MAX FOUNDATION

Impact Report 2025

Scaling What Lasts

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Dr. Gezahegn Kebede,
Regional Director East Africa

"This was the year our work in Ethiopia stopped being a programme and started becoming a system. The Ministry of Health adopted the Malnutrition-Free Healthy Village model — co-developed with government partners and based on our Healthy Village approach — as the official village-level unit for the country's strategy to end child stunting by 2030, which will be scaled nationally reaching over 125 million people in the next years.

Two of our innovations are already being prepared for replication by the government: length measurement integrated into the national Electronic Community Health Information System, and community-based growth monitoring delivered through Mother-to-Mother Support Groups in Tigray. In Tigray itself, where we resumed operations in 2024 and accelerated through 2025, we also brought safe water to communities through new and rehabilitated multiple-use water schemes. This is what becomes possible when evidence, government ownership and patient partnership come together — and when systems, not programmes, carry the work forward."

Tariqul Islam,
Regional Director South Asia

"In 2025, our work in Bangladesh moved from delivering services towards building the systems that deliver them. Max TapWater, our spin-off social water enterprise, had a strong year — we added 41 new piped water grids, bringing the total to 98 across the country and reaching more than 11,000 new people with safely managed water. Looking ahead, Max Foundation Bangladesh is positioning itself as the water-supply partner for Public–Private Partnerships, a direction that opens a much bigger pathway for what we have built.

In a milestone we have been working towards for years, two tools we co-developed with civil society — one for tracking how local governments spend public money on nutrition, the other for costing what children actually need — have been formally adopted by Bangladesh's National Nutrition Council for national use. When the instruments we built with communities start guiding national planning, the system itself is beginning to carry the work.

This year we also had the privilege of welcoming a new chapter for our region, as we started Healthy Village Nepal in Jwalamukhi Rural Municipality, Dhading District. The Healthy Village approach is expanding — and everywhere it goes, it is being shaped by the communities, governments and systems that will sustain it long after we step back."

Max Foundation in 2025

2025 reshaped the world development organisations work in. The dismantling of USAID ended decades of United States leadership in international development. The Netherlands and other major European donors made deep cuts to their aid budgets. Across the sector, organisations faced difficult choices about scope, staffing and survival. In the countries where we work, that turbulence translated into real instability: for governments, for civil society, and for the communities counting on continuity.

Max Foundation was not immune to these shifts. But 2025 also clarified, more sharply than ever, why the strategic direction we have chosen matters. In a world where donor funding can no longer be assumed, impact cannot only be measured by what a programme delivers while it is funded. The more important question is what keeps working when external support reduces or ends — and how proven solutions can reach far beyond the communities where they were first tested.

That question sits at the heart of this year's Impact Report: **Scaling What Lasts.**

At Max Foundation, we design evidence-based, innovative and scalable solutions to improve child health across three interconnected areas: water and sanitation, nutrition, and maternal and adolescent health. We do this by working with the systems that shape children's daily lives: the communities they grow up in, the entrepreneurs who bring essential products and services within reach, and the governments responsible for scaling and sustaining them.

Our role is not to run programmes indefinitely. It is to develop and test approaches that work, adapt them to local realities, and build the evidence, partnerships and ownership needed for others to carry them forward and scale them through existing systems. That is why our strategy combines four reinforcing approaches: we build **Evidence for Scale**, **we Integrate for Impact**, we **Strengthen the Systems** that must keep delivering, and we support **Market-Systems** that make essential services more accessible, affordable and sustainable.

Together, these approaches move us beyond short-term delivery. They help answer the question that 2025 made unavoidable: not only does this work, but can it last — and can it be taken up, adapted and expanded through governments, markets and communities — long after we step back?

In 2025, we saw this strategy move from ambition into practice — with several approaches crossing the line from programme results to pathways for wider scale.

A girl shows her soapy hands while washing them in Bangladesh

In Bangladesh, the Healthy Village approach had already been independently validated by Karolinska Institutet, confirming that our integrated work on WASH, nutrition and maternal and child health significantly reduced child undernutrition in programme areas. But evidence only reaches its full value when it changes who owns the work and how far that work can travel. That is what we saw in Ethiopia, where the Healthy Village approach was integrated with the Government of Ethiopia's Malnutrition-Free Village concept into one national framework: the Malnutrition-Free Healthy Village. Adopted by the Federal Ministry of Health as the village-level unit for the next phase of the Seqota Declaration, this framework is designed to scale through government systems across the country, with the ambition to reach 125 million people in Ethiopia in the coming years.

The same shift was visible in Bangladesh. Through Right2Grow, two tools co-developed with civil society — one for tracking public spending on nutrition and WASH, and one for estimating what children need and what it costs to reach them — were formally recognised by the Bangladesh National Nutrition Council for national use. Instruments built with communities are now guiding national planning, turning local advocacy tools into instruments for national scale.

In Bangladesh, our social water enterprise Max TapWater continued to test a different but equally important pathway to scale: safe, affordable water services that can grow beyond one-off, project-based infrastructure investments. While grant and concessional funding remain critical for financing capital expenditure, the question now is how to build scalable operating and financing models that can keep services reliable, affordable and expandable over time. By expanding piped water grids, introducing smart-grid technology and preparing for Public–Private Partnership pathways, we are working to make safe water not only available, but financially and operationally sustainable as it grows.

And in Nepal, a new chapter began. Healthy Village Nepal launched in Dhading District, adapting what we have learned in Bangladesh and Ethiopia to a new context from the start. The programme is built with municipal leadership at its centre, because scale does not begin at the moment a model is handed over. It begins when local ownership is built into the design from day one.

The world Max Foundation will operate in over the next decade is not the same one in which our work first grew. But it is a world in which the strategy we have been building towards for years has become more relevant, not less: leaner, more evidence-driven, more partnership-based, and more ambitious about scale through systems rather than through the expansion of our own programmes.

This shift is not simple. Moving from programme delivery to system ownership is slow, technical and often uncomfortable. It requires asking difficult questions about what can truly scale, what governments and markets can realistically carry, and where our role needs to change. But it is also the only route to impact that lasts and reaches the number of children who need it.

To our donors, government partners, consortium members, entrepreneurs, civil society partners and teams — and above all to the communities in Bangladesh, Ethiopia and Nepal who continue to show us what is possible when people are treated as co-owners of their own health — thank you. Scaling what lasts is not something any organisation can do alone. It depends on trust, patience and shared ownership. We are grateful for yours.

Joke Le Poole
Co-director and Founder

Marjolijn Wilmink
Co-director

What's at stake?

Child Health

Despite positive trends in child health worldwide, progress is too slow. Undernutrition remains a major global public health challenge. In 2025, an estimated **23%** of children under 5 were **stunted*** due to chronic undernutrition. In **Ethiopia** the average was **40%**, and in **Bangladesh** this was **24%**, and in **Nepal** **26%**.

Nearly half of deaths among children under 5 were linked to undernutrition (which includes stunting, wasting and underweight): it increases the risk of infectious diseases, and children who are undernourished are more likely to die from common childhood illnesses such as pneumonia, diarrhoea, and malaria. It can lead to long-term health problems, including stunted growth, cognitive impairment, and reduced immunity.

*A child affected by stunting is too short for their age and can suffer severe and irreversible physical and cognitive damage. The devastating consequences of stunting last a lifetime and are found to even affect the next generation.

Addressing undernutrition, and specifically stunting, is critical for a healthy start in life. Solving it requires a multifacted approach.

We can most effectively work towards a healthy start for every child, by facilitating:

Safe, nutritious, and diverse foods in early childhood, and improved agriculture;

Adequate maternal nutrition before/during pregnancy and while breastfeeding;

A healthy environment, including access to basic water, hygiene and sanitation services and products.

Improving child health requires more than isolated interventions. Without clean water, children are more vulnerable to malnutrition. Without proper nutrition, their immune systems weaken. These challenges are deeply connected, so solutions must be too."

Nutrition

Nutritional intake is the most obvious factor: access to a diverse and nutritious diet (both how much and what you eat) is essential for healthy growth and development. However, food and nutrition security are increasingly fragile due to extreme weather events, climate change and other shocks.

Population suffering from undernourishment:

10% in Bangladesh
20% in Ethiopia
5% in Nepal

Population experiencing moderate or severe food insecurity:

31% in Bangladesh
61% in Ethiopia
40% in Nepal

Water, sanitation and hygiene

A critical factor in the problem of stunting is the negative effect that the lack of safe WASH has on child health. Our data in Bangladesh showed a very direct correlation between improving community-wide levels of sanitation and stunting reduction.

Poor access to WASH contributes to diseases and infections, which affect the body's ability to **absorb nutrients**. Unsafe water and hygiene conditions are still responsible for the deaths of around 1,000 children under 5 every day.

While major investments over the past decades have expanded water infrastructure, millions of people still lack safe water. Many systems struggle with weak operations and maintenance (O&M), limited financial sustainability, low customer uptake, climate-related pressures and insufficient public-private operating models. The challenge is no longer only infrastructure development, but creating reliable, climate-resilient and financially sustainable water services that can operate and scale beyond donor support.

Maternal and adolescent health

To prevent undernutrition in children, we must also address it in adolescent girls and women. It is estimated that of the stunted children under 2 worldwide, about half become stunted in the womb and the first 6 months of life, when a child is fully dependent on the mother for nutrition. There is a window of opportunity to impact child growth in the critical first 1,000 days, from conception to age 2.

2.3 million neonatal deaths occur annually, and over 80% of these can be easily prevented or treated.

Did you know...

Women and girls are disproportionately affected by lack of access to WASH; in over **85% of households in Ethiopia**, they are the ones to collect water. For half the households, a single round trip takes over 30 minutes.

In Bangladesh, our 2025 programme data shows what changes when this burden is removed: in households that gained a Max TapWater connection, women were saving 1 to 1.5 hours per day previously spent collecting water – time now used for childcare, income-earning activities and education. **93%** of these households reported improved overall health, and **89%** reported a reduction in waterborne diseases.

Women and girls are also affected more by food insecurity. As of 2024, nearly **64 million** more women than men are moderately or severely food insecure globally – a persistent gap driven by gender inequality in access to resources, land, and income.

Weather-related disasters have increased by more than **80%** since the 1980s. Climate change exacerbates water and food insecurity, especially in rural and poor communities.

Climate change threatens to reverse decades of progress in child nutrition. Rising temperatures, erratic rainfall, and increasingly severe droughts are projected to result in an additional **40 million children affected by stunting by 2050**. At the same time, more frequent and intense flooding increases the disease burden across communities, particularly for young children, further undermining their ability to absorb nutrients and grow healthily.

Women and girls fill their containers at an open water source in Ethiopia

What do we do about it?

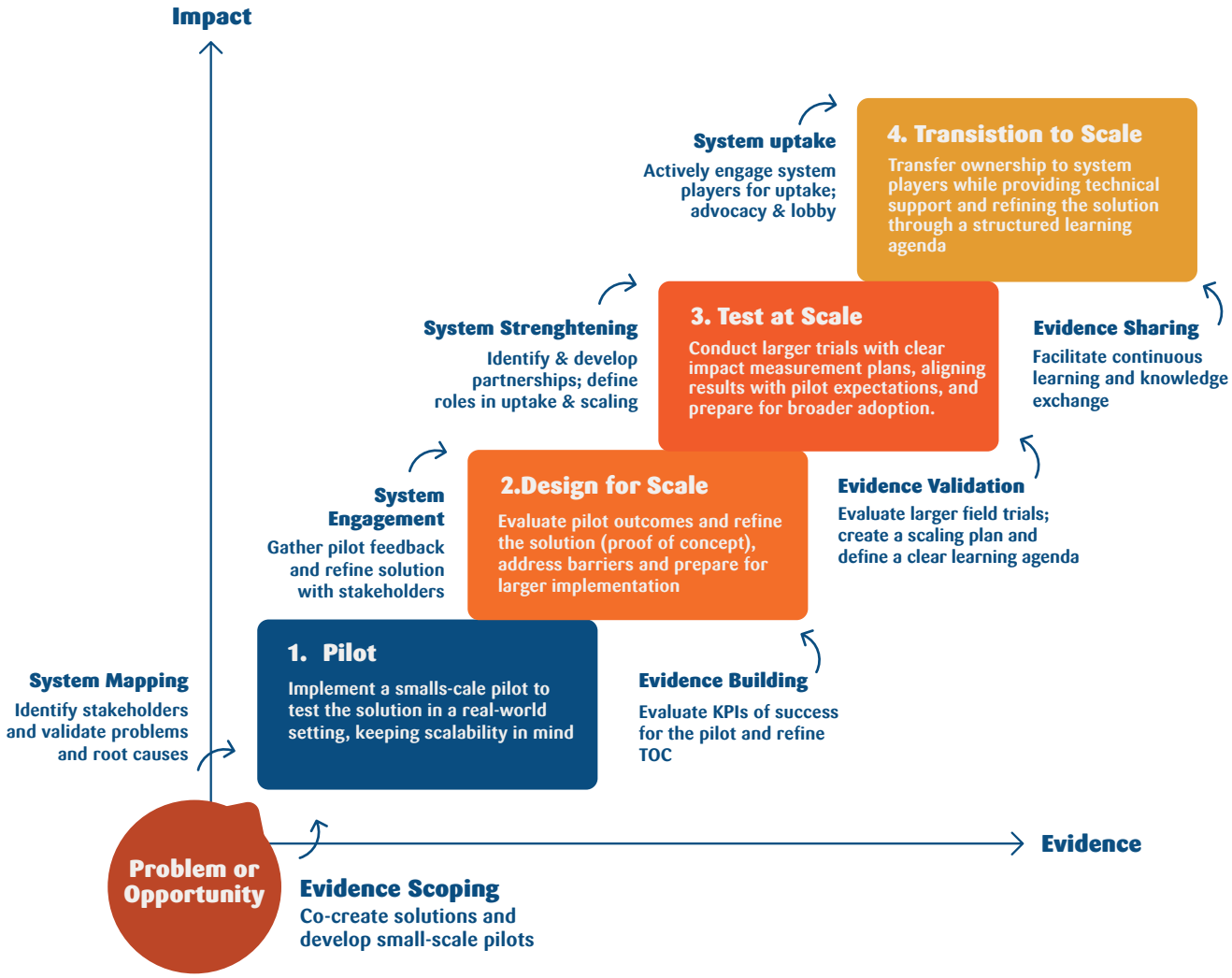
To achieve our ambitious goals on child health, our strategy comprises four interconnected approaches. Developed over years and informed by our experience, our 2024–2030 strategy outlines how we will drive lasting, systemic change. Together, these approaches move beyond short-term fixes, building the conditions for children to thrive long after our programmes end.

1. Evidence for Scale

Through every programme, we build evidence and learnings on what works — and what does not — in improving child health. Evidence for us is not solely academic. It is also generated through our programmes to answer specific questions: what works, under which conditions, and how can this be replicated through existing systems? Tools such as growth monitoring data, budget tracking, and endline evaluations exist to strengthen the case for adoption by governments, donors and partners.

We follow a structured four-stage approach —pilot, design for scale, test at scale, transition to scale — which helps us de-risk new interventions and build the proof that governments, entrepreneurs and communities need in order to scale them themselves.

By combining evidence with learnings, we ensure successful approaches do not stay in pilot mode. They become long-term solutions, embedded in systems, supporting healthier futures for children.



2. Integrating for Impact

Child health is the result of multiple, interconnected conditions: safe water and sanitation, access to nutritious food, quality care for mothers and adolescents, and how services and markets function around households. We do not treat child health as a medical issue alone, nor as a single-sector challenge. This is why integration is not simply a methodology we chose, it is what addressing child health actually requires.

By addressing these challenges together, we create stronger, more effective solutions that last. This integrated approach improves immediate health outcomes while supporting communities to adapt to long-term challenges.

When children grow up healthy, they are more likely to raise the next generation of healthy children, creating a positive cycle of long-term impact.

Want to learn more? In 2025 we launched a free online WASH-Nutrition nexus course together with IRC's WASH Systems Academy. **Take the course here**!

3.Strengthening Systems

We do more than deliver programmes. We strengthen existing systems so that communities can thrive. Impact, for us, is defined by what remains working after external support reduces or ends. In practice, this means working through government systems rather than around them, aligning with national strategies and policies and embedding tools, data, skills and coordination mechanisms into routine government planning, budgeting and monitoring.

We support public and private actors to lead, whether by improving services, strengthening coordination or supporting skills and resources. Our role is to create the right conditions for change. By connecting actors, supporting local leadership and promoting accountability, we help build systems that keep delivering, even in times of crisis or change.

This is how we contribute to healthy futures for children, now and for generations to come.

4. Market-Based Systems

Many of the essential services for child health — water supply, food distribution, preventive health products, local4. services — already operate within market systems. We position entrepreneurship and markets as part of the solution, not as peripheral or experimental elements. Our role is to support local entrepreneurs as solution providers, strengthen the ecosystems they operate in (finance, regulation, demand, skills), and improve the usability, accessibility and sustainability of essential services.

We create demand for healthy products and services in communities through behaviour change and education campaigns. Our experience and data show people will pay for goods and services that improve their lives once they see the benefits.

Creating self-sustaining market systems, which align the interests of everyone involved, is key to long-lasting impact.

A healthy start for every child

Mission

A healthy start for every child in the most effective and long-lasting way

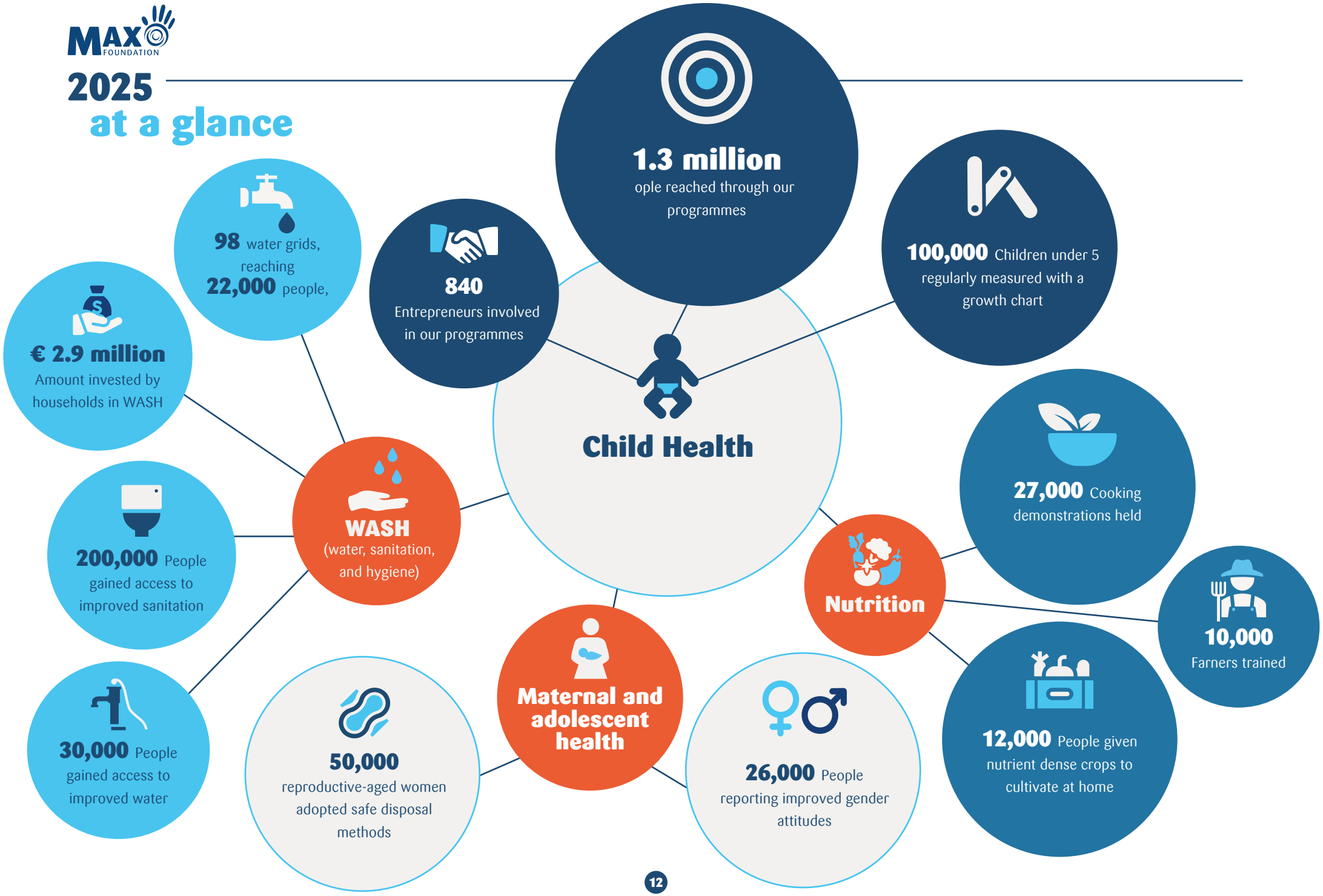
Vision

A world where easily preventable diseases are no longer a cause for child mortality

Mother carrying her 2 year old daughter on her back at their home in Ethiopia

MAX FOUNDATION

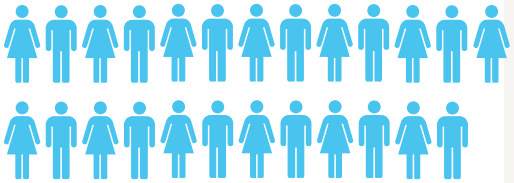
2025 at a glance



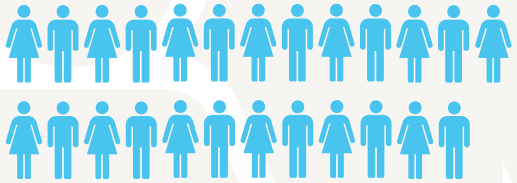
15 fte
team members in Ethiopia

1 fte
team members in Nepal

25 fte
team members in Bangladesh



25 fte
Max TapWater (Bangladesh)



9 fte
team members in the Netherlands

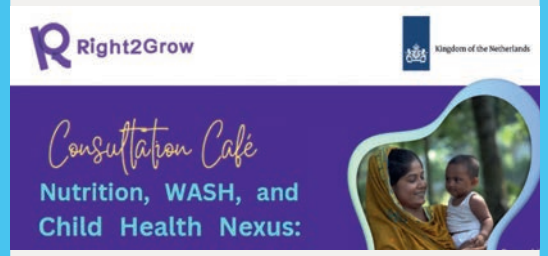
5 fte
board members

*fte stands for full-time employee

January

Max TapWater launched its Khulna pilot in Rupsha, southern Bangladesh — a reverse-osmosis water plant addressing salinity and providing safe drinking water.

February



Right2Grow hosted a Consultation Café on the WASH–nutrition nexus approach, sharing five years of practice.

We hosted the Healthy Village Experience in Ethiopia: an interactive demonstration of how the approach is transforming child health

March

Max TapWater held a stakeholder engagement meeting on developing the WASH ecosystem — bringing together development actors, academia, and public and private sector representatives to discuss expansion and tackle water quality issues.

April

Waterlife partnership, powered by P4G, launched: solar-powered clean water for 80,000+ people in Ethiopia, building climate-smart, sustainable water systems.

June

Linking & Learning Event held in Ethiopia — co-hosted with the Netherlands Embassy and Ethiopia's Ministry of Health to accelerate progress toward the Seqota Declaration's goal of ending child stunting by 2030.

May

Max TapWater reached a milestone: the 75th operational piped water grid, extending safe, affordable, on-premise piped water to households across rural Bangladesh.

July

Launched a free online course on the WASH and Nutrition Nexus, covering the critical connections between clean water, sanitation, and child nutrition.

August

Max Foundation directors featured on Bangladesh national TV talk show 'Healthy Children, Prosperous Future' — making the case for integrated approaches to child health

September

Max Foundation Bangladesh hosted the Entrepreneur-Led Impact Event, bringing together 100+ micro and small entrepreneurs, banks, corporate companies, NGOs and policymakers to examine how rural entrepreneurs can drive health solutions at scale.

October

Max Foundation and CoWASH IV Ethiopia publicly announced their partnership — layering the Healthy Village nutrition approach onto existing community-managed water infrastructure across rural Ethiopia

November

"Beyond Right2Grow: Lessons, Legacy and Local Leadership" was held in The Hague — bringing together partners from all six Right2Grow countries to celebrate five years of work and co-create commitments for what comes next.

December

Healthy Village Nepal national inception workshop held in Kathmandu, with participants from federal and provincial ministries, INGOs, universities, private sector and chaired by the municipality.

Woman at her homestead garden in Ethiopia

Designing for scale costs more — and only government can carry it

After several years running Healthy Village at full operational scale in Ethiopia, we faced a difficult truth: several components that worked well within our programme could not realistically be afforded or delivered by government systems at national scale. Together with the Seqota Declaration team and the Federal Ministry of Health, we reassessed the intervention package, identifying what could scale, what had to be simplified, and what had to be set aside. The result was a minimum viable package of integrated services, designed to be affordable and deliverable through existing government, community and market systems without external funding. That process required acknowledging that some NGO-led approaches, however effective, were not suitable for scale. It ultimately contributed to the Malnutrition-Free Healthy Village model, now adopted under the Seqota Declaration. Scalability must be designed in from the start. Real scale only comes through government systems, not around them.

Adaptive management is no longer optional — it is the default

Political transitions in Bangladesh and Nepal, insecurity in Amhara, and earlier conflict in Tigray have made adaptive management a default mode rather than a crisis response. In 2025 this meant building crisis modifiers and flexible budget lines into programme design from the outset, and supporting field teams to make context-specific decisions in real time. In Nepal, the Gen-Z movement created administrative delays, making our partnership-first approach with Jwalamukhi Rural Municipality critical during inception. In Ethiopia, when conflict disrupted supply chains, we shifted temporarily to direct support, distributing water filters and providing financial support to entrepreneurs. These choices contradicted our market-systems principles, but taught us something valuable: targeted subsidies in disrupted environments do not always distort markets. They can stabilise them, build awareness and create latent demand. Adaptive capacity is now a permanent feature of how we design programmes, not an exception.

From cost-effectiveness to cost of local ownership

In a year of tightening donor budgets, the dominant lens has been “how many people can we reach per euro?” The intent is right; the scope is too narrow. Unit cost during a programme tells us almost nothing about whether a model can survive once external funding ends. The real question is the cost of local ownership: what does it take for governments, frontline workers, entrepreneurs and households to sustain a model independently? We are expanding how we measure value, looking at systemic leverage, adaptive value over time, and what we call Return on Influence (ROI^2): the catalytic effect when a model is integrated into national policy or shifts donor priorities. The Malnutrition-Free Healthy Village adoption in Ethiopia and Bangladesh’s Budget Monitoring tool’s national recognition are the proof. Funding what works is not enough. The next frontier is funding what lasts.

Scaling a social water enterprise needs more than infrastructure

Setting up a new social water enterprise is challenging. The Building Water Business programme primarily focused on infrastructure development and initial system rollout, leaving limited time to fully strengthen operational excellence, optimise business performance, test scalable Public–Private Partnership (PPP) pathways, and integrate climate-resilient, data-driven innovations into long-term water supply models. The harder lesson of 2025 is that getting Max TapWater to work and getting it to scale are two very different challenges. Reliability of supply, willingness to pay over time and predictable revenue all need ongoing attention, not just attention at launch — and in coastal contexts, salinity, energy costs and groundwater stress are now part of the operating reality, not exceptions to it. The bigger learning is the PPP pathway itself: Bangladesh’s national framework has historically been used for power, ports and expressways, not decentralised water utilities run by social enterprises. There is no off-the-shelf template for what we are trying to do. A structured readiness process is now underway, testing where Max TapWater fits within Bangladesh’s PPP framework and what it would take to get there.

Entrepreneur growth is bounded by ecosystem, not skill

Across Healthy Village Urban, Building Water Business and Right2Grow in Bangladesh, we have trained, financed and connected hundreds of micro-entrepreneurs. They sell, they grow, but only so far. The constraint is not their capability. It is a fragmented ecosystem: incubation, finance and technical support exist but operate in silos, built around larger, lower-risk businesses. Our entrepreneurs are too big for traditional microfinance and too small for commercial banks. Even entrepreneurs in Lalmonirhat showed only modest turnover growth despite full participation. A commissioned assessment in Ethiopia confirmed the same pattern: micro and small entrepreneurs face systemic financial exclusion, fragmented supply chains and limited demand, constraints that no training package can solve alone. The shift we need is from training individuals to redesigning the system around them. That is part of why we are exploring an Entrepreneurship Lab in Bangladesh, to bring finance, supply chains and business support within reach of the entrepreneurs they currently miss

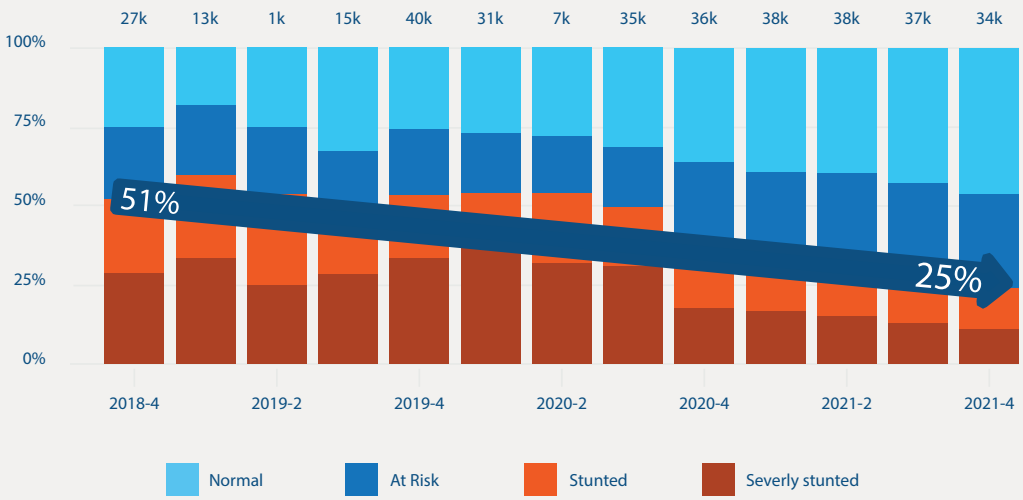
A sanitation entrepreneur at his shop with the latrine slabs he sells in Ethiopia.

Our work in action

1. Evidence for Scale
2. Integrating for Impact
3. Applying a Market System Approach
4. Strengthening Systems

Our work in action
1 Evidence for Scale

A mother with her three sons outside their home in Ethiopia



Using Evidence to Drive Scale

Between 2016 and 2021, Max Foundation tracked the progress of its Healthy Village programme in rural Bangladesh, reaching 1.2 million people. We built one of the largest stunting databases in the world, with over 500,000 child measurements. These results were scientifically validated by Karolinska Institutet and published in the peer-reviewed journal *Children* in 2024, confirming that our approach cut stunting rates in half in programme areas within just four years.

In 2025, that evidence translated into something larger. Our Healthy Village approach was integrated, alongside the Seqota Declaration's village-level model, into a unified national framework — the Malnutrition-Free Healthy Village — recognised by the Federal Ministry of Health as the village-level unit for Ethiopia's drive to end child stunting by 2030. This is what we mean when we say evidence is for scale, not just for proof. Evidence does its job when it changes whose hands the work sits in.

How did we build evidence for scale in 2025?

Our Healthy Village approach was integrated into a unified national framework, the Malnutrition-Free Healthy Village, adopted by Ethiopia's Federal Ministry of Health as the village-level unit for scaling its strategy to end child stunting by 2030.

Framework to be scaled across Ethiopia's
1,050 woredas through 2030

Two staff
remained seconded to national and regional governments

Our online WASH–nutrition nexus course, developed jointly with the Federal Ministry of Health, the Seqota Declaration Programme and IRC, made integrated programming knowledge a public good — and was followed by an Amharic version for Ethiopian frontline workers.

26 health
posts piloting digital child growth
monitoring

Length measurement, essential for tracking stunting but historically absent from national data, was integrated into Ethiopia's national Electronic Community Health Information System through partnership with the Ministry of Health and the Seqota Declaration Unit.

400+
learners from
52 countries

Our online WASH–nutrition nexus course, developed jointly with the Federal Ministry of Health, the Seqota Declaration Programme and IRC, made integrated programming knowledge a public good — and was followed by an Amharic version for Ethiopian frontline workers.

A community-based growth monitoring pilot generated evidence for an alternative national delivery model, with 94 Mother-to-Mother Support Groups and 69 Village Health Leaders trained to deliver growth monitoring and nutrition counselling at community level in Tigray.

2,000
people reached through nutrition counselling

In Bangladesh, the Budget Monitoring and Expenditure Tracking tool and Child Profile Estimation and Costing Model — built through Right2Grow to support local advocacy — were formally recognised by the Bangladesh National Nutrition Council for national use.

A woman pours tea for her husband and son at home in Ethiopia.

Evidence for Scale in practice

From a Programme to a National Strategy: How the Healthy Village Approach Became Ethiopian Government Policy

In Ethiopia, 2025 was the year an approach we had been refining for years stopped being "Max Foundation's programme" and started being something else: a national framework, owned by the Federal Ministry of Health, designed to scale.

The story didn't start in 2025. It started years earlier, in the slow, often uncomfortable work of asking which parts of our programme could realistically be afforded by government systems, and which could not. The Healthy Village approach as we ran it — through international NGO structures, with international funding, building on government and frontline systems where possible — was effective at improving child health outcomes at community level. But, like many development programmes, the original design prioritised impact within a project setting, without fully accounting for the constraints of large-scale government implementation.

After roughly two-and-a-half years of implementation, we faced this honestly. Together with the Seqota Declaration team and the Federal Ministry of Health, we critically reassessed our intervention package: which components were essential, which could be simplified or adapted, and which had to be set aside altogether for scale. The result was a "minimum viable package" of integrated services — designed not just to be effective, but to be affordable, replicable and deliverable through existing government, community and market systems.

In 2025, this collaborative work crystallised into the Malnutrition-Free Healthy Village model. The Federal Ministry of Health, working with the Seqota Declaration team, Max Foundation and other partners, brought together the Healthy Village approach and the government's existing Malnutrition-Free Village concept into a single unified framework.

The Implementation Guideline, which will formalise this joint framework, sets out a multisectoral, evidence-based approach designed to accelerate Ethiopia's national progress in reducing child malnutrition. This is now the village-level unit for scale in the next phase of the Seqota Declaration.

The shift sounds technical, but it isn't really. It means that the things we used to do — train mothers, monitor child growth, support entrepreneurs, link communities to government structures — are now things the government plans, budgets and delivers, with us as a technical partner rather than the implementer.

Two specific innovations have already crossed the line from programme to system. First, growth monitoring digitalisation — length measurement integrated into the national e-CHIS through partnership between Max Foundation, the Ministry of Health Digital Health Team and the Seqota Declaration Unit, piloted in 26 health posts across four woredas (districts) in Amhara and Tigray, and now ready to scale across Oromia, Sidama and Central Ethiopia. Second, a community-based growth monitoring delivery model in three kebeles (villages) of Tigray, where 94 Mother-to-Mother Support Groups and 69 Village Health Leaders are now delivering growth monitoring, nutrition counselling and food cooking demonstrations directly at community level.

None of that transfer happens automatically. Getting there required the less visible work of building shared understanding across a wide range of actors. A Linking & Learning Event, co-hosted by the Embassy of the Kingdom of the Netherlands, the Ministry of Health and Max Foundation, brought together over 50 participants from government, NGOs, donors, research institutions and the private sector to address the questions that matter most at this stage: how do government systems, rather than programmes, take ownership of an approach? What does it cost when external support ends? Where does sustainable financing come from? A national Scaling Training brought Ministry of Health participants together to develop draft scaling blueprints for key Malnutrition-Free Healthy Village interventions, and generated a request for a national scaling guideline, with cascading to regional and woreda level planned for 2026. This is not the visible, measurable end of scaling — it is the groundwork without which the visible end does not hold.

This is what evidence for scale looks like in practice. Not a single moment of validation, but a long, deliberate process of designing, testing, adapting and handing over — until what worked in our programme starts working in someone else's system. The next phase of the Seqota Declaration carries that work forward.

Group discussion during training in Ethiopia.

Community members take part in a courtyard group activation in Nepal

Our work in action

2 Integrating for Impact

A girl laughing in her village in Nepal.

The world's problems are multifaceted, and so are our approaches. This is why we integrate them for maximum impact.

Stunting is a fitting example of a multifaceted problem, as it is influenced by three main factors:

1. nutritional intake of the mother as well as the child,
2. the body's capacity to absorb these nutrients, and
3. health of the mother and child.

This is why our integrated approach is not just a programmatic choice but a technical position: nutrition interventions fail when children are exposed to unsafe water and poor sanitation, and health services are undermined when families lack food security or the means to practise healthy behaviours. By integrating WASH, nutrition and maternal and adolescent health, we tackle root causes rather than symptoms.

We adapt as needed, adding elements where they are critical for lasting success — food security where households cannot afford a healthy diet, disability inclusion where children risk being left out of the very services designed to help them. Integration, for us, means building these dimensions into the same community process rather than running them as separate programmes alongside one another.

How did we support communities in integrating for impact in 2025?

With frequent communal child growth monitoring sessions, caregivers were actively involved in tracking their children's health and development — a powerful trigger for behaviour change in WASH, nutrition and health practices.

100,000
children's growth monitored

12,000
pregnant and lactating women given seeds and poultry to improve their diet

We supported farmers and households to grow more diverse and nutritious food through homestead gardens, nutrient-dense crops, and improved agricultural practices — lowering the cost of healthy meals for their families, and introducing indigenous crops to strengthen local food systems.

10,000
farmers trained

560
households piloting indigenous nutrient-dense crops

139,000
people gained access to safely managed sanitation

2,900
flood-resilient latrines installed at households

We trained local sanitation entrepreneurs who sell and install affordable latrines, supported by trained sweepers who empty them safely — turning sanitation into a market communities can sustain.

570
children with disabilities identified through six-monthly screening

1,200
disability-inclusive courtyard sessions held

We embedded disability inclusion across our integrated work in Lalmonirhat — not as a separate track, but built into the existing community process from screening through to government services.

Integrating impact in practice

Seven Euros a Month: How a Small Allowance Doubled Therapy Access for Children with Disabilities

Mousumi knew her son Shaon needed physiotherapy. The Disability Support Service Centre in Lalmonirhat had the staff and equipment to deliver it. But between her son and the therapy sat a problem the system had not accounted for: the cost of getting there.

Across Healthy Village Urban's working area, families who needed physiotherapy most often could not afford the bus fare. Before a monthly travel allowance was introduced, only 76 of the children identified as needing treatment — 40% — were making it to the centre at least once a month. Not because families didn't want help. Because they couldn't afford the journey.

In April 2024, Mousumi attended a courtyard session where Healthy Village Urban staff explained the Disability Support Service Centre and what it offered. From June, she began receiving a monthly transport allowance of BDT 1,000 (€7). She started taking Shaon to the centre regularly. The allowances are distributed in person at community gatherings, with the Mayor, Union Parishad chairpersons, Disability Support Service Centre officials and social protection staff present. The child must attend each distribution.

After five months of regular physiotherapy, Shaon could grasp lightweight toys. He could bring a spoon to his mouth with guidance. He turned toward familiar voices and made sustained eye contact during play. Regular attendance also opened a second pathway: the programme's social protection officers supported Mousumi in applying for a Suborno Card — a government disability registration that provides a monthly disability grant and priority access to health and education services.

In November 2024, Shaon received the card. The travel allowance had not just enabled physiotherapy; it had created the conditions for the family to access a support system they were entitled to but had never been able to reach.

Mousumi and her son Shaon with a Health Promotion Agent

Between July 2024 and April 2025, 150 children with disabilities across the programme area received transport allowances, with a total disbursement of BDT 1,50,000 (€1,065). Monthly therapy attendance among recoverable children doubled — from 40% to over 80%. The mechanism was straightforward: a reliable, small, regular cash transfer that addressed the specific barrier families themselves identified.

This is what integration means at the level it actually happens. Not a parallel disability programme, but disability built into the existing community process. Not a one-off therapy referral, but the linking of physiotherapy to government social protection. Not a generic intervention, but one designed around what families said was stopping them.

The wider Healthy Village Urban work in Lalmonirhat sits behind this story. In 2025, 437 Community Support Group leaders were trained on disability-inclusive Healthy Village indicators; 16,000 disability identification cards were distributed; 300 “intermediaries” — doctors, paramedics, teachers, local influential people — were trained in the disability-inclusive Healthy Village approach. 1,185 courtyard sessions linked malnutrition, WASH and disability prevention into one conversation, rather than three. Six-monthly screening identified 570 children with disabilities; two birth registration campaigns registered 4,847 children, including 121 with disabilities. Of the 570 children identified, around 75% accessed government services on a monthly basis.

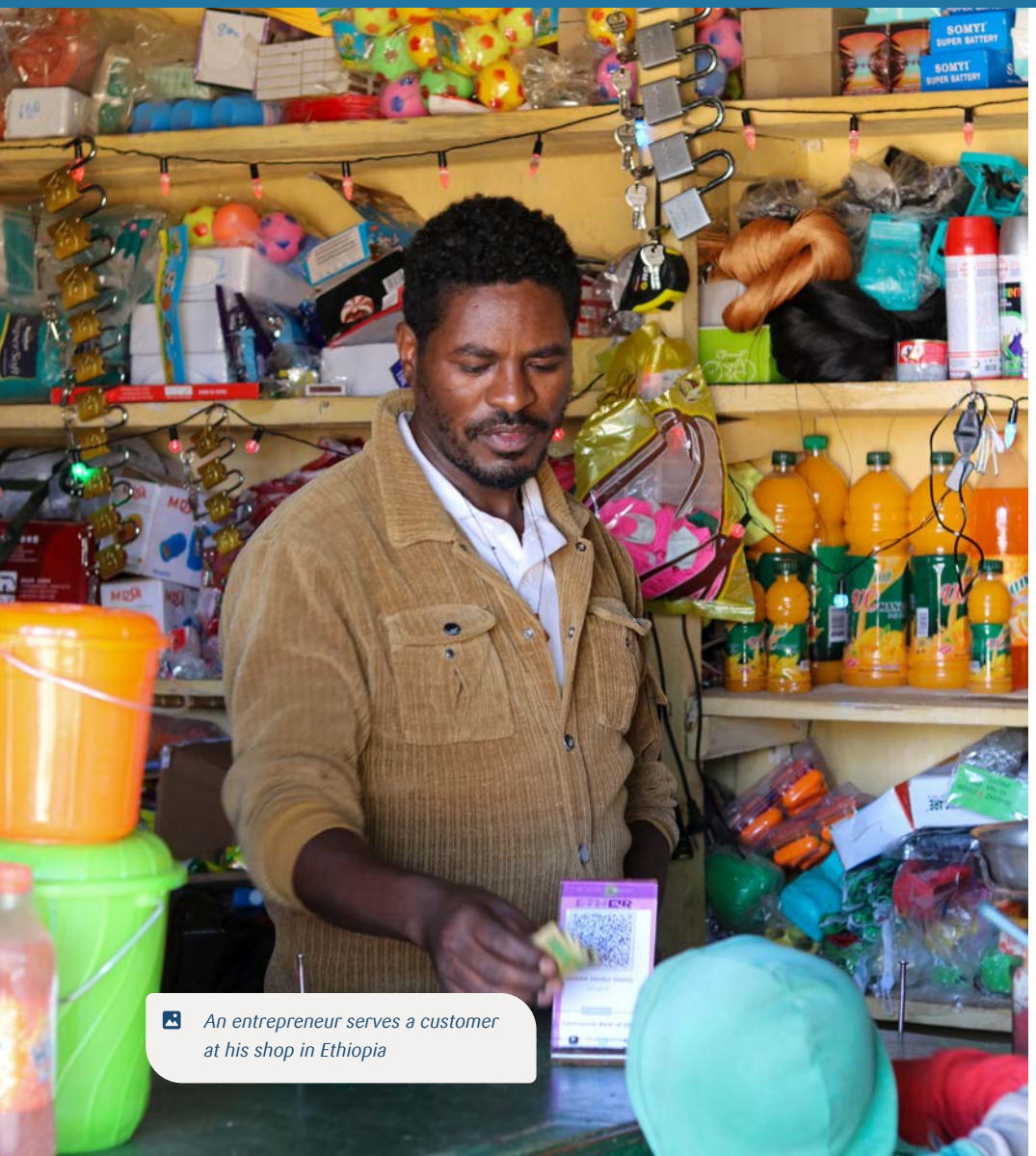
Growth monitoring extended to more than 15,000 children, with more than 900 children successfully moving out of stunting. Local advocacy secured nutrition budget increases of 8% at union level and 25% at municipality level. And 2,900 flood-resilient latrines were installed by households at their own cost across the 189 communities of the programme area.

This isn’t integration as a slogan. It’s the recognition that a child’s healthy start is built or broken by overlapping conditions — water, nutrition, care, inclusion, dignity — and that addressing them in a single community process, with disability built in from the start, works better than addressing them in five separate programmes.

Community members gather for a courtyard session in Bangladesh

Our work in action

3 Applying Market Systems



An entrepreneur serves a customer at his shop in Ethiopia

Max Foundation champions entrepreneurs as catalysts for positive change. We influence businesses and market players to deliver lasting benefits for our primary stakeholders: children and their communities.

We build both sides of the market: creating demand through behaviour change campaigns, while supporting entrepreneurs to make healthy products and services more usable, accessible and affordable. Our experience shows that people will invest in solutions that improve their lives once they see the benefits.

In 2025, we sharpened our focus: what holds entrepreneurs back is rarely capability — it's the ecosystem around them. Finance, supply chains, business support, regulatory frameworks. That's why we're exploring an Entrepreneurship Lab in Bangladesh: a shared platform bringing together donors, financial institutions, incubators and government to address the systemic barriers that keep micro-entrepreneurs stuck between microfinance and commercial banking.

Creating self-sustaining market systems, which align the interests of all stakeholders, is key to long-lasting impact.

How did we support a market systems approach in 2025?

Female micro-entrepreneurs continued to extend their supply networks. All 261 entrepreneurs working with Building Water Business received refresher training; 73% extended their product portfolio to include hygienic sanitation solutions, Maxi Basins and other WASH and basic health products.

25,5%
average turnover increase

Average customer households per entrepreneur up 68% compared to last year (from 247→415)

70
entrepeneurs
accessed formal finance — almost 3x the annual target.

Entrepreneur associations made negotiation and bulk procurement possible — the District Women Entrepreneur Association was formally registered in Lalmonirhat, and the Building Water Business Entrepreneurs Association linked members to wholesale supply chains with major Bangladeshi private companies.

€ 2.83
million
invested by households in WASH

Household investment in WASH products and services grew as demand and supply strengthened together. Connected households also invested in linked improvements — bathing spaces, kitchen water points, hygienic latrines and Maxi Basins.

98
operational grids total
41 new in 2025

Max TapWater, our social water enterprise constructed more than double the amount water grids they did last year.

Reaching
22,000
people with safe water

Piped water into the home raises the bar for sanitation too. In 2025, families began upgrading their toilets through their own investment, without any external support or subsidy, a clear sign that demand for improved sanitation is real and growing.

150
families upgraded their sanitation

Lata Debi creating awareness on healthy and hygienic habits

Applying a market system approach in practice

When the Market Didn't Exist, She Built It: Lata Debi's Story

When Healthy Village Urban began working in Lalmonirhat and Aditmari, most women in the area had no route into economic activity. Access to start-up capital was scarce, business training was out of reach, and cultural norms restricted mobility and public engagement. There was also no reliable local supply of health and hygiene products — no one selling sanitary napkins, nutritional supplements, or hygiene items within reach of households in remote areas.

Lata Debi was one of 63 women trained as Health Promotion Agents across six Union Parishads. She describes herself as an ordinary housewife. She first heard about the opportunity through the Union Parishad, when Max Foundation was looking for women entrepreneurs. When the Community Support Group committee was formed, she volunteered. The programme gave her five days of training, then linked her network to suppliers — Unilever, SMC, RFL, Square — at wholesale rates. The courtyard sessions she co-facilitates three times a week now serve a dual purpose: building community knowledge about hygiene and child health, and creating direct access to the products that support those practices.

"I started my business with just BDT 3,000 taka (€21). I sold sanitary napkins, diapers, biscuits, soap, shampoo, and mothers' supplements," she says. Today her store stocks more than 50 products and she has a monthly profit of 15,000 to 18,000 taka (€105 - €126). Across the 63 Health Promotion Agents, most started with no prior business experience and initial investments between 500 and 5,000 taka (around €3.50 - €35). What changed alongside the businesses is who Lata is in her community.

Health Promotion Agent meeting, where members are creating joint pooled savings

She was elected district president of the Health Promotion Agents association — a network now in monthly contact, where each member saves 100 taka (€1) per meeting and where the group learns together where to source products at lower prices. The women also collaborate with local sanitation entrepreneurs who sell ring slabs, referring villagers to these suppliers and earning a 10% commission per referral. Sanitation entrepreneurs like Hasina Banu have expanded their businesses through these referrals; one entrepreneur described buying a 500-taka product for 400 taka by mentioning Lata's name in the supply chain.

And the story is not only about the entrepreneurs. Community members feel the change directly. "Earlier, I was shy to buy sanitary pads. Now I buy comfortably from Lata Aunty," one young woman said. Where there was no market for menstrual hygiene products, there is now a network of women who built one — and a community that uses it without stigma.

In more remote areas, limited purchasing power and slow-shifting norms around women's mobility continue to constrain some Health Promotion Agents — challenges the programme keeps working on. The market for health products in these communities is still growing. So are the businesses of the women who built it.

Lata's story sits inside a wider 2025 picture. Across the Building Water Business programme, 261 entrepreneurs were trained and supported; the BWB Entrepreneurs Association linked members to wholesale supply chains with major Bangladeshi private companies including RFL, Meghna Group, Unilever, Akij, Kalyani and SMC; and 70 entrepreneurs accessed formal finance from Micro-Financing Institutions (MFIs) and banks — almost three times the annual target — including from commercial banks (Islami, BRAC, Grameen), MFIs (ASA, BURO, BRDB), and government-linked institutions. In September, the Entrepreneur-Led Impact Event in Dhaka brought micro and small entrepreneurs into a single room with banks, corporate buyers, NGOs and policymakers — the first event of its kind, and the practical demonstration of where this work is heading.

An entrepreneur shows the reusable sanitary pads she makes in Ethiopia

And under the visible numbers sit the limits we are still working with. Healthy Village Urban's entrepreneur cohort in Lalmonirhat trained 105 women and men, with 55 increasing their sales — but overall growth in turnover remained modest, not transformational. This wasn't a failure of training. It was a constraint imposed by the wider ecosystem: financial products that aren't designed for micro-entrepreneurs, supply chains that don't reach the last mile, regulatory frameworks built around larger formal businesses. A Micro and Small Enteprises assessment we commissioned in Amhara and Tigray confirmed the same pattern in Ethiopia: financial exclusion, fragmented supply chains, limited demand.

This is the gap an Entrepreneurship Lab is meant to fill — not by adding another project to a crowded landscape, but by creating a shared platform where existing actors can align around the systemic bottlenecks no single organisation can solve alone. Lata Debi did not wait for that platform to exist. She started her business and built a market where there was none. Our job is to build the platform that lets these entrepreneurs go further, faster, with less running uphill alone.

Watch the full video of Lata and other entrepreneurs' stories.

Entrepreneurs showcase nutritious food and hygiene products during a community campaign in Bangladesh

In the spotlight:

MAX TAPWATER

Max TapWater, our social water enterprise spin-off founded in 2019, connects households to safe, affordable water through **piped water grids** in Bangladesh. In rural Bangladesh, less than **5%** of people have access to on-premise piped water free of contamination.

Piped water grids run by government or NGOs fail to scale up because they do not recover operational costs nor the capital investment. At the same time, private tubewells are expensive and only available to a limited group of richer customers.

The business model aims to recover operational investments, at a per capita cost that is lower than its competitors. After cost recovery, all profits go towards upkeep and management of the piped water grids and towards building new grids in new communities, so that we can serve more people with safe water.

In 2025, Max Social Enterprise also started a Reverse Osmosis pilot in Khulna, in coastal south-west Bangladesh, where saline intrusion and arsenic contamination make standard piped water solutions difficult. The pilot is testing whether advanced water treatment can deliver drinking water at scale.

An elevated tank supplies a Max TapWater piped water scheme in Bangladesh

MAX TAPWATER

Having a tap water connection is about more than just safe water:

- It saves women and girls 1–1.5 hours every day previously spent fetching water — time now spent on income-earning activities, childcare and education. 93% of connected households report improved overall health, and 89% report a reduction in waterborne diseases.
- It means women and girls are no longer at risk of harassment when collecting water. 57% of connected households now have piped connections in their bathing spaces (up from 4% before connection).
- Reliable water at home triggers further household investment in WASH. On average, households spend an additional €100 to upgrade their sanitation, creating ongoing business for sanitation- and other micro-entrepreneurs.

2,800
families have piped water through Max TapWater

11%
Revenue increase for entrepreneurs

82,000
with hand washing device built

Woman washing her hands with piped water at her home in rural Bangladesh

Looking ahead: the Smart Grid transition

In 2025, MaxTapWater started with improving the monitoring and automatization of the water grids thought the Scaling Smart Water Grids project — introducing IoT-enabled grids with smart meters, leakage detection, prepaid billing and renewable-energy integration. The project also opens a structured pathway to Public–Private Partnership frameworks, franchising models and Payment by Results method — important for long-term financial sustainability beyond donor funding.

Our work in action

4 Strengthening Systems

Health Extension Worker at Awja Health Center in Ethiopia

To build systems that last, communities, governments, partners in the development sector, civil society organisations and the private sector must be aligned and involved from the start. That's why Max Foundation aims to mobilise everyone around the goal of child health, and not just as recipients but active participants who own the process. This is a crucial step to building more resilient and stronger communities.

Our role is not to substitute for public systems. It is to strengthen them by embedding tools, data, capacities and coordination mechanisms into routine planning, budgeting and monitoring; aligning with national strategies; and supporting frontline workers and institutions in ways that strengthen their ongoing performance.

We work with all levels of government to create a conducive environment for child health. By informing and engaging officials, from the local to the national level, we can support them in creating the right conditions for entrepreneurs and communities to lead healthy lives and develop solutions themselves to make that possible.

How did we support systems strengthening in 2025?

260
health workers and community leaders trained in maternal and child nutrition

Government extension workers and frontline staff remain the carriers of change. We continued to support those reached previously and trained additional workers in nutrition for mothers, babies and children — including how to track child growth using digital health records. The approach, piloted across 26 health posts in Ethiopia, has since been adopted by the Ministry of Health for nationwide scale-up in 2026.

115
people trained to use digital health records for the first time

Village Economic and Social Associations — formed, funded and governed entirely by their own members — give communities a financial safety net for WASH and nutrition investments. Each group pools members' own savings, which are then lent back to members at agreed rates.

36
new VESAs established in 2025 with 1,073 members

loans of ETB
9.6 million
disbursed to 8,266 members

Systemic change at government level is visible in budget lines — where public money is spent. In our programmes, communities and civil society used Budget Monitoring and Expenditure Tracking to demand increased local allocations for nutrition and WASH services.

8% nutrition budget increase at union level, 25% at municipal level.

Across 40 Union Parishads budget allocations grew from 1.45% (2021) to 18% (2025)

200
new Healthy Villages declared across all programmes in 2025

With our Healthy Village approach, we focus on the village level — and local governments officially declare a village 'Healthy' once everyone (90%+) meets and maintains key indicators on WASH, nutrition, and maternal and adolescent health.

Public–Private Partnerships are now operating as a model for sustainable rural water service delivery — Union Parishads as regulators and facilitators, Max Social Enterprise as operator, with formal engagement underway with Bangladesh's national PPP framework, and a P4G-funded pilot rehabilitating community water schemes in Ethiopia's Sidama region.

2
community-built tools formally recognised by Government

Community-built tools were adopted into national systems — the Bangladesh National Nutrition Council formally recognised our Budget Monitoring and Expenditure Tracking tool and Child Profile Estimation and Costing Model for national nutrition planning.schemes in Ethiopia's Sidama region.

Community members wash their hands at a water point in Ethiopia

Strengthening systems in practice

Systems That Keep Delivering

Strengthening systems means building what remains working after external support reduces or ends. In 2025, that was visible across all three countries the Healthy Village approach operates in — at different stages, through different mechanisms, and with different actors leading the process.

A Pump, a Filter, and Seeds

Mossa Alemu, 42, lives in Tebet Village, Yemtich Kebele, in Shebel Berenta District of Amhara Region. He farms a mixed holding of crops and livestock, and has five children, one under two. Before the Healthy Village Programme reached his woreda, the household's hand-dug well was making the children ill. *"We — especially our children — were usually sick in the stomach," Mossa said. "When we went to health centres, health workers said it was a waterborne disease."*

The programme installed a rope and washer pump on the existing well, provided a Tulip water filter, vegetable seeds — cabbage, Swiss chard, beetroot and carrot — and Mittin, a nutritious food supplement for the child under two. Mossa was trained to operate and maintain both. The pump made larger volumes practical: enough for drinking, cooking, handwashing, laundry, livestock and a backyard garden. The family bought additional onion seeds, grew them alongside the programme-provided vegetables, and sold the surplus, earning ETB 6,000 (€33), which they spent on cooking oil, salt and soap.

The household joined a Village Economic and Social Association (VESA) group, built an improved latrine with a handwashing facility, and adjusted how childcare was shared within the home. Mossa now takes responsibility for the youngest child when his wife is cooking or managing other household tasks. Health centre visits now happen only for vaccinations and growth monitoring, not for waterborne illness.

Mossa's story sits inside a wider picture of system-level change. The change for his family arrived through government health extension workers, programme partners, Village Economic and Social Associations and the woreda's Healthy Village graduation process, all elements of strengthened systems.

Mossa standing next to the water pump

When a Tool Moves from Civil Society to the State

In Bangladesh, system strengthening in 2025 had a specific and measurable shape. The Budget Monitoring and Expenditure Tracking (BMET) tool, built through the Right2Grow programme to help civil society monitor how local governments spend public money on nutrition and Water, Sanitation and Hygiene (WASH), was formally recognised by the Bangladesh National Nutrition Council for national use. Alongside it, the Child Profile Estimation and Costing Model, which enables local actors to calculate how many children in a given area are at risk and what it would cost to reach them, was also formally adopted.

What these tools did in practice was move information that previously stayed in spreadsheets into community forums, where it triggered dialogue and faster action. In the 40 Union Parishads using the BMET approach, budget allocations for nutrition and clean water grew from 1.45% in 2021 to 18% by the end of 2025, with BDT 36 million (€ 250,000) committed by local government to child health. The National Nutrition Council is now using instruments that civil society built to hold the state accountable, as instruments for national planning. That is what system strengthening looks like when it works: the tools outlast the programme that created them.

Owned from the outset

The Max Swastha Palika (Healthy Village) programme launched in Jwalamukhi Rural Municipality, Dhading District, Nepal in 2025. The first six months were focused deliberately on building the ownership structures the programme will depend on for years. The municipal-level inception workshop was chaired by Jwalamukhi Rural Municipality, not by the programme. Seventy-eight participants attended, including elected representatives, ward leaders, health officials, community groups, entrepreneurs and local media. A Memorandum of Understanding was signed, formalising the municipality's leadership role and embedding the programme within local government systems.

What the first year produced was more foundational: a municipality that understands the approach, has signed ownership of it, and is positioned to lead implementation. Government ownership from the outset is the condition under which the Healthy Village approach has proven most durable.

Across Ethiopia, Bangladesh and Nepal, the direction is consistent: away from programmes that external organisations deliver, towards systems with the capacity to keep delivering. Mossa Alemu's household is reached by a system, not a project. The National Nutrition Council in Bangladesh is planning with tools that communities built. A municipality in Nepal's Dhading District has signed up to lead before implementation begins. These are different stages of the same process.

Right2Grow

Five Years of Community-Led Advocacy on Child Nutrition and WASH

Right2Grow was a five-year consortium programme working to strengthen community-led advocacy for child nutrition and WASH across six countries: Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan and Uganda. Its goal was simple: ensure that communities, civil society and local government work together so that every child under five can grow up well-nourished. Max Foundation was active in Ethiopia and served as consortium lead in Bangladesh.

The consortium brought together Action Against Hunger, the Centre for Economic Governance and Accountability in Africa (CEGAA), Max Foundation, Save the Children, The Hunger Project and World Vision, alongside more than 1,000 local civil society organisations.

Right2Grow closed in 2025 having done what few programmes manage to do, given how difficult this kind of change is to build: leaving behind a robust evidence base for community-led, multisectoral advocacy on child nutrition and WASH at the most local level of government. The result is a programme that reshaped how communities, civil society and local government talk to each other about budgets, services and accountability.

In Bangladesh, the Budget Monitoring and Expenditure Tracking tool moved nutrition and WASH spending out of inaccessible spreadsheets and into community forums. Across 40 Union Parishads, allocations for child nutrition and clean water grew from 1.45% in 2021 to 18% by the end of 2025, with BDT 36 million (€250,000) committed by local government to child health. The tool has now been formally recognised by the Bangladesh National Nutrition Council, alongside our Child Profile Estimation and Costing Model, meaning the instruments local civil society built to drive advocacy are now being adopted as the government's own tools for national nutrition planning. When a tool moves from the hands of civil society into the hands of the state, the work has done its job.

In Ethiopia, Right2Grow strengthened civil society advocacy at woreda (district) and zonal level, and contributed evidence and frontline experience that fed into the wider Seqota Declaration agenda. In 2025, that same agenda formally adopted our Healthy Village approach, combined with the government's village model, as the Malnutrition-Free Healthy Village framework.

Across the consortium, Right2Grow generated public learning products on community-led accountability, civil society strengthening and WASH–nutrition integration. In November 2025, partners and community stakeholders gathered across all six countries and in The Hague for "Beyond Right2Grow: Lessons, Legacy and Local Leadership" to mark the programme's close and co-create commitments for what comes next.

Right2Grow's end is not the end of its work. The tools remain in use, the relationships between civil society and local government continue, and the evidence base it generated has crossed into national policy. This is what scale looks like when it is built from the bottom up.

Nearly
1 million
people directly reached

€6.9 billion
in combined public allocations for nutrition, food security and WASH tracked through community advocacy

Nearly
66 policies
strategies, action plans and legal and institutional reforms influenced

6 countries
Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan, Uganda

With Max Foundation being active in Ethiopia, and serving as consortium lead in Bangladesh

1.45% → 18%
Union Parishad budget allocations for child nutrition and clean water, 2021 to 2025

40
Union Parishads
using the Budget Monitoring and Expenditure Tracking tool for participatory budgeting and planning

€250,000
committed by local government to child health in programme areas

2 tools
formally recognised by the Bangladesh National Nutrition Council for national use — the Budget Monitoring and Expenditure Tracking tool and the Child Profile Estimation and Costing Model

The Budget Monitoring and Expenditure Tracking tool — now in national use in Bangladesh

The Child Profile Estimation and Costing Model — adopted by Bangladesh's National Nutrition Council

Published learnings — 40 practice-tested guides ensuring the programme's knowledge outlives its funding

Rebuilt relationships — between civil society and local government, across six countries

A child's upper arm is measured during a courtyard session in Bangladesh

Building Water Business

Building Water Business is Max Foundation's flagship water programme in Bangladesh. It combines piped water grid infrastructure, delivered through Max TapWater, our social water enterprise spin-off, with entrepreneur-led WASH product distribution and Public–Private Partnership readiness. The programme is testing whether safe water at scale can be financed and operated commercially in low-income rural settings, while remaining affordable for the households it serves.

Programme aim:

Empowered entrepreneurs and strengthened business solutions provide safe water and adequate sanitation to underserved populations and reinforce and create new Healthy Villages.

Looking ahead, the programme is focused on scaling smart water access: rolling out smart meters and digital tariff collection, leakage detection, renewable energy where it makes sense, and the financial and partnership structures needed for safe water to keep growing once it is no longer dependent on grants, including Public–Private Partnership frameworks, and franchising approaches.

Partners:

Implemented by Max Foundation Bangladesh through Max TapWater. The programme works with partner NGOs, Union Parishads, and the Water Resources Planning Organization (WARPO) on licensing and regulation. Entrepreneurs are supported through linkages with private companies including RFL, Unilever and SMC, and access to finance through commercial banks and microfinance institutions including Islami Bank, Grameen Bank and BRAC Bank.

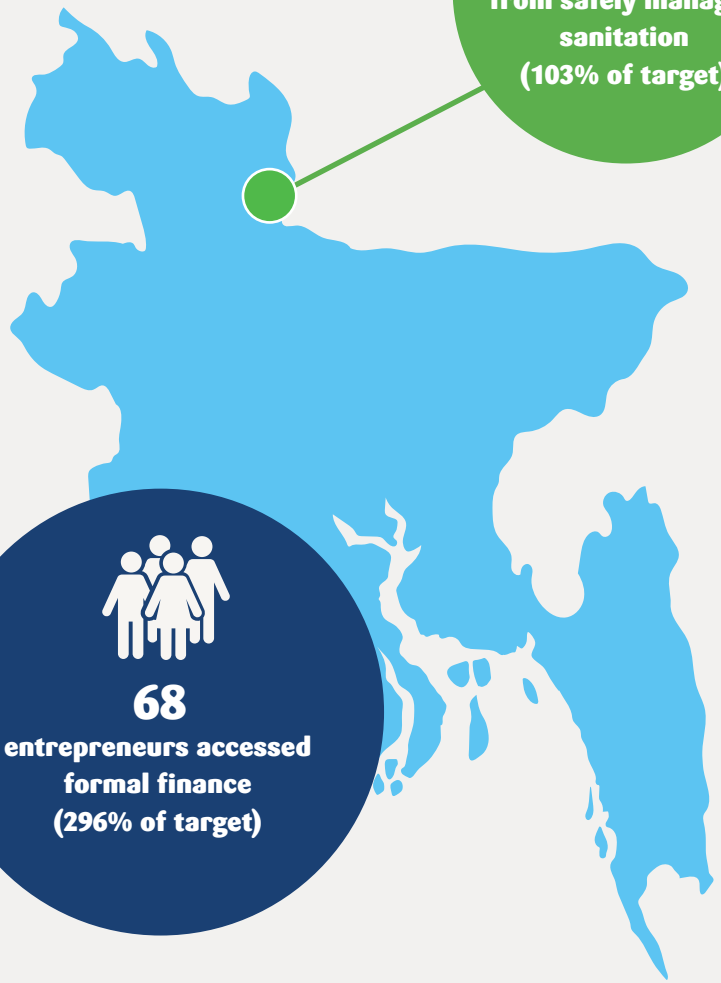
Location:

Bangladesh: 12 unions in the Patuakhali region (south coastal) and 8 unions in the Khulna region (south-west coastal, saline-affected).

A woman washes her hands at a piped water tap in Bangladesh

2025 highlights

138,579
people benefiting from safely managed sanitation (103% of target)



Formal engagement initiated with Bangladesh's national Public–Private Partnership framework

116
villages declared Healthy Villages in 2025: 25 with piped water systems

2,8 million
invested by households in WASH (292% of target)

Khulna Reverse Osmosis
pilot launched, addressing saline intrusion and arsenic

68
entrepreneurs accessed formal finance (296% of target)

111,544
people accessing handwashing solutions through Maxi-Basins and other devices

Healthy Village Ethiopia

Programme aim:

With our Healthy Village approach, we focus our efforts on a community level, as our data shows that children have less risk of being stunted if their community has high levels of hygiene. This approach engages everyone to work towards the final goal of child health: from entrepreneurs to households, from farmers to local governments, from civil society organisations to schools.

Local governments officially declare a village 'Healthy' once everyone (90%+) meets and maintains key indicators on access to and use of safe WASH, regular growth monitoring of children, a sufficient nutritious diet particularly for mothers and children, pre- and post-natal care, and menstrual hygiene management.

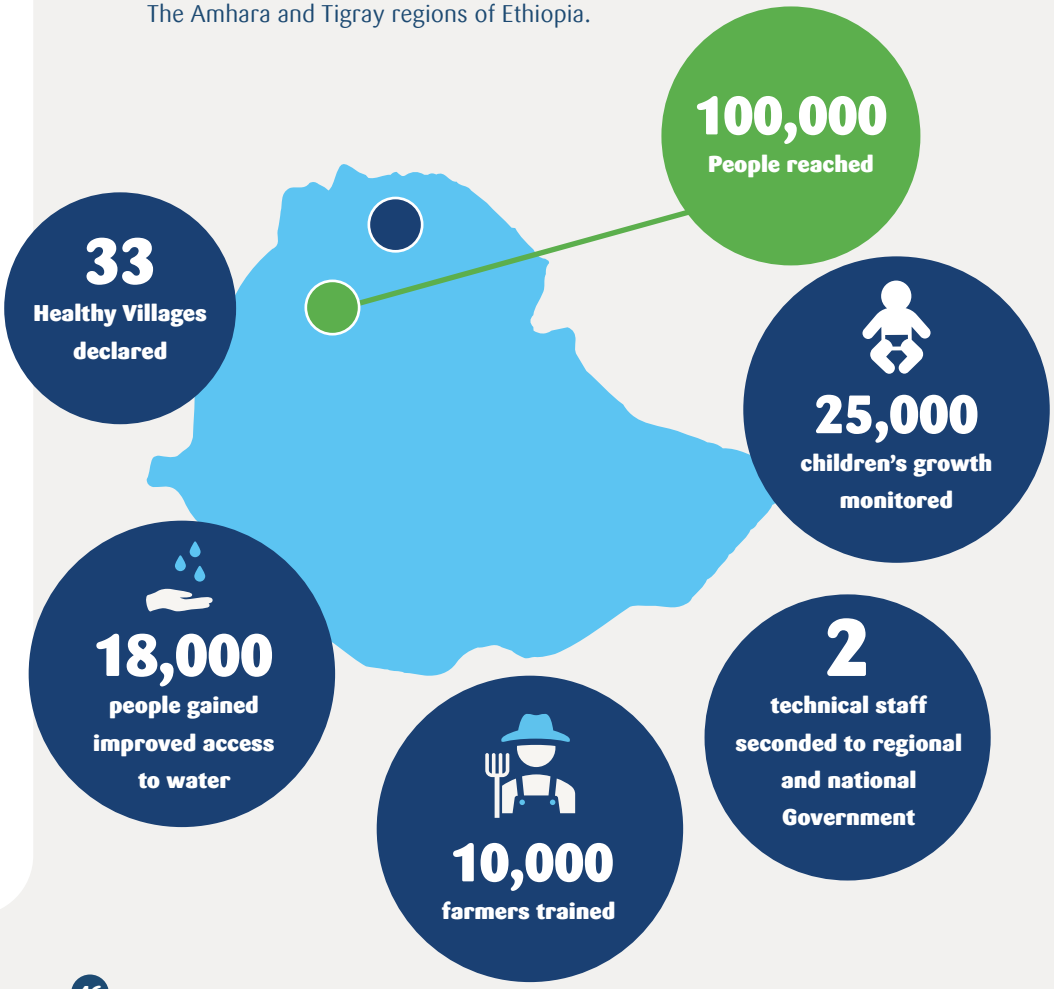
In 2025, the Healthy Village approach was formally integrated, together with the Government of Ethiopia's scaling approach and has now become the unified Malnutrition-Free Healthy Village framework — adopted by the Federal Ministry of Health as the official village-level unit for scaling the Seqota Declaration's national strategy to end child stunting by 2030.

Partners:

This programme is developed with Plan International Netherlands, and implemented by iDE Ethiopia and the Organization for Rehabilitation and Development in Amhara (ORDA).

Location:

The Amhara and Tigray regions of Ethiopia.



More on our work in Ethiopia

Partnership: CoWASH IV

In October 2025, Max Foundation and CoWASH IV Ethiopia publicly announced their partnership, layering the Healthy Village nutrition approach onto existing community-managed water infrastructure across rural Ethiopia. CoWASH IV is Ethiopia's largest community-managed water programme. The partnership embeds nutrition behaviour change, growth monitoring and homestead food production within communities that already have safe water systems, a direct application of "integrating onto, not building parallel to".

Over 1 million reached by CoWASH IV

104 districts covered

Team members from CoWASH and Max Foundation gathered for a joint assesment workshop

Partnership: P4G and Waterlife

Launched in April 2025, the Waterlife partnership, powered by P4G (Partnering for Green Growth and the Global Goals), brings solar-powered clean water to communities in Ethiopia, building climate-smart, sustainable water systems. The partnership focuses on rehabilitating disused community water schemes in the Sidama region in collaboration with Waterlife Construction PLC and the Sidama regional government.

80,000+ people to gain access to clean water

27 water schemes rehabilitated

The launch workshop for the WaterLife and Max Foundation partnership

Healthy Village Urban

Programme aim:

With Healthy Village Urban in Bangladesh, we took the Healthy Village approach which was proven to be effective in rural settings and adapted it to urban and peri-urban settings in Bangladesh. In doing so, we trained all relevant local stakeholders on behaviour change tools but adapted for an urban context, for example by focusing more on messaging via entrepreneurs, clinics, and digital tools, rather than through village courtyard sessions.

On top of an adapted urban context, this programme places strong focus on disability inclusion — identifying children with disabilities through community-led screening, integrating their needs into existing Healthy Village indicators, and linking households to government safety-net services and health-specific subsidies. This is integration in practice, not a parallel programme.

Partners:

ESDO, the Eco-Social Development Organisation.

New partnerships in 2025 include three microfinance institutions (Gana Unnayan Kendra, Gram Unnayan Karma and SKS Foundation) for tailored entrepreneur loans, and two new private-sector business agreements (Titas Seed Store and MS Masum Store) for entrepreneur supply chains. A scaling MoU was signed between Bangladesh Rural WASH Project (ESDO) and Healthy Village Urban to expand the model to two additional unions.

Location:

Northern flood-prone Lalmonirhat District of Bangladesh throughout 6 unions and 1 municipality

Healthy Village Nepal

A new beginning in Nepal — taking what we've learned in Bangladesh and Ethiopia, and adapting it for a new context.

Programme aim:

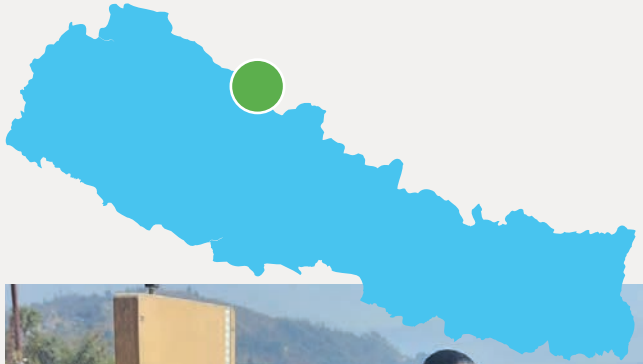
The programme adapts the Healthy Village approach — proven in Bangladesh and Ethiopia — to Jwalamukhi Rural Municipality in Dhading District, Nepal. Building on the same foundations that have halved undernutrition rates in our Bangladesh programme areas, it integrates WASH, nutrition and maternal and adolescent health through a community-led, market-based model. The programme aims to reduce water- and faecal-borne diseases and improve child health by mobilising entire communities, training local entrepreneurs to supply essential health products, and building lasting partnerships between communities, local government and the private sector.

Scaling Ambition

The four-year programme (July 2025 to June 2029) aims to reach 19,200 people across 5,400 households in Jwalamukhi, and to reduce stunting from 35% to 25% by 2029, with 68 communities declared Healthy Villages. From day one, the programme is built with the municipality, not for it. Jwalamukhi Rural Municipality leads the certification process, embeds it in local planning and budgeting, and shapes how the work scales, the foundations for Jwalamukhi to become a model for other rural municipalities across Nepal.

Location:

Jwalamukhi Rural Municipality, Dhading District, Nepal — covering all seven wards, with a population of 21,000 people across 6,000 households.



A child's height is measured on a height board in rural Nepal

Smart Mobile Child Clinics

Smart Mobile Child Clinics is a new pilot designed to take dedicated mobile healthcare to children under five in places where it does not currently exist: rural communities and urban slum areas of Bangladesh, where existing facilities are not structured around the specific needs of under-fives. The idea is straightforward: a mobile clinic that travels to these communities, run by trained women entrepreneurs as Health Promotion Agents, combining preventive care, immunisation, nutrition support, telemedicine and referral to hospitals when needed.

Why this matters

Bangladesh's under-five mortality rate is 31 per 1,000 live births overall, but rises to 49 per 1,000 in the most economically disadvantaged households. The country has the second-lowest doctor-to-patient ratio in South Asia, with only 5.3 doctors per 10,000 inhabitants. Dedicated child-care services for under-fives are largely absent in rural and urban slum areas, a gap that existing community clinics and mobile health programmes are not currently structured to fill.

The pilot is running on chars: the remote, shifting river islands formed by sediment deposits in Bangladesh's major rivers. Chars flood seasonally, cutting communities off from the mainland for months at a time. Healthcare facilities exist across the water, but for families living on chars, reaching them is not just difficult — it is sometimes impossible. Smart Mobile Child Clinics is our attempt to test whether a women entrepreneur-led, mobile, integrated model can close that gap, and whether it can do so in a way that is affordable enough to scale.

Location:

Lalmonirhat district, northern Bangladesh

A woman washes clothes at a piped water tap at home in Bangladesh

A word from the supervisory board

A child is weighed during a courtyard group activation in rural Nepal

For development organisations across the world, 2025 was a very difficult year, probably the most difficult one of the 21st century. Drastic cuts in development assistance funding among all donor countries, including the Netherlands, threatened the continuation of programmes, put the existence of local and international development organisations at risk, and left recipient countries, counterpart institutions, local communities and vulnerable groups to fend for themselves. The sudden closure of USAID – one of the largest bilateral development assistance organisations in the world – caused turmoil in the international development landscape. The consequences were immediate: projects terminated, humanitarian assistance cut, and deep spending cuts by donor countries such as The Netherlands, Sweden, Germany and Denmark compounded the picture, as rising military budgets across Europe and beyond reshuffled government priorities.

Max Foundation was not immune to this. Like the wider NGO sector, we were forced to revise plans, do more with less, and build greater autonomy at country level, accelerating a gradual shift away from direct management towards local leadership. The Supervisory Board — the independent oversight body that sets strategy and governance — provided support and guidance to the Executive Board (Max Foundation's two co-directors, Joke Le Poole and Marjolijn Wilmink), who took up the challenge in a consistent and purposeful manner. This Impact Report depicts the work and progress made on various fronts under very difficult external circumstances.

For the Supervisory Board, 2025 was the year in which the strategy was tested and proven. Max Foundation had already, in anticipation of the 2025 shocks, made a decision to focus on strengthening the organisation – an organisation whose impact is defined not only by what it delivers and the hard evidence it produces, but also by its approach to ensuring that project outcomes and results gain continuity once Max Foundation steps back.

The integration of the Healthy Village approach into the Government of Ethiopia's Malnutrition-Free Healthy Village framework – adopted nationally by the Ministry of Health and the Seqota Declaration Programme – is tangible evidence that this direction is the right one. We commend the steering of the Executive Board, the country teams and the wider partnership for their work, which at times faced operational difficulties and local complexities in the realm of team building.

We also witnessed several positive development initiatives across Bangladesh, Ethiopia and Nepal – such as the entrepreneurship work, the closure of Right2Grow, and the project launch in Nepal – all of which demonstrate that the strategy is evolving. The Executive Board has been deliberately delegating responsibilities to the leadership of the country offices, while the Supervisory Board has maintained an active advisory role, supporting strategic decisions and paying specific attention to critical issues, particularly the financial, governance and operational dimensions.

During the year, the Supervisory Board paid specific attention to Max Social Enterprise, one of the initiatives supported by Max Foundation. In close dialogue with the Executive Board, steps were taken to further clarify and structure the governance arrangements, ensuring that they are appropriate to the activities concerned and in line with the statutes and governance framework of Max Foundation.

The governance structure introduced in 2024 matured and evolved during 2025. The Supervisory Board maintained its role of providing strategic oversight, while the Executive Board led operations and day-to-day administration, giving significant attention to overseas operations and project acquisition. Joke and Marjolijn operated as a team — complementing each other and exercising their leadership in a mutually reinforcing way across the Netherlands and our country operations in Bangladesh, Ethiopia and Nepal. We also recognise the deliberate project acquisition and fundraising initiatives carried out by the Executive Board to ensure continuation and consolidation.

The year ended with the Supervisory Board in a state of alert over the instability and external challenges typical of a rapidly changing development cooperation landscape in the Netherlands and worldwide. But we also ended the year in a state of confidence in the ability of Max Foundation to cope with the situation responsibly and effectively. As Supervisory Board, we are confident that Max Foundation remains fit for purpose despite the budgetary pressure , and will continue to deliver the quality and impactful work it has done during 2025.

Joris Kaak
Chair of the Board

Claudio Acioly Jr
Programmes

Femke Rotteveel
Marketing and Communications

Merlijne van der Zwaan
Finance

Antoon Blokland
Max Social Enterprise

What's next?

From Programmes to Systems: What 2026 Asks of Us

If 2025 was the year that government partners took the lead, 2026 is the year we have to make sure they have everything they need to keep going. That sounds simple but it isn't. The transition from programme to system rarely arrives as a clean handover. It happens in dozens of small decisions, about who trains whom, who owns the data, who pays for the next round of supplies, who shows up when something goes wrong. Our job for the year ahead is to be useful in those decisions, not in the way we used to be useful (by delivering the programme) but in the way our partners now need us to be useful (by helping their systems carry the work).

In Ethiopia, that means working alongside the Federal Ministry of Health and the Seqota Declaration team as they roll out the Malnutrition-Free Healthy Village framework across the country. The Scale-up Phase is enormous in its ambition: across all 1,050 woredas, aiming to reach 125 million people, including 31.1 million children under two, train 60,000+ health workers, and deliver 6,000 safe drinking water schemes between 2026 and 2030. Our role inside it is the less visible side of systems change: cascading training to regional and woreda staff, finalising operational guidelines, embedding length measurement and community-based growth monitoring across more regions, and evaluating innovations carefully so the next phase carries forward what actually works. Through our partnership with CoWASH IV, which reaches over a million people across 104 districts, we will keep layering our nutrition approach onto existing water infrastructure rather than building parallel programmes. That is what it means, in practice, to be a technical partner inside a government-led process: trusting the systems we have spent years strengthening to do the work we used to do ourselves.

Woman standing next to a Maxi Basin for handwashing in Bangladesh

In Bangladesh, 2026 will be the year of water at scale. Through Max TapWater, the Building Water Business programme will continue rolling out smart meters, digital tariff collection, leakage detection and renewable energy on the grids, all of which sound technical but which add up to a single, practical aim: lower the cost of running a grid and raise the reliability of the water it delivers. The bigger question for the year is how that model finds the right financial home for the long term. Donor funding will only ever reach so far. Public–Private Partnerships matter to us because they are how water at this scale can keep growing once it is no longer dependent on grants: government holds the regulatory role it is built for, the private sector brings the investment and operational discipline, and the social enterprise sits in the middle making sure households still come first. Max TapWater's operational priority for the year is simpler in shape but just as critical: pushing average connections per grid above the financial-sustainability threshold of around 70, the operational lever that turns a viable model into a self-sustaining one.

Alongside the water work, the Smart Mobile Child Clinics pilot will continue in Lalmonirhat, testing whether a women entrepreneur-led model can fill the critical gap in dedicated under-five healthcare in rural and urban slum Bangladesh. And we will keep working, carefully and in dialogue with our partners, on the bigger question of how to make the ecosystem around our entrepreneurs work better. Right now it doesn't. Loans aren't designed for them, supply chains thin out before they arrive, and the regulatory environment was built for larger formal businesses. The way forward is not a single new programme. It is finding the right combination of public–private partnerships, donor coordination, financial-sector engagement and shared platforms, so the actors best placed to solve each constraint can do so, together.

In Nepal, 2026 is the year Healthy Village (Max Swastha Palika) moves from foundations to implementation. With the baseline complete, the operational guideline drafted, the municipality's endorsement secured and the partner team in place, the focus shifts to community mobilisation, entrepreneur engagement, and the careful adaptation of an approach that has worked in Bangladesh and Ethiopia to a Nepali municipal context. This is the third country in which we are testing the same underlying question: how can the Healthy Village model best be scaled across very different contexts?

Across all three countries, the same shift is underway: away from cost-effectiveness as the dominant lens and towards the cost of local ownership; away from training individuals and towards redesigning ecosystems; away from grant funding alone and towards blended, climate and impact-investor capital. We are continuing to invest in evidence, not only for proof, but as the lever that opens the door to system adoption, policy influence and scale. In short: 2026 will be a year of building. Building deeper partnerships, stronger systems, and more resilient models for impact. We are grateful to keep moving forward, together with everyone who shares our vision of a world where every child gets the healthy start they deserve.

Members of a Village Economic and Savings Association (VESA) meet in Ethiopia

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Woman at cooking demonstration, holding up Mittin, a nutritional flour for porridge

Together, let's scale what works for child health

Donors

We are incredibly grateful to the donors that made our work possible in 2025:

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A mother plays with her laughing child in Bangladesh

Colophon

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Girl washing her hands with piped water at her home in Bangladesh

Statement on integrity:
Max Foundation applies an integrity & safeguarding policy, through which we seek to ensure the well-being and protection of women, children, and other vulnerable groups who work for Max Foundation or come into contact with our programmes, from exploitation or abuse. New Max Foundation employees and staff of our partner NGOs declare to have read, understood, and adhere to the Code of Conduct, which includes our Integrity & Safeguarding policy, but also gives guidance on how to formally and safely issue complaints (through a Whistle-blower and Complaints policy).

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