



ANNUAL REPORT 2024



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1. INTRODUCTION

The year 2024 witnessed numerous, complex, and devastating humanitarian crises across the globe, each with its unique drivers and consequences. Multiple conflicts, impacts of climate emergencies, economic instability and inequality, and disease outbreaks converged into a perfect storm of immense suffering in dozens of devastating humanitarian crises, including in Afghanistan, DR Congo, Syria, Ukraine and Yemen. Globally, close to 300 million people were in serious need of humanitarian assistance, including food, health and nutrition, clean water and sanitation, protection assistance, shelter and other essential aid. Close to 123 million people remained or were newly forcibly displaced from their homes, mostly due to conflicts - another devastating record in 2024.

One of the most striking examples of humanitarian suffering further unravelled in Sudan. Over 30 million Sudanese people have experienced profound impact from a conflict that deepened and spread across Sudan last year. The ravaging war resulted in the largest internal displacement crisis globally, with approximately 8.5 million people displaced, with further 3.2 million people forced to cross into neighboring countries - CAR, Chad, Ethiopia, Egypt, Libya, South Sudan and Uganda. Acute food insecurity reached historic levels, with over 24.6 million people facing acute hunger. Famine conditions were confirmed in parts of North Darfur, particularly in Zamzam IDP camp. Thousands more were at risk of famine in other conflict-affected areas like Darfur, Kordofan, and Khartoum. Some estimates state that close to 640,000 people in Sudan faced famine in 2024. Yet despite the catastrophic humanitarian condition of millions of Sudanese, the humanitarian response continued to be severely hampered by ongoing insecurity and difficult access, as well as slowly disbursed and largely inadequate humanitarian funding.

Similarly, the humanitarian situation in the Gaza Strip sharply deteriorated in 2024 following the intensification of hostilities that began in late 2023. Continuous pounding of Gazan civilians by the Israeli army has resulted in untold suffering, including over 50,000 killed and many thousands severely injured, the vast majority of them being women and children. Civilian infrastructure, including homes, hospitals, and water and sanitation facilities - were systematically destroyed. This devastation, coupled with deliberate obstruction of humanitarian aid into Gaza, pushed the already vulnerable population into a catastrophic situation. Over 90% of the population have been displaced multiple times, healthcare facilities are in near total collapse, there is severe food insecurity, and little to no access to clean water. This, combined with overcrowded living conditions and poor sanitation, led to a surge in waterborne diseases like diarrhoea and hepatitis, posing a massive threat, particularly to children. The unprecedented violence against Gaza also saw the highest number of humanitarian staff killed in the history of humanitarian action.

Despite the growing number of humanitarian crises, geopolitical tensions and alliances seem to override the need to uphold humanity and address these problems. The lack of international willingness and the ongoing division within the UN Security Council directly impacts a continued lack of resolution to multiple conflicts, thus perpetuating numerous humanitarian crises.

The effectiveness of humanitarian response depends in large part on international cooperation, where a multilateral approach plays a crucial role in coordinating and mobilising resources for aid. Unfortunately, 2024 saw a further move away from multilateralism, where individual political priorities came to the forefront, at the expense of protection of civilians and securing sufficient aid to help millions of people in need. There are many crystal-clear examples of such short-sighted international “policies”, with Afghanistan, DR Congo, Gaza, Sudan, Syria and Yemen – being just a few of the bigger ones. In such political undercurrents, humanitarian organisations are increasingly becoming isolated in their efforts to mobilise resources, navigate



complex operating environments, advocate for principled action, and ultimately deliver effective assistance to those in need on the ground. Even before the radical cuts from the US government and other donors early in 2025, donor funding continued to decrease last year, posing a massive challenge to humanitarian response, presenting the humanitarian sector with the urgent need to rethink the sustainable funding models for humanitarian responses.

Furthermore, the challenges around humanitarian access have further increased last year. Apart from an obvious conflict-related insecurity, both governments and non-state armed groups play a considerable role in creating impediments to effective aid delivery, resulting in delays or prevention of life-saving assistance reaching those in need. In conflict zones, warring parties frequently used aid as a weapon, blocking supplies or diverting them for their own purposes. Moreover, we observe a dangerous trend where humanitarian workers are increasingly perceived as political or military assets, leading to their deliberate targeting by state and non-state actors. This is compounded by a lack of accountability for perpetrators, fostering a climate of impunity. Disinformation and misinformation campaigns further exacerbate the risks by undermining the neutrality and legitimacy of aid organizations, leading to increased hostility and violence against humanitarians. Last year the targeting of humanitarian workers reached unprecedented levels, with at least 377 fatalities reported across 20 countries, most of them being national aid workers.

International Humanitarian Law provides a normative and legal framework against the politicisation of humanitarian assistance by upholding core principles, facilitating access, protecting humanitarian space, and establishing accountability. Yet, despite this important legal framework, enshrined in the Geneva Conventions, ratified by 196 states, 2024 saw a further dramatic erosion for the respect and upholding of IHL. Widespread killing of civilians, targeting of humanitarian workers, hospitals and civilian infrastructures, seem to be met by considerable silence from the international community. This pushes the world into a dangerous ground, where impunity could replace the rule of war, and from where it would be difficult to bring the world back away from killing civilians with great levels of impunity - onto the path of compassion and respect for humanity. Furthermore, the blatant disrespect for IHL potentially leads to the manipulation of aid as a tool of war and endangering humanitarian access, thus exacerbating the suffering of civilian populations.

INTERSOS demonstrated its capacity to respond swiftly to new crises. This included providing assistance to Syrians affected by the February 2024 earthquake and supporting populations impacted by severe flooding in Chad, the Central African Republic, and South Sudan. In 2024 **INTERSOS** scaled up its humanitarian response in Sudan, the world's largest humanitarian crisis.

INTERSOS also continued to assist the most vulnerable, including women, children, internally displaced persons (IDPs), and refugees, with integrated multi-sectoral assistance in 23 countries, including in Afghanistan, DR Congo, Iraq, Jordan, Lebanon, Syria, and Yemen. Protection assistance, consisting of psycho-social support, legal assistance, and case management for vulnerable individuals, including survivors of gender-based violence and unaccompanied minors was carried out in all of our operational contexts. Furthermore, **INTERSOS** continued to scale up its health and nutrition activities, including support to primary healthcare, and addressing severe and moderate acute malnutrition, as well as conducting vaccination campaigns in countries like Nigeria and Yemen. Assistance was also provided with access to clean water and sanitation in a number of contexts, as well as providing essential shelter and household items to displaced populations.

In October 2024, together with Scuola Superiore Sant'Anna from Pisa **INTERSOS** organised the 3rd annual Humanitarian Congress in Rome titled - Humanitarianism in violent and troubled times. This event brought together experts and practitioners from Academia, ICRC, INGOs and the UN to reflect on the challenges faced by the humanitarian system.

Furthermore, **INTERSOS** continued to actively voice concerns about the protection of civilians and humanitarian workers in conflict zones, as highlighted during World Humanitarian Day 2024, as well as participated in multiple individual and collective advocacy actions on critical issues like the humanitarian situation in Yemen and the need to defend UNRWA. Advocacy on IHL remained a strong priority, where **INTERSOS** took part in high-level initiatives, such as panel discussions at the UN ECOSOC Humanitarian Affairs Segment in New York in June. Together with ICVA, **INTERSOS** co-led the C7 Principled Humanitarian Assistance WG resulting in a joint communique aimed at influencing the G7 group during its Italian presidency, which culminated in a high-level event in Rome in May.

In summary, 2024 was a year of significant humanitarian action for **INTERSOS**, marked by rapid responses to new emergencies and the continuation of vital programs in protracted crises. The organisation demonstrated its commitment to reaching the most vulnerable and working closely with local partners. These efforts were undertaken amidst escalating conflicts, increasing humanitarian needs, funding constraints, and significant challenges in accessing affected populations and ensuring their safety.





2. 2024 FIGURES



Protection



Water Sanitation and Hygiene (WASH)



Emergency Shelter and NFIs



Health and Nutrition

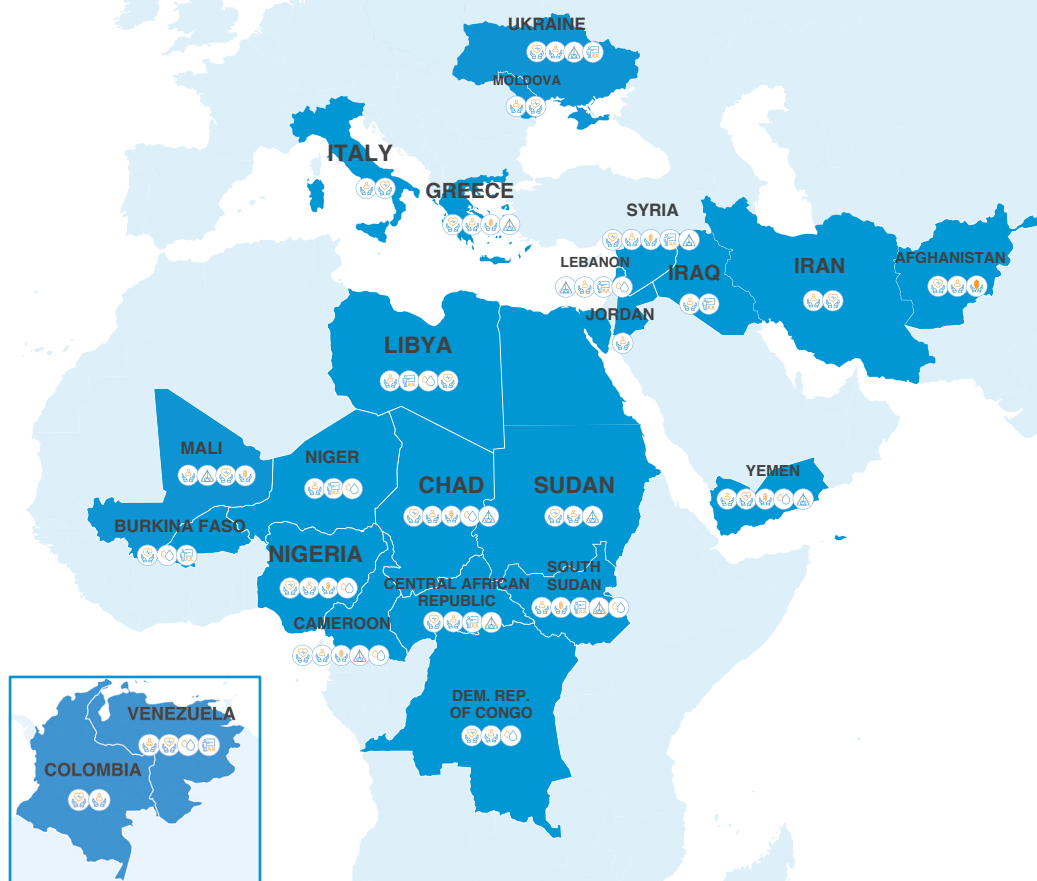


Food Security and Livelihoods



Education in Emergencies

Our intervention in 2024



107.955.087 €

BUDGET FOR IMPLEMENTED ACTIVITIES¹

247

IMPLEMENTED PROJECTS

4.951.300

PEOPLE REACHED

3.546

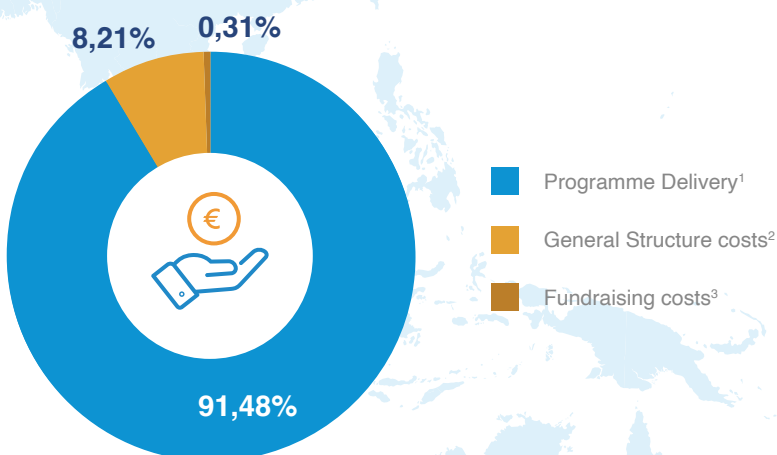
STAFF*

*AS AT 31.12.2024

Sustainable Development Goals



How funds are used



¹ Programme costs are costs allocated to direct project activities

² Structure costs are costs allocated to all indirect and support activities

³ Fundraising costs are costs for activities net of personnel costs

3. ABOUT US

INTERSOS is an international humanitarian organisation based in Italy, which intervenes in emergency and crisis situations to bring immediate aid and guarantee assistance to people threatened by conflict, violence, extreme poverty, natural or man-made disasters. Since 1992, we have been working alongside communities affected by humanitarian crises, offering integrated protection services and access to medical care, with particular attention to the most vulnerable, distributing basic necessities and emergency shelters. By providing operational capacity and resources, we help to guarantee fundamental rights such as the right to food, water and health.

INTERSOS aims to strengthen its presence in affected territories, improving the quality of interventions to reach an increasing number of people in vulnerable and dangerous conditions. At the same time, it intends to work to find durable solutions for displaced populations that support their resilience, restoring people's dignity and decision-making capacity. At the same time, **INTERSOS** wants to mobilise society on humanitarian values, fundamental rights and the dignity of every human being.

INTERSOS carries out its interventions to contribute to a world based on equality, justice, fair access to rights and resources, peace, and solidarity. Our staff is guided by our Charter of Values and the humanitarian principles of neutrality, impartiality, and independence.

The legal form of **INTERSOS** is that of a Recognised Association. Following Determination no. G02458 of 27.02.2025, Intersos ETS has been registered in the Single Register of the Third Sector under the section "other Third Sector Entities." It is now officially a Third Sector Entity and applies the new rules set forth by Legislative Decree 117/2017, the "Third Sector Code," Title X "Tax regime of Third Sector Entities," Articles 79-89.

Please note that Article 82 of Legislative Decree 117/2017 concerning indirect taxes and local levies has been in effect since January 1, 2018. The new tax provisions outlined in Title X of the Third Sector Code will apply starting from the tax period 2026. This was confirmed by the Ministry of Labour's press release on March 8, 2025, which announced the EU authorisation and the operability of the tax rules in favor of the Third Sector from January 1, 2026.

INTERSOS pursues, on a Non-Profit basis, its civic, solidarity, and socially useful purposes by carrying out and exercising exclusively or principally one or more activities of general interest, as referred to in Article 5 of the Italian Third Sector Code (Legislative Decree 117/2017) listed below, with specific reference to:

- **development cooperation;**
- **healthcare interventions and services;**
- **education, vocational education, and training, and cultural activities of social interest with an educational purpose;**
- **humanitarian support, reception and social integration of migrants;**
- **promotion of the culture of legality, peace among people, and non-violence;**
- **promotion and protection of human, civil, and social rights.**



INTERSOS is an independent Organisation, partnering with numerous local associations and organisations as well as with the main European and international institutions and agencies. It is a member of ICVA⁴, VOICE⁵, LINK 2007⁶, has consultative status in the UN Economic and Social Council and observer status at the International Organisation for Migration.

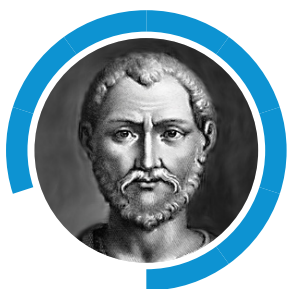
⁴ ICVA is a global network of non-governmental organisations whose mission is to make humanitarian action more principled and effective by working collectively and independently to influence policy and practice. This global network includes more than 100 NGOs members operating in 160 countries at global, regional, national and local level.

⁵ VOICE stands for "Voluntary Organisations in Cooperation in Emergencies" and it is an NGO network promoting effective humanitarian aid worldwide since 1992. VOICE is the main NGO interlocutor with the European Union on emergency aid and disaster risk reduction, and it promotes the values of its 89 member organisations.

⁶ LINK 2007 is a consortium of Italian NGOs. Its aim is to share values, knowledge and experiences and enhance the impact of cooperation, development and humanitarian assistance. The goal is an incremental qualitative increase in cooperation and development partnerships.



a. Our values



*“Homo sum, nihil humani
a me alienum puto”*

*I AM A HUMAN BEING, NOTHING HUMAN IS
ALIEN TO ME.*

(Terence, 190-159 a.C.)

This is **INTERSOS**' first principle. The organisational values and interventions stem from it. It affirms the central role of human beings, and the principles of equality, justice, peace, solidarity, hence reaffirming the human duty to help all the people living in conditions of need and suffering, and to do so unconditionally, without any other consideration or belief.

INTERSOS is:

Without barriers **INTERSOS** operates in full coherence with the principles of the Universal Declaration of Human Rights and the European Convention on Human Rights. **INTERSOS** rejects any kind of distinction or discrimination based on race, gender, religion, nationality, ethnicity, or class of the people in need.

Human Humanity is at the heart of **INTERSOS**' work. Our commitment is based on the centrality of the human being and the desire to prevent and alleviate suffering. Our workers are committed every day to protecting the most vulnerable people by listening, understanding and guaranteeing proximity to the populations in need.

Neutral **INTERSOS** activities guarantee a neutral approach. In conflict contexts we do not take sides, and we do not take part in political or religious disputes. Our activities aim to provide services to communities and aim to build a relationship of trust with people, without supporting or favouring anyone.

Impartial **INTERSOS** considers people in need of assistance regardless of any political, religious or social difference and affiliation. Its humanitarian activities are impartial and include any population or persons at risk or in significant need of assistance. At the same time **INTERSOS** will not refrain from identifying and adopting a political stance towards possible individual or institutional responsibilities in the light of specific catastrophic events, including natural or man-made disasters.



Independent

INTERSON is not subject to political or ideological, national or international order. Its independence of thought and judgement legitimises **INTERSON** to denounce any violation of human rights and any form of injustice and inequity without conditions. The same independence principle determines the criteria in choosing financial public and private partners.

Attentive to local cultures

INTERSON carries out its activities through methods and behaviours that respect the cultural and religious contexts.

Attentive to local potential

INTERSON puts at the centre of its activities the human value and dignity. This is why it immediately involves the local population when implementing actions, developing and strengthening the capabilities and expertise of individuals and of the community, thereby gradually eliminating dependence on external help. Its relationship with local populations is based on openness, dialogue, exchange and participation, in line with Accountability to Affected People (AAP).

Professional in solidarity

INTERSON considers solidarity and professionalism as two fundamental, indispensable and inextricable components of its humanitarian actions. It considers these core elements to respond with humanity, efficiency and quality to the needs of the populations.

Transparent

INTERSON operates thanks to the financial support of public and private donors. The financial statements of every single project are verified by the public funding bodies and certified by firms of auditors.



b. Our History

1992

SOMALIA

INTERSOS launched its first project in Somalia where, shortly afterwards, it took over the regional hospital in Jowhar, the only medical centre in the entire Middle Shabelle region.



1996

MINE ACTION UNIT

The Mine Action Unit was created, first in Bosnia, then in Angola, Afghanistan, and Iraq, for humanitarian demining activities.



2001

AFGHANISTAN

INTERSOS started its mission in Afghanistan to assist the population with food security programmes, access to water, and treatment of malnutrition.



2010

HAITI

INTERSOS began an emergency response to meet the needs of the victims of the violent earthquake in Haiti that destroyed the capital Port-au-Prince.



2008

YEMEN

Operations began in Yemen to assist refugees in camps and to help victims of human trafficking.



2011

ITALY

INTERSOS launched its first intervention in Italy with the opening of the A28 Centre in Rome, a night centre for unaccompanied foreign minors in transit to Northern Europe.



2016

GREECE AND NIGERIA

INTERSOS began its intervention in Greece, with itinerant teams in the reception camps set up between Thessaloniki and the border of North Macedonia, and also began operations in Nigeria, in the state of Borno, to provide emergency shelter and food security for displaced families.



2020

COVID-19

With the outbreak of the Covid-19 pandemic, **INTERSOS** readjusted its project activities in all missions and launched emergency health response programmes in the countries of intervention.



2024

SUDAN

INTERSOS has been operating in Sudan since the start of the current conflict, both in the East of the country, in areas controlled by the Sudanese Armed Forces (SAF), and in Darfur, under the control of the Rapid Support Forces (RSF).



2022

UKRAINE CRISIS

INTERSOS immediately mobilised to respond to the Ukrainian crisis, first at the border, then with operators in Poland, Moldova, and Ukraine itself, to provide medical assistance, protection, and psychosocial support.



c. Focus: our commitment to localisation

During 2024, **INTERSOS** embarked on an important journey to consolidate and develop its localisation agenda. This is a strategic commitment, based on the belief that strengthening the role and capacities of local communities and actors is key to ensuring effective, relevant and sustainable humanitarian responses. This approach recognises the value of the expertise, contextual knowledge and access capacity of local organisations and communities - often irreplaceable elements in addressing the most complex humanitarian challenges.

During the year, **INTERSOS** collaborated with local partners in 21 of the countries in which it operates, involving hundreds of different actors: community groups, local NGOs, ministries, volunteers working in the border areas in Ukraine (last mile deliverers), committees of refugee women in eastern Chad, self-help groups of people with disabilities in Jordan, and organisations committed to defending the most marginalised groups, such as the LGBTQIA+ community in the Middle East.

In line with this commitment, the collaboration with Stichting Vluchteling (SV) has made it possible to join forces in developing internal systems and policies aimed at facilitating equitable partnerships and empowering local partners, recognising that a solid institutional foundation is essential for their autonomy and the long-term sustainability of their activities. In 2024, **INTERSOS** and SV completed the third phase of their Strategic Localisation Initiative, translating localisation principles into concrete actions through pilot projects in Yemen and Mali, two complex humanitarian contexts that provided an opportunity to test approaches tailored to crises of a different nature.

In Mali, **INTERSOS** tested a new crisis response model in collaboration with the local women-led NGO FeDe, which operates in the areas of women's empowerment, gender equality and community engagement. This partnership, formalised with a strategic Memorandum of Understanding, aims to strengthen the response capacities of both organisations through a structured plan for growth and autonomy. Jointly developed, the plan included the deployment of **INTERSOS** experts for targeted support, as well as mentoring and training activities to address FeDe's structural weaknesses and enhance its operational, managerial and programmatic systems. A particularly significant aspect was FeDe's immediate involvement in a parallel project, which enabled the local organisation to intervene in areas that are difficult for international actors to access, leveraging its local knowledge and community networks. The "secondment" approach adopted by **INTERSOS** involved the deployment of experienced staff members to work with and for the local partner, with the aim of providing direct support to FeDe in operational, administrative and financial management, as well as in the security risk prevention and mitigation. **INTERSOS** staff embedded within FeDe with a twofold objective: ensuring effective implementation of project activities and structurally strengthening the partner organisation through the transfer of expertise. Security-related support proved especially relevant for FeDe, addressing an important gap by providing not only internal policies, but also skills and practical tools required for their implementation. The feedback received on this support modality—through the deployment of expert staff—was positive: it was perceived as more effective than traditional consultancy, being more flexible and targeted to specific needs. From a sustainability and impact perspective, the organisational strengthening enabled FeDe to take a more active role in humanitarian forums, and allowed **INTERSOS** to collaborate with the partner in hard-to-reach areas while also reducing risks. The joint development of tools and standard operating procedures (SOPs), together with the transfer of expertise, ensures ownership of the new processes and the capacity to use them independently in the future.





In Yemen, a country marked by years of conflict and humanitarian crisis, **INTERSOS** piloted an innovative approach: the SCLR (Survivor and Community-Led Crisis Response) model, in line with its commitment to localisation and Accountability to Affected Populations (AAP). This model recognises the critical role of affected communities as first responders, valuing their contextual knowledge, vulnerabilities and response capacities. Through flexible micro-financing, **INTERSOS** transferred resources and decision-making power to local self-help groups, enabling them to deliver assistance quickly and effectively. Collaboration with Deem—a Yemeni organisation specialised in health and protection services—and with the technical support of Local 2 Global Protection, developer of the SCLR model, proved crucial. In the initial phase, **INTERSOS** and Deem conducted an in-depth protection analysis in target areas, identifying threats, vulnerabilities and existing local capacities. Both formal and informal community groups were supported in developing concrete project ideas and formulating realistic and feasible intervention plans, ensuring their active and leading role in the crisis response. After a pre-selection of proposals, the groups received tailored technical support and targeted monitoring—for example, civil engineer consultancy for reviewing construction and rehabilitation projects. The innovative solutions proposed by the communities proved effective and responsive to needs in an integrated manner, addressing issues such as access to water, education, health and infrastructure. Communities actively participated, including through co-financing mechanisms such as crowdfunding. This approach fostered continuous learning and exchange between different groups, strengthening social cohesion, actively involving women, men, youth and people with disabilities. The partnership with Deem enabled access to remote areas—where **INTERSOS** cannot operate directly—thanks to Deem's experience, access capacity and strong community ties. All micro-projects achieved their objectives, demonstrating that this approach can deliver rapid and economically sustainable results compared to traditional models. Feedback from the community highlighted the uniqueness of this model, which brought people together in identifying needs and building shared solutions for a more stable future.

In 2024, **INTERSOS** also launched the PARTAGE project, funded by the European Union's Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), in Mali and Burkina Faso. The initiative was created in response to the severe humanitarian crisis affecting the central Sahel, where growing insecurity and armed attacks put humanitarian workers at risk and hinder access to the most vulnerable populations. In particular, local and national NGOs—often at the forefront of the response—face enormous challenges in managing security risks, and only a few have adequate systems in place. **INTERSOS**, together with BIOFORCE, Insecurity Insight, GISF and the PONA and CNOSC-BF platforms, created PARTAGE with the aim of providing tools, technologies and best practices to strengthen risk management and ensure safer and more effective interventions by local actors. The project focuses on enhancing local and national actors' capacity to manage security risk through tailored tools, guidelines and best practices, alongside training, coaching, peer exchanges and micro-financing. PARTAGE also includes advocacy to promote a more equitable distribution of responsibilities and funding for security within humanitarian partnerships. An online information platform was created to support risk management, while specialised empowerment programmes—such as training of trainers and mentoring—provide essential skills to local professionals. Local NGO coordination platforms play a key role in the PARTAGE strategy, facilitating the dissemination of resources and promoting local ownership of the initiative.

Alongside its field activities, **INTERSOS** has also strengthened its internal capacities at the global level, developing new operational systems, project management tools and staff-specific skills. In 2024 alone, more than 100 staff members from different operational units and departments took part in training sessions on



localisation in humanitarian aid, acquiring new knowledge and practical skills. **INTERSOS** has also adopted partnership evaluation tools, which consider both partner satisfaction and the impact of the collaboration on their organisational development and **INTERSOS'** response capacity. The organisation's technical units developed thematic assessment tools to thoroughly analyse the capacities and needs of local partners, identify potential areas for strengthening, and support them in a joint growth process.

Finally, **INTERSOS** contributed to collective coordination initiatives to promote localisation and more equitable partnerships. It is an active member of national and regional working groups on the topic, takes part in shaping the strategic positioning of the LINK2007 network on localisation, and collaborates with other Italian networks (CINI and AOI) in the drafting of joint advocacy documents.



d. Our Governance

General Assembly

The Assembly is the statutory body that deliberates on the general course of activities to achieve the Organisation's goals, approves the financial statements and the annual report, and elects and revokes the members of the Board of Directors, the Board of Arbitrators, and the Supervisory Body. The Assembly is convened, in ordinary session, at least once a year to approve the financial statements of the previous year, the possible renewal of officers, and the presentation of the budget for the current year.

As of 31 December 2024, the **INTERSOS** Assembly consisted of 30 members. The Members of **INTERSOS** are classified into Founding Members, who participated in the establishment of **INTERSOS** by signing the relevant deed, Honorary Members, who have contributed through relevant acts to the development of **INTERSOS** and its activities and to the dissemination and defence of its humanitarian principles, and Ordinary Members. In 2024, the General Assembly met in June to approve the financial statements.

The Board of Directors

The Board of Directors takes the necessary and appropriate measures to achieve the Association's goals, according to the directives of the Assembly. It is composed of a minimum of seven and a maximum of nine members, including the Director General, and meets at least 3 times a year.

The Founding Members participate by right in the meetings of the Board of Directors with advisory and proactive powers. The Board of Directors may avail itself of the support of other individuals, also non-members, distinguished for their professionalism, experience, and affirmation of humanitarian principles, to be involved on a permanent basis for the entire duration of the Board itself, or from time to time with the role of experts and the function of providing opinions and suggestions, without the right to vote. There shall be no more than 2 permanent experts.

As of 31 December 2024, the **INTERSOS** Board of Directors consisted of 8 voting members and met 7 times during the year.



Composition of the **INTERSOS Board of Directors** as at 31.12.2024

1. Konstantinos Moschochoritis	Director General and President a.i.
2. Roberta Canulla	Member
3. Antonio Donini	Member
4. Davide Gallotti	Member
5. Lucio Melandri	Member
6. Eileen Morrow	Member
7. Mamadou Ndiaye	Member
8. Delphine Pinault	Member
9. Nino Sergi	President Emeritus - Founding Member with advisory power
10. Amedeo Piva	Founding Member with advisory power
11. Tineke Ceelen	Permanent Expert
12. Apostolos Veizis	Permanent Expert



The Supervisory Body

The Supervisory Body has the task of monitoring compliance with the law and the articles of association and respect for the adequacy of the organisational, administrative and accounting structure and its concrete functioning. It is also monitoring compliance with civic, solidarity and social utility purposes; certifies that the annual report is prepared in accordance with the guidelines; highlights to the Board of Directors the situations of conflict of interest in which the Director General may find himself and transmits to the Board of Directors recommendations and indications considered appropriate for the correctness and transparency of the association's work and for the consistency of the activities with the statutory purposes. The Supervisory Body remains in office for three years and its members may be reconfirmed for a maximum of three consecutive terms.

INTERSOS' Board of Statutory Auditors was appointed by the General Assembly on 28 June 2023 and is made up of three standing members and two alternates, with requirements of honour, professionalism and independence, appointed by the Assembly.

Composition of **INTERSOS'** Board of Statutory Auditors as of 31.05.2025

1. **Dott. Giampaolo De Simone** - Standing member
2. **Dott. Raffaele Del Vecchio** - Standing member
3. **Dott. Angelo Chiocchi** - Standing member
4. **Dott.sa Maria De Angelis** - Alternate member
5. **Dott.sa Patrizia Vezzosi** - Alternate member

The Board of Arbitrators

The Board of Arbitrators is entrusted with the task of working for the settlement and resolution of any dispute arising between the bodies of the association and within the framework of relations between the association and the operational structure. The Board of Arbitrators is provided for in the association's Bylaws and has been appointed by the General Assembly on 28 June 2023 and consists of three members:

1. **Davide Berruti**
2. **Alda Cappelletti**
3. **Luciano Costantini**



Surveillance Body

The Surveillance Body is a body provided for by Legislative Decree 231/2001 on the 'administrative liability of companies and bodies'. This body is appointed 'autonomously' by the Board of Directors. The Surveillance Body has the task, with regard to the Organisational Model issued by the Entity, of constantly monitoring:

- on its observance by all addressees
- on its actual effectiveness in preventing the commission of the Offences
- on the implementation of the prescriptions contained therein;
- on its updating, in the event the need arises to adapt the Model due to changes in the corporate structure and organisation or in the reference regulatory framework.

The Surveillance Body was elected by the Board of Directors on the 13th of June 2022 and is composed of:

1. **Giampaolo de Simone**
2. **Gabriele Zito**
3. **Paolo Tartaglia**

Advisory Board

The **INTERSOS** Advisory Board is composed of people who share our values and humanitarian commitment, and voluntarily put their skills and professionalism at the service of **INTERSOS**. At the end of 2024 the **INTERSOS** Advisory Board was composed of:

1. **Enrica Costantini**
2. **Raffaele Costantino**
3. **Nerina di Nunzio**
4. **Nancy Earle**
5. **Andrea Lanzone**
6. **Laura Maywald**
7. **Paolo Petrocelli**
8. **Giulia Pigliucci**
9. **Andrea Schiavoni**



e. People

Our staff is composed of competent and passionate people, moved by the desire to do their part to help those in distress. They are professionals with experience in humanitarian crisis contexts, capable of managing complex projects and human resources. They are committed every day to responding to the needs of the people we help, according to international procedures and protocols.



**Konstantinos
Moschochoritis**

**Director General
and President a.i.**

Born in Patras, Greece, in 1963, he is Director General of **INTERSOS**, after serving as Secretary General from 2016. Graduate in Electrical Engineering, since 1995 he has been working in the humanitarian field. He has worked as Logistics Manager and Head of Mission in many countries in Africa, Asia and South America. From 2007 to 2013, he was General Manager of Doctors Without Borders (MSF) Italy.



**Nino
Sergi**

**President
Emeritus**

In 1992, he was among the founders of **INTERSOS**, serving as Secretary General, then President until 2015. Graduate in Philosophy, at 23 he completed his first mission in Chad. In 1974, he joined the trade union movement with Cisl, and after a factory experience, he became involved in immigration and cooperation policies at ISCOS, the Trade Union Institute for Development Cooperation.

Martin Rosselot	Director Programmes Department
Sergio Vecchiarelli	Director Finance Department
Magda Bellù	Director Human Resources Department
Filipe Loureiro Costa	Director Logistics and Supply Department
Riccardo Mioli	Regional Director Middle East
Andrea Dominici	Regional Director Regional Office for Emergencies
Papy Kabwe	Regional Director West Africa
Andrea Martinotti	Regional Director East and Central Africa
Alda Cappelletti	Senior Humanitarian Advisor
Giulia Gemelli	MEAL Advisor
Letizia Becca	Head of Medical Unit
Christina Nisha	Head of Protection Unit
Chiara De Stefano	Communication and Press Office Coordinator
Emanuela Vetere	Fundraising Referent
Luciano Costantini	Head of Grants Control & Compliance Unit
Paolo Tartaglia	Internal Auditor
Romano Zampetti	Global Security Advisor
Miro Modrusan	Geneva Representative and Policy Advisor

(data as at 31.05.2025)



4. HUMAN RESOURCES

a. 2024 figures⁷



The total number of headquarters and missions staff is 3.546, divided into:

Total Staff HQ: **92** out of which **30** staff belonging to Regional Offices⁸

Total Staff Mission Italy: **80**

Total fundraising support staff: **1**

Total Consultants/Support Staff: **8**

Total International Mission Staff: **170**

Total National Mission Staff: **3.196**

Details of contracts applied:

Number of employees with permanent contracts (Men and Women): **47**



16
MEN



31
WOMEN

Number of employees with fixed-term contracts (Men and Women): **7**



3
MEN



4
WOMEN

Number of employees with project/casual work contracts (Men and Women): **273**



150
MEN



123
WOMEN

Number of consultants with VAT (Men and Women): **15**



3
MEN



12
WOMEN

Number of consultants/ Support staff (Men and Women): **8**



2
MEN



6
WOMEN

Number of employees with local contracts (Men and Women): **3.196**



1.788
MEN



1.408
WOMEN

⁷ Data as at 31.12.2024 in Full Time Equivalent

⁸ Regional staff refers to the staff that make up the Regional Offices of INTERSOS: West Africa, East and Central Africa, Middle East, Regional Office for Emergencies.

Average age: 39 years old

Number of active volunteers (friendship): 11



b. Training Activities

In 2024, we continued our efforts to ensure all newly hired staff gain a correct and complete understanding of both the organisation's humanitarian approach and key administrative and operational procedures from day one. In 2024, 188 new staff members participated in the initial training course (Induction), including 15 national staff. Additionally, Guidelines were drafted to properly organise the same initial training course for all national personnel recruited by our Missions' Human Resources Offices, thus increasing the standardisation and quality of the integration process for new staff.

Beyond the Induction, 2024 saw a more structured approach to role-specific training for all **INTERSOS** staff promoted to positions of greater responsibility, primarily coordination roles like Regional Directors, Heads of Mission, or Financial Coordinators. In total, 25 role-specific training sessions were activated, marking a 178% growth compared to 2023, when 14 were activated.

Consistent with a lifelong learning approach and aiming to support staff in updating their work-related skills, **INTERSOS** continues to invest in quality training activities provided by external bodies. In 2024, over 400 hours of external training were utilised for 18 staff members on various topics such as Grants, Protection, MEAL, and also soft skills.

Regarding internal training—organized directly by **INTERSOS** for its own personnel based on specific identified training needs—in 2024, over 230 hours of field training were delivered across different missions in sectors crucial to the organisation's work. These included Protection, Health and Nutrition, Localisation, Security, and once again, soft skills, which are increasingly fundamental competencies for this type of international, intercultural work in complex crisis contexts.



5. TRANSPARENCY AND INTERNAL CONTROL

Internal control in the Organisation is ensured by three independent bodies:

- The **Supervisory Board**, composed of three professionals from outside the Organisation, registered with the Register of Auditors, Chartered Accountants and Lawyers
- The **Board of Arbitrators**, also composed of three members and chaired by a professional registered with the Register of Auditors and an expert on Law 231
- An **Internal Auditor**, whose independence is reinforced by the fact that he reports directly to the Board of Directors and is not included in the Organisation's chart.

Humanitarian activities in the countries of operation are annually subject to audits and accounting controls performed by external auditors directly appointed by **INTERSOS** donors. In 2024, **INTERSOS** underwent dozens of project audits in its operating countries. These audits were carried out by Auditing Firms selected by the donor entities.

Throughout 2024, **INTERSOS** conducted numerous training sessions in its countries of operation to strengthen the understanding and application of the Safeguarding Framework. This framework defines **INTERSOS**'s approach to potential misconduct, violence, or harm caused not only by the organisation's staff but also by all those participating in activities (suppliers, collaborators, people we assist, local communities, etc.), with the aim of promoting their well-being and protection.

The Safeguarding Framework is a package of 12 documents that reflects **INTERSOS**' commitment to applying a zero-tolerance principle in cases of abuse and non-compliance with regulations. The objective is to prevent all types of misconduct or abuse, but also – should they occur – to ensure that everyone knows how to report and manage such cases promptly. This regulatory framework guarantees that individuals who report cases of abuse are protected, and perpetrators are sanctioned.

The documents included in the regulatory framework are:

- **INTERSOS Code of Conduct;**
- **Policy for the Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH policy);**
- **Child Safeguarding Policy;**
- **Dignity at Work Policy;**
- **Equal Opportunities Policy;**
- **Anti-Modern Slavery Policy;**
- **Ethical Images Policy;**
- **Whistleblowing and Investigation Policy;**
- **Conflict of Interest Policy;**
- **Data Protection Policy;**
- **Environmental Policy;**
- **Misconduct Policy.**



The new Code of Conduct is binding for all staff. It must be signed upon assumption of duty and implies a series of commitments. Among these, the humanitarian principles of impartiality, neutrality, independence, and humanity stand out.

INTERSOS' procedure for internal reporting (Whistleblowing) and investigations has played an important role in countering all behaviors that violate the **INTERSOS** Code of Conduct.

Staff, the communities we assist, and the various stakeholders who collaborate with **INTERSOS** in various capacities, can submit reports via:

- Email to complaint@intersos.org;
- WhatsApp at +39 3808970033;
- Mail to the attention of the Internal Auditor, Intersos, Via Aniene 26, 00184 Rome, Italy;
- Through the **INTERSOS** website.

In 2024, 74 reports of conduct non-compliant with the **INTERSOS** Code of Conduct were received from 18 countries.



6. FINANCIAL RESOURCES AND FUNDRAISING

2024 figures

108.240.217 €

FINANCIAL STATEMENTS TOTAL INCOME

91,48%⁹

EXPENDITURES FOR MISSION

0.31%¹¹

EXPENDITURES FOR FUNDRAISING

11.706.497 €

FUNDS RAISED FROM PRIVATE DONORS

77.566 €

FUNDS RAISED FROM COMPANIES

647.530 €

FUNDS COLLECTED BY CHURCHES

493

NUMBER OF 5X1000 SIGNATURES

109.121.083 €

FINANCIAL STATEMENTS TOTAL EXPENDITURES

8,21%¹⁰

EXPENDITURES FOR STRUCTURE

95.166.756 €

FUNDS RAISED FROM INSTITUTIONAL DONORS

1.375

NUMBER OF DONORS (INDIVIDUALS)

10.254.905 €

FUNDS RAISED FROM FOUNDATIONS

24.231 €

5X1000 FUNDS

To download the 2024 Financial Statements, Mission Report, and Report of the Supervisory Body,
USE THE QR CODE



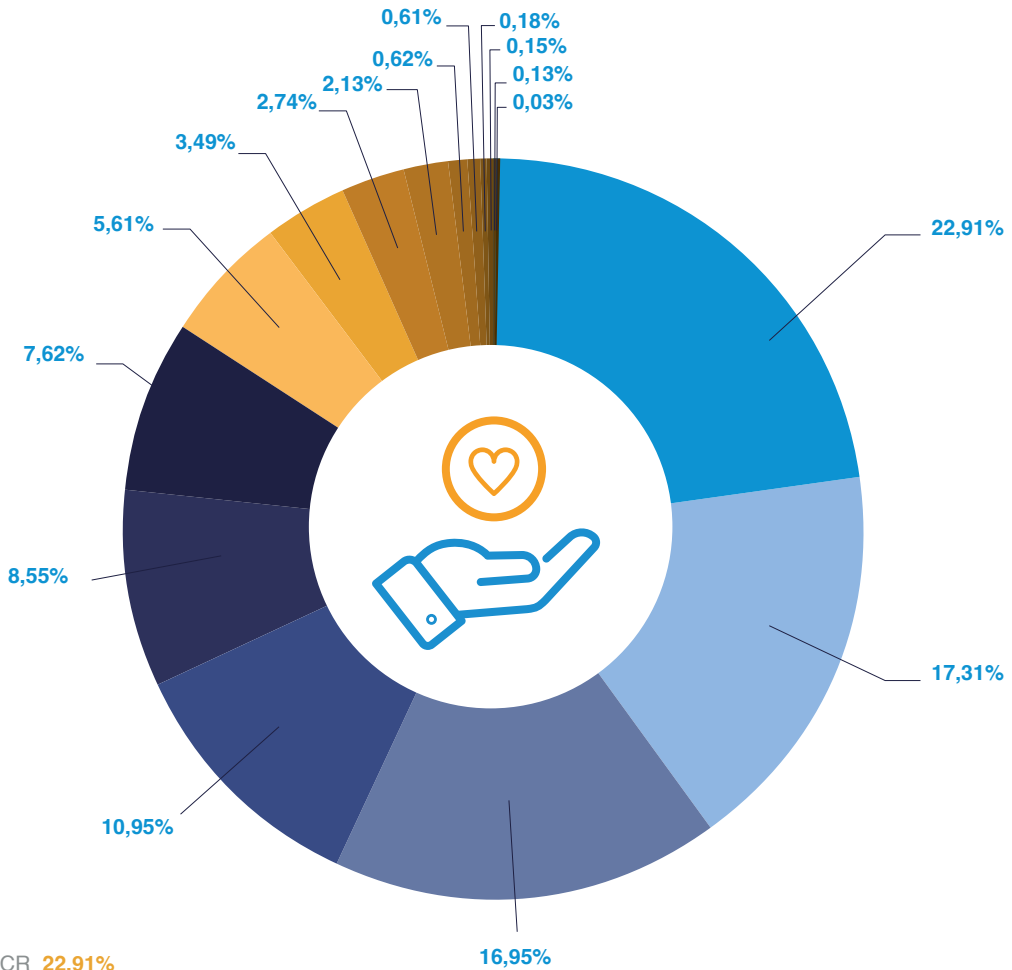
⁹ Mission costs are costs allocated to direct project activities.

¹⁰ Structure costs are costs allocated to all indirect and support activities.

¹¹ Fundraising costs are costs for activities net of personnel costs.



Our Donors



UNHCR	22,91%
USAID	17,31%
ECHO - EC	16,95%
PRIVATES	10,95%
OCHA	8,55%
AICS	7,62%
UNICEF	5,61%
WFP	3,49%
EUROPEAN COMMISSION	2,74%
OTHER GOVERNATIVE INST.	2,13%
IOM	0,62%
UNFPA	0,61%
OTHER NATIONAL INST.	0,18%
UNDP	0,15%
UN INSTITUTIONS	0,13%
CHF	0,03%



7. SECTORS OF INTERVENTION



Protection

We provide physical and psychological protection of the most vulnerable people affected by humanitarian emergencies and in the protection of their rights, with specific attention to children and women survivors of violence.



Health and Nutrition

We provide access to vital, primary and secondary medical services in emergency situations. We support the local healthcare systems and treat malnutrition.



Food Security and Livelihoods

We help cover primary food security needs through the distribution of food, seeds, agricultural tools and cattle for food production and subsistence.



Emergency Shelter and NFIs

In the event of natural disasters or acute phases of conflict, we intervene as soon as possible by providing emergency shelter and essential non-food items.



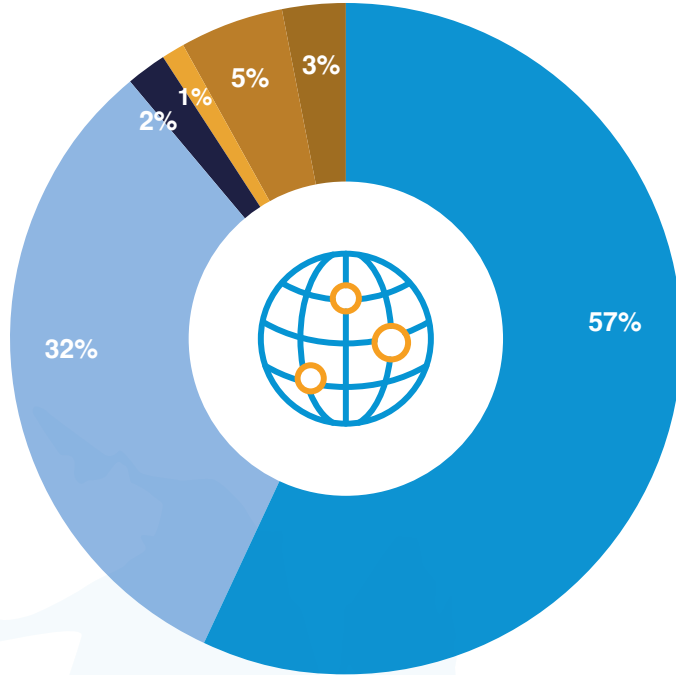
Education in Emergencies

We promote the right to education by building or rebuilding schools, training teachers and promoting educational activities in humanitarian crises.



Water Sanitation and Hygiene (WASH)

We intervene to ensure clean water and build latrines in order to improve the living conditions of vulnerable people. We train in their correct use through hygiene promotion campaigns.



8. FOCUS: HUMANITARIAN ACCESS

Humanitarian needs continue at staggering levels globally. While in 2024 nearly 300 million people were estimated to need assistance, projections for 2025¹² indicate around 308 million people worldwide require urgent aid. According to OCHA¹³, by the end of 2024 the number of forcibly displaced people has also climbed, reaching almost 123 million, a significant increase from the over 117.2 million cited at the end of 2023 and double the figure from a decade prior.

Against this backdrop, the delivery of aid faces increasing constraints. A critical emerging challenge is funding instability, highlighted by the dramatic reduction in US and other countries (UK, Germany, Belgium, the Netherlands and others) foreign aid.

Between December 2023 and December 2024, crisis-affected populations in 35 countries¹⁴ experienced high to extreme access constraints that made it difficult for them to meet their basic needs: countries where humanitarian organisations are facing severe limitations include countries like Palestine, Sudan, Yemen, Myanmar, Afghanistan, DRC, the Sahel, Nigeria and Syria. Although access constraints have always existed, the scale and reach of humanitarian programmes has increased over time, including work in new areas and new types of programming. Increased access challenges are therefore inevitable. There are multiple reasons for that:

- **Insecurity/Conflict:** this remains a primary obstacle, especially in active war zones or areas with multiple armed actors. Armed conflicts are becoming increasingly complex and fragmented. By June 2024 the Geneva Academy for the IHL violations¹⁵ indicated 57 non-international armed conflicts (NIACs) and 14 International Armed Conflicts (IACs). Two-thirds of conflicts today are between three or more opposing forces. The International Committee of the Red Cross (ICRC) estimates that in 2024, approximately 210 million people reside in areas either fully controlled or contested by such groups¹⁶. Globally, 450 of these armed groups are relevant to humanitarian situations. Humanitarian organizations and affected populations need to negotiate access with all these parties to be able to move in areas under their control. Humanitarians have no other choice than to engage with all these actors to have their presence accepted. This makes access inherently more complex and requires more skill and resources;
- **In addition to violence,** armed conflict and counter terrorism measures, bureaucratic and administrative impediments are a significant and growing barrier to humanitarian operations. These limitations are often put in place purposefully by specific parties to influence and steer humanitarian aid into a certain direction and to support their own interests. Organizations are, for example, requested to pay 'taxes' in return for permission to deliver aid, required to obtain multiple permissions from multiple authorities, or are pressured in the selection of staff and local partners. These bureaucratic obstacles cause severe delays. Consequently, vulnerable populations do not receive the vital assistance they need;
- **Internal challenges within the humanitarian community,** such as a lack of coordinated approaches, can also hamper access. Frameworks like Joint Operating Principles (JOPs) aim to harmonize approaches but face limitations in effectiveness due to their informal nature, lack of binding obligation, and inconsistent application. The core humanitarian principles (Humanity, Impartiality, Neutrality, Independence) remain the bedrock for negotiating and maintaining access;

¹² <https://humanitarianaction.info/overview/2025>

¹³ <https://humanitarianaction.info/document/global-humanitarian-overview-2024/article/response-plans-overview-2024>

¹⁴ <https://www.acaps.org/en/thematics/all-topics/humanitarian-access>

¹⁵ <https://geneva-academy.ch/galleries/today-s-armed-conflicts>

¹⁶ https://blogs.icrc.org/law-and-policy/2024/10/31/icrc-engagement-with-armed-groups-in-2024/#_ftn1



- **Risks for aid workers:** in 2024, 482 aid workers were kidnapped, injured or killed¹⁷. As a result, some international organizations have become risk averse and the risk appetite to work on the frontlines has diminished. Global data show that humanitarian organizations respond in smaller numbers to insecure emergency contexts, compared to more stable settings. Considerably fewer humanitarian organisations responded to highly violent, conflict-driven emergencies, irrespective of funding available and the needs of the population. It is a relatively small group of humanitarian actors who operate in the highest risk locations;
- **Logistics/Physical Access:** Poor infrastructure, natural disasters exacerbated by climate change and active conflict zones hinder movement.

In the course of 2024 **INTERSOS** made significant strides in institutionalizing humanitarian access within and across the organisation. A key focus was strengthening policies and procedures, marked by the development of a comprehensive humanitarian access policy framework to embed access considerations into strategic planning. To lead these efforts, the position of Senior Humanitarian Advisor was established in September 2023. Capacity building was robust, with 107 staff members trained on humanitarian negotiation, principled action, and humanitarian engagement in 2024 year alone. To foster shared learning, an internal Humanitarian Access Community of Practice was established.

In specific country contexts, **INTERSOS** achieved notable results in the humanitarian access field.

- **In Syria**, sustained and improved access was secured through agreements with line ministries, enabling a crucial shift to direct implementation of protection activities. This change benefited 12,598 individuals and led to improved case identification, community trust, operational efficiency, and quality control. Support to Syria country office continued in line with the changes in the context starting in December and aimed at establishing relations with the new de facto authorities following the fall of the regime.
- **In Sudan**, support was critical for the re-establishment of **INTERSOS** office and operations, both in the east of the country and in Darfur, the definition of the access strategy and the protocols leading our engagement with the local authorities: 8,000 people benefitted so far of improved access to services. mission reactivation and engagement, leading to improved or maintained access alongside the DRC in the second reporting period.
- **In DRC** intense work was conducted to ensure sustained presence in areas under the M23 control in North Kivu. The dedicated support focused on the barriers to the delivery of protection services and protection monitoring in particular. The regular coaching and advisory to the country team was instrumental to overcome access barriers and ensure the resumption of protection activities in M23 controlled areas. 52,500 people benefitted so far from increased access to services. Negotiation capacity strengthening will remain a major focus, as the ability of field staff to manage heavy bureaucratic and administrative impediments.
- Similar support was also provided to **Mali and Burkina Faso** where violence, internal conflict and bureaucratic impediments are affecting the ability of the population in remote areas to reach life-saving services.

Cumulatively, across contexts like Mali, DRC, Sudan, and Syria, the efforts to maintain and sustain humanitarian access contributed to improved access benefiting a total of 132,848 people in 2024.

¹⁷ <https://reliefweb.int/report/world/aid-worker-security-report-figures-glance-2021>



9. OUR MISSIONS



Afghanistan, Alessio Romenzi



INTERSOS
ANNUAL REPORT 2024

NTERS S



Hasib Hazinyar

AFGHANISTAN

Sectors of intervention


2001

First intervention
in the country


412.700

People reached


10

Projects


14.874.857 €

Activities' budget

After decades of conflict and instability, Afghanistan continues to experience a complex humanitarian crisis. By 2024, the forced repatriation of nearly one million Afghans from Iran and Pakistan, natural disasters and ongoing economic decline have further worsened the situation.

In 2024, an estimated 23.7 million people - more than half of the Afghan population - are in need of humanitarian assistance. The main challenges concern access to food, protection and health services. The areas of greatest need are often classified as "white areas", where essential services are severely limited or entirely absent. In large parts of the country, the lack of basic infrastructure de-

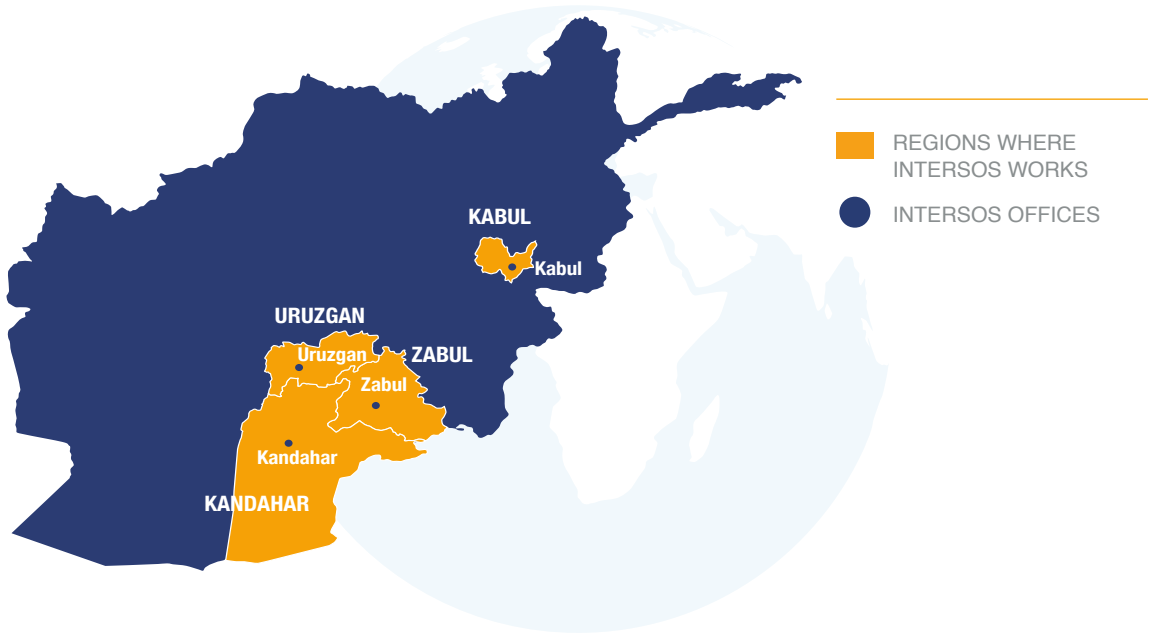
prives communities of access to health, education and other essential services, such as access to clean water.

The prolonged imposition of restrictions on rights by the de facto Taliban authorities—starting with education and employment—has increased the vulnerability of women and other at-risk groups, limiting their access to essential services and livelihood opportunities, deepening inequalities and exacerbating humanitarian needs year after year.

The protracted crisis has also fuelled widespread illiteracy, preventing a significant portion of the population from developing necessary skills and



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limiting opportunities for employment and self-sufficiency.

INTERSOS reaches vulnerable populations in the most remote areas. In 2024, we assisted 526,652 people in the provinces of Kabul, Kandahar, Uruzgan and Zabol. Our intervention addresses critical needs in health, nutrition, protection and access to clean water, aiming to restore dignity and strengthen communities' resilience.

We provide basic and specialised health services, including consultations for communicable and non-communicable diseases, maternal and child health, mental health support, sexual and re-

productive health care, and emergency obstetric services. We treat malnutrition and provide vaccinations against Polio, Tuberculosis, Measles, Hepatitis B, Rotavirus and pentavalent vaccines. We promote hygiene in health centres and communities and contribute to epidemiological surveillance.

In the protection sector, we particularly target survivors of gender-based violence, displaced families and returning individuals, offering safe spaces, psychosocial support, and logistical assistance in accessing necessary services in the nearest towns or centres.

Results highlights



337.844

people received medical consultations



527

survivors of gender-based violence supported



11.854

cases of malnutrition treated



12.030

people completed routine vaccination cycle



11.189

deliveries assisted at our clinics





BURKINA FASO

Sectors of intervention



2019

First intervention
in the country



205.200

People reached



11

Projects



3.726.363 €

Activities' budget

The humanitarian crisis in Burkina Faso continues to heavily impact civilians. In the country, 5.9 million people require humanitarian assistance, representing 25% of the population¹⁸. The protracted security crisis, along with climate shocks like the risk of drought and flooding, has heightened vulnerabilities, especially in hard-to-reach areas. In these areas, insecurity restricts movement. An estimated 1.1 million people live in these hard-to-reach areas¹⁹, with some enduring these conditions for over two years. These populations are relying only on humanitarian assistance and the state-organised convoys.

Protection of Civilians (PoC) is more concerning than ever. Violence against women and girls has also intensified. Women and girls face a high risk of protection incidents while searching for water, food, and firewood, underscoring how the lack of access to life-saving assistance and basic social services exacerbates protection risks for vulnerable people.

Despite worsening humanitarian conditions in Burkina Faso, funding has dropped sharply since 2020. The UN Office for the Coordination of Humanitarian Aid (OCHA) humanitarian response plan was allo-

¹⁸ <https://humanitarianaction.info/document/global-humanitarian-overview-2025/article/burkina-faso-2>

¹⁹ HRP 2024





cated \$316.1 million in 2020, nearly 75% of its funding needs, compared to only \$148 million in 2024 – only 16% of Burkina Faso's growing humanitarian aid needs.

In 2024, the projects implemented supported internally displaced persons (IDPs), vulnerable host communities, and people with specific needs, adopting integrated approaches focused on protection, health, nutrition, education in emergencies, and local capacity building.

In the health sector, we strengthen local health centers by providing essential medicines and operator support, ensuring access to free healthcare for displaced persons. We offer psychosocial support to women and children who are survivors of violence, train local operators, and create safe spaces for listening and protection. This ensures that populations affected by the humanitarian crisis have access to primary, curative, and preventive healthcare, as well as quality nutritional management, with a

focus on children aged 6-59 months, both through admission at health centers and home-based care using the Mid-Upper Arm Circumference (MUAC) approach.

In education, we support the reopening of closed schools and contribute to improving schools affected by displacement through the construction and rehabilitation of boreholes and latrines in schools. We also provide hygiene and menstrual management kits to vulnerable girls to keep them in school, and train teachers and students on promoting hygiene and sanitation in the school environment.

Finally, in the protection sector, we provide awareness sessions for men and women, boys and girls on various protection topics. These include the right to information and available services, violence against children, the importance of having a birth certificate, social cohesion, and community conflict management.

Results highlights



33.167

people received psychosocial support



98.348

people gained access to healthcare



26.081

internally displaced students and educational staff benefited from access to safe drinking water and adequate hygiene practices





CAMEROON

Sectors of intervention



2015

First intervention
in the country



674.500

People reached



10

Projects



3.312.999

Activities' budget

Cameroon is facing a complex humanitarian crisis driven by conflict, climate shocks, displacement and limited access to essential services. The country is affected by three main crises: the conflict in the Lake Chad area (Far North), violence by armed groups in the North West and South West and the influx of refugees from the Central African Republic.

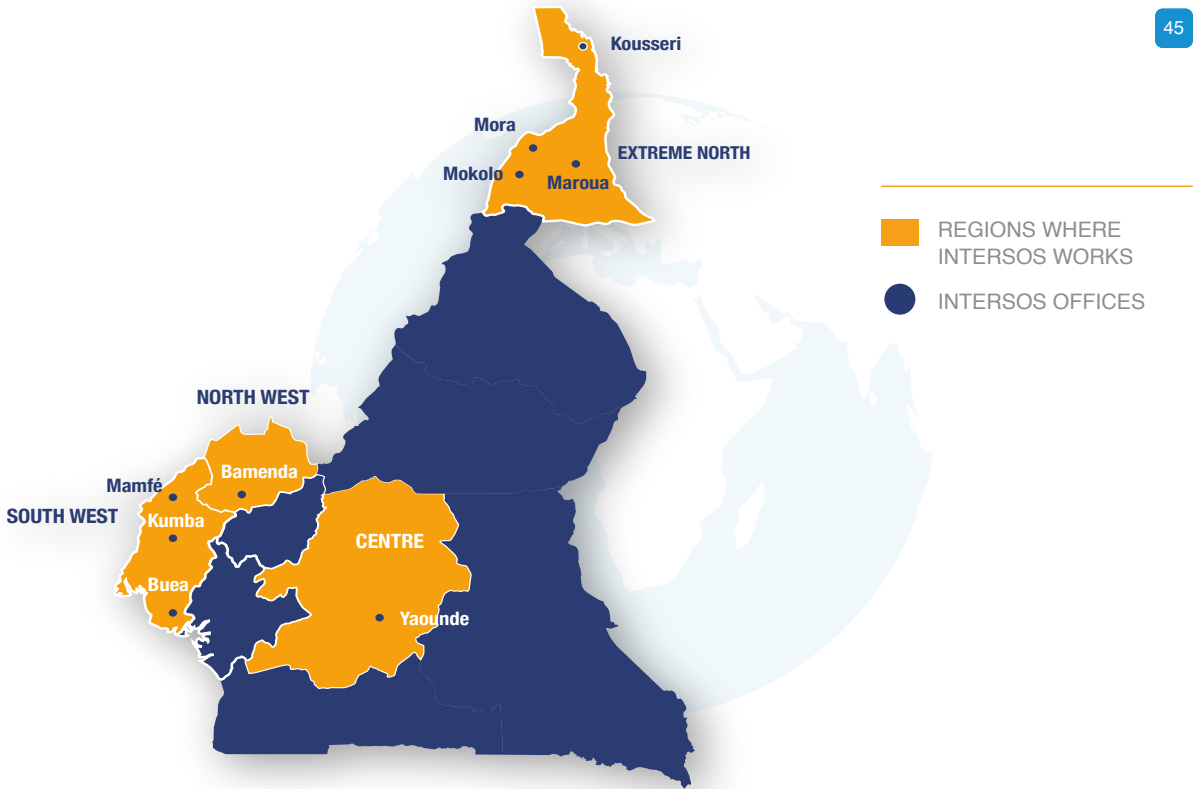
In the Far North, 1.6 million people are in need of humanitarian assistance, with high levels of food insecurity and persistent violence that have caused over 450,000 displaced people. In the North West and South West, 1.7 million people are in need due to armed conflict, school closures and human rights violations, including abductions and targeted

killings. The presence of 351,000 Central African refugees further strains the already limited local resources, limiting access to health, education and protection services. Widespread poverty, insecurity and movement restrictions complicate the ability of affected communities to meet their basic needs. Additionally, climatic disasters such as floods and droughts worsen food insecurity and humanitarian needs.

INTERSOS works to create a safe and protective environment for communities affected by crises in the Far North, North West and South West. A network of safe spaces offers women and children opportunities for socialisation and access to



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psychosocial support through group activities and specialist counselling. Survivors of gender-based violence receive material assistance and are referred for medical care. Protection monitoring²⁰ in remote villages documents rights violations such as abductions, violence and forced displacement, raising awareness among humanitarian actors and authorities.

To tackle food insecurity, **INTERSOS** supports malnutrition treatment for nursing mothers and children through the distribution of therapeutic food on the

one hand, and, by strengthening resilience capacities, offers farmers agricultural tools and livestock on the other. Additionally, the organisation works to improve access to clean water and sanitation by building wells and promoting hygiene.

In response to the recent floods, in the Far North **INTERSOS** provided cash assistance to meet the urgent needs of families and distributed materials to protect agricultural land. In 2024, **INTERSOS** supported approximately 370,000 IDPs, refugees and host communities across Cameroon.

Results highlights



41.352

people received cash assistance



14.276

moderately malnourished children received nutritional support



4.268

people received psychosocial support



104

infrastructures built (wells, solar installations, poultry farms, fishing ponds, etc.) benefiting 3,576 people



1.262

survivors of gender-based violence received assistance

²⁰ See definition in glossary





CENTRAL AFRICAN REPUBLIC

Sectors of intervention



2014

First intervention
in the country



62.400

People reached



9

Projects



2.567.835 €

Activities' budget

The Central African Republic continues to experience instability for more than a decade, characterised by political crises and internal conflicts, with the presence of several armed groups. Violence and climatic shocks, in particular floods, cause frequent and large-scale displacements. In 2024, 2.8 million people - 46% of the population of the Central African Republic - were extremely vulnerable, to the point that humanitarian aid alone was no longer sufficient to ensure their well-being. According to the National Development Plan 2024-2028, 68.8 percent of Central Africans live below the poverty line, with large disparities between urban and rural areas.

Weak basic services, limited socio-economic opportunities and recurring crises deeply undermine daily life. In addition to exacerbating vulnerability and resilience to shocks, socio-cultural norms reinforce discrimination against women/girls and persons with disabilities, constituting a real obstacle to their full participation in social and economic life. Gender inequalities are severe: up to September 2024, almost 16,200 cases of gender-based violence were recorded, 34% of which were rape. Conflict-related sexual violence increased by 66%, with 146 cases documented between October 2023 and September 2024 (a 36% increase in violations and 4% in-



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crease in victims compared to the same period last year). Human rights violations are on the rise, while illiteracy and exclusion from basic services remain widespread, especially in isolated or conflict-affected areas.

In 2024, **INTEROS** focused its activities on protection, in particular in response to gender-based violence, access to health services and support for the displaced population, with the coordination and management of camps for displaced persons and refugees (CCCM), the provision of emergency shelters and the distribution of non-food kits. Protection committees and community forums were set up in the prefecture of Kémo to strengthen social cohesion between migrants, IDPs and host communities, also using the language of traditional arts as a tool to raise awareness. Training courses on case management and gender-based violence were organised for humanitarian personnel to ensure quality services for survivors, and child-friendly mobile spaces were set up to provide psychosocial support.

Vulnerable children were also identified for involvement in vocational training and school reintegration courses, while information and feedback centres improved the level of accountability to those assisted. In Batangafo and Kabo, a multi-sectoral project improved the living conditions of conflict-affected populations through CCCM and protection activities, strengthening community risk prevention and reporting mechanisms, and ensuring access to psychosocial and medical care for victims of violence.

In seven health zones, community health workers and midwives were trained to improve screening, referrals, pregnancy monitoring, infection prevention and malnutrition management, along with the provision of essential medicines. In several locations, safe spaces provided services to thousands of people, with training activities on gender-based violence targeting communities and service providers, accompanied by the distribution of dignity kits to vulnerable women and girls.

Results highlights



7.520

dignity kits distributed



2.056

cases of gender-based violence treated, of which 849 children involved



19

listening centres built and activated





CHAD

Sectors of intervention



2004

First intervention
in the country



398.400

People reached



16

Projects



7.337.721 €

Activities' budget

Chad is located at the centre of a region characterised by regional instability, which often manifests through the forced displacement of populations from neighbouring countries.

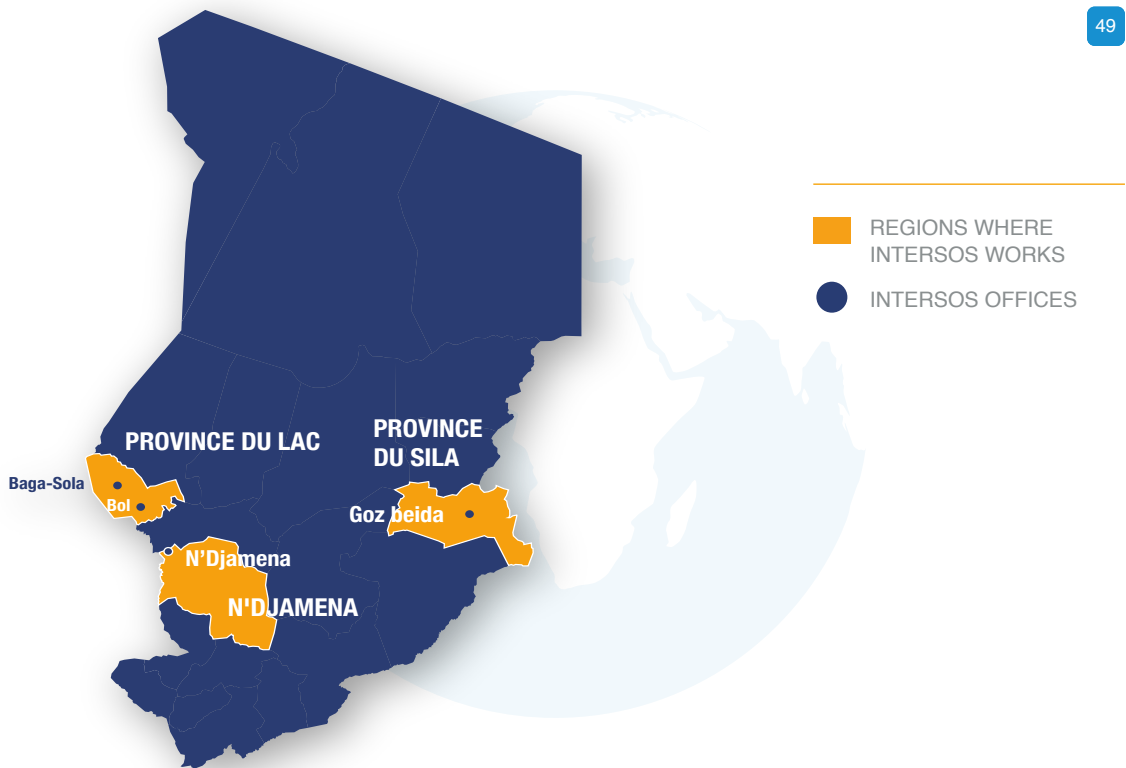
Since the beginning of the conflict in Sudan in April 2023, the eastern provinces of Chad have been the most affected by the influx of people seeking refuge. Since then, 793,951 new people have arrived in the country, bringing the total number of refugees and IDPs hosted by Chad to 1,824,540 at the end of December 2024*. These people are mainly fleeing the insecurity caused by the conflict in Sudan and violent incursions of the Boko Haram group in the Lake West province, which alone hosts 220,610

internally displaced persons. According to OCHA, the UN Office for the Coordination of Humanitarian Affairs, the security situation in Sudan continued to deteriorate considerably in 2024. Chad ranks as the second most affected country by the crisis in Sudan.

INTERSOS interventions in the country focus on the most vulnerable people, including refugees, returnees, internally displaced people and the most fragile members of host communities. Particular attention is paid to women, children, people with disabilities and individuals with special needs. In the protection sector, **INTERSOS** actively responds to risks such as Gender Based Violence (GBV), abuse and statelessness, through prevention activities that include



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awareness raising and community education. Participatory solutions are developed with communities, such as the production of cooking briquettes²¹ and more efficient and sustainable cooking systems compared to traditional methods, aiming to reduce firewood consumption, which is often the cause of serious accidents. Beyond prevention, we provide comprehensive care for people whose rights have been denied, offering psychosocial support, financial assistance for medical or legal treatment, family reunification processes for unaccompanied minors and placement in temporary foster families.

Regarding Shelters and Non-Food Goods, in 2024 we built 3,003 shelters for over 10,000 displaced people and distributed hygiene kits and household

items in response to shocks such as floods. Under Food Security, we identified 214,672 people in host and IDP communities who received assistance during the most critical period of the year for food insecurity—the rainy season.

As part of the Rapid Response Mechanism (RRM), we provide Humanitarian Protection responses, including awareness-raising, identification and referral of cases to specialised services, and psychological first aid. In 2024, over 500 IDPs received this support. **INTEROS** is also committed to strengthening the capacity of local NGOs, aiming to make them more autonomous and aligned with international standards.

Results highlights



2.461

people benefited from humanitarian protection services;



3.005

refugee families received shelter as part of the Sudanese crisis response in eastern Chad;



6.472

people participated in awareness-raising sessions on protection risks, available assistance services, accountability and PSEA in the Lake Chad province.

^{*} UNHCR data

²¹ Briquettes are a natural product consisting of pressed charcoal ovules, which allow for long combustion and can also be reused.





COLOMBIA

Sectors of intervention



2019

First intervention
in the country



500

People reached



1

Project



65.874 €

Activities' budget

Despite the signing of the Peace Agreement between the Colombian government and the Revolutionary Armed Forces of Colombia (FARC) in 2016, the country continues to face a complex internal crisis of a political, socio-economic humanitarian nature. Over the past ten years, more than 7.7 million migrants and refugees from Venezuela have left their country to escape insecurity, economic crisis and the collapse of public services. Of these, approximately 2.9 million currently live in Colombia, which already faces one of the world's highest rates of forced displacement due to prolonged internal conflict.

The population living along the Colombian-Venezuelan border is exposed to multiple risks, driven by the porous nature of the border, the presence of armed groups on both sides, Colombian internal displacement and the pressure on Colombian public services due to Venezuelan migration.

INTERSOS has provided immediate access to protection and primary health care services, including sexual and reproductive health, for people affected by the crisis - both migrants and Colombians - mainly in the Norte de Santander region. We ran an integrated health and protection programme,



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with interventions in both countries (Colombia and Venezuela), with a particular focus on cross-border referral systems to assist commuting or returning populations.

Specifically, our team provides general medical consultations and sexual and reproductive health services for pregnant and lactating women (ultrasound, anaemia screening, rapid tests for urine, HIV and syphilis). We also offer humanitarian protection services for vulnerable girls, women and minors, including case management and specialised legal and psychological services. Particularly vulnerable people are provided with cash assistance to access essential services that require fees. The protection teams in Colombia and Venezuela

worked closely throughout the year, successfully ensuring the redirection of particularly vulnerable cases, especially undocumented minors, between the state of Arauca (Colombia) and the state of Apure (Venezuela).

All activities are carried out through a direct and mobile approach, to reach communities and individuals in hard-to-reach, neglected and marginalised areas. Mobile teams consist of a general practitioner, a gynaecologist or midwife, a nurse, a nursing assistant, a case manager, a lawyer and a psychologist. Our team also works on prevention through awareness sessions on sexual and reproductive health, gender-based violence and child protection risks.



DEMOCRATIC REPUBLIC OF THE CONGO

Sectors of intervention



2009

First intervention
in the country



805.400

People reached



16

Projects



4.195.921 €

Activities' budget

In 2024, the humanitarian situation in the east of the Democratic Republic of Congo remained extremely critical, marked by an escalation of violence, massive displacement and severe human rights violations, particularly in the provinces of North Kivu, South Kivu and Ituri. According to UNHCR, by the end of 2024, more than 6 million people were internally displaced, the vast majority in the eastern provinces. An escalation of conflicts in the first months of the year caused new massive displacements, with over 738,000 people forced to flee between January and March. Attacks, often perpetrated by armed groups deliberately targeting civilians - including within IDP camps - generated alarming levels of sexual and gender-based violence, particularly

affecting women and children. Access to essential goods such as healthcare, food and drinking water has remained very limited due to insecurity. In 2024, the Democratic Republic of Congo reached record levels of sexual violence, displacement and food insecurity because of the conflict. Epidemics and limited humanitarian access further aggravated the crisis, leaving millions in urgent need of assistance.

In 2024, **INTERSOS** implemented a comprehensive set of protection activities in the provinces of North Kivu, South Kivu and Ituri. We carried out protection monitoring activities, which included the identification and registration of incidents and protection needs, accompanied by analyses aimed at facilitating



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appropriate responses from humanitarian actors present in the country. We also provided direct assistance - or redirected people - for legal, medical, psychological and social support.

We conducted activities aimed at strengthening the capacities of local actors and communities in managing protection risks. Key interventions included training Local Protection and Development Committees (CLPD), assessing and reinforcing the response capacity of local authorities, and organising workshops with the National Commission for Human Rights (CNDH) and community representatives.

INTERSOS also facilitated the development and implementation of community protection plans, supported community structures and strengthened the skills of its own staff through specialised training. In Ituri, activities included awareness campaigns,

mapping of available services, the establishment of listening points, training sessions and rapid impact projects to promote social cohesion.

In Ituri and South Kivu, we also worked in the nutrition sector, identifying community referents and training them on nutrition counselling, followed by awareness campaigns on malnutrition. We also conducted mass screening for oedema and supported cases of severe acute malnutrition, covering the costs of transport, nutrition, laboratory tests and medications for patients and their caregivers.

Finally, in North Kivu, we ensured access to drinking water and improved the hygiene conditions of host communities and displaced people in the Lubero territory by rehabilitating water sources and constructing family latrines.

Results highlights



235

family latrines built



3

water sources rehabilitated, benefiting 1,500 families



1.370

pregnant and lactating women screened and referred for specialist care



8.177

malnourished children screened and referred for specialist care





GREECE

Sectors of intervention



2016

First intervention
in the country



13.800

People reached



2

Projects



97.150 €

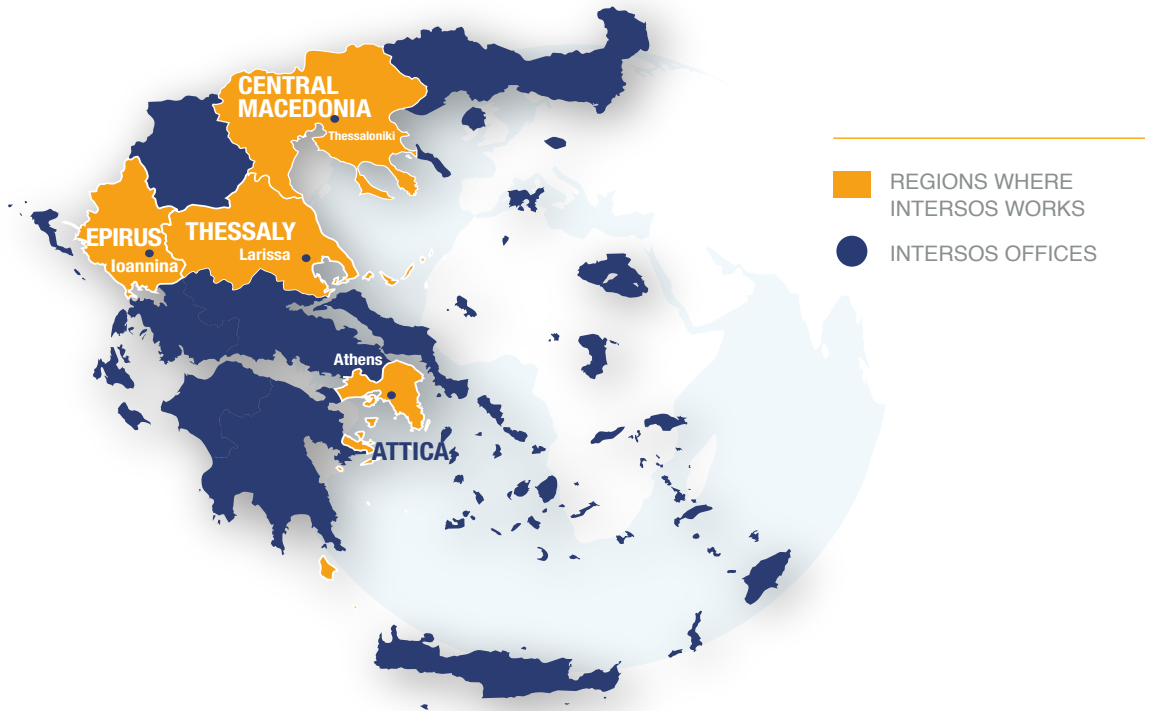
Activities' budget

Since 2015, and in the following years, Greece has been at the centre of one of the largest forced migration movements in recent history. In that year alone, over 850,000 refugees and migrants arrived, mainly from Syria, Afghanistan and Iraq. Although arrivals decreased in subsequent years, 2024 saw a new increase, with 57,309 refugees and asylum seekers arriving in Greece - 50,159 by sea and 7,150 by land - mainly from Syria, Afghanistan, Egypt and Eritrea. Minors accounted for 26% of arrivals by sea, while women and men accounted for 15% and 59%, respectively. The crisis remains linked to global instability and shortcomings of EU asylum policies, placing significant pressure on Greek reception systems.

The main assistance needs are concentrated in several key areas. On the Aegean islands, overcrowded reception centres lack adequate resources. In urban centres such as Athens and Thessaloniki, asylum seekers face integration difficulties, particularly in accessing stable housing, employment and essential services. The approximately 120,000 refugees and migrants in need struggle with precarious housing, food insecurity, legal barriers and difficulties in accessing healthcare, including mental health services. The prevention and response to gender-based violence and child protection remain urgent priorities.



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INTERSOS supports unaccompanied minors living in precarious conditions in Greece, as part of the nationally coordinated Emergency Response Mechanism. The programme aims to inform, protect and empower minors, facilitating their relocation to suitable facilities or semi-autonomous living spaces.

Additionally, we assist the most vulnerable migrants and refugees in Athens and selected camps, responding to their primary need for food, while also providing psychosocial support, referrals to services and informational sessions that promote empowerment, conscious life choices, and integration.

Our intervention also extends to the Epirus and Thessaly regions, where we support the integration of refugees and migrants into the labour market through specialised workshops on CV writing, document issuance, and interview preparation. We also foster housing autonomy by assisting with rental procedures, contacts with landlords, offering rent subsidies, and transport support.

In 2024, we reached 13,788 people, addressing risks such as homelessness, child vulnerability, and social exclusion, and ensuring access to essential services.

Results highlights



6.965

people received food assistance



2.672

people received employability support



335

unaccompanied minors were supported



3.818

people received housing support services





IRAN

Sectors of intervention



2022

First intervention
in the country



1.300

People reached



4

Projects



1.263.422 €

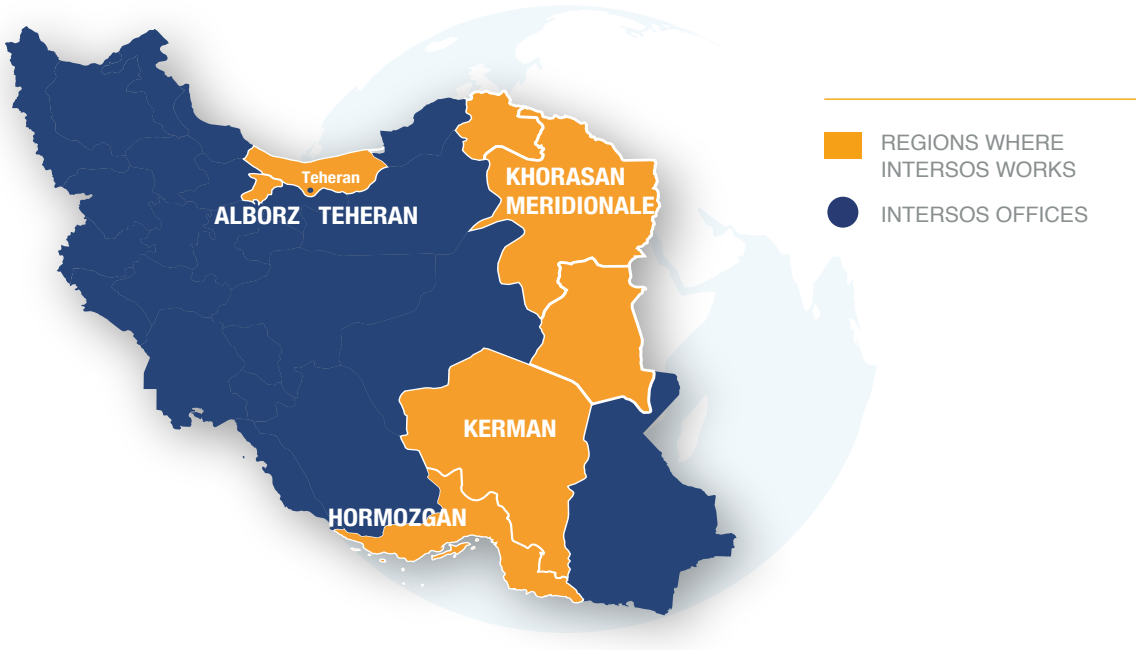
Activities' budget

For over four decades, Iran has hosted Afghan refugees and migrants. UNHCR highlights that approximately 3.8 million Afghans are officially registered in Iran, while unofficial data suggest around 10 million Afghans live in the country. Representing up to 11% of the Iranian population, Afghan communities face increasing difficulties due to economic sanctions, severe inflation, and growing tensions with host communities. In 2024, the Iranian government tightened migration policies, banning undocumented Afghan children from schools and limiting livelihood opportunities. Forced expulsions and detentions have further worsened conditions, disproportionately affecting women and girls. Only

specific categories of undocumented refugees and migrants identified by the Iranian government, such as single-parent households headed by women, will not be deported or detained.

Economic instability and social tensions have exacerbated poverty for both the Afghan and Iranian population. Barriers to employment and legal documentation prevent Afghan families from achieving self-sufficiency, limiting access to basic services and durable solutions. This deteriorating situation increases protection risks and exacerbates vulnerabilities, creating a precarious environment for both displaced and host communities.





Due to strict legal and regulatory frameworks, which affect direct access to populations in need, **INTERSONS** operates in Iran through local partners. We support vulnerable Afghan populations, both documented and undocumented, and Iranian host communities by improving access to health and protection services.

In 2024, **INTERSONS** aimed to strengthen provincial health systems in Alborz, Kerman and Hormozgan through the rehabilitation of 13 health facilities, one of which was completed in Kerman, and 12 are

currently underway (2 in Alborz, 4 in Hormozgan and 6 in Kerman). Medical and non-medical equipment has been provided to enhance the quality of health care in Primary Health Care facilities and health posts. In the protection sector, 1,256 people received psychosocial support, including 1,071 who received prepaid cards for assistance devices and services. In addition, our teams identified and supported people who have experienced and survived gender based violence.

Results highlights



1.071

persons with disabilities/special needs received prepaid cards to support access to assistive devices and services



1.256

individuals received psychosocial support services



74

child protection cases (e.g. child labour) were identified and referred to relevant partners





IRAQ

Sectors of intervention



2003

First intervention
in the country



74.100

People reached



6

Projects



7.397.474 €

Activities' budget

Between 2014 and 2017, the conflict with the Islamic State of Iraq and the Levant forced over six million Iraqis to flee their homes, seeking refuge in various parts of the country. The ongoing conflict in Syria and crises in neighbouring countries continue to influence Iraq's stability. By mid-2024, humanitarian needs remain very high, with 2.5 million people requiring assistance.

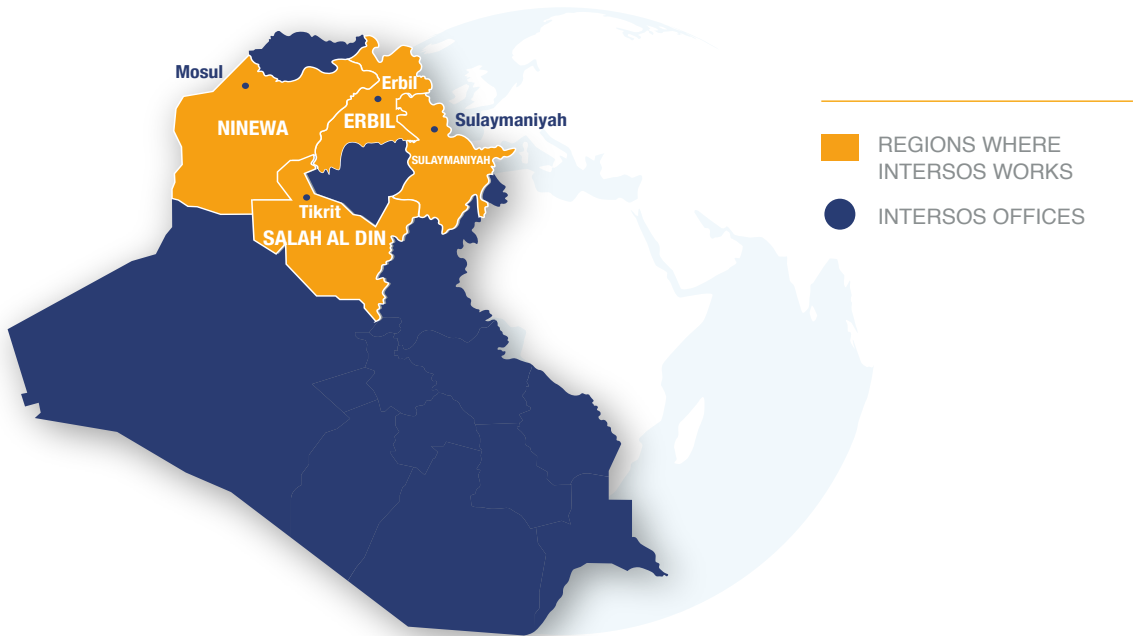
Today, Iraq is home to 338,138 refugees and asylum seekers, 90% of whom are Syrian. The majority (approximately 70%) live in urban areas, while the others are still in IDP camps. The legal protection of refugees is hampered by an incomplete legal system that restricts access to fundamental rights,

such as residence, employment and education. The situation of IDPs shows no significant improvement: against 4.9 million returns, some 925,000 people are still displaced, of whom 100,000 live in informal settlements. Climate change further exacerbates the situation, with displacement linked to rising temperatures and water scarcity. The planned closure of IDP camps in Kurdistan in 2024 has raised concerns about safe and voluntary returns.

Women and children are particularly vulnerable, facing severe socio-economic exclusion. 26% of women experience domestic violence, but legal and social barriers prevent them from accessing justice. In addition, 3.2 million children are out of school due



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to economic obstacles, lack of documentation and inadequate school facilities.

INTERSOS in Iraq focuses on Protection and Education, assisting refugees, internally displaced persons and host communities, with a special focus on women and children. Activities are carried out in areas most affected by conflict and displacement, where access to basic services is limited. Particular attention is given to vulnerable groups, such as ethnic and religious minorities and families with alleged links to ISIL, who face legal, social and economic obstacles in the reintegration process.

In the Protection sector, **INTERSOS** works with local actors and communities to provide quality services, including legal support for civil documentation, gender-based violence case management and child protection, psychosocial support and commu-

nity-based protection initiatives. **INTERSOS** also promotes social cohesion through community-led initiatives and collects data to identify key protection needs, sharing findings with donors, partners and local authorities and referring cases to the relevant structures.

In the Education sector, **INTERSOS** offers non-formal education, distributes education materials and supports school rehabilitation. Additionally, it organises teacher training courses, supports parent-teacher associations, and implements protection mechanisms to ensure a safe learning environment. Awareness-raising activities are also conducted to address issues such as child labour, early marriage, and gender inequality. In 2024, **INTERSOS** conducted a study on educational barriers to guide educational policies and future interventions in the field.

Results highlights



22.785

people assisted with legal advice, assistance and representation



11.359

people reached with non-formal education



10.163

people reached with psychosocial support interventions



Martina Martelloni/INTERSOS

ITALY

Sectors of intervention



2011

First intervention
in the country



4.000

People reached



33

Projects



1.863.343 €

Activities' budget

In 2024, Italian migration policies were further tightened by reinforcing border externalisation measures, including through agreements with third countries. At the same time, persistent global humanitarian crises continued to fuel migratory flows.

Arrivals by sea decreased by 58% compared to 2023, with 66,000 people disembarking, primarily from Bangladesh, Syria, Tunisia and Egypt. However, this reduction is the result of containment policies that expose migrants to human rights violations in transit countries. A similar decrease (-50%) was seen for entries intercepted at the Italian-Slovenian border along the Balkan route, although this figure is likely to be significantly incomplete, as NGOs at the border report that many migrants are not being registered. Illegal rejections and mistreatment continue to occur

along the entire migratory route to Italy, both by land and by sea. Police and security forces in transit countries often resort to violent, arbitrary and degrading practices, aggravating the vulnerability and risks for people in transit.

Regarding the prevention and combating of gender-based violence, the absence of an updated national plan and insufficient funding allocated to anti-violence services continue to be a critical issue. At the same time, in 2024, the entry of pro-life associations into counselling centres was incentivised, with a consequent negative impact on access to reproductive health services.

INTERSOS continues to operate in Italy with an integrated approach across the protection and health



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sectors. We offer support to people in extremely vulnerable conditions, including unaccompanied foreign minors and survivors of gender-based violence and labour exploitation.

In Rome, through our INTERSOS24 and Ottavia Centres, we provide training, one-to-one social support, psychosocial services, legal counselling, and employment guidance for women and girls, as well as specialised support for survivors of gender-based violence. Through the “Ambulatorio Popolare,” we ensure access to primary, gynaecological, and paediatric care for those who have difficulty using the National Health Service. Furthermore, our mobile team, in collaboration with UNICEF, has been active in several of the city’s Extraordinary Reception Centres, identifying vulnerable individuals and facilitating their access to local services.

In Apulia, we are present in the informal settlements of Capitanata, where thousands of migrant agricultural workers live in highly precarious housing and

working conditions. There, we offer healthcare, legal guidance, and cultural mediation. In Sicily, across the provinces of Palermo, Agrigento, and Trapani, our mobile clinics provide medical consultations, screening for infectious and sexually transmitted diseases, psychological support, and social and healthcare guidance to migrants and vulnerable communities.

In Turin, Piedmont, we have launched a pilot project for the foster care of unaccompanied foreign minors, facilitating their integration into stable environments and supporting their path to inclusion through education and training.

At the national level, we coordinate the “Partecipazione” and “Volontari nella Comunità” (Volunteers in Communities) programmes in collaboration with UNHCR, strengthening the leadership and inclusion of refugee communities, and promoting training, networking and protection across various Italian regions.

Results highlights



1.538

people received medical counselling



507

people exposed to or survivors of gender-based violence received specialised assistance



131

representatives of refugee or asylum seeker associations participated in training courses



Martina Martelloni/INTERSOS

Sectors of intervention

JORDAN



2012

First intervention
in the country

14.700

People reached



5

Projects



1.652.376 €

Activities' budget

As of December 2024, Jordan hosts 611,473 Syrian refugees registered with UNHCR, in addition to 76,402 refugees from Iraq, Yemen, Sudan and Somalia, and more than 18,000 Palestinian refugees from Syria. However, the total number of refugees and asylum seekers, including unregistered ones, is estimated at around 1.3 million, accounting for almost 11% of the total population. Of the registered Syrian refugees, 18% live in one of the three official camps (Zaatari, Azraq and Emirates Jordanian Camp), while the remaining 82% reside in host communities, in urban and semi-urban areas.

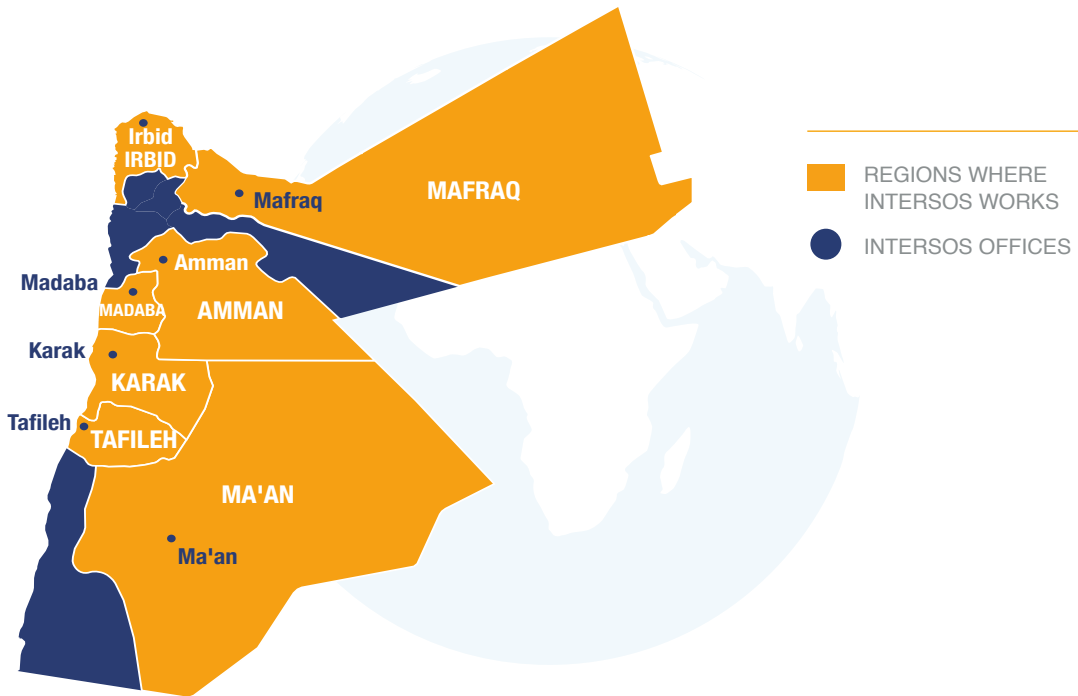
67% of Syrian refugees outside the camps live below the poverty line. Most Syrian families rely on

humanitarian assistance to meet their essential needs. 90% of refugee families resort to survival strategies, such as reducing meals, child labour or early marriage, which negatively impact their living conditions. Urban refugees and host communities face increasing difficulties in accessing basic services and generating income. Furthermore, 69% of refugees outside the camps live in inadequate housing, such as incomplete buildings or tents.

Following the fall of the Syrian government on December 8, 2024 and until the end of the month, approximately 22,000 Syrians returned to Syria via Jordan. Refugee communities express a desire to return, but the decision is complex due to serious



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security concerns - such as the presence of landmines, unexploded ordnance, government instability and lack of guarantees for women's rights - and economic challenges, including transportation costs, debts, and a lack of clear information on return procedures and necessary documentation.

INTERSOS operates to support both refugees and the Jordanian population, promoting social cohesion dynamics in the Governorates of Amman, Irbid, Madaba, Karak, Tafileh, Ma'an and Ma'raq. We intervene in urban, peri-urban and rural areas with projects aimed at providing assistance to the most vulnerable or marginalised individuals through an approach based on the active involvement of local communities in decision-making processes. The goal is to prevent risks related to child protection and gender-based violence, and to respond to incidents related to lack of protection.

In 2024, **INTERSOS** conducted community engagement activities through information sessions, campaigns and group dialogues. These initiatives aimed to raise awareness and inform communities about their rights, monitor population needs and identify gaps in available services. To strengthen the response to gender-based violence and risks affecting minors, as well as to foster the empowerment of local communities, **INTERSOS** implemented capacity-building programmes for community groups and local partners.

Prevention activities were complemented by direct response services, such as legal advice and assistance in obtaining necessary civil documentation for accessing basic services. Additionally, psychosocial support and economic assistance were provided to address specific vulnerabilities or emergency situations.

Results highlights



1.910

people received specialised protection assistance



376

people were supported through economic assistance



890

people received psychosocial support



Martina Martelloni/INTEROS

LEBANON

Sectors of intervention


2012

First intervention
in the country


352.300

People reached


16

Projects


14.200.040 €

Activities' budget

During 2024, the already severe humanitarian and socio-economic conditions in Lebanon were further aggravated by the conflict between Israel and Hezbollah. Particularly since September 2024, the intensifying ground fighting and Israeli air strikes in various areas of the country have caused the largest wave of internal displacement in decades, with nearly 900,000 people internally displaced, over 4,000 killed and 17,000 injured.

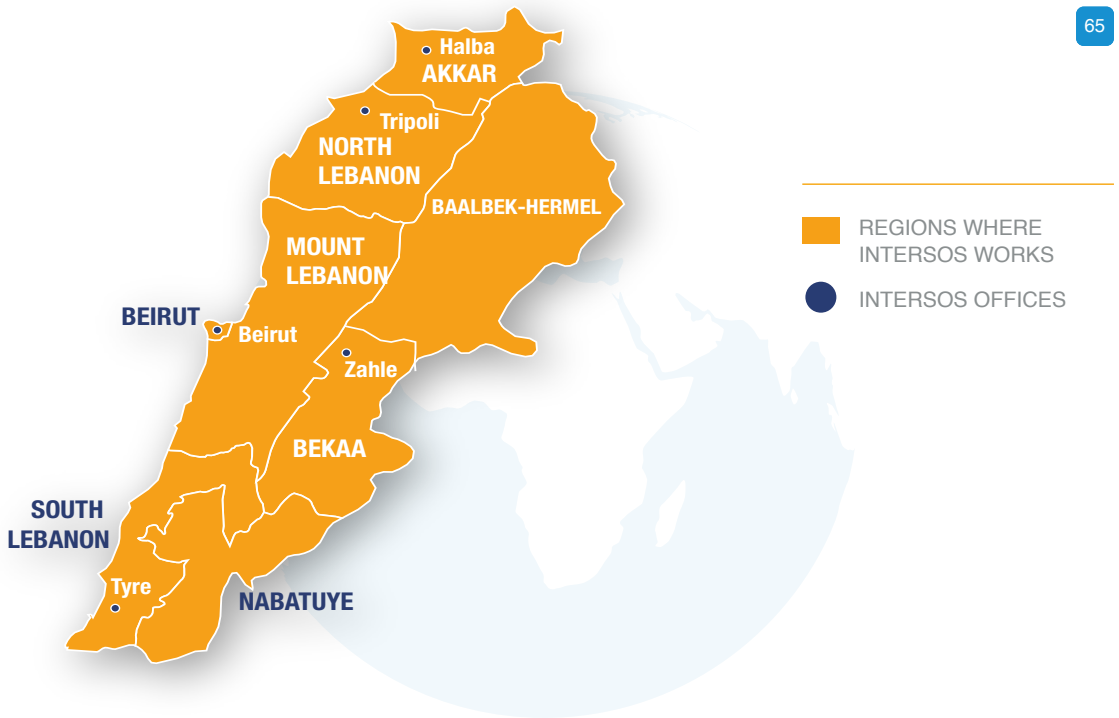
Prior to the escalation of the conflict, displacements were primarily driven by insecurity, fear of deportation, economic hardship and evictions, disproportionately affecting the Syrian population and other vulnerable groups. The situation was characterised

by precarious living conditions, exploitation, limited access to basic services and increasing community tensions.

After the September 2024 escalation, displacement increased rapidly, along with heightened risks and vulnerabilities. Displaced populations faced high transportation costs, coercive demands, overcrowded shelters and inadequate conditions to cope with winter. Incidences of gender-based violence, domestic violence, and psychological distress significantly increased. The fighting resulted in extensive damage to infrastructure across the country, particularly in the South, where Israeli attacks were most intense. Residential areas were severely damaged,



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with reconstruction costs estimated at 14.3 billion USD.

INTERSOS has been present in Lebanon since 2006 and intensified its activities since 2013 in response to the Syrian crisis, and again in 2024 with the escalation of the conflict. We address the needs of various population groups, including Syrian refugees, IDPs, returnees and vulnerable Lebanese communities.

Adopting a holistic approach to respond to the diverse and complex needs of the target populations, **INTERSOS** implements multi-sectoral interventions on a territorial basis. Our intervention covers several key areas, beginning with basic assistance through the distribution of essential goods like mattresses and blankets. In emergency education, our efforts range from rehabilitating school infrastructure and building the capacity of teaching staff to running non-formal education and dropout prevention pro-

grammes, as well as providing learning materials.

Furthermore, our protection services are crucial. These include protection monitoring, case management for survivors of gender-based violence, child protection, and support for high-risk individuals, alongside psychosocial support, legal aid, and cash assistance. We also address the need for emergency shelters by improving existing facilities, providing cash assistance, and raising awareness of housing, land, and property rights. Finally, in water and sanitation, we support communities by rehabilitating infrastructure, promoting hygiene, and distributing essential kits.

Our activities are carried out in four locations: South, Bekaa, Beirut-Mount Lebanon and North. Constantly promoting community-based approaches, **INTERSOS** collaborates with 11 local and national NGOs to encourage localisation and ownership of interventions.

Results highlights



1.124

survivors of gender-based violence supported



3.942

birth certificates issued



5.242

people received psychosocial support



10.509

people received cash assistance





LIBYA

Sectors of intervention



2018

First intervention
in the country



103.600

People reached



15

Projects



4.288.064 €

Activities' budget

Since the fall of the Gaddafi government in 2011 and the beginning of a still-ongoing internal conflict, Libya has experienced a period of political instability and insecurity. While the 2020 ceasefire led to the formation of the National Unity Government in 2021, the security situation remains fragile. Delayed elections, conflicts between armed groups, the economic crisis and weak governance continue to exacerbate vulnerabilities, particularly for marginalised populations.

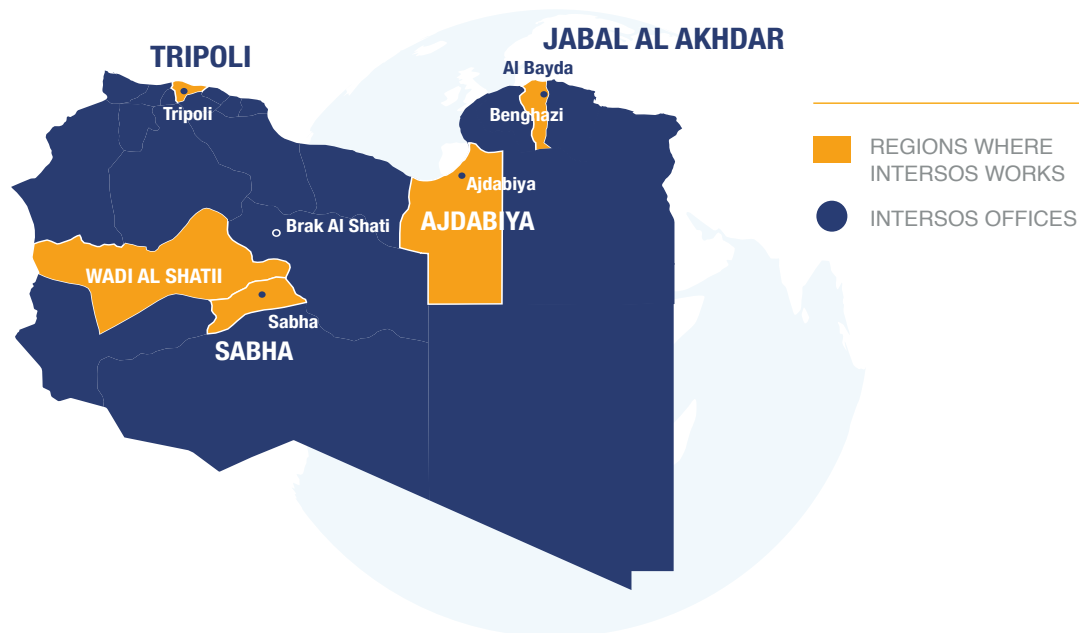
The September 2023 floods in Derna, and the subsequent arrival of Sudanese refugees fleeing conflict, have intensified these difficulties. As of March 2025, an estimated 240,000 Sudanese refugees

are in Libya, with projections indicating this number could grow to 375,000 by year-end. As a significant transit point for migration to Europe, Libya hosts approximately 787,326 migrants, refugees and asylum seekers, including unaccompanied minors.

Overwhelmed public services struggle to support both Libyan and non-Libyan populations. Many migrants and refugees lack access to health, education and protection services, leaving women, children and survivors of gender-based violence in particular vulnerable conditions.

INTERSOS in Libya provides essential services to migrants, refugees, asylum seekers, and vul-





nerable host communities, focusing on protection, education, health and access to water and sanitation.

To strengthen protection, **INTERSOS** provides case management for children, survivors of gender-based violence and individuals with specific needs. Psychosocial support, counselling and referrals to specialised services help address trauma and protect at-risk groups. Community-based awareness-raising sessions provide vital information on rights, documentation and available services.

Educational initiatives ensure that out-of-school children in Tripoli, Ajdabiya and Sabha have access to learning opportunities through remedial classes and life skills sessions. Until 2024, awareness activities were also conducted in Brak Al Shati. **INTERSOS** facilitates school enrolment and supports teachers with training programmes to improve the quality of education.

Health support includes a mobile clinic in Ajdabiya, operational since September 2024, offering primary health care, emergency counselling and facilitating referrals to specialised services, particularly for Sudanese refugees, IDPs and vulnerable Libyans, including those displaced from Tawharga. Until December 2024, community centres in Ajdabiya and Sabha also provided health screenings and awareness sessions for children and family caregivers.

Following Storm Daniel, **INTERSOS** launched an emergency response for water and sanitation access in Al Jabal Al Akhdar, Derna and Al Marj, in coordination with local authorities. Interventions included repairing water wells, rehabilitating sanitation facilities in schools, monitoring water quality, providing emergency water tanker trucks, and distributing hygiene kits. These interventions ensured access to clean water in Al Bayda, Shahat, Derna and Labriq, supporting both the affected population and local institutions.

Results highlights



3.676

people received primary health care consultations in Ajdabiya (eastern Libya) and Sabha (southern Libya)



19.084

people benefited from Collective Psychosocial Support activities in Tripoli, Sabha, Ajdabiya and Brak al Shati



10.213

children benefited from Non-Formal Education activities in Tripoli, Sabha, Ajdabiya and Brak al Shati





MALI

Sectors of intervention



2023

First intervention
in the country



78.300

People reached



6

Projects



1.045.549 €

Activities' budget

Since 2012, Mali has been facing a complex crisis due to insecurity, structural vulnerabilities, socio-economic challenges and climate change. The humanitarian and security situation in the north and centre of the country remains critical. As of September 2024, more than 378,000 people were displaced, 57% of whom were women and girls. More than 90% have fled due to armed violence.

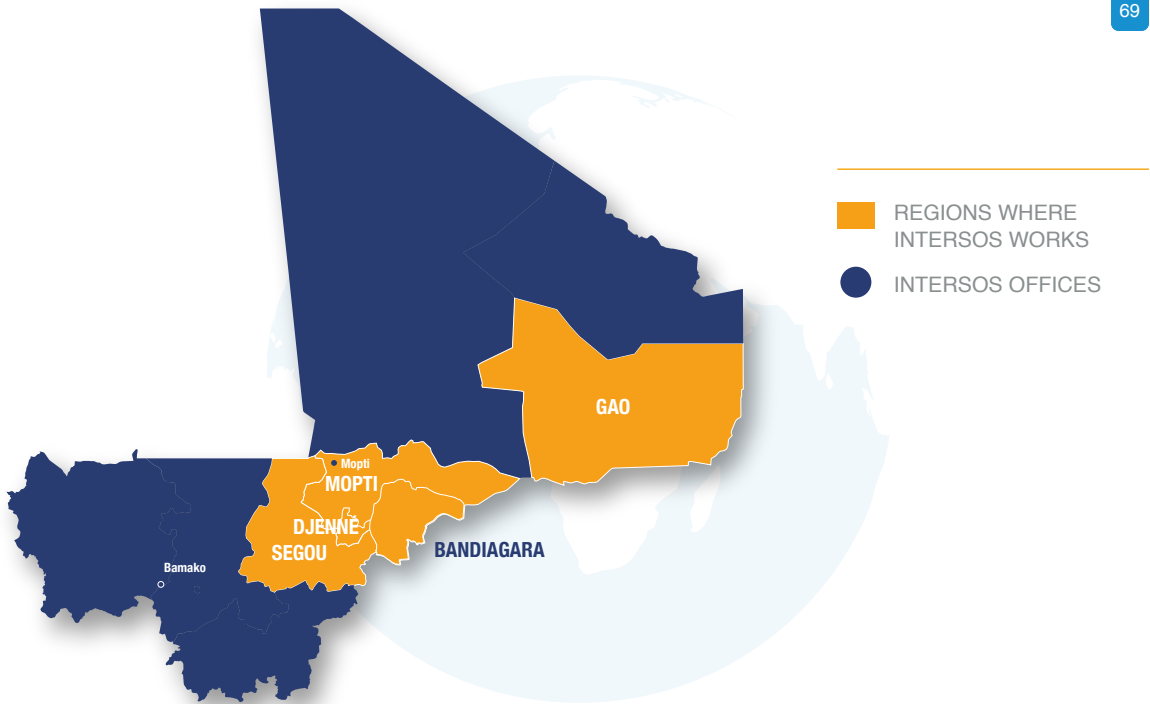
In the central regions, insecurity continues to cause new displacements, particularly in areas such as Bandiagara, which recorded the highest number of incidents. Conflict exacerbates the vulnerability of local populations, compromising access to basic services.

According to the Humanitarian Response Plan, 1.3 million people will face acute food insecurity, with worsening protection risks this year. Women and girls are increasingly exposed to gender-based violence, while children remain at risk of forced recruitment and child labour.

INTERSOS works in different sectors in Mali, with a focus on protection, health and safety. Activities mainly target vulnerable people, including victims of human rights violations, IDPs, children under five, the elderly, people with disabilities and those exposed to gender-based violence. In 2024, we assisted 78,345 people, with a focus on those



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with limited access to essential services. Key risks addressed include human rights violations, insecurity and limited access to basic services, providing these communities with adequate protection and support.

In the Protection sector, we provide case management, psychosocial support, referral of vulnerable cases to specialised services and distribution of dignity kits to vulnerable populations, particularly in displacement sites and host communities. In the Health sector, we offer free medical care and support health centres through the provision of hygiene materials to improve the quality of services. We also contribute to the construction of waste

management areas to ensure adequate sanitation standards.

In line with the localisation agenda, we work in Mali to strengthen the capacities of civil society organisations in security risk management. In collaboration with our partners (Bioforce, Global Interagency Security Forum and Insecurity Insight), we have organised training sessions on security risk management and created a dedicated website for civil society organisations. This platform allows security specialists and non-specialist personnel to access practical resources and useful tools to quickly implement basic security measures.

Results highlights



825

women received antenatal consultations



297

people received dignity kits



151

survivors of gender-based violence received assistance





MOLDOVA

Sectors of intervention



2022

First intervention
in the country



18.800

People reached



5

Projects



3.057.105 €

Activities' budget

As of February 2022, Moldova became one of the main host countries for those fleeing the war in Ukraine, facing a steady influx of refugees. On February 15, 2024, the Regional Refugee Response Plan was launched, designed to support 90,000 refugees and 35,500 vulnerable Moldovans. Approximately 19% of refugees in Moldova have one or more specific needs that increase their vulnerability, including people with disabilities, the elderly and individuals belonging to minority groups, such as the Roma community.

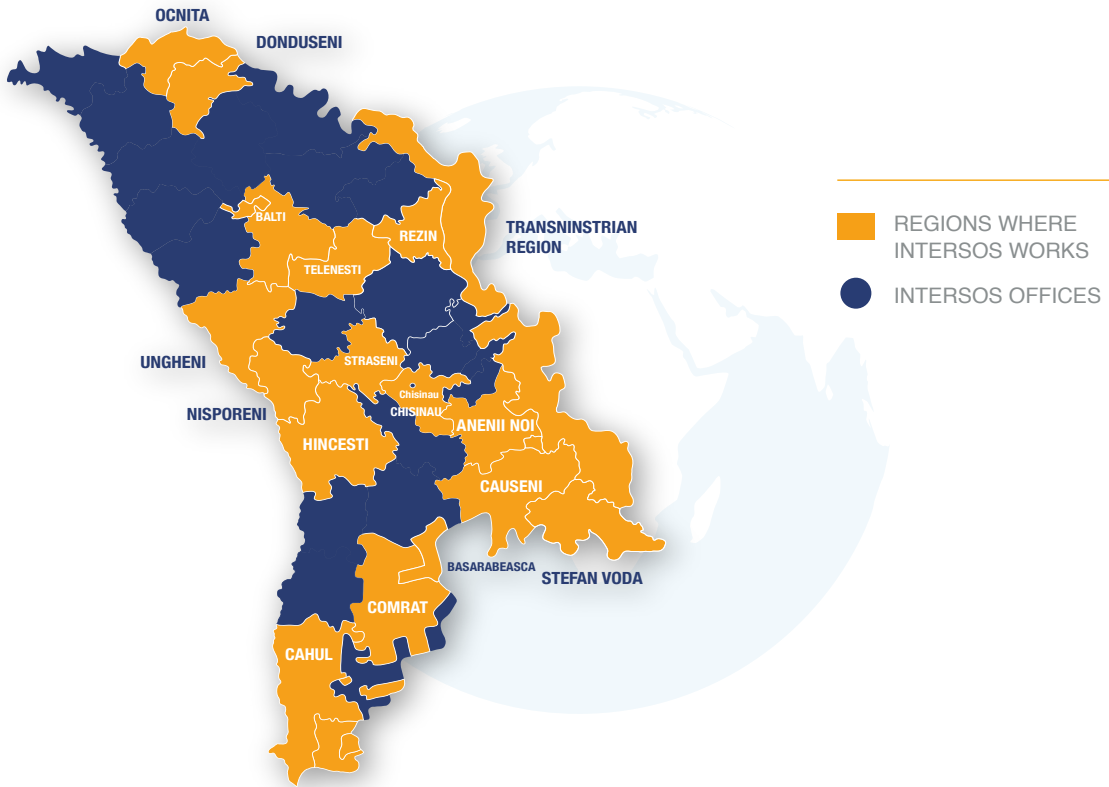
The high degree of vulnerability among the refugee population in Moldova hinders their integration

into socio-economic activities. Therefore, refugees from Ukraine, as well as people who do not qualify for government assistance, continue to require humanitarian assistance in 2025. This also includes approximately 8,000-10,000 people who fled Ukraine and settled in the Transnistria region, where the de facto authorities provide no support to refugees beyond access to education.

The most serious challenges include access to decent housing, health, education and protection.

In Moldova, **INTERSOS** intervenes in the health and protection sectors, responding to the needs of Ukrainian refugees and other vulnerable groups,





such as Moldovan citizens in fragile situations, minorities such as the Roma community and people with disabilities or chronic illnesses.

Health activities include the provision of primary care through fixed points and mobile units, free distribution of essential medicines, the use of vouchers for unavailable medicines and a network of referrals to diagnostic and specialist services.

In the protection sector, **INTEROS** offers psychosocial support, case management, guidance on rights and services, material assistance, and pre-

vention activities against gender-based violence and discrimination. Particular attention is paid to children, the elderly and women survivors of violence. Multidisciplinary teams work closely with local authorities and partners to strengthen existing protection mechanisms.

In 2024, more than 7,500 people benefited from the interventions, with a tangible impact especially among those who have no access to government assistance or live in marginalised areas, including rural areas or the Transnistria region.

Results highlights



5.900

people received medical consultations



3.300

people received psychosocial support



1.600

people received material assistance, including wheelchairs, glasses, blankets and glucose meters





NIGER

Sectors of intervention



2019

First intervention
in the country



72.700

People reached



6

Projects



2.335.012 €

Activities' budget

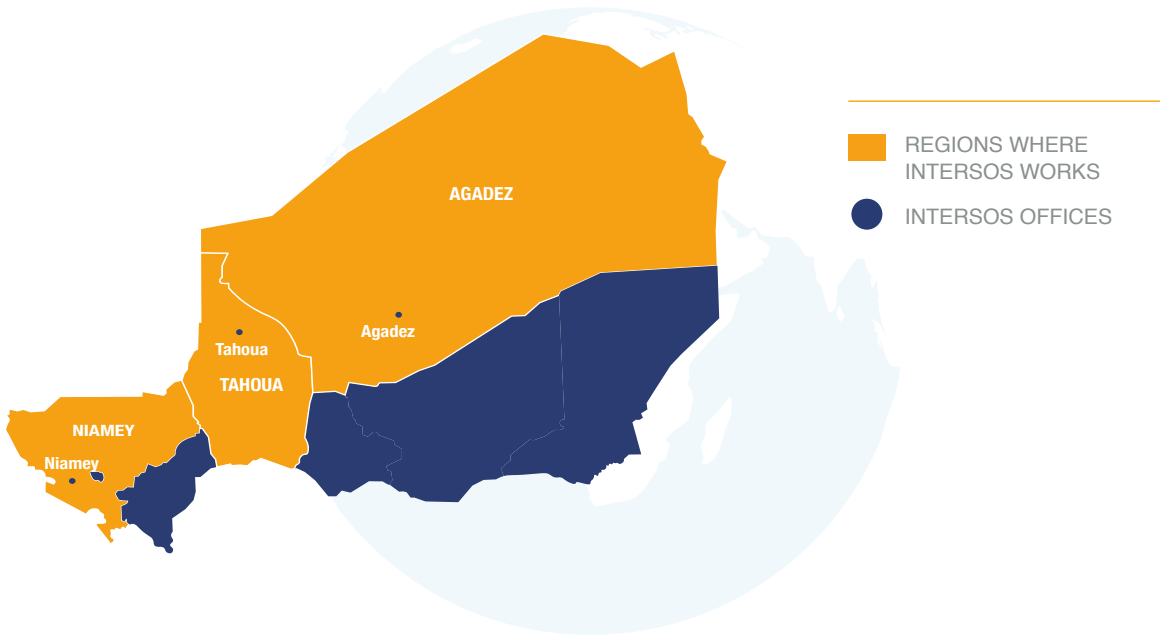
In July 2023, there was a social and political crisis that led to a change of government in Niger and the subsequent imposition of severe economic sanctions by the Economic Community of West African States (ECOWAS). Following these developments, Niger, along with Burkina Faso and Mali, announced its withdrawal from ECOWAS in February 2024. This political instability has exacerbated an already critical situation for millions of vulnerable people.

Almost 80% of Niger's population resides in rural areas and depends heavily on agriculture and livestock for their livelihoods. As of December 2024,

nearly one million people were displaced due to insecurity generated by non-state armed groups. Of these, over 300,000 are refugees, while the rest are internally displaced persons or asylum seekers.

In the face of this humanitarian crisis, protection priorities include preventing gender-based violence, protecting children - with a focus on unaccompanied and separated children - and supporting community-based protection initiatives. It is also crucial to ensure the protection of victims of trafficking and migrants in vulnerable circumstances.





In Niger, **INTERSOS** works in the sectors of protection, water and sanitation, food security and education, promoting an integrated and multisectoral approach in the areas of Niamey, Tahoua and Agadez.

Our activities include prevention and response to gender-based violence, protection of unaccompanied and separated minors and community protection. In particular, 1,237 unaccompanied minors deported from Algeria were taken into care and reunited with their families in Zinder, Tahoua and Maradi.

In the sector of Water and Sanitation, **INTERSOS**

improved a water supply system in Assamaka, ensuring access to drinking water for 4,000 refugees, asylum seekers and members of host communities.

With regard to Education, **INTERSOS** promoted access to formal, non-formal and alternative education, in collaboration with the Regional Directorate of National Education. Over 19,000 people, including girls, boys, refugees and migrants, were made aware of the importance of education for girls, school reintegration and the inclusion of migrant children.

Results highlights



4.000

people gained access to quality drinking water in the village of Assamaka, Agadez region



5

multifunctional protection centres were set up and equipped



331

teachers, directors and trainers of vocational training centres were trained in teaching mathematics, French, vocational trades and multi-grade classroom management





Martina Martelloni/INTERSOS

NIGERIA

Sectors of intervention



2016

First intervention
in the country



841.000

People reached



18

Projects



7.573.742 €

Activities' budget

The humanitarian crisis in Borno State, northeastern Nigeria, remains one of the country's most complex and protracted emergencies. The insurgency by armed groups continues to cause widespread violence, displacement, and the destruction of critical infrastructure. Over 2.6 million people remain internally displaced, with women, children, and the elderly bearing the brunt of the crisis. The situation is further compounded by persistent food insecurity, malnutrition, and a sharp increase in gender-based violence (GBV).

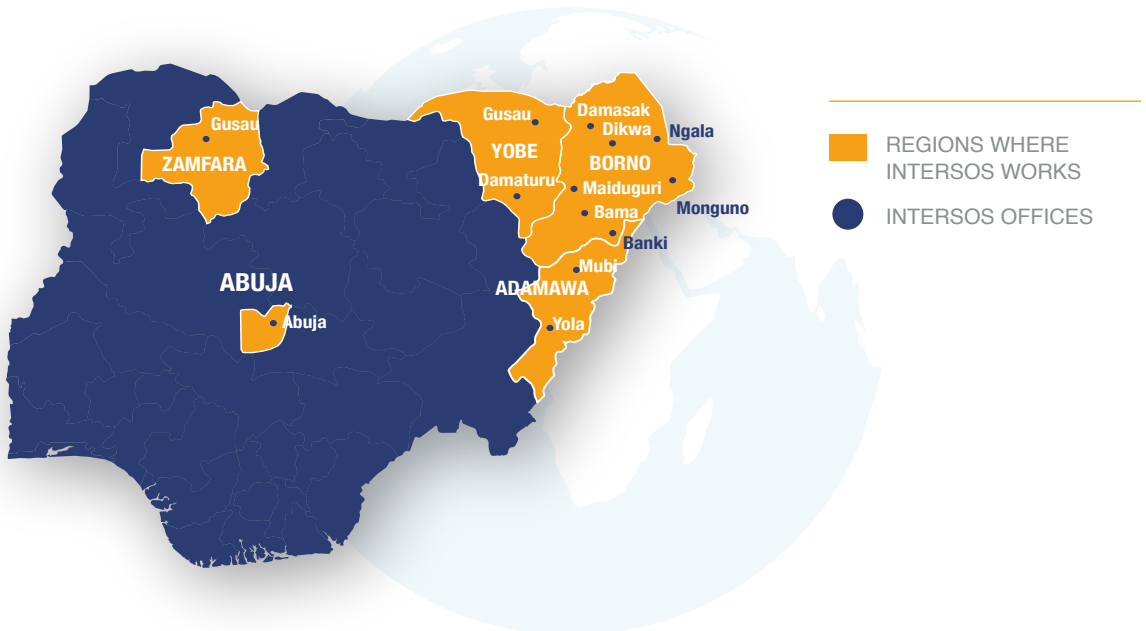
In 2024, Borno State, where **INTERSOS** carries out its activities, presented a particularly challenging context shaped by a combination of security and socio-economic pressures that significantly limit movement. These restrictions have created serious concerns

for child protection, particularly among out-of-school children, many of whom are internally displaced. Child labor and early or forced marriage have become increasingly widespread practices. Similarly, since 2014, the Northwestern states—such as Zamfara, Sokoto, and Katsina—have experienced an escalation of violence driven by the evolving tactics of armed groups.

The ongoing conflict in northeastern Nigeria has led to a severe humanitarian crisis in the Lake Chad Region, affecting millions of people. An estimated one in four people in the affected population is under five years old, and 80% of the population requires humanitarian assistance. According to the recent IPC report, nearly 5.4 million children aged 0-59 months in northwestern and northeastern Nigeria are suffering



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ring from acute malnutrition, with approximately 3.6 million cases of Moderate Acute Malnutrition (MAM).

Additionally, natural disasters such as floods, droughts, and disease outbreaks, including cholera, continue to erode community resilience and undermine food security and economic stability. In this context, **INTERSOS** works to protect and assist people affected by conflict, insecurity, and forced displacement. The organisation operates mainly in the Northeast and Northwest of the country, where millions of people live in conditions of extreme vulnerability.

INTERSOS provides immediate support to newly displaced families by distributing essential household kits and menstrual hygiene kits to women and adolescent girls. At the same time, it ensures more structured support through financial or in-kind assistance, psychosocial support, gender-based violence case management, and child protection services.

The approach is person-centred: **INTERSOS** accom-

panies the people it assists through listening, guidance, and referrals to available specialised services. In parallel, it works with local communities through awareness-raising and dialogue activities to prevent violence and promote social cohesion and gender equality.

To enhance safety, solar lights have been installed in high-risk areas, and listening and feedback mechanisms have been activated in camps and host communities.

INTERSOS is also engaged in the sectors of food security and livelihoods, distributing food and seeds, providing agricultural training, nutritional support, and access to microfinance initiatives, with special attention to women, children, and small-scale farmers.

Finally, as a logistics actor, **INTERSOS** manages warehouses and air transport for numerous humanitarian partners, facilitating the timely delivery of aid even in the most remote areas of the country.

Results highlights



25.129

people received access to safe drinking water



2.329

women received childbirth assistance from skilled personnel



101.233

children were screened for malnutrition



4.684

women and girls participated in psychosocial support activities in safe spaces





SOUTH SUDAN

Sectors of intervention



2006

First intervention
in the country



49.000

People reached



9

Projects



2.134.552 €

Activities' budget

The humanitarian crisis in South Sudan, fuelled by the conflict that erupted in December 2013, continued to devastate the country in 2024. Some 9 million people were in need of humanitarian assistance, including 4.9 million children. The context is marked by political instability, intercommunal violence related to competition for resources and the increasingly evident effects of climate change. The conflict in Sudan has further aggravated the situation, resulting in the arrival of more than 508,000 refugees and returnees by 2024.

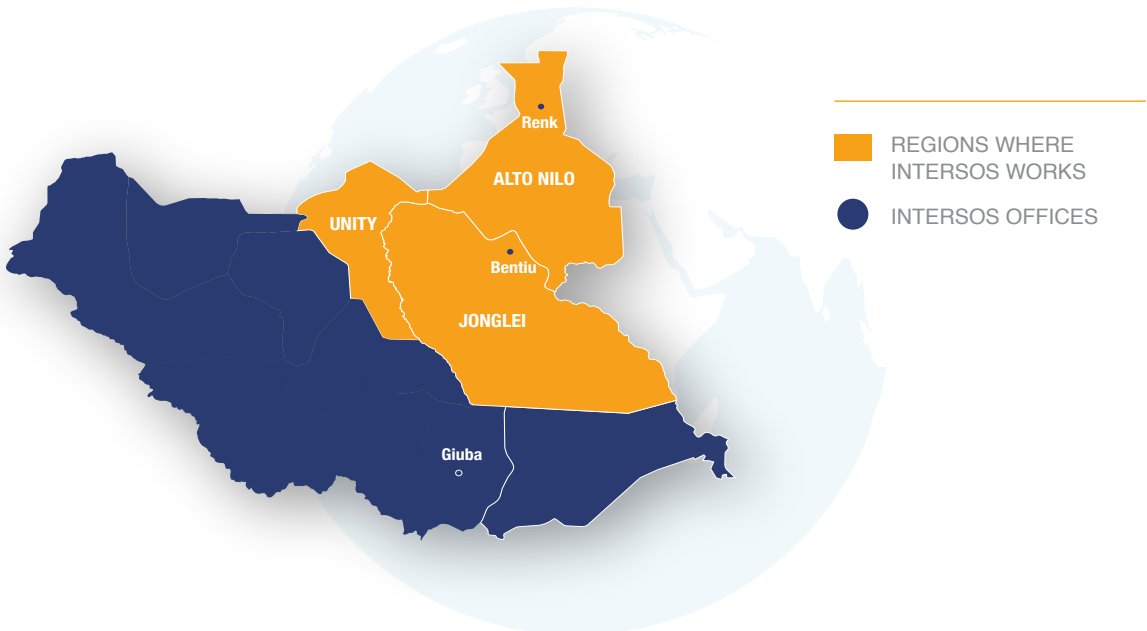
Localised violence in the Jonglei, Upper Nile and Western Equatoria areas continued to cause displacement and suffering, while the fifth consecutive year of flooding affected more than 1.4 million people and

led to a major cholera epidemic, with over 13,735 cases recorded. The most critical needs were in the areas of Jonglei, Upper Nile, Unity and Western Equatoria, while the border town of Renk became a humanitarian hotspot due to the influx of refugees. Food insecurity, malnutrition, gender-based violence, protection risks and displacement remained dramatically high.

In Lakes State, we supported the health system by ensuring the continued provision of quality essential and life-saving services, and protection against gender-based violence and exploitation. Key activities included integrated community awareness sessions on health and protection, with a focus on gender-based violence. We formed a Community Protection



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Network, activated a centre dedicated to handling cases of gender-based violence within the Yirol County Hospital, and promoted awareness-raising at the community level.

In Ayod County - Jonglei State, we improved the living conditions of IDPs, returnees and host communities through an integrated intervention in the Water and Sanitation (WASH) and Emergency Shelter sectors. Activities have included rehabilitation of boreholes, construction of latrines, distribution of emergency, menstrual hygiene and WASH kits, hygiene promotion and water quality testing. We have also supported youth and women's groups with start-up kits for fishing, farming and small businesses, establishing Village Savings and Loan Associations (VSLAs) and training their agents.

In Bentiu - Unity State, we improved access to education by rehabilitating learning spaces, enrolling

children in school and strengthening the capacities of teachers, Parent-Teacher Associations (PTAs) and school management committees, accompanied by the "Back to School" campaign.

In Akobo, Ayod, Lankien and Jebel Boma - Jonglei State, we reduced protection risks for returnees, IDPs and host communities through border monitoring, security checks, individual assistance, distribution of non-food and dignity kits, and gender-based violence prevention activities.

In the transit centres of Renk - Upper Nile State, we responded to the urgent humanitarian needs of people displaced by the crisis in Sudan by setting up information desks, providing multi-purpose cash assistance (MPCA), distributing shelter kits, installing solar lights in public spaces, and integrating protection into all activities.

Results highlights



4.653

vulnerable children participated in psycho-social support activities



500

girls and women received menstrual hygiene management kits



5.932

male and female students were enrolled in primary schools



610

cases of gender-based violence were handled





SUDAN

Sectors of intervention



2004

First intervention
in the country



5.600

People reached



4

Projects



194.801 €

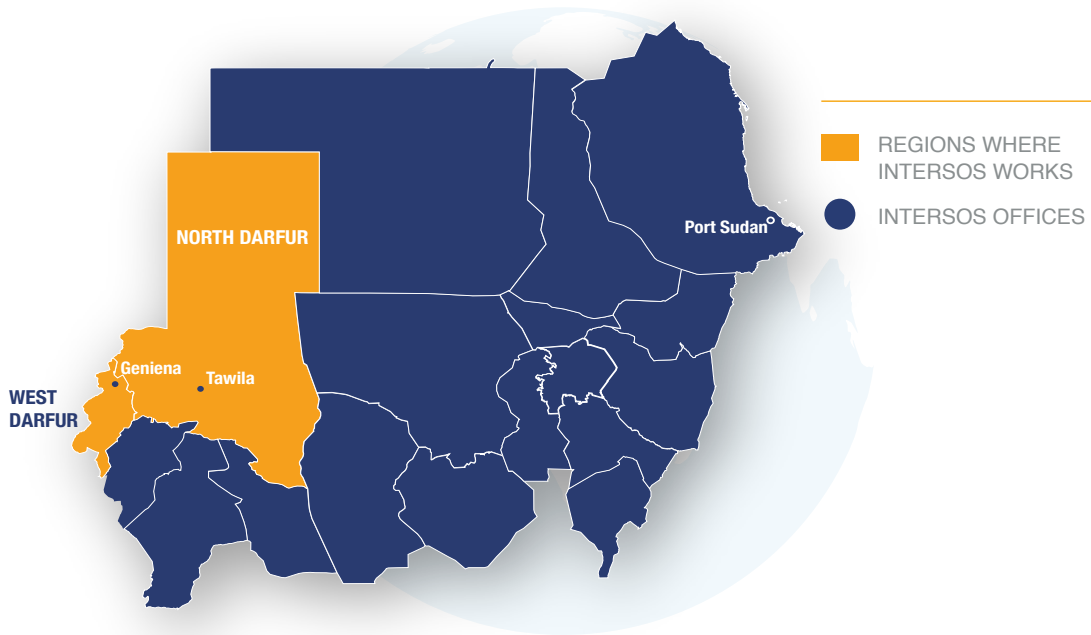
Activities' budget

On April 15, 2023, a violent conflict broke out between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF), plunging Sudan into the most serious humanitarian emergency globally. Hostilities, which began in Khartoum, quickly spread to other regions, including Darfur, where violence took on increasingly ethnic dimensions. By mid-2023, the situation had severely deteriorated, with some of the most intense and deadly clashes recorded in the capital and in El Geneina, West Darfur. Humanitarian conditions deteriorated rapidly as the conflict disrupted essential services and access to aid. The combination of direct violence, attacks on civilians and destruction of infrastructure has turned the conflict into a national humanitarian catastrophe, with serious long-term consequences for the civilian population, particular-

ly children. The violence resulted in mass displacement: approximately 11.5 million people were internally displaced as of December 2024. In addition, more than 3.3 million people sought refuge in Chad, South Sudan and Egypt, exerting heavy pressure on neighbouring countries and contributing to regional instability. The conflict has caused a high number of casualties, with over 20,000 dead and more than 33,000 injured according to estimates. The humanitarian situation is dramatic: more than 30 million people are in need of assistance. More than half of the population faces alarming levels of food insecurity, with entire regions on the brink of famine. Infrastructure has been destroyed, hospitals are no longer functioning, sanitation conditions are critical and gender-based violence has increased alarmingly.



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In Sudan, **INTERSON** implements an integrated and comprehensive response to meet the urgent needs of vulnerable populations. In the Health sector, we provide outpatient consultations, treatment for common diseases, and referrals to specialised services for serious or complex cases, both through static health facilities and mobile clinics. We offer sexual and reproductive health services, such as family planning, prenatal and postnatal care, support for safe childbirth, and treatment of sexually transmitted infections. Clinical care for survivors of gender-based violence is integrated with protection services to ensure access to medical treatment, psychosocial support and case management. We also rehabilitate health facilities by improving privacy, installing solar panels for reliable energy and upgrading water and sanitation systems.

In the Nutrition sector, we provide training for health workers and standardised tools for malnutrition screening and assessment, both at the community level and in the facilities. Therapeutic food and es-

sential medicines are regularly procured and distributed through a reliable supply chain. We organise community-based awareness-raising campaigns to educate families on nutritional practices, early signs of malnutrition and the importance of early treatment.

Water and Hygiene sector interventions include the distribution of hygiene items to improve daily conditions and awareness sessions on topics such as handwashing, menstrual hygiene management and safe water practices. Assistance in the Distribution and Emergency Shelter sector involves the distribution of essential goods to displaced and vulnerable families.

In the Protection sector, we operate through Mobile Protection Desks that reach remote or unserved areas to conduct awareness sessions on issues such as gender-based violence, child protection and legal rights, and support safe and confidential referrals to specialised services. As part of the protection response, we also implement multi-purpose cash assistance programmes.

Results highlights



6.700

people received medical consultations



3.500

people received kits (hygiene, dignity, for winter)



4.666

malnutrition cases treated





SYRIA

Sectors of intervention



2019

First intervention
in the country



106.000

People reached



13

Projects



3.293.972 €

Activities' budget

After more than a decade of crisis, Syria remains one of the world's most complex humanitarian emergencies. Half of the country's infrastructure is in ruins and more than 30 percent of schools are unusable, leaving 2.45 million children out of the education system.

Syria is the fourth most food insecure country in the world, with 14.5 million people in need of food assistance. More than half of the population has no stable access to safe drinking water, while 2 million IDPs live in camps or informal settlements, struggling to meet basic needs.

The healthcare system is on the verge of collapse, with hospitals and clinics closing due to lack of re-

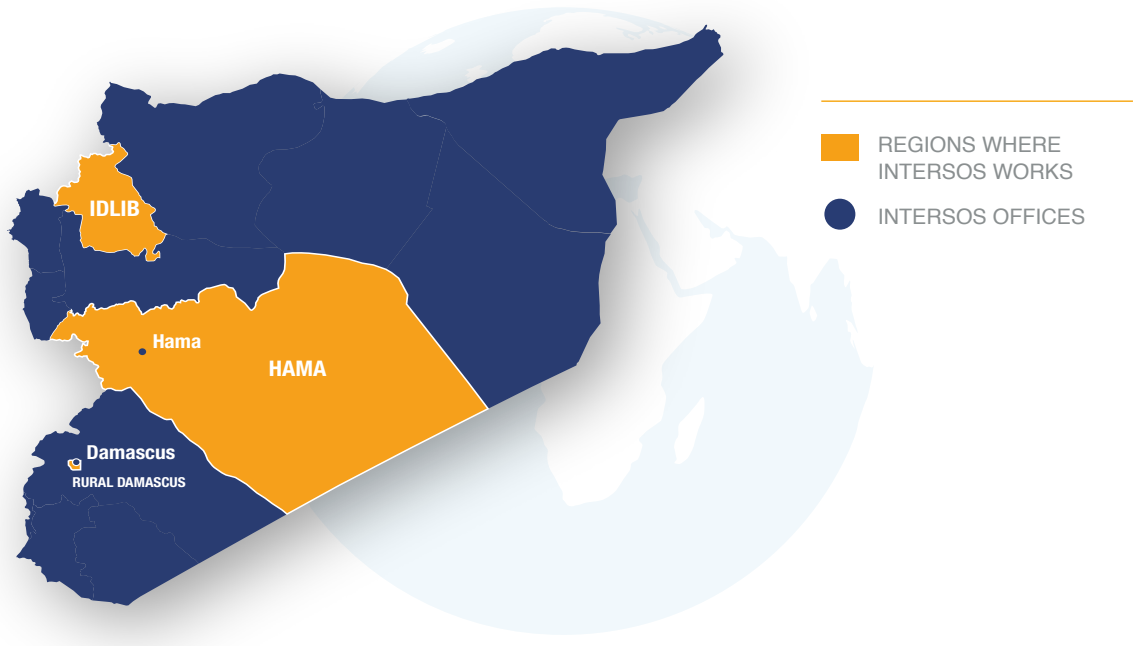
sources. The Syrian crisis continues to be one of the largest protracted emergencies globally, with 7.2 million internally displaced persons and 6.2 million refugees in neighbouring countries. Years of conflict, displacement and poverty have left nearly six million Syrians with permanent disabilities, many without access to adequate care.

INTERSOS has been working in Syria since 2019, focusing on supporting IDPs, returnees and host communities in the governorates of Hama, Idlib and Rural Damascus. In 2024, the organisation carried out activities in the Protection, Health, Education and Food Security sectors.

In the Protection sector, **INTERSOS** provides li-



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fe-saving assistance through community centres, schools and mobile units, addressing child protection risks, gender-based violence and mental health problems. Psychological support and legal assistance are provided for survivors, particularly women and children.

INTEROS provides health services through mobile health units and mobile medical teams, improving access to medical care and reproductive health, distributing essential medicines and equipment, providing training for health personnel and conducting health promotion awareness sessions. These interventions target vulnerable populations, including host communities, IDPs and returnees.

Through education programmes, 13 schools were rehabilitated, providing safe and adequate study spaces for 5,700 children, and non-formal education was provided to 2,267 students. Finally, vocational training was provided to 445 people, promoting self-sufficiency in areas such as tailoring, dairy and confectionery production, cosmetics, mobile and electrical device repair, and solar installation, as well as the development of soft skills. Each participant received a customised kit for starting a self-sufficient business.

Results highlights



2.019

people received psychosocial support



21.856

people received medical consultations



4.732

children (3-17 years old) with improved access to quality formal and non-formal education





Martina Martelloni/INTERSOS

UKRAINE

Sectors of intervention



2022

First intervention
in the country



71.000

People reached



10

Projects



5.422.964 €

Activities' budget

As Ukraine enters its fourth year of conflict, the humanitarian context continues to grow in complexity and severity. Communities across the country are enduring continued attacks, mass displacement and widespread destruction of civilian infrastructure. Frontline areas remain under almost constant bombardment, while systematic attacks on energy infrastructure have severely disrupted electricity and other essential services nationwide.

By 2025, an estimated 12.7 million people - one in three Ukrainians - will be in need of humanitarian assistance, with the most acute needs concentrated in the eastern, southern and northern oblasts. These challenges are now compounded by a sharp

and sudden drop in humanitarian funding. Some critical sectors have already been affected. These include essential services such as water, sanitation and hygiene (WASH), mental health and psychosocial support, gender-based violence (GBV) prevention and multi-purpose cash assistance. The reduction or suspension of these critical programmes due to funding constraints puts further pressure on the ability of humanitarian organisations to respond effectively to growing needs, threatening both the immediate well-being and long-term recovery prospects for millions of people in Ukraine.

INTERSOS works on the front line, supporting the



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population most affected by the conflict, such as children, the elderly and women, in rural and urban villages and towns in the Kherson, Odesa, Mykolaiv, Kharkiv, Dnipro, Zaporizhzhia and Donetsk regions.

We provide daily support with frontline non-food items (NFI) distribution and emergency responses, including specific support for the winter months, housing support and distribution of essential goods. We support the most vulnerable population with protection activities including individual case management especially for the many IDPs, Community Protection, Psychosocial Support (PSS),

Mental and Psychosocial Health Support (MHPSS) and Gender Based Violence (GBV) response.

We also provide health support with mobile units that provide primary care in rural or frontline areas, support for secondary care and specialist visits, Community Health and transport, distribution of medical equipment and supplies.

Finally, **INTERSOS** is committed to providing education on the risk of mines and other explosive devices.

Results highlights



12.200

people received temporary shelter and basic necessities



12.500

people received health care services



10.862

people participated in psychosocial support activities





Martina Martelloni/INTERSOS

VENEZUELA

Sectors of intervention



2019

First intervention
in the country



23.300

People reached



6

Projects



2.225.753 €

Activities' budget

Since 2010, Venezuela has faced serious humanitarian challenges caused by structural obstacles to economic growth, political and social crises and recurring climatic phenomena. This has given rise to one of the largest migration crises in the world, with over 7.8 million refugees and migrants (85% of whom are hosted in Latin American and Caribbean countries). Out of a population of 27 million people, 7.6 million have been identified as in need of humanitarian assistance and, by 2024, only 2.6 million had received support from the humanitarian community.

Gaps in basic services - health, water, education and energy - are among the most urgent needs for vulnerable people. Social protection, livelihood support

and income opportunities remain extremely limited, especially for women, children, the elderly, people with disabilities, indigenous communities, people on the move and LGBTQ+ people. Continued political challenges, economic sanctions, lack of investment in essential infrastructure (water, electricity, schools, hospitals) and the widening gap between high cost of living and low wages are exacerbating and will continue to exacerbate the humanitarian situation in 2025.

Over the years, the most acute needs have been concentrated in border states, particularly with Colombia, in the so-called "Arco Minero" area and in remote areas inhabited by indigenous communities. This is due to the influx of migrants attempting to



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cross the borders legally or illegally, the presence of non-state armed groups controlling the border areas between Venezuela, Colombia and Brazil, and the illegal exploitation of natural resources, leading to widespread child labour, exploitation and abuse of women and children, and high levels of poverty.

INTERSOS' intervention in Venezuela focuses on improving access to specialised and comprehensive protection services, including case management, psychosocial support, legal assistance and response to gender-based violence.

Our staff played a key role in responding to the needs of communities affected by the crisis, with the aim of providing comprehensive health services and strengthening the response capacity of health facilities. These services include general medical consultations, nutritional screenings for children from 0 to 59 months, general and nutritional check-ups for

pregnant women, as well as other essential medical care. Specialist gynaecological and paediatric services were also integrated into primary health care and protection services.

The **INTERSOS** team conducted community awareness sessions on health issues such as the prevention of sexually transmitted diseases, contraceptive methods, community diagnosis of malnutrition and breastfeeding, as well as training for health personnel on up-to-date protocols for the management of hypertensive and diabetic pregnancies, puerperal infections and postpartum haemorrhage.

In 2024, activities were implemented for water supply in schools and health facilities in the states of Amazonas and Zulia, material support and capacity building in 7 schools in Amazonas, and distribution of food baskets under the Food Security and Nutrition programme.

Results highlights



4.208

people received psychosocial support



895

people received non-food items (hygiene kits, dignity, education, WASH)



3.435

people received health care



3.312

people received food assistance





YEMEN

Sectors of intervention



2008

First intervention
in the country



562.700

People reached



15

Projects



12.440.151 €

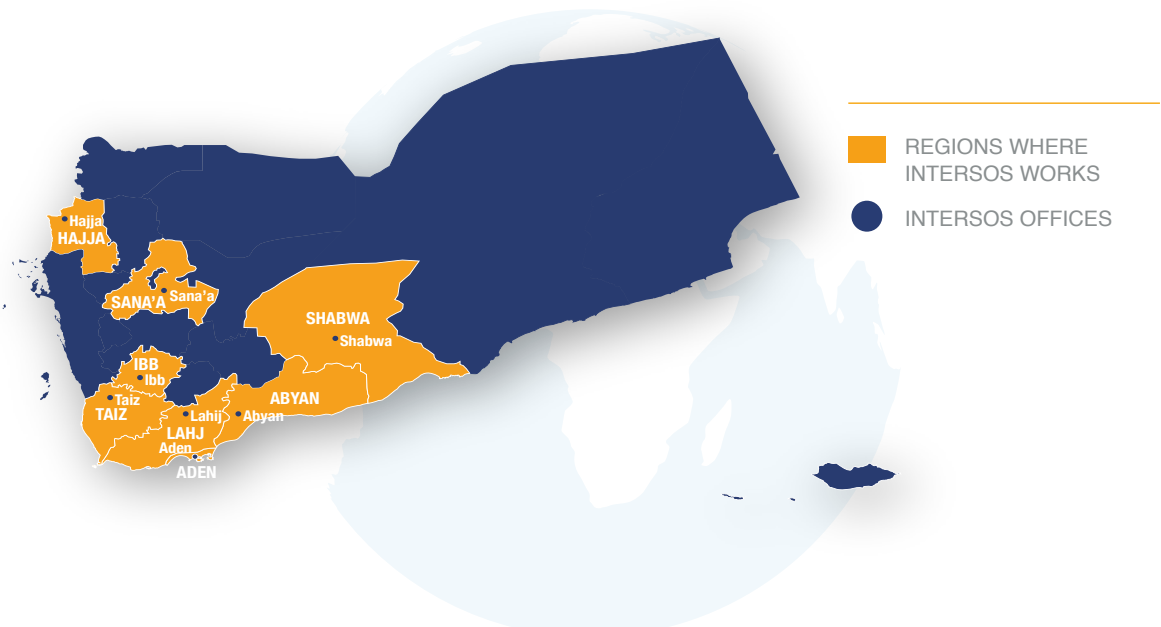
Activities' budget

The social, economic and political context in Yemen is still highly unstable as a result of eleven years of internal conflict. Some 19.5 million people are in need of humanitarian aid and protection. The conflict, which began in 2014 and has continued in the following years with alternating intensity, has caused the destruction or damage of much of the country's infrastructure, effectively limiting access to basic services such as health and education. The country's economy has collapsed, and the consequences of climate change have caused continued displacement among the civilian population. Food insecurity remains alarmingly high, and millions of people are exposed to serious protection risks. This reality is particularly acute for Yemen's most vulnerable and marginalised groups, including women and girls, children, the elderly, people with disabilities,

refugees, migrants and internally displaced persons. The ongoing war in Gaza and regional instability are also having a major impact on Yemen's already fragile political and social situation. Insecurity caused by attacks on the Red Sea sea routes and military escalation in the Middle East have further destabilised the country. Other numbers highlight the chronic nature of Yemen's crisis: 4.5 million internally displaced persons (IDPs), 12.4 million people without adequate access to drinking water and 17.6 million people facing severe food insecurity. Malnutrition mainly affects children under the age of five and some 2.7 million pregnant and lactating women, reaching critical levels. Disease outbreaks, such as cholera, have multiplied with more than 260,000 suspected cases and almost 1,000 deaths, accounting for almost 35% of the global burden of



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cholera cases, further aggravated by poor sanitation. Another phenomenon that characterises the country is migration. Despite the ongoing crisis, Yemen remains a key transit territory for migrants from the Horn of Africa, especially Ethiopia and Somalia, seeking better opportunities in Saudi Arabia and the Gulf countries. In the last half of 2024 alone, more than 60,000 arrivals were recorded in the country.

Throughout 2024, **INTEROS** continued to operate in eight governorates, including Aden, Lahj, Taiz, Abyan, Shabwa, Sana'a, Ibb and Hajjah, supporting the vulnerable Yemeni and migrant population with life-saving interventions focused on health, water and sanitation (WASH), nutrition, basic necessities and education support. In the medical field, **INTEROS** provided primary health care services working in health centres and with interventions spread throughout

the territory, through the use of mobile clinics. Access to care was guaranteed by offering essential services such as medical consultations, maternal and newborn medical care, vaccinations and emergency ambulance transfers. In addition, several health facilities were reinforced, providing essential supplies and medicines, as well as rehabilitating damaged centres. The medical team intervened to treat minors and women suffering from malnutrition of different levels (severe acute-moderate acute), with specific treatment and delivery of therapeutic foods, as well as raising awareness of good nutrition practices, especially for pregnant women. In addition to the medical aspect, the **INTEROS** team took care of several cases of survivors of gender-based violence and children in need of protection because they were at risk of abuse, child labour and neglect.

Results highlights



116.817

people received medical counselling in health centres or mobile clinics operating in the country



9.081

children under five received medical treatment for acute malnutrition



31.804

migrants received basic necessities such as hygiene materials, clothes and shelter



13.457

survivors of gender-based violence received psychological and protection counselling



1.341

people received legal assistance in obtaining civil documentation



10. GLOSSARY

AWARENESS SESSIONS: Awareness sessions aim to provide groups of people with the knowledge they need in a given field. For example, awareness sessions can be conducted to prevent infectious diseases, improve public health and safety in communities, prevent or identify possible cases of gender-based violence.

BORDER MONITORING: Actions taken to improve the understanding of the profiles, migration patterns, and threats (including but not limited to trafficking, terrorism, and illegal immigration) of a given population on the move. These activities are carried out through the collection of data at carefully and strategically selected land border crossing points. Border monitoring activities aim to raise awareness of the needs of migrants, including raising awareness of available humanitarian and development programmes and resources for the safe passage and integration of migrants.

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM): Teams that ensure the effective and efficient delivery of all services within camps for refugees and displaced people. CCCM is implemented to ensure the protection of displaced populations in all types of settings and communities where these populations will be settled. This includes rural or urban settings, planned or informal sites or transit centres.

CASE MANAGEMENT: Case Management is a holistic process defined as ‘a way of organising and carrying out work to meet the needs of an individual and/or their family/caregiver by empowering them and building their self-reliance or independence in an appropriate, systematic and timely manner through direct support, counselling and referral. It is a consistent and ongoing professional relationship with the individual and/or household. It is a collaborative, coordinated and multi-sectoral process that takes place between the case worker and the individual(s) at risk’.

CASH ASSISTANCE: Cash payments made to people affected by disasters or crises to help the most vulnerable populations. These cash payments are transparent, efficient, can provide assistance quickly and allow people the freedom and dignity to independently decide for themselves how best to use their assistance according to their personal preferences. Cash transfers allow individuals to plan and prioritise their family’s needs and can be used for a wide range of activities, including rent, food, education and healthcare.

COMMUNITY-BASED PROTECTION: Community-based protection is a process of meaningful engagement with communities to identify protection risks, improve their ability to respond and provide them with the tools to develop sustainable self-protection strategies that reduce and mitigate protection risks and vulnerability.

COVAX: The COVID-19 Vaccine Global Access (COVAX) is a global initiative to coordinate international resources to ensure fair and equitable access to COVID-19 diagnosis, treatment and vaccines. COVAX funds (through numerous donors) the participation of 92 low- and middle-income countries (AMC countries) for the access to COVID-19 vaccines.

It started as a collaboration between the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance and the World Health Organization (WHO) with UNICEF. INTERSOS has been a key player in the COVAX initiative in the areas of our missions, participating in the administration of vaccines and raising awareness about the COVID-19 pandemic.

EMERGENCY SHELTERS: Emergency shelters are covered living spaces (structures or tents) for groups, families and individuals fleeing conflict or climatic emergencies. An emergency shelter is not just a structure or a tent, but a means of protecting displaced or migrating people. In emergencies, the provision of shelter is essential as part of the responsibility and mandate of humanitarian actors, so that displaced people can enjoy a safe and healthy living environment that protects them from weather conditions and provides them with privacy, dignity, and emotional security.



FOOD SECURITY: Food security is a sector that addresses the persistent lack of access to sufficient and nutritious food for an active or healthy life for each person in a household, which can be temporary or protracted. Food insecurity is one of the thresholds used to measure how many people are unable to access or afford food, and is measured by the Integrated Food Security Phase Classification (IPC), which has a scale that goes from 1 (Generally Food Secure) to 5 (Famine/Humanitarian Catastrophe).

GENDER BASED VIOLENCE: Gender-based violence consists of acts of physical, psychological, sexual or institutional violence perpetrated against a person or group because of their sexual orientation, gender identity or sex. All people might experience gender-based violence, but the majority of victims are women and girls. This phenomenon is deeply rooted and linked to gender stereotypes. It is considered as one of the most significant and common human rights violations in all communities and societies.

HUMANITARIAN ACCESS: There is no universally agreed definition of the term 'humanitarian access', either in practice or in public international law. However, UNOCHA and many humanitarian actors use and promote a general definition of humanitarian access, which has been adopted by INTERSOS: humanitarian access refers to the ability of humanitarian actors to reach people affected by crises, as well as the ability of the affected population to access humanitarian assistance and services, in line with the humanitarian principles.

INFORMAL SETTLEMENT: An informal settlement is a place not formally recognised by the authorities, where people on the move or in conditions of social exclusion settle for varying periods of time. Generally speaking, informal settlements are places that are particularly exposed to situations that threaten people's physical safety and psychological stability, as well as protection risks, and are characterised by inadequate sanitary conditions.

INTERNALLY DISPLACED PERSONS (IDPs): IDPs are people who have been forced to flee or leave their homes or places of habitual residence due to armed conflict, situations of generalised violence, persecution, human rights violations or natural or man-made disasters, and who, unlike 'refugees', have not crossed a state border.

KITS: Kits are packages that are often distributed within communities and among populations facing humanitarian crises. Some of the most common kits are hygiene kits (toothbrush, toothpaste, soap, shampoo, hand sanitiser, tissues, feminine hygiene products), dignity kits (buckets, soap, menstrual hygiene management items such as wipes and multi-purpose pads) and seasonal kits, e.g. winterisation kits (blankets, sleeping mats, solar lanterns and insulation for tents) and protection kits, which include items to reduce protection risks, such as torches and whistles. These kits provide specific resources to meet immediate or personal needs.

LEGAL ASSISTANCE: The provision of legal advice, assistance and representation with the aim of protecting vulnerable people from risk. Legal assistance can be provided, for instance, by raising awareness of legal information and rights, assisting in obtaining necessary documentation, such as birth or marriage certificates, or providing mediation and legal support for housing or land issues. In cases of gender-based violence (GBV), legal support is part of a comprehensive package of assistance to survivors.

MALNUTRITION (ACUTE-SEVERE AND ACUTE-MODERATE): Malnutrition refers to deficiencies or excesses in nutrient intake, imbalances of essential nutrients, or impaired nutrient utilisation. The double burden of malnutrition consists of both undernutrition and overweight and obesity, as well as diet-related noncommunicable diseases. Malnutrition manifests in four broad forms: wasting, stunting, underweight, and micronutrient deficiencies.

Moderate acute malnutrition (MAM), also known as wasting, is measured by means of a weight-to-height ratio (z-score) or by the mid-upper arm circumference (MUAC), which is below average according to reference tables. If left untreated or uncorrected, MAM can easily lead to Severe Acute Malnutrition (SAM).

SAM results from insufficient energy (kilocalories), fat, protein and/or other nutrients (vitamins and minerals, etc.) to meet individual needs. SAM is frequently associated with medical complications due to metabolic disorders and compromised immunity. It is a major cause of morbidity and mortality in children worldwide.

SAM is also measured by means of a weight-to-height ratio (z-score) or by the mid-upper arm circumference (MUAC), which, according to reference tables, are much lower than the average.

MENTAL HEALTH: It consists of states of mental well-being that enable people to cope with the pressures and stresses of life, to contribute to their communities, to work and learn effectively, and to realise their abilities and potential. Mental health is one of the essential pillars of health and well-being, enabling individuals to form relationships and shape the communities and world we live in. Recognising mental health as a basic human right and its importance for personal, community and socio-economic development, INTERSOS continues its work to improve the mental health and well-being of people in vulnerable situations.

MOBILE CLINIC: Mobile clinics are vans equipped with medical equipment and supplies, allowing us to reach remote and underserved areas and to intervene in emergencies where people are isolated and cut off from essential services. In addition to primary health care, the mobile clinics provide antenatal and postnatal consultations and identify cases of malnutrition to be referred to appropriate structures. Generally, a mobile clinic team consists of doctors, nurses and midwives. The specific activities of mobile clinics may vary according to local needs and contextual challenges.

MORBIDITY: Morbidity is the number of cases of a disease recorded during a given period in relation to the total number of people examined. The morbidity rate can be determined in two ways: either by relating the total number of people who have the disease in question to the population studied (prevalence), or by relating only the number of people who have the disease for the first time during a given period (incidence).

NON-COMMUNICABLE DISEASES: Non-communicable diseases (NCDs), also known as chronic diseases, are the result of a combination of genetic, physiological, environmental and behavioural factors. Some of the major types of NCDs are cardiovascular diseases (including heart attacks and strokes), cancers, diabetes, and chronic respiratory diseases (including chronic obstructive pulmonary disease and asthma). NCDs disproportionately affect people in low- and middle-income countries and communities, where more than three-quarters of the global NCD deaths occur (31.4 million).

NON-FOOD ITEMS: Non-Food Items (NFIs) are items other than food used in humanitarian contexts to provide assistance to people affected by all types of crises, conflicts or natural disasters. When people migrate or seek refuge in places far from their homes and communities, displaced people often leave behind their livelihoods, possessions, and main sources of income. INTERSOS prepares Non-Food Items to be available to displaced people upon their arrival in formal or informal settlements. Non-food items include, for example, soap, sanitary and personal hygiene items, clothing, blankets and kitchen utensils.

PEOPLE WITH SPECIAL NEEDS: People with special needs are individuals who face difficulties of various kinds (such as physical, emotional, behavioural or learning disabilities or impairments) and who therefore require additional or specialised services.

POVERTY THRESHOLD: The poverty threshold is a normative parameter that seeks to establish the level of income below which a family or individual can be considered poor. This threshold has different values depending on the country in question: developed or developing countries.



PSYCHOLOGICAL FIRST AID: PFA is provided to people who have recently experienced stress and trauma. PFA consists of non-intrusive practical care and support, assessing needs and concerns, helping people to meet basic needs, listening without pressure, comforting and reassuring people, helping people to access information, services and social support, and protecting and preventing people from further harm. INTERSOS recognises the importance of providing PFA as mental health is one of the main pillars of health and well-being of individuals.

PROTECTION MONITORING: This essential activity aims to thoroughly understand the diversity of risks and needs of different groups and individuals in line with age, gender and diversity (AGD), by regularly and systematically collecting, reviewing and analysing information over an extended period of time to identify violations of rights and/or protection risks for populations of concern. Protection monitoring activities cover key issues, such as legal, material, psychological and physical protection needs, human rights violations, detention, durable solutions, housing land and property rights, population movements/border monitoring, child protection, as well as gender-based violence monitoring.

PROTECTION: Protection consists of specific actions aimed at restoring the most basic rights of people in situations of violence or crisis, and overcoming and preventing exposure to physical and/or psychological harm. Protection means ensuring human dignity, respect for the rights of each person, access to legal assistance and overcoming the consequences of the abuse suffered, with a view to finding lasting solutions. Protection activities are carried out by professionals such as psychologists, social workers, legal advisors, mediators, etc.

PROTECTION RISKS: A protection risk is an actual or potential exposure to violence, persecution or deliberate deprivation. The harm resulting from these risks may adversely affect a person's physical or mental integrity, their material safety and/or violate their rights. Some protection risks are: child, early or forced marriage; gender-based violence; human trafficking; forced labour or slavery-like practices.

PSYCHOSOCIAL SUPPORT: Psychosocial support is the process of facilitating and strengthening the resilience of individuals, families and communities to adapt to and recover from adversity with potential long-term effects. INTERSOS provides psychosocial support based on the ideology that mental health is a basic human right.

RAPID RESPONSE MECHANISM (RRM): The Rapid Response Mechanism (RRM) is an operational model that allows for the provision of immediate and life-saving humanitarian assistance during or immediately after shocks related to conflict or climate change, in areas of conflict and in hard-to-reach areas. Typically, RRM is implemented in several modalities, including: rapid deployment of INTERSOS personnel through internal missions or embedded in humanitarian convoys; pre-positioning and stockpiling of non-food items and life-saving drugs or medical equipment ready for rapid deployment; and support to last-mile delivery teams.

REFERRAL TO SPECIALISED SERVICES: A referral to specialised services is a process by which an individual or family is referred to another organisation or facility because they require further action to meet an identified need, which is beyond the competence or scope of the Organisation that has received the person/family.

RISK COMMUNICATION: Risk communication is the exchange of information, advice and opinions between experts or humanitarian workers and people facing a threat (from a hazard) to their survival, health or economic or social well-being.

Risk communication is used to enable individuals and communities at risk to make informed decisions to mitigate the effects of a hazard and to take proactive preventive measures.

SAFE SPACE: A place or environment where a person or group of people can feel safe from being exposed to discrimination, criticism, harassment or any other emotional or physical harm. A safe space is a place where people can express themselves freely without fear of prejudice or negative judgement. Examples of safe spaces include child-friendly spaces (spaces set up in emergency contexts to help support and protect children; whose aim is to restore a sense of normality and continuity to children whose lives have been disrupted by war, natural disasters or other emergencies) and safe spaces for women and girls (spaces where the physical and emotional safety of women and girls is respected, where women and girls feel protected and are supported through empowerment processes).

STATIC APPROACH - MOBILE APPROACH: The mobile approach is an operational modality for service delivery used as a response strategy in humanitarian emergencies, aimed at providing assistance to vulnerable people with limited access to services

The static approach, on the other hand, consists of providing assistance to populations in need within existing infrastructures. These operational modalities can be used alone or combined in different sectors (Health, Protection, WASH, Education) and in an integrated manner.

VULNERABLE PERSONS: In the context of international protection, vulnerable persons are minors, unaccompanied minors, elderly persons, pregnant women, single parents with minor children, victims of trafficking, persons suffering from a serious physical or mental illness, persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, and victims of genital mutilation.

WATER POINTS: Water points are water sources that provide safe and equitable access to sufficient water for drinking, cooking and personal and household hygiene for people living in a given area. Water points are located close enough to households to meet minimum water needs.

WINTERISATION: Winterisation is the preparation of individuals and communities for the winter seasons and has become a major priority for humanitarian organisations, including INTERSOS. Preparing for winterisation involves the distribution of NFI kits and cash assistance, improving infrastructure to avoid regular winter flooding, and providing fuel and stoves to individuals who will face the upcoming winter months.

11. METHODOLOGY

This document is intended to comply with the provisions dictated by Legislative Decree no. 117 of 3 July 2017, which are mandatory for Third Sector organisations as of the 2020 financial year. In the wake of the adjustments put into practice last year, INTERSOS has therefore completed the process of drawing up and producing the 2024 Annual Report in accordance with the provisions of the Italian Ministry of Labour and Social Policies through the Guidelines set out in the Decree of 4 July 2019, published in the Gazzetta Ufficiale Serie Generale no. 186 of 9 August 2019.

The main objective of this Report is to report on our activities and achievements in 2024. Underlying this is the desire to be a transparent and accountable organisation, towards all external and internal stakeholders involved in the implementation and management of activities. Through the representation of what has been done, we want to bring out and above all make known the social added value generated, the social changes produced and the sustainability of the social action undertaken.

The contents of the Report were elaborated following the analysis and critical evaluation of the information gathered through questionnaires and round tables organised with key internal and external stakeholders.

The information on structure and administration is mainly derived from the Association's Bylaws, approved by the General Assembly on the 17th of July 2020, which met in extraordinary session to approve the amendments to the Bylaws in order to comply with Legislative Decree 117/2017. In addition, the following documents were used to incorporate information on the management and governance of the Organisation:

- The Associates' Book;
- The book of meetings and resolutions of the General Assembly;
- The book of meetings and resolutions of the Board of Directors, the Supervisory Body and the Board of Arbitrators.

Therefore, this information takes into account all the latest changes within the organisation.

Information on the activities was collected from colleagues on INTERSOS missions, based on uniform criteria established at the outset:

- For the purpose of counting the number of projects in 2024, INTERSOS took into account the competence of the funding contracts of institutional donors;
- Activities considered particularly significant in relation to the context of intervention were highlighted. Specifically, the aim was to highlight the innovative activity (for INTERSOS or for the Country); the activity that deals with issues considered sensitive; the unique activity in relation to other humanitarian and non-humanitarian actors present in the field;
- When calculating the population assisted by our projects, it was decided to focus on the people who directly benefited from the activities. However, this should not minimise the impact that very often the activities also have on the wider community, or simply on households. The total number also includes awareness-raising sessions, especially considering all interventions aimed at promoting good hygiene. Finally, the choice was to round the total to the hundreds, by default, and thus avoid an unfair (and hardly realistic) precision to the unit.



Information on human resources was obtained by calculating the total number of FTEs (Full Time Equivalents).

The economic and financial information comes from the annual financial statements, which are approved by the Board of Directors and the General Assembly, and are subject to audit by the external consulting firm Crowe Bompani Spa. The 2024 annual financial statements, as well as those of previous years, are published and available on the organisation's website at www.intersos.org.

The reporting process that led to the drafting of this document was characterised by a participatory approach, involving all departments and units at Headquarters, as well as all missions. The coordination work was carried out by the Editorial Committee consisting of Giulia Gemelli and Chiara Troiano. A special acknowledgement goes to all the staff who contributed to the collection of data and information for the creation of this document.

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