



# MARY DINAH

*foundation*




2025 marked a pivotal year of resilience and strategic adaptation for the Mary Dinah Foundation. Amid profound disruptions in the global humanitarian landscape, most notably the dissolution of USAID, a longstanding bilateral partner, the Foundation not only preserved the full scope of its ongoing programs but also deepened and diversified its partnerships. A standout achievement was forging enhanced strategic alignment with the United States Government itself, ensuring continuity where many others faltered.

By safeguarding 100% of program budgets and delivering uninterrupted services, the Foundation demonstrated unwavering operational excellence. This steadfast performance reinforced confidence among host governments, technical collaborators, and, most importantly, the communities we serve, solidifying our role as a reliable force for nutrition, maternal and child health, and zero hunger initiatives across Africa.

2025 also witnessed the launch of two landmark initiatives that will define the Foundation's trajectory for decades to come.

First, the Maternal and Newborn Fund (MNF), a groundbreaking platform to catalyse maternal and infant health outcomes in low - and middle-income countries. MNF aims to blend philanthropic capital, catalytic finance, and public co-investment to deliver proven interventions that combat maternal anaemia, low birth weight, preterm births, and neonatal mortality while bolstering local health systems and supply chains.



Complementing this, we introduced the 100 Million Refugee Mothers Initiative, a bold, multi-decade commitment under MNF's flagship umbrella to provide multiple micronutrient supplements (MMS) to pregnant and lactating women in displacement settings, targeting millions of lives across fragile contexts through sustained, predictable support.

These ambitious launches received powerful international validation when the Mary Dinah Foundation earned a prominent cover feature in Forbes Africa's first-ever Philanthropy Edition (October–November 2025), appearing alongside luminaries such as UNICEF, Médecins Sans Frontières (MSF), the World Food Programme (WFP), the African Development Bank (AfDB), UNHCR, and AMADE. This visibility in Forbes Africa amplified a vital message: that locally rooted, evidence-driven approaches, known as the “Mary Dinah model”, offer a proven, replicable path to lasting nutrition security and maternal-child health, urging donors, governments, and partners to invest in scalable, community-owned solutions that prioritise women and children in the world's most underserved regions.

Through these efforts and others, we rallied diverse global partners around shared data, rigorous evidence, and unified commitments, proving once again that aligned purpose can unlock transformative scale.

As we close the chapter on 2025, we celebrate the tangible results: millions of meals delivered, thousands of antenatal visits facilitated, children immunised, women empowered, and futures fortified. Yet, the scale of need reminds us that our mission remains both urgent and perpetual.

My deepest gratitude goes to our dedicated staff, tireless volunteers, steadfast partners, and, above all, the resilient communities we serve. Together, we continue converting compassion into enduring, measurable progress toward a world free from hunger and preventable maternal-child suffering.

**Dame Mary Dinah**

Founder & Chief Executive Officer



## ABOUT MARY DINAH FOUNDATION

Mary Dinah Foundation (MDF) is one of Africa's leading non-governmental organisations dedicated to preventing malnutrition and improving maternal and child health through the provision of specialised nutritious foods. Established in 2005, our interventions target vulnerable populations, including pregnant and lactating women, infants, refugees, and internally displaced persons across resource-poor and crisis-affected regions.

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## OUR VISION

Every woman, child, and family, regardless of circumstance, has equitable access to nutrition, essential health services, and community support that enables dignity, resilience, and thriving. This vision drives every intervention, partnership, and community engagement across our programs.

## INTRODUCTION

This Impact Report details the outcomes achieved in 2025, reflects on lessons learned, and outlines the strategic priorities guiding the Foundation's continued commitment to advancing maternal and newborn health, nutrition, and resilience in some of the world's most vulnerable communities.

In a world where maternal and newborn mortality remains unacceptably high, where millions of families face food insecurity and micronutrient deficiencies, the Mary Dinah Foundation (MDF) stands at the intersection of need and opportunity, advancing nutrition, strengthening health systems, and driving community transformation. The 2025 Impact Report documents a year of remarkable resilience, strategic innovation, and deepening global influence.

This year, amid evolving challenges and shifting development landscapes, MDF reinforced its role as an anchor for maternal and child well-being across fragile contexts in Nigeria, Cameroon, and Chad. Our work upheld human dignity, sustained critical programs despite global funding disruptions, and expanded strategic reach through pioneering initiatives that shape how nutrition interventions are financed and delivered.



## EXECUTIVE SUMMARY

In 2025, the Mary Dinah Foundation delivered demonstrable, life-saving impact for women and children across Nigeria, Cameroon, and Chad, while consolidating its position as a credible global actor in maternal and newborn nutrition. Operating in complex humanitarian and development settings, the Foundation translated strategy into results, strengthening health outcomes, sustaining program continuity amid global funding disruption, and advancing leadership in policy and partnership spaces.

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### **Nutrition & Health Impact**

Across its nutrition and health portfolio, the Foundation achieved measurable gains that directly contributed to improved maternal and child wellbeing. A total of 35,589 women were reached with structured training in maternal nutrition, WASH, and health-seeking behaviours, reinforcing practices essential for safe pregnancy and early childhood development.

MDF distributed 38,932 specialised nutritious foods, addressing acute nutritional needs among malnourished children and vulnerable households.

Through integrated referral systems, 4,221 pregnant women were successfully linked to antenatal care services, while 2,714 children were connected to routine vaccinations, strengthening prevention, early intervention, and continuity of care within existing health systems.

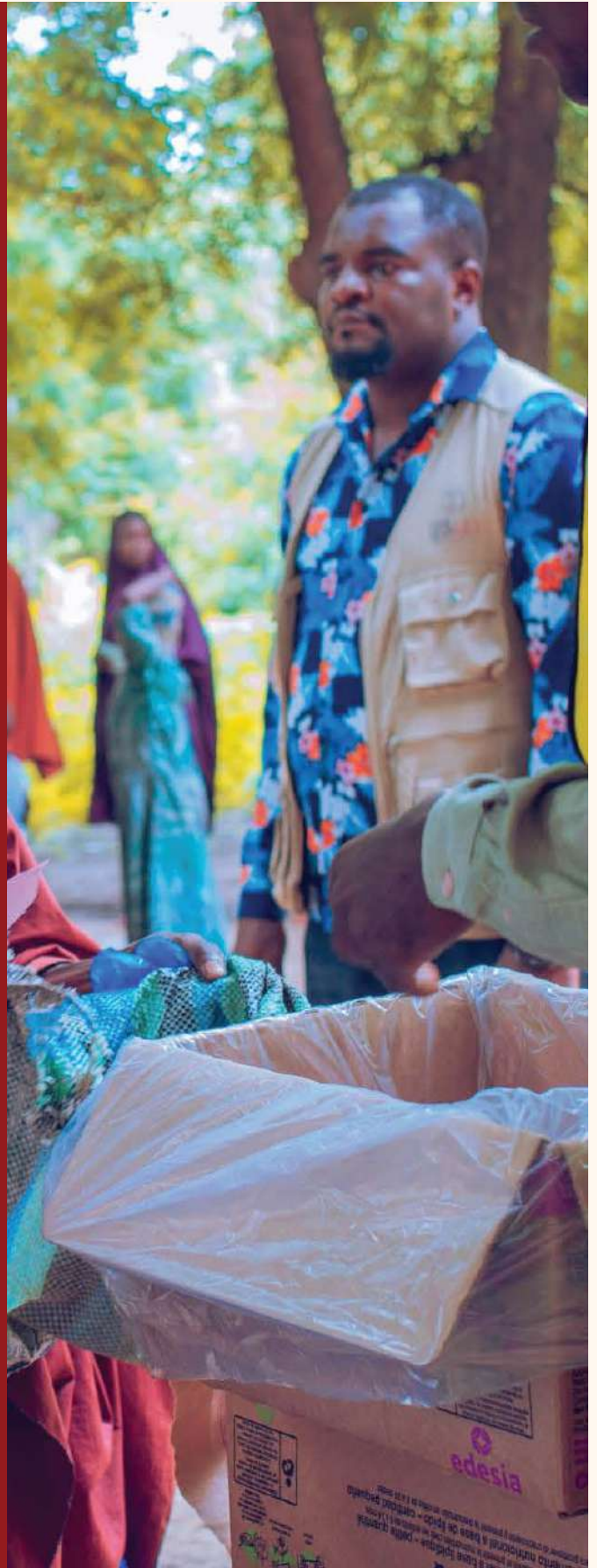


## KEY ACHIEVEMENTS IN 2025 INCLUDE:

### Resilience and Program Continuity

Despite the disbandment of USAID in 2025, Mary Dinah Foundation was requested to continue the implementation of all six active programs across its countries of operation.

The Foundation retained 100 per cent of its program budgets, ensuring uninterrupted service delivery, and transitioned into a strengthened partnership framework with the United States Government. This continuity reflects sustained confidence in MDF's operational capacity, financial stewardship, and programmatic effectiveness.



## Global Leadership and Strategic Growth

2025 marked a significant expansion of MDF's global profile. The Foundation was featured in Forbes' first-ever philanthropy supplement, alongside institutions including United Nations Children's Fund (UNICEF), Médecins Sans Frontières (MSF), Association Mondiale des Amis de l'Enfance (AMADE), the World Food Programme (WFP), the African Development Bank (AfDB), and the United Nations Refugee Agency (UNHCR), collectively highlighting approaches transforming maternal and child health outcomes across Africa and beyond.

During the year, MDF launched two flagship initiatives that define its long-term ambition. The Maternal and Newborn Fund (MNF) was established to catalyse transformative progress in maternal and newborn health across low- and middle-income countries. Complementing this, the 100 Million Refugee Mothers Initiative set a 20-year target to deliver multiple micronutrient supplements (MMS) to 100 million women living in displacement and fragile settings. Initial implementation was supported by a donation of 388,800 bottles of MMS from Kirk Humanitarian.



## KEY ACHIEVEMENTS IN 2025 INCLUDE:

### Recognition and Institutional Strengthening

The Foundation's impact and leadership were recognised through the 2025 Humanitarian Service Award from Pacesetter Frontier Magazine and its designation as MIPAD's 2025 Most Influential Foundation of the Year.

Institutionally, MDF strengthened its operational footprint through the establishment of a new regional office in Yobe State, Nigeria, and deepened strategic relationships with Federal Ministries of Health and diplomatic partners, including the Ambassadors of Chad and Cameroon.





## IMPACT OF NUTRITION CRISES IN FRAGILE AND DISPLACED SETTINGS

Malnutrition remains one of the most persistent and consequential global health challenges of our time. It continues to underpin a significant proportion of preventable child mortality and contributes to lifelong impairments in physical growth, cognitive development, and economic productivity. For women, particularly during pregnancy and lactation, nutritional deficiencies heighten the risk of anaemia, complications during childbirth, low birth weight, and adverse newborn outcomes — reinforcing cycles of vulnerability across generations.

In 2025, these realities were brought into sharp focus at the Nutrition for Growth Summit in Paris, a global convening aimed at mobilising political will and financing for nutrition across health, food systems, and development sectors.

The evidence underscores that malnutrition is far more than a health issue: it is a structural development challenge that perpetuates inequality, stifles economic growth, and locks in intergenerational poverty.

However, nutrition investments remain among the most cost-effective development interventions, yielding up to \$23 in returns per \$1 spent through higher productivity and lower healthcare costs, while global funding still falls dramatically short of the need.

These challenges are most acute in fragile and displacement-affected contexts. Protracted conflict, climate shocks, and population displacement disrupt already fragile health systems, undermine food availability and affordability, and weaken access to essential services. Rising food prices and inflation further erode household coping capacity, while inadequate access to safe water and sanitation increases exposure to infection, compounding nutritional deficiencies. Gender inequality remains a critical determinant, limiting women's access to resources, information, and decision-making power, particularly in relation to their own health and nutrition.

It is within this complexity that the Mary Dinah Foundation operates. The Foundation recognises that malnutrition cannot be addressed through isolated interventions or short-term responses. Instead, MDF's approach integrates medical nutrition support, strengthened linkages to health services, and sustained community-based behaviour change. By addressing both the immediate nutritional needs of women and children and the structural drivers that perpetuate poor health outcomes, MDF positions nutrition as a cornerstone of resilience, equity, and long-term development.





## INTEGRATED MATERNAL & CHILD HEALTH PROGRAMMING

The Mary Dinah Foundation integrates nutrition, infection prevention, hygiene, and access to health services, recognising that meaningful change occurs when communities are empowered, and health systems are strengthened. By connecting community-based education with formal health services, MDF ensures that women and children not only receive supplements and care but also adopt lasting practices that improve overall wellbeing.

At the heart of MDF's programs are community-based participatory, such as mother-to-mother (father-to-father) support groups, safe, locally anchored spaces where community members learn, share, and reinforce health-promoting behaviours. In 2025, these sessions guided women on maternal dietary diversity, anaemia prevention, infant and young child feeding, and safe water and sanitation practices. Beyond knowledge transfer, these groups foster peer accountability, ensuring that new habits translate into improved maternal and child outcomes.

MDF synchronises nutrition support with routine health services to reduce fragmentation and increase uptake. Supplement distribution and counselling were carefully aligned with antenatal care (ANC) and vaccination schedules, encouraging women to attend clinics regularly, adhere to supplementation regimens, and access preventive care. This intentional integration strengthens trust between communities and health facilities and ensures that services reach those who need them most.

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A photograph of a group of women and a child in a natural setting. One woman in the center is holding a young child. The women are wearing head coverings, and the background shows green foliage. The image has a red overlay at the bottom where the text is located.

## CORE INTERVENTIONS

MDF's interventions are designed to address both immediate nutritional needs and the underlying drivers of malnutrition.

**Nutrition-Specific Support:** Distribution of specialised nutritious foods (SNF) for children and vulnerable families, multiple micronutrient supplementation (MMS) for pregnant and breastfeeding women, and nutrition education aligned with WHO and national guidelines.

**Nutrition-Sensitive Actions:** Water, Sanitation and Hygiene (WASH) education to prevent infection, hygiene promotion to reduce disease exposure, and referrals for protection and psychosocial support.

**Health Systems Strengthening:** Coordination with health facilities to align community activities with clinic schedules, improve referral pathways, and increase uptake of preventive services.

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## HUMAN IMPACT AND BEHAVIOURAL SHIFTS

MDF's integrated approach has resulted in measurable improvements in health-seeking behaviours and maternal-child outcomes. In 2025, women demonstrated higher engagement with antenatal care and early pregnancy services, while children experienced greater vaccination coverage and improved dietary diversity. Facility-based deliveries increased, reducing risks associated with home births, and communities reported strengthened trust in local health services.

By combining community empowerment, service integration, and evidence-based nutrition interventions, MDF ensures that programs are not only delivered but sustained, leaving a lasting impact on maternal and child health outcomes.

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## IMPACT METRICS & PROGRAMME OUTCOMES (2025)

In 2025, the Mary Dinah Foundation reached tens of thousands of women and children across Nigeria, Cameroon, and Chad, translating programme inputs into tangible improvements in maternal and child health. Through our integrated approach — combining community education, nutrition support, and strengthened health service linkages — women were empowered to adopt healthier practices, children received essential nutrition, and local health systems were reinforced.

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### **Empowering Women with Knowledge and Skills**

Through structured mother-to-mother support groups, 35,589 women received training in maternal nutrition, infant and young child feeding, and safe water and sanitation practices. These sessions not only increased knowledge but fostered peer accountability, resulting in observable behaviour change at the household level. Women reported greater confidence in preparing nutritious meals, practising safe hygiene, and making timely decisions about attending antenatal care and facility-based deliveries.

### **Delivering Targeted Nutrition Support**

Recognising the immediate nutritional needs of vulnerable populations, MDF distributed 38,932 specialised meals in 2025. These reached children at risk of acute malnutrition, pregnant and breastfeeding women facing food insecurity, and households affected by displacement and conflict. By combining food support with community education, these interventions directly contributed to improved dietary diversity, child growth, and maternal wellbeing.

### **Strengthening Access to Health Services**

MDF's coordinated approach ensures nutrition and education efforts are complemented by connections to formal health services. In 2025, 4,221 pregnant women were successfully linked to antenatal care, improving early detection of pregnancy-related complications, while 2,714 children were enrolled in lifesaving vaccinations, enhancing disease prevention and child survival. By aligning outreach with facility-based care, MDF strengthened trust in local health systems and promoted the continuity of essential services.

### **Driving Measurable Behavioural and Systems-Level Change**

Across all program sites, these efforts translated into significant shifts in maternal and child health practices. Women adopted more diverse diets during pregnancy, children experienced improved nutritional status, and preventive care utilisation increased. The combined effect of education, nutrition, and system integration demonstrates that when communities are engaged, services are accessible, and interventions are evidence-based, lasting change is achievable even in fragile contexts.

A photograph of two men in traditional African attire sitting outdoors. The man in the foreground is wearing a brown tunic and a cap, looking towards the camera with a slight smile. The man in the background is wearing a blue tunic and is resting his head on his hand, looking off to the side. They are sitting on a low wall or ledge under a tree with a thick trunk. The background is bright and slightly blurred, suggesting an outdoor setting. The overall tone is warm and natural.

## COUNTRY IMPACT OVERVIEW: FIVE-YEAR TRAJECTORY (2020–2025)

### Evidence of Sustained Systems-Level Change

Between 2020 and 2025, the Mary Dinah Foundation's Zero Hunger Program (ZHP) evolved from an emergency nutrition response into a systems-strengthening platform for maternal, newborn, and child health across Nigeria, Cameroon, and Chad. Across these contexts — despite conflict, displacement, climate shocks, and weak health infrastructure — MDF's five-year trajectory demonstrates sustained behavioural, clinical, and system-level gains rather than transient outputs.

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# Nigeria: Yobe State — From Crisis to Strengthened Systems

In Northeast Nigeria's Yobe State, the humanitarian and nutrition crises are driven by protracted conflict, systemic food insecurity, and repeated displacement. Persistent insurgency and insecurity have severely disrupted livelihoods and access to essential services, leaving rural communities, largely internal displaced persons (IDPs) and affected host populations, with elevated rates of acute malnutrition and weakened health systems.

The region has experienced cycles of severe food insecurity, high rates of global acute malnutrition among children under five, and recurrent disease outbreaks exacerbated by limited water, sanitation, and health infrastructure.

In this challenging environment, MDF's integrated programming (combining community engagement, nutrition support, and strengthened systems linkages) has driven durable improvements across maternal and child health indicators. Over the past five years, the Foundation's work in Yobe State's rural and conflict-affected communities has supported women and families to adopt healthier practices, increased utilisation of health services, and elevated key nutrition outcomes.

# Improvements in Key Health and Nutrition Indicators from 2020 to 2025



## Exclusive breastfeeding for babies 0–6 months old:

increased from **47%** to **63%** (16% more infants fed only breast milk during their first 6 months, supporting healthy growth).

These figures show positive changes over five years in important areas related to maternal and child health. Each indicator compares the percentage in 2020 to the improved percentage in 2025. Here's a clear breakdown:



## Deliveries in health facilities:

Improved from **53%** to **85%**. (32% increase in the number of childbirths in hospitals or clinics with professional medical support, reducing risks).



## Knowledge of proper complementary feeding:

Rose from **34%** to **88%** (54% increase among beneficiary groups' understanding of how to introduce nutritious solid foods alongside breastfeeding for young children).



## Minimum dietary diversity for children 6–23 months:

Improved from **6%** to **21%**. (15% increase in the number of young children who eat a variety of healthy foods from different beneficiary groups daily).



## Antenatal care with at least 4 visits:

Jumped from **56%** to **97%** (41% increase in antenatal care involving regular check-ups during pregnancy to ensure the health of mothers and babies).



## Minimum dietary diversity for women:

Increased from **17%** to **36%**. (19% increase in the number of women who consume a balanced mix of nutritious foods to support their own health).

These gains reflect MDF's deliberate strategy of aligning nutrition support with clinic days, reinforcing referral pathways between communities and health facilities, and strengthening coordination with state and federal Ministries of Health. The establishment of a regional office in Yobe State in 2025 deepened operational proximity to programme areas and government partners, enhancing the responsiveness and sustainability of interventions.



## CAMEROON: MINAWAO REFUGEE CAMP AND SURROUNDING COMMUNITIES

In Cameroon, MDF operates primarily in and around the Minawao Refugee Camp, one of West Africa's largest refugee settlements, and neighbouring host communities. Originally established in 2011 to receive those fleeing conflict in Northeast Nigeria, the camp's population has grown dramatically over the last decade, with tens of thousands of refugees living in a constrained, arid setting where food insecurity, overcrowding, and limited water and sanitation infrastructure persist.

The camp's health needs are significant: limited health staffing, constrained medicine supplies, periodic cholera alerts, and heightened risk of communicable diseases strain the existing health posts and community services. MDF's program in Minawao focused on reliable nutrition support at health posts across camp blocs, regular community trainings, and integrated referrals into primary healthcare structures, ensuring that even displaced families retain access to essential services.

Over the past three years, Cameroon's displacement-affected communities have sustained measurable improvements in maternal and child health indicators, demonstrating that predictable support in humanitarian settings can stabilise and enhance outcomes even amid ongoing hardship.

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# Improvements in Key Health and Nutrition Indicators from 2022 to 2025

These figures show positive changes over three years in important areas related to maternal and child health. Each indicator compares the percentage in 2022 to the improved percentage in 2025. Here's a clear breakdown:



## Exclusive breastfeeding for babies 0–6 months old:

Increased from **94%** to **95%** (1% more infants fed only breast milk during their first 6 months, supporting healthy growth).



## Deliveries in health facilities:

Improved from **85%** to **91%** (6% increase in the number of childbirths in hospitals or clinics with professional medical support, reducing risks).



## Knowledge of proper complementary feeding:

Rose from **86%** to **91%** (5% increase among beneficiary groups' understanding of how to introduce nutritious solid foods alongside breastfeeding for young children).



## Minimum dietary diversity for children 6–23 months:

Improved from **43%** to **57%** (14% increase in the number of young children who eat a variety of healthy foods from different beneficiary groups daily).



## Antenatal care with at least 4 visits:

Jumped from **97%** to **97%** (0% increase in antenatal care involving regular check-ups during pregnancy to ensure the health of mothers and babies).



## Minimum dietary diversity for women:

Increased from **16%** to **38%** (22% increase in the number of women who consume a balanced mix of nutritious foods to support their own health).

These results emerged from a coordinated approach where community education, supportive supervision of community health workers, and integration of nutrition services into primary health care strengthened system capacity and trust among displaced families and host populations.



## CHAD: LAC PROVINCE — PROGRESS IN HARD-TO-REACH; AND DISPLACED POPULATIONS

In Chad's Lac Province, chronic food insecurity and displacement have been longstanding humanitarian challenges. The region — dominated by Lake Chad's fluctuating ecology, fragile livelihoods, and ongoing insecurity — continues to host large numbers of IDPs, refugees, and vulnerable host community members coping with limited access to services. The broader Chadian context reflects one of the region's most severe nutrition and food security crises, with major portions of the population in need of humanitarian assistance and a high prevalence of malnutrition among women and children.

MDF's work in Lac Province prioritised outreach to hard-to-reach rural and displacement-affected settlements, including nomadic herder communities where access to fixed health facilities is limited. Here, MDF partnered with mobile clinics and outreach teams to deliver specialised nutritious foods, maternal health education, and referral services, ensuring continuity of care despite geographic and mobility challenges.

Between 2023 and 2025, the Foundation's interventions contributed to significant improvements in key maternal and child health indicators, illustrating that even in structurally constrained environments, sustained engagement and adaptive delivery models can produce meaningful impact.

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# Improvements in Key Health and Nutrition Indicators from 2023 to 2025



## Exclusive breastfeeding for babies 0–6 months old:

Increased from **6%** to **21%** (15% more infants fed only breast milk during their first 6 months, supporting healthy growth).

These figures show positive changes over two years in important areas related to maternal and child health. Each indicator compares the percentage in 2023 to the improved percentage in 2025. Here's a clear breakdown:



## Deliveries in health facilities:

Improved from **28%** to **42%** (14% increase in the number of childbirths in hospitals or clinics with professional medical support, reducing risks).



## Knowledge of proper complementary feeding:

Rose from **35%** to **44%** (9% increase among beneficiary groups' understanding of how to introduce nutritious solid foods alongside breastfeeding for young children).



## Minimum dietary diversity for children 6–23 months:

Improved from **36%** to **45%** (9% increase in the number of young children who eat a variety of healthy foods from different beneficiary groups daily).



## Antenatal care with at least 4 visits:

Jumped from **44%** to **67%** (23% increase in antenatal care involving regular check-ups during pregnancy to ensure the health of mothers and babies).



## Minimum dietary diversity for women:

Increased from **41%** to **53%** (12% increase in the number of women who consume a balanced mix of nutritious foods to support their own health).

These improvements underscore the importance of longitudinal presence, gendersensitive programming, and flexible service delivery models — including mobile platforms — where traditional static services are insufficient or inaccessible.



## **FIVE-YEAR SIGNIFICANCE ACROSS COUNTRIES**

Across Nigeria, Cameroon, and Chad, MDF's longitudinal data demonstrate:

- ▮ **Sustained improvements across core nutrition and health indicators rather than short-term gains**
- ▮ **Health service utilisation as a core outcome of integrated community to facility programming**
- ▮ **Behavioural change reinforced through community structures and health system engagement**
- ▮ **Feasibility of systems-level gains even in complex, fragile settings**

This evidence positions the Mary Dinah Foundation not just as a delivery partner but as a strategic actor in maternal and child health systems, capable of strengthening local capacities, empowering communities, and achieving measurable, resilient impact across diverse and high-need contexts.

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A group of women and children in a rural village setting. The buildings are made of mud-brick with thatched roofs. The women are wearing colorful headwraps and dresses. The children are also dressed in colorful clothing. The scene is set in a dry, dusty environment with trees in the background.

# STRATEGIC DIRECTION (2025 – 2030)

A Regional Roadmap for West and Central Africa

## Strategic Context

In response to persistent and overlapping crises across West and Central Africa, the Mary Dinah Foundation developed a five-year regional roadmap (2025–2030) to guide its work in maternal, newborn, and child nutrition and health. Grounded in more than five years of frontline implementation across Nigeria, Cameroon, and Chad, this roadmap sets out a deliberate pathway to deepen impact, strengthen systems, and scale sustainable solutions for women and children living in fragile and underserved contexts.

The roadmap responds to the region's most pressing structural challenges: chronic food insecurity, high maternal and newborn mortality, climate volatility, protracted displacement, and under-resourced health systems. Rather than treating these as isolated crises, the Foundation's strategy recognises their interconnected nature and positions maternal and child nutrition as a foundational investment for long-term resilience and stability.

This marks a strategic shift—from predominantly reactive, emergency-driven programming toward planned, multi-sectoral investment in resilience, while retaining the operational agility required in humanitarian settings. Women and children remain at the centre of this transition.

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## **From Emergency Response to Resilience**

At the heart of the 2025–2030 roadmap is the understanding that malnutrition and poor maternal and newborn health outcomes are not standalone problems, but the result of intersecting vulnerabilities spanning health systems, gender inequality, poverty, displacement, climate stress, and limited access to basic services.

As such, the Foundation’s strategic direction prioritises people-centred, integrated programming that addresses immediate needs while tackling the underlying drivers of vulnerability. The roadmap is designed to bridge the humanitarian–development divide, ensuring continuity of care and sustained gains even in contexts of ongoing instability.

### **Nutrition as a Foundation for Long-Term Health**

Over the next five-year period, MDF will prioritise improving nutrition and food security for women and children, with a strong focus on prevention during the critical first 1,000 days of life. This includes scaling access to specialised nutritious foods and multiple micronutrient supplements, embedding maternal nutrition within routine health services, and strengthening community-based education that supports sustained behaviour change.

Nutrition interventions will remain aligned with national strategies and global standards, while being adapted to local realities and humanitarian constraints. By reinforcing prevention alongside treatment, the Foundation aims to reduce recurrent malnutrition and protect long-term developmental outcomes.



## **Strengthening Health and Protection Systems**

Strengthening access to quality, safe, and responsive health services remains a core pillar of the roadmap. MDF will deepen integration with primary healthcare systems by expanding antenatal care and vaccination linkages, reinforcing referral pathways, and supporting gender-sensitive service delivery models.

Recognising the disproportionate risks faced by women and girls, particularly in displacement and conflict-affected settings, the strategy emphasises safeguarding, psychosocial support, and protection-informed programming. The continued deployment of female community staff will remain central to building trust, safety, and sustained service utilisation.



### **Nutrition as a Foundation for Sustainable Outcomes**

The roadmap also underscores the importance of nutrition-sensitive interventions that protect and sustain health gains over time. Water, sanitation, and hygiene (WASH) programming will continue to be embedded within nutrition and health interventions, reducing preventable disease and environmental risks.

In parallel, climate-responsive approaches will be strengthened to help communities better withstand shocks that undermine food systems and livelihoods. Education, particularly girls' education, will be supported as a long-term determinant of maternal health, women's agency, and household nutrition outcomes.



### **Monitoring, Evaluation, and Learning**

Robust monitoring, evaluation, and learning underpin the Foundation's strategic direction. Over the 2025 - 2030 period, MDF will strengthen data systems to track outcomes beyond outputs, enabling clearer measurement of behaviour change, service utilisation, and systems-level impact.

Learning will be systematically integrated into program design and implementation, allowing for adaptive management in rapidly changing humanitarian and development contexts and ensuring accountability to communities, partners, and donors.

25  
MICRONUTRIENT  
CONFERENCE

# 2025 NATIONAL MICRONUTRIENT Conference

THEME  
STRENGTHENING RESILIENT SYSTEMS  
FOR ADDRESSING MICRO-NUTRIENT  
DEFICIENCIES IN NIGERIA

## INSTITUTIONAL POSITIONING AND STRATEGIC AMBITION

Through this regional roadmap, the Mary Dinah Foundation positions itself as a trusted partner to governments, multilateral institutions, and global health actors, capable of operating across the humanitarian–development nexus. By 2030, the Foundation aims to have expanded its reach, contributed meaningfully to national policy and systems strengthening, and firmly anchored maternal and newborn nutrition within broader development and stability agendas.

Ultimately, the 2025 - 2030 Strategic Roadmap reflects MDF's ambition to move beyond isolated interventions toward sustained, systems-level impact; ensuring that women and children across West and Central Africa not only survive crises, but have the opportunity to thrive long after emergency responses have ended.

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## INITIATIVES LAUNCHED IN 2025

The Maternal and Newborn Fund (MNF)

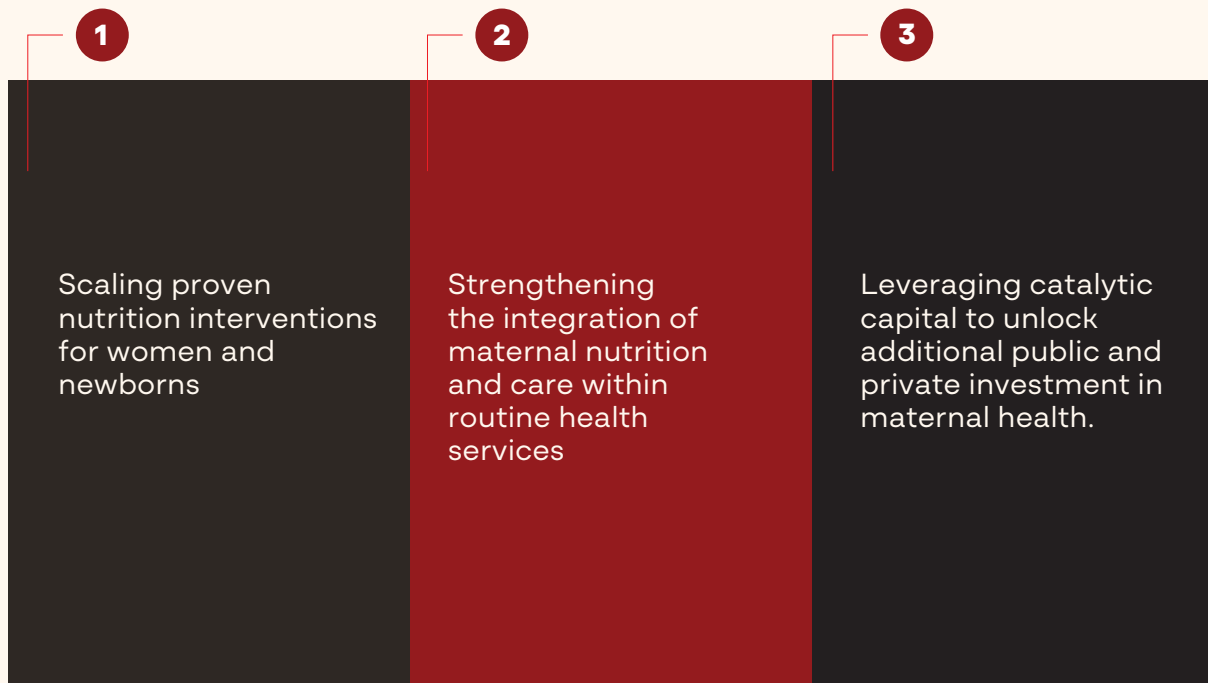
A Blended Finance Platform for Systems-Level Change

In 2025, the Mary Dinah Foundation launched the Maternal and Newborn Fund (MNF), a platform designed to accelerate transformative progress in maternal and newborn health across low and middle-income countries. The investment platform reflects MDF's strategic shift from program-scale delivery toward market-shaping and systems-strengthening investment, bridging humanitarian response and long-term development financing.

The MNF was established to address persistent financing gaps that limit the scale and sustainability of proven maternal health interventions. Through a blended-financing approach, the fund seeks to mobilise philanthropic, institutional, and domestic capital to support interventions that are evidence-based, cost-effective and embedded within national health systems.

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## At its core, the MNF focuses on three interconnected objectives:



A central pillar of the Fund is the scale-up of multiple micronutrient supplementation (MMS) as part of comprehensive antenatal care. Emerging global evidence demonstrates that MMS, when delivered alongside quality ANC and preventive services, reduces the risks of maternal anaemia, low birth weight, and preterm birth more effectively than iron-folic acid alone, particularly in contexts affected by chronic food insecurity and high disease burden.

Through the MNF, MDF positions MMS not as a standalone commodity, but as a systems-integrated intervention—embedded within routine maternal care, supported by counselling and follow-up, and aligned with national health priorities. This approach ensures that nutrition investments reinforce health systems rather than operate in parallel, strengthening both clinical outcomes and service delivery capacity over time.



# The 100 Million Refugee Mothers Initiative

Advancing Preventive Nutrition in Displacement Settings

Launched alongside the MNF, the 100 Million Refugee Mothers Initiative represents MDF's long-term commitment to reaching 100 million women over 20 years with life-saving maternal nutrition interventions, with a particular focus on refugee and internally displaced populations.

In 2025, the initiative achieved significant early momentum. A total of 388,800 bottles of multiple micronutrient supplements were donated by Kirk Humanitarian, enabling large-scale preventive distribution across refugee and IDP communities in Northern Nigeria, Cameroon, Chad, Niger, and Sudan. These distributions were integrated within existing health service delivery points, ensuring alignment with antenatal care and maternal health services even in highly fragile settings.

Together, the MNF and the 100 Million Refugee Mothers Initiative signal MDF's evolving role—from implementer to architect of scalable, prevention-focused nutrition platforms—designed to protect maternal and newborn health, even in the most complex and resource-constrained environments.



# AFRICA Forbes

## GLOBAL CONVENING RECOGNISED BY FORBES AFRICA

Forbes Africa Philanthropy Edition (October–November 2025)

In 2025, the Mary Dinah Foundation (MDF) was featured in the first-ever Forbes Africa Philanthropy Supplement, recognising the Foundation's role in mobilising global leadership around nutrition, health, food security, and refugee protection in Africa. The supplement spotlighted MDF's ability to convene diverse institutions, spanning humanitarian response, development finance, health systems, and child protection, to demonstrate how cross-sector partnerships can accelerate impact at scale.

As part of the Forbes Africa Philanthropy Edition convening effort, Mary Dinah Foundation earned a prominent cover feature in Forbes Africa's first-ever Philanthropy Edition (October–November 2025), appearing alongside luminaries such as UNICEF, Médecins Sans Frontières (MSF), the World Food Programme (WFP), the African Development Bank (AfDB), UNHCR, and AMADE.



### **United Nations Children’s Fund (UNICEF) — Child Nutrition Fund (CNF)**

The Child Nutrition Fund, led by UNICEF, is a financing and coordination mechanism designed to expand sustainable nutrition funding and close critical gaps in both preventive and treatment programs for women and children. By incentivising domestic financing commitments and blending philanthropic capital with government resources, the CNF supports countries to scale high-impact nutrition interventions, procure essential supplies, and strengthen health systems—critical actions for reducing childhood undernutrition and improving maternal health outcomes.



### **World Food Programme (WFP)**

WFP’s contribution highlights the urgent need to rethink food systems in fragile and conflict-affected settings, particularly in regions such as Northern Nigeria. As the UN’s largest humanitarian food assistance agency, WFP works to bridge emergency food aid and long-term resilience by aligning assistance with local markets, supporting local procurement, and investing in systems that spur recovery, empower producers, and reduce dependency on external food imports.



### **African Development Bank (AfDB)**

Featured for its catalytic role in financing structural change, the African Development Bank supports agricultural transformation, climate-smart investments, and inclusive economic growth across the continent. In partnership with organisations such as WFP and research institutions, AfDB's investments help unlock long-term food security and nutrition gains by strengthening agricultural productivity, resilience, and livelihoods—particularly across the Sahel.



### **Médecins Sans Frontières (MSF) / Doctors Without Borders**

MSF's contribution underscores its frontline role in delivering lifesaving medical and nutrition care in crisis settings. Beyond stabilisation treatment for severe acute malnutrition, MSF is advancing more holistic approaches, such as integrating physiotherapy into malnutrition care—to improve developmental outcomes for children recovering from life-threatening conditions. This work reinforces the importance of high-quality clinical care alongside preventive nutrition strategies.



### **UNHCR — The UN Refugee Agency**

UNHCR's feature highlights an inclusion-focused, systems-level approach to refugee protection in Cameroon. Through biometric registration, access to formal education, WASH infrastructure, and integration of refugees into national health systems, UNHCR advances both protection and self-reliance. These approaches enable displaced populations to access essential services, exercise their rights, and pursue sustainable livelihoods.



### **Association Mondiale des Amis de l'Enfance (AMADE)**

AMADE—the World Association of Children's Friends, founded by Princess Grace of Monaco and chaired by H.R.H. Princess Caroline of Hanover, is recognised for its child-centred, rights-based philanthropy. With long-standing programs spanning civil registration, dignity and gender support, education access, and life-skills development, AMADE partners with local actors to ensure children grow up with safety, dignity, and equitable access to services.



### **Edesia Nutrition**

Edesia Nutrition is recognised for its long-term commitment to preventing and treating severe acute malnutrition globally. As a major producer of ready-to-use therapeutic foods (RUTF) and specialised nutrition products, Edesia plays a vital role in supplying lifesaving commodities used across both emergency and development contexts, helping reduce mortality among malnourished children.

The Forbes Africa Philanthropy Supplement illustrates a shared vision among global leaders: moving beyond emergency relief toward sustainable, systems-level solutions grounded in prevention, resilience, and dignity. Together with MDF, these organisations demonstrate how cross-sector partnerships can accelerate progress across nutrition, health, food systems, and protection for women, children, and vulnerable communities across Africa.

The supplement ultimately reflects MDF's growing role as a trusted convener and thought partner, showing how coordinated global leadership can move the nutrition agenda from fragmented interventions toward lasting, systems-level impact.



# GLOBAL ADVOCACY & POLICY ENGAGEMENT

Advancing Policy, Financing, and Systems for Lasting Nutrition Impact

In 2025, the Mary Dinah Foundation significantly expanded its role in global advocacy and policy engagement, contributing field-based expertise, operational evidence, and strategic leadership to international forums shaping the future of nutrition, maternal and newborn health, and humanitarian development. These engagements ensured that the realities of women and children living in fragile and displacement-affected settings were represented in global decision-making spaces, while reinforcing nutrition as a foundational investment in health, stability, and economic development.

Through sustained participation in parliamentary hearings, multilateral dialogues, and global summits, MDF advanced policy discussions on nutrition financing, integrated service delivery, and locally led health system strengthening, helping bridge the gap between frontline implementation and international policy frameworks.



# UK House of Commons — International Development Committee: Oral Evidence Session

MDF was invited to present oral evidence before the UK House of Commons International Development Committee as part of its formal inquiry into the United Kingdom's Development Partnership with Nigeria. The inquiry examined how the UK can strengthen its bilateral development engagement with Nigeria, particularly in the context of evolving global aid priorities, security challenges, and persistent disparities in access to essential health and nutrition services.

During the session, MDF's Founder and Chief Executive Officer, Lady Mary Dinah, provided expert testimony drawn directly from operational experience in northern Nigeria and displacement-affected regions. She emphasised the importance of locally anchored implementation models, sustained investment in maternal and child nutrition, and the integration of nutrition services within primary healthcare systems. Her contributions underscored the critical role of civil society organisations in extending the reach of public health systems, strengthening community trust, and ensuring that development investments translate into measurable improvements in health outcomes.

MDF's participation in this parliamentary inquiry contributed to shaping ongoing dialogue on how bilateral partnerships can more effectively support resilient health systems, strengthen local capacity, and deliver sustainable impact in complex humanitarian contexts.



### **Nutrition for Growth Summit — Paris, France**

At the 2025 Nutrition for Growth (N4G) Summit in Paris, a pivotal global platform hosted under French leadership to mobilise commitments for tackling malnutrition, MDF was invited to join the high-level roundtable “Nourishing Progress: Uniting Sectors to Tackle Malnutrition.” Lady Mary Dinah spoke alongside senior leaders from the World Food Programme, the Gates Foundation, Helen Keller International, Nutriset Group, and DSMFirmenich, emphasising the need for integrated, evidence-based solutions that bridge financing, service delivery, and health systems strengthening. The Summit underscored the imperative of placing nutrition at the heart of development and saw nearly US\$28 billion in collective pledges towards integrated nutrition, food systems, and health goals, a reaffirmation of global political will despite tightening aid budgets.



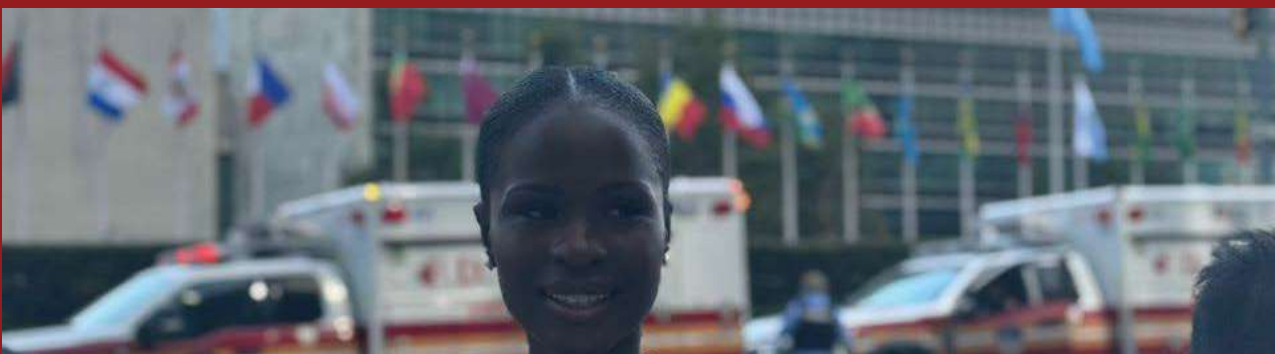
### **Peace & Social Justice Dinner — Nigeria / London Engagements**

MDF was honoured to participate in the Peace & Social Justice Dinner, a special gathering co-hosted by Lord David Alton of Liverpool and Pastor Agu Irukwu of Jesus House, London. The event convened leaders from across civil society, diplomacy, and philanthropy to advance discourse on peace, justice, human dignity, and sustainable development in Nigeria and beyond. The event highlighted how inclusive development and humanitarian strategies must account for the disproportionate burdens faced by women and children in displacement and fragile contexts, reinforcing the importance of sustained community-level investment and multisector dialogue. MDF’s presence underscored the intrinsic links between stability, gender equity, and maternal and child wellbeing, particularly in displacement-affected and fragile contexts.



### **AllParty Parliamentary Group (APPG) Nutrition Roundtable — UK Parliament**

The Foundation further contributed to policy dialogue through participation in a roundtable organised by the All-Party Parliamentary Group (APPG) on Nutrition for Development and Médecins Sans Frontières. The discussion brought together parliamentarians and technical leaders, including Lord Jonathan Oates and Kate Osamor MP, to examine priorities for strengthening nutrition outcomes in northern Nigeria. MDF provided operational perspectives on barriers to care, emphasising the importance of integrating preventive nutrition services within national health systems and strengthening community-level delivery mechanisms. The APPG brings crossparty UK parliamentarians together to champion global nutrition and influence UK policy in support of the Sustainable Development Goals.



### **United Nations and World Bank Engagements**

MDF expanded its engagement within multilateral policy platforms, contributing to high-level dialogues at both the United Nations and the World Bank focused on digital transformation, development sovereignty, and resilient health systems.

**World Bank Roundtable on Digital Transformation:** MDF, represented by its CEO, spoke alongside senior global experts, including the Vice President of Digital at the World Bank, advocating for digital agency and sovereignty for African nations. MDF emphasised how digital platforms and data governance can drive resilient, locally owned humanitarian and health systems.

**United Nations General Assembly (UNGA) Forums:** MDF also participated in strategic engagements on the margins of the United Nations General Assembly, contributing to high-level discussions on development sovereignty, institutional resilience, and equitable global partnerships. As part of these engagements, MDF's leadership joined a roundtable discussion with Her Excellency Netumbo Nandi-Ndaitwah, President of the Republic of Namibia, alongside senior policymakers and development leaders. The dialogue examined pathways for strengthening African leadership in development, advancing locally driven solutions, and ensuring that global investments translate into measurable improvements in health and wellbeing.



### **Scaling Impact Webinar: Innovative Pathways for MMS in Maternal Health**

MDF Founder and CEO, Lady Mary Dinah, was invited to speak at a high-profile webinar organised by the DSMFirmenich. The session brought together cross-sector experts in public health, private sector innovation, and nutrition partnerships, including representatives from the Healthy Mothers Healthy Babies (HMHB) Consortium, Hystra, UNICEF Nigeria, and the Philippine NutriFoods Corporation. The event explored how innovation, financing, and multi-stakeholder collaboration can accelerate MMS scale-up to reach millions of women in low and middle-income contexts, reinforcing the argument that MMS should be integrated within routine antenatal care rather than treated as a standalone commodity.



### **Parliamentary Immersive Event (UK)**

MDF was a key contributor at the Parliamentary Immersive Event, organised by United Against Malnutrition and Hunger (UAMH) and Médecins Sans Frontières (MSF). The initiative used interactive and immersive experiences to convey the realities faced by refugees and IDPs to UK policymakers. MDF provided evidence-based insights and operational perspectives, highlighting the challenges of malnutrition, displacement, and integrated service delivery. MDF's contributions were presented alongside policymakers, including Lord Jonathan Oates and MP David Moundou, helping bridge policy dialogue with frontline realities and elevating attention to nutrition, protection, and health systems integration in humanitarian settings.



### **The 23rd International Congress of Nutrition (ICN)**

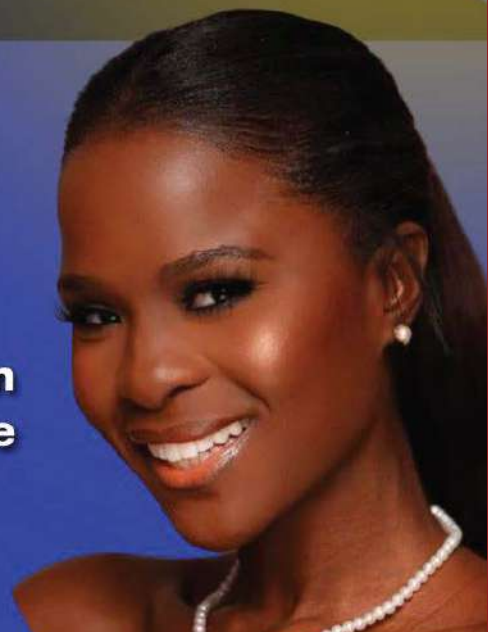
MDF participated in the International Union of Nutritional Sciences (IUNS), which took place in Paris, France, from August 24–29, 2025, under the theme "Sustainable Food for Global Health". The congress focused on "Sustainable Food for Global Health" to address critical links between human diet and planetary health. The event highlighted urgent strategies to combat rising global hunger, combat climate change, and promote sustainable, nutritious diets

September 21-24 | New York City

**SPEAKER AT**

## **Financing Forward: Gender, Inclusion & Innovation in a Shifting Global Landscape**

9:30 - 10:30 AM | Sept 21 | Sheraton, NY



### **2025 Concordia Annual Summit**

The summit was a round table with the former President of Costa Rica, H.E. Laura Chinchilla. The discussions focused on reinforcing democratic resilience, strengthening the rule of law, and fostering cross-sector partnerships to navigate geopolitical shifts and economic instability.



### **The Action Against Hunger (Action contre la Faim), 2025 in Paris**

In December 2025, MDF attended the Action Against Hunger (Action contre la Faim) in Paris. The event highlighted the urgent need for a just transition in food systems. The organisation advocated strongly for the right to food in the context of climate-related agricultural crises. Key recommendations included calling for substantially increased investment in sustainable agriculture. Notably, only 1.5% of public climate finance currently supports these systems, underscoring the critical gap in funding for resilient, agroecological, and climate-adaptive food production.



### **The MSF workshop on Malnutrition with the Governor of Katsina State**

In late 2025, MDF attended the Médecins Sans Frontières (MSF – Doctors Without Borders) and the Katsina State Government, under the leadership of Governor Dikko Umar Radda, convened high-level meetings to address a severe escalation in acute malnutrition. The alarming 208% increase in cases of nutritional oedema—the most life-threatening form of severe acute malnutrition—between January and June 2025 (compared to the same period in 2024) prompted urgent collaboration.



### **DSM webinar on Nutrition**

MDF attended the DSM webinar on Nutrition, a 45-minute consortium that explored how market-based models, innovative financing mechanisms, and public-private partnerships can accelerate the scale-up of Multiple Micronutrient Supplements (MMS), a proven intervention for improving maternal and newborn health outcomes.



### **Afrxim Conference 2025**

The 32nd Annual Meetings of the African Export-Import Bank (Afreximbank), attended by MDF, known as AAM2025, were held from 25–28 June 2025 at the Transcorp Hilton in Abuja, Nigeria—symbolising a meaningful return to the host nation of the Bank's first event. Themed "Building the Future on Decades of Resilience", the conference emphasised strategies for overcoming global economic challenges through enhanced industrialisation, greater intra-African trade, and reinforced financial independence for the continent.



### **Westminster Launch of Promising Development: The Future of Aid in an Uncertain World.**

The Future of Aid in an Uncertain World (Fabian Society and Labour Campaign for International Development), attended by MDF, brought together prominent voices, including keynote speaker David Miliband (former Foreign Secretary and President/CEO of the International Rescue Committee). The discussion focused on practical ways to strengthen the case for international development assistance, rebuild cross-party and public consensus, and maximise aid impact during a period of geopolitical instability, shifting global poverty patterns, and constrained fiscal environments.



### **31st Nigeria Economic Summit 2025**

The 31st Nigerian Economic Summit (NES #31), held from 6–8 October 2025 in Abuja under the theme “The Reform Imperative: Building a Prosperous and Inclusive Nigeria by 2030”, focused on consolidating ongoing economic reforms to drive sustainable, inclusive growth and position Nigeria toward a trillion-dollar economy.

Key discussions highlighted Nigeria's Q2 2025 GDP growth of 4.23% year-on-year—the fastest pace in approximately four years—driven primarily by a robust rebound in the oil sector (20.46% growth, supported by higher production averaging 1.68 million barrels per day), alongside solid contributions from industry (7.45%) and agriculture (2.82%).

# UNSTOPPABLE AFRICA

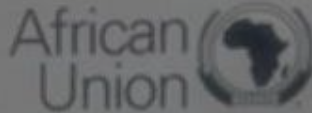


United Nations  
Global Compact

UNSTOPPABLE  
AFRICA  
GLOBAL AFRICA BUSINESS INITIATIVE



United Nations



United Nations  
Global Compact

Collectively, these advocacy and policy engagements in 2025, across summits, parliaments, roundtables, and multilateral platforms, highlight MDF's expanding role as not only an implementer of programs but as a trusted voice in global advocacy and policy leadership. Through evidence-informed contributions, cross-sector collaboration, and strategic presence in global policy spaces, MDF strengthened the case for integrated nutrition financing, resilient health systems, and sustainable investment, ensuring that the global discourse remains grounded in lived realities and pathways for impact at scale.



## RECOGNITION & AWARDS

In 2025, the Mary Dinah Foundation's work received significant recognition, reflecting both programmatic excellence and strategic leadership across nutrition, maternal and child health, and humanitarian development:

### **Humanitarian Service Award — Pacesetter Frontier Magazine, 2025**

Honouring MDF's sustained commitment to alleviating hunger, supporting displaced populations, and improving the health and well-being of vulnerable communities.

### **Most Influential Foundation of the Year — MIPAD 2025**

Recognising MDF's growing footprint, cross-sector influence, and measurable impact in maternal, newborn, and child health across Africa.

These accolades underscore the Foundation's role not only as a delivery partner but as a thought leader and convenor of global action in nutrition, health, and humanitarian development.

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## LESSONS LEARNED

Over five years of operational experience across Northern Nigeria, Cameroon, and Chad, the Mary Dinah Foundation has derived critical insights that continue to shape program design, strategic partnerships, and systems-level interventions. These lessons highlight the importance of integrated, community-centred, and evidence-driven approaches to maternal and child health in fragile and displaced settings:

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### **Multi-Sectoral Integration is Essential**

Achieving sustained impact requires coordination across sectors. Nutrition, health, WASH, child protection, gender-based violence prevention, and education are interconnected, and interventions that address these simultaneously yield greater outcomes. MDF's integrated approach, combining nutrition distribution with ANC services, vaccination linkages, and maternal counselling, demonstrates the power of aligning services to reduce missed opportunities and strengthen community health systems.

### **Community-Led Platforms Drive Sustainable Behaviour Change**

Mother-to-mother groups and peer support networks have proven to be effective channels for reinforcing knowledge, promoting positive practices, and ensuring accountability. In both humanitarian settings, such as Minawao Camp in Cameroon and protracted conflict-affected areas in Northern Nigeria, these community structures amplify the reach and longevity of program impact, ensuring that interventions are culturally relevant and locally owned.

### **Inclusivity Enhances Equity and Reach**

Programs designed to be inclusive, accommodating persons with disabilities, low literacy populations, and marginalised groups, increase equitable access and participation. Across all operational contexts, including nomadic communities in Lac Province, Chad, tailoring delivery methods (e.g., mobile clinics, home visits, pictorial counselling tools) has been crucial to reaching the most vulnerable populations.

### **Gender-Sensitive Implementation Strengthens Uptake**

Deploying female staff at the community level improves trust, encourages utilisation of health services, and fosters safer, supportive environments for women and adolescent girls. This approach has been central to increasing ANC attendance, promoting facility-based deliveries, and ensuring adherence to recommended nutrition practices.

## **Synchronised and Integrated Service Delivery Maximises Outcomes**

Aligning the distribution of specialised foods and supplements with clinic days, vaccination schedules, and ANC services reduces missed opportunities and reinforces health-seeking behaviour. In Nigeria and Chad, this approach has significantly increased both maternal service utilisation and child vaccination coverage, while simultaneously reinforcing messaging on nutrition, hygiene, and complementary feeding.

## **Evidence and Data Drive Continuous Improvement**

Routine monitoring, real-time tracking of key indicators, and iterative learning have been central to achieving and sustaining impact. Informed by five-year country data, MDF has been able to adjust interventions, optimise resource allocation, and strengthen accountability to communities, partners, and donors. This evidence-driven approach ensures programs remain adaptive to the complex realities of conflict, displacement, and climate shocks.

## **Partnerships and Convening Power Magnify Impact**

Strategic engagement with global and regional actors, including UNICEF, WFP, AfDB, MSF, UNHCR, and private sector innovators, has reinforced MDF's ability to scale interventions and influence systems-level change. Coordinated advocacy, cross-sector collaboration, and participation in high-level forums (e.g., Nutrition for Growth, UNGA, UK Parliament) have amplified policy influence and ensured maternal and child nutrition remains a global priority.

### **Longitudinal Presence Builds Trust and Systems Resilience**

Sustained engagement over multiple years in fragile contexts has been critical for embedding interventions within local systems, building community trust, and achieving durable health and nutrition outcomes. From mobile outreach in Chad to mother-to-mother groups in Nigeria, continuity enables MDF to stabilise service delivery, reinforce positive practices, and strengthen linkages with local authorities and health structures.

### **Innovation and Contextual Adaptation are Key**

Tailoring interventions to local realities — whether through mobile clinics for nomadic populations, nutrition education across displacement camps, or digital platforms for data-driven decision-making — ensures programs are relevant, scalable, and resilient. Integrating clinical supplementation with counselling, follow-up, and health system reinforcement maximises both short-term relief and long-term developmental impact.

These lessons collectively inform MDF's strategic approach for 2025–2030, reinforcing the Foundation's commitment to systems-level impact, evidence-based programming, and community-centred, sustainable solutions. By embedding these insights into program design, advocacy, and policy engagement, MDF ensures that its work continues to strengthen health systems, empower women, and improve the wellbeing of children across fragile and underserved contexts in West and Central Africa



## CONCLUSION

The Mary Dinah Foundation (MDF) is pleased to present its 2025 Impact Report, highlighting a year defined by resilience, strategic advancement, and measurable outcomes. Across our core geographies—Nigeria, Cameroon, and Chad—and through our expanding engagement in global policy dialogues, our initiatives continue to demonstrate the transformative power of evidence-based approaches, community-centred practices, and robust strategic partnerships.

As we look toward 2026 and beyond, we reaffirm our unwavering commitment to advancing maternal and newborn health and well-being as essential pillars of equitable, inclusive, and sustainable development.

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## CONTACT US



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