



Mobilising community cadres to improve the paediatric HIV response in Nigeria



Results and best practices from the Lafiyan Yara community-based project 2019 – 2025

Paediatric HIV in Nigeria

Nigeria has made notable progress towards achieving the UNAIDS 95-95-95 cascade for children under 15 years living with HIV, with 83-90-88 respectively¹. The interventions that led to this improvement include a scale-up of the prevention of vertical transmission (mother to child) programme, family index testing, and deployment of point of care testing for early infant diagnosis.

Approximately two million people (0.4%) are estimated to be living with HIV in Nigeria. A total of 71,611 children aged 0–14 years (0.1%) are living with HIV in Nigeria (NASCP, 2024). Key drivers of the HIV epidemic include low levels of awareness about vertical transmission and HIV in general. Many girls start having sex at the age of 12, which contributes to a high rate of teenage pregnancy.

Snapshot of paediatric HIV in Taraba State compared to Rivers state

- > Taraba state accounts for approximately 2,063 children (0-14) living with HIV (3%) and Rivers state has a high number of 8,675 children (0-14) living with HIV (12%).
- > The antiretroviral coverage for children living with HIV in Rivers and Taraba states, is 27% and 90%, respectively².
- > The viral suppression rates for Rivers and Taraba states remain at 80% and 70%, respectively.

The Lafiyan Yara project

The Lafiyan Yara (“wellbeing of children”) project is a community-based response to paediatric HIV run by the Society for Family Health (SFH) Nigeria. The project harnesses community mobilisers to prevent and eliminate vertical transmission of HIV. They do this by identifying children and mothers living with HIV as early as possible so they can be linked to care and supported to live healthy lives.

Phase 1 (July 2019-July 2022) was implemented in eight local government authorities in Taraba state with support from Aidsfonds. Phase 2 (August 2022-July 2025) expanded the project to a total of 26 local government authorities, covering 14 out of 16 local government authorities in Taraba state and 12 out of 23 in Rivers state. The second phase built on strong evidence generated during the first phase. This focused on improving outcomes in community case identification and prioritising active case finding among pregnant women, breastfeeding mothers, adolescents, and children.

¹National HIV Health Sector Programme Report 2024

²NASCP, 2024

Project approach

The Lafiyan Yara project is built on the Kids to Care model, developed by Aidsfonds. This uses the four stages of find, test, treat and retain, as early detection of HIV can reduce infant, child and maternal mortality.

Find: To find children, adolescent, pregnant and breastfeeding women living with HIV, the project engaged community-level mobilisers to identify cases. This includes training trusted community structures such as traditional birth attendants (TBAs) and mentor mothers.

Test & Treat: The TBAs provided pregnant women with HIV sensitisation, HIV testing services and ensured proper linkage to care. They also ensured HIV exposed infants in their care receive adequate prophylaxis and early infant diagnosis in health facilities. Those testing positive were immediately initiated on antiretroviral treatment (ART).

Retain: To support retention in care and treatment adherence, the project integrated Village Savings and Loans Associations (VSLAs) into their work. This addressed challenges families faced with economic poverty and lack of access to adequate nutrition.



Key project impact: referrals increased from 9.3% to 80%

The 2022 evaluation of the Lafiyan Yara project found that in the areas of Bali, Gashaka, Jalingo and Zing, the support of community mobilisers increased the percentage of women referred for HIV testing services. The most effective strategy was using a combined approach.

Table 1: Increased percentage of women referred for HIV testing services by type of community mobiliser at the start and at the end of the project.

| Strategy / Worker Group | Start % | End % | Change |
|---|---------|-------|----------|
| Trained traditional birth attendants | 16.9% | 87.7% | +70.8 pp |
| Village Health Workers | 17.3% | 79.7% | +62.4 pp |
| Patent and proprietary medicine vendors | 25.9% | 36.4% | +10.5 pp |
| Combined approach | 9.3% | 80.0% | +70.7 pp |

Highlighted project achievements

The project had significant achievements during both phases of the project:

Table 2: Testing of pregnant and breastfeeding women and children; and linkage to treatment

| Result indicator | Phase 1 | Phase 2 | Remarks |
|---|-------------|-------------|---|
| Pregnant and breastfeeding women | | | |
| tested for HIV | 117,338 | 71,038 | It increased from 0.76% to 1.1% in the last year of phase 2 |
| testing HIV positive | 698 (0.59%) | 550 (0.77%) | Higher than phase 1 |
| on treatment | 665 (95.2%) | 530 (96.3%) | |
| Children and adolescents | | | |
| tested for HIV | 323,761 | 109,685 | |
| testing HIV positive | 459 (0.14%) | 433 (0.39%) | Increased from 0.14% - 0.39% during phase 2 |
| on treatment | 431 (93.9%) | 397 (91.6%) | Lower than phase 1 |

In the period 2019 to 2025 the Lafiyan Yara project ensured:

- > **193,219** pregnant and lactating women received health education on HIV prevention, and referral to a healthcare facility for testing services and antenatal care.
- > **444** early infant diagnosis samples were collected for infants 0-12 months. **317** children were born without HIV despite their mothers being HIV positive.
- > **450,000** project participants have increased knowledge of HIV transmission and prevention through community outreach and sensitisation.
- > The rate of antenatal care attendance in Taraba state has increased from **44%** to **47.4%**, the third best in the region³.

From August 2022 to July 2025 new approaches were added:

- > Age-appropriate disclosure was encouraged for children and adolescents. Over **303** children were enrolled, out of which **204** have been successfully disclosed to. SFH collaborated with the Federal Ministry of Health to develop a National Manual and Job Aid on Age-Appropriate Disclosure which is being used across various facilities in Taraba state.
- > Case managers tracked clients who had missed appointments and ensured **1781** clients kept to their refill schedules (of which **605** had ART delivered to them in the communities). They supported **93** pregnant women living with HIV who delivered at a facility.
- > **19** Village Savings and Loans Associations supported 233 mothers and caregivers to improve their income and support their **627** children, including **236** children living with HIV. This ensured their access to ongoing care and treatment by facilitating transport to the health facility and helping them provide adequate nutrition in their households. As a result, **230** children were virally suppressed (97%) at the end of the project.

³NDHS 2024

HIV testing methods and results per age group and pregnant/breastfeeding status

In the first year of phase 2, the percentage of positive test results was lower than expected. Index testing⁴ was strengthened in the second year, which increased case identification through community family index testing for pregnant women to (1.1%) and for children under 15 years (0.5%) (See table 6). Almost all (98%) adults and children who tested positive for HIV were linked to care.

Table 3: Outcomes (positivity rates) of four different testing strategies

| Strategy | Tested | Positive | Positivity Rate |
|--|---------|----------|-----------------|
| Community family index testing | 31,134 | 274 | 0.9% |
| Facility-driven index testing | 128,404 | 573 | 0.4% |
| Primary health care centre testing | 18,076 | 108 | 0.6% |
| Traditional birth attendant home testing | 3,109 | 28 | 0.9% |

Table 4: HIV Testing results by age group and pregnant/breastfeeding status in phase 2

| Group | Tested | Positive | Positivity Rate | Treatment (as of June 2025) |
|-----------------------|----------------|------------|-----------------|--------------------------------|
| Children (0–14) | 79,053 | 193 | 0.2% | 181 |
| Adolescents (15–19) | 30,632 | 240 | 0.8% | 216 |
| Pregnant women | 43,309 | 306 | 0.7% | 288 |
| Breastfeeding mothers | 27,729 | 245 | 0.9% | 242 |
| Total | 180,723 | 984 | 0.5% | 927 + |

⁴ This is when a child is identified positive and all the siblings are linked to be tested. The parents are referred to the facility to be tested. If the mother is pregnant or breastfeeding, she is also tested along with the child she is breastfeeding.

From the **1,880** viral load samples collected, viral load suppression rates among individuals with valid documented viral load results (≥ 12 months for adults, ≥ 6 months for children) were:

Table 5: Viral load suppression rates in phase 2

| Group | Suppression Rate |
|-----------------------|------------------|
| Children (0–14) | 87.9% |
| Adolescents (15–19) | 93% |
| Pregnant women | 89.3% |
| Breastfeeding mothers | 96.1% |



“In an era of tighter funding and reform-driven health planning, Lafiyan Yara provides a blueprint for integration and sustainability. The challenge and opportunity ahead is to ensure that the gains achieved will endure, expand, and continue to save lives, so that no woman, child, or adolescent is left behind.”

Lessons learned and best practice

Mobilising multiple community-based cadres yields the highest rates of case identification

During Phase 1, four community-based testing strategies were identified in 8 LGAs and then rolled out across 15 local government authorities in Taraba state during phase 2. These were: community family index testing; facility driven index testing; testing at primary health care centres; and testing in traditional births attendants' homes. See the previous section above for results.

Using risk stratification tools in the community identified most of the women and children as living with HIV (58% of all who tested positive) and were linked to treatment and care. The traditional birth attendants tested fewer women as they encouraged pregnant women to attend health care facilities for antenatal care.

Index testing results in finding more children and pregnant women living with HIV

An improved index testing model (utilising Ministry of Health index testing protocols) improved the positivity yield from (0.76% for pregnant women; 0.2% for children <15 years to 1.1% for pregnant women and 0.5% for children <15 years) during phase 2. All clients identified as HIV positive were linked to care.

Table 6: Most effective testing strategies by target population in phase 2

| Strategy | Children 0–14 | | | Adolescents 15–19 | | | Pregnant Women | | | Breastfeeding Mothers | | |
|--------------------------------|---------------|----------|-----------------|-------------------|----------|-----------------|----------------|----------|-----------------|-----------------------|----------|-----------------|
| | Tested | Positive | Positivity Rate | Tested | Positive | Positivity Rate | Tested | Positive | Positivity Rate | Tested | Positive | Positivity Rate |
| Traditional Birth Attendants | x | x | x | x | x | x | 1,890 | 21 | 1.1 | 1,218 | 7 | 0.6 |
| Community family index testing | 11,677 | 54 | 0.5 | 6,045 | 67 | 1.1 | 7,902 | 85 | 1.1 | 5,510 | 68 | 1.2 |
| PHCC testing | 7,006 | 21 | 0.3 | 3,023 | 26 | 0.9 | 4,741 | 34 | 0.7 | 3,306 | 27 | 0.8 |
| Facility-driven index testing | 60,370 | 118 | 0.2 | 21,564 | 147 | 0.7 | 28,776 | 166 | 0.6 | 17,695 | 143 | 0.8 |

Building strong working relationships with the government is vital for effective advocacy

SFH collaborated with the government to build stronger community-clinic connections and effective referral systems. This initiated action to address system weaknesses. For example, shifting from dependence on donor funding for HIV test kits in health facilities to a more consistent supply. In addition, recognising the long delays in early infant diagnosis, SFH advocated with HIV partners to improve early infant diagnosis testing and deliver more timely results. Technology was installed at health centres to enable point-of-care testing, cutting the waiting period to between 48 hours and three weeks.

Leveraging Kidzclub⁵ meetings improves retention and sustained viral load suppression among children and adolescents living with HIV, as well as facilitating disclosure

During these meetings, facilitators explore stigma and mental health, providing vital psychosocial support to families and guidance on age-appropriate disclosure. The young people are also offered medical support through drug refill services and viral load testing.

⁵Kidzclub activity is a key component of psychosocial care and support activities for children/Adolescents living with HIV between age 5-19 years. It helps to provide an enabling environment for health care workers to interact with them using age-appropriate language that will prepare them for full HIV disclosure. During the club, activities like games and sports, sing songs, dramas, stories are used to facilitate sessions among the children.

What's next for Lafiyan Yara?

The Lafiyan Yara project showcases how a community-driven response is key to addressing paediatric HIV. Its achievements bring the opportunity to embed proven approaches into Nigeria's health system reform agenda. SFH will support a planned transition pathway - working with state counterparts Nigeria's State AIDS and STI Coordination (SASCP), Primary Health Care Development Agency (PHCDA) and State Ministry of Health, lead implementing partners and funders (including ViiV Healthcare Positive Action) - to ensure these interventions are budgeted and sustained by government.

It is critically important to urgently cement gains through integration and sustainability. SFH will continue to provide technical assistance to the government by delivering training and mentorship for primary healthcare staff and by developing a transition roadmap for each local government authority. The aim is to sustain the project activities institutionally and strategically.

Next steps will include:

- > Policy integration: Institutionalise the use of community mobilisers in national vertical transmission and paediatric HIV frameworks.
- > Data-driven sustainability: Leverage evidence from the project to advocate for state-level budgetary allocations for paediatric HIV and maternal health programmes.
- > Partnerships for scale: Encourage the replication of the Kids to Care model in other high-burden states e.g. Rivers state through collaboration between government, civil society, and the private sector.



About Society for Family Health

Society for Family Health (SFH) is a pan-African non-governmental organisation working in partnership with communities, government, donors and the private sector for universal health coverage and social justice of all Africans. With a mission to improve health outcomes by ensuring access to affordable quality health services to lead healthier lives, SFH implements programmes spanning HIV/AIDS and malaria prevention and treatment, reproductive health, maternal and child health, prevention and treatment of communicable and non-communicable diseases, school health programmes, water sanitation and hygiene. These programmes are implemented in over 600 communities across 36 states and federal capital territory in Nigeria. SFH leverages over 40 years of thought leadership in a range of practical community-level interventions and policy engagements to scale population-level impact.

About Aidsfonds

Aidsfonds is a non-governmental organisation based in the Netherlands that is working to end AIDS by 2030. As an involved funder, and one of the largest HIV-specific funders in the world, we work together with communities, funders, researchers, and decision-makers. We invest in community-led, participatory approaches, and advocate for effective HIV responses. Through co-decision making with the communities, we enable communities to decide on funding and programming, and we form strategic partnerships to maximise impact. Aidsfonds together with community partners, co-created the Kids to Care model as a key strategy toward their goal to see the end of AIDS by 2030. A critical component of this is to improve paediatric HIV and prevention of vertical transmission services.



Society for Family Health
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