

# ANNUAL REPORT 2024



**PREMIERE  
URGENCE  
INTERNATIONALE**



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ON OUR NEW WEBSITE :**

**[www.premiere-urgence.org](http://www.premiere-urgence.org)**

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Photo credits: © Première Urgence Internationale / Oriane Zerah

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# MESSAGE FROM THE CHAIRMAN



The past year has been marked by ongoing devastating conflicts, worsening migration and climate crises, and weakened healthcare systems. Faced with this reality, Première Urgence Internationale has, more than ever, reaffirmed its unwavering commitment to the most vulnerable populations.

We marked the year with the launch of new missions: in **Honduras**, in response to the worsening migration crisis in Central America, providing medical and psychosocial care to people in transit. We launched a mission in **Benin**, which was quickly extended to **Togo**, to improve access to primary healthcare and nutrition for Malian and Burkinabe refugees.

Wherever we worked, our teams demonstrated exemplary responsiveness to crises. In the **Democratic Republic of Congo**, we strengthened our response to the consequences of fighting in North Kivu and Ituri. In **Ethiopia** and **Myanmar**, landslides and floods, exacerbated by climate change, triggered rapid deployments of mobile clinics. In **Lebanon**, in response to intense bombing, our teams immediately provided first aid and material and financial support to local structures. At the same time, we advocated strongly in Paris for an immediate ceasefire.

Every day, our teams demonstrate unparalleled determination, courage, and professionalism. Their ability to work in hostile environments, adapt to emergencies, and build trust with communities is the cornerstone of our success. I would like to express my heartfelt gratitude and admiration to them for their resilience, without ever losing sight of what matters most: the people we help.

While 2024 was marked by remarkable growth in our work and increased impact for communities, our organization faces unprecedented challenges and unprecedented severity at the start of 2025.

In a global context of declining humanitarian funds, we have been affected by the **abrupt freeze on US funding**. As indicated in our 2024 financial report, the United States was our main source of public funding. This suspension has dramatic consequences, not only for our ability to meet the vital needs of millions of people, but also for the very structure of our association.

Despite the reduction in resources, Première Urgence Internationale must, more than ever, make its voice heard and fulfill its **duty to provide humanitarian assistance**. We will intensify our advocacy with the international community to raise awareness of the disastrous consequences of this “financial blow” on human lives. We must also develop the generosity of private partners, as their support is of paramount importance in this context. The launch of our new website in September 2024 and our significant and ongoing presence in the mainstream media this year are symbols of our determination to make our voice heard by as many people as possible.

Despite the challenges, my confidence in Première Urgence Internationale remains unshakeable. I would like to thank each and every one of you—members, institutional and private partners, donors, and of course, all of our national teams, expatriates, and headquarters staff—for your support, courage, and determination. Together, we will continue to defend the right to dignity and survival of the millions of people who depend on our action.

Thank you.

*Vincent Basquin*  
Chairman of the board

# HIGHLIGHTS OF THE YEAR 2024

MARCH

## CHANGENOW FORUM

Première Urgence Internationale participated in the **ChangeNOW Forum** in Paris, one of the largest events dedicated to solutions for a sustainable future. We shared **our One Health** vision, which promotes a multidisciplinary and comprehensive approach to health issues and raises awareness among a wide audience about the challenges of accessing healthcare in crisis situations.

To relive our intervention calling for action to invest in humanitarian aid: [First Responders | Ashu Martha Agbornyenty, Elsa Softic, Sophie Mower | Panel x ChangeNOW2024](#)

JUNE

## HONDURAS

In response to the worsening migration crisis in Central America, Première Urgence Internationale launched a mission in Honduras in June. In Machuca, our teams provided medical care and psychosocial support to people in transit, in order to meet urgent needs linked to the structural lack of access to healthcare services, particularly for women and children.

JAN

FEB

MARCH

APR

MAY

JUNE

JUNE

## DEMOCRATIC REPUBLIC OF CONGO

Première Urgence Internationale responded to the consequences of **intensified fighting** between the FARDC and M23 forces, particularly in North Kivu province. Our teams work in displacement sites around Goma to meet the urgent needs of people fleeing the violence, ensuring their **access to primary healthcare**, including **nutrition and mental health services**. In Ituri, our teams provided primary healthcare and nutrition to vulnerable communities. In Paris, we organized a **photography exhibition** featuring the work of Hugh Kinsella Cunningham, who documented our activities in North Kivu.

SEPT

## MYANMAR

On September 9, **floods and mudslides** caused by the monsoon and Typhoon Yagi devastated 70 towns in Myanmar, killing 360 people, leaving 100 missing and affecting more than one million people. In response to this disaster, Première Urgence Internationale **assessed the priority humanitarian needs** and deployed **an emergency response**. Three mobile clinics were set up to provide medical care, while **food and hygiene kits** were distributed.

JULY

## NEW MISSION IN TOGO & BENIN

In 2024, Première Urgence Internationale launched a mission in Benin to respond to urgent health and nutrition needs. Our interventions aim to improve access to primary healthcare for Malian and Burkinabe refugees in the north of the country. We then extended our actions to northern Togo, through our local partner, the Association d'Appui aux Activités de Santé Communautaire (Association for Support to Community Health Activities).

## ETHIOPIA

In early July, **landslides** caused by torrential rains struck the Gofa area, exacerbated by climate change and deforestation. These phenomena killed nearly 300 people, destroyed villages, and displaced more than 15,000 people. In Ethiopia since 2023, Première Urgence Internationale relocated some of its teams to respond quickly. Thanks to their expertise in **emergency healthcare**, they were able to deploy **mobile clinics** in the affected areas to provide **primary healthcare, medical consultations**, and **distributions of essential medicines**.

OCT

## LEBANON

**In response to the intense bombing** that struck Lebanon, Première Urgence Internationale immediately intervened. Faced with the collapse of the healthcare system, our teams provided **medical consultations** and **first aid**, brought **material and financial support** to local structures, and **ensured reproductive health services** for vulnerable populations.

Alongside our actions on the ground, we organized, alongside other international NGOs, **a press conference in Paris to raise awareness of the humanitarian emergency and call for an immediate ceasefire**. We urged the international community to act quickly to ensure the protection of civilians.

JULY

AUG

SEPT

OCT

NOV

DEC

## A BRAND-NEW WEBSITE

Première Urgence Internationale announces the launch of its new website. Designed to offer an optimized user experience, the site presents the organization's missions, its humanitarian actions around the world, and its current projects. More modern and interactive, it allows visitors to follow the NGO's interventions in real time, support projects, and access detailed information on its emergency and development programs. This new platform aims to strengthen transparency and communication with the public and its partners.

Visit [www.premiere-urgence.org](http://www.premiere-urgence.org) now.

DEC

## YEMEN

**In just 24 hours, 17 babies were delivered** at the Al Madman health center supported by Première Urgence Internationale in Yemen. It was an intense night, filled with emotion and joy for our teams, who have **earned the trust of the community** over the years thanks to their **commitment** and **expertise**. In a country where more than 80% of the population struggles to access healthcare, this center is essential for maternal and reproductive health.

# KEY FIGURES

**3,032** national staff

**207** international staff

**144** HQ employees

**46**

institutional  
and private  
partners

**8 M€**

total cost of  
medicine supplied  
during the year

**5.8 MILLION**

people supported worldwide

**214**  
projects

in

**25** countries

**13** in Africa

**5** in the Middle East

**3** in Asia

**3** in Latin America

**1** in Europe

**3** new missions:  
Honduras, Togo, Benin

**2** exploratory  
missions:  
Ivory Coast, Haiti

Annual budget of

**135**

including 1.1 M€  
as in-kind aid

**92.4 %**

of resources for  
direct assistance



# OUR LOGISTICS EXPERTISE

Since 2014, Première Urgence Internationale has been continuously involved in pooling initiatives, particularly those related to warehousing.

For more than ten years, whether in the Central African Republic, Nigeria, or Moldova, the organization has developed a dual approach. We are now able to store both medical and non-medical goods on a temporary or permanent basis, with a presence in capital cities and close to where activities are carried out, positioning ourselves as an operator or facilitator for our partners.

In 2024, the team in charge of international procurement handled a billing volume of €8.5 million.



Shared air transport initiatives were promoted, such as those proposed by HULO and supported by the European Commission as part of the EU Humanitarian Air Bridge (EUHAB).

A total of **113 tons of medicines and medical equipment were transported by air in 2024**, representing a volume of 405m<sup>3</sup>. In terms of maritime transport, the CMA CGM Foundation provided 10 containers free of charge as part of its “Containers of Hope” program. This enabled us to transport nearly **50 tons of medicines and nutritional supplies** to Yemen, the Democratic Republic of Congo, Sudan, and Myanmar.

In January, we airlifted **46 tons of medicines and medical equipment** to Kabul. As the country faces economic collapse, ongoing conflict, and limited access to healthcare, this aid aims to meet the urgent needs of the most vulnerable populations, particularly women and children.



# OUR EXPERTISE

Première Urgence Internationale intervenes using an innovative operational method that aims to **recognize the complexity of humanitarian situations** and **identify and understand all the needs** of people affected by a crisis. It **takes into account all aspects of an issue** and **proposes a combination of efficient and effective solutions** based on our areas of intervention, and has **a strong and lasting impact** on populations. This “integrated” approach is based on six main areas of expertise and also takes into account cross-cutting issues related to humanitarian action.

## SECTORS OF EXPERTISE



### NUTRITION

Première Urgence Internationale acts against malnutrition by combining prevention, screening, and treatment, particularly among pregnant or breastfeeding women and children under five, 148 million of whom worldwide suffer from stunted growth. We work closely with communities to promote early detection, refer cases, and ensure follow-up. Our strategy is based on an integrated approach, grounded in the food and nutrition security framework, and mobilizes different sectors to respond comprehensively and sustainably to the causes of malnutrition.



### PUBLIC HEALTH

The WHO definition of health is not limited to the absence of disease, but encompasses physical, mental, and social well-being. Première Urgence Internationale works to improve access to healthcare in crisis areas in a sustainable manner. With nearly half of the world's population lacking access to basic healthcare services, we support communities and healthcare systems in order to address priority public health issues. Convinced that the right to health requires a comprehensive approach, we integrate key sectors such as nutrition, mental health, water, sanitation and hygiene, and food security into our public health interventions.



### MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Première Urgence Internationale works to integrate mental health and psychosocial support into primary healthcare, recognizing their central role in the well-being of individuals and communities. It offers tailored psychosocial support, ranging from stress management to depression prevention, particularly in crisis or conflict situations. The organization views mental health as a continuum between well-being and mental disorder, and strengthens people's resilience through a comprehensive approach, in conjunction with other sectors such as protection, to meet essential emotional needs.





## **WATER, SANITATION AND HYGIENE**

More than two billion people worldwide do not have access to safe drinking water. Faced with crises and water shortages exacerbated by climate change, we are taking action to ensure access to water, sanitation, and hygiene. We respond to emergencies to quickly restore decent living conditions and prevent health risks, reduce morbidity, strengthen local governance of water and sanitation services, and support communities in building resilience to crises.



## **LIVELIHOODS**

When households lose their livelihoods, they are often forced to adopt harmful strategies such as selling essential goods or forced migration. In response, we support economic recovery through the creation of income-generating activities, support for local entrepreneurship, and access to vocational training. These actions aim to help communities rebuild sustainable livelihoods, regain economic autonomy, and better cope with future crises.



## **FOOD SECURITY**

Première Urgence Internationale fights food insecurity through interventions such as food distributions and cash transfers, which are often preferred for their effectiveness, flexibility, and respect for the dignity of beneficiaries. These actions provide immediate access to sufficient and appropriate food, while supporting households' livelihoods. Faced with rising global hunger (one in eleven people worldwide suffer from hunger) and setbacks in progress towards the Sustainable Development Goals, we are taking action to meet basic needs and contribute to long-term food security.



## **PROTECTION**

Around the world, 57.4 million people need assistance related to gender-based violence. We take action to prevent, reduce and respond to situations of coercion, deprivation or violence, particularly against the most vulnerable. We implement protection actions that are either standalone or integrated with other sectors such as health, mental health, or food security to ensure a dignified and safe response while defending people's fundamental rights. Protection is at the heart of our humanitarian work, and its principles are systematically integrated into all our programs.

## **CROSS-CUTTING ISSUES**

### **MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)**

Première Urgence Internationale monitors the quality of its interventions in the field. This involves ensuring that the data collected is used correctly in order to prevent risks associated with our projects, making the necessary adjustments to each of our projects, and informing the strategic decision-making mechanisms of our missions.

### **SAFE AND DIGNIFIED PROGRAMMING**

We strive to ensure protection and promote meaningful, secure access that respects people's dignity. This approach is applied to all humanitarian interventions, regardless of sector, and applies to all phases of the project cycle.

### **GENDER AND INCLUSION**

Gender equality is a top priority for us. We recognize that gender equality is fundamental to our mission and mandate, and it is enshrined in our charter: non-discrimination, fairness, and equality are applied to all our actions.

### **ENVIRONMENT**

Première Urgence Internationale takes climate and environmental change and their impacts into account and strives to adapt its response methods to meet the new needs created by their consequences.

### **CASH TRANSFER**

In order to meet the growing needs of populations, cash transfers can be an effective way to provide rapid and dignified assistance. We prioritize these interventions to give the most vulnerable populations the freedom to respond themselves to the needs they consider most urgent.

# AREAS OF INTERVENTION



## EUROPE

Ukraine

## LATIN AMERICA

Colombia  
Honduras  
Venezuela



## MIDDLE EAST

Iraq  
Lebanon  
Occupied Palestinian Territory  
Syria  
Yemen

## AFRICA

Burkina Faso  
Cameroon  
Chad  
Central African Republic  
Democratic Republic of Congo  
Ethiopia  
Libya  
Mali  
Niger  
Nigeria  
Togo-Benin  
Senegal  
Sudan

## ASIA

Afghanistan  
Democratic People's  
Republic of Korea  
Myanmar



# AFRICA



**13 countries**  
**1 326 staff**

- 1/ Sudan
- 2/ Chad
- 3/ Ethiopia
- 4/ Libya
- 5/ Niger
- 6/ Mali
- 7/ Burkina Faso
- 8/ Central African Republic
- 9/ Democratic Republic of Congo
- 10/ Benin
- 11/ Senegal
- 12/ Cameroon
- 13/ Nigeria



# SUDAN

## A MAJOR CRISIS, A FORGOTTEN CONFLICT

For more than two years, the conflict between the Sudanese Armed Forces and the Rapid Support Forces has plunged Sudan into a crisis of unprecedented proportions. With infrastructure devastated, the healthcare system collapsed, and famine declared in several areas, more than 30 million people are now in need of humanitarian aid.

However, access to this aid is severely hampered. Destroyed infrastructure, widespread insecurity, administrative delays, and bureaucratic barriers are paralyzing humanitarian action, including in border areas. With the rainy season and the lean season approaching, cases of malnutrition and waterborne diseases are skyrocketing, especially among children.

The war in Sudan is now causing the world's most serious displacement crisis. More than 14.5 million people have fled their homes, including 4 million abroad. Chad, Ethiopia, Libya and Egypt are facing a massive influx of refugees. These countries, with already fragile capacities, are struggling to meet the most urgent needs.

Given the scale of this disaster, international mobilization remains highly inadequate. It is imperative to step up advocacy to ensure humanitarian access and strengthen the protection of civilians. We must continue to speak out about this forgotten conflict.

*Alice Verrier*  
Regional Manager

Since the start of the conflict in Sudan, 30 million people, or 60% of the population, were in need of humanitarian aid in 2024. Airstrikes and artillery fire have caused widespread destruction of infrastructure, including health facilities, disrupting supply chains, particularly for medicines, and forcing health workers to flee. More than 70% of health services in the affected areas are no longer operational. Malnutrition has worsened due to market disruption and inflation. Five localities are even threatened by famine. In addition, Sudan has been facing a cholera epidemic since July, putting a strain on already limited water and sanitation resources.

In 2024, Première Urgence Internationale resumed activities in Khartoum State, which had been suspended due to the expansion of the Rapid Support Forces in the region. Our team supported 29 health facilities and eight mobile health teams in Gedaref, Al-Jazirah, Khartoum, and West Darfur states. In addition to health and nutrition services to meet needs, Première Urgence Internationale provided psychosocial support services to respond to increased distress in conflict-affected areas, where mental health support is virtually non-existent.

30 million people, or 60% of the population, were in need of humanitarian aid in 2024

## SUDAN



Mission opening year: 2020

Persons of concern: 182,684 people

Operational volume: €7.2 million

National staff: 166

International staff: 21

Funding sources: BHA, ECHO, CDCS, AICS, SIDA, CIAA, OCHA



## CHAD



Mission opening year: 2004

Persons of concern: 534,959 people

Operational volume: €5.2 million

National staff: 99

International staff: 10

Funding sources: 11th FED, CDCS, ECHO, CIAA, AFD

In 2024, the country was home to more than 1.4 million refugees



Chad is experiencing a complex crisis, exacerbated by conflicts and health emergencies. In 2024, 6 million people required assistance, and the country was home to more than 1.4 million refugees, mainly from Sudan, fleeing the war in Darfur. The east, particularly the province of Ouaddai, experienced a massive influx of people, with 720,000 Sudanese refugees and 148,000 returning Chadians, the majority of whom are women and children. This influx put a strain on host communities, increasing pressure on natural resources, health services, education, and employment. The need for basic services skyrocketed, exceeding the government's capacity.

Première Urgence Internationale teams assisted flood victims in N'Djamena by providing essential kits, shelter, and health support, including awareness-raising on good hygiene practices. In the east, they supported health centers to improve the quality of services, particularly in sexual and reproductive health. Première Urgence Internationale was among the first humanitarian organizations to respond to the influx of refugees from Darfur, setting up emergency shelters and clinics offering health services, including psychosocial support and nutrition. These clinics, located in camps and sites for displaced persons, adapt to needs accordingly. Première Urgence Internationale was active in the sites and camps of the Adré, Tongori, Koufroun, and Allacha hospitals.



# ETHIOPIA



Several regions remain exposed to high levels of armed violence, leading to the displacement of 4.4 million people



Mission opening year: 2023  
Persons of concern: 2,810,624 people  
Operational volume: €1.4 million  
National staff: 45  
International staff: 3  
Funding sources: DG ECHO, CIAA, SIDA, Irishaid

The country is facing a major crisis affecting 21.4 million people, exacerbated by internal conflicts, climate disasters, and growing food insecurity.

Despite the signing of a peace treaty in 2022 ending the civil war, several regions remain exposed to high levels of armed violence, leading to the displacement of 4.4 million people, whose vulnerability is exacerbated by increasingly hostile climatic conditions (droughts, floods).

Première Urgence Internationale works in the Afar and Benishangul-Gumuz regions to strengthen health systems and combat acute malnutrition. Our teams trained local medical teams, renovated health facilities, and provided equipment, medicines, and medical supplies. They also improved the management of acute malnutrition by strengthening local detection and management systems.



## LIBYA



Mission opening year: 2017

Persons of concern: 76,484 people

Operational volume: €1.6 million

National staff: 41

International staff: 4

Funding sources: EU, AICS, CDCS, FCDO,

Secours Catholique Caritas France,

SIEMENS, Tulipe, Dignité International,

Collectivité de Corse



At the end of 2024, more than 824,000 people were at high risk of arbitrary detention.

The situation in Libya is complex, marked by the consequences of conflict and political instability. A large part of the population, including migrants and refugees, is in urgent need of assistance. At the end of 2024, more than 824,000 people were at high risk of arbitrary detention. More than 400,000 Sudanese refugees are putting pressure on limited resources, particularly in the southeast. Storm Daniel, which struck in September 2023, caused flooding and loss of life, exacerbating existing vulnerabilities. Although recovery efforts have been undertaken, significant needs remain, particularly in terms of healthcare.

Première Urgence Internationale identified two critical emergencies in Libya. In the northeast, following Storm Daniel, our teams provided essential healthcare services to flood-affected populations. They also repaired wells to improve access to drinking water and supported local authorities by repairing vehicles and donating equipment. In the southeast, the point of entry for 240,000 Sudanese refugees, Première Urgence Internationale was one of the first NGOs to offer health, water, and sanitation assistance, targeting both refugees and host communities to meet urgent needs in an already struggling region.

Niger is facing a complex situation, exacerbated by security challenges and extreme weather events such as floods and droughts. These challenges are causing massive population displacement, refugee influxes, food insecurity, and health and shelter needs. Needs are particularly concentrated in the regions of Diffa, Tillabéri, Tahoua, Maradi, and Dosso, which are the epicenters of crises linked to armed conflict and natural disasters. By 2025, 2.6 million people will need humanitarian assistance.

Première Urgence Internationale focused on health, nutrition, and psychosocial support to meet the humanitarian needs of populations. These initiatives included strengthening health and nutrition services and deploying mobile clinics to provide primary and secondary health care, nutrition, and psychosocial support to internally displaced persons and hosts living near displacement sites. Our teams also provided healthcare to victims of gender-based violence and free psychosocial support. They were present in the Tillabéri and Maradi regions and operate in the health districts of Ouallam, Torodi, and Maradi.

By 2025, 2.6 million people will need humanitarian assistance.

## NIGER



Mission opening year: 2018

Persons of concern: 207,232 people

Operational volume: €1.3 million

National staff: 29

International staff: 2

Funding sources: CDCS, BHA



The situation in Mali continued to deteriorate due to persistent insecurity, particularly in the regions of Gao, Bandiagara, San, and Kidal. This led to a massive displacement of populations to the main cities. By the end of 2024, the number of internally displaced persons exceeded 378,000. The effects of climate change intensified, affecting around 450,000 people, particularly due to flooding. According to the January 2025 Humanitarian Response Plan, around 6.4 million people, or 27.7% of the population, are in need of humanitarian aid and protection.

Première Urgence Internationale continued to provide assistance to meet the urgent needs of vulnerable populations in the regions of Gao, Bandiagara, Kidal, and San, affecting several health areas. Faced with increased population movements, our teams strengthened their presence in the north and center of the country, consolidating their action in the health and nutrition sectors, as part of the rapid response mechanism. In the Kidal region, Première Urgence Internationale also took part in national policies to combat HIV, tuberculosis, and malaria.

## MALI



Mission opening year: 2013

Persons of concern: 274,927 people

Operational volume: €5.2 million

National staff: 129

International staff: 10

Funding sources: ARCAD, UMRSS, CRS (Global Fund), ECHO, BHA-USAID, FH-RAOC



Around 6.4 million people, or 27.7% of the population, are in need of humanitarian aid and protection.

## BURKINA FASO



Mission opening year: 2020

Persons of concern: 389,021 people

Operational volume: €3.6 million

National staff: 95

International staff: 8

Funding sources: FHRAOC, ECHO, CDCS, SIDA, OMS

Burkina Faso faces a complex humanitarian situation marked by armed violence and forced displacement. In 2024, 6.3 million people were in need of assistance, including 1.75 million suffering from acute food insecurity. Access to humanitarian aid is limited, especially in remote areas. Poverty and instability are undermining livelihoods, particularly in areas hosting displaced people. The situation is critical in five regions: the Sahel, the East, the Center-North, the North, and the Boucle du Mouhoun, which host the majority of displaced people.

Première Urgence Internationale adopted an integrated approach to health, nutrition, food security, and psychosocial support, in hard-to-reach areas in the East and the Sahel. In 2024, our

teams supported 37 health facilities in seven health districts, improving access to healthcare and treatment for malnutrition. As part of its food security initiatives, 2,139 households received food kits and fortified flour. As a key player in the rapid response mechanism for health and nutrition, Première Urgence Internationale promotes the transfer of skills to health districts and local NGOs to facilitate the early recovery of essential services.

In 2024, 6.3 million people were in need of assistance, including 1.75 million suffering from acute food insecurity.





# CENTRAL AFRICAN REPUBLIC



Première Urgence Internationale operates in various fields such as health, nutrition, water and hygiene



Mission opening year: 2011  
Persons of concern: 71,922 people  
Operational volume: €2.2 million  
National staff: 63  
International staff: 6  
Funding sources: ECHO, SIDA, FH, AFD

The Central African Republic (CAR) has been facing persistent instability since the civil war in 2012, with recurring military and political crises. A new alliance of armed opposition groups has reignited violence.

The economic situation is precarious, infrastructure is deteriorating, and state resources are limited, exacerbating the needs of the population, particularly in the Bamingui-Bangoran prefecture. The presence of local armed groups, conflicts related to transhumance on the borders with Sudan and Chad, and flooding have intensified insecurity and led to significant population displacement in 2024.

Première Urgence Internationale operates in various fields such as health, nutrition, water and hygiene, in collaboration with local authorities. In Bamingui-Bangoran, our teams improve access to healthcare and nutrition by supporting health infrastructure, thereby helping to reduce mortality. They built and rehabilitated water points in schools and communities, while supporting agricultural recovery. Two local NGOs benefited from capacity building to implement health and nutrition projects. In Bangui, Première Urgence Internationale provides a logistics platform for humanitarian actors to facilitate the storage of equipment and improve the humanitarian response in the country.

# DEMOCRATIC REPUBLIC OF CONGO



Mission opening year: 2001

Persons of concern: 626,031 people

Operational volume: €15.3 million

National staff: 300

International staff: 27

Funding sources: BHA, CDCS, ECHO, FCDO,

Fondation S, SIDA, WFP, City of Paris

The Democratic Republic of Congo is facing one of the worst crises in the world, exacerbated by conflict in the east of the country.

Escalating violence has further deteriorated already precarious living conditions, with multiple violations of human rights and international humanitarian law, and an increase in gender-based violence. By the end of 2024, an estimated 2.6 million people in North Kivu and 1.5 million in South Kivu were in need of humanitarian aid. The M23 conflict alone forced 1.9 million people to flee to the north and 1.64 million to South Kivu.

To respond to this crisis, Première Urgence Internationale stepped up its action, specifically in the provinces of North Kivu, South Kivu, and Ituri. The coordination team was moved from Kinshasa to Goma to better respond to the needs of the affected populations. Our mobile teams provided primary healthcare, helped treat acute malnutrition, and responded to health emergencies in hard-to-reach areas. Première Urgence Internationale also stepped up its protection efforts, particularly against sexual violence. In displacement sites around Goma, our teams continued to provide vital assistance while supporting local health facilities, despite challenges related to insecurity and fragile infrastructure.



The M23 conflict alone forced 1.9 million people to flee to the north and 1.64 million to South Kivu.



## TOGO-BENIN



Mission opening year: July 2024

Persons of concern: 595 people

Operational volume: €138,000

National staff: 5

International staff: 2

Funding sources: CDCS

In 2024, Première Urgence Internationale launched a mission in Benin to respond to urgent health and nutrition needs.

Our interventions aim to improve access to primary healthcare for Malian and Burkinabe refugees in the north of the country. More recently, we expanded our activities to northern Togo, through our local partner, the Association d'Appui aux Activités de Santé Communautaire (Association for Support to Community Health Activities), carrying out similar activities.



Since 2012, Première Urgence Internationale has been supporting the Wassadou Medical Center (MMW) in the Tambacounda region.

In 2024, Senegal experienced a major political turning point with the election of Bassirou Diomaye Faye as president and the appointment of Ousmane Sonko as Prime minister. Inadequate basic services and rising global food prices, exacerbated by dependence on imports, have increased household vulnerability. Internal political tensions have emerged, and the management of natural resources, particularly hydrocarbons, remains a major challenge.

Since 2012, Première Urgence Internationale has been supporting the Wassadou Medical Center (MMW) in the Tambacounda region. Created in 2005, the MMW provides the isolated surrounding populations with access to quality healthcare. Première Urgence Internationale's support improves the quality of medical services and promotes the long-term autonomy and sustainability of the facility.

## SENEGAL



Mission opening year: 2012

Persons of concern: 17,589 people

Operational volume: €48,000

National staff: 21

International staff: 0

Funding sources: AFLK



Cameroon has been affected by major crises, exacerbating the vulnerability of millions of people. In 2024, 3.4 million people required humanitarian assistance, nearly half of whom were internally displaced or refugees in neighboring countries. A total of 2.5 million people were food insecure. In the Far North region, the security crisis in the Lake Chad Basin and flooding caused large population movements, creating significant needs for shelter, water, sanitation and hygiene, food security, and livelihoods. The region took in nearly 115,000 refugees, and the floods exacerbated health risks and the spread of waterborne diseases.

Première Urgence Internationale, a major player in emergency response, helped vulnerable populations in the Far North with food security, water, sanitation, and hygiene. This vital assistance, was provided over three months using a comprehensive approach. In Cameroon, the rapid response mechanism is implemented alongside local NGOs CADEPI and Tammounde Speranza. In 2024, thanks to the efforts of its teams and partners, Première Urgence Internationale was able to help 74,283 vulnerable people, with a particular focus on pregnant and breastfeeding women and children under the age of five.

## CAMEROON



Mission opening year: 2008

Persons of concern: 74,283 people

Operational volume: €3.6 million

National staff: 60

International staff: 4

Funding sources: BHA, CDCS, CIAA, DG ECHO, UNICEF



In 2024, Première Urgence Internationale was able to help 74,283 vulnerable people

## NIGERIA



Mission opening year: 2016

Persons of concern: 263,309 people

Operational volume: €4.2 million

National staff: 168

International staff: 8

Funding sources: BHA, ECHO, CDCS, SIDA, OCHA

More than 12 million people, including 6.8 million children, are affected by the ongoing security crisis in Nigeria, particularly in the north-eastern and north-western states. Armed and criminal groups kidnap civilians and steal livestock. This crisis, coupled with inflation, high fuel prices, the closure of the border with Niger, and natural hazards, jeopardizes people's livelihoods. Nigeria also suffers from a lack of health services, leading to high levels of displacement, food insecurity, malnutrition, and epidemics.

Première Urgence Internationale supports health centers and trains Ministry of Health staff to provide free, quality services.

6.8 million children, are affected by the ongoing security crisis in Nigeria



In Monguno and Pulka in Borno State, we are the only organization providing 24/7 emergency obstetric and neonatal care. Through a community-based approach, our teams treat acute malnutrition in children under 5 and respond to emergencies caused by natural disasters, such as those that occurred in Maiduguri after the

floods of October 2024. In the northwest, in Mashi, Première Urgence Internationale supports the center for the treatment of malnutrition with complications. Nutrition and health services are also provided in Kurfi, Majigiri, and Sonkaya.

# MIDDLE EAST



**5 countries**  
**609 staff**

- 1/ Occupied Palestinian Territory
- 2/ Lebanon
- 3/ Syria
- 4/ Iraq
- 5/ Yemen



# A YEAR OF EXTREME VOLATILITY

The year 2024 was marked by an unprecedented intensification of conflict dynamics in the region, with major repercussions for civilian populations. Large-scale Israeli military operations in the Occupied Palestinian Territory, Lebanon, Syria, and Yemen resulted in heavy human losses, mass displacement, and contributed to instability throughout the region.

In the Occupied Palestinian Territory, the war in Gaza continued throughout the year, with a heavy human toll and massive displacement in an already cramped land. The targeting and extensive destruction of civilian infrastructure (schools, health facilities, displacement sites) also undermined access to humanitarian aid, making it increasingly complex and dangerous. Repeated bombings and the massive destruction of civilian infrastructure put pressure on response capacities, while people saw their living conditions deteriorate drastically.

In the fall of 2024, a rapid escalation of the conflict between Israel and the Lebanese Hezbollah plunged Lebanon into a critical security situation, exacerbating an already structural economic and social crisis. This rise in tensions had a direct impact on humanitarian operational capacities, requiring constant adaptation of our response methods and ongoing reassessment of the risks to our teams and partners.

Finally, an unexpected event marked the end of the year: the fall of Bashar Al-Assad's regime in Syria. This geopolitical upheaval, although sudden, created uncertainty and new humanitarian challenges, while opening up unprecedented opportunities for negotiation for more sustainable access to certain previously inaccessible areas.

In this extremely volatile regional context, Première Urgence Internationale remains committed, adjusting its intervention strategies to ensure, as far as possible, the continuity of essential services and the safety of its teams.

*Elsa Softic*  
Deputy Director of Operations



# OCCUPIED PALESTINIAN TERRITORY



The majority of the population has been displaced, living in dangerous conditions and exposed to traumatic events.

The escalation of hostilities in the Gaza Strip since October 2023 has had a devastating impact on the population. According to estimates, 45,541 people were killed and 108,338 injured by the end of 2024.

Mission opening year: 2002  
Persons of concern: 395,910 people  
Operational volume: €11.9 million  
National staff: 55  
International staff: 10  
Funding sources: AFD, British Council, Aliph Foundation, OCHA HF OPT Allocation, SIDA, CDCS, Fondation pour le Logement des Défavorisés, WHO, Multiple donors support under WBPC (consortium)

Ninety-two percent of buildings have been damaged or destroyed, infrastructure has been devastated, leading to severe food insecurity and hindering access to safe drinking water. The health sector has been decimated, with many hospitals operating only partially. The majority of the population has been displaced, living in dangerous conditions and exposed to traumatic events. In the West Bank, including East Jerusalem, the situation has deteriorated due to exponential violence against Palestinian populations, with an increasing number of attacks on medical facilities and restrictions on movement.

Première Urgence Internationale provided an emergency response to the population affected by the conflict in the Gaza Strip through an integrated multisectoral approach focused on primary healthcare, mental health and psychosocial support, as well as shelter assistance. In 2024, our teams launched a new medical center in Deir al Balah, providing essential services to vulnerable people displaced within the territory. They also supported the empowerment of young people and communities through the transmission of Palestinian intangible cultural heritage.



## LEBANON



Vulnerable populations face increased protection risks and medical teams are overwhelmed, suffering from shortages of essential supplies and a reduction in available staff.

Mission opening year: 1996

Persons of concern: 313,722 people

Operational volume: €13.7 million

National staff: 195

International staff: 10

Funding sources: ECHO, AFD, LHF, NDICI, Fondation pour le Logement des Défavorisés, BHA, BPRM, UNHCR, CITI, CDCS, UNICEF

The conflict between Israel and non-state actors severely affected Lebanon, which was already facing protracted crises.

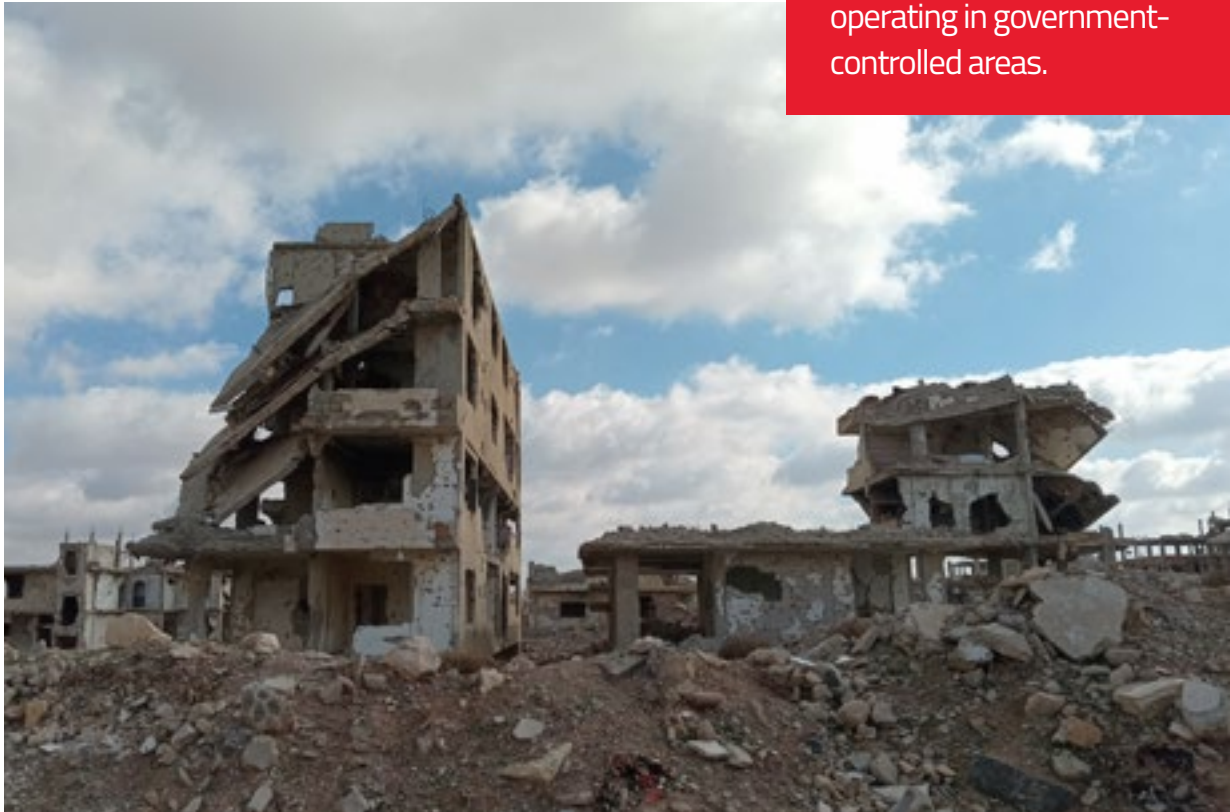
The situation deteriorated in September 2024, leaving 3,645 dead, 15,355 wounded, and nearly 900,000 displaced. The healthcare system was under severe strain: 141 facilities were closed and six damaged, limiting access to care. Vulnerable populations face increased protection risks and medical teams are overwhelmed, suffering from shortages of essential supplies and a reduction in available staff.

Our teams mobilized to respond to the needs of displaced populations and those living in conflict-affected areas. Première Urgence Internationale helped to improve access to healthcare in Lebanon by supporting primary healthcare centers and promoting the inclusion of people with disabilities. Our teams supported hospitals with emergency care and financial assistance for childbirth. Our nutrition programs include early screening for malnutrition and breastfeeding support. Première Urgence Internationale also offered individual counseling and group activities, and supported displaced people with rent assistance and the rehabilitation of collective shelters.

# SYRIA



Since establishing a presence in the country in 2008, Première Urgence Internationale has been one of the few international NGOs operating in government-controlled areas.



Mission opening year: 2008

Persons of concern: 252,291 people

Operational volume: €8.6 million

National staff: 144

International staff: 7

Funding sources: BHA, Fondation pour le Logement des Défavorisés, SANOFI, Fonds de dotation Alexis Gruss, Swiss Agency for Development and Cooperation, UNESCO, Syrian Humanitarian Fund (SHF), UNICEF, UNHCR, UNDP

In 2024, the war in Syria entered its thirteenth and final year with the fall of the regime in December.

The needs of the Syrian population remain immense, with 16.7 million people in need of humanitarian assistance, representing more than 70% of the total population—the highest number recorded since the war began in 2011.

The combined effects of ongoing hostilities, economic crisis, damaged infrastructure, service disruptions, loss of livelihoods, recurrent epidemics, waterborne diseases, prolonged drought, and the water crisis, create continuous cycles of vulnerability. These challenges have a disproportionate impact on the most vulnerable, including some 7.2 million internally displaced persons.

Since establishing a presence in the country in 2008, Première Urgence Internationale has been one of the few international NGOs operating in government-controlled areas. In 2024, our teams worked in 10 governorates, focusing their efforts on rehabilitating homes, public buildings, schools, and health centers, as well as supporting agriculture and education. They deployed a participatory approach that adapts their support to the specific needs of the community, improves multisectoral coordination, and integrates environmental sustainability.



## IRAQ



Mission opening year: 1997

Persons of concern: 6,182 people

Operational volume: €1 million

National staff: 25

International staff: 3

Funding sources: CDCS, Fondation pour le

Logement des Défavorisés

Iraq faces systemic challenges in the areas of health, education, and quality of life. Despite signs of economic recovery and political stability, sectors unrelated to oil are struggling. Consequently, poverty, security threats, and the effects of climate change persist. These issues limit the country's ability to provide essential services. Vulnerable groups, such as displaced persons and marginalized communities, have more limited access to healthcare (including mental health services) and education. Extreme weather conditions cause a scarcity of resources, which increases the risk of displacement and destabilizes the daily lives of many Iraqis, particularly in rural and post-conflict areas.

**Première Urgence Internationale is collaborating with health centers in Halabja and Anbar to enhance the accessibility and quality of medical services for vulnerable populations.**

Our teams promote mental health programs by organizing training for healthcare workers, raising community awareness, and supporting the Iraqi organization Hope Makers Organization for Women. This organization provides mental health and psychosocial support services to Yazidi survivors in Sinjar. At the same time, our teams are committed to improving living conditions in informal settlements by strengthening infrastructure and resilience to severe weather. This includes work at a school in Baghdad.



Vulnerable groups, such as displaced persons and marginalized communities, have more limited access to healthcare (including mental health services) and education.





At the local health center level, our teams support 23 facilities with primary health care services.

## YEMEN



Mission opening year: 2007

Persons of concern: 97 633 personnes

Operational volume: €10 million

National staff: 147

International staff: 13

Funding sources: BHA, ECHO, CDCS

After ten years of conflict, the crisis has worsened in Yemen, where more than half of the population is in need of assistance.

19.7 million people do not have access to adequate health services and 49% of them face food insecurity. Malnutrition affects 55% of children under five. Cholera outbreaks continue, with spikes reported in recent years, and 4.8 million people remain displaced. Forty percent of health facilities are only partially functioning or not functioning at all, and face severe shortages of medicines and skilled professionals.

Our intervention focuses on the medical needs of the population by addressing health risk factors: water, sanitation, hygiene, and malnutrition. At the local health center level, our teams support 23 facilities with primary health care services, including general consultations, management of childhood illnesses, vaccination, and treatment of malnutrition. At the community level, they provide health and hygiene awareness, improve water systems, and screen children for malnutrition. Première Urgence Internationale teams pay particular attention to pregnant women and mothers, providing psychosocial support in safe spaces to promote child development.



**YEMEN**

## AN EXCEPTIONAL NIGHT AT THE AL MADMAN HEALTH CENTER WITH 17 BIRTHS

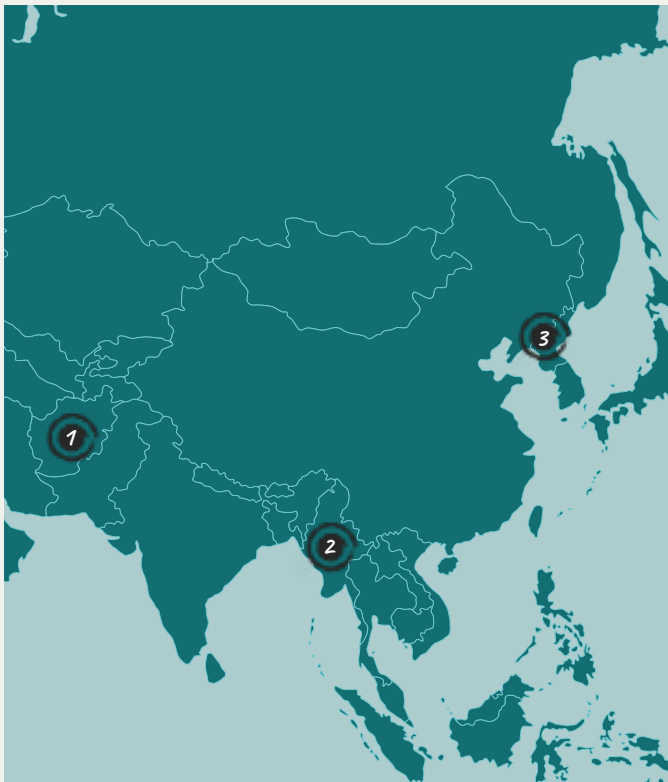
In the governorate of Hodeidah, Yemen, the health center supported by Première Urgence Internationale had a remarkable night. During the night of December 5 to 6, 23 pregnant women arrived to give birth. In a country where more than 80% of the population has difficulty accessing healthcare, the Al Madman center is a pillar of maternal and reproductive health.

***“The more births we handle, the happier our midwives are! That night, seven of them worked as a team to safely deliver four babies at the same time.”***

*Dr Bashir*

Première Urgence Internationale doctor at the Al Madman center, who was present that night.

# ASIA



**3 countries**  
**971 staff**

1/ Afghanistan  
2/ Myanmar  
3/ Democratic People's Republic of Korea



# AFGHANISTAN



In 2024, Première Urgence Internationale continued its commitment to vulnerable populations with limited access to basic services.



Mission opening year: 1979

Persons of concern: 1,107,289 people

Operational volume: €14 million

National staff: 800

International staff: 12

Funding sources: BHA, ECHO, AHF (OCHA), WHI, CDCS

In 2024, 23.7 million people needed assistance in Afghanistan, including 12.4 million facing food insecurity.

Women and girls are particularly vulnerable, facing barriers to accessing aid and healthcare. The Taliban are intensifying human rights violations, including banning secondary and university education for girls. Although conflict has decreased, the health situation remains alarming, with high maternal mortality rates and 3.5 million children under the age of five affected by malnutrition. Mental health and psychosocial needs remain largely unmet.

In 2024, Première Urgence Internationale continued its commitment to vulnerable populations with limited access to basic services. Our intervention focused on primary healthcare, nutrition, water, sanitation, hygiene, and mental health and psychosocial support. Teams paid particular attention to women, girls, and children under five, with additional protection measures. Services included medical consultations, maternal care, and training for staff in psychological first aid.



# MYANMAR



Violence, restrictive laws, and natural hazards have forced 3.5 million people to flee, making Myanmar the most serious displacement crisis in Asia.



Mission opening year: 1984  
Persons of concern: 51,406 people  
Operational volume: €2.4 million  
National staff: 152  
International staff: 6  
Funding sources: CDCS, ECHO, UNOPS, UNFPA, WFP, Global Fund

Four years after the military coup, the situation in Myanmar is deteriorating.

Nearly 20 million people, including 6.3 million children, are in need of assistance. Violence, restrictive laws, and natural hazards have forced 3.5 million people to flee, making Myanmar the most serious displacement crisis in Asia. The healthcare system is dysfunctional, with high maternal and infant mortality rates. Food insecurity is worsening, with 2.2 million people in need of nutritional support. The situation is particularly difficult for women and girls, who are at risk of gender-based violence. In 2023, only 29% of the funds needed for the humanitarian response plan were met.

Première Urgence Internationale works in the Yangon, Southern Shan and Kayin regions to provide support to vulnerable communities. Our teams continue the HIV-related sexual and reproductive health services they have been providing in Yangon since 2001. Since 2021, we have also been providing nutritional supplements to patients. In Kayin, Première Urgence Internationale offers primary healthcare, psychosocial support, and treatment for malnutrition. Finally, in Shan, we strengthen healthcare services and raise awareness on gender-based violence.



## COMMUNITIES DEVASTATED BY FLOODS IN MYANMAR

On September 9, 2024, severe flooding and mudslides caused by torrential monsoon rains and the remnants of Typhoon Yagi devastated 70 communities in 11 of Myanmar's 14 states and regions. The death toll stands at 360, with more than one million people affected.

Première Urgence Internationale deployed three mobile clinics on September 17 to provide emergency health services. Thanks to their installation, more than 1,300 people were able to receive rapid assistance.

The head of the rapid needs assessment team testifies: *"Thanks to Première Urgence Internationale's long presence in the country, we have gained a good understanding of the region, enabling us to better understand local communities and establish strong links with them."*

## DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Mission opening year: 2002

Persons of concern:

Operational volume: €30,000

National staff: 1

International staff:

Funding sources:

North Korea was one of the first countries to close its borders during the COVID-19 pandemic. The economy, based on agriculture and trade with China, has been severely affected. Approximately 18 million people, or nearly 70% of the population, depend on food distributions from the regime, which come from collective farms subject to a quota policy. These rations are not sufficiently varied to provide a complete nutritional intake. The reopening of the borders is not planned, making any new intervention by Première Urgence Internationale in North Korea uncertain.

# EUROPE



**€15 million**  
**182 staff**

1/ Ukraine



# UKRAINE



Première Urgence Internationale is one of the few actors present in the occupied territories, mainly in Donetsk.



Mission opening year: 2015  
Persons of concern: 558,911 people  
Operational volume: €15 million  
National staff: 159  
International staff: 23  
Funding sources: CDCS, UN OCHA-UHF, USAID-BHA, ECHO, Fondation pour le Logement des Défavorisés, People In Need (PIN)

In 2024, the conflict remains intense, with recurring attacks on civilian infrastructure. Millions of people are displaced within the country, facing harsh winter conditions and limited healthcare.

Mental health needs are growing due to trauma. Access constraints complicate humanitarian response, while local organizations play an increasingly important role in delivering aid. Despite efforts to strengthen resilience, food insecurity and medicine shortages remain critical, highlighting the need for emergency assistance and healthcare for people in hard-to-reach areas.

Our teams support populations affected by war by ensuring access to essential services for vulnerable groups, including displaced persons in the oblasts of Lviv, Ivano Frankivsk, Dnipropetrovska, Donetsk, Kharkivska, and Zaporizka. Première Urgence Internationale is one of the few actors present in the occupied territories, mainly in Donetsk. The teams deploy mobile units that provide health, mental health, and psychosocial support services, as well as protection services in transit centers and cash assistance. They also support the relocation of health centers and distribute non-food items.





# LATIN AMERICA



**3 countries**  
**168 staff**

1/ Colombia  
2/ Venezuela  
3/ Honduras

# SEXUAL AND MENTAL HEALTH

## THE NEED FOR AN INTEGRATED APPROACH

Latin America is going through a critical period marked by complex crises that are deeply affecting the health of vulnerable populations, particularly in Venezuela, Colombia, and Honduras. Conflict, systemic violence, mass displacement, and climate vulnerability are particularly affecting women, children, indigenous communities, and migrants.

In Venezuela, political and socioeconomic instability is fueling a migration crisis and widening inequalities in access to healthcare. Indigenous communities and young girls suffer from high maternal mortality rates—among the highest in the region—and an alarming number of early pregnancies.

In Colombia, intensified armed violence has transformed Norte de Santander into an epicenter of conflict-related sexual violence, with a 300% increase in reported cases in 2024. In Honduras, despite a decline in homicides, criminal violence remains endemic, with the highest rate of femicide in Latin America, heavily impacting migrant and vulnerable populations.

Première Urgence Internationale is responding to these challenges by strengthening local capacities along the migration corridor, with a multisectoral approach focused on sexual and reproductive health, mental health, and psychosocial support, using an anthropological approach. Our teams provide essential services: prevention and treatment of sexually transmitted infections, access to contraception, care for gender-based violence, and psychosocial support for victims. In 2024, more than 55,000 people benefited from appropriate care, including, for the first time, continuous mental health support during and after pregnancy.

Faced with these interconnected crises, Première Urgence Internationale asserts its commitment to ensuring dignified and equitable access to healthcare by adapting its responses to cultural and social realities. This integrated approach is an essential lever for community resilience and the protection of fundamental rights in Latin America.

# COLOMBIA



In Arauca and Norte de Santander, nearly 40% of the population lacks access to healthcare, and existing services are inadequate.



Mission opening year: 2019

Persons of concern: 21,768 people

Operational volume: €2.1 million

National staff: 71

International staff: 4

Funding sources: ECHO, SIDA, CDCS

In 2024, the humanitarian situation in northeastern Colombia worsened due to armed conflict, a migration crisis, and weak state presence.

Despite peace agreements and attempts at dialogue, the number of civilian victims of violence increased significantly. In Arauca and Norte de Santander, nearly 40% of the population lacks access to healthcare, and existing services are inadequate. In Catatumbo, 75% of the population depends on aid. Only 38% of women of reproductive age use contraception, and 72% do not have access to mental health services.

Première Urgence Internationale has been present in Colombia since 2019, providing assistance to Venezuelan migrants and Colombians affected by the conflict with primary healthcare, sexual and reproductive healthcare, mental healthcare, and nutrition. Our teams work in fixed health centers and with mobile teams, and since 2024 on water, sanitation and hygiene, particularly in hard-to-reach areas in response to emergency spikes in violence.

Première Urgence Internationale works with the Halü Foundation, a Colombian organization active in the field of health and protection, to prevent gender-based violence. Through local market assessment, our teams also help improve the supply of medicines and medical equipment for humanitarian actions.

In 2024, the crisis in Venezuela is marked by economic instability and hyperinflation. The population faces limited access to essential services, particularly health and education. The deterioration of infrastructure and the shortage of medicines are exacerbating the situation, especially in rural areas. Lack of access to information leads to an increase in early pregnancies, exacerbating the vulnerability of young girls. The mass exodus continues, with millions of Venezuelans seeking refuge in neighboring countries, putting pressure on public services, particularly health services. The need for food aid and medical care remains critical.

Première Urgence Internationale improves access to primary healthcare, with a focus on sexual and reproductive health, nutrition, and mental health. In response to rising maternal mortality rates, our teams support the public healthcare system with mobile and fixed clinics, providing healthcare and nutrition. They strengthen the skills of health professionals and raise awareness among couples about the importance of sexual and reproductive health.

We also focus our efforts on vulnerable indigenous communities by facilitating their access to primary care through mobile teams, as well as access to drinking water and waste management. Collaborations with seven national organizations help improve our technical expertise.

## VENEZUELA



Mission opening year: 2019

Persons of concern: 41,500 people

Operational volume: €3.9 million

National staff: 75

International staff: 9

Funding sources: ECHO, BHA, INTPA

In response to rising maternal mortality rates, our teams support the public healthcare system with mobile and fixed clinics.



## HONDURAS



Mission opening year: 2024

Persons of concern: 6,870 people

Operational volume: €244,000

National staff: 8

International staff: 1

Funding sources: CDCS

Honduras is marked by social and economic inequalities. Poverty, corruption, and violence create an environment of exclusion. Despite reforms, constraints remain in ensuring basic services such as health and education, especially in rural areas. Forced migration and youth unemployment reflect these challenges.

Our teams facilitate equitable access for women, men, and adolescents to strengthened health services, prioritizing primary care and sexual health, while providing essential medical supplies. They also establish mental health and psychosocial support services, paying particular attention to vulnerable people and developing community activities and support groups with a gender-based approach. Finally, we encourage the creation of

community spaces and humanitarian care points to address key issues such as menstrual hygiene and the promotion of healthy practices, using an intercultural and inclusive approach.

Poverty, corruption, and violence create an environment of exclusion.





# FINANCIAL REPORT

Première Urgence Internationale’s overall budget in 2024 was €138.9 million (including in-kind support valued at €1.1 M).

Excluding in-kind donations, **activity has greatly increased compared with 2023 (+13%)**, since the amount of operating subsidies (including income generated by consortia) and financial contributions (private sector partners) is equal to €133.9 M in 2024 compared with €119.3 M in 2023 (and €122.3 M in 2022). **The remainder of resources comes mainly from financial income** (€2.6 M), transfers of expenses (€0.8 M), donations (€0.1 M) and extraordinary income (€0.2 M).

The scope of operations changed as follows between 2023 and 2024:

- ➔ Launch of the **Honduras mission**
- ➔ Launch of the **Benin/Togo mission**

## ORIGIN OF RESOURCES



The organization’s total resources in 2024 amount to **€138.9 M** and consist of:

- **Financial resources** for €137.8 M, rising sharply since 2023 (€121.7 M)
- **In-kind contributions** for €1.1 M, higher than 2023 (€0.5 M)

## USE OF RESOURCES

Total expenditure for the year came to €136.8 M (€124.8 M in 2023, including exceptional loss), of which €124.1 M was allocated to social missions, €0.2 M to fundraising expenses and €9.8 M to operating expenses, as well as €2.7 M to provisions and depreciation (most of which being provisions linked to non-payment of US grants in 2024). Total resources (excluding donations in kind) amounted to €137.8 M. The organization has a final surplus of €0.9 M.

### Social missions

The share of expenditure allocated to social missions (€124.1 M, excluding donations in kind) rose sharply by 11% (€111.7 M in 2023), in line with the growth in financial resources. In addition, there are contributions in kind (€1.1 M), bringing the total resources allocated to social missions to €125.2 M.

**Social missions account for 92.4% of expenditure** (excluding the value of voluntary contributions in kind and exceptional provisions) for the financial year and are spread across our main areas of intervention:

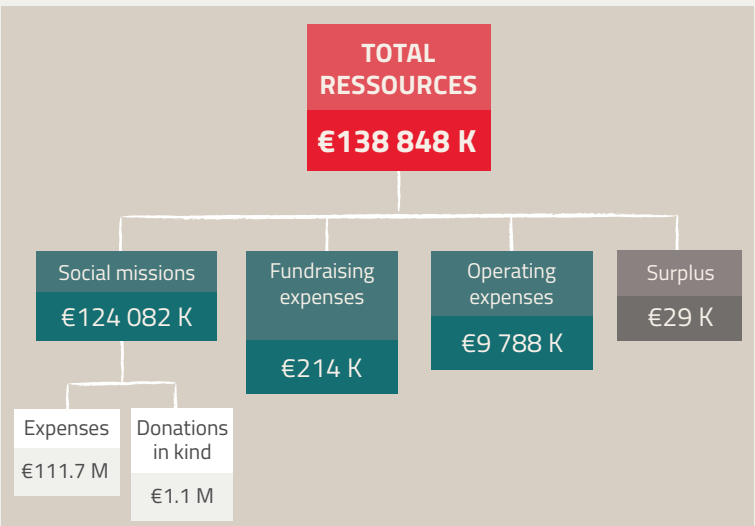
- Middle East: €42.2 M
- Africa: €47.9 M
- Asia: €15.3 M
- Europe (including France): €12.1 M
- South America: €6 M
- Exploratory, emergency, support/evaluation missions: €0.6 M

The five most important missions in terms of operational volume (Afghanistan, Democratic Republic of Congo, Palestine, Lebanon, and Ukraine) account for **52% of activity**.

Finally, in 2024, the association carried out **two exploratory missions** (Ivory Coast and Haiti) and evaluation and operational support missions, as well as emergency missions, all at a total cost of €0.6 M.

### Fundraising costs

The funds allocated to the communications and partnerships department, which is responsible for private fundraising, amounted to €214,000, mainly intended to boost the exposure of the association.



### Operating expenses, depreciation and provisions

Operating expenses amounted to €9.8 M and consisted of:

- **Personnel expenses** of €8.5 M (87% of operating costs)
- **General expenses** of €1 M, including fees and miscellaneous services, taxes, IT costs, travel, transportation and networking expenses, maintenance, co-ownership and energy costs
- **Financial expenses** of €0.2 M, including interest on charity bonds and bank charges

Depreciation, amortization, and provisions amounted to €2.7 M, mainly comprising a provision for risks of €2.4 M relating to unpaid amounts. Minor provisions and depreciation and amortization were added to this amount.

### Use of funds in 2024

- Operating costs  
**7.4%**
- Fundraising costs  
**0.2%**



### Cost of social missions

Data in K€ - excluding donations in kind



### Use of funds (in K€)

EXPENSES	K€	OF WHICH PUBLIC GENEROSITY
<b>1/ SOCIAL MISSIONS</b>	<b>124 082</b>	<b>104</b>
Africa	42 194	
Middle East	47 916	
Asia	15 341	
Latin America	5 959	
Europe	11 961	
France	109	
Exploratory and assesment Missions	601	
<b>2/ FUNDRAISING COSTS</b>	<b>214</b>	<b>0</b>
<b>3/ OPERATING COSTS</b>	<b>9 788</b>	<b>0</b>
Staff expenses	8 535	
General expenses	1 019	
Financial expenses	234	
Exceptionnal expenses	0	
<b>4/ ALLOCATION TO PROVISIONS</b>	<b>2 735</b>	<b>0</b>
<b>5/ TAX ON PROFITS</b>	<b>0</b>	<b>0</b>
<b>6/ DEDICATED FUNDS CARRIED FORWARD</b>	<b>29</b>	<b>29</b>
<b>TOTAL EXPENDITURE</b>	<b>136 847</b>	<b>133</b>
SURPLUS RESOURCES FOR THE FISCAL YEAR	907	0

INCOMES	K€	OF WHICH PUBLIC GENEROSITY
<b>1/ PUBLIC FUNDRAISING INCOME</b>	<b>133</b>	<b>133</b>
Non-allocated individual donations	2	2
Allocated individual donations	131	131
<b>2/ INCOME NOT FROM PUBLIC GENEROSITY</b>	<b>7 559</b>	<b>0</b>
Private Funds	3 824	0
Financial income	2 647	0
Other income	1 088	0
<b>3/ SUBSIDIES AND OTHER PUBLIC SUPPORT</b>	<b>130 063</b>	<b>0</b>
French Government	22 225	0
European Union	31 491	0
United Nations	11 157	0
US Government	49 665	0
Other public institutions	15 525	0
<b>4/ REVERSAL OF PROVISIONS AND IMPAIRMENT</b>	<b>0</b>	<b>0</b>
<b>TOTAL INCOME</b>	<b>137 755</b>	<b>133</b>
EQUITY FINANCING	0	0

# TESTIMONIALS FROM OUR PARTNERS

## FONDATION POUR LE LOGEMENT

### Working together for a lasting impact

Since 2018, Première Urgence Internationale and the Fondation pour le Logement (formerly the Fondation Abbé Pierre) have been joining forces to meet the urgent needs of people living in crisis areas around the world. This partnership has supported a variety of projects, ranging from rebuilding homes in Lebanon to rehabilitating shelters in Iraq and providing emergency aid in Ukraine.

This collaboration allows us to have a greater impact than if we were working alone. Première Urgence Internationale is strengthening its ability to respond quickly and effectively in the field, thanks to increased financial resources that enable it to develop actions that complement those undertaken by institutional donors. The Fondation pour le Logement, for its part, benefits from Première Urgence Internationale's expertise in the field, ensuring that the funds entrusted to it by its donors are used in the most effective and impactful way possible in emergency situations.

Together, Première Urgence Internationale and the Fondation pour le Logement are demonstrating that solidarity and cooperation can transform lives and rebuild communities. This partnership is a concrete example of how organizations can work hand in hand to create a lasting and meaningful impact.

*France Michel*

Director of Social Missions at the Fondation pour le Logement



## FONDATION CMA CGM

Chaired by Tanya Saadé Zeenny, the CMA CGM Foundation is committed to humanitarian aid and education for all throughout the world.

In the face of conflict and natural disasters, the CMA CGM Foundation mobilizes the expertise and industrial resources of the CMA CGM Group—containers, ships, aircraft, warehouses, trucks—to provide rapid and effective assistance to populations affected by crises.

In 2012, the CMA CGM Foundation launched the Containers of Hope program, which provides free maritime transport of emergency supplies for NGOs and leading international organizations. Since its launch, the program has delivered more than 100,000 tons of humanitarian aid to over 100 countries free of charge.

Première Urgence Internationale joined the program in 2023 and, in less than two years, has already benefited from the transport of 17 containers to five destinations: Yemen, Sudan, Myanmar, the DRC, and Thailand.



# ACKNOWLEDGMENTS

## PUBLIC PARTNERS

- **European Union:** Directorate-General for Humanitarian Aid (DG ECHO); 11th European Development Fund (EDF); Instrument for Neighborhood, Development and International Cooperation Instrument (NDICI)
- **American public agencies:** The U.S. Agency for International Development's (USAID) Bureau for Humanitarian Assistance (BHA); Bureau of Population, Refugees and Migration (BPRM)
- **French cooperation:** the Ministry of Europe and Foreign Affairs, notably through the Crisis and Support Centre (CDCS) and Programmed Food Aid (AAP), as well as the Agence française de Développement (AFD)
- **Other international cooperations:** British Council Cultural Protection Fund; Foreign, Commonwealth & Development Office (FCDO); Agenzia Italiana per la Cooperazione allo Sviluppo (AICS); German Federal Foreign Office (GFFO); The Swedish International Development Cooperation Agency (SIDA); the Swiss Agency for Development and Cooperation (SDC)
- **United Nations Agencies :**
  - Office for Coordination and Humanitarian Affairs (OCHA) through the Humanitarian Pooled Fund (HPF)
  - the United Nations Children's Fund (UNICEF)
  - United Nations Population Fund (UNFPA)
  - United Nations Refugee Agency (UNHCR)
  - World Health Organization (WHO)
  - United Nations Educational, Scientific and Cultural Organization (UNESCO)
  - United Nations World Food Programme (WFP)
  - United Nations Office for Project Services (UNOPS)
  - United Nations Food and Agriculture Organization (FAO)
  - International Organization for Migration (IOM)
- **Other national and international organizations:** Start Fund; Global Fund
- **Local French government:** City of Paris

## PRIVATE PARTNERS

Air France Foundation, AirLink, American Friends of Le Korsa (AFLK) Foundation, Aquassistance, Citi Foundation, CMA CGM Foundation, ESRI, Fondation pour le Logement des Défavorisés, Fondation de France, Foundation S – The Sanofi Collective, Siemens Caring Hands e.V., Fonto de Vivo, MEDEOR, NUTRISET, Stand Speak Rise Up!, Tulipe, Dignity International, Women's Hope International, Secours Catholique Caritas France



