Vision

The MENTOR Initiative (‘MENTOR’) saves lives in 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.

How We Work

Founded in 2002, MENTOR specialises in the control of diseases such as malaria, dengue fever and leishmaniasis in complex humanitarian emergencies. MENTOR provides a comprehensive package of interventions aimed to reduce the burden of tropical diseases in acute and ongoing emergencies.

MENTOR works together with local governments, UN agencies and other partners to identify needs and develop interventions that maximise the impact. Interventions are designed based on existing evidence to ensure they are effective and cost-efficient, reducing the suffering of people affected by humanitarian emergencies.

MENTOR provides technical and operational assistance in seven areas:
- Integrated Vector Management
- Access to quality healthcare
- Neglected Tropical Diseases
- Water, Sanitation and Hygiene
- Monitoring and Evaluation
- Operational Research
- Rapid onset emergencies

MENTOR provides this specialist support to meet the immediate needs of people in a humanitarian emergency, and afterwards to develop resilient and capable systems that provide long-term health care and disease control.
1. Integrated Vector Management

MENTOR's integrated vector management approach reduces and prevents vector-borne diseases by targeting multiple vectors and integrating various control strategies. This holistic approach increases the effectiveness of vector control interventions in the countries and contexts where we work.

The main benefit of integrated vector management is its ability to target multiple vectors at the same time. Many vector-borne diseases, such as malaria, dengue fever and Zika virus, are transmitted by different vectors. By focusing on a single vector species, control efforts may not effectively address the overall disease burden.

Integrated vector management considers the ecology and behaviour of multiple vectors, which results in a broader, tailored approach to disease control. By integrating control measures that target different vectors, such as mosquitoes and sandflies, we can reduce disease transmission and protect communities more effectively.

Integrated vector management uses a range of tools and strategies to tackle vector-borne diseases. Each tool plays a role within the integrated vector management framework, addressing different stages of the vector life cycle and targeting various points of disease transmission.

These include:

- **Indoor Residual Spraying (IRS)** is the application of insecticides to indoor surfaces where disease-transmitting mosquitoes’ rest.
- **Larval Source Management (LSM)** prevents larvae from developing into adults at mosquito breeding sites.
- **Social Behaviour Change Communication (SBCC)** strategies promote behaviour change, encourage the use of preventive measures and adoption of vector control interventions.
- **Entomological Surveillance** involves monitoring mosquito populations, their behaviour and insecticide resistance patterns. This helps inform decision-making and improves targeted interventions.
- **Long-Lasting Insecticide-treated Nets (LLINs)** provide physical protection against mosquito bites and kill mosquitoes resting on net surface reducing the risk of vector-borne diseases.

Using these tools within the integrated vector management framework has many benefits:

- By combining different strategies, we can target vectors at multiple stages of their life cycle, interrupting disease transmission more effectively.
- Integrated approaches are shown to have a greater impact on reducing diseases compared to using a single intervention in isolation. For example, combining spraying with net distribution has shown to significantly decrease malaria transmission in various settings.
- Using different tools also allows for synergistic effects, where the combined impact is greater than an individual intervention. It promotes sustainable vector control by addressing all vector populations and minimising the risk of insecticide resistance.

Through partnerships with USAID, FCDO, UNICEF and other donors, this strategy has significantly reduced the burden of vector-borne diseases.

2. Access to quality healthcare

Access to high quality healthcare is critical to reduce deaths from tropical diseases and improve health in humanitarian and post-crisis contexts. MENTOR’s work in this area focuses on three key areas:

- Support to community health workers
- Training and supervision
- Supply chain support

Community health workers live in the communities they serve and provide healthcare, health education, and disease prevention and control interventions. Community health workers are a reliable and trusted member of their community, connecting healthcare facilities with the people they serve. This improves access to healthcare services and promotes health-seeking behaviours.

MENTOR works closely with local community members and health authorities, to train, equip and support community health workers within their communities.

The training and supervision of health workers is essential to maintain a strong healthcare workforce. MENTOR’s capacity-building initiatives and training programmes equip healthcare professionals and community health workers with the knowledge and skills needed to deliver quality care.

Community health workers and health facility workers are kept updated on best practices, emerging trends and disease control strategies through training and on the job supervision. This continuous support enhances the quality of care delivered to people and communities. It also monitors the performance of health workers and directs supervision efforts where they are needed most.

Access to medical supplies is critical for effective healthcare. MENTOR works with partners and health authorities to ensure the availability and distribution of essential medical supplies, including diagnostics, medicines and equipment.

By addressing supply chain challenges and strengthening local health systems, we increase the capacity of healthcare facilities and community health workers to provide timely and appropriate care. This includes remote and poorly serviced areas often disproportionately affected by crises and emergencies.
3. Neglected Tropical Diseases

MENTOR has been working to reduce the burden of debilitating Neglected Tropical Diseases (NTDs) since 2012, focussing on integrating five main areas of work.

- **Mass Drug Administration (MDA)** campaigns are carried out with local health authorities, community leaders, and partner organisations. We support local governments to distribute preventive medications to communities at risk, targeting diseases such as lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis and schistosomiasis.

These campaigns align with WHO 2030 Roadmap targets. They aim to accelerate progress in the control and elimination of Neglected Tropical Diseases through the widest geographical and therapeutic coverage.

- **Hygiene Promotion** is community-based activities that raise awareness about the importance of personal and environmental hygiene practices to prevent neglected tropical diseases. By promoting behaviours like handwashing, proper sanitation practices and safe waste disposal, we lessen the transmission of NTDs and improve community health.

MENTOR supports a wide range of hygiene promotion activities such as the use of champions and peer educators, school-based interventions and community activists. These ensure key messages are developed, implemented and assessed by those who also benefit from hygiene promotion.

- **Water, Sanitation and Hygiene (WASH)** activities are critical to our NTD programmes. MENTOR supports the development and improvement of WASH infrastructure, including:
  - Access to clean water sources
  - Adequate sanitation facilities
  - Proper waste management systems

By addressing these aspects, we create healthier environments and decrease the risk of neglected tropical disease transmission. MENTOR has promoted the effective integration of water, sanitation and hygiene with neglected tropical diseases into national and local policy development, to improve the underlying causes of transmission.

- **Intensified disease management** is the fourth component of MENTOR’s approach to tackling NTDs. Where possible, the management of debilitating and disfiguring diseases such as leishmaniasis and lymphatic filariasis is integrated into training and healthcare.

This ensures the effective management of cases, which focuses on early detection, accurate diagnosis and appropriate treatment.

- **Disease mapping** MENTOR supports local governments to map the burden of NTDs and assess the impact of interventions using robust survey methodologies. This enables the accurate measure of disease prevalence and guides the planning of interventions to suit each specific epidemiological context.

In partnership with governments, other organisations and local communities, we have achieved significant progress controlling NTDs across a range of settings and different diseases. We are dedicated to strengthening local health systems to address these diseases, as we work towards making a sustainable impact.

4. Water, Sanitation and Hygiene (WASH)

Water, sanitation and hygiene is integral to our work tackling vector-borne and neglected tropical diseases.

By addressing the faecal-oral route of transmission and reducing breeding sites for multiple disease vectors, healthier environments are created to help prevent the spread of diseases. To improve access to safe water, sanitation and hygiene practices we focus on:

- **Infrastructure development**

MENTOR works with local authorities and other agencies to improve water supply systems, build or repair sanitation facilities, and establish safe and sustainable hygiene infrastructure.

- **Urban WASH**

In urban areas, addressing water supply and storage alongside sanitation and waste management challenges require approaches that consider population density, limited space and varying socio-economic conditions.

- **Tippy taps**

Tippy Taps are simple, low-cost handwashing devices that promote proper hand hygiene, especially in settings with limited resources. They are an innovative and sustainable solution to encourage handwashing.

- **Community-led total sanitation**

Community-led total sanitation empowers and engages communities to take ownership of their sanitation and hygiene solutions. Through a sense of ownership and shared responsibility, community-led total sanitation create lasting changes in sanitation behaviours, reduces open defecation and contributes to overall improvements in health.

- **Waste management**

Good waste management is essential for maintaining a clean and healthy environment and to reduce mosquito breeding sites. Waste management strategies are implemented that promote safe disposal practices and removal of waste, in partnership with local stakeholders. Activities focus on raising awareness, training local health workers, and establishing waste collection and disposal systems.
5. Monitoring and Evaluation

Monitoring and evaluation enable MENTOR to assess the effectiveness of interventions, track progress towards programme goals, and make informed decisions to improve health outcomes.

We work closely with local health authorities and partners to develop and improve disease surveillance systems. These systems:

- Enable the timely detection, reporting and tracking of cases.
- Help monitor disease trends.
- Identify transmission ‘hotspots’.
- Evaluate the impact of interventions.

This support is crucial at the onset of emergencies where systems need to be quickly set up using simple tools. In post emergency settings sustainable surveillance systems help identify trends, predict outbreaks and support disease elimination efforts.

MENTOR carries out regular monitoring and impact surveys to assess the effectiveness of interventions and measure progress towards programme objectives. These surveys include quantitative and qualitative data collection to understand the full impact of activities.

Our expertise has developed to include rapid assessments, knowledge, attitudes and practice (KAP) surveys, parasitological surveys, systems focused assessments and coverage evaluation surveys.

We have also supported health authorities to develop, improve and assess health information systems. These systems collect, store, analyse and visualise data to guide decision making. Standardising data collection tools and protocols help improve data quality and comparisons across different locations and time periods.

6. Operational Research

Our operational research programme identifies strategies, evaluates programme outcomes and contributes to wider public health knowledge. Research focusses mainly on vector control, disease management, strengthening health systems and community engagement.

Operational research is used to explore and evaluate new and innovative tools to improve vector control. We assess the efficacy and feasibility of emerging vector control technologies, such as novel insecticide formulations and spatial repellents that target specific vector species.

By evaluating the performance of these tools in different settings, we aim to establish effective and sustainable approaches that reduce tropical diseases. We also contribute to improving knowledge on the effectiveness and feasibility of these tools in humanitarian contexts where tools are usually not tested.

The management of cases is crucial for improving health outcomes. Operational research evaluates and enhances case management practices for various diseases, including neglected tropical diseases and malaria. Our research studies assess the impact of different training and supervision practices, health care seeking behaviours and treatment protocols. Research findings inform evidence-based guidelines and protocols for healthcare providers, which leads to improved patient care and better health outcomes.

Community health workers play a vital role in delivering healthcare services and strengthening community engagement. Operational research helps us understand the factors that influence engagement with community health workers and acceptance within communities. By exploring the challenges and opportunities associated with community health worker programmes, we can develop strategies to improve their effectiveness and sustainability.

We also investigate how to improve recruitment, training, supervision and retention of health workers as key healthcare providers, leading to increased community trust and acceptance, and disease reduction.
Emergency disinfection kits being distributed to health facilities in Nigeria during the COVID-19 pandemic.

MENTOR mobile clinics provided emergency trauma care in Syria after the earthquakes.

Community health worker consultations in Mozambique.

7. Rapid onset emergencies

MENTOR responds immediately to meet the health needs of people affected by rapid onset emergencies, such as natural or man-made disasters. We prioritise the health needs of displaced people, who are most vulnerable to the challenges of accessing healthcare. Our fast and targeted interventions aim to control tropical diseases and mitigate the impact of emergencies on public health.

MENTOR delivers large-scale activities to control disease transmission in emergency situations. This includes vector control measures to prevent outbreaks of vector-borne diseases, such as malaria and dengue fever.

We also ensure clean water and sanitation facilities are available to reduce the risk of waterborne diseases. Rapid response networks are set up to address clinical needs, mobilising medical professionals, resources and expertise to provide timely and effective healthcare in affected areas.

The provision and distribution of medical supplies to remote and poorly serviced areas is integral to the emergency health response. It is critical that people have access to essential medicines, equipment, and supplies, particularly where healthcare infrastructure may be damaged or inaccessible.

By delivering these resources to the point of care, we help bridge the gap in healthcare delivery and support affected communities to recover and rebuild.

Recent examples of our emergency health response include the Sudan refugee crisis in South Sudan (2023), the earthquake in Syria (2023), the conflict in Ukraine (2022), the COVID-19 pandemic (2021), and cyclone Idai in Mozambique (2019).

In each of these situations, we mobilised our teams and resources to provide immediate medical assistance, disease control, and essential healthcare supplies to those in need.

These experiences have further strengthened our capacity to respond effectively to rapid onset emergencies and contribute to saving lives and reducing suffering.

The History of MENTOR

The MENTOR Initiative was founded by Richard Allan in 2002 with the mission to reduce death and suffering from tropical diseases in humanitarian crises. MENTOR has since grown to be an innovative and specialised organisation that provides technical and operational support to countries in need, focusing on controlling and preventing malaria, dengue fever, leishmaniasis, and other vector-borne and Neglected Tropical Diseases.

With experience in a variety of countries and contexts across Africa, Asia, the Americas, and the Middle East, MENTOR has developed a strong presence at the country level, offering crucial support and expertise in emergency settings. MENTOR collaborates with partner agencies to scale up life-saving interventions and provide capacity-building activities, programme planning, and implementation advice.

Since its beginning, MENTOR has expanded its reach to 18 countries from Angola to Yemen, helping to save millions of lives.
REDDUCING DEATHS AND SUFFERING FROM TROPICAL DISEASES

www.mentor-initiative.org

Contact:
4th Floor (South Suite)
Burns House, Harlands Road
RH16 1PG
United Kingdom

Email: info@mentor-initiative.org

A mass drug administration campaign in schools in Angola to prevent and treat Neglected Tropical Diseases