CONCEPT NOTE

Youth HIV Prevention & Care Access with Lenacapavir in Nigeria

A community-centered initiative to reach **10,000 young people** with accurate HIV prevention information, HIV testing pathways, PrEP counselling, and supported access/referral to twice-yearly injectable **lenacapavir (LEN)** for eligible HIV-negative young people, in line with Nigerian policy and WHO guidance.

IMPLEMENTING ORGANIZATION	HopeShield Humanitarian Foundation
COUNTRY	Nigeria
TARGET	10,000 youths reached
PROJECT DURATION	24 months
TOTAL BUDGET	**US$390,000**
CORE APPROACH	Community HIV prevention + testing + PrEP/LEN access pathways + care/support

Prepared for prospective donors, partners and health-sector stakeholders

September 2026

1. Executive Summary

A practical, scalable and evidence-aligned youth HIV prevention initiative

HopeShield Humanitarian Foundation proposes a 24-month, US$390,000 initiative to reach 10,000 youths in Nigeria with comprehensive HIV prevention and care-linkage services, with a strong focus on awareness and supported access to lenacapavir (LEN), a long-acting injectable HIV pre-exposure prophylaxis (PrEP) option. The project responds to a timely opportunity: Nigeria introduced lenacapavir for HIV prevention in March 2026, following global WHO guidance recommending twice-yearly injectable LEN as an additional PrEP choice.

The project combines youth-friendly demand creation with community education, HIV testing referrals, prevention counselling, PrEP literacy, stigma reduction, safeguarding, treatment/care referrals, adherence support for people living with HIV, and coordinated referral to qualified providers.

Project goal

To reduce barriers to HIV prevention among young people in Nigeria by increasing knowledge, early testing, informed PrEP choice and linkage to appropriate clinical services, including lenacapavir for eligible HIV-negative people at substantial risk of HIV acquisition.

What success looks like after 24 months

• **10,000** youths reached with targeted HIV prevention and LEN information.

• **3,000+** youths supported through structured risk assessment, counselling or prevention referral pathways.

• **2,000+** youths supported to complete HIV testing/referral pathways, subject to service availability and consent.

• **1,000+** eligible clients supported through PrEP/LEN clinical referral or continuation pathways, subject to clinical eligibility and commodity availability.

• Youth-friendly community referral networks operating with participating health facilities and trained personnel.

• Routine monitoring, safeguarding and donor reporting systems producing credible evidence of reach, linkage and retention.

INVESTMENT CASE
US$390,000 over 24 months • approximately US$39 per youth reached

2. Context, Need & Urgency

Why Nigeria needs youth-centered, choice-based HIV prevention now

Nigeria has an estimated 1.9 million people living with HIV, and WHO reports that young women and key populations continue to carry a significant share of the HIV burden. In March 2026, Nigeria introduced lenacapavir as a new long-acting injectable HIV prevention option. This creates an important implementation window: communities need accurate information, trusted counselling, HIV testing, referral pathways and follow-up so that eligible people can make informed prevention choices.

The youth access gap

• **Knowledge and misinformation:** young people may encounter fragmented or inaccurate information about HIV transmission, PrEP and modern prevention options.

• **Stigma and confidentiality:** fear of being judged can discourage HIV testing, prevention uptake or return visits.

• **Daily-pill barriers:** some people find daily oral PrEP difficult because of adherence, stigma, privacy or access challenges; long-acting options can expand choice.

• **Service navigation:** knowing that a prevention product exists does not automatically mean a young person knows where to test, who is eligible or how to continue care.

• **Equity:** underserved urban, peri-urban and rural communities can face transport, information and provider-access barriers.

Why lenacapavir matters

WHO recommends twice-yearly injectable lenacapavir as an additional HIV PrEP option within combination prevention. WHO also recommends HIV rapid diagnostic testing to support initiation and continuation of long-acting injectable PrEP. Lenacapavir is not a treatment for established HIV infection and should not be presented as a universal product for every young person. Eligibility, testing, prescribing, injection and follow-up must be handled by appropriately qualified health professionals under applicable Nigerian guidance.

Implementation principle

HopeShield will not promise that all 10,000 youths will receive lenacapavir injections. The 10,000 target represents young people reached by the project's prevention and access pathway. Actual initiation will depend on HIV status, clinical eligibility, informed choice, provider assessment, national guidance, supply and funding. This distinction protects participants and strengthens donor credibility.

3. Goal, Objectives & Target Population

From awareness to informed prevention choice and sustained care

Overall Goal

To strengthen youth HIV prevention and care access in selected Nigerian communities by reducing information, stigma and service-navigation barriers and by creating practical pathways to HIV testing, PrEP and clinically appropriate lenacapavir prevention.

Specific objectives

NO.	OBJECTIVE	WHAT IT MEANS
1	**Reach 10,000 youths**	Deliver culturally appropriate HIV/AIDS education, prevention information and LEN/PrEP literacy through community, school-adjacent, digital and youth-network channels.
2	**Increase testing and linkage**	Connect young people to confidential HIV testing, counselling and qualified providers, with clear referral and follow-up pathways.
3	**Expand prevention choice**	Increase understanding of oral PrEP and long-acting injectable PrEP, including lenacapavir, so eligible HIV-negative youths can make informed choices with providers.
4	**Strengthen care support**	Support people affected by HIV with stigma reduction, adherence information, psychosocial/community support and referral to treatment services.
5	**Build sustainable systems**	Train outreach personnel, establish facility/community referral relationships and maintain data, safeguarding and quality-improvement systems.

Priority participants

The project will prioritize adolescents and young adults within the program's approved age range, especially those who face barriers to HIV prevention and testing. Outreach will be inclusive and non-discriminatory, with deliberate attention to young women, out-of-school youth, students and apprentices, young people in underserved communities, and populations that may experience heightened HIV vulnerability. Participation will be voluntary and confidential.

4. Implementation Strategy & Activities

A five-part delivery model that turns information into access

A. Youth HIV education & demand creation

Community dialogues, peer-led sessions, digital content, youth ambassadors, IEC materials and myth-busting messages covering HIV transmission, testing, prevention, PrEP, STIs, condoms and stigma.

B. LEN/PrEP literacy & informed choice

Plain-language sessions explaining what lenacapavir is, who may be eligible, why HIV testing is required, the twice-yearly schedule, the importance of follow-up, and how LEN fits within combination HIV prevention.

C. Testing, counselling & referral

Community mobilization linked to qualified providers. Youths receive information on confidential HIV testing and are referred for clinical assessment. HIV-positive clients are linked to treatment and care; HIV-negative clients at substantial risk can be assessed for PrEP.

D. Care, stigma reduction & psychosocial support

Peer/community support, treatment-adherence education, stigma-reduction activities and referral support for people living with HIV and affected households, without disclosing private status.

E. Monitoring, safeguarding & learning

Routine data collection, consent-based participant tracking, referral completion monitoring, provider escalation pathways, safeguarding, feedback mechanisms and quarterly learning reviews.

Geographic approach

The first phase will select priority communities using burden, service gaps, youth population, partner capacity and feasibility criteria. The model is designed for adaptation across urban, peri-urban and underserved settings rather than assuming that one delivery approach fits every Nigerian community.

5. Workplan, Outputs & Results Framework

24-month implementation roadmap

PHASE	MONTHS	KEY ACTIONS	MAIN OUTPUTS
1. Set-up	1–3	Stakeholder mapping; facility MOUs; staff/peer training; safeguarding; baseline; materials	Implementation system established; referral network activated
2. Launch	4–6	Youth outreach; HIV/LEN education; testing/referral campaigns; digital engagement	First 2,000 youths reached; referral pathways tested
3. Scale	7–18	Community sessions; peer networks; provider referrals; follow-up; stigma reduction	Cumulative 7,500 youths reached; stronger service linkage
4. Consolidate	19–22	Intensified outreach in gaps; quality improvement; retention; learning	10,000 youths reached; improved referral completion
5. Close & sustain	23–24	Endline; outcome review; donor report; sustainability and scale plan	Evidence package; sustainability roadmap

Illustrative indicators

INDICATOR	TARGET	VERIFICATION
Youth reached with HIV/LEN prevention messages	10,000	Attendance/engagement records; outreach reports
Youth receiving structured prevention counselling or referral	3,000+	De-identified service/referral records
Youth completing HIV testing/referral pathway	2,000+	Provider/referral confirmation where consent permits
Eligible youth linked to PrEP/LEN clinical pathway	1,000+	Provider referral/clinical records; aggregate reporting
Community/peer personnel trained	100+	Training records; competency checks
Youth-friendly referral facilities/partners	15+	MOUs/referral directory; service mapping

Targets are planning targets, not guaranteed clinical outcomes. Clinical eligibility, product availability, provider capacity and participant choice will determine actual LEN initiation.

6. Detailed Budget

US$390,000 total investment over 24 months

BUDGET LINE	US$	%
Project personnel & technical coordination	72,000	18.5%
Youth/community outreach & peer mobilization	55,000	14.1%
LEN/PrEP access, clinical linkage & service-delivery support*	65,000	16.7%
Training, supervision & provider/community capacity	25,000	6.4%
HIV education, IEC & digital communication	32,000	8.2%
Transport, field logistics & community access	35,000	9.0%
Monitoring, evaluation, learning & data systems	30,000	7.7%
Safeguarding, confidentiality & psychosocial support	18,000	4.6%
Partnerships, stakeholder engagement & coordination	15,000	3.8%
Finance, audit, compliance & administration	18,000	4.6%
Contingency/risk reserve	25,000	6.4%
TOTAL	**390,000**	**100%**

*The clinical-linkage line is deliberately framed as service-delivery and access support rather than a promise to purchase 10,000 injections. Actual medicine procurement, pricing, eligibility, prescribing and dispensing will follow Nigerian regulatory requirements, approved procurement channels, donor conditions and availability. The project will seek additional co-financing or in-kind commodity support where appropriate.

Budget logic

• **Prevention first:** the largest operational investments go toward youth reach, community mobilization and service access.

• **Clinical integrity:** qualified providers and referral systems are central; community workers do not diagnose or prescribe.

• **Accountability:** M&E;, audit, safeguarding and compliance are funded rather than treated as afterthoughts.

• **Scalability:** the delivery architecture can absorb additional funding and expand geographic coverage without redesigning the core model.

7. Sustainability, Risk Management & Investment Case

Building a youth HIV prevention pathway that lasts beyond the grant

Sustainability strategy

• **Local ownership:** engage state/local health authorities, youth organizations, community leaders and participating facilities from design through review.

• **Capacity transfer:** train peer educators, outreach staff and referral focal persons so skills remain within communities.

• **Integrated services:** position HIV prevention within broader youth-friendly health, STI, sexual and reproductive health and psychosocial referral pathways where appropriate.

• **Data for decisions:** use routine monitoring to identify communities with low reach, low testing linkage or follow-up gaps and redirect resources.

• **Resource diversification:** use the pilot's evidence to attract government, GlobalGiving, philanthropic, bilateral, multilateral and private-sector support.

Key risks and mitigation

RISK	MITIGATION
LEN supply or procurement constraints	Do not promise universal product access; maintain referral options and coordinate with approved supply channels and health authorities.
Misinformation or unrealistic expectations	Use provider-reviewed messages; clearly explain that LEN is PrEP, not HIV treatment, and requires appropriate testing/follow-up.
Stigma/confidentiality concerns	Youth-friendly confidential referral, minimum necessary data, safeguarding procedures and non-judgmental peer engagement.
Low follow-up/retention	Reminder systems, peer navigation, convenient referral points and feedback-driven service improvement.
Data/privacy risk	Collect only necessary data; role-based access; secure storage; de-identify donor reporting; follow applicable Nigerian privacy and health-data requirements.

The donor proposition

A US$390,000 investment gives HopeShield the resources to build a measurable, youth-centered HIV prevention pathway around a major new prevention option in Nigeria. The project combines demand creation, informed choice, HIV testing, clinical referral, stigma reduction, care support and learning. It is designed to start implementation as resources are mobilized and to scale responsibly as additional funding becomes available.

10,000 YOUTHS • 24 MONTHS • US$390,000

Help HopeShield bring accurate HIV prevention information and appropriate access pathways closer to young people in Nigeria.

Selected evidence and policy references

1. World Health Organization (WHO), *Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable PrEP*, 14 July 2025.
2. WHO Regional Office for Africa, *Nigeria introduces long-acting HIV prevention option to strengthen national response*, 31 March 2026.
3. WHO, *WHO recommends injectable lenacapavir for HIV prevention*, 14 July 2025.
4. WHO Global HIV Programme, technical information on HIV prevention and PrEP.

Implementation note

This concept note is a donor and partnership planning document. Before implementation, HopeShield should complete a detailed workplan, geographic/site selection, partner and facility agreements, clinical SOPs, safeguarding and data-protection protocols, procurement plan, staffing plan, baseline and detailed M&E; framework. All clinical activities must be conducted by qualified health professionals and aligned with current Nigerian regulatory and program guidance.

HopeShield Humanitarian Foundation
Protecting dignity. Strengthening communities. Building hope.