



REDUCING DEATHS AND SUFFERING
FROM TROPICAL DISEASES

The MENTOR Initiative
ANNUAL REPORT
2024

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Front cover photo: Larviciding in refugee camps in Maban County, South Sudan (credit: Achouth Deng)

Message from the CEO



As we reflect on 2024, a year marking 22 years of The MENTOR Initiative's unwavering commitment, I am filled with both pride and a profound sense of purpose. Over the past two decades, with the support of our dedicated partners, donors and team, we have reached and protected over 100 million people living in the world's most vulnerable settings. This milestone is a testament to the impact we have made together in saving countless lives from the threat of disease.

Over the past year, MENTOR has faced a growing number of crises caused by escalating global conflict, extreme weather, and an unprecedented number of people forcibly displaced. As we navigate these complex challenges, we have been guided by our mission to deliver critical disease control and healthcare activities.

These challenges demand innovative approaches to control infectious diseases, particularly those transmitted by vectors. Through our dedicated research and close collaboration with private sector partners, we are committed to supporting the design, piloting, and scale-up of innovative tools that are key to effectively controlling vector-borne diseases in humanitarian emergencies.

This past year also marked a significant transition



for our organisation. I stepped into the role of CEO, succeeding our founder, Richard Allan, who has transitioned to the Chair of the Board. I am grateful to Richard for his vision and leadership over the past two decades, and I am honoured to continue building upon his legacy, in close collaboration with him.

I would also like to express our immense gratitude to Paul Jobson, our former chair, for his invaluable guidance and service since 2011. His dedication has been instrumental in navigating The MENTOR Initiative through a period of growth and success.

We have continued to expand our reach in MENTOR's core areas of expertise:

- Responding to the humanitarian crisis in The Occupied Palestinian Territory with disease prevention and healthcare services, in partnership with organisations such as SC Johnson and Secours Islamique France.
- Responding to severe flooding in northern Nigeria by coordinating efforts to address the expected rise in mosquito populations and prevent outbreaks of cholera and other diarrhoeal infections.
- Administering over 10.5 million

treatments for onchocerciasis and lymphatic filariasis and protecting nearly 3.4 million people through integrated vector management.

I want to express my deepest gratitude to the entire MENTOR team across all the countries where we operate. Their dedication, resilience and expertise are the driving force of our organisation. Their commitment to serving people, often in the most challenging circumstances, is truly inspiring.

As we move forward, we remain dedicated to our mission to prevent disease and suffering. We recognise the increasing urgency and complexity of the challenges ahead and are committed to strengthening our partnerships, investing in innovative solutions, and expanding our reach to meet the growing need for humanitarian assistance.

Thank you for your continued support. Together, we can create a healthier, more resilient future for all.

Sergio Lopes
Chief Executive Officer

September 2025



Introduction

In 2024, The MENTOR Initiative marked 22 years of service to people living in the most fragile, vulnerable settings facing significant risk of diseases and suffering. Supported by our partners, donors, and a loyal, dedicated team we reached and protected over 100 million people over this period helping to save countless lives.

In our third decade, we are even more committed to serve by responding to the growing number of humanitarian crises. By May 2024, the number of people forcibly displaced had reached 120 million, the 12th consecutive annual rise in the global figures for forced displacement. (source: ECHO)

The need for humanitarian assistance has never been greater or more urgent and, last year, MENTOR made some changes to grow to meet these complex challenges. Founder Richard Allan OBE stepped down from the CEO role to become Chair of the Board and Sérgio Lopes, former Deputy Director, was appointed the new CEO.

Together Richard and Sergio work closely developing important high-level relationships and managing regulatory bodies, strengthening the organisation by complementing this future-oriented outlook underpinned by operational research with effective disease control and healthcare activities.



Developments in 2024

In June 2024, The MENTOR Initiative formed a partnership with a local organisation to support the provision of life-saving assistance to conflict-affected communities in Gaza through primary healthcare centres in Al Mawasi Khan Younes and Deir al-Balah.

This project was the beginning of a more extensive programme working with other partners such as SC Johnson and Secours Islamique France to support the humanitarian crisis in the Occupied Palestinian Territory with disease prevention and healthcare services that have become severely reduced.

A new partnership

Early in 2024, MENTOR began collaborating with the All-Party Parliamentary Group on Malaria and NTDs and Resilience Against Future Threats (RAFT) at the London School of Hygiene and Tropical Medicine to raise awareness of a growing public health crisis.

Factors such as increased displacement and extreme weather events have created the perfect conditions for disease-transmitting vectors to potentially spread in naive populations with low immunity. An initial roundtable discussion was planned in UK Parliament to address reaching

communities at most risk, and the critical need for resources. The general election announcement that year moved the event to June 2025.

Emergency response

In September 2024, heavy rain and structural damage caused the Alau Dam in Borno state to collapse, resulting in flash flooding in neighbouring Maiduguri and Jere. This led to the significant displacement of communities who were already impacted by a food and nutrition crisis, violence and insecurity.

Infrastructure such as bridges and roads, and access to essential services such as hospitals, schools and markets were affected by the floods. Large-scale evacuations saw many people relocated to overcrowded Internally Displaced Person camps, further straining already limited resources.

The MENTOR team based in Maiduguri were also forced to evacuate but managed to coordinate efforts to address the expected rise in the mosquito population from receding flood waters.

Rapid interventions were essential to protect those displaced by the flooding. Conditions in crowded camps and poor sanitation could also trigger outbreaks of cholera and other diarrhoeal infections. From previous responses to tsunamis,



floods and cyclones, without malaria prevention and access to rapid diagnosis and treatments death rates from malaria would rise in the coming weeks. Other major threats to health were pneumonia and diarrhoeal diseases such as cholera.

The MENTOR team worked to set up support for mobile clinics to screen for malaria and malnutrition, deliver immunisations, and antenatal services, as well as technical support for Gonidamgari primary healthcare centre.

Core programme areas

The following sections contain highlights from our core programme areas over the period October 2023 to September 2024. These are:

- Integrated Vector Management
- Healthcare Provision
- Neglected Tropical Diseases
- Water, Sanitation and Hygiene
- Operational Research

A year in brief

Programme highlights

up to September 2024

Indoor Residual Spraying



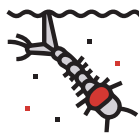
469,956

households sprayed

2,523,179

people protected

Larval Source Management



671,606

people protected

Spatial Repellents



31,918

spatial repellents distributed

76,029

people protected

Community Health



635,359

consultations carried out by
Community Health Workers



1,159

health facilities
supported



363,299

malaria cases diagnosed
and treated by Community
Health Workers



190,529

malaria cases diagnosed and
treated by supported health
facilities

Nutrition Management



7,678

malnutrition cases
diagnosed and treated



Mass Drug Administration campaigns

6,912,054

treatments provided for
onchocerciasis

739,271

treatments provided for
soil-transmitted helminths



1,615,531

treatments provided for
lymphatic filariasis

2,658,754

treatments provided for
schistosomiasis

Other Neglected Tropical Diseases



27,047

people treated for
leishmaniasis

Social and Behaviour Change Communications (SBCC)



2,473,254

People reached through SBCC activities
focused on water, sanitation, hygiene,
nutrition, and child and maternal health

Water, Sanitation and Hygiene



10,380

latrines / showers
rehabilitated



66,175

people benefiting from
new/rehabilitated boreholes



5,086

Water storage
items distributed



256,619

people reached
through tippy taps

A spray operative applying larvicide on stagnant water to kill the larvae of vectors that transmit diseases such as malaria. (credit: Achuothe Deng)



Integrated Vector Management

MENTOR's integrated vector management programme helps reduce morbidity and mortality of vector-borne diseases in humanitarian settings by controlling vector populations and preventing the spread of infectious diseases such as malaria, dengue, leishmaniasis and diarrhoeal diseases.

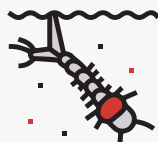


469,956

Indoor Residual Spraying
Nigeria, South Sudan
and Syria

2,523,179

people protected



**larval source
management**

Mozambique and Syria

671,606

people protected



43,500

long-lasting insecticide
treated nets distributed
South Sudan

75,329

people protected



31,918

spatial repellents
distributed
Nigeria

76,029

people protected



Spray operative carrying out an Indoor Residual Spraying campaign for displaced communities in Borno State, Nigeria.

This holistic approach combines complementary activities to address the most urgent needs as well as any restraints, ensuring life-saving impact in the most fragile, humanitarian settings.

Activities which include indoor residual spraying, larval source management and net distribution are delivered in partnership with ministries of health, local communities and donors and are guided by robust evaluation and research.

Since 2018, MENTOR has partnered with the private sector companies to evaluate new tools such as spatial repellents in emergency settings, focussing on specific vector species such as mosquitoes and sandflies. Trials in internal displacement camps and host communities in Syria, Yemen and Nigeria have shown these lightweight, highly portable spatial repellent units effectively reduce vector population and the diseases they transmit.

In 2025, we began the large-scale distribution of spatial repellents in South Sudan and Syria to reach communities that face significant risk of diseases due to conflict and displacement. These new campaigns follow the delivery of spatial repellents in Nigeria in 2024.

South Sudan

The humanitarian emergency in South Sudan continues to escalate with rapidly growing camps hosting refugees fleeing conflict in Sudan. Refugees

and returnees live in poor, overcrowded conditions and lack access to clean water, healthcare and vaccinations. Together with limited disease surveillance this has created ideal conditions for the rapid spread of diseases such as malaria, dengue and cholera.

Prior to April 2023, South Sudan was already home to 275,000 refugees, most of whom were from Sudan and had arrived over a decade ago. The ongoing crisis in Sudan has severely disrupted supply routes and oil exports, raising inflation and further weakening the economy.

In 2024, MENTOR supported the Ministry of Health to carry out the annual Indoor Residual Spray campaign in camps, settlements and host communities in Upper Nile and Unity States ahead of the rainy season. This programme was supported by The Bureau of Population, Refugees and Migration (PRM).

Over 59,000 households were sprayed by teams made up of local communities trained to spray inside homes and communicate with families about disease prevention. The spraying protected around 335,000 people from malaria and other vector-borne diseases. In the same year, 43,500 long-lasting insecticide treated nets were distributed, helping to protect over 75,000 refugees from Sudan.

Malaria is the leading cause of morbidity and mortality in South Sudan. Life-saving disease



prevention activities are paramount to create durable, long-lasting solutions for displaced and host communities in South Sudan.

Hamdan Osman Yusif (30) has lived in Doro camp in Maban County, Upper Nile State since 2012 and is originally from the Blue Nile region in Sudan. Hamdan lives with six members of his family including his wife, three sons and one daughter.

Speaking to MENTOR, he explained that malaria is a major burden for the refugees in Maban, and he had malaria frequently during his time in the camps. But he said it would have been much worse if there had been no malaria control activities:

"The disease control programme has impacted positively and continues to improve health in the camp, especially in terms of malaria and other vector-borne

disease. There are still challenges with getting healthcare. One day I took my child to the Primary Health Care Centre and the child was diagnosed positive for malaria. Unfortunately, there were no malaria drugs in the healthcare centre, hence this makes us insecure in the camp. But the presence of MENTOR preventing and controlling malaria in the camp gives us hope."

Speaking about indoor residual spraying, larviciding and fly control, he said: *"It is important and beneficial to the community of refugees in the camp, because malaria and diarrhoea cases decrease, and mosquito and fly populations are reduced."*



To watch the video about Integrated Vector Management, please visit our Youtube channel: <https://youtu.be/NuaJgRnJbJc>

Syria

In April 2024, MENTOR launched the annual indoor residual spraying (IRS) campaign in the Ar-Raqqa, Aleppo and Idlib governorates in northern Syria. The campaign aimed to reduce the risk of leishmaniasis infection by protecting people from sandfly bites. Over 325,000 households were sprayed, protecting around 1.7 million people.

This large-scale programme addressing the debilitating and often disfiguring neglected tropical disease also involved the recruitment and training of daily workers to carry out the campaign.

A further 49,927 people were protected through larval source management activities.

Information, Education, and Communication (IEC) activities took place across the three supported health facilities, formal and informal camps, and community facilities to improve awareness of vector-borne diseases and prevention activities.

The programme was supported by the Syria Cross-border Humanitarian Fund (United Nations OCHA), USAID - Bureau for Humanitarian Assistance and The Aid Fund for Northern Syria.



Asma'a Mahmoud is a MENTOR Field Prevention Officer in Afrin-Aleppo Governorate, Syria. Since the start of the indoor residual spray campaign in April 2024, she and the wider team focused activities on regions with the highest number of leishmaniasis cases, helping to protect communities and prevent this prolific neglected tropical disease.

Asma'a, who led a team of eight sprayers and assistants, said: *"In northern Syria, the large number of displaced people, a lack of health services and poor waste management contribute to the increased risk of leishmaniasis, which can leave life-long scars, cause disabilities or be fatal in the case of the visceral form of the disease."*

Through the large-scale spraying campaign and increasing the knowledge of the disease and how it is spread, we aim to control outbreaks that would place even more burden on services and cause much suffering."

Nigeria

The 2024 annual indoor residual spray campaign was delivered in communities affected by conflict and displacement in Monguno, Maiduguri and Jere in Borno State, addressing the high rates of malaria and the worsening health crisis in the region.

Over 84,000 households were sprayed helping to protect around 438,000 people from malaria and other vector-borne diseases. IRS provides additional benefits by also controlling fleas, mites and other nuisance insects that could otherwise infest temporary shelters and damage housing.

MENTOR has been collaborating with the National Malaria Elimination Programme and other partners since 2020 to deliver disease prevention and hygiene promotion campaigns in Nigeria, supported by

USAID's Bureau of Humanitarian Assistance.

In 2024, SC Johnson Guardian™ spatial repellent was distributed to over 32,900 homes, helping to protect around 76,000 people by offering an additional layer of protection against insect bites and disease transmission. This activity was part of a trial assessing the efficacy of a spatial repellent in a humanitarian context. The active ingredient of Guardian spatial repellent is transfluthrin which has been shown to protect households for up to one year.

Community members were trained and supported to install (hang) Guardian devices in households and deliver household-level IEC materials to reinforce key health messages, including proper adoption, usage, and maintenance of the devices.



Guardian™ spatial repellent being hung in a shelter in Nigeria

Entomological surveillance

Important discussions about entomological surveillance activities for the control of malaria and neglected tropical diseases took place in Benguela, **Angola** in April last year. Local health authorities and representatives from the National Malaria Control Programme and the National Neglected Tropical Disease Control Programme met as part of the Interprovincial Vector Control Technical Group for Benguela and Cuanza Sul Provinces.

The meeting provided a platform for malaria and NTD municipal focal points to share surveillance activity outcomes and integrated vector surveillance efforts. During the meeting, the Institute for the Control and Combat of Trypanosomiasis in Angola (ICCT) presented the steps for integrating surveillance for Human African Trypanosomiasis.

There is a critical need to strengthen entomology locally and decentralise activities where possible to effectively improve disease control and elimination:

“Entomological surveillance in Angola is gaining important momentum as local capacity is built and essential entomological monitoring procedures are driven by local authorities” - Arlete Troco, MENTOR Entomological Coordinator.

MENTOR also presented these activities at the RBM Vector Control Working Group sharing our experience supporting national malaria control programmes to build and sustain effective entomological surveillance systems.



The health worker team in the mobile clinic in Betoko refugee camp, Central African Republic

Healthcare Provision

MENTOR supports healthcare provision and medical supply chains in complex, humanitarian settings to ensure everyone has access to essential primary care, early diagnosis and treatment, and the correct information and knowledge to manage their own family's health.

Health services and facilities in areas affected by conflict or extreme weather are often inaccessible or severely limited, requiring flexible, community-led solutions to meet the needs of people living there.



1,635

community health workers trained
Angola, Central African Republic, Mozambique and Venezuela



362,299

malaria cases diagnosed and treated



635,359

consultations by community health workers
Angola, Central African Republic and Mozambique



7,678

malnutrition cases treated
Central African Republic: 7,297
Mozambique: 381



1,159

health facilities supported
Angola, Central African Republic,
Mozambique and Syria



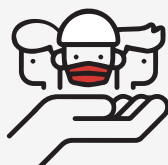
190,529

malaria cases diagnosed and
treated at health facilities
Central African Republic and Angola



1,742

community health workers
supported through supervision
Angola, Central African Republic,
Mozambique and Venezuela



938

health facility workers
supported through
supervision



674,504

consultations carried out in
supported health facilities
Angola, Central African
Republic and Syria

Our programmes support health facilities, community health worker networks and referral pathways to secondary or tertiary care in humanitarian settings such as northern **Mozambique, Syria, Venezuela** and **Central African Republic**.

Supporting health authorities with the training and supervision of community health workers ensures increased access to health services and information

and strengthened community engagement. Integrating community health services into wider, existing services enabled the timely referral of cases when treatment could not be provided at the community level.

MENTOR has also begun integrating nutrition management into programmes in **Mozambique** and **Central African Republic**, to reduce rates of malnutrition and increase knowledge about the importance of nutrition and infant feeding.

In northern Mozambique MENTOR, with UNICEF Mozambique support, worked with children and communities displaced by armed conflict that began in 2017 helping to strengthen the activities of health technicians and community health workers who screen, treat or refer malnourished children in the province.

MENTOR has also been closely working with some local community led organisations to support them to deliver essential life-saving interventions. For example, MENTOR's partner APDS - MOZ carried out important cookery demonstrations to raise awareness of good child nutrition practices with affected communities.

More than 48,000 children have been screened for malnutrition and more than 15,000 children received Vitamin A supplementation during the programme.



Addressing malnutrition in Mozambique through screening, treatment and increasing awareness of good nutrition practices



Research on the association between malnutrition and malaria

The association between malnutrition and malaria was highlighted in a paper* that was published in the BMC Medicine Journal in September 2024. It also explored the effect seasons have on the two diseases after analysing data from community health workers, Armed Conflict Location and Event Data, and The World Bank Group meteorological data for eight subprefectures in Central African Republic.

* Link to the paper: <https://rdcu.be/eDS0l>

"This analysis provides invaluable insight into the need for nutritional support funding to be geographically targeted to meet varying levels of support required, particularly given the current decreased funding for Central African Republic. Trained community health workers suitably equipped and supported for emergency contexts, offer real potential to integrate targeted nutritional support, together with essential diagnostic and treatment services for malaria and other life-threatening diseases where it is most needed." – Richard Allan, Lead Researcher.

Mobile brigades in Mozambique

In Mozambique, mobile health teams visited 20 communities in the Chiure District of Cabo Delgado to deliver essential healthcare to remote areas lacking health services and facilities. Most people living here have been displaced by conflict which also caused the destruction and reduction of health facilities. The two mobile brigade teams were responsible for addressing the gap in healthcare amongst isolated populations with a focus on maternal and child health.

Their priority was a vaccination programme for all children (including for tuberculosis, measles and diphtheria), screening and treatment of malnutrition in children aged from 6 to 59 months, and the diagnosis, treatment and referral of complicated cases.

MENTOR supported the mobile teams comprised of technicians specialising in preventive and general medicine, pharmacy, nutrition, maternal and child health, and mental health.

"The mobile brigades reached many people who would otherwise not have access to healthcare because they are too far away from health units. The mobile brigades increased the coverage of the health system, reducing the waiting time for vaccination and preventing the use of alternative and less recommended means of traditional treatment.

Before any intervention in the community, MENTOR and the mobile brigade's technical team meet with the head of the community to help sensitise the community to join the health programme, but also to help understand the community's greatest needs." - Abel Gastão, Preventive Medicine Officer, MENTOR mobile brigades programme.

The mobile brigades were supported by UNICEF Moçambique and the Central Emergency Response Fund (CERF) and complemented the malnutrition screening and treatment work that community health workers have been carrying out since July 2023.

Central African Republic

In Central African Republic women were trained as Female Focal Points to improve maternal care and address high rates of malnutrition in children. They supported their communities to access treatment and promote health and hygiene through information and education campaigns.

"I was recruited by MENTOR to encourage positive behaviour changes in my community and help improve people's health. Our training focused on malnutrition screening, maternal and child health and the promotion of infant and young child feeding. I can testify to changes in my community because we have



a much lower maternal and infant death rate after we highlighted the importance of going to the health centre quickly for treatment when people became ill.

"When we screened for malnutrition, most of the children who were ill turned out to be malnourished and were sent to the health centre for treatment. We made pregnant women aware of the importance of pregnancy monitoring by going to antenatal clinics at every appointment." - Imbeti Claudine, a female focal point in Beboy village near Paoua.

With the nearest health centre over two-hours walk away, Female Focal Points like Imbeti are improving access to healthcare in the community and helping to save lives.

In the Paoua Health District, community health workers have received regular training since 2016 supported by UK aid, to reinforce their skills and build knowledge to serve communities that have limited access health services. Positive post-training evaluations show the learning is effective and supports community health workers to meet the health needs of the communities they serve.

Training in childhood illness, infant feeding and other family practices is an opportunity to mobilise around nutrition activities, so teams can apply this knowledge to make a real difference.

"In the complexities of public health, community health workers emerge as crucial pillars of change. At MENTOR we have

committed to the training and supervision of these quiet heroes for their fundamental role strengthening health services and improving the health of communities.

"By investing in training and supervision, we are also working to reduce health inequities and make a real difference in the lives of community members. It is an investment in the future, a commitment to the health and wellbeing of all. Community health is not just about medicines and treatments; It's about knowledge, support and solidarity." – Joana Sá, MENTOR Programme Manager.

Malnutrition prevention activities were also launched in Alindao in August 2024. After initial training in support health facilities, 25 community relays were each given a bicycle to help them pass on information, improve screening, refer cases and raise awareness of common diseases such as malaria, respiratory infections, diarrhoea and malnutrition. The mayor of the commune of Alindao urged them to work to reduce the effects of malnutrition among children, to better protect their families and ensure a brighter future for everyone.

Mobile healthcare in refugee camp

The Betoko refugee camp in Paoua, **Central African Republic** hosts around 3,200 people who have fled violence in Chad. Some families have been here for over a year, and the camp keeps growing. With its 10,000 residents, Betoko village already faces severe



A mobile clinic in Betoko refugee camp in Paoua

healthcare shortages due to a lack of qualified staff and medical supplies. The increasing number of displaced people has strained the limited resources further, making it difficult for both local people and refugees to access healthcare.

In 2024, MENTOR ran monthly mobile clinics, bringing medical supplies and personnel to the camp offering a triage service, consultations, and treatment for those who presented with fever. The long lines at these clinics highlighted their critical role as the only healthcare service available in the community.

"The support provided by MENTOR with UK aid funding has greatly improved the health of the population regarding malaria and respiratory infections. Thanks to this assistance, the mortality rates related to malaria have been reduced considerably in this region. With 60 Community Health Workers in 60 villages and 5 supported health facilities, MENTOR provided a considerable response to the population of this municipality.

"But there are still difficulties accessing primary healthcare in other health facilities in the region. The population has also received several thousands of asylum seekers that add to the needs that existed. We acknowledge the importance of the mobile clinics that provide care to those who would otherwise not have access to it." - Mayor of Paoua, Jean Louis Goumekoyen.

Syria

In North-West Syria, the project to enhance healthcare delivery in Aleppo and Idlib governorates made significant progress in 2024, reaching communities displaced by long-term conflict in the region.

Integral to the programme was the training of 123 health workers, including physicians, nurses, midwives, medical technicians, and pharmacists which covered leishmaniasis case management, prevention strategies, and the latest treatment protocols set by the World Health Organization (WHO). It also included crucial pharmaceutical management techniques to ensure the proper handling of medicines such as Glucantime, the primary treatment for leishmaniasis.

"MENTOR's training programme is key to ensure the long-term sustainability of health services and move towards a locally led approach. As trained health workers take over the full management of leishmaniasis cases in their respective health facilities MENTOR's role will be to provide only technical support and oversight as needed. With the prevalence of leishmaniasis in northern Syria remaining high, supporting local health professionals represents major progress to effectively manage the disease." - Mohamad Agha Alkalaa, MENTOR Programme Director, Middle East.

A project supported by the Syria Humanitarian Fund (SHF).



A mass drug administration campaign takes place in a school in Angola (credit: bmworkz)

Neglected Tropical Diseases

The World Health Organization estimates the number of people requiring interventions (both preventive and curative) for neglected tropical diseases (NTDs) is 1.495 billion, which has devastating health, social and economic consequences. The epidemiology of NTDs is complex and often related to environmental and social conditions.



27,047

people treated for
leishmaniasis

Angola

6,912,054

treatments provided for
onchocerciasis

Angola: 3,115,984
South Sudan: 3,796,070

1,615,531

treatments provided for
lymphatic filariasis

Angola: 961,953
South Sudan: 653,578

11,900

rapid diagnostic tests for
**Human African
Trypanosomiasis**

739,271

treatments provided for
**soil-transmitted
helminths**

Angola: 699,137 / CAR: 40,134

2,658,754

treatments provided for
schistosomiasis

Angola



Talking about NTDs and mass drug administration campaigns to school children in Angola (credit: bmworkz)

Major changes to weather and population movement means an even bigger challenge addressing this diverse group of diseases in ongoing and emerging public health crises.

MENTOR's NTD programme focuses on integrating activities such as mass drug administration campaigns, hygiene promotion, and intensified disease management in countries such as **Angola, South Sudan, Venezuela and Syria.**

In 2024, we supported health authorities to deliver over 11.9 million treatments through mass drug administration campaigns in **Angola and South Sudan** for onchocerciasis, lymphatic filariasis, schistosomiasis and soil-transmitted helminths. Many of these campaigns were delivered in harsh, insecure and inaccessible settings due to conflict, flooding and poor infrastructure.

In **Syria**, where leishmaniasis is endemic, training programmes for local health service providers to improve the management and treatment of leishmaniasis took place in northern Aleppo to strengthen the response to this debilitating neglected tropical disease. The number of people treated for leishmaniasis through intensified disease management totalled 27,047 over the year. Consultations at supported health facilities reached 348,705 people.

Angola

In Angola, community-based mass drug administrations in partnership with the Ministry of Health and The END Fund has made a significant contribution to the burden of neglected tropical diseases such as onchocerciasis (also known as river blindness), schistosomiasis, lymphatic filariasis and soil-transmitted helminths.

Since 2012, MENTOR has supported the ministry to prevent and treat NTDs in the communities where they have a serious impact on health and development. Infections can lead to stomach pains, malnutrition, and anaemia, as well as school absenteeism when children are affected.

In 2024, we supported campaigns in nine provinces delivering around 6.8 million treatments in schools and the community. Trained community teams administered over:

- 1 million treatments for lymphatic filariasis
- 2.6 million treatments for onchocerciasis
- 2.3 million treatments for schistosomiasis
- 800,000 treatments for soil-transmitted helminths

This programme expanded over the years and 2024 marked a record high in the number of treatments and people reached. This ambitious strategy is in

line with country efforts to meet elimination targets set by WHO to 2030. Despite this remarkable scale up, the country covers a wide expanse, and large areas remain unmapped and untargeted for one or more debilitating NTD. It is urgent to scale up interventions to the whole country to ensure national and international targets are met

NTDs carry a high social burden for people and disproportionately affect those most vulnerable to disease and poverty. For example, onchocerciasis can make people go blind, schistosomiasis can lead to infertility and cancer and some like lymphatic filariasis cause disability and stigmatisation.

NNN conference 2024, Kuala Lumpur

Xavier Badia, MENTOR Programme Manager and Chair of the NNN Conflict and Humanitarian Emergencies Working Group presented the work led by the Ministry of Health Angola on the digital transition process developing a mass drug administration campaign data repository compatible with the country's health information system (HIS).

Robust health information systems are key to ensure data on neglected tropical diseases is properly gathered, analysed and transformed into information that can guide accurate and efficient decision making. The presentation highlighted the consultative and collaborative process that the Ministry of Health, MENTOR and SAUDIGITUS embarked on four years ago with the support of The END Fund to improve the management, visualisation and use of NTD intervention data across Angola.

This work has resulted in getting reliable data more quickly, influencing decision making and improving the effectiveness and coverage of mass drug administrations. The development of the DHIS2 based system aligns with Angola's health priorities and tools ensuring all data from national programmes is managed through the same platform.

The work started in 2021 and included the compilation of historical data. In 2023, data from all MDA campaigns addressing lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminths was entered into the newly developed platform ensuring it is all stored in a single MoH owned system allowing for comparative analysis.

South Sudan

In South Sudan mass drug administration campaigns addressing the high rates of onchocerciasis (river blindness) and lymphatic filariasis were delivered, reaching around 1.7 million people at risk of two of

the most harmful neglected tropical diseases.

The campaigns in 2024 expanded into five new counties following the successes achieved in seven counties in 2023, which reached some of country's most inaccessible areas:

- 3,796,070 treatments were administered for onchocerciasis
- 653,578 treatments were administered for lymphatic filariasis

The campaigns took place in Pibor, Pochalla, and Akobo in Jonglei State; Maiwut, Longochuk, Nasir and Maban in Upper Nile State; Raja, Wau, and Jur River in Western Bahr el Ghazal; and Aweil Centre and Aweil South in Northern Bahr el Ghazal. These activities are central to scale up the efforts made by the Ministry of Health to eliminate onchocerciasis and lymphatic filariasis by 2030.

Venezuela

The dengue crisis continues to grow at an alarming rate in Latin America and the Caribbean – 8.4 million cases were reported in this region last year. (UN) The risk of dengue is especially high for people in urban areas who live near the breeding sites of the Aedes mosquito, which are typically domestic water containers, plant holders and old tyres.

It is in these settings in five states of Venezuela that MENTOR worked in 2024 to raise awareness of the disease, improve diagnostics and reinforce hygiene and WASH practices through community-based projects.

Activities included:

- Training health professionals in disease case management. 500 cases of dengue were diagnosed through supported community health workers.
- Hygiene promotion through information, education and communication activities reached 73,759 people.
- Improvements to water and sanitation.
- The distribution of 4,556 water storage items (lids and water containers).

In Venezuela, 7.6 million people need humanitarian assistance because of the political and economic crisis in the country (UN, Dec 2023), which has led to mass displacement to neighbouring countries. Those that remain face violence, soaring inflation, a shortage of food and reduced health services.

Community-based vector control focusing on water, sanitation and hygiene activities is key to protecting people from dengue and helping to reduce its spread and the suffering it causes.



Water, Sanitation and Hygiene

Diseases spread by unsafe, contaminated water, poor sanitation, and a lack of hygiene and waste management are being addressed through programmes in **Mozambique, Venezuela, South Sudan, Nigeria, Syria** and **Central African Republic**.



66,175

people benefiting from
new/rehabilitated boreholes

Mozambique: 20,614
South Sudan: 45,561



10,380

latrines / showers
rehabilitated

Central African Republic,
Mozambique and
South Sudan



27,056

Tippy taps (newly built
or distributed)

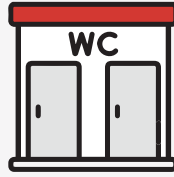
Angola and
South Sudan



5,086

Water storage
items distributed

lids and water containers



26,997

People benefitting from
new/rehabilitated latrines

Mozambique: 20,250
South Sudan: 6,747



256,619

People reached through
tippy taps

In **Mozambique**, the second phase of a programme to increase access to safe, quality, and inclusive education and protection services for children affected by conflict begun in late 2024 in Cabo Delgado Province.

MENTOR supported the rehabilitation of boreholes and latrines and built water stations to improve access to water and hygiene in schools severely affected by armed conflict and that have many displaced children. These activities were delivered as part of a consortium led by Save the Children International in partnership with Humanitarian and Inclusion and Associação Progresso, supported by European Civil Protection and Humanitarian Aid Operations (ECHO).

The first field visits, presentation meetings and assessments with local partners took place in the districts of Nangade, Mocimboa da Praia and Meluco with district education, health, infrastructure and local administrator directorates. At the end of the programme 83,700 children could access improved education services, including improved water and sanitation in their school.

The first phase of the Safe and Inclusive Learning (SAIL) project took place from June 2022 to May 2024, and reached 97,792 children from 5 to 17 years old.

Communities in Cabo Delgado continued to suffer violent attacks from organised armed groups and after an increase of events in February 2024, many people fled to the main towns such as Chiúre. More than 75,000 people have been displaced in resettlement camps or host communities since the renewed conflict. In overcrowded camps, health facilities and water and sanitation systems are limited or non-existent, increasing the risk of transmission of diarrhoeal and vector-borne diseases.

Supported by UNICEF, MENTOR responded to this emergency in several districts of southern Cabo

Delgado and northern Nampula by focusing on preventing disease transmission, supporting the health authorities with emergency activities such as distributing water with tanker trucks, repairing water sources and boreholes, and building and maintaining emergency latrines.

MENTOR's programme supported the:

- Distribution of more than 300,000 litres of water.
- Sharing of information on disease prevention with over 28,000 people.
- Distribution of around 18,000 bottles of chlorine.
- Distribution of more than 4,500 bars of soap.
- Training of 100 community actors in community prevention.

Cholera

Cholera continues to be a public health problem in **Mozambique** with over 16,500 cases diagnosed between October 2023 and July 2024. It is an epidemic in the northern provinces, including Cabo Delgado and Nampula, with 2,431 and 5,658 cases diagnosed respectively during the same period.

The situation worsens during the rainy season and in areas with a lack of water and sanitation, particularly in internally displaced person camps in Cabo Delgado. MENTOR, in collaboration with MSF and the Provincial Health Directorate of Nampula and supported by UNICEF, trained 70 health technicians from 17 health units ahead of the rainy season to prepare for the emergence and prevention of new outbreaks.

The health technicians belong to units that are part of the Cholera Treatment Centres and were trained to handle the treatment and follow-up



A new water station installed under the SAIL programme, Mozambique

AAA

of cases in coordination with the Case Area Targeted Intervention (CATI) teams in the affected communities.

This intervention helped to equip health teams with the technical capabilities to respond effectively to any cholera cases that arose. A rapid and effective response, including case treatment, is critical to prevent fatalities.

MENTOR has been part of the emergency response task force for cholera outbreaks in Cabo Delgado and Nampula provinces to strengthen the response in various areas since January 2024. This has involved coordinating with all partners, case management, epidemiological surveillance, water and sanitation distribution, education, communication and information, community engagement, and logistics.

Venezuela

A chronic water supply deficit due to the lack of local sources and an arid climate is severely impacting communities, particularly children and adolescents in the public education system, in Nueva Esparta State. It's estimated that 82% of the population had restricted access to water, significantly higher than the national average of 69%.

Reflecting this regional trend, none of the 195 schools in the state provides safe drinking water or adequate sanitation facilities for teachers and students. This can cause common diseases such as diarrhoea and helminth infections among students, contributing to school absenteeism. To help address this growing crisis, MENTOR launched the "Margagüita, Water as a Source of Life" project in five educational institutions in Arismendi, Mariño,



Repairing a water pump that was damaged by flooding in an IDP camp in Bocaranga, Central African Republic

and Península de Macanao municipalities in July 2024, supported by COSUDE (Swiss Development Cooperation)

This project helped enhance water, sanitation and hygiene by installing water filtration systems, repairing sanitary infrastructure with dedicated areas for menstrual hygiene, and developing a training programmes for the education community, including students, parents, teachers, and school staff. The goal was to reduce water-borne diseases, decrease school absenteeism, and promote a healthier environment for learning.

Central African Republic

Besides planned WASH activities, MENTOR also responds to emergencies that if not dealt with can lead to serious risks of diseases and suffering. We repaired five water pumping stations in Internally Displaced Person camps around Bocaranga, following flooding in the area in August 2024 which made the pumps unusable. The work was

supported by emergency funding from UK aid.

Community-based sanitation and hygiene improvements

Activities designed to encourage communities to analyse and lead on solutions that improve sanitation and reduce the risk of diarrhoeal diseases also took place in three villages in the Paoua Health District, **Central African Republic**.

A process called 'Triggering' is part of the Community-Led Total Sanitation approach that MENTOR supports to end open defecation and the cycle of faecal-oral contamination. This project aimed to address the diseases related to water, hygiene and sanitation that are prevalent in communities affected by the protracted conflict in the country and high rates of mortality and morbidity.

This project was supported by UK aid.

"The pump had been out of order since the heavy rains almost two months ago. There are no spare parts, and the pump is used non-stop every day because we only have one pump in our neighbourhood and the population has increased with more people coming from other areas to find safety. The population is very happy with the work done. For two months we had no access to drinking water and had to go to another district to draw water. This created a lot of tension with the locals, and it was not safe. Some of us ended up walking to Marigot 10km away to fetch water." - Madéleine Yapounda, from the community of Farawine.



Nigeria

In 2024, MENTOR successfully integrated vector control with water, sanitation, and hygiene interventions to support communities in Monguno, Maiduguri, and Jere Local Government Areas of Borno State. The primary objective of these interventions was to provide conflict- and disaster-affected populations with access to life-saving disease prevention and health services. This was achieved through targeted community-wide vector control and hygiene promotion activities, aiming to reduce morbidity and mortality rates.

Trained community educators delivered hygiene promotion messages to households to improve community awareness of the increased risk of diarrhoeal disease transmission, promotion of hand washing with soap, adopting positive practices, safe water storage, waste management, use of toilets, and prevention of malaria and other vector-borne diseases. These activities reached just over 512,000 people.

Well-designed pictorial and coloured information, education and communication flyers, posters, and banners were distributed in Internally Displaced Person camps and host communities. The materials included key information on malaria prevention, prevention of open defecations, adopting proper hygiene practices, and proper storage of water, including care and cleaning of household water containers.



A community clean-up day in Venezuela



Operational Research

Between 2023 and 2024, a key trial assessing spatial repellents was carried out in Borno State, **Nigeria**, which followed on from earlier trials in **Yemen** and **Syria**. Evaluating the use of new tools to add to the range of interventions that address different vectors and settings is critical for efficient disease control.



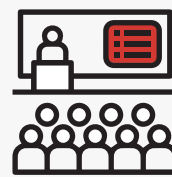
6

ongoing studies



3

research papers published



5

presentations at international conferences



MENTOR is committed to working with private sector, academic and health authorities to research potential new tools in complex, vulnerable settings with large numbers of displaced people.

In the same period, a trial evaluating two vector control tools was approved and initial planning began in Internally Displaced Person camps in Maiduguri, **Nigeria**. The eventual results of these tools are invaluable because of a lack of previous trials in similar, fragile settings. They have the potential to change the traditional approach to vector control to meet the growing complexities of the environment on vector behaviour.

Spatial repellents

The study testing an innovative spatial repellent on multiple disease vectors by monitoring children for malaria in Borno State, Nigeria was completed last year, and results are being compiled for publication. Just over 1,500 children were tested monthly for malaria to measure the effectiveness of Mesh spatial repellent on preventing mosquitoes and other flying insects entering households. Mesh, known commercially as Guardian™, is the second-generation spatial repellent manufactured by SC Johnson. The study was a partnership between MENTOR, University of Maiduguri and Liverpool School of Tropical Medicine.

The seven-month entomological and epidemiological study took place in 24 Internally Displaced Person (IDP) camps in Maiduguri. Early indications and other studies have shown the tool successfully reduces Anopheles mosquitoes, which transmit malaria. The units also repel other insects, are lightweight and easy to distribute, and have high acceptance amongst the communities that use them. These positive results have led to the mass distribution of spatial repellents in South Sudan and Syria in 2025 helping to protect people from disease-transmitting vectors in fragile, complex settings.

New study in Nigeria

Planning and baseline studies for a new field evaluation trial in Internally Displaced Person camps in Borno State began last year, to evaluate the effectiveness of two vector control products on the *Aedes* mosquito which transmits diseases such as dengue, chikungunya and yellow fever. Communities living in camps in northeast Nigeria face a high risk from these diseases because of the proliferation of *Aedes* species which have different behaviours to malaria-transmitting *Anopheles* mosquitoes.

Aedes lay their eggs in water that has collected in buckets, water tanks, old tires and other storage and waste containers, and mainly bite during daylight hours, both outdoors and indoors. To effectively address the threat of this vector in the harsh camp environment, MENTOR is studying the impact of Sumilarv™ 2MR which is designed to disrupt the breeding cycle in water containers. Concurrently, Attractive toxic sugar bait (ATSB®) stations designed to kill both male and female mosquitoes were also tested to assess the added benefit of using multiple tools against different vectors.

In the first month, the field team were trained on the research objectives, study design and operating procedures, before moving onto baseline entomological activities. ATBS stations and Sumilarv discs were then distributed among the camps in the study group. Results from this study will be published in due course.

Only by innovating and adding new control tools to existing one's will we be able to reduce the *Aedes* mosquito population and protect people from harmful and potentially fatal diseases.

Filth fly study in South Sudan

MENTOR's proposal for a three-year study on reducing filth flies in refugee camps in South Sudan was approved in 2024. Preparations began for the

trial which will start in the last quarter of 2025 in partnership with a research team from The University of Nevada. The trial is evaluating the effect of two interventions – insecticidal paint and larvicide – on the rates of diarrhoeal diseases transmitted by filth flies.

American Society of Tropical Medicine and Hygiene

A team from MENTOR presented on a range of topics at ASTMH in 2024 including projects supporting Angola's aim to achieve sustainable entomological surveillance systems tailored to elimination and control settings. MENTOR has been supporting the Angola National Malaria Control Program since 2017 aiming to help strengthen the epidemiological and entomological surveillance capacity in southern Angola and support regional malaria elimination efforts.

We have also been coordinating with an E8 fellowship to ensure research activities are integrated into surveillance for elimination in the south. These learnings were presented in a poster session and a 'lightning' talk at the annual meeting. They highlighted the gains in promoting programmatic implementation and the increments achieved through the effective coordination of multiple programmes.

An oral presentation covered the associations between conflict, malaria and malnutrition in communities affected by conflict in Central African Republic, where a protracted crisis has led to approximately 2.3 million people requiring humanitarian assistance (UN OCHA). An article about this study was published in the BMC Medicine Journal, which can be read here: <https://rdcu.be/eDnK3>.

We also presented an epidemiological and clinical data analysis on cutaneous leishmaniasis collected by mobile clinics MENTOR supported in northern



Syria, which demonstrated the need for proximity healthcare in communities severely affected by 12 years of conflict.

Neglected Tropical Disease NGO Network conference

MENTOR attended the Neglected Tropical Disease NGO Network (NNN) conference in Malaysia which focussed on Collaboration for Change: Fostering Global Equity and Strengthening Community Engagement in NTDs. Xavier Badia, MENTOR Programme Manager presented on behalf of the Conflict and Humanitarian Emergency Working Group detailing our work supporting Angola and South Sudan administering large-scale campaigns addressing the most prevalent NTDs.

In 2023, we supported the delivery of over 6.3 million treatments for onchocerciasis, lymphatic filariasis (both countries), schistosomiasis and soil-transmitted helminths (Angola) in communities

affected by conflict, displacement, poor sanitation, and reduced access to health services. The presentation also included our programmes with communities and health authorities in Central African Republic, Venezuela and Syria to control NTDs such as leishmaniasis, dengue and Human African trypanosomiasis, also known as sleeping sickness.

Since then, Xavier has been appointed Chair of the NNN Conflict and Humanitarian Emergencies Working Group, responsible for steering and facilitating meetings that foster engagement, develop best practice and promote operational research and collaboration. He works with all members of the working group who are from different organisations and NGOs working towards the elimination and control of NTDs, as well as with the NNN Executive Committee.

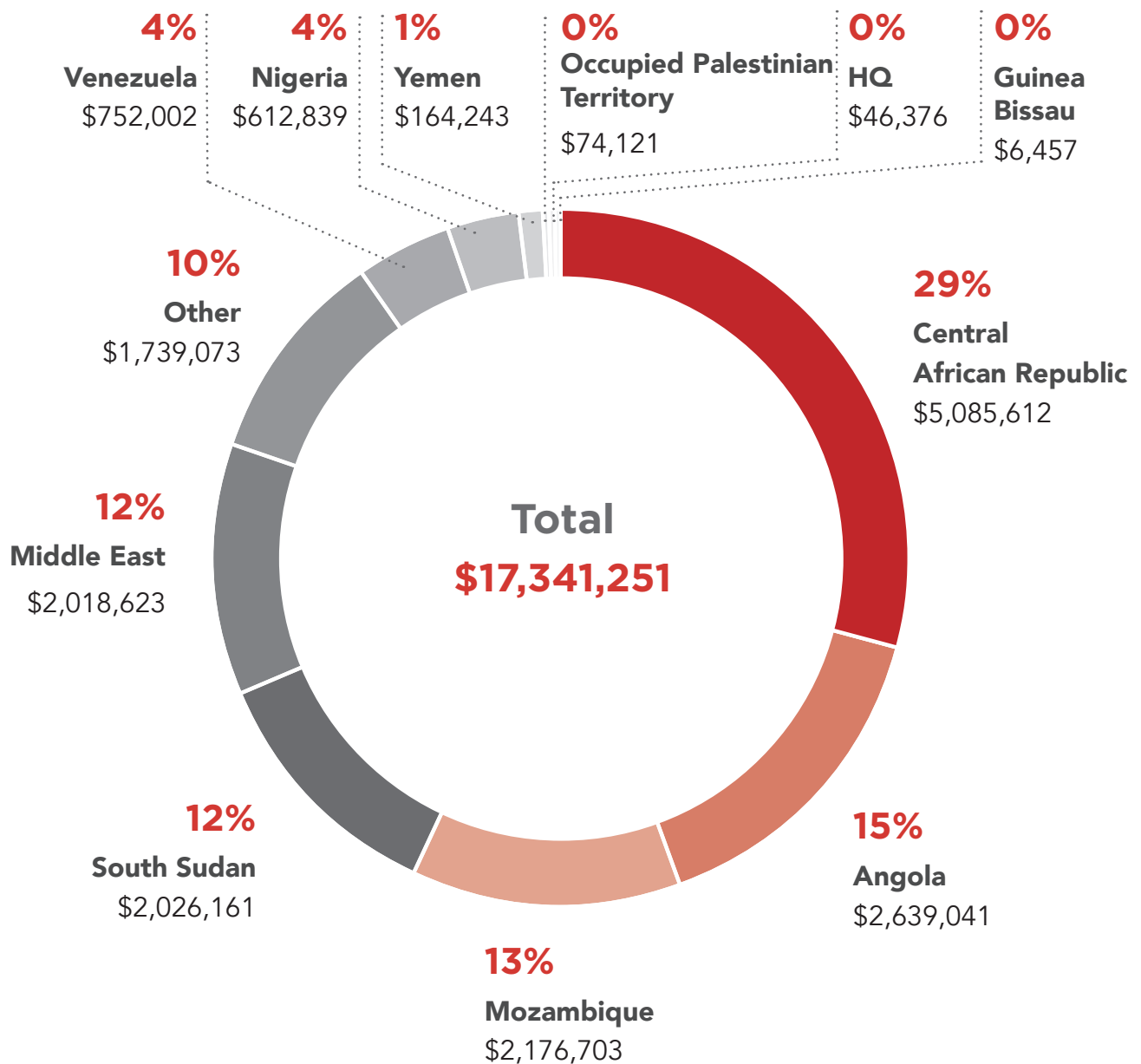


Collecting mosquito samples from camps in Maiduguri to identify different species

Financial Report

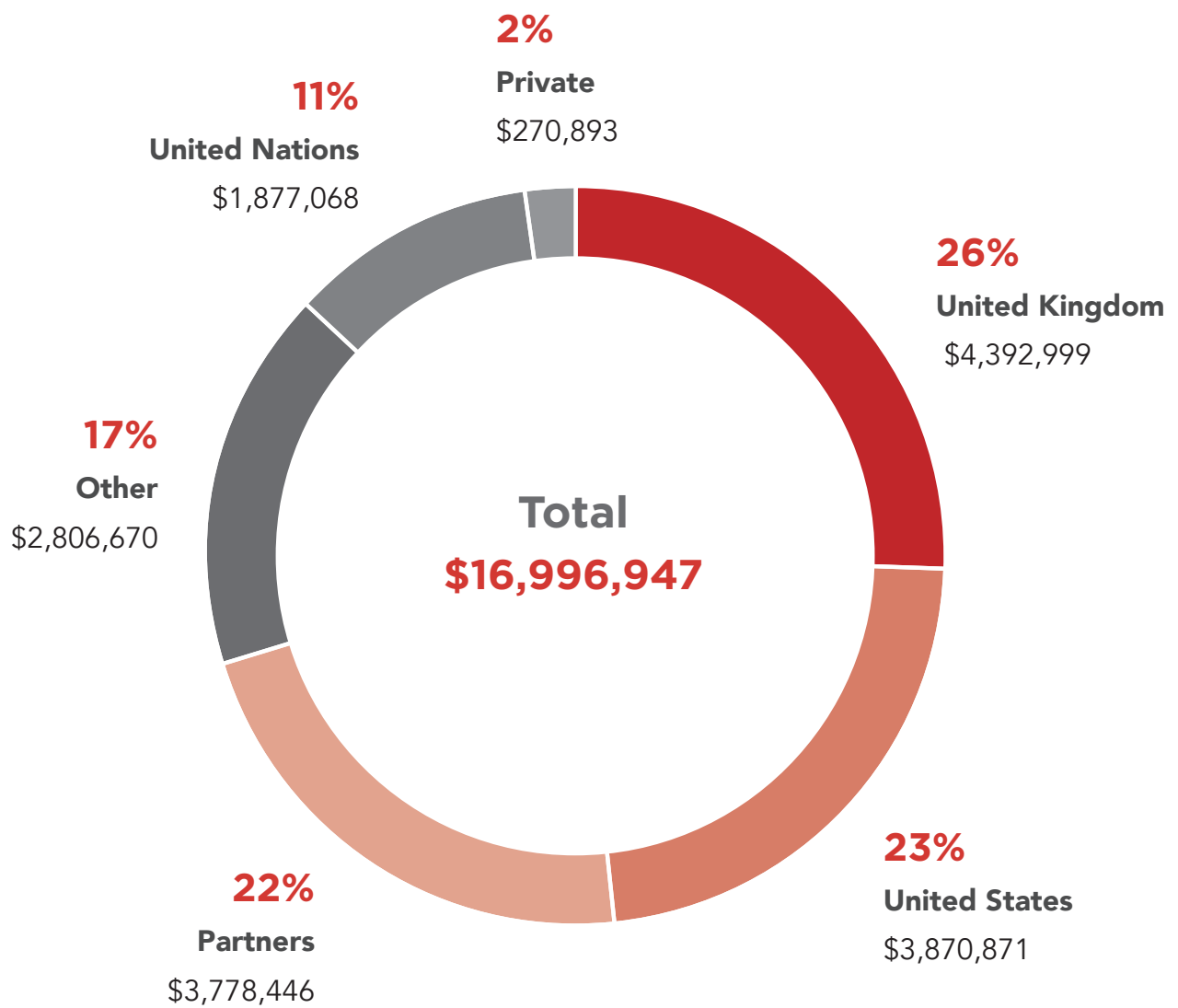
For year ending 30 September 2024

Expenditure (USD)





Income (USD)





Donors and Partners

Thank you to all our donors, partners and others who have contributed to our programmes in 2024, including:

Aid Fund for Northern Syria (AFNS)

European Commission's Humanitarian Aid Office (ECHO)

Global Fund to fight AIDS, Tuberculosis and Malaria

Grand Challenges Canada

Swiss Cooperation for Development (Venezuela)

Syria Cross-border Humanitarian Fund

The END Fund

The UK Government – Foreign, Commonwealth, and Development Office (FCDO)

The United States Department of State – Bureau of Population, Refugee and Migration (BPRM)

United Nations Children's Fund (UNICEF)

United Nations Foundation (UNF)

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

USAID's Bureau for Humanitarian Assistance (BHA)

USDA

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Population Services International (PSI)
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Project Hope
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World Health Organization (WHO)
World Vision

Private sector partners

SC Johnson
Sumitomo Chemical
Vector Global Solutions
Vestergaard
BASF



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