

Background

Project Aisha is a three-year MSD for Mothers (MfM) funded initiative (2022–2025) implemented by a coalition of partners: Health Strategy Delivery Foundation (HSDF), Ingress Health Partners (IHP), mDoc, and Institute for Health 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 providers to deliver respectful, quality care.
3. Enhancing leadership, accountability, and system sustainability.

Purpose of the Baseline

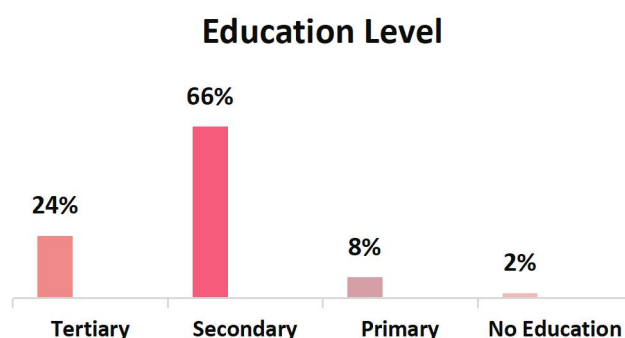
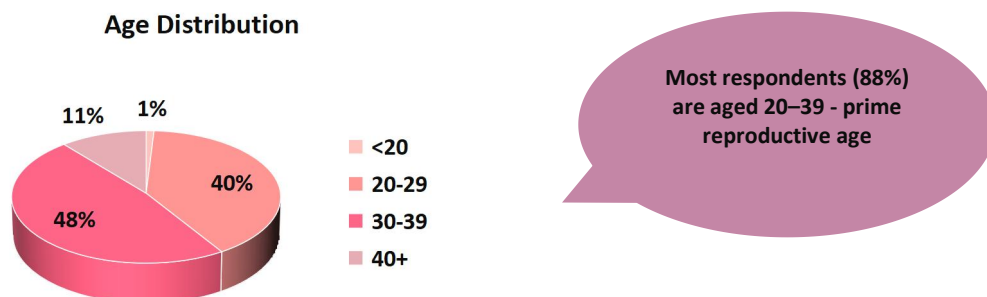
The baseline study was conducted to establish initial values for key performance indicators (KPIs), understand socio-economic and behavioral factors influencing maternal health, and identify barriers to care-seeking and respectful maternity services across 23 communities in Ifako-Ijaiye and Epe LGAs, Lagos State. Data collection covered 471 women of reproductive age (WRAs), including 429 who had been pregnant in the last three years and 30 who were currently pregnant at the time of the survey.

Methodology

A cross-sectional community survey using quantitative household interviews and qualitative discussions was conducted across intervention communities. Structured tools were applied to capture socio-demographic characteristics, maternal health knowledge, health-seeking behaviors, and care experiences at facilities.

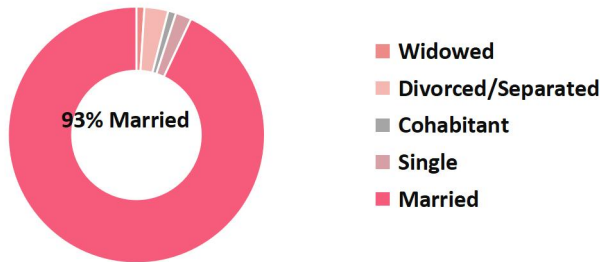
Key Findings

Socio-Demographic Characteristics



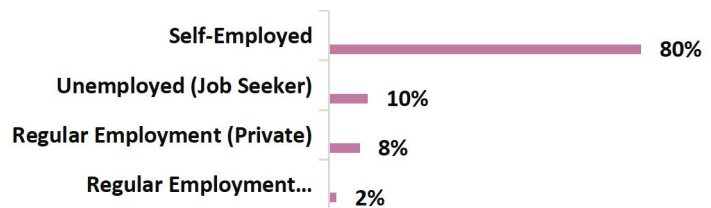
90% have at least secondary education - high literacy levels.

Marital Status



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

Employment Status

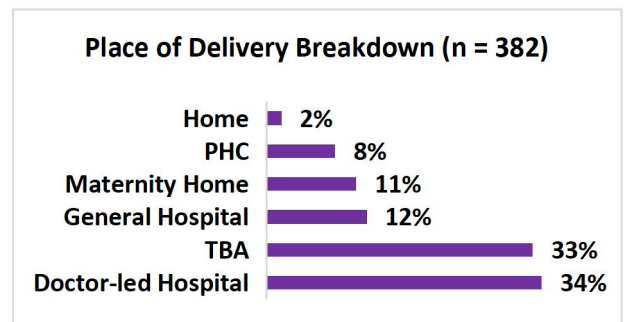
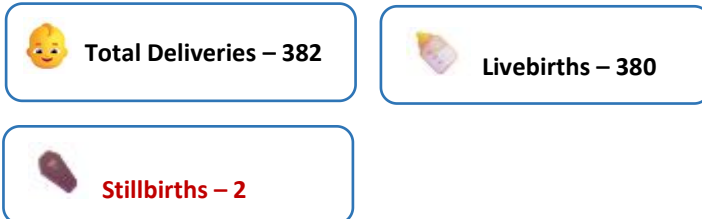


The majority of respondents (92.7%) were married, 66% had completed secondary education, and 80% were self-employed. These characteristics suggest a predominantly educated, economically active population with strong family structures.

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



Completed Pregnancies (382) – Excludes miscarriages (17)

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.

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.

Summary

The baseline highlights generally positive maternal outcomes but persistent risks from low awareness of danger signs and limited readiness to seek emergency care. While women are educated and economically active, decision-making remains shaped by household dynamics. Respectful care and community engagement emerged as critical levers. Project Aisha is well positioned to strengthen awareness, promote dignity-centered services, and improve access to quality emergency obstetric care.