**Citizen participation in policy implementation: an exploration of social accountability in free maternal and child healthcare programme in Nigeria**.

**Background**

Evidence of social accountability initiatives in implementation of health financing policies in low-income countries is limited despite being important in making health systems people-centered. The study explores how social accountability initiatives have enabled or constrained implementation of free maternal and child healthcare programme in Nigeria.

**Methods**

A qualitative, realist evaluation using grounded theory approach was adopted. Multiple data collection methods were used including in-depth interview of policymakers (n = 16), providers (n = 16), and health facility committee members (n = 12); focus group discussions (n = 4); and document review (n=14). Data were analysed using constant comparison analysis.

**Results**

Health facility committees emerged as dominant social accountability initiative. Performance of free maternal and child healthcare programme is influenced by mode of functioning of health facility committees (village square, community connector, government botherer, backup government or general overseer) which depended on resources, attitude and culture of actors. Health facility committees’ alliance exists but are ineffective. Complaint box and service charter were relatively inexistent because of poor adoption of new ideas by providers and predominant culture of verbal complaint by users.

**Conclusions**

Addressing social accountability mechanisms is imperative in making user-fee abolition policy people-centered in Nigeria and other low-resource settings.