



THE MENTOR INITIATIVE

REDUCING DEATHS AND SUFFERING FROM TROPICAL DISEASES



ANNUAL REPORT 2021/2022

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Training teams of Indoor Residual Spray operatives in Borno State, Nigeria (photo: UN Foundation)

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MESSAGE FROM OUR CEO

Richard Allan

In the past two years we have seen the largest public health initiative in our lifetime. Vaccinating whole country populations against COVID-19 to bring under control a disease that has changed almost every aspect of everyone’s life is extraordinary.

The appalling impact of 21 ongoing full-scale wars, climate change and natural disasters across the world displaced 134 million people from their homes in 2021 (UNOCHA Dec 2021). Add to this the new conflict in Ukraine, which has already displaced more than 12.4 million people, 7.1m internally and 5.3m in host communities within Europe and elsewhere (UNHCR, June 2022).

Many of these people have been forced to live under temporary shelters or hosted by other families in their homes. As host community resources and their shared essential services have been inevitably stretched to breaking point, and living conditions deteriorate, they too have become victims. The UN estimates that 235 million people were in need of humanitarian assistance in 2021.

Disease and mass population displacement are inextricably linked. Transmission of vector, water and faecal-oral route diseases increase very quickly in these humanitarian emergency settings. The same conditions that drive up disease transmission, increase human vulnerability to disease infection and death until effective shelter, disease control, health services, food supplies and water and sanitation are put into place.



It is thanks to our amazing private and public sector partners that the disease control tools and strategies we are using in these extremely challenging contexts ensure millions can survive. Together, we are driving innovation for new disease prevention and case management tools which are vital to effectively tackle malaria, Neglected Tropical Diseases (NTDs) and other vector borne diseases.

We are reaching and protecting the most vulnerable people amongst populations that are displaced, isolated, forgotten or returning to damaged homes. We are responding quickly with tailor-made solutions – which is critical to save lives. Our country teams carry out this life-changing work giving hope to over 10 million people. These are teams that I am deeply proud of. They work in very harsh conditions, often at personal risk, away from their families for long periods, helping others in dire need.

As we head towards the end of 2022 we still face multiple challenges in our sector and in the world. As climate change impacts temperature and weather patterns, the risk of diseases like dengue fever and Zika virus will increase. Warmer temperatures and longer transmission seasons affect how vectors behave and survive. Alongside environmental conditions, ongoing political instability and conflict exacerbate the urgency and importance of our programmes. Fortunately, we have the experience and expertise to respond to these challenges, working with dedicated people committed to making a difference.

Richard Allan - Chief Executive Officer

OUR VISION



Young people in Cuanza Sul Province, Angola (photo: The END Fund)

The MENTOR Initiative saves lives in humanitarian emergencies through tropical disease control and then stays to help people recover from crisis with dignity. MENTOR works side-by-side with communities, health workers and health authorities to leave a lasting impact.



A MENTOR programme team member in Borno State (photo: UN Foundation)

OUR MISSION



Explaining the benefits of IRS to households in Nigeria (photo: UN Foundation)

The MENTOR Initiative is a discrete, agile organisation working with the world's most vulnerable and hard to reach communities to reduce death and suffering from tropical diseases.

Our first and last considerations are the needs of the people we serve. Working in insecure and high-risk environments we establish large scale disease control during humanitarian emergencies. At the same time, we develop the capacity for the long-term sustainable control of these diseases.

We collaborate closely with communities, health workers, health authorities and other international organisations to establish effective surveillance, preventative and curative services and learning for the future.

The strength of our partnerships bring together knowledge, power and resources for the greatest impact.

Our investment in targeted operational research brings evidence-based and proven disease control solutions to all our programmes. We use this learning to innovate, reduce costs and influence international policy and practice.

We will always uphold the highest professional values, standards, quality and accountability and our teams are committed to stay until the job is done.

KEY DATA

MENTOR Programmes
October 2020 - September 2021

- SYRIA
669,000 leishmaniasis consultations
76,329 new cases treated (approx. 85% of total new cases)
Indoor Residual Spraying (IRS) reached 1.8m people
- YEMEN
Reached 88,000 people with dengue prevention messaging
Entomological surveillance (sampling water containers) of over 2,300 households
- NIGERIA
Hygiene promotion reached 900,000 people
IRS reached 412,000 people
91 health facilities and 9 hospitals supported with disinfection kits
- CENTRAL AFRICAN REPUBLIC
233,000 people supported with healthcare (Consortium)
148,000 cases of malaria treated (MENTOR)
41,000 had improved access to WASH (Consortium)
- SOUTH SUDAN
Community-Led Total Sanitation reached 66,269 people
70,015 people had access to clean drinking water
IRS reached 263,856 people
- ANGOLA
1.16m schistosomiasis (SCH) treatments
780,000 soil-transmitted helminths (STH) treatments
IRS reached 311,000 people
113,000 people had improved access to water
- MOZAMBIQUE
IRS reached 347,000 people
Health promotion reached 188,000 people
52,000 people protected by Larval Source Management

KEY FOCUS AREAS

The MENTOR Initiative works within a range of key thematic areas, each focusing on the core priorities for the people and communities involved. On the following pages, we take a closer look at each of these thematic areas and how our activities are implemented in practice.

- Rapid onset emergencies
- Displaced people
- Neglected Tropical Diseases
- Children
- Water, sanitation and hygiene
- Operational research

RAPID ONSET EMERGENCIES

Rapid onset emergencies caused by natural disasters and conflict invariably overwhelm already vulnerable populations and health services, and often lead to the large-scale displacement of people.

Associated with this is the exponential increase in disease vector breeding sites. This leads to outbreaks amongst populations that have become more physically exposed than normal, and at the moment when they are unlikely to have proper access to preventive and curative health care.

We specialise in rapid responses to emergencies, which are tailored and scaled to meet specific, and often highly complex needs.



A resident living in an IDP camp in Borno State, Nigeria
(Photo: UN Foundation)

Weather-related events such as floods, storms and cyclones resulted in some 23.7 million internal displacements in 2021

(source: International Organisation for Migration)

Responding to natural disasters

The MENTOR Initiative established a programme in the south and east coast of Mozambique after Cyclone Idai crippled infrastructure and public health services leading to outbreaks of diseases including cholera and malaria. Nearly 1.85 million were affected resulting in the displacement of some 400,000 people into shelters, most with poor access to services.

During this time, non-state armed groups instigated intense violence, attacking villages and large towns in the disaster afflicted region, causing an estimated 700,000 Internally Displaced Persons (IDPs) into the northern Cabo Delgado region. This massive displacement, along with the over-burdened health systems and the poor hygiene conditions, increased the risk of vector and water-borne diseases for both displaced populations and the local populations hosting these people.

MENTOR provided training and technical support for 300 Community Health Workers in remote areas across nine districts. We also

carried out Indoor Residual Spraying and larval source management activities to minimise mosquito breeding sites and to prevent dengue fever. Other health-promoting activities took place reaching nearly 500,000 people across the target populations.



Teams in Dondo training to carry out Indoor Residual Spraying

Medical logistics in Ukraine

Soon after the conflict in Ukraine began, The MENTOR Initiative offered its unique skillset and experience to the Ministry of Health and the Regional Health Administration in Lviv to assist in the management of their medical supply chain.

The MENTOR team works closely with health officials and the Ivano-Frankivsk Chamber of Commerce to support the precarious health system by ensuring that priority medicines and supplies get to where they are most needed. A fleet of trucks, which are being provided by Ukrainian businesses to support the conflict, transport the supplies to clinics and health facilities in priority locations across Ukraine.

It is currently estimated around 6.3 million people (as of July 2022) are internally displaced, with most fleeing into the safer central and western regions. Many are suffering physical trauma and needing surgery, as well as healthcare for long-term health conditions. This has put enormous pressure on the 2,000 health facilities in the area, which urgently need a regular, rapid supply of medical supplies.

MENTOR's response balances support to health facilities in conflict-affected areas with support to the facilities receiving the highest numbers of internally displaced persons. This ensures the greatest needs are met wherever they are found.



Unloading boxes of medical supplies for distribution

Unfortunately, our medical system was not ready for such an escalation, but thanks to a wise approach to the distribution and supply of medicines from our partners, including The MENTOR Initiative, our patients receive high-quality and fast medical care."

Taras Masliak, Head of Council Hospital in Ivano-Frankivsk



Owen Bicknell, Programme Director

"The Ukrainian health system is dealing with a brutal war resulting in high numbers of civilian casualties in the east, mass displacement to the west, and a constant threat of airstrikes throughout. With targeted support to capitalise on existing capacity, MENTOR's programme contributes to the resilience and effectiveness of a system under extreme stress."

DISPLACED PEOPLE

Over 80 million people are displaced globally as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order. Living either as refugees or internally displaced within their country, people are extremely vulnerable and face a variety of risks such as malnutrition, diseases, and abuse, trafficking and sexual assault.

Poor living conditions lead to an increase in water, faecal and vector-borne diseases. Innovative tools and strategies are needed for disease prevention to work with temporary shelters – or no shelter for those still moving – and ensure access to essential diagnostic and treatment services in these often-remote settings.

By the end of 2020 82.4 million people worldwide were forcibly displaced, among them were nearly 26.4 million refugees, around half of whom were under the age of 18. (source: UNHCR)

Disease control in refugee camps



IRS Team in Maban Camp, South Sudan

Over 240,000 refugees have fled conflict in the Blue Nile, Sudan to find safety in UNHCR camps in South Sudan – over 160,000 live in Maban and around 81,000 in Jamjang. But difficult, crowded living conditions and flooding increases the risk of malaria, the leading cause of death here. Our Indoor Residual Spraying campaigns have been carried out here each year – in Maban for

the past eight years and Jamjang for the past three years. This suppresses the insect population so that health facilities are not overwhelmed with malaria cases and people, especially children under 5, are less likely to die from the disease. For more on the IRS campaign in South Sudan please watch [The Visionaries documentary](#).

Protecting health facilities during COVID-19

In Borno State, Nigeria, attacks and insecurity caused by conflict have displaced millions of people, devastated agricultural production and other livelihoods, disrupted essential services, and caused a complex crisis.

Malaria is the highest cause of reported morbidity (44%) and mortality (34%) in Borno, which also has high rates of other infectious diseases and malnutrition. In 2020, the COVID-19 pandemic posed a serious threat to the community, with under-resourced health systems, lack of water and sanitation infrastructure and cramped living conditions.

In these high-burden settings, even a brief facility closure or health worker shortage can trigger a rapid surge in deaths from malaria. The World Health Organization (WHO) warned that deaths from malaria would double if COVID-19 caused severe disruptions to malaria prevention campaigns and medical treatment (from their 2020 modelling analysis report: The potential impact of health service disruptions on the burden of malaria)

Responding to this urgent situation, The MENTOR Initiative joined forces with United to Beat Malaria and SC Johnson to protect frontline health workers and health facilities from COVID-19 and ensure essential health services continued.

SC Johnson donated over 1,000 innovative disinfection kits to 100 Borno health facilities

containing EPA-approved disinfection products including hand sanitizer, a concentrated disinfectant, and disinfecting wipes. They also contained easy-to-follow pictogram instructions for the safe handling of the components. MENTOR oversaw safe delivery of these kits to clinics and hospitals that serve 2 million Borno residents living in the most crisis-affected communities - including around 600,000 displaced people. By protecting health workers and their patients from COVID-19 and other infectious diseases, the kits helped ensure uninterrupted delivery of critical life-saving health services, including malaria case management.

Survey results showed 97% of health workers and patients found the pictograms clear and easy to understand. 100% found the facility to be cleaner.



Disinfection kits at a health facility in Borno State



George D. Gonletuo, Operations Support Coordinator: South Sudan

George assists with the implementation of programme support for operations/services including managing logistics, finance and administrative staff. He also supports the MENTOR technical team with speciality activities such as vector control, IEC and WASH. “I enjoy managing resources, ensuring projects are delivered on time, and maintaining the stability of programme and operational activities.” – George.

NEGLECTED TROPICAL DISEASES (NTDs)

NTDs like leishmaniasis, schistosomiasis and dengue fever place a devastating health, social and economic burden on more than one billion people worldwide. In a humanitarian emergency, where people have little or no access to clean water or a safe way to dispose of human waste, disease transmission is rife. NTDs also disproportionately affect women and children. This complex public health challenge requires us to deliver simple, cost-effective therapeutic solutions on a large-scale to reduce death and morbidity in these settings.



Mass Drug Administration in Angola (photo: The END Fund)

WHO estimates that over 1.7 billion of the world's population should be targeted by prevention and treatment activities for at least one of these diseases, every year.

(source: WHO)

Protecting millions of people in Syria from leishmaniasis



The MENTOR Initiative's annual Indoor Residual Spraying (IRS) campaign to protect people from leishmaniasis in Syria was completed in May this year.

Teams sprayed 372,000 households in North-West and North-East Syria, protecting over 2 million people from this NTD transmitted by sandflies. Over 1 million people protected in this campaign are internally displaced, having fled here to escape the ongoing conflict.*

Spraying WHO-approved insecticide on inner walls of houses and shelters kills the sandflies that land there, significantly decreasing the sandfly population and subsequent cases of leishmaniasis during the high-transmission season (June to October).

Sandflies in this region transmit cutaneous and visceral leishmaniasis. Cutaneous leishmaniasis causes skin lesions, mainly ulcers, leaving life-long scars and serious disability or stigma. The visceral form of the disease affects the internal organs and is fatal if left untreated in over 95% of cases.

This is the eighth year of our large-scale IRS programme in northern Syria, which reaches between 2 to 3.5 million people each year. Controlling the spread of leishmaniasis here continues to be challenging. Localised outbreaks in underserved areas occurs several times a year - and crowded IDP camps with poor sanitation make people more vulnerable to the disease. Annual droughts in some parts of the region have led to an increase in leishmaniasis in these areas.

* At the end of 2021 there were 6.9 million people displaced within Syria, the biggest internally displaced population in the world. (UNHCR)

Mapping schistosomiasis and soil transmitted helminths in Angola

The MENTOR Initiative is working with the Angolan National NTD Control Program, supported by The END Fund, to understand the impact of a 5-year mass drug administration (MDA) and WASH programme to reduce the incidence and prevalence of these two common NTDs.

By mapping the prevalence and intensity of both infections, the research study aims to quantify the progress made for schistosomiasis (SCH) and soil transmitted helminths (STH) control in targeted provinces. The mapping is taking place among school aged children 6 to 11 years in Huambo, Uíge and Zaire provinces.

Diagnostic methods for both SCH and STH utilise WHO standard reference techniques to determine presence/absence of infection. Prevalence of SCH is determined by point-of-sampling rapid diagnostic tests (RDTs) and circulating cathodic antigen (CCA) tests and Hemastix reagent strips.



Team member preparing stool samples for Kato-Katz technique (Photo: Latifeh Damash)



Mapping SCH and STH in 6 to 11 year olds.

This research study was published in Infectious Diseases of Poverty and PLOS Neglected Tropical Diseases journals in 2022



Luís Lufunda, NTDs Senior Coordinator: Angola

Luis works closely with the Angola government and other organisations to plan and deliver activities that target NTDs such as Mass Drug Administration (MDA) campaigns. His many responsibilities include contributing to the design and implementation of the national NTD strategy; overseeing programme activities; and ensuring high standards of data collection, monitoring and evaluation.

"It is an honour to contribute to my country's health goals and objectives to keep communities free from diseases." – Luis.

CHILDREN



Children in Borno State, Nigeria (photo: UN Foundation)

Young children, whose immune systems take several years to develop, are at a high risk of contracting a range of diseases and developing severe symptoms. Children form the largest proportion of deaths from disease across health systems and communities in most humanitarian crises. We work to improve access to vital prevention and curative services. Because a child infected with malaria can die within a day of their first symptoms

The percentage of total malaria deaths among children aged under 5 years continued to decline over the past 20 years, from 87% in 2000 to 76% in 2019, but increased slightly to 77% in 2020.

(Source:WHO World Malaria Report 2021)



Kaltum Lawan
Field Entomology Officer
Borno State, Nigeria

In this varied role, Kaltum is involved in implementing programme activities such as IRS campaigns and helping to develop Information Education and Communication (IEC) materials. Her role also involves monitoring and evaluation, compiling data and conducting population sampling and surveys. “One of the best parts of my role is to organise and facilitate training of IRS spray teams so they can carry out a high-quality spray campaign in the community.” – Kaltum.

Life-saving healthcare in Central African Republic (CAR)

Since 2019, a UK Aid funded Consortium in CAR has been providing essential health services for over 370,000 people facing life threatening diseases in three of the most vulnerable, conflict-affected prefectures in the country.

The Consortium, led by MENTOR and working with current partners International Medical Corps (IMC) and Action Against Hunger, brings together the relevant operational expertise and experience to deliver critical services in this acute and protracted humanitarian emergency. The consortium has been vital in enabling the most vulnerable people to access any form of healthcare, with more than 515,000 medical consultations given since 2019.

In 2021 we were able to:

- Reach over 325,000 children under-5 with healthcare
- Treat nearly 75,000 children under-5 for CAR's biggest killer, malaria
- Screen over 86,000 children under-5 who are at risk of malnutrition and treat 1,800 who were severely malnourished
- Treat over 18,000 children under-5 for respiratory tract infections
- Treat nearly 12,000 for diarrhoea, and give 134,989 children deworming treatment

Protecting children from leishmaniasis

Central to our integrated approach to tackling leishmaniasis in north-west and north-east Syria is our ongoing information, education and communication (IEC) work in schools.

Children are particularly vulnerable to both cutaneous and the more severe visceral leishmaniasis. Full-time IEC workers visit dozens of schools each month to explain and reinforce how to avoid being bitten by sandflies. Critically, they also learn the importance of identifying skin lesions so they can seek help straightaway.

Children are taught how to protect themselves, such as sleeping under a net and being able to identify sandflies.

IEC, along with other vector-management tools, is key to preventing leishmaniasis in children and other vulnerable groups.



Materials used in schools show how to avoid sandfly bites

WATER, SANITATION AND HYGIENE (WASH)

Combined with other public health interventions, improving access to drinking water, and clean water and soap for handwashing, can reduce the burden of diarrhoeal diseases and parasitic infections such as soil-transmitted helminthiasis and schistosomiasis. MENTOR is working to strengthen existing partnerships to scale up access to safe, clean water for communities.

“Closer coordination and collaboration between WASH and health are critical for NTD elimination” said Dr Maria Neira, Director, WHO Department of Environment, Climate Change and Health.

“Good hygiene and access to water and sanitation are important in the prevention, care and management of all 20 diseases of poverty that massively impact the health of over one billion people.”



Improved hand washing facilities, Angola

Hygiene promotion is the most cost-effective health action to reduce disease.

(source: World Bank)

As of 2020, 2.3 billion people lacked basic hygiene services (handwashing facility with soap and water), and 1.6 billion people had access to handwashing facilities that lacked water or soap.

(source: WHO/UNICEF)

Eliminating open defecation in South Sudan

MENTOR's UNICEF-funded WASH activities in South Sudan primarily consist of Community Led Total Sanitation (CLTS) - an innovative methodology for mobilising communities to completely eliminate open defecation. CLTS uses participatory methodologies and processes such as community mapping to facilitate communities to analyse their own sanitation practices and faecal-oral pathways. This is called 'triggering' - after their own appraisal and analysis of open defecation, communities take action to become open defecation free (ODF). Over a three-year programme 343 villages/communities were verified ODF. CLTS activities also run alongside borehole rehabilitation to address the fact the majority of the population have no access to safe water or basic sanitation. (Source: OCHA)



Awareness event on Global Handwashing Day

Increasing access to safe drinkable water in Angola

According to the World Bank, only 55.8% of the population in Angola were using at least basic drinking water services. The lack of access to water affects mostly rural populations and hampers access to water for school children.

The MENTOR initiative, in partnership with the Government of Angola, has been implementing school-based integrated WASH-NTD programmes in three provinces across Angola - Huambo, Uíge and Zaire - since 2015. A survey conducted by the Provincial Department of Education in Huambo showed only 173 out of the total 1190 schools of the province (15%) have water points available within the school grounds. In Uíge, only 24 of the 216 schools that are in the municipalities in which we operate, have water points within the school grounds.

MENTOR has provided primary schools with hygiene kit items (5L and 20L jerry-cans and 80L buckets), that allow them to transport and store water from nearby sources (eg streams and wells in nearby villages) to the school grounds. This enables students to practice basic hygiene practices like handwashing; or maintain safe sanitation by regularly cleaning the school grounds and flushing the toilets.



Providing access to water in schools in Angola

Pablo Eulogio, WASH Co-ordinator



Pablo provides technical support to the various programme teams where MENTOR is delivering WASH projects, most recently in Angola and Mozambique. Programme activities range from building latrines to distributing hygiene kits and holding events promoting the importance of handwashing. An important aspect of his work has been the extensive programme of activities in schools to reduce the transmission of diseases in children and improve hygiene practices.

“Providing access to safe water, proper handwashing and improved sanitation is crucial to stop the spread of diseases and improve health.” – Pablo

OPERATIONAL RESEARCH

For nearly 20 years, The MENTOR Initiative has been involved in operational research to find innovative solutions to complex problems inherent in disease control in humanitarian crises.

Some solutions we have helped to develop in the past include the use of insecticide-treated plastic sheeting to construct emergency shelters; and the use of new rapid diagnostic testing kits and

therapies specifically for remote locations.

Researching new tools and treatments is game changing in the successful delivery of disease control programmes that have high rates of efficacy.

Together with our partners in the public and private sector we are developing tools, products and strategies that ensure our programmes continue to have the most impact.

Current research programmes

‘Envelope’ spatial repellent

In Syria, we carried out a study to evaluate an innovative long-lasting spatial repellent (‘Envelope’) and its effectiveness at protecting people from cutaneous leishmaniasis for one month at a time.

This project was conducted in urban settings in the north-west and camp settings in the north-east. The study was made up of:

1. The intervention (Envelope);
2. Positive control (Indoor Residual Spray) and;
3. Negative control (Information, Education and Communication).

Each study ‘arm’ also had clinical, diagnostic and treatment services available.

In the last three months of the trial, MENTOR also conducted a market research study which aimed to evaluate the prospect of integrating the product into the local market.



Distributing spatial repellent envelopes in Raqqa, Syria

‘Mesh’ emanator spatial repellent

We are running studies on sites in Yemen and Nigeria to measure the effectiveness of the ‘Mesh emanator’ spatial repellent at repelling multiple disease vectors. This aims to reduce clinical malaria rates in temporary shelters and camp settings, as well as other diseases.

This study is taking place in Internally Displaced Persons (IDP) camps in Aden, Yemen and Borno State, Nigeria.



Entomological surveillance in Raqqa

Field evaluation

In a second study in Yemen, we are running a field evaluation of tools for vector-borne disease control in conflict-affected communities. This study is designed to evaluate the effectiveness of a novel spatial repellent - Mesh (manufactured by SC Johnson) and a novel larvicide disc - SumiLarv 2MR (manufactured by Sumitomo) at reducing exposure to the *Aedes* and *Anopheles stephensi* mosquitoes.

Outcomes will include:

1. The entomological impact of the two tools,
2. Ease and correctness of usage, and
3. Community and household acceptance.



Identifying sandflies caught overnight in a light trap

Partnerships

For Syria, we are partnering with SC Johnson, Grand Challenges Canada and Hacettepe University, Turkey. For the studies in Yemen and Nigeria, partners include SC Johnson, Sumitomo, Liverpool School of Tropical Medicine and the Universities of Aden and Maiduguri.

Implications of the research

Spatial repellents to stop vector entry into households and other areas offer a promising new technology for the integrated management of vector-borne diseases. This need is especially great in displaced populations who live in temporary, insecure shelter. By conducting our research in these challenging settings, we aim to determine whether Mesh is an effective tool.

Researching insecticides

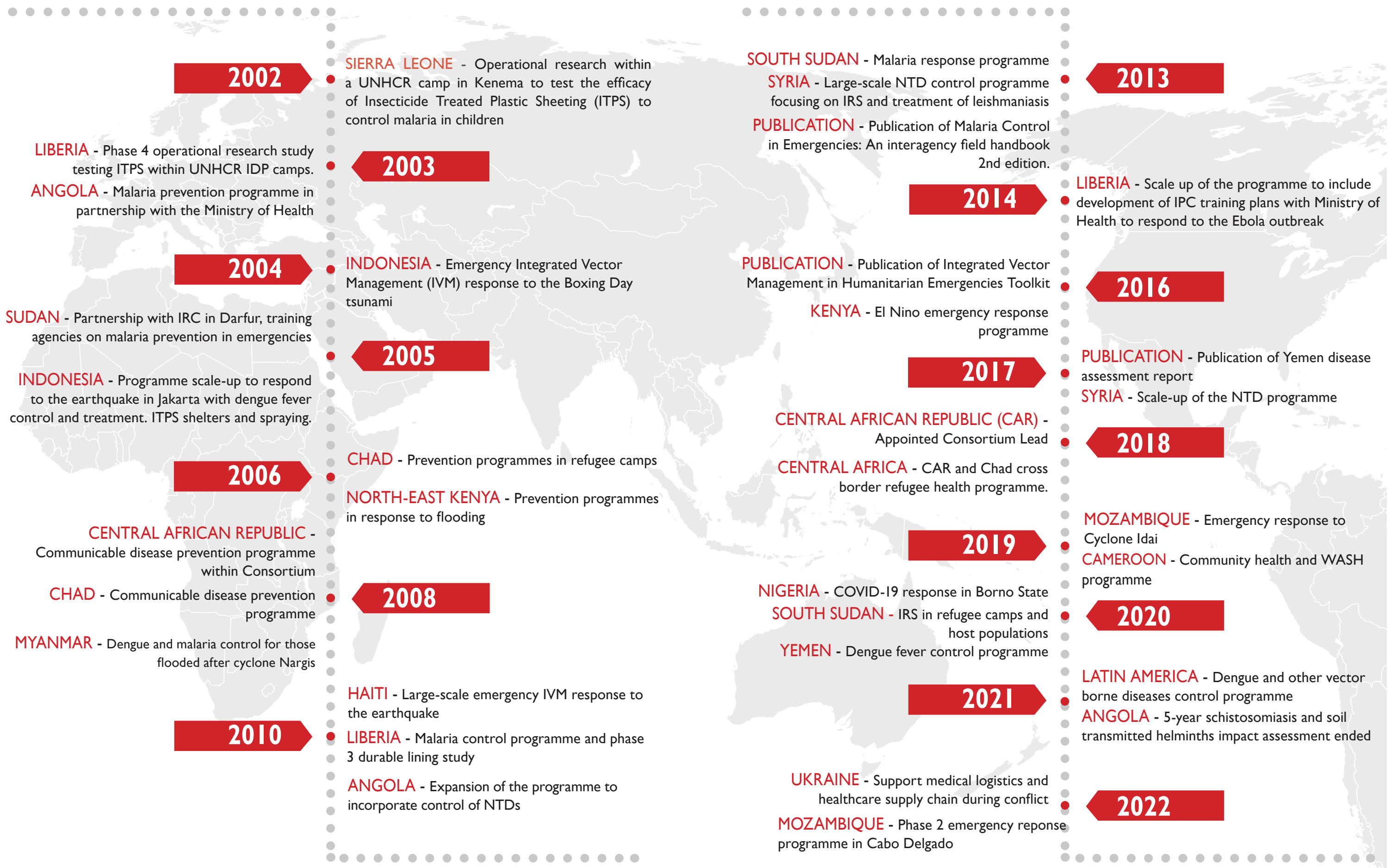
In partnership with Ministry of Health teams in South Sudan and Nigeria, and the Innovative Vector Control Consortium at LSTM, we conducted a research programme to compare the efficacy of four of the most commonly used insecticides, when sprayed on the interior surface of UNHCR standard temporary shelters.

Each insecticide, which has a different active ingredient from each other, was applied using a standard protocol onto the inside surface of the plastic sheeting. These shelters house millions of people living in humanitarian crises, where malaria, dengue, and other vector borne diseases are the main causes of illness or death. The sprayed temporary shelters were left for six months, exposed or unexposed to the weather. Samples of the shelter material have been taken and tested each month to measure the bio-availability of the active ingredient; and how effective the sprayed material is in killing a range of disease vector insects. The result of this study will help to guide the choice of tools used by disease control teams working to protect refugees and Internally Displaced People living in camps.



Collecting sandflies from a light trap in Syrian IDP camp

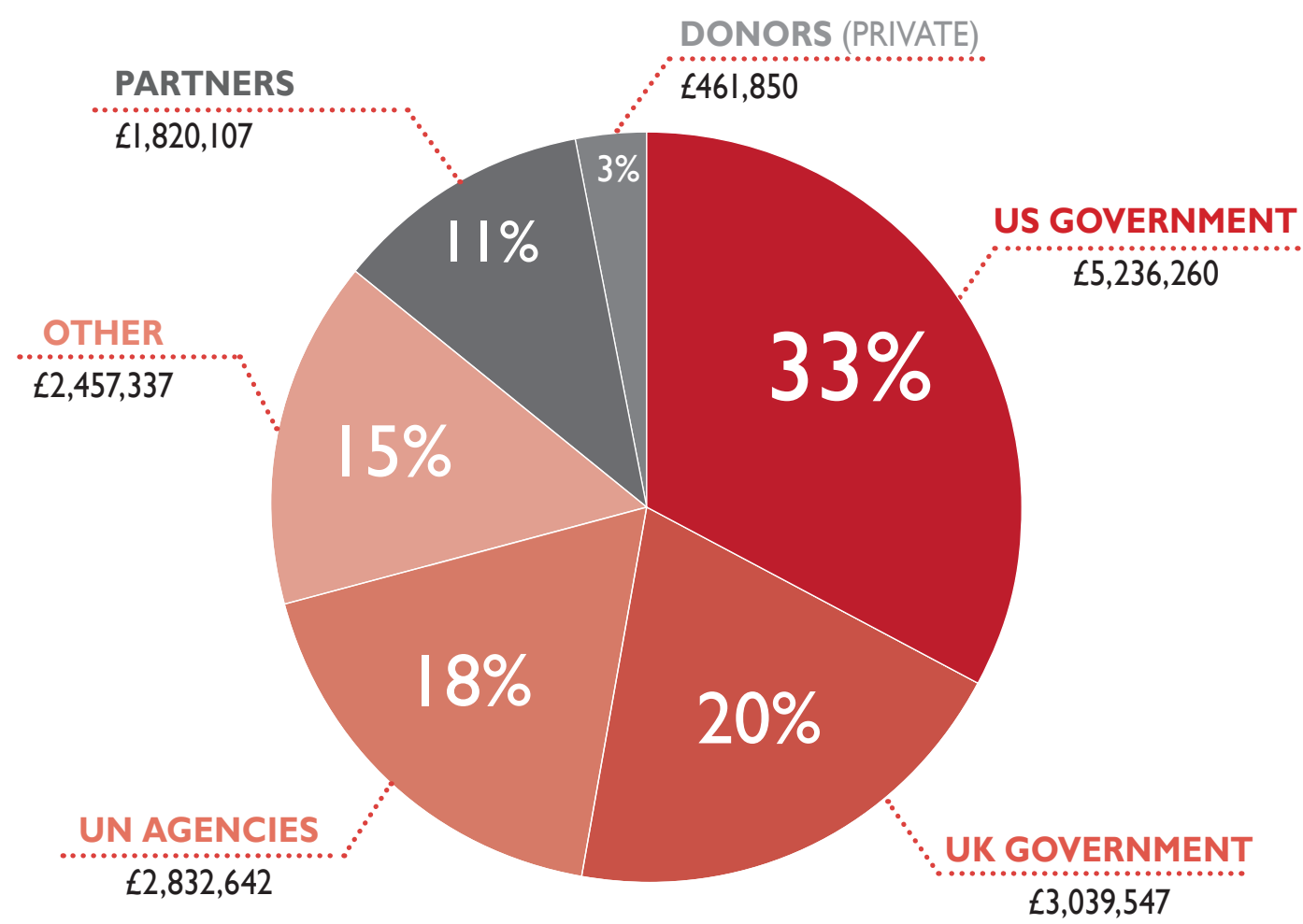
MENTOR: TIMELINE OF KEY EVENTS



FINANCIAL REPORT

FOR YEAR ENDED 30 SEPTEMBER 2021

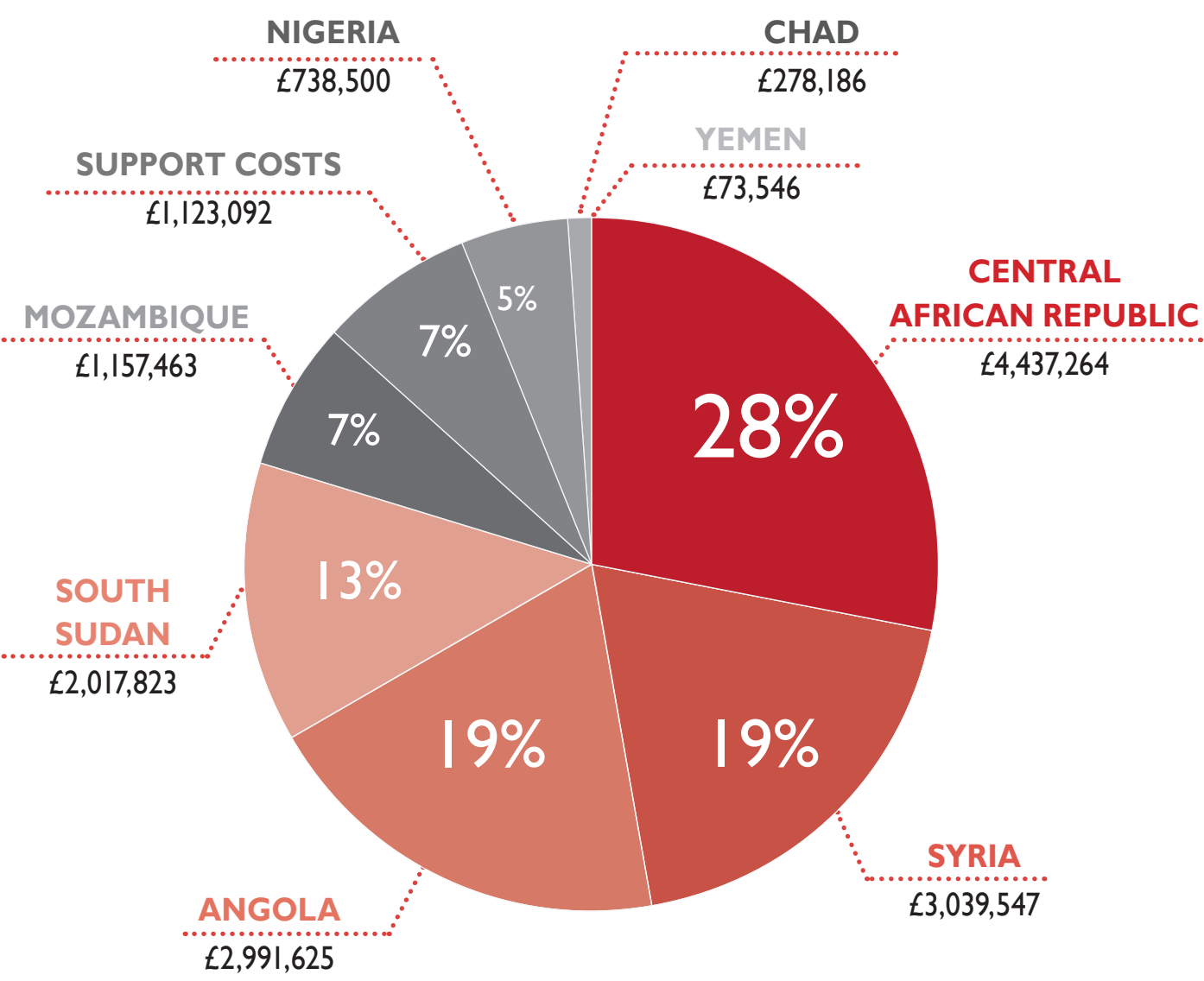
Total Income: £15,988,494



FINANCIAL REPORT

FOR YEAR ENDED 30 SEPTEMBER 2021

Total expenditure: £15,857,046



DIRECTORS OF THE MENTOR INITIATIVE

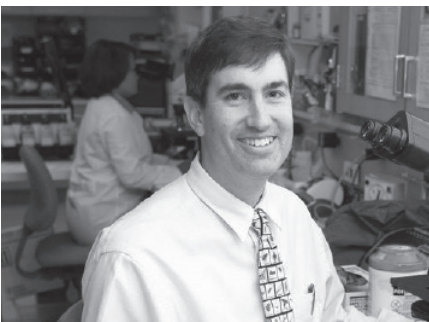
Richard Allan: CEO

Richard is a qualified tropical parasitologist with many years' experience as a public health director. Before founding The MENTOR Initiative in 2002, Richard was the Roll Back Malaria co-ordinator for complex emergencies at the World Health Organisation. He established and managed the cross-sectorial partnerships that resulted in the development of important new disease control tools and strategies for malaria control.



Linda Mobula

Linda has held various senior positions as a Health Specialist, Humanitarian advisor and Chief Medical Officer and was an ambassador for USAID / OFDA. She has worked for a range of organisations from the World Bank to Catholic Relief services in locations such as Haiti, Liberia and Philippines. Linda's vast experience and expertise, such as Ebola response and improving public health systems, helps us to deliver our emergency diseases control programmes to a high standard.



Paul Jobson: Chair of the Board

Paul brings extensive organisational management skills and experience to support the CEO and the Senior Management Team to develop the organisation. Beginning his career in strategic consulting with W S Atkins, Paul then spent around 20 years in senior management in the automotive sector in the UK and North America, with Massey Ferguson and Perkins Engines. This was followed by almost a decade in private equity in UK becoming a partner with ECi Ventures. This was followed by four years as Managing Director of CDC (Commonwealth Development Corporation) investing in the developing world.

Gareth Williams

Gareth leads on systems and internal controls derived from his experience as a management consultant specialising in organisational change, service transformation projects and financial management working with government and corporations. Currently working as an independent management consultant providing advisory and programme management support, his expertise is cross-sectoral, and built from over 25 years in the private and international development sectors.



OUR DONORS AND PARTNERS

Thank you to all our donors, partners and others who have contributed to our programmes, including:

Donors

- European Civil Protection and Humanitarian Aid Operations (ECHO)
- Global Fund against Aids, Tuberculosis and Malaria
- Grand Challenges Canada
- Rapid Response Fund, South Sudan
- South Sudan Humanitarian Fund
- Syria Cross-Borders Humanitarian Fund
- The END Fund
- UK Government's Foreign, Commonwealth and Development Office (FCDO)
- UN Foundation
- United Nations Children's Fund (UNICEF)
- UN Office for the Coordination of Humanitarian Affairs (OCHA)
- US State Department's Bureau of Population, Refugees and Migration (BPRM)
- USAID Bureau of Humanitarian Assistance (BHA)
- US President's Malaria Initiative (PMI)
- World Food Programme (WFP)
- World Health Organisation (WHO)

Donors (private)

- Americares
- Bayer Crop Science
- SC Johnson
- Sumitomo Chemical

Partners

- Elimination 8
- Project Hope
- PSI
- Première Urgence Internationale (PUI)
- Save the Children International (Mozambique)
- Solidarités International
- World Vision



MENTOR in Angola (photo: The END Fund)

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