



Project Aisha Community Baseline Summary (Lagos)

Background

Project Aisha is a three-year MSD for Mothers (MfM) funded initiative (2022–2025) implemented by a coalition of partners: Health Strategy and Delivery Foundation (HSDF), Ingress Health Partners (IHP), mDoc Health, and Institute for Healthcare Improvement (IHI) to address systemic causes of maternal and neonatal mortality in Lagos and Kaduna States. The project aims to reduce maternal and neonatal deaths, improve operational and financial sustainability of maternal health services, and promote respectful, women-centered, and community-driven maternal care.

The project's interventions focus on:

1. Strengthening women's engagement and health-seeking behavior.
2. Empowering women to seek respectful, quality care.
3. Strengthening TBA linkages, PHC quality of care, and accountability structures across the LSMOH, PHC Board, and LSTMB.

Ingress Health Partners leads community engagement activities across both Lagos and Kaduna States, focusing on:

- Improving maternal health literacy and empowering women to seek respectful, high-quality care.
- Strengthening community demand for antenatal and emergency care.
- Supporting community-level MPDSR and strengthening TBA engagement for safer delivery practices.
- Enhancing PHC and nurse-led facility quality of care through improved referrals, infection prevention, and respectful care.
- Engaging with LSMOH, PHC Boards, and TMBs to promote accountability and sustainability.

Purpose of the Baseline

The baseline study was conducted to establish initial values for key performance indicators (KPIs), understand socio-economic and behavioral factors influencing maternal health, and identify barriers to care-seeking and respectful maternity services across 23 communities in Ifako-Ijaiye and Epe LGAs, Lagos State.

Methodology

The study employed a mixed-methods approach, combining quantitative household surveys and qualitative interviews across intervention communities. Structured tools were applied to



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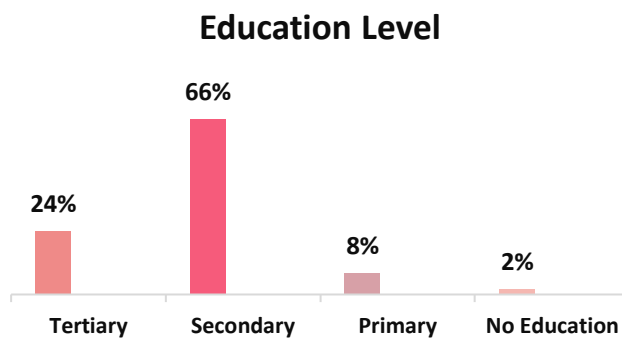
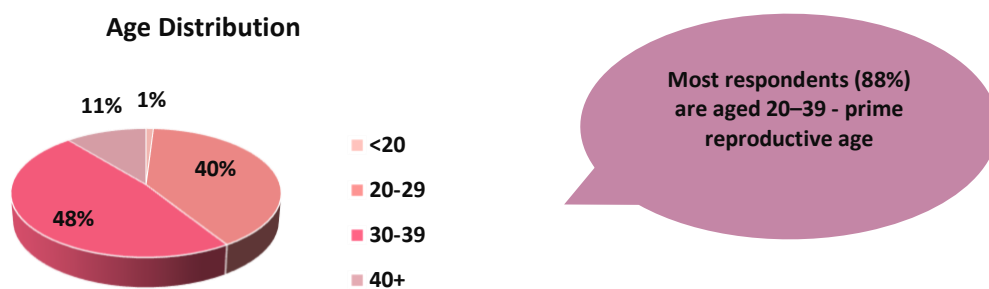
capture socio-demographic characteristics, maternal health knowledge, health-seeking behaviors, and care experiences at facilities.

A total of 471 women were interviewed across the intervention communities. Of these, 429 reported having been pregnant during the reference period (January 2020 to January 2023). At the time of the survey in May 2023, 30 women were still pregnant, and an additional 47 had become pregnant after the reference period, resulting in a total of 77 women who were currently pregnant.

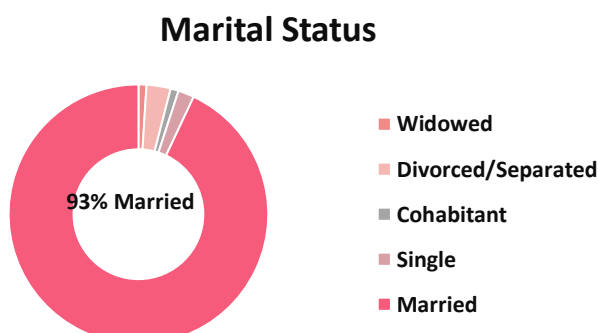
Qualitative: 15 men and 17 women participated in FGDs across both LGAs, exploring experiences, decision-making, and influences around maternal health.

Key Findings

Socio-Demographic Characteristics

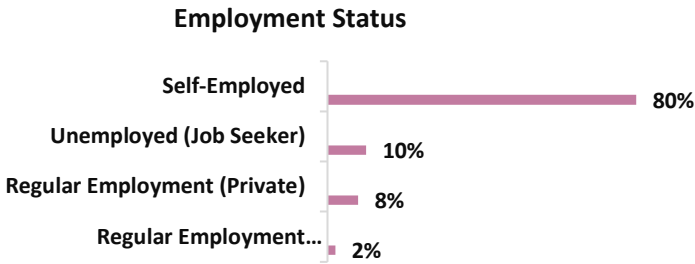


90% have at least secondary education - high literacy levels.



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Informal work dominates, with 80% engaged in self-employment



The majority of respondents (92.7%) were married, 66% had completed secondary education, and 80% were self-employed. These characteristics suggest a predominantly educated, economically active population with strong family structures.

Pregnancy Outcome and Place of Delivery

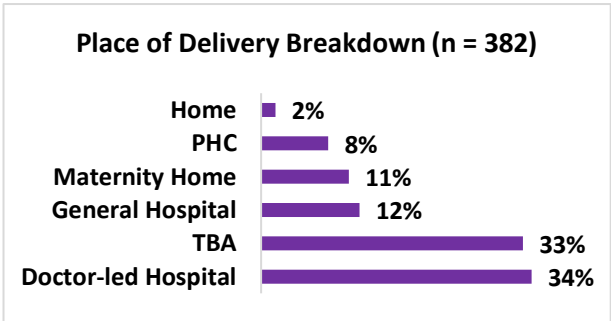
Among the 399 completed pregnancies, deliveries occurred across a mix of formal and informal settings:

Place of Delivery and Birth Outcomes

 Total Deliveries – 382

 Livebirths – 380

 Stillbirths – 2



Completed Pregnancies (382) – Excludes miscarriages (17)

Nearly two-thirds (66.5%) of births occurred outside public health facilities, primarily in TBA homes (32.7%) and private hospitals (33.8%). While the overall livebirth rate is encouraging, the stillbirths associated with TBA-attended deliveries emphasize the need for stronger linkages between informal providers and formal health systems.

Knowledge and Awareness of Maternal Health

Key Indicators	Pregnant Women	WRAs	Husbands/Influencers
Intention to use emergency obstetric services	33%	51%	81%
Knowledge of 3 danger signs	34%	33%	32%
Knowledge of emergency obstetric facility location	44%	51%	61%

Knowledge of maternal danger signs is generally low across all groups, with only about one in three pregnant women, WRAs, and husbands able to mention at least three. This signals a real gap in maternal health literacy and early risk recognition at the household level. These findings underscore the need to strengthen health education at the community level and



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enhance counseling within health facilities to ensure women are better informed and empowered to act.

Knowledge of where to find emergency obstetric services is somewhat better, especially among WRAs (51%) and husbands/influencers (61%), but this doesn't always translate into action. Pregnant women, despite some awareness, show the lowest intention to use these services (33%). Meanwhile, men, who often make the final decisions expressed the strongest intention (81%).

The data tells a clear story: knowing isn't the same as acting. Women may be aware of where to go but aren't always empowered to decide when to go. This gap between knowledge and agency points to the influence of household power dynamics, perceptions of care quality, and practical barriers like cost or mobility.

Qualitative insights:

- Both women and men value regular antenatal care, though financial and registration barriers limit access.
- Women prefer skilled birth attendants but some opt for home deliveries with TBAs due to fear of medical interventions and negative provider attitudes.
- General Hospitals, PHCs, and private facilities are preferred, though TBAs remain influential.
- Husbands, mothers-in-law, sisters-in-law, and friends are key decision-makers affecting maternal health behaviors.

Respectful Maternal Care

Among women who delivered in public facilities:

94% felt supported during labor and delivery.

12% reported verbal mistreatment.

6% reported physical handling such as slapping or pinching.

While overall respectful care ratings were high, continuous provider mentorship and monitoring are needed to maintain women-centered service delivery.

Key Insights and Recommendations

- ✧ Persistent trust in TBAs underscores the need for engagement and capacity-building rather than exclusion.
- ✧ Low maternal health literacy limits early recognition and response to danger signs.
- ✧ Male involvement presents a strong entry point for behavioral change interventions.



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- ✧ Respectful care is critical for restoring trust in formal health facilities.

Conclusion

The baseline assessment provides the foundation for monitoring Project Aisha's progress across intervention LGAs. It highlights a complex interplay between cultural norms, trust, access, and health system quality.

To achieve meaningful impact, the project must continue to bridge community realities with formal health systems in ensuring that maternal care is not just available, but trusted, respectful, and responsive to women's needs.