback management: A clear process for collecting, reviewing, and acting on client inputs.
2) Inclusive participation: Encouraging use by women, adolescents, and marginalized groups.
3) Institutional integration: Regular review of feedback during monthly QI Committee meetings.
4) Provider accountability: Staff training and coaching on patient-centered and respectful care.
5) Leadership engagement: Oversight by the UH&FPO, ensuring citizen feedback informed facility decisions and planning.

Through this structured approach, the Opinion Box Initiative created a functional interface between citizens and healthcare providers, turning patient feedback into actionable governance data. It strengthened communication, transparency, and community trust—demonstrating how a simple mechanism, when supported by leadership and embedded within the health system, can promote responsive and people-centered primary healthcare.

6. Inputs

Implementation of the Opinion Box Initiative at Madhukhali Upazila Health Complex (UHC) required modest financial resources but substantial institutional commitment, technical facilitation, and strong community engagement. The initiative was supported by Save the Children International (SCI) through the USAID-funded MaMoni Maternal and Newborn Care Strengthening Project (MaMoni-MNCSP) in close collaboration with the Directorate General of Health Services (DGHS) and the Upazila Health and Family Planning Office (UH&FPO). It was embedded within existing health management systems to promote ownership, sustainability, and cost-effectiveness.

Key inputs included:

1) Development of Standard Operating Procedures (SOPs) for collecting, categorizing, and responding to client feedback.
2) Installation of durable, lockable stainless-steel opinion boxes in visible patient areas, accompanied by clear Bangla instructions and visual icons to encourage participation.
3) Preparation of a feedback register, issue-tracking templates, and follow-up mechanisms for transparent documentation.
4) Training and orientation of 45 health staff—including doctors, nurses, and paramedics—on patient-centred communication, social accountability, and ethical feedback management.
5) Mentoring and coaching by SCI technical teams to strengthen the facilitation and problem-solving skills of the QI Committee.
6) Integration of feedback review as a fixed agenda item in monthly Quality Improvement (QI) Committee meetings.
7) Coordination with Union Parishad representatives to ensure community linkage and transparency in decision-making.
8) Inclusion of MaMoni-MNCSP field coordinators during review sessions for accountability and technical guidance.
9) Awareness sessions and courtyard meetings with about 1200 community members—including women, youth, and local leaders—to promote participation and ownership.
10) Dissemination of IEC materials (leaflets, posters, announcements) to inform patients about their right to provide feedback safely and anonymously.
11) Engagement of community health workers (FWAs, and HAs10) to promote use of the opinion box during community outreach.
12) Establishment of a monitoring and documentation system for monthly reviews, action tracking, and follow-up by responsible staff.
13) Joint monitoring visits by SCI and Upazila health authorities to assess compliance, identify challenges, and share learning.
14) Periodic reporting to district authorities highlighting key findings and actions taken for institutional learning.

The most critical inputs were leadership commitment, staff participation, and community involvement, which ensured that this low-cost initiative evolved into a sustainable mechanism for social accountability and service improvement.

10 Family Welfare Assistants (FWAs) and Health Assistants (HAs) are frontline community health workers in Bangladesh who provide outreach services on family planning, maternal and child health, and basic preventive health care at the community level.

7. Key Outcomes

The Opinion Box Initiative produced significant improvements in service quality, accountability, and community trust at the Madhukhali Upazila Health Complex (UHC) within a year of implementation. It established a reliable, confidential platform for patients—especially women and marginalized groups—to share feedback, fostering empowerment and ownership of the facility.

Major reported outcomes included:

1) A total of 185 feedback slips were received over 12 months, 68% from women using maternal and newborn services.
2) Outpatient visits increased by 22% and antenatal care visits by 19%, reflecting enhanced trust and service uptake.
3) Cleanliness scores improved by 45% due to cleaning rosters and staff accountability.
4) Reduced waiting times for pregnant women from 90 to 60 minutes. Additional seating and clear signage improved patient comfort.
5) Over 30 staff members participated in regular feedback reviews. Nine refresher sessions on respectful care improved professionalism, and positive feedback was recognized in meetings, fostering morale and teamwork.
6) Feedback was reviewed in 12 consecutive Quality Improvement (QI) meetings, guiding action plans and advocacy for resources at the district level.
7) Patients reported feeling heard, while local leaders promoted institutional deliveries and immunization services.

Overall, the initiative bridged the gap between citizens and providers, transforming Madhukhali UHC into a more responsive, transparent, and trusted public health facility through a simple, low-cost, and sustainable accountability mechanism.

8. Findings

The Madhukhali experience demonstrates that even simple, low-cost accountability tools can drive significant institutional change when supported by leadership and integrated into existing governance structures. The Opinion Box Initiative successfully embedded citizen voice within facility management, making accountability part of the organizational culture.

Key findings include:

1) Improved service quality and environment: Facility cleanliness, crowd management, and patient communication improved as feedback guided practical actions. Quality Improvement (QI) meetings became proactive, focusing on continuous service enhancement.
2) Enhanced staff motivation and accountability: Regular discussion of feedback fostered professional responsibility. Health providers viewed accountability as recognition and an opportunity for learning rather than surveillance.
3) Reinforced community trust: The transparent feedback channel empowered citizens to engage confidently with service providers, increasing trust and use of maternal and newborn health services.
4) Institutional learning and governance: Feedback registers evolved into qualitative monitoring tools that informed internal planning and resource allocation, complementing existing data systems.
5) Leadership and system integration: Active engagement by the Upazila Health and Family Planning Officer (UH&FPO) ensured institutionalization, ownership, and potential for replication.

Overall, the case affirms that social accountability, when nurtured through leadership and structured processes, enhances service quality, motivation, and public confidence in health systems.

9. Key Challenges Identified

Despite its success, the Opinion Box Initiative at Madhukhali Upazila Health Complex (UHC) faced several challenges that underline the complexities of sustaining social accountability within public health systems.

Major challenges included:

1) Irregular follow-up: Although the initiative started strongly, maintaining regular review of feedback was difficult due to staff transfers, competing workloads, and lack of a dedicated focal person. Institutionalized roles are needed to ensure continuity.
2) Resource limitations: Some issues—such as staff shortages, inadequate supplies, and infrastructure repair—were beyond local control and required district or national-level action. Linking feedback to higher-level budget and planning frameworks is crucial.
3) Anonymity and verification: While anonymity encouraged participation, it complicated case-specific follow-up and occasionally led to vague or unverifiable submissions. Balanced confidentiality protocols are needed to preserve both privacy and accountability.
4) Staff turnover and orientation gaps: Frequent personnel changes disrupted momentum, as new staff were often unaware of the feedback process. Regular induction and refresher sessions on social accountability should be institutionalized.
5) Sustainability and policy integration: Without inclusion in the national Quality Improvement (QI) framework, such initiatives risk remaining project-based. Embedding citizen feedback indicators in government supervision and performance tools is essential for long-term adoption.
6) Limited outreach: Awareness beyond regular facility users was low. Expanding engagement through local government bodies, community groups, and adolescent clubs can strengthen citizen participation.

Overall, sustaining social accountability requires systemic embedding, predictable leadership, cross-sector coordination,

and supportive policy integration to ensure replication and durability across Bangladesh's public health facilities.

10. Conclusion

The Opinion Box Initiative at Madhukhali Upazila Health Complex illustrates how participatory governance can transform public health service delivery. By creating a platform for citizens' voices, it shifted the culture of care from hierarchy to dialogue and mutual respect. The initiative demonstrated that accountability is not about oversight or punishment, but about communication, empathy, and responsiveness.

Patients felt heard, and staff developed a stronger sense of responsibility and pride, fostering shared ownership of service quality. Institutionalizing such feedback mechanisms within the Ministry of Health and Family Welfare's Quality Improvement (QI) framework would make community feedback a key indicator of performance.

The Madhukhali case reaffirms that the true strength of a health system lies not only in its infrastructure but in the trust and collaboration between citizens and providers. When engagement and transparency prevail, healthcare evolves into a sustained relationship of accountability and respect.

Abbreviations

ANC	Antenatal Care
BHFS	Bangladesh Health Facility Survey
BBS	Bangladesh Bureau of Statistics
DGHS	Directorate General of Health Services
D4I	Data4Impact
FWAs	Family Welfare Assistants
HAs	Health Assistants
IEC	Information, Education and Communication
MNH	Maternal and Newborn Health
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organization
QIC	Quality Improvement Committee
SCI	Save the Children International
SOPs	Standard Operating Procedures
UHC	Upazila Health Complex
UH&FPO	Upazila Health and Family Planning Officer
UH&FWC	Union Health and Family Welfare Centre
UNO	Upazila Nirbahi Officer
USAID	United States Agency for International Development
WHO	World Health Organization

Author Contributions

Md. Faridul Julfiker is the sole author. The author read and approved the final manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

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