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**TITLE OF THESIS: ANALYSIS OF POLICY FORMULATION PROCESS OF THE FREE MATERNAL AND CHILD HEALTH PROGRAM IN EBONYI STATE**

**BACKGROUND**

Nigeria has one of the weakest health systems globally and one of the worst maternal and child health indices in the African continent1. Ebonyi State reflects the weak national health system and poor MCH indices. The infant mortality rate (IMR) has remained high and is estimated at 99 per 1000 live births while the under 5 mortality rate (U5MR) is 191 per 1000 live births1. Ebonyi has Maternal Mortality Rate (MMR) of 602 per 100,000 population2. On this premise, the State government initiated and commenced a free MCH program in 2009. Policy analysis of the FMCHP in Ebonyi state will bring out the reasons it came up, why it became a policy, the key actors, the process of formulation, and why it did not continue.

**STUDY AIM AND OBJECTIVES**

**AIM:** To examine the process of formulation of the free MCH in Ebonyi

 **SPECIFIC OBJECTIVES**

1. To determine the roles of actors in the formulation process
2. To determine the role of evidence in the policy formulation
3. To determine the contextual factors that influenced policy formulation
4. To examine the influence of actors’ roles, evidence and context on sustainability of free MCH programme

**METHODOLOGY**

**Study Area:** Geographical location is Ebonyi State. Size of location is 5935 Square Kilometres with population of 2,176,947. Demographic features which are important to study include age of pregnant women in Ebonyi State, number of pregnancy, age and sex structure of children in Ebonyi State.

**Study Design:** Qualitative research method will be used. Samples will be selected using a purposive sampling method, a non-probability sampling method.

**Study population:** This includes the stakeholders in the Free MCH Program Policy in Ebonyi State namely; the then Hon Commissioner for Health, The Permanent Secretary of Ebonyi State Ministry of Health, The Director of Public Health, Head of Department of MCH and Other key actors during the policy formulation which will be identified.

**Data collection:** Qualitative data collection will be employed using key informant interviews, Focus Group Discussion, In-depth interview and Questionnaire. Rigour will be ensured in data collection via: training of interviewers, respondent validation/member checking**,** supervision of data collection, debriefing after data collection event and triangulation.

**Data analysis:** Data collected will be transcribed on daily basis, data will be analysed on daily basis, reflexibility to increase self-awareness such as research diary will be kept and an interpretation will be done following analysis.

**ETHICAL CONSIDERATION**

Ethical approval shall be obtained from the Ministry of Health, Ebonyi State. Research participation shall be voluntary, consent shall be taken from the research participants and the result of the research will be disclosed to them.

**REFERENCES**

1. WHO. Geneva: World Health Organisation (WHO). Department of Reproductive Health and Research (RHR); 2004. Making pregnancy safer the critical role of the skilled attendant: a joint statement by WHO, ICM and FIGO.
2. Ebonyi State, Ministry of Health. State Strategic Development Plan 2010-2015. Abakalili: Ebonyi State, Ministry of Health. 2010