REDUCING DEATHS AND SUFFERING FROM TROPICAL DISEASES

The MENTOR Initiative

ANNUAL REPORT 2025

Contents

Front cover photo: MENTOR supporting an integrated vector management campaign in refugee camps in Maban County, South Sudan

Message from the CEO

Unprecedented changes in the global health and humanitarian landscape made 2025 one of the most challenging years for organisations such as The MENTOR Initiative. Significant reductions in funding availability impacted our ability to respond to some of the most acute humanitarian crises and had wide-ranging repercussions on disease control and healthcare.

As an organisation created to serve in the most vulnerable settings, we focused on ensuring high quality life-saving programmes were delivered and continuously adapted so that our activities were not disrupted. Despite these efforts, some of our programmes were abruptly terminated, leaving gaps in interventions for some of the most vulnerable populations in the world.

These changes came at a time when conflict, severe weather events and displacement are at record levels. In 2025, UNHCR estimated 117 million forcibly displaced people worldwide, most of them living in areas where vector-borne diseases are endemic and health systems are unable to meet demand. A report from the Internal Displacement Monitoring Centre (IDMC) showed that by the end of 2025 there were 32.3m people internally displaced by conflict alone, and the total number of internal displacements was 62.2m.

After years of progress, we are also seeing a worrying slowdown in the fight against malaria, driven by insecticide resistance, changes in mosquito behaviour, and a global trend of reduced investment in prevention. Reduced investment in surveillance adds to this, as it risks masking the true scale of the problem. Together, these factors create conditions where disease can spread faster than our ability to respond, at a cost far greater than prevention would have required.

It is in this context that MENTOR's work remains as relevant as ever. And despite a difficult year, there is reason for hope. New vector control tools have recently been recommended for use, expanding what we can do to protect people from disease. MENTOR has been at the forefront of testing and rolling out tools that are simple to use, quick to deploy, and well suited to emergency settings.

Through all of this, MENTOR managed to keep its programmes running across 10 countries, protecting more than 1.5 million people from vector-borne diseases. None of this would have been possible without the strong relationships we have built with communities and local authorities over the years. We have also continued to invest in partnering with local organisations in Syria, Mozambique and South Sudan to ensure that disease control expertise stays where it is most needed.

I am deeply proud of the MENTOR team, who continue to deliver at scale in some of the hardest places in the world. In 2025, our teams supported the delivery of more than 6.4 million treatments for diseases such as schistosomiasis, soil-transmitted helminths, onchocerciasis and lymphatic filariasis in remote and insecure areas of South Sudan and Angola, contributing to global elimination efforts.

This report captures some of what we achieved in 2025. But behind every number is a community we serve, and that is what keeps us going. The past year taught us how to do more with less and how to keep moving through serious disruptions. We will carry those lessons forward as we continue to reach as many people as possible with interventions that save lives and reduce suffering.

Sergio Lopes
Chief Executive Officer

May 2026

Introduction

The MENTOR Initiative ('MENTOR') programmes are broadly organised into five main areas:

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

This report provides details of our programmes in Angola, Burkina Faso, Central African Republic, Colombia, Gaza, Mozambique, Nigeria, South Sudan, Syria and Venezuela.

2025 in brief

Integrated Vector Management

MENTOR supported the delivery of more than **25,000 long-lasting insecticidal nets**, with the potential to protect nearly half a million people living in conflict-affected settings. Indoor residual spraying operations provided protection against malaria, cutaneous leishmaniasis, and other vector-borne diseases to **over 860,000 people** across multiple countries. We also supported the scale-up of spatial emanators across three country programmes, protecting households with this innovative tool while contributing to evidence generation and decision-making at both country and global levels.

Healthcare Services

Through supporting health programmes at the community and health facility level, **more than 90,000 people had health consultations**, and **over 30,000 children were screened for malnutrition**, often in hard-to-reach and insecure environments where access to basic healthcare remains limited.

Neglected Tropical Diseases

Despite operational constraints, MENTOR delivered **over 1.9 million treatments** for schistosomiasis and soil-transmitted helminths and **over 4.4 million treatments** for onchocerciasis and lymphatic filariasis, sustaining disease control efforts in some of the most underserved communities.

Water, Sanitation and Hygiene

WASH interventions reached **more than 58,000 people** with critical hygiene promotion and cholera prevention messages, while infrastructure support included the **rehabilitation of 75 boreholes,** the **construction of 51 latrines**. Waste management campaigns with communities reached around **107,000 people**.

Operational Research

MENTOR continued to contribute to global learning and innovation through **presentations at key scientific forums**, including ASTMH and NNN, and through the **publication of research** that strengthens the evidence base for vector control and disease prevention.

Highlights in 2025

1 Angola

3,068,896
treatments for schistosomiasis, onchocerciasis, lymphatic filariasis and soil-transmitted helminthiasis

2 Central African Republic

25,151
long-lasting insecticidal nets distributed

34,016
children supported for malnutrition

3 Gaza

1,814,000 kgs
waste removed

2 million litres
safe drinking water delivered

4 Mozambique

40,745
health consultations in supported health facilities

40,807
consultations by supported community health workers

5 Nigeria

58,192
People reached through hygiene promotion activities

8,000
spatial emanators distributed, protecting **20,473 people**

6 South Sudan

3,342,277
treatments for onchocerciasis and lymphatic filariasis

28,585
households sprayed protecting **210,300 people**

7 Syria

8,935
people treated for leishmaniasis

111,426
households sprayed protecting **613,177 people**

8 Venezuela

70
boreholes rehabilitated

106,939
people reached through waste management

Programme highlights

up to September 2025

Angola

MENTOR has been working in partnership with the Health Ministry in Angola for 22 years to address the gaps in healthcare and support the country control diseases such as malaria, schistosomiasis and onchocerciasis. This work has been rooted in strengthening core health system components, particularly surveillance systems for malaria elimination and neglected tropical disease (NTD) control.

Over the year, MENTOR focused activities on the prevention and treatment of NTDs by supporting mass drug administration campaigns funded by **The END Fund.**

During the reporting period, mass drug administration campaigns took place across six provinces, along with training provincial and municipal focal points, and community distributors to support this large-scale NTD programme.

In total the campaign delivered over 1.4 million treatments for schistosomiasis, over 840,000 treatments for onchocerciasis, over 480,000 treatments for soil-transmitted helminthiasis, and over 280,000 treatments for lymphatic filariasis.

New species detected

New research published in the Parasites & Vectors Journal* in March 2025 co-authored by MENTOR entomologists, reported the first detection of the Asian tiger mosquito (*Aedes albopictus*) in Angola. This important discovery was made during surveillance efforts supported by MENTOR targeting *Anopheles stephensi*, another invasive species, at key points of entry such as seaports, pointing to significant implications for public health and managing the threat of malaria and arboviral diseases.

***Link to the paper:**
https://rdcu.be/ff2ZK

Study to improve treatment of onchocerciasis

In June 2025, the Ministry of Health in partnership with the Kirby Institute, UNSW and MENTOR began a comparative study of two treatments for onchocerciasis (commonly known as river blindness). The study aims to assess the impact of moxidectin versus ivermectin, during a mass drug administration campaign in villages in Bie Province most at risk of the disease.

Initial activities included mapping villages in the areas selected for the study, and entomological surveys in black fly breeding sites identified during the environmental assessment and in populated areas within 10km of these sites.

Moxidectin is considered a highly promising agent that could fill gaps in disease control and accelerate the goals of the WHO NTD roadmap 2021-2030, which aims to eliminate onchocerciasis and control other diseases. Moxidectin acts similarly to ivermectin but has been found to significantly maintain low microfilaria levels after 18 months after taking it.

The study is funded by the **Clinical Trials and Cohort Studies Grant**, **National Health and Medical Research Council (NHMRC)** Australia, in partnership with the Ministry of Health, Angola and the **Kirby Institute**, **UNSW Sydney**.

Burkina Faso

MENTOR formally presented the organisation to senior members of the Ministry of Health and relevant partners in Burkina Faso in March 2025, highlighting the value of integrated vector management.

Malaria is a major concern in Burkina Faso with 10.5 million cases reported every year. The country is among the ten countries with the highest number of malaria cases and deaths (3.2% of global malaria cases and 2.7% of global malaria deaths in 2022).

Awareness campaigns in Burkina Faso promote malaria prevention

Burkina Faso is experiencing a severe and worsening humanitarian crisis due to armed extremist groups in the region, which has resulted in widespread displacement, food insecurity and limited access to essential services such as healthcare. Government authorities reported that over 2 million people were internally displaced (IDPs) at the end of 2024, and the country also hosts more than 40,000 refugees, mainly from Mali.

Since the initial engagement with health authorities and finalising registration, a programme to deliver life-saving interventions across areas of active conflict in the regions of Sahel, Boucle de Mouhoun and Centre Nord was launched.

Activities focused on ensuring the transport of 400,000 long-lasting insecticide treated nets donated by Vestergaard. In Banfora District, larviciding and information, education and communication campaigns to target mosquitos breeding sites helped protect around 50,000 people from vector-borne diseases.

MENTOR supported the training of 112 HQ and 114 community health workers in the Sahel and Boucle du Mouhoun regions, reaching 200,000 people with malaria prevention messaging. MENTOR also assisted with the process to develop the elimination dossier of Human African Trypanosomiasis (commonly known as sleeping sickness), supporting country efforts against neglected tropical diseases. This dossier has been submitted to the World Health Organization to confirm the elimination of the transmission of the disease, which is the final step to officially recognise the country as free from this disease.

Central African Republic

Central African Republic is one of the most neglected crises in the world where over 2.3 million need humanitarian assistance and protection. For more than a decade, armed violence, institutional fragility, poverty and extreme weather have created conditions where millions of people are at high risk of suffering and death.

Despite the challenges in the humanitarian sector, MENTOR continued to deliver life-saving healthcare in Central African Republic last year supporting communities in most need. New partnerships were developed with organisations such as World Vision, the World Food Programme and the Institut Pasteur de Bangui to address the high risks of diseases such as malaria, malnutrition and tuberculosis.

MENTOR started activities as part of **The Global Fund** grant under **World Vision**, helping to strengthen Ministry of Health led programmes that address malaria, HIV and tuberculosis. MENTOR facilitated training for personnel, delivered workshops on data management and provided quality assurance. We also oversaw the supervision of activities in over 150 health facilities in the districts of Lobaye, Ombella-Mpoko, Ouham and Ouham-Pendé. The teams ensured that relevant diagnostic tests were carried out and nutritional support provided when cases were severe.

Going the extra mile

In Batangafo a project was launched to improve the screening, diagnosis, and treatment of malnutrition in young children through community relays, ensuring early detection and timely care for almost 47,000 people and 10 health facilities. Cooking demonstrations and hygiene awareness activities provided caregivers with essential skills to prepare nutritious meals and maintain safe hygiene practices to help reduce the risk of disease.

To address critical sanitation gaps, new latrines with showers, a septic tank, and a cesspool were constructed, while the installation of handwashing facilities helped promote hygiene and prevent the spread of infections. Hygiene kits were distributed to caregivers of children with severe acute malnutrition, further supporting their recovery and health.

The team overcame significant challenges to reach communities in Batangafo. During an assessment of the route to reach health facilities, they had to use canoes to cross the river after the ferry that usually transports people and vehicles broke down.

Supported by the **Central African Humanitarian Fund**, this programme helped strengthen community resilience and improved health for people in vulnerable settings.

MENTOR teams also distributed treatments and diagnostic tools for malaria, tuberculosis and HIV to 381 health facilities in the country in partnership with the **World Food Programme**. They are supporting the Ministry of Health to distribute supplies to three health regions in the west of the country, to reach around 2 million people with essential healthcare.

These deliveries every three months constitute a significant logistical challenge due to the harsh conditions of the roads, particularly during the rainy season. The complex security environment in these areas make it even more challenging. In some cases, creative solutions using alternative routes and means of transportation such as motorcycles

must be found to ensure that the goods arrive at their destinations.

Research partnership

MENTOR joined the MEDICINE project alongside partners the Institut Pasteur de Bangui, the Ministry of Health and Population of the Central African Republic (CAR), Université de Strasbourg, with the support of Agence Française de Développement and L'Initiative - Expertise France to improve access to care, reduce childhood mortality, and support the national health system with evidence-based, cost-effective approaches.

For over a decade, MENTOR has been supporting the delivery of life-saving interventions both at community and health facility level in Central African Republic. By investing in operational research and innovation, we can better understand the causes of fever in children under five and improve clinical decision-making, streamline the use of limited resources, and reduce the overuse of antibiotics.

The results of this study will inform how MENTOR can more effectively support the Ministry of Health's efforts, strengthen child health systems and improve the lives of people in hard-to-reach communities.

MENTOR Base Coordinator, Sosthene Safari (second from right) with the community management committee in front of one of the groundnut fields.

Self-financing healthcare services

The community in Begouladjé started growing groundnuts to self-finance their local health facility as a phase out approach of the UK aid funded "Assistance to crisis-affected communities of the Central African Republic" project.

At the end of this 14-year project, MENTOR worked with the community to raise awareness about financing primary healthcare services and moving to a sustainable model before it closed at the end of 2024. The community management committee worked with local authorities to develop an agricultural initiative that generates revenue to pay for medicines, health facility operational costs and transporting patients.

The health facility in Begouladjé is on the border with Chad, 60 km away from Paoua, the district capital. Due to its remote location, the facility suffered from a lack of medical supplies and personnel and was almost out of service when the project began in 2008.

Throughout the project MENTOR supported the health facility by stocking the pharmacy, training staff, rehabilitating the facility, and ensuring free care for children under five-years old and pregnant and breastfeeding women.

Colombia

Despite Colombia's perceived stability, populations in northern regions are significantly affected by ongoing conflict between armed groups, refugees coming from Venezuela, and natural disasters like cyclones and flooding that recurrently occur in these regions. As of October 2025, an estimated 7 million people were internally displaced, with 65% living below the poverty line and only 15% having access to permanent shelter.

By May 2025, approximately 2.4 million Venezuelan migrants were present in the country, placing further strain on already overstretched support systems. According to OCHA's Humanitarian Needs and Response Plan, 9.1 million people in Colombia required multisectoral assistance in 2025.

MENTOR began scoping activities in Colombia following a request from the Ministry of Health to support their Integrated Vector Management (IVM) Strategy, ensuring new innovative tools could be integrated into the IVM toolbox, particularly for areas most affected by conflict, displacement and natural disasters.

MENTOR carried out field assessments, prepared pilot projects, and created a working group with the ministry of health to explore the use of vector control tools.

We were also engaged to integrate a bilateral partnership (Colombia/Spain) to assess and improve national IVM policies and strategies with a key focus on responding to emerging humanitarian needs.

Manuel Arturo Rojas Mora | unsplash

Occupied Palestinian Territory

MENTOR's activities in Gaza expanded significantly over the year in response to the crisis caused by the conflict in the region. The healthcare system has all but collapsed, and displacement, a lack of sanitation and safe drinking water, and food insecurity have created a severe humanitarian emergency.

Under the Gaza Lifeline Project funded by **Secours Islamique France (SIF)**, activities began with a team of 30 daily workers and three supervisors tasked with removing faecal and domestic waste. This response addressed the acute public health risks caused by the accumulation of untreated waste in shelters and host communities across Khan Younis and Deir al Balah. In coordination with the WASH Cluster, MENTOR reached 20 shelters identified as priority locations for immediate waste management support.

In displacement affected areas where sanitation systems are overwhelmed and more than 80% of water, sanitation, and WASH infrastructure is partially or completely non functional, the accumulation of faecal and domestic waste significantly contributes to poor hygiene conditions and increases the spread of water and vector borne diseases.

Waste removal activities were carried out across 20 shelters in two governorates in southern Gaza, in coordination with the Gaza Solid Waste Management Council. During the first nine days of implementation, workers removed a total of 177,300 kg of accumulated waste. Over the planned three month period, safe daily waste removal operations averaged 19,700 kg per day, amounting to 1,814,000 kg in total and reaching approximately 20,000 people.

Distribution of safe drinking water

MENTOR, in partnership with a local organisation and in coordination with the WASH Cluster, provided safe drinking water to displaced families across 10 shelters in the Khan Younis and Deir al Balah governorates, despite significant logistical and security challenges.

MENTOR delivered a total of 2,000,000 litres of safe drinking water, equivalent to 6 litres per person per day, reaching more than 333,330 people who were displaced. The targeted shelters included Al Barka, which hosts five shelters for orphans and single mothers, along with additional shelters identified in coordination with the WASH Cluster.

MENTOR and its local partner also supported six health facilities with medical waste collection services, including four facilities in Khan Younis and two in Deir al Balah. Through a contracted local provider, 400 litres of medical waste were safely collected and removed from these health centres.

MENTOR aims to scale up water distribution efforts by providing an additional 13 million litres of safe drinking water, enabling expanded coverage and reaching a greater number of shelters and displaced families. Solid waste management activities are also due to increase to reach 48,000 people and remove 24,000 kg of waste. This critical water supply intervention is implemented under the Gaza Lifeline project, supported by Secours Islamique France.

Alongside the removal of faecal and domestic waste around IDP camps, these activities have contributed to reducing the risk of diarrhoeal and vector borne diseases and helped ease pressure on an already overburdened health system.

Mozambique

MENTOR has been active in northern Mozambique since 2021, providing technical support to the Ministry of Health in areas such as the national malaria programme, community health, vector control, nutrition, and water, sanitation and hygiene. Ongoing conflict and insecurity in the region have led to a growing humanitarian and displacement crisis.

Cyclones

In December 2024, the powerful Cyclone Chido struck southern Cabo Delgado Province, causing widespread damage and destruction and affecting approximately 272,000 people. In Mecúfi, one of the worst affected districts, multiple health centres and the district hospital in the capital were destroyed along with many homes. This led to overcrowding and unsanitary conditions in schools that served as shelters.

MENTOR joined the rapid response taskforce with support from **UNICEF Moçambique** and began relief efforts, which included cleaning and removing debris from the hospital, providing clean water and distributing water tanks, and training health technicians on surveillance and vector control. This emergency intervention reached over 36,000 people in Mecúfi and surrounding communities, minimising the spread of vector-borne diseases such as malaria, cholera, and dengue.

On 10 March 2025, Cyclone Jude made landfall in Nampula Province, devastating communities already struggling to rebuild their lives after Cyclone Chido in December and Cyclone Dikeledi in January. High winds and heavy rain have made roads inaccessible, damaged infrastructure such as schools, water systems and health units, and led to power outages across the area.

MENTOR supported disease prevention efforts in the worst affected districts with our partners including the SAIL II Consortium with **Save the Children International** funded by **European Commission** (ECHO). Activities included the distribution of hygiene kits containing essential items such as a 20L bucket, soap, and sanitary pads to over 230 families displaced by the cyclone.

Mobile clinics

In 2025, two mobile clinics staffed by specialised integrated health teams worked with community health workers and volunteers in Chiure District, Cabo Delgado to deliver essential health and nutrition services to communities furthest from facilities.

Severe chronic malnutrition affects one in two children between 6 and 59 months in Cabo Delgado, Nampula and Niassa Provinces. Malnutrition cases rose sharply following the armed conflict and natural disasters that have devastated northern Mozambique in recent years. (Nutrition Cluster survey in 2024)

MENTOR worked closely with the Provincial Health Directorate of Cabo Delgado, supported by **UNICEF Moçambique** to strengthen the health system and improve access to important health services. Over nine months, more than 100,000 children were screened, of which 1,600 received treatment and 38,000 received ready-to-use therapeutic food for six months.

Jacinta José's one-year-old daughter Anatércia Eduardo was informed her child was not gaining weight and was very thin when weighed at the mobile clinic.

Jacinta said: *"I was given medication and told to give her one packet a day. I was also taught to prepare porridge with peanuts, moringa, oil and sugar, and not to let the child go too long without eating. Three weeks after I started giving the medicine, I noticed changes. When I carry my daughter, I feel she's heavier. Compared to before, she now reacts better to stimuli, is more active and plays with some objects in the house."*

Responding to an outbreak of cholera in Cabo Delgado.

Safe water

Water-borne diseases from unsafe drinking water are a significant risk for people in fragile settings and especially dangerous in children under five-years old. In low-income settings diarrhoeal diseases such as cholera and typhoid are the second leading cause of death in young children.

At the end of 2024, MENTOR supported local health authorities in Cabo Delgado to control a cholera outbreak through the mass distribution of soap and chlorine to health centres and communities. Door to door activities promoting water treatment complemented this mass distribution and ensured safe water was available amongst displaced and host communities at risk of cholera. Over eight months around 109,000 bottles of chlorine were distributed door-to-door and to health units with cholera treatment centres reaching nearly 465,500 people with safe water.

The safe water and sanitation programme in communities is supported by **UNICEF Moçambique** and in schools as part of the consortium led by **Save the Children International**, funded by **European Civil Protection and Humanitarian Aid Operations** (ECHO).

Other activities in the SAIL programme included the rehabilitation of three school latrines and an inclusive latrine block in a school, increasing access to water points in Internally Displaced Person camps, and training hygiene promoters who reached over 20,000 school children with health awareness activities.

Nigeria

In northern Nigeria the presence of insurgency groups and fighting with the government has led to instability in the region, food insecurity, and inflation. More than 2.3 million people have been displaced internally and are at greater risk of diseases such as malaria and diarrhoeal diseases.

The MENTOR team based in Maiduguri coordinated emergency efforts to address the expected rise in the mosquito population after serious flooding in September 2024 in northern Nigeria. Heavy rainfall caused widespread destruction and the significant displacement of communities who were already impacted by conflict, a lack of food and poor living conditions. The timely prevention of malaria and access to rapid diagnosis and treatments was critical to limit the increased risk of infectious diseases.

Infrastructure such as bridges and roads, and access to essential services such as hospitals, schools and markets were severely affected by the floods. Large-scale evacuations resulted in many people relocated to overcrowded Internally Displaced Person camps, further straining already limited resources. Living in temporary shelters, often in cramped and unsanitary conditions, increases the risk of outbreaks of cholera and other diarrhoeal infections.

Pregnant women and mothers with babies were particularly at risk of infectious diseases. With support from the Nigerian Humanitarian Fund, 300 delivery kits and 1,500 hygiene kits were supplied to communities and primary health facilities. The kits containing sterile supplies helped prevent infections, supported safer childbirth, and contributed to lower maternal and neonatal mortality.

Other activities included:

- Community workers and educators were trained to deliver malaria prevention and hygiene messages, and improve health-seeking behaviour and the awareness of disease transmission.
- A mobile clinic was set up, staffed with a medical team that delivered essential healthcare in hard-to-reach areas.
- Integrated vector management to control the mosquito and fly population, including spatial emanator deployment, Indoor Residual Spraying, and larviciding.
- Six rapid response team members were trained and supported on identification and active case surveillance for common epidemic-prone diseases.

Mobile clinics

MENTOR continued to support primary healthcare and mobile health services with integrated malaria, WASH and nutrition activities in two communities in Maiduguri, Borno State throughout the year.

Funded by the **Nigerian Humanitarian Fund,** the life-saving programme reached 93,145 people living in Internally Displaced Person camps and host populations with improved healthcare, nutrition support, reproductive health and disease prevention. Key to reaching people in these vulnerable settings were mobile clinics which delivered free primary healthcare, treatment for common illnesses, and health education sessions in communities that are hard to reach.

Falmata Bukar Adam (47) lives in the Goni Damgari Ward in Maiduguri and is originally from the Nganzai Local Government Area. She has 11 children and is among several hundred thousand internally displaced people in Maiduguri. She said:

"Life has been extremely difficult since we settled here. My children, neighbours and I frequently became ill, suffering from persistent fevers. My youngest daughter often experienced vomiting and diarrhoea. Our biggest challenge was accessing proper healthcare. Although the nearest health facility provided consultations, it lacked essential medicines, and we could not afford to buy the prescribed medicines from pharmacies. This discouraged many of us from seeking medical attention.

Then The MENTOR Initiative arrived in our community, bringing hope and life-saving interventions. The mobile clinics have made the biggest difference as they come directly to our neighbourhood, offering free medical consultations and treatment with compassion and professionalism. Now we can access healthcare without worrying about the cost of medicines."

Integrated Vector Management

In Goni Damgari, malaria remains a major public health challenge as mosquitoes thrive in open breeding sites especially during the rainy season. To address the high risk of malaria in the region, MENTOR supported the Borno Ministry of Health and State Malaria Elimination Programme to implement vector control activities over four months in 2025.

Targeted larviciding at breeding sites effectively reduces the mosquito population and helps to protect communities from vector-borne diseases. Trained vector control teams carried out larviciding activities across identified breeding habitats within Goni Damgari, protecting around 13,000 people at most risk of malaria and other vector-borne diseases.

Using environmentally safe larvicide granules, they treated stagnant water bodies, gutters, and open drainage systems to interrupt mosquito breeding and prevent larvae from maturing into adult mosquitoes.

Hajja Falmata Bukar, Leader of the Goni Damgari Women's Group, said at the feedback session: "We are very happy and amazed by the results of the larviciding activity. It is wonderful to see that just by applying these granules in open breeding sites, the number of mosquitoes in our community has reduced greatly. Before, we could hardly sit outside or sleep at night without mosquito nets, but now things have changed. We can rest comfortably without constant mosquito bites. The women in our community especially appreciate this effort because it has made our homes and surroundings more comfortable and healthier for our children."

In February 2025, an indoor residual spraying campaign was carried out to protect over 44,000 people in around 8,000 households from malaria and other vector-borne diseases. The programme also included training rapid response members to identify cases of diseases such as cholera, measles and diphtheria through household visits. Community educators were trained to improve awareness of malaria prevention and hygiene by delivering sessions in the community, household visits and health facilities.

"Before we couldn't even sleep properly. Now after they have sprayed the area we and our children sleep peacefully." – Modu Nanami, community representative, Goni Damgari Ward.

Spatial emanators

MENTOR distributed SC Johnson's Guardian™ in Internally Displaced Person camps in partnership with the National Malaria Elimination Program (NMEP) in northern Nigeria. The first distribution of 32,000 units took place in the second half of 2024 in Maiduguri and Jere camps. In January 2025, a further 8,000 units were distributed in 4,000 shelters after flooding in Maiduguri increased the risk of vector-borne diseases. The spatial emanators tool complemented other disease prevention activities

Mobile clinics provided healthcare, nutrition and reproductive health support, and disease prevention in communities that are hard-to-reach.

in camps, such as Indoor Residual Spraying and hygiene campaigns.

An important component of this distribution was an initial assessment of the effectiveness of Guardian™ to control malaria in humanitarian settings. The study in 2023, the first of its kind, focused on assessing the public health impact using malaria incidence as main outcome across displacement camps. It was carried out in partnership with the NMEP, University of Maiduguri and University of Nevada.

Results were published in the Lancet Infectious Diseases Journal* in January 2026, showing malaria infection incidence was significantly lower in camps where spatial emanators were used compared to control camps (incidence rate ratio 0.713, p=0.001) - about 30% fewer infections overall. Spatial emanators had been proven to reduce malaria incidence in stable settings but its efficacy in humanitarian settings lacked adequate assessment until this trial and earlier studies in northern Syria.

Spatial emanators were also found to be highly accepted by communities using them, strengthening the growing evidence for the public health value of this tool in humanitarian settings.

***Link to the study results:**
https://www.sciencedirect.com/science/article/abs/pii/S147330992500684X

South Sudan

South Sudan continued to face a severe humanitarian crisis caused by protracted conflict, climate shocks, economic instability, and a fragile health system. Floods, droughts, and extreme heat have devastated livelihoods and displaced communities across the country. Intercommunal violence and over 900,000 people fleeing Sudan have overwhelmed already limited infrastructure and basic services.

At the beginning of 2025, a major escalation of violence was recorded in several counties, marked by intense clashes between government and opposition forces. This resulted in significant new internal displacement and a deteriorating humanitarian situation. Access to health services remains extremely limited, with around 50 per cent of health facilities either partially functioning or not operational at all, increasing the risk of disease outbreaks. Food insecurity, lack of clean water, and inadequate shelter persist, while women and girls face heightened protection risks, including gender-based violence and exploitation.

Malaria remains the leading cause of morbidity and mortality accounting for 66.8% of outpatient consultations, 30% of hospital admissions, and approximately 50% of reported deaths. In 2024, 2.7 million suspected cases and 1,800 deaths were reported. Years of flooding have expanded mosquito breeding grounds, intensifying transmission. Limited access to healthcare, poor nutrition and low immunisation coverage worsen the situation.

Integrated vector control

MENTOR implemented a comprehensive vector control and health education program across Maban, Jamjang, and Renk with the funding support of **United States Department of State – Bureau of Population, Refugee and Migration.** The Indoor Residual Spray (IRS) campaign was successfully carried out in Maban, covering all refugee camps between April and June 2025. A total of 384 community workers were deployed, with 96 workers per camp. The campaign reached 28,585 households, protecting approximately 210,300 people and achieving a coverage rate of 99.7%.

Larviciding activities were also implemented following the training of 228 community workers. These interventions targeted mosquito breeding sites across three locations, with 19,929 sites treated in Maban, 14,817 in Jamjang, and 20,396 in Renk. Treated sites included stagnant water bodies, water containers, river edges, and water points, contributing to effective mosquito population control.

Fly control interventions were also prioritised, with 228 community workers trained and deployed across all camps. A total of 68,421 fly breeding sites were treated, including open defecation areas, latrines, animal waste, and garbage sites. Coverage included 32,512 sites in Maban, 25,505 in Jamjang, and 10,404 in Renk, significantly reducing fly-related health risks.

Information, behaviour change, communications and health education activities helped strengthen community awareness. A total of 79 health education sessions were held across all locations, reaching diverse groups such as women, youth, community leaders, and new arrivals. Overall, 628 people attended these sessions, which focused on malaria prevention and IRS awareness, supported by printed materials and radio messaging where available.

To increase the impact of other vector control activities, MENTOR distributed 73,832 units of Guardian™ spatial emanators in refugee camps and host communities in Jamjang and Renk. This innovative, prevention tool reached 120,389 people in 16,160 households making it the first scale-up of this tool in an African context.

A post distribution assessment conducted one month after distribution showed a good uptake of the tool with coverage above 90%. Further assessments will be carried out to assess uptake and satisfaction with the tool.

Field staff and trained volunteers installed SC Johnson's spatial emanators in shelters in communities where malaria is a significant threat. Spatial emanators are designed to reduce the number of mosquitoes and protect people inside their homes for up to a year.

The MENTOR Initiative Country Director in South Sudan, Mohamed Sheikh Ali, said: *"This activity is more than distribution - it's protection in action. In places where malaria remains a serious threat, this effort is helping populations in these vulnerable settings take back control of their health and daily life."*

Neglected Tropical Diseases

South Sudan continues to face a heavy burden of Neglected Tropical Diseases with 19 NTDs endemic across the country. Of these, five are classified as Preventive Chemotherapy NTDs; diseases that can be controlled and ultimately eliminated through Mass Drug Administration using WHO-recommended medicines.

In 2025, MENTOR worked in close partnership with the Ministry of Health to deliver treatments addressing high rates of onchocerciasis and lymphatic filariasis across the country. This large-scale campaign was supported by **Reaching the Last Mile Fund**, managed by **The Carter Center.**

Over the year, 1,671,679 people received treatment for onchocerciasis (river blindness), and 948,994 people were treated for lymphatic filariasis, reaching communities across 10 counties.

Findings from an independent coverage evaluation survey were encouraging. Of the three counties evaluated, all achieved coverage above 65 per cent of the population, which met the epidemiological threshold required to sustain progress towards elimination.

Delivering results of this scale in South Sudan is never straightforward. Seven of the ten counties supported by this programme are in insecure and hard-to-reach areas that border Ethiopia, Sudan and Central African Republic.

In the Upper Nile State, teams extended services into Maban County to reach refugee populations who fled conflict in Sudan in 2012 and later in 2023. Today, Maban hosts over 219,000 refugees across four camps; Doro, Yusuf Batil, Kaya and Gendrassa; underscoring the continued scale and complexity of humanitarian needs in the area.

Despite insecurity, long distances and extremely difficult terrain, MENTOR and Ministry of Health teams achieved high coverage. Integral to their success was careful planning with communities, engagement and advocacy with local leaders, supportive supervision, and the determination of teams. Medicines reached even the most remote villages, often on foot, ensuring that no one was left behind.

Reaching Barmach on foot: A story of commitment in Akobo County

Akobo County, in the north-east corner of the country along the border with Ethiopia is endemic for onchocerciasis, one of South Sudan's most widespread neglected tropical diseases. Its situation makes it a vital hub for cross-border movement and community interaction.

During the mass drug administration campaign in December 2025 flooding had cut off access to Barmach, one of the most populated payams in Western Akobo, leaving it reachable only on foot.

Among the team deployed to reach the communities were the MENTOR NTD Coordinator, Jimmy Idraku, and the MoH National Supervisor, Chol Omak.

Together with the county NTD focal person and Monitoring and Evaluation Officer, they waded through a swamp for over an hour from Walgak to Barmach to provide supportive supervision to community drug distributors and their supervisors.

Their journey reflects the commitment and resilience of the teams in the face of hardship, ensuring that even the most isolated communities receive essential NTD services.

The distribution of treatments for NTDs in South Sudan.

Syria

The Syrian Civil War that began in 2011 has resulted in one of the most complex humanitarian crises of the 21st century. In conflict zones like Syria, healthcare infrastructure is severely disrupted and living conditions are often unsanitary. These conditions created the perfect environment for the proliferation of leishmaniasis, a vector-borne disease that is transmitted by sandflies. Over the past year, the situation in Syria shifted dramatically with the change of government in December 2024.

MENTOR has been active in Syria since 2013, implementing various activities such as Integrated Vector Management, support for health facilities and mobile clinics, and diagnosing and treating leishmaniasis.

Within this context, MENTOR trialled the use of spatial emanators in Internally Displaced Person camps and urban settings between February 2021 and April 2022, which saw a 48% reduction in leishmaniasis*. With evidence of its effectiveness, efforts were made to seek alternative routes for the distribution of spatial emanators via a strong and vibrant commercial sector that existed throughout the war and has kept growing.

MENTOR and SC Johnson, the manufacturer of spatial emanators, partnered on a project aimed at expanding the prevention of leishmaniasis in areas of Syria affected by conflict with support from Creating Hope in Conflict: A Humanitarian Grand Challenge (A collaboration between the **UK Foreign, Commonwealth & Development Office** and **Global Affairs Canada**, with implementation support from **Grand Challenges Canada**).

Over the past year, a total of 200,448 Guardian™ spatial emanators and 240,000 ShieldTM spatial emanators were deployed to the MENTOR office in Syria to support leishmaniasis prevention in households and health facilities.

Between June and mid-August 2025, 99,115 Guardian™ units were distributed free of charge to 100,210 people across 16,824 households in Internally Displaced Persons (IDP) camps.

The remaining 100,448 Guardian™ spatial emanators are being introduced into the retail market. In August 2025, 14,000 units were placed at wholesale level and distributed through various retail outlets, which are now available for consumer purchase.

Alongside the distribution of Guardian™, 240,000 Shield™ spatial emanators 'envelopes' were distributed in collaboration with the Idleb Health Directorate, reaching 50 health facilities across the district.

***Link to the results of the trial:**
https://rdcu.be/fh3aZ

Indoor Residual Spraying

Over 93,000 homes and 51,600 temporary shelters across Aleppo and Idleb Governorates were sprayed with WHO-approved insecticide to address the high threat of cutaneous leishmaniasis in the region.

MENTOR carried out the large-scale Indoor Residual Spraying (IRS) campaign in northwest Syria between May and September 2025 to protect more than 799,000 people, including many that have been displaced by conflict.

The IRS campaign was funded by **Aid Fund for**

Information distributed ahead of the indoor residual spray campaign in households in Syria helps prevent leishmaniasis.

Syria and the **Syria Cross-Border Humanitarian Fund**. Implemented in partnership with EPA-Syria, IRS helps reduce the number of disease-transmitting sandflies and provides a safer living environment.

Adham Al Naser, Assistant Prevention Coordinator, said: *"Through this campaign, MENTOR reaffirmed its commitment to reducing the incidence of leishmaniasis and safeguarding the health and dignity of families across Syria. This campaign highlights the important partnership with local authorities, sub-health directorates and community partners, and our determination to reduce the spread of vector-borne diseases through integrated prevention and control strategies."*

Supporting health facilities

MENTOR began supporting the Salah Ad-Deen healthcare centre in Aleppo after regaining access to the city in February following the prolonged period of conflict that affected humanitarian support in this region.

The team in Syria responded to the call to support existing local structures and address the high transmission of vector-borne diseases along with other health challenges in the area. To ensure continued health service provision we started to support the overall functioning of the leishmaniasis unit within the health facility, which carries out around 2,000 consultations for leishmaniasis a month.

''The moment we managed to access this area again after losing it in 2016, we immediately planned how we could provide meaningful support to existing health services. The current international funding gaps in Syria make it hard to fully respond to the needs, but even the slightest support counts, and we are happy to partake in this initiative." - Mohammad Omar, MENTOR Assistant Medical Coordinator.

This critical work addressing the high levels of leishmaniasis infections in Aleppo is supported by the **Syria Cross-border Humanitarian Fund**.

The rise of leishmaniasis

An article published in the Travel Medicine and Infectious Disease journal* last year called for action among funders and policymakers to urgently address leishmaniasis in Syria. It highlighted that cases of the neglected tropical disease continue to rise, particularly the variety that causes skin lesions, against a backdrop of forced displacement, overcrowding, a lack healthcare services, and reduced funding.

The ESCMID - European Society of Clinical Microbiology and Infectious Diseases Study Groups for Infections in Travelers and Migrants (ESGITM) and for Clinical Parasitology (ESGCP) made this international appeal to raise awareness and avoid further abandonment of this already neglected disease and the often-marginalised populations it affects.

The article co-authored by Ayla Al Kharrat, MENTOR Programme Manager, notes the impact funding cuts has had on MENTOR's work to control the disease and improve access to healthcare, especially in the north-east where approximately 3-4 million people are at risk of leishmaniasis:

"In Syria's current transitional period, numerous competing priorities exist. However, the cutaneous form of leishmaniasis is considered by local organisations in northern Syria to be the most serious skin disease in the region. Cutaneous Leishmaniasis not only severely impacts the physical health of affected populations but also has significant mental health and social consequences, particularly for women and girls."

***Link to the article:** https://doi.org/10.1016/j.tmaid.2025.102849

Launch of specialist disease units

MENTOR supported the opening of two Vector-Borne Disease Units in Azaz and Idleb City in 2025 as part of ongoing efforts to address the high rates of leishmaniasis in northern Syria. These unique units, funded by **Aid Fund for Syria**, provide free diagnosis, treatment and essential medicines for patients, and coordinate wider prevention and care through 48 health facilities. They also deploy community health workers to raise awareness and act as a vital link between health facilities and communities.

"This not only strengthens access to quality healthcare but also builds a sustainable system to respond to the growing threat of leishmaniasis, a challenge further aggravated by climate change factors such as drought in the Orontes Basin and wildfires in coastal areas." – Mohamad Agha Alkalaa, Programme Director.

MENTOR also supported the opening of three Vector-Borne Disease Units in Al-Bara, Manbij, and Atareb with the **Syria Cross-border Humanitarian Fund**. These units provide comprehensive leishmaniasis case management services, while providing technical and logistical support to 24 surrounding health facilities.

Two outreach teams were included as part of the project: one linked to the Manbij unit and one linked to the Al-Bara unit, to support communities that have reduced access to health services. Teams were also established within each unit to deliver health education activities at both facility and community levels to increase awareness of the disease.

MENTOR remains committed to reducing the risk of vector-borne diseases and strengthening health systems in Syria through these innovative units and our integrated vector control campaigns.

The Idleb Vector-Borne Diseases Unit provides diagnosis services and treatments for patients and coordinates wider prevention through health facilities.

Venezuela

A two-year vector-borne disease prevention programme in six states in Venezuela finished in July 2025, improving access to healthcare services for over 2 million people impacted by the political, economic and social crisis in the country.

The activities were tailored to address multiple aspects that contribute to the spread of vector-borne diseases, primarily dengue which is endemic in many states. Comprehensive technical training for local health personnel focused on improving their skills in the diagnosis and treatment of vector-borne diseases. Health personnel were also provided separate training in the use of dengue rapid diagnostic tests (RDTs).

This was the first time dengue RDTs had been imported into Venezuela, with results providing crucial epidemiological information in a context where health data is scarce and unreliable. Over 31,000 Abbott® dengue RDTs were imported into the country with the support of the Pan American Health Organization (PAHO), whilst 787 health professionals were trained to use them effectively.

Community cleaning days targeting the removal of even the smallest containers in Venezuela helped prevent the spread of diseases by reducing the waste in which the *Aedes aegypti* mosquitoes breed.

Aedes Prevention Assistants

By the end of the programme, 515 Aedes Prevention Assistants (APA) and 52 APA Supervisors had been trained in vector control, the promotion of hygiene and health practices, and recording relevant data.

They also carried out 372,123 house-to-house visits reaching over 300,000 people with essential information and advice to prevent the spread of diseases such as leishmaniasis and Chagas disease.

During a visit to a home in Bolivar State, an APA identified a case of cutaneous leishmaniasis that had not had medical attention and was able to arrange treatment with a thorough follow up. The prevalence of cutaneous leishmaniasis is unknown in Venezuela, so it is crucial to improve awareness of signs and symptoms, prevention, and care routes.

In urban areas solid waste management and removing potential breeding sites is critical to prevent the diseases *Aedes* mosquitoes transmit such as dengue, Zika and chikungunya.

Venezuela is experiencing a complex humanitarian crisis which impacts regular waste management services. MENTOR supported Aedes Prevention Assistants (APAs) to lead cleaning days that helped protect the health of the community and improved public spaces. The team supported 200 community cleaning days across all the supported regions states with over 3,000 people taking part.

An APA supervisor in Miranda State said: *"Community cleaning days are important because we can raise awareness and see changes in cleanliness and hygiene. The people feel cared for and participate in the campaigns. People feel that they are spaces for sharing, companionship, friendship, and joy."*

Activities in school were a key aspect of the disease prevention programme in the country. Together with the Educational Quality Development Centres we designed a programme with key messages about dengue prevention, health promotion, and the importance of recycling were carried out in 24 educational institutions with 306 teachers and 1,510 students.

A mural created as part of a community-based dengue prevention campaign.

Research and publications

In 2025, MENTOR's operational research team began a three-year study in refugee camps in South Sudan to evaluate two vector-control tools on filth fly-transmitted diarrhoeal diseases. Diarrhoeal diseases remain the third leading global cause of child mortality, responsible for around 500,000 deaths annually in children under five-years old. Innovative, novel tools and vector control strategies are urgently needed to address the prevalence of diarrhoeal diseases in high-risk settings. Here, poor sanitation and waste management and reduced access to safe drinking water and handwashing increases the transmission of these diseases.

The two tools being tested across four refugee camps in South Sudan are long-lasting insecticidal paint and larviciding granules. The trial, due to be completed in 2027, is a partnership between MENTOR and University of Nevada, Las Vegas.

The study protocol was published in the BMC Infectious Diseases Journal: https://rdcu.be/fh37l

Results from earlier trials of vector control tools were published in major journals over the past year. The first was findings from a trial evaluating the efficacy of Mosquito Shield™ spatial emanators in reducing cases of cutaneous leishmaniasis in displacement camps in north-east Syria, which was published in the BMC Medicine Journal* in July.

The results were significant and provided the first demonstrable impact of spatial emanators on cutaneous leishmaniasis (CL) transmission, particularly in fragile, humanitarian settings. The findings showed:

- 48% reduction in CL incidence
- 78% reduction in female sandfly density
- High community acceptance and usability

***Link to the paper:**
https://rdcu.be/e9u2v

Trial of attractive targeted sugar baits

In November, results from a trial of attractive targeted sugar baits in internally displaced populations in northern Nigeria were published in the BMC Medicine Journal*. The evaluation of the novel vector control tool on multiple mosquito species shows exciting potential for its use in humanitarian settings.

The six-month trial in two camps in Maiduguri, Borno State was assessed through robust entomological monitoring. The paper concludes that a combination of ATSB use indoors and outdoors, as well as the density of the baits, contributed to the rapid suppression of *An. Gambiae* and *Ae. Aegypti mosquito* species within two months of implementation.

Conventional vector control tools are typically less effective in situations where armed conflicts, natural disasters and the forced displacement of people create harsh conditions, characterised by inadequate shelter and sanitation, food insecurity, poor access to healthcare and increased exposure to blood-feeding insects.

Instead, novel vector control tools which are lightweight, easy to use and affective against multiple vectors that transmit diseases such as malaria and dengue, are urgently needed to protect people in vulnerable, humanitarian settings.

The trial was a partnership between MENTOR, The University of Maiduguri, Ministry of Health – Nigeria, University of Nevada and Liverpool School of Tropical Medicine.

***Link to the paper:**
https://rdcu.be/e9u38

Installing the attractive targeted sugar bait during the trial in Nigeria.

Key events and conferences

In October, MENTOR attended the Neglected Tropical Diseases NGO Network conference where Xavier Badia, Programme Manager, led a session on NTD programmes in conflict and emergency settings as chair of the Conflict and Humanitarian Emergencies Working Group.

> *"These case studies highlight the importance and urgency of focussing on conflict settings to not leave anyone behind. There is some progress being made and it is possible to work in these settings, but we must prioritise funding, research and implementation to make a real difference and eliminate NTDs globally."* – Xavier Badia.

After the presentations, breakout sessions were held to discuss the draft Sphere Standards on NTDs, which will drive the integration of humanitarian responses with NTD control.

Director Yak from the South Sudan Ministry of Health (2nd from left) with MENTOR team Jimmy Idraku, Xavier Badia and Adrian Connelly.

(Left to right) Lucia Verzotti – The Carter Center, Luis Lufunda - MENTOR, Dr Cecilia de Almeida - National Coordinator for NTDs Angola Ministry of Health, Adrian Connelly and Xavier Badia.

Annual River Blindness, Lymphatic Filariasis and Schistosomiasis meeting

In February, The MENTOR Initiative took part in the annual River Blindness, Lymphatic Filariasis and Schistosomiasis meeting at the Carter Center, which brought together Ministry of Health officials, WHO, partners, country-based staff, and donors to review programmes in 2024 and plan activities for the year ahead. The team met with health ministry partners from South Sudan and Angola where we supported mass drug administrations to treat and prevent the three NTDs.

American Society of Tropical Medicine and Hygiene ‘(ASTMH), Toronto

MENTOR attended the annual ASTMH meeting held in Canada last year, where we presented results from the trial of Attractive Toxic Sugar Baits in Internally Displaced Persons camps in northern Nigeria. The team also took part in a symposium on spatial emanators organised by United to Beat Malaria and SC Johnson, and a further symposium on tools to prevent dengue and malaria.

Our poster presentations included a qualitative analysis on community health workers perceptions from communities they serve in conflict-affected areas in Central African Republic. This analysis highlighted the importance of community health workers to provide primary healthcare services in vulnerable settings.

Delegates at the Integrated Vector Control training.

MENTOR’s founder and chair of the board Dr Richard Allan OBE was awarded an ASTMH Distinguished International Fellow by the American Society of Tropical Medicine and Hygiene (ASTMH) during the annual meeting. This award recognises *“individuals who have made eminent contributions to a particular aspect of tropical medicine and global health…leaders in their field, making seminal contributions over their career, typically over decades, as evidenced by research and publications, clinical acumen, public health policy, and/or education.”*

Integrated Vector Management training

MENTOR, in partnership with the Red Cross Netherlands, International Federation of Red Cross and Red Crescent Societies – IFRC and Dutch Disaster Risk Reduction and Surge Support (DRRS), delivered a five-day training course on integrated vector control in Kenya at the beginning of September.

The training focused on vector management in humanitarian emergencies, highlighting innovative approaches such as the deployment of newly available vector control solutions. It also covered the integration of core tools with WASH and shelter management to ensure a more comprehensive and sustainable response.

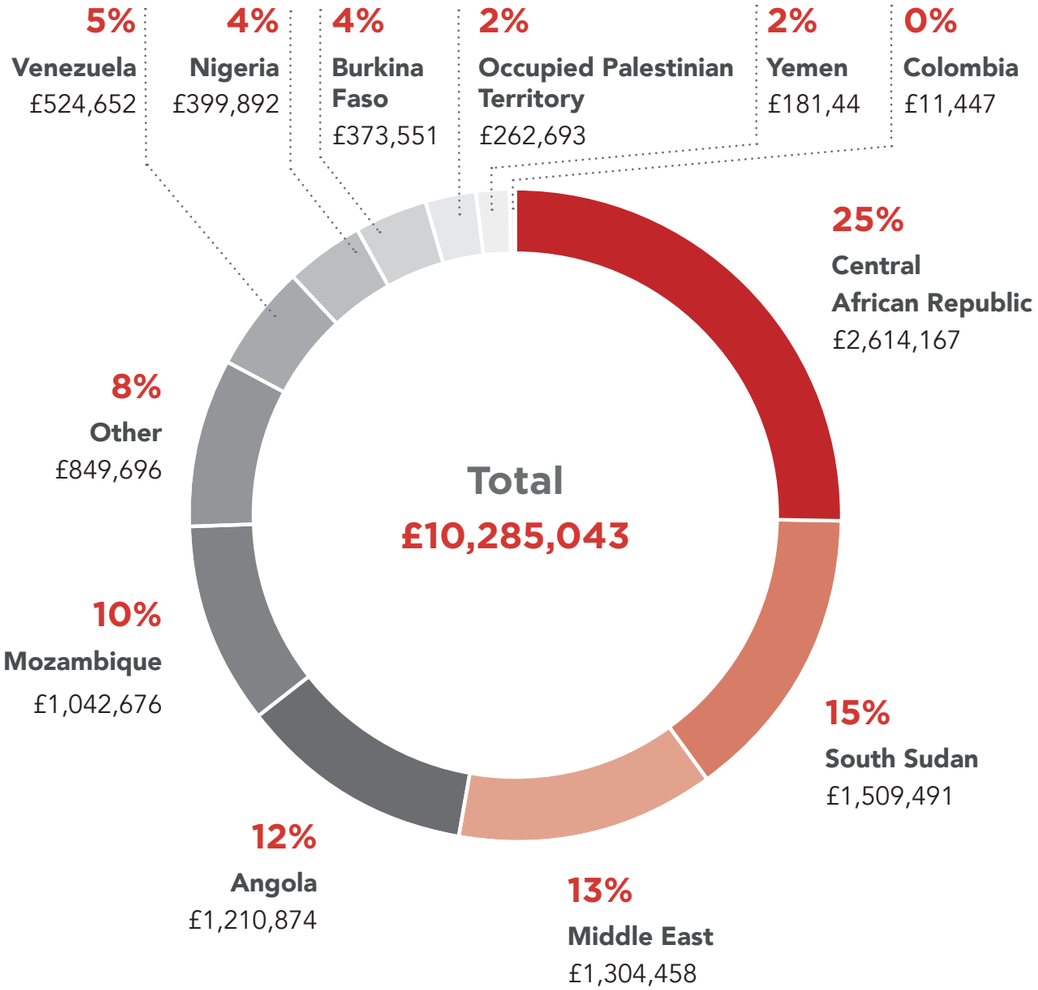
A total of 48 participants from several Red Cross National Societies in the region, UNICEF, WHO, MSF, Oxfam and others attended, enhancing local expertise to respond quickly and effectively to crises where vector-borne diseases pose a significant threat.

Building on over two decades of MENTOR’s experience in training local teams and organisations in vector control for emergencies, the course represented another step in strengthening key actors’ ability to protect people in vulnerable settings. For information on future five-day integrated vector management training courses, please email **info@mentor-initiative.org** and add ‘IVM Training’ to the subject line.

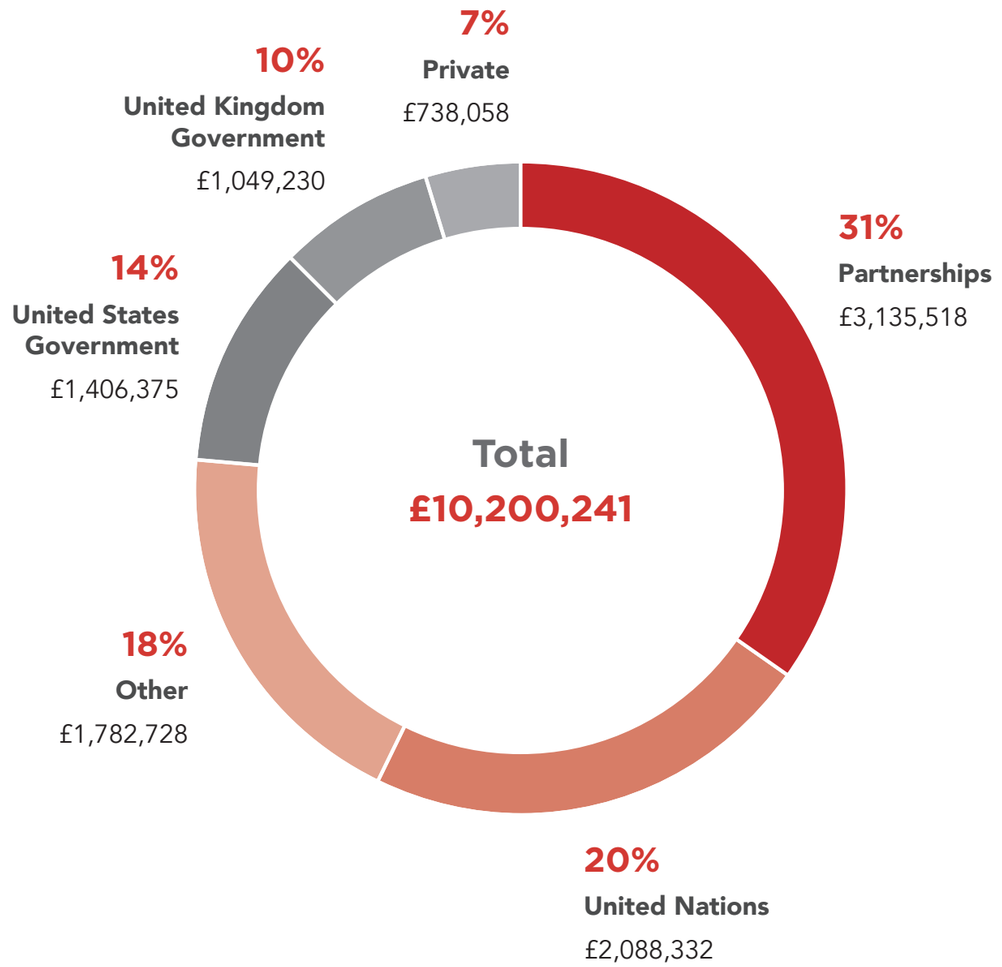
Financial Report

For year ending 30 September 2025

Expenditure (GBP)



Income (GBP)



Donors and Partners

We are grateful to all our donors, partners and others who have supported and contributed to our programmes in 2025, including:

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European Commission's Humanitarian Aid Office (ECHO)
Global Fund to fight AIDS, Tuberculosis and Malaria
Grand Challenges Canada
Secours Islamique France
Swiss Cooperation for Development (Venezuela)
Syria Cross-border Humanitarian Fund
The END Fund
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