Engaging citizens in holding policymakers and service providers to account for the relevance, accessibility and quality of public services, referred to as social accountability, figures prominently in international development policies and projects. This thesis looks at informal and formal social accountability relations and initiatives at the frontline of maternal health service delivery. It is based on findings from primary research in sub-Saharan Africa and a review of cases from low-and middle-income countries. It explores how citizens and health facility committees, in their critical engagement with health providers, can provide non-material incentives for providers to carry out their clinical and social responsibilities in under-resourced rural settings. It also demonstrates how citizens address providers’ disrespectful behaviour and misconduct by leveraging public authorities. The thesis critically assesses the contextual factors, such as health systems capacities, gender norms, and global maternal health care policies that shape, influence and divert social accountability initiatives and outcomes. The evidence developed through this research can inform theories of change on social accountability, health worker performance and the contextual factors mediating each of these aspects.