GoGreen Environmental Health Sustainability Initiatives

Project Proposal:

Save Children from Hunger and Malnutrition, Sokoto

Nourishing lives. Restoring hope. Building healthier futures.



Fundraising target	Direct Participants	Proposed duration
$25,000	750	12 months

Why This Project Matters

Conflict, displacement, economic hardship and climate-related pressures are undermining household food security in Sokoto. Young children are especially vulnerable when families cannot access diverse diets, safe water or timely healthcare. Pregnant and breastfeeding women also face nutritional risks that can affect both maternal and child wellbeing.

1.2 million	65,353
People projected to face acute food insecurity in Sokoto, 2025 lean season [1]	Caregivers reached with nutrition counselling in Sokoto, first half of 2026 [2]

Evidence For the Response

UNICEF documented community nutrition outreach in Sokoto South and Tangaza in October 2026, highlighting how trusted mobilizers, caregiver counselling and referral pathways can help families access nutrition services [3]. FAO has also supported household gardening and nutrition assistance in Sokoto [1]. GoGreen proposes to complement existing services rather than duplicate them.

Who We Are?

GoGreen Environmental Health Sustainability Initiatives is a Nigerian nonprofit working across environmental health, food security, humanitarian assistance, peacebuilding and social inclusion. Our experience supporting displaced families and building community resilience in Benue State North Central Nigeria provides a foundation for our new project interventions in Sokoto State.

Project Goal

Improve the nutritional wellbeing of vulnerable children and mothers through timely identification of malnutrition, targeted food assistance, access to appropriate care and sustainable household nutrition practices.

PROJECT DESIGN

From Urgent Relief to Lasting Resilience

500	250
Children, primarily 6–59 months	**Pregnant and breastfeeding women**

Proposed locations: Sokoto North and Sokoto South, with other accessible communities considered after assessment. Selection will prioritize displaced and vulnerable host households, poverty, nutrition risk and barriers to care, including disability. Final sites will depend on needs, service gaps and security.

Workstream	Practical Intervention
1. Early detection	Train volunteers with health partners; conduct MUAC screening and age-appropriate growth monitoring; identify danger signs and refer promptly.
2. Food assistance	Provide targeted, culturally appropriate nutritious food packages; prioritize families with identified nutrition risks. Food is not a substitute for therapeutic treatment.
3. Referral and	Agree referral pathways with primary healthcare and therapeutic
follow-up	nutrition services; support transport where needed and track referral completion.
4. Caregiver	Hausa-language counselling and cooking demonstrations on breastfeeding,
education	complementary feeding, dietary diversity, food hygiene and safe water.
5. Household gardens	Provide suitable seeds, basic tools and coaching to selected households with safe land and water access.
6. Community	Train and supervise community nutrition volunteers, engage women leaders and
capacity	establish feedback channels.

Clinical assessment, treatment and therapeutic products will remain under authorized healthcare providers and national protocols. GoGreen will not independently prescribe or distribute therapeutic foods.

DELIVERY & RESULTS

A Measurable 12-Month Pilot

Phase	Activities
Months 1–2 | Prepare	Needs and market assessment; identify sites and participants; agree referrals, baseline, safeguarding and procurement arrangements.
Months 3–5 | Launch	Train volunteers; begin screening, food support, counselling and referrals; start gardening where feasible.
Months 6–10 | Sustain	Repeat monitoring, targeted assistance and follow-up; support gardens and caregiver groups; adapt using feedback.
Months 11–12 | Review	Assess results, document lessons, complete donor reporting and agree transition arrangements with community and health partners.

Proposed monitoring framework

Indicator	Pilot target / method
Unique children screened	500; coded screening register
Women reached with counselling	250; attendance and follow-up records
Eligible children referred	100% of those identified; referral log
Referral completion	At least 80% of referred cases; facility confirmation where consented
Households receiving garden support	50; kit and follow-up records
	15; competency and supervision records

FUNDING PLAN

How Your Contribution Will Be Used

Budget category	USD	Share
Nutritious food assistance	$12,000	48%
Nutrition screening and monitoring	$2,500	10%
Treatment referrals and follow-up	$2,000	8%
Nutrition education and demonstrations	$2,000	8%
Household vegetable gardens	$2,000	8%
Volunteer training	$1,500	6%
Monitoring, logistics and administration	$3,000	12%
Total	**$25,000**	**100%**

85% direct activity allocations | 15% monitoring, logistics and administration

ACCOUNTABILITY

Protecting People and Sustaining Impact

Implementation and Coordination

GoGreen's Sokoto team will lead delivery, supported by organizational finance, programme and monitoring functions. Proposed coordination includes the Sokoto State Primary Health Care Development Agency, local health facilities, nutrition partners and community leaders. Formal partnerships and referral capacity must be confirmed before launch.

Safeguarding and Accountability

Apply child safeguarding and prevention of sexual exploitation and abuse procedures; obtain informed consent for services and separate consent for photography; protect personal and health data; establish accessible, confidential complaints and feedback mechanisms. Assistance is based on need, without discrimination.

Key risk	Mitigation
Insecurity or access	Assess access before visits; suspend or adapt delivery where
restrictions	unsafe.
Inflation and funding	Update prices, phase purchasing and prioritize critical nutrition
shortfalls	activities.
Referral or supply gaps	Confirm facility capacity and alternative referral pathways; follow up promptly.
Low uptake or unsuitable	Engage caregivers and community leaders; assess water access
gardens	and seasonal feasibility.

Sustainability and Expected Impact

Trained volunteers, caregiver knowledge, referral links and household food production can continue beyond the funding period. The project aims to improve dietary diversity and timely care, strengthen family resilience and reduce preventable nutrition-related harm. It contributes to SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being).

REFERENCES

[1] FAO. Expands Food Security and Nutrition Interventions in Northwest Nigeria. 24 March 2025. https://www.fao.org/nigeria/news/detail/fao-expands-food-security-and-nutrition-interventions-in-northwest-nigeria/en

[2] UNICEF. Nigeria Humanitarian Situation Report No. 1, 2026. https://www.unicef.org/media/183796/file/Nigeria-Humanitarian-Situation-Report-No.1

[3] UNICEF. From suspicion to hope: How nutrition support is helping children thrive in Sokoto. 20 October 2026. https://www.unicef.org/nigeria/stories/suspicion-hope-how-nutrition-support-helping-children-thrive-sokoto

[4] UNICEF. Nutrition SMART Surveys, 2025. https://www.unicef.org/nigeria/reports/nutrition-smart-surveys