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MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
جوزا	سرخان	اسد	سنبه	میزان	تغرب	فوس	جدي
54	54	54	54	54	54	54	54
73							
323							
56							

ANNUAL REPORT 2025



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1. Introduction

Throughout 2025, while the world was shaken by ongoing violent conflicts and other crises, **INTERSOS teams continued to provide frontline essential humanitarian assistance**. This past year, **INTERSOS** facilitated access to health care, provided malnutrition and sanitation support and offered protection services to vulnerable people.

Today's global humanitarian landscape continues to evolve rapidly as well as deteriorate. For many years now, it has remained marked by an unprecedented escalation of people in need of assistance, driven by persistent multiple conflicts, geopolitical and economic challenges, and the impact of a growing number of climate emergencies.

Wars remained the primary driver of humanitarian crises, leading to widespread displacements, food insecurity, and protection threats, including in Gaza, Sudan, and Ukraine. These conflicts often have regional spillover effects, straining resources in neighbouring countries. The sheer number of concurrent large-scale crises, influenced by geopolitical interests, also diverts attention and resources from less visible, neglected crises, such as Afghanistan, the Central African Republic, the Democratic Republic of Congo, countries from the Sahel region, and Yemen.

A lack of international political will and the division within the UN Security Council are perpetuating conflicts, leading to escalating humanitarian needs - despite appalling civilian suffering in multiple conflicts.

During 2025, the international legal framework designed to limit the effects of armed conflict reached a critical breaking point. **The core obligation of International Humanitarian Law, to respect and ensure respect under all circumstances, was systematically ignored** by both state and non-state belligerents. The United Nations documented over 37,000 civilian deaths across 20 conflicts in 2025, representing a continuous high-volume toll of approximately **one civilian killed every 14 minutes**¹. This devastation was not merely incidental; rather, modern warfare in 2025 was characterized by the deliberate targeting of health facilities, agricultural fields, water sources, and energy infrastructure, turning the civilian sphere itself into a primary battleground.

2024 was reportedly the deadliest year on record, with 385 aid workers killed; the number of killed aid workers dropped to 320 in 2025, still unacceptably high. In 2021 the number was 141, less than half. The majority of them were national staff or local humanitarian actors.

Beyond conflicts, **climate emergencies** are increasingly exacerbating humanitarian needs. Extreme weather events like floods, droughts, and heatwaves destroy livelihoods, cause food and water scarcity, fuel inter-communal tensions, and lead to increased displacement.

In 2025, international humanitarian funding experienced a nosedive decline, falling below 2016 levels. This contraction² was driven primarily by a massive reduction from the United States, whose contributions dropped from \$11 billion (45% of global funding) in 2024 to \$2.5 billion (21%) in 2025. Other major donors—including France, Germany, Switzerland, and the United Kingdom—also cut their budgets, compounding a downward trend that began the previous year.

Faced with this severe shortfall, the humanitarian actors were forced into extreme “hyper-prioritization” strategies. They shifted their focus to target only the most critically endangered populations, aiming to reach 114.4 million out of the 178.7 million people originally targeted for assistance. Consequently, the

global funding appeal was scaled back from the required \$44 billion down to an urgent request for \$29.1 billion. At the end of the year, only \$20.5 billion had been allocated.

The consequences have been disastrous for people caught in crises. To cope with the defunding, humanitarian agencies shut down essential programmes, closed field offices, and laid off thousands of humanitarian operators. Few examples: in Colombia, 13% of humanitarian actors had to suspend or downsize their operations, while in Mali, at least 45% of life-saving programmes run by local NGOs were completely disrupted.

The importance of empowering local and national actors has been highlighted for nearly a decade due to their deeper community roots, stronger contextual understanding, and agility to respond early on. However, progress has been limited, in 2024 local and national organisations received only 5% of direct funding; the massive humanitarian funding contraction of 2025 further complicated the efforts to increase this percentage and devastated many grassroots organisations.

The instability of the humanitarian system in 2025 marked the necessity for **INTERSOS** for an immediate Contingency Plan that could take into account the funding cuts and the consequent reduction of our capacity to support people in need of humanitarian assistance. In 2025, the organisational structure underwent a period of downsizing, restructuring and applied “solidarity” measures designed to ensure long-term sustainability.

In terms of Institutional Frameworks the development of the **INTERSOS** Humanitarian Enterprise Framework (IHEF) and the **INTERSOS** Strategic Plan (ISP) 2026-2029 were finalised and their implementation started.

INTERSOS maintained its operational presence in the world's most acute megacrisis, with missions in 22 countries. Some of our biggest interventions were in Sudan, Chad, Lebanon, Syria, Ukraine and Afghanistan.

Sudan currently represents the most serious humanitarian crisis, with the highest number of displaced people in the world: 12 million people have been forced to flee their homes and 33.7 million people are in need of immediate humanitarian assistance. In 2025, the conflict between the Sudanese Armed Forces and the Rapid Support Forces escalated into a multidimensional catastrophe where hunger (affecting 25 million people) and epidemics, such as the worst cholera outbreak in the country's recent history, act as silent weapons against civilians. **INTERSOS**, having reactivated its mission in 2024, responded with a two-sided approach: providing life-saving medical and nutritional assistance in Darfur, despite the siege of El Fasher and severe access restrictions, and delivering protection and health services in the states of Kassala, River Nile and Port Sudan. In a context where gender-based violence has increased by 80% in a single year, our work has focused not only on treating physical injuries, but on creating safe spaces and psychosocial support pathways for survivors of violence, reaffirming our presence where the need is most acute.

Chad is in the midst of a multidimensional humanitarian crisis, fuelled by conflict, poverty and climate vulnerability. Although instability in the Lake Chad region has persisted since 2015, the situation came to a head in April 2023: the conflict in Sudan has driven over a million people to seek refuge in the eastern regions of the country. Compounding this situation in 2025 were a severe cholera epidemic and recurring climate shocks, such as floods, which have undermined the resilience of both refugees and local communities. **INTERSOS'** intervention focused primarily on the Eastern and Lake regions, integrating Protection, Food Security, Health and Nutrition, and Essential Services. The entire intervention strategy was implemented by empowering local leadership through structural partnerships with national organisations to foster the long-term autonomy of communities.

Lebanon is undergoing a protracted, multidimensional crisis, exacerbated in 2025 by ongoing hostilities in the south of the country and the Bekaa Valley. The situation has been marked by economic collapse and a severe drought which drastically reduced access to water in 2025. Present in Lebanon since 2006, **INTERSOS** further strengthened its programmes in 2025 to respond to the complex crisis affecting the Lebanese population, including internally displaced persons, Syrian refugees and migrants. Operating from bases in Tyre, Zahle, Beirut and Tripoli, the organisation adopted an integrated approach combining protection, basic assistance and infrastructure rehabilitation across all the country's governorates.

After nearly fifteen years of conflict and the regime change that took place at the end of 2024, 2025 marked the beginning of a phase of profound transformation for Syria. Against this backdrop, around 75% of the population — over 16.5 million people — still depends on external aid for their survival. Throughout the year, **INTERSOS** operated in the areas of Idlib, Hama and Rural Damascus, responding to the urgent needs of displaced people, returnees and host communities. The work focused on integrating health and protection, ensuring that those assisted received comprehensive medical and psychological care.

In 2025, the conflict in **Ukraine** proved to be a deep and protracted crisis. Although the front line remained largely static, the country was the target of systematic attacks on a national scale, with a strategy aimed at striking critical energy infrastructure. The combination of harsh winter temperatures and damage to the electricity grid left the population severely vulnerable. Although, according to the United Nations Humanitarian Response Plan (HNRP), the number of people in need has fallen to 10.8 million, the reality on the ground has shown a deterioration in living conditions, fuelled by severe economic instability and the disruption of supply chains. In the regions of Kharkiv, Kherson, Mykolaiv, Donetsk, Zaporizhzhia and Dnipropetrovsk, **INTERSOS**' operations have adapted to a conflict that relentlessly targets civilian infrastructure. Instead of waiting for patients in fixed facilities that are often inaccessible, we have focused on mobility: multidisciplinary teams have reached isolated villages, bringing medical, psychological and legal assistance directly to where the need was most acute. This approach has enabled us to assist those unable to travel, such as the elderly or people with disabilities, offering not only medical care and rapid diagnostics, but also the legal support needed to claim their rights and property.

After more than four decades of instability and the drastic political change of August 2021, **Afghanistan** continues to face one of the most severe and complex humanitarian crises globally. Although there is no longer a large-scale conflict underway, the country is still far from being safe and stable and remains in a state of extreme structural fragility: in 2025, approximately 22.9 million people, almost half the population, required assistance for basic survival. **INTERSOS** has consolidated its presence in seven provinces of Afghanistan (Kabul, Zabul, Kandahar, Uruzgan, Helmand, Nimruz and Herat), managing a network of 50 Basic Health Centres and semi-mobile teams. The Health and Nutrition sector has remained the cornerstone of operations. In parallel, in the Protection sector, the organisation provided individual case management, psychosocial support and legal assistance, creating safe spaces for children and support pathways for survivors of violence and abuse. **INTERSOS**' efforts are focused on ensuring access to basic services for women and girls who are facing severe marginalisation.

In October 2025, **INTERSOS** organised the fourth edition of the Rome Humanitarian Congress, entitled "Humanitarianism Under Attack: The Future of Principled Aid Beyond the Backlash". The event brought together leading voices and representatives from the academic and institutional worlds to reflect on the future of humanitarian aid in the face of a growing funding gap and the erosion of operational space.

Furthermore, **INTERSOS** continued to strongly denounce the dangers faced by civilians and humanitarian workers, participating in crucial advocacy actions to defend International Humanitarian Law (IHL). This commitment took the form of active participation in the debates of the ECOSOC Humanitarian Affairs Segment in New York and the coordination of high-level initiatives on the most critical contexts, such as Sudan and the Middle East.

For **INTERSOS**, 2025 was a year of response, reflection and transformation; but above all, a year that severely tested our mission to assist communities trapped in crises. Despite a global landscape characterised by drastic budget cuts, systematic violations of International Humanitarian Law and unprecedented challenges in accessing crisis areas, our organisation has continued to strengthen its clear identity and humanitarian focus: concentrating on timely life-saving interventions, prioritising the most vulnerable people and communities.



¹ <https://acrobat.adobe.com/id/urn:aaid:sc:US:4866a429-2b5e-4d1d-a78b-77f6434a77e2>

² <https://humanitarianaction.info/document/global-humanitarian-overview-2026/article/under-fire-and-under-pressure-what-happens-when-humanitarian-action-hindered#page-title>

2. 2025 Figures



Protection



Water, Sanitation and Health (WASH)



Emergency Shelter and NFIs



Health and Nutrition



Food Security and Livelihoods



Education in Emergencies

Our work in 2025



€ 88,291,959

COSTS RELATED TO THE IMPLEMENTATION OF PROJECT ACTIVITIES³

229

PROJECTS IMPLEMENTED⁴

3,783,600

PEOPLE REACHED

2,587

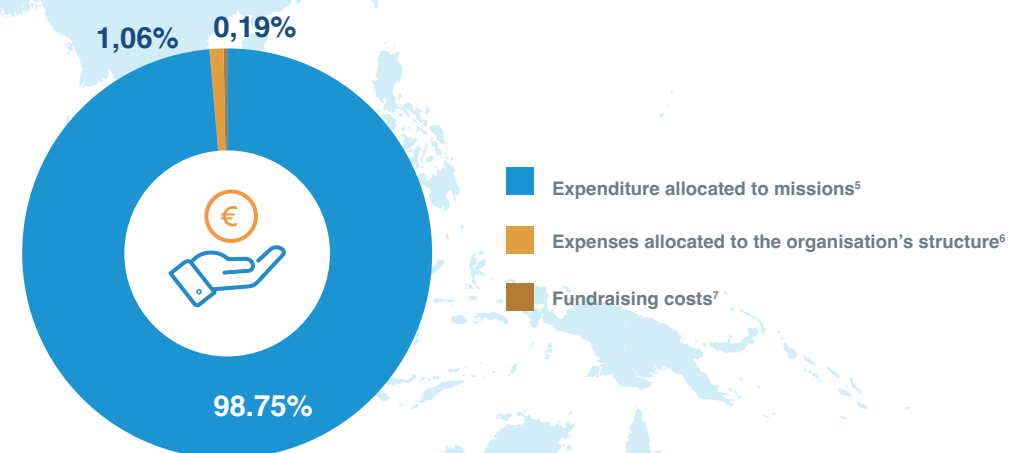
STAFF*

*As at 31 December 2025

Sustainable Development Goals



How funds are used



³ These are the costs listed in the Management Account as costs relating to activities in the public interest.

⁴ Out of these 229 projects, 2 relate to HQ and are therefore not shown in the country factsheets below.

⁵ Mission-related expenses are costs allocated to direct project activities.

⁶ Structural costs are costs allocated to all indirect and support activities.

⁷ Fundraising costs are costs for activities net of staff 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/Bayan Kseibi

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 ICVA⁸, VOICE⁹, LINK 2007¹⁰, has consultative status in the UN Economic and Social Council and observer status at the International Organisation for Migration.

⁸ 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.

⁹ 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.

¹⁰ 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.

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.

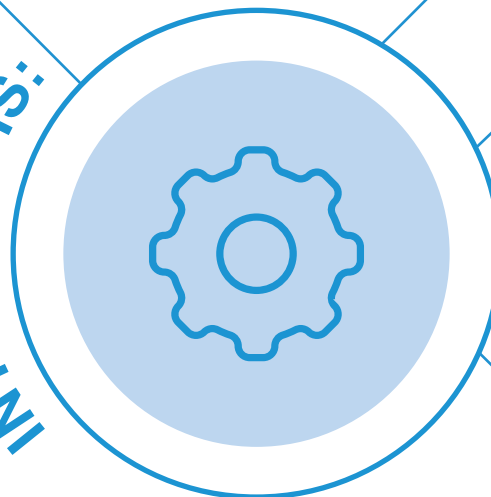
HUMAN

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..

INTERSOS IS:



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

INTERSOS is not subject to political or ideological, national or international order. Its independence of thought and judgement legitimises **INTERSOS** 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

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



ATTENTIVE TO LOCAL POTENTIAL

INTERSOS 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 Populations (AAP).

PROFESSIONAL IN SOLIDARITY

INTERSOS 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

INTERSOS 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.



INTERSOS/Martina Martelloni



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: Reaching People in Need in the Most Remote Areas of Afghanistan

Across the humanitarian sector, 2025 was marked by an increasing number of protracted crises, from Ukraine to Sudan and the occupied Palestinian territory. Yet one event had a particularly profound global impact: the sudden suspension of USAID funding (United States Agency for International Development) and the closure of projects it supported. For **INTERSOS**, this represented a major shock across multiple operations, including Afghanistan.

In Afghanistan, the consequences were immediate and severe. Eight out of 26 **INTERSOS**-supported primary healthcare centres were forced to close almost overnight, with very limited notice. Despite the efforts of other donors to partially restore services in the following months, the disruption had a significant impact on communities already facing extreme vulnerability. By December 2025, more than 440 health facilities across the country had shut down, leaving an estimated 3.79 million people without access to primary healthcare.

Faced with this “crisis within a crisis,” **INTERSOS** rapidly adapted its response, with a clear priority: to continue delivering essential services to those most in need, particularly in remote and underserved areas. Thanks to the swift mobilisation of resources and the support of a diversified donor base, operations were not only restored but expanded.

By the end of 2025, **INTERSOS** was operating with a budget of 13.4 million euros, implementing 12 projects across seven provinces: Kabul, Zabul, Kandahar, Oruzgan, Helmand, Nimroz, and Herat. The organisation reached 479,225 people through a network of 50 supported health facilities and a team of 1,009 staff, of whom 35.5% were women. In total, more than 554,000 outpatient consultations were provided, reflecting both the scale of needs and the importance of sustained access to care.

A significant share of **INTERSOS**' interventions is concentrated in remote areas, where decades of conflict, poverty, and underinvestment have left entire communities without access to essential services. Provinces such as Kandahar, Helmand, and Oruzgan remain characterised by limited healthcare infrastructure, high levels of malnutrition, and increasing pressure linked to large-scale return movements.

Relevantly, in 2025, responding to the increasing number of returnees became a central component of **INTERSOS**' intervention. More than 3 million Afghans returned from neighbouring countries in 2025, often arriving with little or no resources and facing immediate needs upon arrival. To respond to their needs, on



top of reaching remote areas, **INTERSOS** also focused on scaling up its presence in key border and resettlement areas, including Kandahar, Nimroz, and Herat, providing integrated assistance to those most in need.

Operating in these contexts requires more than service delivery alone. **INTERSOS** combines its operational presence with a strong community-based approach, engaging local leaders and stakeholders to ensure that assistance is accessible, accepted, and aligned with local priorities. This approach is essential in areas where trust and proximity are key to reaching the most vulnerable.

At the core of **INTERSOS**' intervention model in Afghanistan are Basic Health Centres (BHCs), which serve as the primary entry point for integrated, multi-sectoral assistance. Located mainly in hard-to-reach areas, these facilities provide a comprehensive package of services, including primary healthcare, maternal and newborn care, immunisation, nutrition screening and treatment, mental health and psychosocial support, and protection services. Water, sanitation, and hygiene activities are also integrated, ensuring that facilities are functional and that communities receive essential awareness and support.

By delivering multiple services under one roof, BHCs enable a holistic response to complex needs, while also strengthening local systems and reducing the burden on communities. For many families, these centres represent the only accessible source of care.

Reaching these areas, however, comes with significant operational challenges. Many of the districts where **INTERSOS** works are geographically isolated and characterised with poor infrastructure. Roads can become impassable due to weather conditions, delaying the delivery of medical supplies and isolating entire communities for days. Recruiting and retaining qualified staff is equally demanding. In many locations, healthcare workers are required to stay on-site during the week, as daily commuting is not feasible. Ensuring adequate living conditions and staff wellbeing is therefore essential to maintaining quality services.

Despite these challenges, **INTERSOS**' presence in remote areas has a direct and tangible impact. By bringing services closer to communities, the organisation reduces the need for long and costly journeys, which are often prohibitive, particularly for women facing mobility restrictions or households with limited economic resources. Access to nearby, reliable care improves health outcomes, supports early diagnosis and treatment, and strengthens community resilience.

In 2025, this approach also translated into a significant expansion of specialised services. The number of Basic Emergency Obstetric and Newborn Care (BEmONC) centres supported by **INTERSOS** increased from three to nine, ensuring round-the-clock sexual and reproductive healthcare in high-need areas. In Zabul Provincial Hospital, the organisation further supported the maternity ward, a Therapeutic Feeding Unit, and infection prevention and control activities, contributing to improved quality of care at referral level.

In a context marked by shrinking funding and massive needs, by focusing on remote and underserved areas, **INTERSOS** continues to ensure that even the most isolated communities are not left behind, bringing essential care to where it is needed most.

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 2025, the **INTERSOS** Assembly consisted of 28 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 2025, 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 2025, the **INTERSOS** Board of Directors consisted of 6 voting members and met 8 times during the year.



Composition of the **INTERSOS** Board of Directors as at 31 May 2026

1. Alberto Angelici	President
2. Roberta Canulla	Member
3. Luciano Costantini	Member
4. Davide Gallotti	Member
5. Lucio Melandri	Member
6. Konstantinos Moschochoritis	Director General
7. Amedeo Piva	Founding Member with advisory powers
8. Nino Sergi	President Emeritus, founding member with advisory powers

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 the **INTERSOS** Supervisory Body as at 15 June 2026

1. **Dr Giampaolo De Simone** – standing member
2. **Dr Raffaele Del Vecchio** – standing member
3. **Dr Angelo Chiocchi** – standing member
4. **Dr Maria De Angelis** – alternate member
5. **Dr 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 and consists of two members:

1. **Davide Berruti**
2. **Alda Cappelletti**

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 and is composed of:

1. **Gabriele Zito**
2. **Giampaolo De Simone**
3. **Regina Proietti**

Advisory Board

The **INTERSOS** Advisory Board is composed of people who share our values and humanitarian commitment, and who voluntarily place their expertise and professionalism at the service of **INTERSOS**. The **INTERSOS** Advisory Board currently comprises:

1. **Raffaele Costantino**
2. **Nerina di Nunzio**
3. **Nancy Earle**
4. **Andrea Lanzone**
5. **Paolo Petrocelli**
6. **Giulia Pigliucci**
7. **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

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.



Alberto Angelici
President

Alberto Maria Angelici is a surgeon and has worked as a researcher and associate professor, heading the 'General Surgery for Frail Patients' unit at Sapienza University of Rome. During his academic career, he has carried out university cooperation projects in support of low-income countries. He is currently in charge of the collaboration project with Mekelle University, Tigray State, Republic of Ethiopia, for the training of local surgeons in specialised surgical fields..



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.



Alda Cappelletti	Deputy Director General
Andrea Dominici	Director of the Programmes Department and Director of the Regional Office for Emergencies
Magda Bellù	Director of Human Resources Department
Sergio Vecchiarelli	Director of Finance Department
Francesco Guiducci	Coordinator of ICT, Logistics, Supply and Change Management
Riccardo Mioli	Regional Director for the Middle East
Papy Kabwe	Regional Director for Africa
Giulia Gemelli	MEAL Advisor and Head of Programme, Quality and Impact Unit
Letizia Becca	Head of the Medical Unit
Chiara De Stefano	Press Office Coordinator
Emanuela Vetere	Fundraising Coordinator
Luciano Costantini	Head of Grants Control & Compliance Unit
Paolo Tartaglia	Internal Auditor

(data updated as at 31 May 2026)

4. Human Resources

a. 2025 Figures¹¹

The total number of staff at headquarters and abroad is 2,587 people, broken down as follows:

- ✧ Total Staff HQ: **68**, of whom **21** belong to Regional Offices¹²
- ✧ Total Staff Mission Italy: **45**
- ✧ Total fundraising support staff: **1**
- ✧ Total HQ Consultants: **3**
- ✧ Total Consultants Mission Italy: **11**
- ✧ Total International Mission Staff: **106**
- ✧ Total National Mission Staff: **2,353**



AVERAGE AGE: **40,2 years old**

NUMBER OF ACTIVE VOLUNTEERS (FRIENDSHIP): **2**

DETAILS OF CONTRACTS APPLIED:



Number of employees with permanent contracts: **46**

15

3

Number of collaborators on co.co.co./self-employed/freelance/occasional contracts: **166**

98

6

1.348

DETAILS OF CONTRACTS APPLIED:

Number of employees with fixed-term contracts: **5**

2

Number of consultants with VAT: **14**

8

Number of employees with local contracts: **2.356**

1.008

¹¹ Data as at 31 December 2025

¹² Regional staff refers to the staff comprising INTERSOS's Regional Offices: Africa, Middle East, and Regional Office for Emergencies. The three regional offices are based in Amman and Rome.

b. Training Activities

In 2025, **INTERSON** updated its guidelines for the initial training of its staff, extending the benefits to both national and international staff. A key decision in this regard was to encourage local colleagues with greater responsibilities in our countries of operation to participate in training courses that were previously reserved exclusively for international staff. This approach has fostered mutual exchange, a shared vision of the work, and a stronger sense of identity and belonging to the organisation. In total, 93 staff members took part in the induction programme, i.e. the initial training for new staff, including 11 members of the national teams covering high-level positions. Although the total number of new hires is falling, the percentage of staff receiving initial training has risen, reaching 100% of international staff.

From 2025 onwards, role-specific training has also become mandatory for staff holding managerial roles in missions. Fourteen managers undertook this programme, a significant increase that confirms the commitment to investing in management quality even in the face of fewer new hires.

With the aim of constantly updating skills, **INTERSON** has continued to invest in high-quality training courses delivered by external providers. During the year, 376 hours of training were delivered to 20 staff members, covering technical topics such as grant management, protection and activity monitoring, whilst also focusing on interpersonal skills. At the same time, the organisation delivered over 349 hours of internal trainings on the field. These sessions focused on crucial sectors such as health, nutrition, protection, localisation and security, as well as on soft skills, which are essential for operating effectively in complex crisis contexts and multicultural environments.



5. Transparency and Internal Control

As has been the case for several years now, the organisation is subject to oversight 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 subject to annual audits and financial checks carried out by external auditors appointed directly by **INTERSOS'** donors. During 2025, **INTERSOS** underwent dozens of project audits in the countries where it operates. The audits were carried out by auditing firms selected by the donor entities.

During 2025, **INTERSOS** strengthened its whistleblowing and internal reporting mechanisms in order to make it even easier to report behaviour that is not in line with the **INTERSOS** Code of Conduct and to manage internal reports quickly and effectively.

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

- email to complaint@intersos.org;
- the WhatsApp number +39 3808970033;
- by post for the attention of the Internal Auditor, Intersos, Via di Torre Spaccata 157, 00169 Rome, Italy;
- via a link on the **INTERSOS** website.

During 2025, 51 reports of conduct non-compliant with the **INTERSOS** Code of Conduct were received from 15 countries.

During 2025, in collaboration with the Supervisory Body, the Organisational Model pursuant to Legislative Decree 231 was revised. The Organisation, Management and Control Model is a regulatory requirement introduced by Legislative Decree 231. It was originally developed at **INTERSOS** in 2012. The Organisation, Management and Control Model is a set of corporate procedures and protocols that an organisation must adopt to prevent the commission of offences and, in the event of an offence, to exempt itself from the administrative liability provided for by Legislative Decree 231/2001. This document includes a Code of Conduct, a disciplinary system, specific procedures for high-risk areas, and the establishment of a Supervisory Body, all of which are fundamental to ensuring ethical and compliant corporate management.



6. Financial Resources and Fundraising

The figures for 2025

€ 89,208,688

FINANCIAL STATEMENTS TOTAL INCOME

98.75%

EXPENDITURES FOR MISSION ¹³

0,19%

EXPENDITURES FOR FUNDRAISING ¹⁵

€ 14,669,440

FUNDS RAISED FROM PRIVATE DONORS

€ 154,548

FUNDS RAISED FROM COMPANIES

€ 306,155

FUNDS RAISED FROM CHURCHES

428

NUMBER OF 5X1000 SIGNATURES

€ 89,587,295

FINANCIAL STATEMENTS TOTAL EXPENDITURES

1.06%

EXPENDITURES FOR STRUCTURE ¹⁴

€ 73,482,841

FUNDS RAISED FROM INSTITUTIONAL DONORS

1,112

NUMBER OF DONORS (INDIVIDUALS)

€ 13,916,521

FUNDS RAISED FROM FOUNDATIONS

€ 20,088

5X1000 FUNDS

€ 292,216

FUNDS RAISED FROM INDIVIDUALS

To download the 2025 financial statements, the mission report and the Supervisory Body's report, [USE THE QR CODE](#)

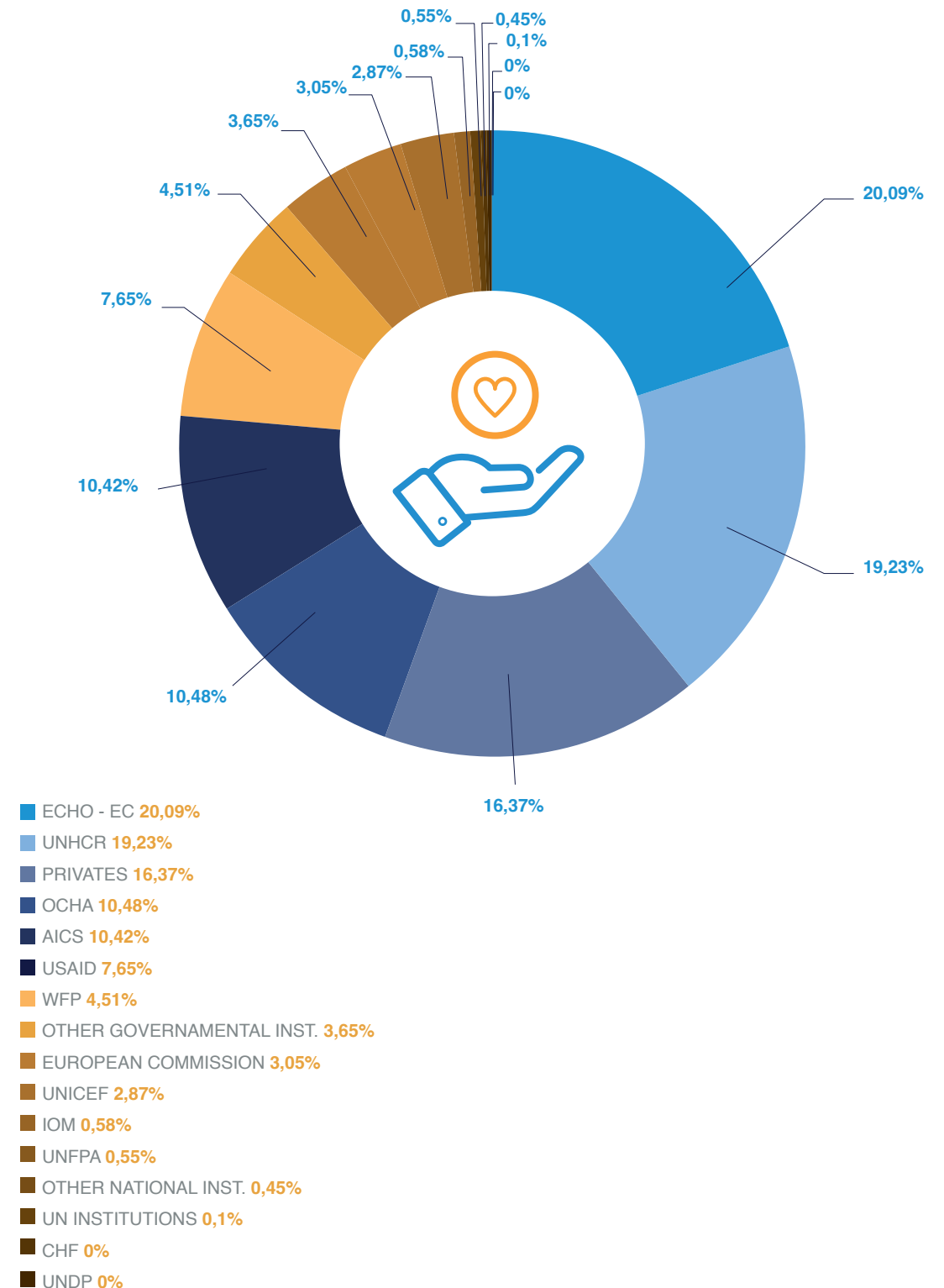


¹³ Mission costs are costs allocated to direct project activities.

¹⁴ Structure costs are costs allocated to all indirect and support activities.

¹⁵ Fundraising costs are costs for activities net of personnel costs.

Our Donors



a. Focus: Fundraising Activities from Private Donors

During 2025, the Organisation developed fundraising activities targeting private donors, with the aim of securing unrestricted funds, funds earmarked for specific crisis areas and project-specific funds. Through these initiatives, **INTERSOS** sought to strengthen the sustainability of its mission, optimising opportunities for visibility and promoting its key messages in a targeted manner.

The campaign implementation strategies were structured around four priority areas:

- **personalising communication** with active donors to strengthen their involvement in emergency response activities;
- **maximising return on investment** through high-impact initiatives, including partnerships with foundations, companies and events;
- **adopting a data-driven approach** to monitor and optimise the performance of fundraising channels;
- **acquiring new donors** primarily through digital fundraising, supported by retention activities based on digital channels, direct mail and telemarketing.

Direct Email Marketing (DEM) campaigns highlighted stories from the field and first-hand accounts, helping to make the impact of humanitarian activities tangible and to strengthen the relationship of trust with donors. Loyalty initiatives further consolidated this bond, increasing awareness and engagement. These initiatives were complemented by the 'Mai più soli' (Never Alone Again) charity SMS campaign, dedicated to the plight of children left alone in contexts marked by prolonged conflict.

During the year, the Organisation also received memorial donations, an expression of solidarity linked to moments of personal remembrance.

Fundraising campaigns raised awareness of major humanitarian emergencies in Sudan, Chad, Lebanon and Afghanistan, highlighting in particular the ability to intervene in the most remote areas through the use of mobile clinics. A portion of unrestricted funds was raised from individual donors and, thanks to collaboration with a tax partner, also from US companies, in compliance with local regulations.

Among the special initiatives, the promotion of solidarity products continued, particularly during the Christmas period, with the "Panettone Solidale" campaign, carried out with the involvement of partner companies.

In parallel, a dedicated programme was established to engage with philanthropic organisations, foundations and businesses for the purpose of raising restricted funds.

	EXPENSES 2025	INCOME 2025	BALANCE
From regular fundraising	64,244	106,059	41,815
From occasional fundraising	107,207	182,577	75,370
Total	171,451	288,636	117,185



7. Sectors of Intervention



Protection

In humanitarian emergencies, we are at the forefront of providing physical and psychological protection for the most vulnerable people, with a particular focus on children and women who have survived gender-based violence.



Health and Nutrition

In emergency situations, we ensure access to vital primary and secondary medical services, we treat malnutrition through nutritional therapies and we support the local healthcare system.



Food Security and Livelihoods

We help meet the basic needs of affected populations by distributing staple foods, seeds and agricultural tools to support food production and self-sufficiency.



Emergency Shelter and NFIs

In the event of natural disasters or during acute phases of conflict, we intervene as quickly as possible by distributing essential survival supplies and emergency shelter.



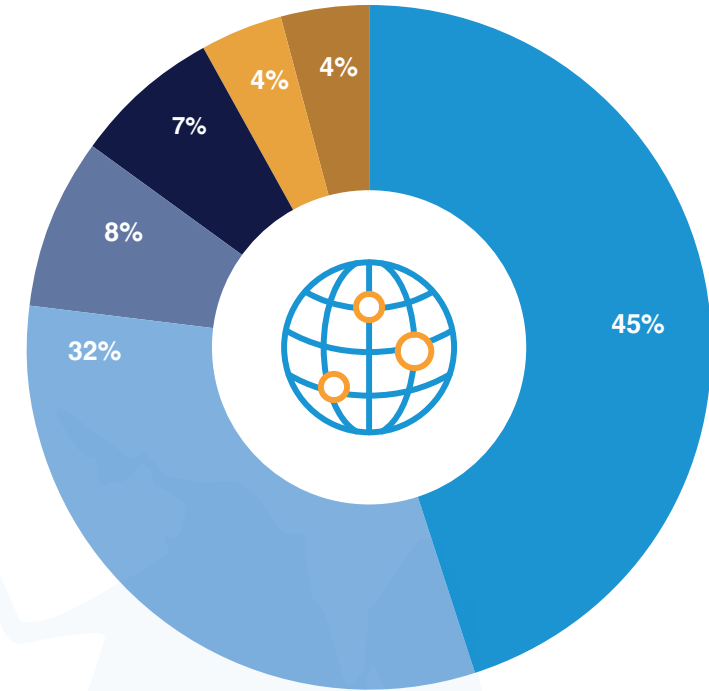
Education in Emergencies

In crisis situations, we promote the right to education by building or rebuilding schools, training teachers and implementing educational and recreational activities.



Water, Sanitation and Health (WASH)

To improve the living conditions of at-risk populations, we take action to ensure access to clean water, build sanitation facilities and provide training on their proper use through hygiene promotion campaigns.



8. Our Missions



AFGHANISTAN

Sectors of intervention



- Regions
- Offices

INTERSOS/Cinzia Canneri

After more than four decades of instability and the drastic political change of August 2021, Afghanistan continues to experience one of the most serious and complex humanitarian crises globally. Although there is no longer a large-scale conflict, the country is still far from being safe and stable and remains in a state of extreme structural fragility: in 2025, around 22.9 million people — almost half the population — require assistance for basic survival. This situation is fuelled by a combination of economic sanctions, a chronic lack of livelihood opportunities and an extremely precarious public service system, which limits access to healthcare, nutrition and drinking water, especially in rural and remote areas.

A central element of the crisis in 2025 is the regional dimension of migration flows. The country has had to absorb the return of over 5 million Afghan citizens from neighbouring countries, particularly Iran and Pakistan; of these, as many as 2.9 million have returned in the last year, often following forced expulsions. This demographic pressure weighs heavily on local communities and border services, which are already stretched beyond their limits. Against this backdrop, protection risks remain extremely high: women and girls face severe restrictions on their freedom of movement and access to secondary and higher education, with their participation in public life drastically reduced. At the same time, children remain exposed to serious dangers, including child labour, early marriage and the persistent threat of unexploded ordnance that still contaminates vast areas of the country.

In 2025, **INTERSOS** consolidated its presence in seven provinces of Afghanistan (Kabul, Zabol, Kandahar, Uruzgan, Helmand, Nimruz and Herat), managing a network of 50 Basic Health Centres and semi-mobile teams. The intervention focused on providing integrated services in remote and underserved areas, where the organisation is often the only humanitarian presence available to the most vulnerable populations, including women, children and people with disabilities.

The Health and Nutrition sector remained the cornerstone of operations. Through its own facilities, **INTERSOS** provided outpatient consultations, maternal and neonatal care, vaccinations and treatment for acute malnutrition. Particular attention was paid to women and breastfeeding mothers, facilitating access to life-saving care in contexts characterised by severe restrictions on movement and prohibitive transport costs. In parallel, in the Protection sector, the organisation provided individual case management, psychosocial support and legal assistance, creating safe spaces for children and support pathways for survivors of violence and abuse. **INTERSOS**'s commitment has also extended to Disaster Risk Reduction (DRR) and responding to climate emergencies. In the provinces of Kabul and Herat, activities were implemented to improve community resilience in the face of floods, droughts and extreme winters. The response to poverty was supported by the distribution of hygiene and essential items kits, as well as financial assistance programmes. A specific focus has been placed on the millions of Afghan citizens who have been forced to return from Pakistan and Iran: at transit points and in resettlement areas, **INTERSOS** has provided immediate medical care and protection support, supplying the essential tools for rebuilding lives in an extremely fragile context.

¹⁶ Tuberculosis vaccine, oral polio vaccine, pentavalent vaccine (protect against diphtheria, tetanus, pertussis, hepatitis B and *Haemophilus influenzae* type B), inactivated polio vaccine, rotavirus vaccine, pneumococcal conjugate vaccine, measles vaccine, hepatitis B vaccine.



2001

FIRST INTERVENTION
IN THE COUNTRY



12
PROJECTS



479,200
PEOPLE
REACHED



€ 11,764,461
ACTIVITY BUDGET

KEY RESULTS

434,277

people gained
access to basic
health services.

145,350

vaccine doses
provided to children
under five¹⁶.

148,201

malnutrition
screenings were
carried
out for children.

BURKINA FASO

Sectors of intervention



- Regions
- Offices



2019

FIRST INTERVENTION
IN THE COUNTRY



10
PROJECTS



213,100
PEOPLE
REACHED



€ 2,638,935
ACTIVITY BUDGET

KEY RESULTS

3,832

women gave birth
with the assistance
of qualified personnel.

29,814

children benefited
from improved water
and sanitation services
in **61** schools.

19,617

19,617 people
took part in
awareness-raising
sessions on gender-
based violence.

Burkina Faso is plagued by a severe humanitarian crisis which, since 2015, has continued to create significant needs for the civilian population. The national situation is characterised by steady population growth and high vulnerability to climate change. At regional level, 2025 marked a significant political transition with the country's withdrawal from the Economic Community of West African States (ECOWAS), redefining the dynamics of integration and the channels of international cooperation in the Sahel region.

Although, in the western region, improved security conditions in 23 localities have allowed for the restoration of humanitarian access and the flow of goods, vast areas of the country remain isolated. The influx of displaced people into more stable communities is placing a heavy strain on scarce local resources, making protection and primary assistance interventions urgent.

Humanitarian action in 2025 has had to contend with a drastic reduction in global funding, which has necessitated the restructuring and temporary suspension of essential programmes. As of 31 December 2025, the humanitarian response plan is only 33.1% funded, despite needs that remain among the highest in the region. Throughout 2025, **INTERSOS** operated in Burkina Faso to address the needs of displaced populations, host communities and the most vulnerable groups, with a particular focus on women, children and people with specific needs. The intervention covered the sectors of protection, health and nutrition, emergency education and water and sanitation services, ensuring a comprehensive humanitarian response.

Protection activities formed the main pillar of the operational strategy. Through its network of field workers present daily within the communities, **INTERSOS** ensured comprehensive monitoring across five regions, which enabled the identification of over 1,500 cases of extreme vulnerability, providing psychosocial support and access to safe spaces for thousands of survivors of gender-based violence. One innovative element was the integration of support for victims of improvised explosive devices, ensuring access to necessary assistance and protection services for those affected and raising community awareness of the risks associated with such devices. At the same time, we provided legal support, particularly for the production of civil documentation, including over 5,200 birth certificates and identity documents, which are essential for accessing fundamental rights. In the area of child protection, interventions focused on preventing child labour and reintegrating children affected by the conflict.

In the health and nutrition sector, support for local facilities enabled nearly 23,000 medical consultations to be carried out and thousands of children under five to be assisted through screening activities to identify cases of malnutrition and treatment interventions for severe and moderate acute forms. We also ensured the supply of medicines, the rehabilitation of essential infrastructure such as the maternity ward in Tougou, and the deployment of mobile units for malnutrition screening. In terms of Education and WASH (Water and Sanitation) activities, **INTERSOS** ensured access to schools for around 30,000 students, rehabilitating wells and inclusive latrines and distributing menstrual hygiene kits to thousands of girls, thereby encouraging them to stay in education.

Finally, the organisation has invested in strengthening the capacities of local civil society organisations, providing practical tools and training on security risk management, thereby fostering a humanitarian ecosystem that is better prepared and more aware of how to manage the challenges of the region.

CAMEROON

Sectors of intervention



Regions
Offices



In 2025, Cameroon continued to face a complex and protracted humanitarian crisis, fuelled by ongoing armed conflicts and climate shocks. Tensions in the North-West and South-West regions, present since 2016, compounded the insecurity caused by armed groups in the Far North and the influx of refugees from the Central African Republic into the eastern regions. This situation has created humanitarian needs for around 3.3 million people, with growing pressure on basic social services due to the presence of over 510,000 internally displaced persons and around 125,000 refugees. Priority needs remain linked to food security, health, protection — particularly against gender-based violence — and access to water and education.

From an operational perspective, the year was marked by a sharp decline in available resources. The 2025 Humanitarian Response Plan required funding of \$359.3 million, but the coverage of needs remained limited due to a significant drop in international funding. The combination of funding shortages, insecurity and access difficulties drastically reduced response capacity: the rate of coverage of humanitarian needs plummeted from 76% in 2024 to 48% in 2025. Although efforts reached around one million people, the gap between the population's needs and response capacity remains extremely critical.

In 2025, **INTERSOS** responded to the humanitarian crisis in Cameroon, reaching over 200,000 people, including internally displaced persons, refugees and host communities in the Far North, North-West and South-West regions. The response was based on three key pillars: protection, food security and nutritional health, adopting an approach that combines emergency assistance with the development of sustainable solutions.

In the area of protection, we ensured constant monitoring of human rights violations and took charge of the most vulnerable and complex cases. Particular attention was paid to survivors of gender-based violence, ensuring emergency medical care within 72 hours, psychosocial support and individual case management. Furthermore, we engaged male community leaders, assigning them the role of 'agents of change' — that is, individuals trained to promote gender equality and prevent violence within their own communities.

For children, **INTERSOS** has maintained child-friendly spaces, safe places dedicated to the psychological well-being of boys and girls.

In the area of food security, **INTERSOS** provided assistance to over 165,000 people. In addition to distributing food and financial aid, the intervention focused on people's self-sufficiency through the creation of productive resources: community gardens and solar irrigation systems were set up. These initiatives, combined with the development of savings and credit groups within the villages, have fostered the financial autonomy of families, especially women.

In the area of health and nutrition, we provided support for child and maternal malnutrition through active screening and financial support. The effectiveness of the interventions was enhanced by sharing workshops, where mothers in the community share healthy eating practices using local resources. This approach, which integrates the use of sustainable technologies and the strengthening of local skills, has enabled us to address the challenges posed by the dual crisis — climate and security — transforming the humanitarian response into a path towards community resilience.

¹ HRP 2025: <https://humanitarianaction.info/plan/1266>



2015

FIRST INTERVENTION
IN THE COUNTRY



10

PROJECTS



265,300

PEOPLE
REACHED



€ 2,913,116

ACTIVITY BUDGET

KEY RESULTS

2,213

children took part in social and recreational activities at child-friendly spaces.

1,342

survivors of gender-based violence received medical care, psychosocial support and individual support.

89,516

people have strengthened their economic and food security through food distributions, cash transfers and the provision of agricultural or livestock kits.

CENTRAL AFRICAN REPUBLIC

Sectors of intervention



Regions
Offices



The Central African Republic continues to face a profound and complex humanitarian crisis. Several areas of the country — particularly the prefectures of Vakaga and Haut-Mbomou — are highly insecure due to the presence of armed groups. This internal fragility has been compounded by the impact of the conflict in neighbouring Sudan, which has generated a constant flow of people fleeing to the north of the Central African Republic, exacerbating the vulnerability of host communities already lacking in resources. According to official figures, 2.4 million people (38% of the total population)²² in the Central African Republic are classified as extremely vulnerable: for them, basic emergency assistance is no longer sufficient to ensure survival.

The situation remains highly volatile and marked by clashes that are taking a heavy toll on civilians, causing further forced displacement and hampering humanitarian access, particularly in the south-east.

Added to this picture is an alarming protection crisis, exacerbated by deep-rooted inequalities and gender-based discrimination. This disparity translates into dramatic rates of gender-based violence: between September 2023 and August 2025, over 42,846 cases were recorded, 96% of which involved women and girls as victims, and 34% of which were rapes. The difficulties faced by the female population are further compounded by barriers to access to reproductive health, education and economic resources, as well as by early marriage, which affects 61% of girls before the age of 18.

Throughout 2025, **INTERSOS** has been active in the Central African Republic through a multi-sectoral response combining Protection, Health, Nutrition and Emergency Response. Operating in various prefectures across the country, the organisation pursued a two-pronged approach: responding rapidly to new shocks caused by clashes and floods, whilst simultaneously strengthening the capacities of local communities to foster their resilience.

Protection activities have been at the heart of **INTERSOS**'s work. Through the management of safe spaces for women and children, our teams have provided specialist support to survivors of gender-based violence, offering medical care, psychological support and pathways to social and professional reintegration. Particular attention was paid to child protection, with interventions focused on the temporary reception of unaccompanied minors and legal support for obtaining birth certificates, an essential tool for ensuring children's access to fundamental rights. Support for education and the launch of vocational training courses for young people represented a direct investment in combating social exclusion in the most vulnerable areas.

In the health and nutrition sector, **INTERSOS** ensured free access to primary care and reproductive health services, supporting local medical facilities. The fight against malnutrition was tackled through an integrated approach combining nutritional monitoring of children with training for mothers on proper nutritional practices. At the same time, in areas affected by new displacements, we intervened by providing emergency shelter and essential kits. We also improved the security of reception sites, including through the installation of solar lighting systems.



2014

FIRST INTERVENTION
IN THE COUNTRY



10

PROJECTS



233,400

PEOPLE
REACHED



€ 2,739,861

ACTIVITY BUDGET

KEY RESULTS

408

children have been
issued with birth
certificates.

360

households received
emergency shelter
kits (sheets, ropes,
wood).

6,719

children underwent
nutritional
screening.

²² HRP 2025

CHAD

Sectors of intervention



Regions
Offices

LAC PROVINCE

Bagasola
Bol

SILA PROVINCE

Goz Beida

N'Djamena

N'DJAMENA

كلنا متحدون ضد العنف
القائم على النوع
الاجتماعي!

Tou(te)s uni(e)s contre la
violence basée sur le genre!



2004

FIRST INTERVENTION
IN THE COUNTRY



19

PROJECTS



363,500

PEOPLE
REACHED



€ 10,371,315

ACTIVITY BUDGET

KEY RESULTS

50,000

people received
shelter and non-food
item kits.

56,000

people received
specialised services
for the treatment of
malnutrition.

84,000

people received
cash assistance.

Chad is in the midst of a multidimensional humanitarian crisis, fuelled by conflict, poverty and climate fragility. Although instability in the Lake Chad region has persisted since 2015, the situation deteriorated rapidly in April 2023: the conflict in Sudan has driven over a million people to seek refuge in the eastern regions of the country. Compounding this situation in 2025 were a severe cholera epidemic and recurring climate shocks, such as floods, which have undermined the resilience of both refugees and local communities.

Currently, around 7.7 million people — 40% of the total population — are in need of assistance. The crisis is concentrated in three geographical areas: the East, the epicentre of the refugee emergency; the Lake Province, characterised by forced internal displacement; and the South, marked by communal tensions. The needs are wide-ranging and concern food security, healthcare and water and sanitation services. Protection remains the central concern, however, due to the prevalence of gender-based violence, the high number of unaccompanied minors and the precarious nature of housing. Despite the scale of the needs, the humanitarian response has seen a 43% reduction in the overall budget compared to the previous year, drastically limiting the capacity of international organisations to intervene on the ground.

In 2025, **INTERSOS** provided direct assistance to 425,000 people in Chad, responding to a crisis characterised by food insecurity, conflict and climate vulnerability. The intervention focused primarily on the Eastern and Lake regions, integrating Protection, Food Security, Nutrition and Essential Services.

The protection sector was at the heart of the operation, reaching 240,000 people. In addition to monitoring respect for human rights, the organisation provided psychosocial support and case management for survivors of gender-based violence and vulnerable children, facilitating the family reunification of separated children. Furthermore, we supported communities in the production of briquettes for cooking¹⁸ and in the development of cooking systems that are more efficient and sustainable than traditional methods, with the aim of reducing the consumption of firewood, the collection of which is often the cause of serious accidents.

In the area of food security, around 65,000 people have benefited from financial assistance, seed distribution and agricultural tools. To combat malnutrition, mobile clinics and programmes distributing fortified flour to children and pregnant or breastfeeding women were set up. At the same time, we responded promptly to the cholera outbreak in the east by building latrines, improving drinking water systems and promoting hygiene practices. Finally, **INTERSOS** provided emergency shelter and kits of essential items to 50,000 refugees and returnees, initiating the transition to more permanent housing. The entire strategy was implemented by empowering local leadership through structural partnerships with national organisations to foster the long-term self-reliance of communities.

¹⁸ Briquettes are a natural product consisting of pressed charcoal pellets, which burn for a long time and can also be reused.

DEMOCRATIC REPUBLIC OF CONGO

Sectors of intervention



Regions
Offices



A humanitarian emergency continues in the Democratic Republic of the Congo, currently affecting over 25 million people. In 2025, the eastern provinces of North Kivu, South Kivu and Ituri remained the epicentre of a chronic crisis, marked by mass displacement and serious human rights violations, such as gender-based violence and the recruitment of child soldiers. This protracted conflict is destroying the social fabric of the country, leaving the population in a state of extreme vulnerability.

Operating in the Democratic Republic of the Congo in 2025 presented challenges in terms of access, as well as logistical and administrative challenges. Humanitarian access is constantly hampered by insecurity and the fragmentation of territorial control, which imposes complex bureaucratic procedures. The situation has been exacerbated by the closure of Goma airport, which has drastically limited staff mobility and the delivery of vital supplies, forcing organisations to rely on precarious corridors. The fragility of the operating environment is also exacerbated by the absence of functioning banking services in many areas of intervention, which makes the management of funds required for relief activities highly complex. In this context of isolation and instability, **INTERSOS**'s priority is to ensure a presence providing assistance where basic services are lacking.

During 2025, **INTERSOS** operated in the eastern provinces of North Kivu, South Kivu and Ituri, implementing a multi-sectoral response in the most remote and hard-to-reach areas. The intervention was characterised by an integrated approach combining the monitoring of protection risks with direct assistance, providing vital support to displaced people, returnees and host communities affected by protracted crises.

Field activities were guided by the constant identification of protection risks, a monitoring process that enabled our teams to identify the most urgent needs and refer critical cases to specialist services. Particular attention was paid to survivors of gender-based violence, who were supported through medical, psychological and legal pathways; in South Kivu alone. At the same time, the Organisation worked to strengthen local resilience; we invested in training local protection committees so that villagers themselves could recognise risks and support the most vulnerable members of their community.

Interventions in the sectors of Health, Nutrition and Water, Sanitation and Hygiene (WASH) were crucial in mitigating the effects of malnutrition and preventing epidemics. In addition to supporting primary healthcare services and renovating medical centres, **INTERSOS** has built water points, latrines and showers, particularly in the most overcrowded displacement camps, ensuring improved sanitation and hygiene services for around 180,000 people. Finally, thanks to cash transfers, vulnerable families have been able to purchase food and essential goods independently, thereby regaining their purchasing power and dignity.



2009

FIRST INTERVENTION
IN THE COUNTRY



10
PROJECTS



819,400
PEOPLE
REACHED



€ 3,293,581
ACTIVITY BUDGET

KEY RESULTS

155,000

people have received support through humanitarian protection activities in South Kivu.

180,810

people gained access to safe drinking water and sanitation facilities.

10,000

people received primary healthcare and treatment for acute malnutrition.

GREECE

Sectors of intervention



Regions
Offices



In 2025, Greece remained one of the main entry points to the European Union, recording around 49,000 arrivals, mainly by sea. Although flows to the Aegean islands remained constant, the opening of new routes from North Africa to Crete highlighted a diversification of migration routes, overwhelming the local reception system, which lacked adequate infrastructure. In response to this situation, national policies have shifted towards a restrictive and deterrent approach, characterised by an increase in detention practices, stricter border controls and accelerated asylum procedures. The most critical issues are concentrated in the reception centres on the islands and in the temporary facilities on Crete, where overcrowding and a lack of essential services expose residents to precarious living conditions. In urban centres such as Athens, thousands of refugees remain excluded from formal support systems, facing serious difficulties in accessing housing and basic services. A bureaucratic crisis linked to delays in the disbursement of financial aid has further exacerbated the forced destitution of many households. In this context, some 130,000 people are in need of humanitarian assistance, including over 2,400 unaccompanied minors at high risk of exploitation and violence. The priority needs relate to child protection, legal support, mental health and tackling food insecurity, in a context where administrative barriers and the trauma of the journey continue to cause profound psychosocial distress.

In 2025, **INTERSOS** Hellas implemented protection activities for the most vulnerable groups, promoting socio-economic integration. The organisation's work focused on addressing urgent needs and creating pathways to self-reliance within an increasingly restrictive regulatory framework.

The Protection sector was the operational priority, with a specific focus on unaccompanied minors and young adults in precarious circumstances in Athens. Under the coordination of the National Emergency Response Mechanism, the organisation ensured the management of individual cases involving vulnerable people, as well as psychosocial support and legal guidance. A project of international significance was the PIHMAC initiative, aimed at preventing human trafficking through integrated humanitarian assistance to migrants arriving in the coastal and island regions of the European Union. **INTERSOS** worked to improve the early identification of potential victims at disembarkation points in Italy, Spain and Greece, providing specialist legal and medical assistance to unaccompanied women, pregnant women and minors.

To tackle food insecurity, **INTERSOS** adopted an integrated approach that uses food distribution as a point of entry to identify hidden vulnerabilities. In 2025, the programme reached people in camps lacking economic support, providing not only basic necessities but also information sessions and psychosocial support to strengthen individual resilience. In parallel, as part of integration efforts, the "Together" project facilitated the employment of over 340 refugees in the regions of Epirus and Thessaly, offering CV-writing workshops and housing subsidies to support independent living.

Of particular importance was the commitment to health and scientific research. To mark World Skin Health Day, **INTERSOS** coordinated a free dermatology clinic in Athens, providing treatment regardless of patients' legal status. This commitment has also extended to the academic sphere, with the publication of several scientific articles on the impact of healthcare barriers for migrants and participation in the European MITIME network, aimed at training a new generation of experts on the complex temporal and social dynamics of urban integration.

¹⁹ In addition to the project mentioned above, INTERSOS HELLAS managed and coordinated 4 other projects on-site. The total budget managed by INTERSOS Hellas was 743,756.16 €



2016

FIRST INTERVENTION
IN THE COUNTRY



1¹

PROJECTS



11,800

PEOPLE
REACHED



€ 69,567

ACTIVITY BUDGET

KEY RESULTS

1,384

people received
support in finding
work.

9,933

people received food
assistance.

323

children and
young adults
received protection
services.

IRAN

Sectors of intervention



With a border of over 900 km shared with Afghanistan, Iran has been hosting a very high number of refugees for over four decades, estimated at between 4% and 11% of the total population. Although official figures report 1.6 million Afghan nationals, informal estimates suggest a figure of between 6 and 8 million people. In 2025, the country faced a multidimensional crisis exacerbated by international sanctions, extremely high inflation and growing social tensions. Against this backdrop, a forced repatriation plan was launched targeting 2 million Afghan nationals in an irregular situation, reaching an estimated 1.6 to 1.8 million people, despite the precarious security conditions in Afghanistan.

The situation was further destabilised by the conflict triggered by the 12-day US-Israeli attacks that broke out in June 2025, resulting in nearly a thousand deaths and around 4,800 injuries. The impact of the conflict, combined with systemic barriers to accessing sustainable livelihoods, has fuelled a cycle of poverty affecting both refugees and host communities alike. This economic fragility prevents many families from covering the costs of essential services and the renewal of identity documents, exponentially increasing protection risks and limiting access to durable solutions in a climate of growing international isolation.

INTERSOS operates in Iran by adapting its strategy to a particularly complex regulatory framework, which requires international organisations to implement projects exclusively through local non-governmental partners. Together with national NGOs, we ensure access to quality health and protection services for both the Afghan population – with and without documents – and for Iranian host communities, who are particularly vulnerable due to the economic crisis and regional tensions.

The health sector has been the main pillar of the intervention. The organisation has actively supported the provincial health systems of Alborz, Kerman, Hormozgan, South Khorasan and Yazd. Through an infrastructure rehabilitation plan, twelve health facilities have been refurbished, whilst fourteen primary care centres have been equipped with new medical equipment and technical fittings. These interventions have raised the standards of basic medical services in areas densely populated by refugees. A financial assistance programme dedicated to healthcare was also implemented, enabling 1,108 Afghan citizens to cover the costs of specialist medical services that would otherwise have been unaffordable.

In terms of protection, **INTERSOS**'s work focused on supporting people with disabilities or specific needs, a group particularly vulnerable to the risks arising from poverty and social isolation. Through the provision of financial assistance, 1,071 individuals were able to purchase assistive devices and access the rehabilitation services necessary to improve their independence and quality of life. This model of intervention, based on strengthening existing public structures and providing direct financial support, has enabled a comprehensive response to the needs of a population that faces systemic barriers to accessing fundamental rights on a daily basis.



2022

FIRST INTERVENTION
IN THE COUNTRY



4

PROJECTS



2,200

PEOPLE
REACHED



€ 1,722,150

ACTIVITY BUDGET

KEY RESULTS

12

people received legal assistance.

1,071

individuals took part in community-based protection activities.

1,108

students were enrolled in educational centres or pre-primary, primary and secondary schools.

IRAQ

Sectors of Intervention



- Regions
- Offices

Iraq's social fabric remains deeply fragmented. Although nearly 5 million people have managed to return to their home areas, some 915,000 individuals remain internally displaced. The return process has now reached a standstill, hampered by legal, economic and security obstacles. This vulnerability is exacerbated by a fiscal crisis that has eroded public services, forcing many families to resort to extreme and harmful 'coping strategies', such as debt and child labour.

A key problem remains the lack of civil documentation. Without identity documents, it is impossible to access fundamental rights and basic services, especially for those suspected of having had links to the previous regime.

In addition to social tensions, Iraq faces severe climate fragility: the country is now among those most exposed to global warming. Drought and water scarcity have become the main drivers of new displacements, forcing some 186,000 people to leave the southern governorates to seek refuge in urban centres.

The picture of vulnerability is completed by the presence of over 300,000 Syrian refugees, concentrated mainly in the Iraqi Kurdistan Region, who live in a context where spaces of protection – that is, those where rights and security are guaranteed – are progressively shrinking. In response to this transition, the humanitarian framework has evolved towards a model centred on long-term development and government-led durable solutions, seeking to move beyond the emergency phase to address the root causes of the country's fragility.

In 2025, **INTERSOS** consolidated its operations in Iraq in the sectors of education, protection and water and sanitation services, working in the governorates of Erbil, Sulaymaniyah, Ninewa and Salah al-Din. The organisation's work focused on creating a safe and inclusive environment for children and families from refugee, internally displaced, returnee and local communities.

In the education sector, efforts centred on combating school dropout rates and improving the quality of learning. Students benefited from remedial courses and Kurdish language lessons, whilst school infrastructure was rehabilitated. Particular attention was paid to inclusivity, with the construction of ramps and adapted toilets to ensure access to education for children with disabilities. At the same time, in the protection sector, we addressed the legal and social barriers affecting the most vulnerable. **INTERSOS** provided legal assistance to help people obtain civil documents and access justice, as well as managing cases of gender-based violence and child protection, including through work within women's shelters.

A key innovation was the integration of environmental sustainability into school and community activities. In Sinjar, **INTERSOS** promoted a climate change adaptation strategy, involving over 1,100 people in awareness-raising sessions on water conservation and waste management. Through the creation of 'climate clubs' in schools and reforestation projects, such as tree planting for Earth Day, the organisation has fostered a shared sense of climate responsibility. This unique approach, combining education and active citizenship, has enabled the organisation to tackle environmental challenges crucial to Iraq's future, whilst promoting local leadership in the search for practical and lasting solutions.



2003

FIRST INTERVENTION
IN THE COUNTRY



6

PROJECTS



51,800

PEOPLE
REACHED



€ 3,841,497

ACTIVITY BUDGET

KEY RESULTS

16,779

people received legal
assistance.

5,700

individuals took part
in community-based
protection activities.

1,606

students were
enrolled in
educational centres
or pre-primary,
primary and
secondary schools.

ITALY

Sectors of intervention



- Regions
- Offices

Throughout 2025, Italian migration policies continued to reflect a predominantly security-oriented approach. Arrivals by sea stabilised at around 66,000 people, a figure in line with 2024 and significantly lower than the peaks of 2023. Despite this decline in numbers, pressure on the reception system and local communities has increased, highlighting a chronic lack of structured pathways for long-term integration.

The most critical areas remain the large urban suburbs and informal settlements linked to agricultural work, such as the Capitanata area in Puglia and the rural areas of Sicily. In these contexts, the crisis manifests itself through exclusion from essential services, labour exploitation and housing insecurity among a highly marginalised migrant population. The main challenges concern barriers to accessing the National Health Service, the protection of unaccompanied foreign minors, and the need to prevent and respond to gender-based violence – an area that still suffers from insufficient structural funding at national level.

Against this backdrop of growing marginalisation, the work of civil society and humanitarian organisations has become a vital safeguard to fill the gaps in the public system, ensuring social and health care and the protection of rights for those excluded from formal reception channels.

Throughout 2025, **INTERSOS** in Italy has been active in areas of social and geographical marginalisation. Its work has been based on a model that combines emergency assistance with the development of pathways to self-reliance, targeting unaccompanied foreign minors, young adults, survivors of gender-based violence and seasonal workers. In Rome, the **INTERSOS24** centre in the Torre Spaccata neighbourhood has become a key point of reference for managing the most vulnerable cases, providing psychosocial support and legal guidance. Within the **INTERSOS24** centre, the social clinic provided primary care and mental health support to those excluded from the national health system, whilst the CARI (Rome Immigrant Reception Centres) “Casa **INTERSOS**” centre continued to provide residential accommodation and ongoing specialist care to Ukrainian refugee families with serious health vulnerabilities.

Our commitment to inclusion has extended to the education and housing sectors. In the capital, we have strengthened training programmes for young people leaving care, collaborating with the Provincial Centres for Adult Education (CPIA) and also working within prisons to prevent early school leaving. In southern Italy, between Puglia and Sicily, our mobile clinics have reached the most isolated areas, bringing medical screenings and psychological support directly to the informal settlements inhabited by agricultural labourers, who are often victims of severe exploitation.

In Turin, the foster care project for unaccompanied foreign minors and young adults provided an effective alternative to institutional care, facilitating the placement of minors with relatives or members of their own national community. This model not only improved the well-being of the young people, facilitating access to school and healthcare services, but also ensured greater sustainability of the care system. Finally, at a national level, the VOC (Community Outreach Volunteers) project, in partnership with UNHCR, has transformed members of migrant and refugee communities into active agents of protection: through a network of trained volunteers, we have facilitated access to rights for hundreds of people, overcoming the linguistic and cultural barriers that often prevent the most vulnerable from seeking help.



2011

FIRST INTERVENTION
IN THE COUNTRY



28

PROJECTS



7,600

PEOPLE
REACHED



€ 1,848,603

ACTIVITY BUDGET

KEY RESULTS

1,635

people received
medical consultations.

206

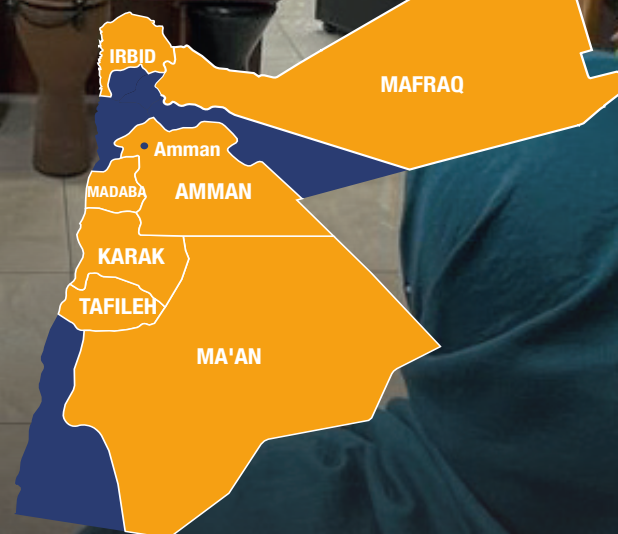
unaccompanied
foreign minors and
young people have
been supported
through foster care in
Turin.

444

refugees, displaced
persons or stateless
individuals were
referred to the
relevant services by
volunteers from the
Community Outreach
Volunteers (VOC)
project.

JORDAN

Sectors of intervention



Regions
Offices

The situation in Jordan continues to be deeply affected by the Syrian regional crisis, now in its fourteenth year. The country hosts around 1.1 million refugees and asylum seekers, a figure representing 11% of the total population. As of December 2025, there were over 427,000 Syrian refugees registered with UNHCR, in addition to around 30,000 people from Iraq, Yemen, Sudan and Somalia. In addition, 2.5 million Palestinian refugees are registered with UNRWA (United Nations Relief and Works Agency for Palestine Refugees in the Near East). The vast majority of the Syrian population (82.8%) lives outside official camps, integrated into host communities where they often reside in makeshift accommodation, tents or overcrowded flats lacking minimum safety standards.

Although the collapse of the Assad regime in December 2024 initially prompted some 173,000 refugees to return to Syria, this flow gradually diminished throughout 2025. The decline in returns was compounded by a marked deterioration in the quality of life in Jordan, where the pressure on the most vulnerable groups has become unsustainable. Extreme poverty affects 66% of Syrian refugees, who live on less than \$5.50 a day.

This economic fragility is confirmed by rising average debt, amounting to 1,225 JOD per person, and by the fact that 69% of households live in unsanitary conditions, lacking natural light or proper electrical installations. These dynamics make the stability of refugees in host communities increasingly precarious, fuelling urgent and structural humanitarian needs.

Present in Jordan since 2012, **INTERSOS** focused its interventions in 2025 on the Protection sector, operating in the governorates of Irbid, Amman, Mafraq, Ma'an and Karak. The work has primarily targeted marginalised populations, including refugees, asylum seekers and people with disabilities, through an integrated response model combining specialist support and community participation.

Our work focused on protection activities, ensuring that high-risk households received individual case management for the most vulnerable, psychosocial support and financial assistance. At the same time, the organisation promoted community engagement through information sessions, awareness-raising campaigns and structured dialogues. These initiatives not only informed citizens about their rights but also enabled the constant monitoring of the population's needs and gaps in available services, contributing to the regular drafting of protection context analyses.

Throughout the year, **INTERSOS** has adopted a Community-Based Protection approach, which aims to place the affected population at the centre of the humanitarian response, strengthening their capacity for self-protection. In 2025, **INTERSOS** worked directly with community members and civil society organisations to co-design local initiatives aimed at preventing risks. Through the provision of specific funding (Seed Grants) to previously trained local community organisations, **INTERSOS** supported the development of autonomous, evidence-based projects. This process forms part of a broader localisation strategy, aimed at the gradual transfer of protection services and activities to national non-governmental partners, thereby ensuring the sustainability of interventions and the strengthening of the local community network.



2012

FIRST INTERVENTION
IN THE COUNTRY



4

PROJECTS



16,200

PEOPLE
REACHED



€ 1,765,535

ACTIVITY BUDGET

KEY RESULTS

1,064

people have received specialised protection services (case management).

1,156

people reached with psychosocial support.

658

people received financial assistance.

LEBANON

Sectors of intervention



● Regions
● Offices



Lebanon is undergoing a protracted, multidimensional crisis, exacerbated in 2025 by ongoing hostilities in the south of the country and the Bekaa Valley. Despite the cessation of hostilities agreement at the end of 2024, continued military activity and structural damage to infrastructure have prevented the return of some 65,000 internally displaced persons, leaving entire villages inaccessible. The country continues to host the highest number of refugees per capita in the world: over one million Syrians, to whom some 120,000 new arrivals have been added over the course of the year due to the instability following the fall of the Assad regime. Pressure on refugees to return to Syria has increased, yet this has been met with uncertainty regarding security and a severe lack of infrastructure in their places of origin.

The context has been marked by economic collapse and a severe drought which drastically reduced access to water in 2025. This fragility has been reflected in every aspect of daily life: in terms of protection, there has been an alarming rise in gender-based violence and child labour, whilst the education system has been damaged by the frequent use of schools as collective reception centres.

The situation was equally critical in terms of housing, with thousands of families trapped in overcrowded shelters or informal settlements lacking essential services. Against this backdrop, humanitarian action faced a dual challenge: responding immediately to frequent emergencies whilst simultaneously addressing chronic needs requiring long-term solutions. The ultimate objective remained that of preserving a fragile social stability in a deeply unstable regional context.

Present in Lebanon since 2006, **INTERSOS** further strengthened its programmes in 2025 to respond to the complex crisis affecting the Lebanese population, including internally displaced persons, Syrian refugees and migrants. Operating from bases in Tyre, Zahle, Beirut and Tripoli, the organisation reached 167,849 people through an integrated approach combining protection, basic assistance and infrastructure rehabilitation across all the country's governorates.

The Protection sector was at the heart of the response, focusing on risk monitoring and case management for women who have survived gender-based violence, children at risk and people with chronic vulnerabilities. **INTERSOS** provided psychosocial support, legal assistance and financial aid to address immediate security needs. At the same time, we worked to address the housing crisis: dilapidated housing and collective centres were rehabilitated, whilst providing financial assistance for rent and information sessions on property rights. To alleviate the hardship faced by newly displaced families, essential goods and hygiene kits were distributed.

INTERSOS has also worked to restore access to essential services, which had been restricted by the conflict and the economic crisis. Interventions included the rehabilitation of water and school infrastructure, teacher training and non-formal education programmes to prevent school dropouts. In terms of localisation, a key added value was the flexible emergency response capacity, closely coordinated with nine national NGOs. This model made it possible to address overlapping vulnerabilities, ensuring equitable and dignified access to services for the most vulnerable groups, such as women, the elderly and people with disabilities.



2012

FIRST INTERVENTION
IN THE COUNTRY



17

PROJECTS



167,900

PEOPLE
REACHED



€ 12,850,081

ACTIVITY BUDGET

KEY RESULTS

2,804

students received
school kits.

2,897

people received
psychosocial support.

4,724

people received
emergency
financial
assistance.



LIBYA

Sectors of intervention



Regions
Offices



The humanitarian situation in Libya in 2025 was defined by a complex interplay of political fragmentation and regional instability, exacerbated by a massive influx of people fleeing the conflict in Sudan. Despite the 2020 ceasefire, the persistent governmental division between the east and west of the country left around 787,000 people in need, with nearly 40% of the population facing critical multi-sectoral needs. The operating environment remained extremely fragile, marked by urban clashes and a severe administrative crisis which, in March 2025, led to the temporary suspension of several international organisations. Although INTERSOS resumed operations in September, the interruption severely hampered the delivery of essential health and protection services.

The epicentre of the crisis has shifted towards Al Kufra, where the arrival of over 40,000 Sudanese refugees has placed heavy pressure on municipal services, which are now insufficient to ensure an adequate response, whilst the south of the country faces chronic infrastructure collapse and an alarming water shortage, a sign of the severe impact of the climate crisis. As Libya is not a signatory to the 1951 Geneva Convention on Refugees, around 70% of migrants live in a state of 'legal invisibility', exposed to constant risks of arbitrary detention and deportation. The economic crisis, exacerbated by currency devaluation and rising food costs, has forced 90% of refugee households to reduce their food consumption. In this context, children remain the hardest-hit group. In particular, almost 80% of Sudanese families report being unable to enrol their children in school.

In 2025, **INTERSOS** operated in Libya to ensure access to essential services for migrants, refugees, internally displaced persons and vulnerable host communities. Despite the significant administrative and security challenges that characterised the year, the organisation maintained its commitment in the sectors of Protection, Health and Nutrition, Emergency Education, and Water and Sanitation, focusing in particular on women, children and young people exposed to serious risks of exploitation and social exclusion.

The operational model was based on a hybrid system combining static service points, such as community centres, with mobile outreach units. This flexibility made it possible to reach populations in urban settings and remote areas, overcoming the geographical and financial barriers that often prevent the most vulnerable from accessing care. In the health sector, mobile clinics played a crucial role, providing basic health consultations, maternal care and nutritional screening in areas where the national health system is severely weakened. In terms of protection, **INTERSOS** has ensured individual case management for the most vulnerable, psychosocial support and legal assistance for undocumented individuals, and has established structured referral pathways for at-risk minors and survivors of gender-based violence.

The focus on education centred on the educational reintegration of children and adolescents outside the formal education system, through non-formal education programmes and *life skills*²⁰ and sessions aimed at strengthening the resilience of children affected by instability. Finally, the response in the water and sanitation sector involved the distribution of hygiene kits and the rehabilitation of water infrastructure in informal refugee settlements.

²⁰ Life skills are the skills needed to interact with others and cope with problems, pressures and everyday stress.



2018

FIRST INTERVENTION
IN THE COUNTRY



9

PROJECTS



47,900

PEOPLE
REACHED



€ 2,524,528

ACTIVITY BUDGET

KEY RESULTS

7,343

people received
medical consultations.

6,823

people received
psychosocial support.

4,187

children benefited
from non-formal
education
programmes.

MALI

Sectors of intervention



Regions
Offices

Mali continues to face a humanitarian crisis fuelled by a combination of persistent insecurity, community tensions and the effects of climate change. Although initially confined to the northern regions, the conflict has gradually spread towards the centre and south of the country. In 2025, Mali had over 414,000 internally displaced persons²¹. The regions of Gao, Ménaka and Mopti remained the hardest hit, but demographic pressure was also felt in the southern governorates, where the massive influx of displaced people strained basic social services and host communities, already strained by a scarcity of resources.

Population movements remained volatile and closely linked to the internal conflict, which forced thousands of people to make sudden displacements to safer areas. Women and children accounted for 58% of the displaced population, a figure that highlights the importance of interventions aimed at protection and access to essential services. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), in 2025, approximately 6.4 million people required humanitarian assistance, with around 1.5 million individuals in a state of acute vulnerability, lacking the basic means for daily subsistence, including female heads of household, the elderly and people with disabilities. In addition to food insecurity, which was particularly acute in the Bankass and Douentza areas, the humanitarian response had to contend with structural obstacles such as chronic underfunding and persistent difficulties in accessing areas where needs are greatest. In 2025, the organisation's work was characterised by an integrated approach in the sectors of Protection and Health, aimed at ensuring comprehensive support for populations affected by the conflict, internally displaced persons and host communities, with a priority focus on women, children and people with disabilities. In the Protection sector, we have ensured the management of the most vulnerable cases and the creation of safe spaces, where women and girls have benefited from vocational training programmes aimed at generating income. Awareness-raising campaigns, which reached over 63,000 people, focused on the prevention of gender-based violence, child protection and the promotion of support services available locally, ensuring that the most isolated communities are aware of their rights and how to access free healthcare services. At the same time, we provided psychosocial support and medical care to 206 survivors of violence and abuse.

In the Health and Nutrition sector, **INTERSOS** supported five community health centres by supplying essential medicines and strengthening the capacity of local staff, ensuring screening and treatment for malnutrition, particularly for children and breastfeeding mothers.

2025 was marked by the work carried out alongside local organisations, which are on the front line. This was achieved through the PARTAGE project, an innovative initiative that has strengthened the security risk management capacities of 72 local civil society organisations, thanks in part to the launch of a dedicated website offering over 100 practical tools tailored to the Malian context. In addition, 38 national NGOs were supported through the provision of micro-grants aimed at ensuring their operational sustainability. This commitment to strengthening local capacities guarantees not only the immediate effectiveness of aid, but also the long-term sustainability of interventions in an extremely unstable operational context.

²¹ Displacement Tracking Matrix IOM: <https://dtm.iom.int/mali>



2023

FIRST INTERVENTION
IN THE COUNTRY



5

PROJECTS



12,100

PEOPLE
REACHED



€ 1,190,587

ACTIVITY BUDGET

KEY RESULTS

38

civil society
organisations have
received micro-
funding for security
projects.

17,210

children under the
age of 5 underwent
active screening for
malnutrition.

206

survivors of
gender-based
violence received
support.

MOLDOVA

Sectors of intervention



- Regions
- Offices



2022

FIRST INTERVENTION
IN THE COUNTRY



5

PROJECTS



16,700

PEOPLE
REACHED



€ 1,631,479

ACTIVITY BUDGET

KEY RESULTS

521

people have benefited from mental health and psychosocial support services through individual and group sessions.

273

people were supported by our social workers in accessing local health and social services.

349

people received vouchers to purchase medicines.

Since February 2022, Moldova has been facing a multidimensional crisis involving humanitarian, economic and energy challenges. Although not a direct theatre of conflict, the country is suffering the repercussions of the war in Ukraine, hosting around 100,000 Ukrainian refugees. A critical development in 2025 was the worsening of the energy crisis, particularly in the Transnistria region, where interruptions to gas supplies have left a large part of the population at risk of being without heating and electricity, increasing the fragility of an area that is already politically unstable.

Humanitarian needs remain concentrated in urban centres, border areas and the Transnistria region. It is estimated that between 20,000 and 25,000 refugees still require ongoing assistance to meet their basic needs. Access to essential services, particularly healthcare, and economic support for host communities have become priorities to prevent social tensions in a context of heavy pressure on public services. In addition to economic insecurity, protection risks remain high, such as gender-based violence and child protection.

In 2025, **INTERSOS** in Moldova responded to the needs of around 11,000 people, including Ukrainian refugees and vulnerable Moldovan families. Operating extensively across the country — from north to south, including the Transnistria region — the organisation provided constant support to those most exposed to the effects of the crisis, with a particular focus on the elderly, people with disabilities and the Roma community.

INTERSOS provided a referral service to essential services, assisting vulnerable people in accessing the healthcare and legal systems. A key initiative was the mapping of Roma communities displaced from Ukraine, a population that is often invisible and unprotected, for whom **INTERSOS** coordinated a nationwide needs assessment.

At the same time, through the deployment of mobile medical units and fixed medical posts, we provided consultations and medicines where the public system was unable to reach. In particular, they received vouchers for the purchase of medicines, enabling many elderly people and those with chronic conditions to continue vital treatments that would otherwise have been financially unsustainable.

INTERSOS also provided mental health support, a crucial need often overlooked in emergencies. Thanks to our psychologists, vulnerable people have taken part in individual and group therapy sessions to process the trauma linked to the war and the loss of their homes. This integrated approach has enabled us to address physical and mental wellbeing as a single journey, whilst working with local schools and centres to ensure that psychological support becomes a stable and accessible resource for the entire community.

NIGER

Sectors of intervention



- Regions
- Offices

Since 2010, Niger has been facing a multidimensional crisis caused by extreme weather events, growing insecurity, rapid population growth and chronic poverty. Located in the heart of the Sahel, the country is the epicentre of migration flows and mass displacement: on the one hand, the influx of refugees fleeing conflicts in Mali, Burkina Faso and Nigeria; on the other, a high number of internally displaced persons, which, as of June 2025, exceeded 500,000 people. The Tillabéri region remains the area of greatest tension, hosting almost half of the internally displaced population. Added to this pressure is the migration crisis on the desert route: in 2025, the Assamaka transit centre recorded over 16,000 migrants turned back from Algeria, people often in extremely vulnerable conditions who require immediate protection and assistance. The regime change in July 2023 had lasting repercussions in 2025, with a significant reduction in international funding and administrative restrictions that slowed down humanitarian operations. Against this backdrop, food insecurity — exacerbated by prolonged droughts — and serious protection risks remained the main challenges. Civilian populations are exposed to direct attacks, forced displacement and gender-based violence, whilst the denial of humanitarian access and the lack of essential infrastructure undermine the dignity and health of communities. With over 2.6 million people in need of humanitarian aid to survive, we had to adapt our work rapidly in 2025. Faced with funding shortages and growing insecurity, the top priority was given to immediate relief: medical care, protection of vulnerable people and access to safe drinking water.

In 2025, **INTERSOS** operated in Niger by combining protection interventions with water and sanitation services, reaching around 85,000 people. The organisation's efforts focused on the areas of greatest tension, such as Niamey, Agadez, Tillabéri and Tahoua, providing vital assistance to refugees, internally displaced people, host communities and migrants turned back along desert routes. The Protection sector was at the heart of the intervention, with a priority focus on the protection of mothers and children. In Niamey, the management of the "Guichet Unique" enabled 4,705 people to access a centralised point for registration and the coordination of essential services. This is, in fact, a multi-service centre which, rather than forcing vulnerable people to visit different offices across the city, centralises everything in a single safe location. To safeguard the dignity of women and girls who have survived violence or are at risk, 2,740 kits containing hygiene products and essential items were distributed, whilst 235 people received comprehensive support, including medical, psychological and legal assistance. We have placed the future of the most vulnerable children at the centre of our work: despite growing bureaucratic difficulties, our experts have conducted in-depth interviews and drawn up detailed assessments. This work has enabled us to make crucial decisions based solely on the children's well-being, ensuring that each of them receives the protection, care and pathway to growth best suited to their situation. **INTERSOS** also responded to the water shortage in Assamaka, a critical transit point for migrants turned back from Algeria. Thanks to an emergency system involving water transport by lorry and the establishment of new public water points, access to drinking water was guaranteed for over 25,000 people, reducing the strain on scarce local resources and thus helping to prevent the spread of diseases caused by dirty water or water shortages in an extremely fragile environment.



2019

FIRST INTERVENTION
IN THE COUNTRY



7

PROJECTS



85,000

PEOPLE
REACHED



€ 1,312,698

ACTIVITY BUDGET

KEY RESULTS

2,740

people received
emergency kits.

235

survivors
of gender-based
violence received
support.

25,464

people gained
access to safe
drinking water
thanks to emergency
interventions on
wells and water
infrastructure.

NIGERIA

Sectors of intervention



INTERSOS/Martina Martelloni

The crisis in Nigeria proved in 2025 to be one of the most complex and multi-layered emergencies, the result of over sixteen years of armed conflict, violence and climate-related disasters.

The country is divided between the conflict in the North-East, led by non-state armed groups, whilst the North-West is characterised by banditry, crime and kidnappings. This insecurity has been compounded by a particularly challenging environmental situation in 2025: floods have affected over 5 million people, destroying 1.3 million hectares of crops right at harvest time and accelerating the food crisis. With nearly 35 million people in need of food assistance, Nigeria now represents the largest nutritional emergency globally.

The heart of the crisis remains the state of Borno, in the north-east, but needs are also rising rapidly in the north-west due to the combination of violence and acute malnutrition, which affects over 6 million children, according to the IPC Acute Malnutrition Analysis. In addition to hunger, the country faces a profound protection crisis: civilians, particularly women and children, are exposed daily to risks including gender-based violence, forced marriage and the recruitment of child soldiers. The presence of unexploded ordnance and the collapse of health and education infrastructure complete a highly complex picture. Finally, the situation is exacerbated by a chronic shortage of international humanitarian funding, which fell in 2025 to its lowest level in the last decade.

In 2025, **INTERSOS** committed to responding to the crisis, operating in the states of Borno (North-East) and Zamfara (North-West).

The organisation provided assistance to more than 400,000 people, with a priority focus on women, children under five and newly arrived displaced people in camps, often in conditions of extreme vulnerability.

Our teams carried out over 105,000 medical consultations, providing basic healthcare in isolated and conflict-ravaged areas. Faced with a doubling of acute malnutrition rates, 15,000 children were taken into care, combining medical treatment with the distribution of therapeutic food. A significant initiative in the North-West was the community-led production of 'Tom Brown', a fortified food supplement produced with the direct involvement of families, transforming the emergency response into an opportunity for training and building resilience within the local community.

Over 171,000 people received food assistance, often through cash transfers that allow families to buy what they need most. At the same time, our teams took on 386 cases of gender-based violence and child protection, offering not only psychological and legal support, but also direct financial aid. Finally, **INTERSOS** has reaffirmed its role in logistics: by managing shared warehouses and consolidating air cargo in Maiduguri, it has enabled 41 partner organisations to store and transport over 6,000 tonnes of aid to remote and otherwise inaccessible areas, ensuring that relief supplies reached their destination despite the insecurity of road routes.



2016

FIRST INTERVENTION
IN THE COUNTRY



22

PROJECTS



479,200

PEOPLE
REACHED



€ 6,036,229

ACTIVITY BUDGET

KEY RESULTS

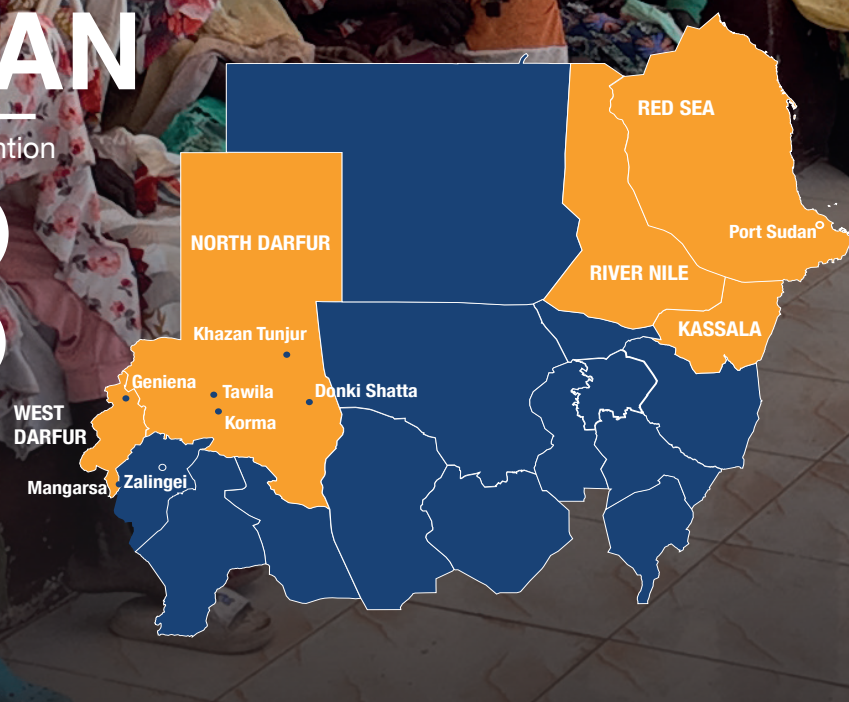
15,671 cases of
malnutrition treated.

105,121 outpatient
consultations carried
out.

266 survivors of
gender-based
violence supported.

SUDAN

Sectors of intervention



In 2025, the conflict in Sudan entered its third year. During this period, what had begun as a localised power struggle in the capital, Khartoum, had transformed into a fragmented civil war on a national scale, with 30.4 million people in need – equivalent to 60% of the population – according to the Office for the Coordination of Humanitarian Affairs (OCHA). The fall of El Fasher, in North Darfur, following an eighteen-month siege, marked a dramatic turning point, shifting the focus of the fighting towards the Kordofan region and triggering new waves of displacement. Today, Sudan represents the world's most severe displacement crisis, with 13.6 million people forced to flee their homes²³. The year was marked by the tragic return of famine in various parts of the country, making hunger a threat as deadly as the fighting. Millions of people have begun returning to their destroyed homes, not because of a return to safety, but because of the exhaustion of all economic resources in their places of refuge. Added to the risks associated with the fighting are the deadly consequences of the collapse of services: a health system almost entirely destroyed, with 80% of hospitals closed in conflict zones. The social impact of the crisis is profound. The disruption of education for 17 million children jeopardises the country's development prospects. Furthermore, the country is characterised by the systematic use of gender-based violence as a weapon of war. Even in areas where fighting is less intense, the widespread presence of unexploded ordnance prevents the resumption of agricultural activities, perpetuating food insecurity. The Sudanese crisis has now taken on the dimensions of a regional crisis: the involvement of neighbouring countries, which are themselves fragile, is turning the entire region into an epicentre of instability and insecurity. Throughout 2025, **INTERSON** has been active in some of the country's hardest-hit areas, including the states of Darfur (West, Central and North), the Red Sea and Kassala. The response has focused on restoring essential services, with a priority on health and nutrition. Through the rehabilitation of health centres and the deployment of mobile clinics, the organisation reached nomadic communities and remote villages that had been cut off from any form of healthcare for years. In North Darfur alone, our intervention reached over 38,000 people, providing medical consultations, vaccinations and treatment for severe and moderate acute malnutrition for children²⁴ under five and pregnant women. To address the trauma of conflict and gender-based violence, healthcare provision has been integrated with a robust protection strategy. This has led to the creation of safe spaces dedicated to women and girls, supported by psychosocial support services and individual case management. At the same time, **INTERSON** has assisted over 15,000 people by distributing essential supplies and hygiene kits. This work was complemented by awareness-raising campaigns and structural improvements in hospitals, where the installation of water systems and solar panels has ensured the facilities' full energy self-sufficiency. In the western and central provinces of Darfur, where we reached more than 57,500 people, our work focused on extreme food insecurity. In addition to providing care for malnourished people, we used cash transfers: a vital tool to enable families to purchase food and medicines independently, thereby mitigating the impact of the economic collapse. This integrated approach allowed us to address the most urgent needs of displaced people and host communities, ensuring dignity and vital support in one of the world's most unstable contexts.

²³ Displacement Tracking Matrix - IOM

²⁴ UNICEF: <https://www.unicef.org/sudan/reports/unicef-sudan-humanitarian-situation-report-2025>



2004

FIRST INTERVENTION
IN THE COUNTRY



14

PROJECTS



177,400

PEOPLE
REACHED



€ 1,983,520

ACTIVITY BUDGET

KEY RESULTS

61,000

people have received
medical consultations.

550

children have been
admitted for severe
acute malnutrition.

1,200

children have been
vaccinated against
measles.

SYRIA

Sectors of intervention



- Regions
- Offices

INTERSOS/Bayan Kseibi

After almost fifteen years of conflict, 2025 marked the beginning of a phase of profound transformation for Syria. The regime change that took place at the end of 2024 set in motion a delicate process of reorganising the institutional and social fabric, navigating between the need for national reconstruction and the wounds of a humanitarian crisis that remains unresolved. Against this backdrop, around 75% of the population — over 16.5 million people — still depend on external aid for their survival.

2025 was characterised by massive population movements, with the return of around 1.3 million refugees and nearly 2 million internally displaced persons to their areas of origin. However, this phenomenon has placed new pressures on already exhausted communities: over 80% of those living in informal settlements struggle to meet their basic needs. Ensuring protection remains a major obstacle. On the one hand, the lack of documents and uncertainty over property rights prevent residents from legally returning to their homes; on the other, contamination from unexploded ordnance poses a daily threat to those attempting to resume agricultural activities. The gradual erosion of the social fabric has also exposed women and girls to increasingly high risks of gender-based violence. Data collected by **INTERSOS** at the end of 2025 paints an alarming picture: 63% of cases handled involving women who have returned to the country relate to physical violence, a dynamic often fuelled by economic instability and a lack of safe housing.

Against this backdrop of economic fragility, there has been a rise in extreme survival mechanisms. The education crisis has reached alarming proportions, with over 2.4 million children out of school, many of whom are involved in child labour or at risk of early marriage. The health and water systems are also under strain: almost 40% of hospitals are damaged and over half the population lacks regular access to drinking water.

Throughout 2025, **INTERSOS** has been active in the areas of Idlib, Hama and the Damascus Rif governorate, responding to the urgent needs of displaced people, returnees and host communities. Our work has focused on integrating health and protection, ensuring that those we assist receive comprehensive medical and psychological care. In a region marked by significant economic and physical barriers, our mobile clinics and fixed health centres provided over 15,000 medical consultations, offering gynaecological and paediatric care even in hard-to-reach areas.

Our multidisciplinary teams provided psychosocial support to around 9,700 people. The intervention was not limited to managing individual trauma, but aimed to rebuild the community fabric. We did this through self-help groups for people with chronic conditions and local citizen-led initiatives, such as making children's play areas safe and restoring small-scale infrastructure. At the same time, we provided legal assistance to overcome bureaucratic hurdles: offering support with civil documents and property rights was crucial in enabling families returning to the country to access public services and reclaim their property. Priority attention was given to the younger generation, to counter the resort to extreme survival strategies such as child labour and forced marriages. Around 1,900 children benefited from non-formal education programmes and catch-up classes in schools rehabilitated by the organisation, whilst vocational and entrepreneurial training courses were launched for adults in situations of severe vulnerability. Through small grants and the provision of vocational start-up kits upon completion of the training courses, we have supported 329 people in launching micro-enterprises. In this way, emergency assistance has been transformed into a concrete opportunity for self-reliance and professional dignity.



2019

FIRST INTERVENTION
IN THE COUNTRY



8

PROJECTS



43,400

PEOPLE
REACHED



€ 2,594,968

ACTIVITY BUDGET

KEY RESULTS

15,059

people received
medical consultations.

9,728

people received
psychosocial support.

329

people took part in
vocational training,
work placements or
entrepreneurship
courses.

UKRAINE

Sectors of intervention



- Regions
- Offices

In 2025, the conflict in Ukraine proved to be a deep and protracted crisis. Although the front line remained largely static, the country was the target of systematic attacks on a national scale, with a strategy aimed at striking critical energy infrastructure. The combination of harsh winter temperatures and damage to the electricity grid left the population severely vulnerable. Although, according to the United Nations Humanitarian Response Plan (HNRP), the number of people in need had fallen to 10.8 million, the reality on the ground showed a deterioration in living conditions, fuelled by severe economic instability and the disruption of supply chains.

The crisis has presented constantly evolving dynamics: in the final months of 2025, flows of internally displaced persons shifted significantly towards the Kharkiv region, whilst in the Kherson and Donetsk oblasts, humanitarian access remains extremely limited. We have witnessed a deterioration in the mental health of the population, subjected to constant stress due to the war. Against this backdrop, families have also struggled to meet the costs of daily life, with economic pressure leading to the closure of numerous local businesses.

As needs have grown, the humanitarian sector has faced a drastic reduction in international funding, forcing several organisations to scale back or suspend operations. In response to this resource shortage, the assistance strategy has been refocused on acute emergencies: frontline support, post-attack assistance and the protection of the most vulnerable groups.

In the regions of Kharkiv, Kherson, Mykolaiv, Donetsk, Zaporizhzhia and Dnipropetrovsk, **INTEROS**'s work has adapted to a conflict that relentlessly targets civilian infrastructure. Instead of waiting for patients in fixed facilities that are often unusable, we have focused on mobility: multidisciplinary teams have reached isolated villages, bringing medical, psychological and legal assistance directly to where the need was most acute. This approach has enabled us to assist those unable to travel, such as the elderly or people with disabilities, offering not only medical care and rapid diagnostics, but also the legal support needed to claim their rights and property.

The lack of specialised healthcare staff in the areas most affected by the conflict was addressed with a technological solution: a telemedicine system connecting patients in border areas with specialists, such as neurologists, psychiatrists and cardiologists.

The effectiveness of the intervention was also measured in terms of speed: thanks to a rapid response mechanism, we were able to intervene within 48 hours of the bombings, distributing kits for repairing homes and solid fuel to get through the winter. From medical consultations for over 18,000 people to psychosocial support for those living with the daily trauma of the bombings, every action was designed to provide practical support to a population which, despite the war, is striving with dignity to remain in their homes.



2022

FIRST INTERVENTION
IN THE COUNTRY



10

PROJECTS



103,000

PEOPLE
REACHED



€ 5,532,167

ACTIVITY BUDGET

KEY RESULTS

27,850 people received healthcare.

23,297 people received support against gender-based violence.

14,077 people received psychosocial support.

VENEZUELA

Sectors of intervention



In 2025, the humanitarian situation in Venezuela reached a critical stage. Following the 2024 presidential elections, the fragile economic stability of the preceding months dissolved, giving way to a multidimensional crisis characterised by severe political volatility and the collapse of essential public services. Against this backdrop, some 7.6 million people – one in four Venezuelans – found themselves in a state of urgent humanitarian need.

The year was marked by a drastic reduction in international funding, leaving the Humanitarian Response Plan underfunded by almost 80%²⁶. Against this backdrop of scarce resources, international organisations also had to contend with new bureaucratic barriers and restrictions on the movement of staff and medical supplies. Despite operational constraints, interventions focused on the most acute emergencies: the rehabilitation of water systems in 70% of public hospitals lacking reliable services, combating rising malnutrition, and managing a 25% increase in cases of gender-based violence.

The state of Amazonas has been the most critical front line of the crisis. In this region, the expansion of illegal mining and environmental degradation have led to a 300% increase in malaria cases, threatening the survival of indigenous communities. The humanitarian response in this area has had to contend with the paralysis of river transport due to fuel shortages and the control of the territory by non-state armed groups. To further complicate matters, an exceptionally heavy rainy season affected 16 states in 2025, destroying the crops of 370,000 people and forcing the diversion of already scarce resources towards rapid response measures for shelter and hygiene kits.

Throughout 2025, **INTERSOS** adapted its operations to respond to new emergencies, prioritising humanitarian interventions in the most marginalised areas. Efforts were concentrated in the states of Amazonas, Zulia and Táchira, where the deployment of Mobile Health and Protection Units enabled the creation of a safety net for isolated communities in border areas. This model ensured consistent paediatric and gynaecological care, as well as the distribution of contraceptives to prevent unwanted pregnancies, thereby strengthening access to healthcare where the public system is inadequate.

In the state of Amazonas, efforts focused on stabilising the education system and safeguarding civil rights. We refurbished 44 classrooms and trained 95 teachers, managing to maintain a school retention rate of 94%, a crucial result in combating early school leaving. At the same time, legal support has enabled 170 people to obtain birth certificates or identity documents, a decisive step towards mitigating the risks of statelessness and exploitation. These protection measures have been complemented by psychosocial support programmes and the management of individual cases among the most vulnerable sections of the population.

To safeguard the health of patients and students, we have also improved hygiene and sanitation standards by installing water filtration systems and supplying disinfection kits to border health facilities. Finally, the integration of nutritional screening into paediatric and gynaecological consultations has enabled the early identification of anaemia in children and pregnant women, ensuring timely treatment.

²⁶ Financial Tracking Service OCHA



2019

FIRST INTERVENTION
IN THE COUNTRY



5

PROJECTS



6,200

PEOPLE
REACHED



€ 924,243

ACTIVITY BUDGET

KEY RESULTS²⁵

5,467

people received
psychosocial support.

2,130

people received
healthcare.

5,483

people accessed
educational services.

²⁵ There may be overlap between people assisted by different services: those who have accessed a specific service may also have used the others.

YEMEN

Sectors of intervention



- Regions
- Offices

Yemen continues to represent one of the most serious and complex humanitarian crises globally. Since 2014, the conflict between the internationally recognised government and the de facto authorities has divided the country, triggering a crisis that shows no signs of resolution. By 2025, the number of people in need had reached 19.5 million. The most critical needs were concentrated in the western part of the country, the most densely populated area, where the collapse of infrastructure and economic instability have led to an extreme risk of food insecurity and the spread of disease.

The past year has been marked by severe instability: Israeli air strikes on major cities, localised fighting along the front lines in Taiz and Marib, with the intervention of American drones, and internal clashes in the south have caused further displacement and suffering for the civilian population. Despite the ever-increasing needs, Yemen has faced a dramatic decline in international funding, falling from \$2.4 billion in 2021 to just \$700 million in 2025. This reduction in resources, combined with operational restrictions and security incidents in the north, has forced many UN agencies and international organisations to drastically reduce their presence, leaving significant gaps in the provision of essential services.

Against this backdrop of growing isolation and operational complexity, **INTERSOS** has faced enormous difficulties in maintaining its operations in northern and southern Yemen, providing direct support to a population ravaged by an unprecedented economic and social crisis.

Throughout 2025, **INTERSOS** operated in both areas controlled by de facto authorities and those controlled by the internationally recognised government, providing integrated health, nutrition and protection services. Our work addressed the poor functioning of public infrastructure through direct support to health centres and district hospitals, supplemented by the deployment of mobile clinics to reach the most isolated areas. In addition to general medical consultations, we ensured the supply of medicines, ambulance services and incentives for local healthcare staff, thereby safeguarding the continuity of the healthcare system.

On the protection front, the intervention addressed the complexity of a fragmented social fabric through an integrated strategy, which included case management for children and survivors of gender-based violence, legal assistance regarding property rights, and specialised psychological support. In this context, the network of community volunteers was fundamental in identifying the population's needs at an early stage and directing them towards the relevant services. To foster economic resilience, income support programmes were also launched for women at risk: through vocational training courses and the distribution of kits to help them start productive activities, emergency assistance was thus transformed into a concrete opportunity for self-reliance.

At the same time, water and sanitation activities have helped to contain cholera outbreaks and mitigate flood damage, restoring access to drinking water and promoting good hygiene practices, particularly in malnutrition treatment centres.

Specific attention was also given to the migration route in the governorates of Shabwa and Abyan, where mobile teams assisted both migrants and host communities, working in close coordination with international agencies.



2008

FIRST INTERVENTION
IN THE COUNTRY



11

PROJECTS



181,300

PEOPLE
REACHED



€ 8,192,903

ACTIVITY BUDGET

KEY RESULTS

166,923

people received
medical consultations.

3,268

cases of
malnutrition were
treated (children
under 5).

2,188

women received
antenatal care.

9. Glossary

HUMANITARIAN ACCESS: There is no universally accepted definition of the term ‘humanitarian access’, either in practice or in international public law. However, UNOCHA and many humanitarian actors use and promote a general definition of humanitarian access, adopted by **INTERSOS**: humanitarian access concerns the ability of humanitarian actors to reach people affected by the crisis, as well as the ability of the affected population to access humanitarian assistance and services, in accordance with fundamental humanitarian principles.

STATIC AND MOBILE APPROACHES: The mobile approach is an operational method 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 aid to populations in need within existing infrastructure. These operational modalities can be used alone or combined across different sectors (Health, Protection, WASH, Emergency Education) and in an integrated manner.

CASH ASSISTANCE: Assistance to meet immediate and life-saving needs through cash is a form of support that empowers those receiving aid. Cash assistance gives people the freedom and dignity to decide for themselves how best to meet their needs in terms of safety and well-being, and allows for a wide range of options, such as paying rent, buying food, and accessing education, healthcare and protection.

LEGAL ASSISTANCE: Provision of legal advice, support and representation with the aim of protecting vulnerable people from potential risks. Legal assistance can be provided, for example, by raising awareness of legal information and rights, ensuring support in obtaining necessary civil documentation, such as birth or marriage certificates, or by offering mediation and legal support for issues relating to protection or property. In cases of gender-based violence (GBV), legal support forms part of the comprehensive package of assistance for survivors.

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, from humanitarian conflicts to natural disasters. When they 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 for displaced populations 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.

CASE MANAGEMENT: This is a way of organising and carrying out activities to meet the needs of an individual and/or their family or guardian, empowering them and building their self-sufficiency or independence in an appropriate, systematic and timely manner, through direct support, advice and *referrals* (guidance on third parties who can take charge of a specific issue). It involves a professional, consistent and ongoing relationship with the individual and/or family. It is a collaborative, coordinated and multi-sectoral process that takes place between the practitioner and individuals at risk.

MOBILE CLINICS: these are mobile medical facilities designed to provide essential healthcare services to populations in need, particularly in areas where access to healthcare facilities is limited or disrupted due to conflict, natural disasters or other emergencies. The WHO recommends the use of mobile clinics if a functional primary healthcare centre is not available within a 10–15 kilometre radius. These

clinics are equipped with medical supplies, equipment and staff to provide primary healthcare services directly to communities in remote or hard-to-reach areas. The minimum package of services that can be provided through a mobile clinic includes general consultations (covering communicable diseases, including integrated management of childhood illnesses and non-communicable diseases), sexual and reproductive health services (such as antenatal care, postnatal care, family planning, and clinical care for survivors of sexual assault), nutrition services (including the prevention, identification and clinical management of acute malnutrition), support for routine immunisation programmes (Expanded Programme on Immunisation) and referrals to specialist facilities where necessary, to ensure continuity of care.

COMMUNITY-BASED PROTECTION: Community-based protection (CBP) refers to the process of meaningfully engaging communities to identify protection risks, improve their response capacity and enable them to develop sustainable self-protection strategies that reduce and mitigate protection risks and vulnerability.

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 threat and proactively take preventive measures.

COORDINATION AND MANAGEMENT OF DISPLACED AND REFUGEE CAMPS (CCCM): Teams that ensure all services within displaced and refugee camps are provided effectively and efficiently. CCCM activities are implemented to ensure the protection of displaced populations in all types of environments and communities where these populations settle. This includes rural or urban settings, planned or informal sites, or transit centres.

COVAX: The COVID-19 Vaccine Global Access (COVAX) is a global initiative that aims to coordinate international resources to enable equitable access to diagnostics, treatments and fair and equitable access to COVID-19 vaccines. COVAX funds (through numerous donors) the participation of 92 low- and middle-income countries (AMC countries) in access to COVID-19 vaccines. It stems from a collaboration between the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, the World Health Organisation (WHO) and UNICEF. **INTERSOS** has played a key role in the COVAX initiative within its areas of operation, participating in vaccine administration and awareness-raising initiatives regarding the COVID-19 pandemic.

INFORMAL SETTLEMENT: this is a place not formally recognised by the authorities, where people on the move or facing social exclusion settle for varying lengths of time. Generally, informal settlements are places particularly exposed to situations posing a threat to people’s physical safety and psychological stability, as well as protection risks, and characterised by inadequate sanitation and hygiene conditions.

KIT: *Kits* are packages that are often distributed within communities and among populations affected by humanitarian crises. Some of the most common *kits* include *hygiene kits* (toothbrush, toothpaste, soap, shampoo, hand sanitiser, tissues, feminine hygiene products), *dignity kits* (buckets, soap, menstrual hygiene items such as cloths and reusable sanitary pads), *seasonal kits*, for example winterisation kits (blankets, sleeping mats, solar lanterns and insulating materials for tents) and protection *kits*, which include items to reduce protection risks, such as torches and whistles. These kits provide, in a targeted manner, the resources needed to meet immediate or personal needs. In some cases, the *basic kit* includes shelter components.

NON-COMMUNICABLE DISEASES: Non-communicable diseases (NCDs), also known as chronic diseases, are conditions that tend to affect individuals over a long period of time, if not for their entire lives, and result from a combination of genetic, physiological, environmental and behavioural factors. Some of the main 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 have a disproportionate impact on populations in low- and middle-income countries and communities, where more than three-quarters of global NCDs occur (31.4 million deaths).

MALNUTRITION (SEVERE ACUTE AND MODERATE ACUTE): Malnutrition refers to deficiencies or excesses in nutrient intake, imbalances in essential nutrients, or impaired nutrient utilisation. Malnutrition encompasses both undernutrition and overweight and obesity, as well as diet-related non-communicable diseases. Undernutrition manifests in four main forms: wasting, stunting, underweight and micronutrient deficiencies.

Moderate acute malnutrition (MAM), also known as wasting, is measured using a weight-for-height indicator (z-score) or mid-upper arm circumference (MUAC), which, when compared against reference tables, shows values below the mean. If left untreated or uncorrected, MAM can easily lead to SAM (Severe Acute Malnutrition).

SAM results from an insufficient intake of energy (kilocalories), fats, proteins and/or other nutrients (vitamins and minerals, etc.) to meet individual requirements. SAM is often associated with medical complications due to metabolic disorders and compromised immunity. It is one of the leading causes of morbidity and mortality in children globally.

SAM is also measured using a weight-for-height indicator (z-score) or mid-upper arm circumference (MUAC), which, when compared against reference tables, show values significantly lower than the average.

RAPID RESPONSE MECHANISM: The Rapid Response Mechanism (RRM) is an operational model that enables the provision of immediate, life-saving humanitarian assistance during or immediately following shocks linked to conflict or climate change, in areas where fighting is taking place and in hard-to-reach areas. The RRM is activated within 72 hours of an emergency. Typically, the Rapid Response Mechanism is implemented in various ways, including: the rapid deployment of **INTERSOS** staff through internal missions or as part of humanitarian convoys; the pre-positioning and stockpiling of non-food items, medicines and life-saving medical equipment ready for rapid deployment; support for last-mile delivery teams; and the distribution of non-food items (primarily in the WASH and Emergency Shelter sectors).

BORDER MONITORING: Actions undertaken to improve understanding of the profiles, migration patterns and threats (including, but not limited to, human trafficking, terrorism and irregular migration) of populations on the move. These actions are carried out through data collection at land border points, selected meticulously and strategically. Border monitoring activities aim to raise awareness of the needs of the migrant population, including knowledge of available humanitarian and development programmes, resources for safe passage, and the integration of migrant populations.

MORBIDITY: 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: by comparing the total number of individuals suffering from the disease in question (prevalence) with the study population, or by comparing only the number of individuals in whom the disease first manifested during a certain period (incidence).

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

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

PSYCHOLOGICAL FIRST AID: Psychological first aid is provided to people who have recently experienced stress and trauma. It consists of non-intrusive care and practical support; assessment of needs and concerns; help in meeting basic needs; listening without pressure; engaging with people to provide reassurance; support in accessing information, services and social support; and protection and prevention of further harm. **INTERSOS** recognises the importance of providing psychological first aid, as mental health is one of the vital pillars of individuals' health and well-being.

PROTECTION MONITORING: This essential activity seeks to gain a thorough understanding of the diversity of risks and needs of different groups and individuals in line with age, gender and diversity (AGD), by regularly and systematically collecting, verifying and analysing information over a long period of time, in order to identify rights violations and/or protection risks for the affected populations. Protection-oriented monitoring activities cover key issues such as the need for legal, material, psychological and physical protection; human rights violations; detention; durable solutions; rights to housing, land and property; population movements and border monitoring; child protection; and monitoring of gender-based violence.

PROTECTION: Protection consists of specific actions aimed at restoring the most basic rights of people in situations of violence or crisis, and at overcoming and preventing exposure to physical and/or psychological harm. Protection means ensuring human dignity, respect for every person's rights, access to legal assistance and overcoming the consequences of past abuse, with the aim of creating durable solutions. Protection activities are carried out by professionals such as psychologists, social workers, legal advisers, mediators, etc.

WATER POINTS: Water points are water sources that guarantee people living in a specific area safe and equitable access to a sufficient quantity of water for drinking, cooking, and personal and domestic hygiene. Water points are located close enough to households to allow for the fulfilment of minimum water needs.

REFERRAL TO SPECIALISED SERVICES: A referral to specialised services is the process of directing an individual or family to another organisation or facility because they require further action to meet an identified need that goes beyond the expertise or scope of the organisation currently supporting the person or family.

EMERGENCY SHELTERS: Emergency shelters are covered living spaces (structures or tents) for groups, families and individuals fleeing conflict or climate emergencies. An emergency shelter is not merely a structure or a tent, but a means of protecting displaced persons or migrants. In emergencies, it is essential to provide shelter as part of the responsibilities and mandate of humanitarian actors, so that displaced people can enjoy a safe and healthy living environment that protects them from the weather and offers them privacy, dignity and emotional security.

PROTECTION RISKS: A protection risk is 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 security and/or violate their rights. Some protection risks include: child, early or forced marriage; gender-based violence; human trafficking; forced labour or practices similar to slavery.

MENTAL HEALTH: This consists of a state of mental well-being that enables a person to cope with life's pressures and stresses, contribute to their community, work and learn effectively, and realise their full potential. Mental health is one of the vital pillars of health and well-being, enabling individuals to form relationships and shape the communities and the world in which we live. **INTERSOS** recognises mental health as a fundamental human right and its importance for personal, community and socio-economic development, and continues to work to improve the mental health and well-being of those in vulnerable situations.

AWARENESS-RAISING SESSIONS: Awareness-raising sessions aim to enable groups of people to acquire the necessary knowledge in a specific area. For example, awareness-raising sessions may be conducted to prevent infectious diseases, improve public health and safety in communities, or prevent or identify potential cases of gender-based violence.

INTERNALLY DISPLACED PERSONS: Internally displaced persons are those who have been forced to flee or leave their homes or usual places of 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.

FOOD SECURITY: Food security is a sector that aims to address the temporary or prolonged lack of access to adequate and nutritious food for every member of a household, enabling them to lead an active and healthy life. Food insecurity is one of the parameters used to measure how many people are unable to access or afford food, and is measured using the Integrated Food Security Phase Classification (IPC), on a scale ranging from 1 (General Food Security) to 5 (Famine/Humanitarian Disaster).

POVERTY THRESHOLD: The poverty threshold is a normative parameter that seeks to establish the income level below which a household or an individual may be considered poor. This threshold varies depending on the country in question: developed or developing countries.

SAFE SPACE: A place or environment where a person or group of people can feel safe from discrimination, criticism, harassment or any other form of 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. Their aim is to restore a sense of normality and continuity to children whose lives have been disrupted by wars, natural disasters or other emergencies) and *women and girls' safe spaces* (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).

PSYCHOSOCIAL SUPPORT: Psychosocial support consists of actions taken to facilitate and strengthen the resilience of individuals, families and communities to adapt to and overcome adversity with potential long-term impacts. **INTERSOS** provides psychosocial support in line with the belief that mental health is a fundamental human right.

GENDER-BASED VIOLENCE: Gender-based violence consists of physical, psychological, sexual and institutional violence perpetrated against any person or group of people on the basis of their sexual orientation, gender identity and sex. Anyone can be a victim of gender-based violence, but the majority of cases involve women and girls. This phenomenon has deep-rooted causes and is linked to gender stereotypes. It is considered one of the most blatant and frequent human rights violations across all communities and societies.

WINTERISATION: *Winterisation* refers to assisting individuals and communities in preparing for the winter season. This activity has become a priority for humanitarian organisations, including **INTERSOS**. *Winterisation* involves the distribution of NFI kits and cash assistance; improving infrastructure to prevent regular winter flooding; and providing fuel and stoves for those who will soon face the winter months.

10. Methodological Note

II This document is intended to comply with the provisions of Legislative Decree No. 117 of 3 July 2017, which are mandatory for Third Sector Entities from the 2020 financial year onwards. **INTERSOS** has therefore completed the process of drafting and producing the 2025 Social Report in accordance with the requirements of the Ministry of Labour and Social Policies, as set out in the Guidelines referred to in the Decree of 4 July 2019, published in the Official Gazette, General Series No. 186 of 9 August 2019.

The main objective of this Report is to account for our activities and the results achieved in 2025. Underpinning this is the desire to be a transparent and accountable organisation towards all external and internal stakeholders involved in the implementation and management of our activities. By presenting what has been achieved, we aim to highlight and, above all, raise awareness of the social added value generated, the social changes brought about, and the sustainability of the social action undertaken.

The contents of the Report have been compiled following the analysis and critical evaluation of information gathered through questionnaires and round-table discussions organised with key internal and external stakeholders.

Information relating to the structure and administration derives mainly from the Association's Statutes, approved by the General Meeting of Members on 17 July 2020, which convened as an extraordinary meeting to approve the statutory amendments for the purpose of compliance with Legislative Decree 117/2017. In addition, the following documents were used to gather information regarding the management and governance of the Organisation:

- The Register of Members;
- The Register of Meetings and Resolutions of the General Meetings;
- The Register of Meetings and Resolutions of the Executive Board.

This information therefore takes into account all the latest changes within the organisation.

Information relating to activities was gathered by colleagues on **INTERSOS** missions, based on uniform criteria established at the outset:

- For the purposes of counting the number of projects during 2025, **INTERSOS** has taken into account the financial year of the funding contracts with institutional donors;
- Activities considered particularly significant in the context of the intervention have been highlighted. Specifically, the aim was to highlight innovative activities (for **INTERSOS** or for the country); activities addressing issues deemed sensitive; and activities that are unique in relation to other humanitarian and non-humanitarian actors present in the field;
- As regards the calculation of the population assisted by our projects, it was decided to focus on those who have directly benefited from the activities. This should not, however, minimise the impact that these activities very often have on the wider community, or simply on the household. The total figure also includes awareness-raising sessions. Finally, the decision was made to round the total down to the nearest hundred, thereby avoiding an unfair (and hardly realistic) precision to the nearest unit.

Information relating to human resources was obtained by calculating the total number of FTEs (Full-Time Equivalents), i.e. the total number of full-time equivalents.

The economic and financial information is derived from the annual financial statements, which are approved by the Board of Directors and the General Assembly of Members, and are subject to audit by the external consultancy firm Crowe Bompani Spa. The 2025 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 leading to the drafting of this document was characterised by a participatory approach, involving all departments and units at headquarters, as well as all missions. Coordination was carried out by the Editorial Committee, comprising Giulia Gemelli and Chiara Troiano. Special thanks go to all staff who contributed to the collection of data and information for the creation of this document.

For further information, please contact Giulia Gemelli at giulia.gemelli@intersos.org.

11. Contacts

ROME

Via di Torre Spaccata 157
00169 Rome
Tel: +39 06 853 7431
segreteria@intersos.org

Press Office
Chiara De Stefano
ufficiostampa@intersos.org

Supporters' Service
Mobile: +39 3283206557
sostenitori@intersos.org

INTERSOS HELLAS

12 Sappfous Street, 3rd floor, Athens,
10553, Greece
Tel: (+30) 2167001596
info@intersos.gr







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Humanitarian Organisation
www.intersos.org