Each year, Sida conducts a humanitarian allocation exercise in which a large part of its humanitarian budget is allocated to emergencies worldwide. The allocation and subsequent disbursement of funds takes place in the beginning of the year to ensure predictability for humanitarian organizations and to allow for best possible operational planning. In an effort to truly adhere to the humanitarian principles, Sida’s humanitarian assistance is grounded in the four humanitarian principles, and in particular impartiality, with its compelling urge to ensure that humanitarian action is carried out based on “needs alone”, giving priority to the “most urgent cases of distress”. Therefore, Sida’s allocation methodology is grounded in several objective indicators such as; the scale of humanitarian needs (number of people in need), the severity of humanitarian needs (including food insecurity/IPC levels), the number of people targeted for the humanitarian response, the financial coverage of the respective humanitarian appeal, national capacities to respond and underlying risks, as well as distinct indicators related to forgotten crises. Sida also strongly supports the humanitarian coordination structures. Besides this initial allocation, another part of the humanitarian budget is set aside as an emergency reserve for sudden onset emergencies and deteriorating humanitarian situations. This reserve allows Sida to quickly allocate funding to any humanitarian situation throughout the year, including additional funding to Yemen.

For 2019, Yemen is allocated an initial 240 MSEK. Close monitoring and analysis of the situation in Yemen will continue throughout the year and will inform possible decisions on additional funding.

1. CRISIS OVERVIEW

1.1. Background and underlying causes

This world’s largest humanitarian crisis continues to deteriorate and reach deeper levels of human suffering. Civilians as well as civilian infrastructure are affected by the armed conflict and as long as a political solution has not been reached, the food security1 will deteriorate. More malnourished children are at risk of dying and new disease outbreaks will occur, such as the cholera outbreak in 2017, deemed as one of the most severe outbreaks in modern history. This triple made-man tragedy (conflict – looming famine – outbreak of cholera) will continue if the parties refuse to uphold their obligations under International Humanitarian Law (IHL) and International Human Rights Law (IHRL) and ensure protection of civilians.

Since 2015, the country has been the site of multiple armed conflicts with hostilities escalating between Ansar Allah (the Houthis) in the north and the Coalition, led by the Kingdom of Saudi Arabia (KSA) and the United Arab Emirates (UAE), with the support of the Government of Yemen (GoY) in the south. In November 2017, the Coalition closed the international airport in Sana’a, further sealing off the northern part of the country and hindering delivery of much-needed humanitarian assistance. The conflict today covers most of the 22 governorates with a wide range of consequences for the population.

Yemen was already before the crisis the poorest country in the Middle East and North Africa region with a serious lack of food and access to water, sanitation as well as a poor healthcare system. Today 80% of the 28 million population need humanitarian assistance. The vulnerability index is 7, hazard and exposure index 8.1 and lack of coping capacity 7.9, and according to the INFORM Crisis index Yemen has both the highest conflict intensity index (3/3) and uprooted people index (3/3). The economic situation has deteriorated considerably after the Central Bank was moved from Sana’a to Aden, increase in prices on basic commodities and the absence of or erratic payment of public servants’ salaries since October 2016. A high rate of unemployment, around 600,000 jobs lost, including those who before the conflict relied on agriculture and fishery for their livelihood. Today, due to the conflict around the port of Hodeidah, the fishing has reduced considerably and the production from agriculture decreased due to insecurity and damage of farming land. The restriction of transportation by sea, land and air severely hinders the inflow of both commercial and humanitarian goods and has left the country with low stocks of vital goods. For a country dependent on import for about 80-90% of staple food, medicine and fuel, these restrictions put an enormous strain on people.

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1 The IPC mapping (a five point scale to measure food insecurity) by the Food security and Nutrition cluster will be presented during December 2018.
The high cost of goods is also partly due to the war economy system and that local governments, smugglers, politicians and militia groups are earning extensively through taxes, fees at check points and from revenues from gas and oil. These in turn decrease the incentives to end the fighting. For that reason, the control of the port in Hodeidah is indeed also an attempt to control the economic benefits that the port is generating.

Most recent update from last quarter of 2018: The UN Emergency Relief Coordinator, Mark Lowcock, warned for a possible famine that could drive millions towards dependency on humanitarian aid. Continued humanitarian assistance will be needed also during 2019, but parallel efforts should be done to avoid ending up in a situation similar to the Somalia situation in 2011 and not wait for a formal famine declaration. Hence, end of the year the UN drafted a famine roadmap including actions to stop a preventable crisis, including: i) stabilising the currency, ii) improve access to the most vulnerable, iii) halting attacks on civilians and civilian infrastructure, iv) address the bureaucratic impediments and to scale up food assistance, nutrition, WASH and health programming in areas at highest risk.

The UN Special Envoy to Yemen, Martin Griffiths has continued the efforts to mediate between the parties and push towards a renewed round of peace consultations. After talks held outside of Stockholm in December 2018 and the first meeting between the parties in over two years, the political process took a decisive step forward with the conclusion of the Stockholm Agreement, which a week later was endorsed by UNSC Resolution 2451, the first UNSC resolution on Yemen in over three years. In January 2019, the UNSC provided a mandate for the United Nations Mission to support the Hodeidah Agreement (UNMHA). The agreement on Hodeidah is a key aspect of the Stockholm Agreement, and includes a cease-fire.

Natural disaster and health emergencies

Yemen suffers from yearly cyclones, especially during late summer/autumn. The governorates of Hadramawt, Al Mahrah and Shabwah suffered in the autumn 2018 from the Cyclone Luban with about 3,000 families affected. The response was covered by humanitarian and local assistance.

Since April 2017 Yemen has experienced frequent cholera outbreaks, spreading to most governorates, with more than 1 million suspected cases since 2017. Contributing factors to the spread are contaminated water sources, collapse of the public health system and limited waste, sanitation and hygiene services. A diphtheria outbreak was declared in October 2017 with about 2,300 reported cases by September 2018 many in governorates with a significant number of IDPs. However, the number of reported cholera cases is lower in 2018 than 2017 due to a more efficient response.

Resilience and coping mechanisms are seriously eroded, which exposes communities to multiple risks. Thus, it is required to promote community-based preparedness as well as prevention components within the humanitarian response.

1.2. Geographical areas and affected population

The governorates mostly affected during 2018 were: Hodeidah, being the focus of the offensive and have generated thousands of new IDPs. The southern area of Aden, Lahaj and Abyan are also severely affected with a poor security situation and local demonstrations against the economic situation. The poor security situation has also encouraged the presence of extremist groups such as AQAP (al Qaeda Arab Peninsula) and IS. Taizz and Ibb have seen a deterioration of the security situation and mine contamination in the areas. Sana’a, and the surrounded districts received a large number of IDPs and local public protests occur due to the deterioration of the situation. In Sa’ada, bordering Saudi Arabia, the number of clashes was expected to escalate between the parties before the peace talks. The eastern governorates are scarcely populated but with a strategic importance for regional actors and with several oil production sites, another reason for conflict. In the central part of Yemen AQAP, IS as well as local tribes are present and clashes happen sporadically.
Affected population and sectors of high priority

The conflict has led to a large-scale internal displacement in Yemen with more than three million people reportedly displaced since the beginning of the conflict. The one million returnees are now living in difficult conditions with limited access to shelters, food, water and health services. The country's limited capacity to deliver services such as health care, food distribution and clean water contributes to the deterioration of the situation and increases the pressure on humanitarian actors.

The battle for control of the port will not only affect people living in Hodeida but also those living in the northern area and dependent on supplies from Hodeidah (approx. 70% of the population). Around 500,000 people from Hodeidah are now living under extremely difficult conditions as IDPs.

The main groups assessed to be among the most vulnerable are:

i) Internally displaced persons, returnees and host communities as well as refugees and migrants: Among the 3.3 million people being forced to leave their homes and are mostly housed in private setting or spontaneous settlements. It also implicates an additional burden for the host community already being under a situation with limited resources. ii) Children: Children are in any conflict one of the most vulnerable group with child rights violations, violence, forced marriage and other forms of abuse. iii) Women and girls: Conflict and displacement contributes to higher risks of gender-based violence, incl. sexual exploitation. An estimated 75% of IDPs are women and girls and some 20% of households are headed by females under the age of 18.

Sectors of high priority:

1) Protection: Yemen is a large protection crisis with widespread violations of IHL and IHRL, forced displacement and weak rule of law. Airstrikes and indiscriminate use of explosive ordnances affect civilians and civilian infrastructure. The limited access to protection is leading to negative coping e.g. child recruitment into armed groups, increased child labour, early marriage. Arbitrary arrests, enforced disappearances, torture and gender-based violence are other risks for the population.

2) Health: The already fragile health system has been severely damaged during the war with only 45% of health facilities functioning has left 16,4 million people in need of basic healthcare including 8,8 in acute need. Outbreaks of dengue, cholera, measles and diphtheria outbreaks illustrate the poor status of the healthcare system with shortages of medical supplies and personnel.

3) Water, Sanitation and Hygiene (WASH): WASH infrastructure has been damaged and lack maintenance resources. The poor access to safe water and basic sanitation is a major health threat, directly fuelling nutrition and waterborne diseases. More than 50% of the population require assistance to meet their basic WASH services. Most cannot afford trucked water.

4) Food security: Approx. 18 million Yemenis are food insecure and among those 8,4 million are severely food insecure and face a high risk of starvation. The collapse of the economy and families’ limited purchasing power has aggravated the food crisis.

5) Nutrition: The malnutrition level in Yemen is among the highest in the world due to restriction in access to nutritious food, safe water and lack of sanitation and hygiene systems. Estimated 400,000 children are today severely acutely malnourished and 1,8 million children under five suffer from acute malnutrition.

1.3. Critical assumptions, risks and threats

Around 56,000 Yemenis have been killed since 2015. Most civilian casualties result from airstrikes on civilian houses, vehicles and public places, including markets and restaurants. As a result, 3.3 million have been forced to flee their homes, about 2.3 million are still displaced. More than 2,700 children have been recruited into armed forces, resulting in killing and maiming of children and causing chronic and traumatic stress. Some 280,000 refugees have arrived since 2016 (majority from Somalia and Ethiopia), many including children, are detained and forced to live in inhumane conditions. Only
between June and August 2018 more than 200 civilian facilities have been damaged or destroyed, including schools, hospitals, water points etc.

Protection is a priority of the humanitarian community in Yemen and an HCT Protection Strategy has been developed “to provide humanitarian system-wide vision and guidance to ensure that protection is a collective responsibility of all humanitarian sectors”. The Protection cluster is providing support to ensure meaningful integration in other sectors as well considering the dire protection needs among women, children, IDPs, refugees and returnees. The use of wide range explosives in populated areas has continued, attacks and interference with medical missions are frequent.

In case the attempt to a peace deal does not materialise there is a risk that the situation will deteriorate, especially if the battle in and around Hodeidah continues. However, even if the peace consultations result in further negotiations it will most likely not change the environment for the population in the immediate time.

Risks of the Humanitarian operations

The challenges for humanitarian operations are first and foremost the access to the most vulnerable and to get needed goods into the country. The deteriorated security situation since the end of 2017, especially in the northern, western and central part of Yemen made the access difficult. In governorates like Abyan, Shabwah and Hadramaut presence is also restricted due to extremist groups like Al Qaeda (AQAP) and Islamic State. In the southern part the situation is volatile with several local armed groups.

The humanitarian interventions are also hampered due to restrictions imposed by all parties to the conflict such as cumbersome visa processes, extensive administrative requirements, interference in implementation and monitoring of projects, harassments at check-points etc. These obstacles will hinder assistance to reach beneficiaries even if the needed resources are in place.

The collapse of the public sector puts increasing pressure on humanitarian organisations to compensate for what should be provided by the government. Insecurity and restrictions of movement also hinder access to remaining health care services and will further contribute to downward spiral of the wellbeing of the Yemeni people.

The risk of corruption is generic in humanitarian crisis, especially when security environment hinders access. Yemen ranks number 175 out of 180 on Transparency International Index 2017. However, UN as well as INGO are working extensively to compensate for the difficult access situation by contracting Third Party Monitoring companies, developing new mechanism for Remote monitoring in addition to their own direct monitoring of interventions.

1.4. Strategic objectives and priorities of the Humanitarian Response Plan

The Humanitarian Response Plan 2019 will most probably not be launched before the end of January or early February 2019 and will only be an update of the 2018 version. A Pledging Conference is planned for February 2019. Other sources of information have therefore been used for the 2019 HCA, such as ECHO, UN organisations, strategic partners analysis as well as other actors.

According to the draft HNO 2019 (2018-11-26) the estimated number of People in need for 2019 will reach 24 million, 18 million are food insecure, 7 million malnourished, including 1.8 million children, an increase of 24% compared with 2017. One third of all districts are already in a state of “pre-famine” and at least 10-14 million may require food assistance in the months ahead. Some 3.3 million have been displaced the last three years, including 500,000 who have fled the intense fighting in Hodeidah since June 2018. Funding requirement for 2019 will reach approx. 4 bn USD.
The strategic objectives from HNO 2018 will remain:

1. Provide life-saving assistance to the most vulnerable people through an effective, targeted response.
2. Ensure that all assistance promotes the protection, safety and dignity of affected people and is provided equitably to men, women, boys and girls.
3. Support and preserve services and institutions essential to immediate humanitarian action and promote access to resilient livelihood opportunities.
4. Deliver a principled, multisectoral, coordinated and inclusive humanitarian response that is accountable to and advocates effectively for the most vulnerable people in Yemen with enhanced engagement of national partners.

The HNO 2018 analysed the needs for the most vulnerable groups e.g. women and girls, children, IDPs/returnees/host community as well as refugees and migrants, those groups are still in a most difficult situation. The perception of affected people is assessed through surveys to better understand the needs and perceptions of affected populations.

2. **IN COUNTRY HUMANITARIAN CAPACITIES**

2.1. **National and local capacities and constraints**

The escalation of the conflict, economic decline and the current political crisis resulted in a de facto split of the country around two areas of influence with separate administrations. The increasingly complex working environment, political fragmentation, lack of financial resources and internal dysfunctionalities has heavily impacted on the operational capacities of line ministries, both at central and local levels. The operational capacity of line ministries remains inadequate due to limited capacity and resources and there is literally a near collapse of basic services. Control over the Central Bank, civil servants’ salaries and over humanitarian programmes has become a political tool in the conflict. This has deteriorated the humanitarian crisis and Yemen’s increased reliance on humanitarian aid.

According to OCHA’s 3 W mapping (April 2018) 117 organisations are currently working in Yemen (9 UN agencies, 29 INGOs and 79 national NNGOs). Geographically the areas with the highest density of actors are the coastal and central highlands areas. Operational capacity needs to be reinforced and become more flexible to respond to developing situations and emerging needs.

2.2. **International operational capacities and constraints**

Humanitarian organisations have scaled up their operational presence in the five operational hubs that have been established (Sana’a, Hodeidah, Sa’ada, Ibb and Aden governorates). However, these hubs have a limited number of international staff and the HCT team has committed to promote local empowerment and decentralization of the humanitarian coordination efforts to strengthen the hubs.

In Yemen there are several constraints hindering the delivery, coverage, quality and efficiency of humanitarian aid: i) administrative and bureaucratic, e.g. difficulties in obtaining visas and travel permits, lengthy negotiations on project implementation, beneficiaries, location etc, ii) IHL violations, hindering humanitarian access, iii) logistical constraints, e.g. destruction of key infrastructure, closing Sana’a airport, situation in Hodeidah, lengthy clearance procedures for imports, iv) financial constraints, e.g. liquidity crisis and dysfunctionality of financial sector, v) security constraints, e.g. threats against humanitarian workers, cumbersome de-confliction mechanism, expansion of non-state armed groups, mine contamination. Due to the above, humanitarian organisations adopt a variety of implementation modalities e.g. through INGOs, NNGOs or sometimes through line ministries and local authorities. Maintaining direct management over beneficiary selection, project implementation and monitoring of activities in view of ensuring quality and accountability is essential in this context and often requires humanitarian actors to engage in lengthy negotiations.

Yemen has been on a Level 3 system-wide emergency since July 2016.
2.3. **International and regional assistance**

Approx. 77% of the HRP 2018 amounting to 2,96 bn USD has been financed and a large proportion of humanitarian funding is provided by active participants to the conflict. Saudi Arabia has also injected money into the Yemeni economy to support the currency as well as to support the electricity production in the areas controlled by GoY. This will further weaken the Ansar Allah’s monopoly over distribution and sale of fuel in the north and their revenues consequently cut considerably.

Key donors are KSA, UAE, USA, Kuwait, United Kingdom, Germany and the EU. Despite increased commitments by major donors, the response falls short of the ever-increasing needs in Yemen’s challenging environment and the level of commitments for 2019 will need additional funding.

In 2019 ECHO will focus on protection and life-saving assistance with multi-sectoral assistance and integrated response to the health, nutrition, food security crisis including WASH to prevent transmission of epidemics. Areas of priority will be in conflict zones and in areas with many newly displaced people and where there are high levels of malnutrition and food insecurity. Complementarities with longer-term programming will be conceived from the inception phase.

3. **SIDA’S HUMANITARIAN RESPONSE PLAN**

3.1. **The role of Sida**

**Earlier assistance and lessons learned:**

Sida’s humanitarian support has the recent years focused its response on nutrition with a multisector angel including sectors such as health and WASH. This will continue to be Sida’s approach for 2019, in line with the “Strategy for Sweden’s Humanitarian Aid provided through the Swedish International Development Cooperation Agency (Sida) 2017-2020”. The humanitarian support to Sida’s strategic partners will ensure the integration of gender equality, conflict sensitivity and resilience perspectives to be mainstreamed in all programmes and projects.

In 2019 Sida will also continue to focus on protection needs, with a special focus on those most vulnerable like women, children, the displaced, migrants and refugees without forgetting the conflict affected host communities. Considering the complex humanitarian environment in Yemen, Sida is emphasizing the importance of well-coordinated interventions and emergency responses. Sida has the ambition to be a flexible donor both regarding financing but also regarding the design of the response by reprogramming according to new needs or location of the support.

Sida’s focus on *accountability to affected population* has made our partners more responsive to the participation of beneficiaries and Sida has been open to adjust the design according to input from responders. *Gender interventions* in Yemen is a challenge for Sida’s implementing agencies not the least when it comes to gender-based violence, women protection and distribution of hygiene/dignity kits being culturally sensitive. During 2018 many partners have also needed to arrange male escort for female co-workers. All *need assessments* must take a multi sectoral approach to be efficient and reach the intended aim as the needs among Yemenis are diverse and an inclusive approach is needed. *Monitoring* is another challenge due to restrictions from local authorities and the security situation. The modalities being used today are direct monitoring, third-party-monitoring and remote monitoring. Monitoring needs to be followed up and developed further to make sure that assistance reaches the most vulnerable and that the financial resources are used effectively with mechanisms in place for anti-corruption measures. In this respect the number of local implementors should be consolidated, not the least for the Humanitarian Fund, to be able to give the needed capacity building and training before expanding the number of local organisations further. Many donors as well as local organisations are lacking a strategy for more *long-term resilience interventions* and a discussion about post-conflict needs. The current emergency should not hinder attempts to build on existing structure and to look into what should be done once a peace deal is in place.

Another lesson learned has been the importance of *CASH* interventions as the economy has collapsed, the value of the Yemeni Rial has fallen and many public servants have not received salaries.
during the past years. CASH has therefore helped families to afford buying food and water from local markets, being able to pay for transportation, not the least to health services and for child specific needs. CASH will also help in the support to minorities and groups excluded from the society and tribal system.

The *multi-year intervention* 2018-2019 implemented by AAH (previously ACF) has help to reach results in several ways. Considering that an approval from local authorities takes 3-5 months, the longer time-frame has facilitated the project’s implementation. The results have also been more sustainable in their work with the Ministry of Health and helped maintain existing structures and build capacity at health centres. Furthermore, the confidence building for easy access with local armed groups has been improved and once established help the implementation considerably.

3.2. **Response Priorities 2019**

During 2018 Sida has worked with protection and access to basic services, in 2019 Sida will continue in the same areas with the following focus:

1) **Food assistance and nutrition, WASH and health services:** Access of basic services is extremely limited in Yemen as public services are not delivering according to needs. Many health facilities have a severe shortage in medicine, essential supplies, equipment and staff. In addition, many facilities have been damaged in the war and are sometimes used for military purposes. Sida is choosing strategic partners working with nutrition, WASH and Health in the most efficient way, and in areas with acutely vulnerable people.

2) **Protection:** Yemen has several protection challenges with some 13 million in need of protection. The crisis is characterized by widespread violations regarding human rights and IHL. Activities to strengthen the identification and access to protection services but also preventive measures will be prioritised.

**Field follow-up:**

Sida has no presence in Yemen and visa restrictions have further limited the follow-up during the last years. However, priority will be given to conduct two visits during 2019, geographic areas depending on the security situation, but including Hodeidah and areas with a high number of IDPs.

The priority organisations to follow up in 2019 are WFP, especially their CASH assistance and their scale-up during 2019.

Sida will also follow-up on the development of UN’s Famine Roadmap, including the role of CASH, IHL violations and the access situation.

3.3. **Partners in 2019**

**UNHCR** leads the NFI/Shelter and Protection clusters. The support will continue focusing on protection response related to forced displacements, including refugees, IDPs, returnees and migrants.

**UNICEF** is an important partner for nutrition and child protection in their HAC programme (Humanitarian Action for Children). UNICEF will expand further their work with nutrition assistance, education in emergency and rehabilitation of water systems, not the least to combat cholera. UNICEF is also part of a RRM mechanism together with UNFPA and INGOs.

**OCHA** has an important role to coordinate the humanitarian response in Yemen and is managing the **Yemen Humanitarian Fund**. The Fund is an important mechanism for Sida’s support delivering multi-sector assistance in all governorates and reaching out to many local organisations.
IOM is working as lead in a consortium of INGOs providing assistance to IDPs and migrants across Yemen. IOM is tracking displacements countrywide and monitor IDPs, returnees and migrants. The allocation is planned to be used to meet the needs of the most vulnerable populations in Yemen through live-saving water, sanitation and hygiene (WASH) assistance, and coordinated displacement data collection as well as analysis to inform humanitarian action.

ICRC is one of the key protection partners and a key actor because of their mandate and presence. Main priorities for 2019 include to obtain renewed security guarantees among all parties to the conflicts, continue to address the emergency needs of conflict affected people with regard to health care, food, water and living conditions and to expand communication channels to connect with beneficiaries, particularly in places where physical access is limited. The ICRC will also seek to broaden its network of contacts among actors with influence over the warring parties.

WFP will not be among the partners in the initial allocation for 2019 as they have already funding for the first quarter of 2019 from the Gulf. However, they are an important actor to follow and might be considered in the Mid-Year-Review 2019.

Save the Children has had a long presence in the country and has access to large parts of the country working with local organisations. SC is relevant in the response to child protection, including psychosocial support, cash assistance, medical service referral and GBV.

Islamic Relief is active in sectors of food security, livelihood and WASH and are working in most governorates. 2019 a focus on water source rehabilitation and livelihood restoration combined with food assistance.

NRC has a protection-focus and has projects in the areas of WASH, shelter, food security (CASH) and education. NRC has a programme approach targeting regions with high levels of displacements and increased humanitarian needs, including host communities.

IRC focuses in particular on health, WASH and protection. IRC is especially active in southern Yemen focusing on women and girls working closely with local health clinics and mobile health teams in areas with few other actors.

### SIDA’s HUMANITARIAN ASSISTANCE TO Yemen in 2019

<table>
<thead>
<tr>
<th>Recommended partner for Sida support</th>
<th>Sector/focus of work (incl. cross sectoral/ multipurpose programming) and response modalities (e.g. in-kind, services, CVP or a mix)</th>
<th>Proposed amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>Multi-sector HAC (incl CASH) RRM</td>
<td>20 000 000</td>
</tr>
<tr>
<td>UNHCR</td>
<td>Multi-sector</td>
<td>15 000 000</td>
</tr>
<tr>
<td>OCHA</td>
<td>Coordination</td>
<td>1 000 000</td>
</tr>
<tr>
<td>OCHA YHPF</td>
<td>Multi-sector</td>
<td>75 000 000</td>
</tr>
<tr>
<td>IOM</td>
<td>Multi-sector</td>
<td>23 000 000</td>
</tr>
<tr>
<td>Save the Children (SC)</td>
<td>Child protection (incl CASH)</td>
<td>20 000 000</td>
</tr>
<tr>
<td>Islamic Relief</td>
<td>WASH and Food (CASH4work)</td>
<td>20 000 000</td>
</tr>
<tr>
<td>Norwegian Refugee Council (NRC)</td>
<td>WASH, Shelter and Food (incl CASH)</td>
<td>10 000 000</td>
</tr>
<tr>
<td>International Rescue Committee (IRC)</td>
<td>Health and WASH</td>
<td>15 000 000</td>
</tr>
<tr>
<td>ICRC</td>
<td>Protection, assistance, health</td>
<td>20 000 000</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>239 000 000</td>
</tr>
</tbody>
</table>
In addition to the above funding last year Sida decided upon a multiyear intervention (2018-2019) to AAH (ACF) for assistance to beneficiaries in hard-to-reach areas aiming to increase operational trust and access. The support for 2019 amounts to 5 MSEK. No new multiyear applications for 2019.

3.4. **Synergies with long-term development assistance**

Given the extent of damage to civilian infrastructure and the collapse of government services ensuring complementarity between emergency and longer-term interventions is critical to avoid further deterioration of services, to strengthen resilience and promote early recovery. Below a few examples of on-going development programmes:

**EU** is developing synergies between DG ECHO and DG DEVCO, e.g. in the education sector as schools have been damages or closed because of lack of payment of teachers’ salaries. Approx. 2 million children are out of school and in dire need of psychosocial support. The humanitarian-development nexus is also included in resilience building activities for food security, livelihoods through cash for work, youth employment and small grants. EU also support peace-building efforts through the Instrument contributing to Stability and Peace (IcSP).

**The World Bank** support to Yemen was suspended in 2015, but in 2017 significant emergency resources were made available through re-programming of existing projects, e.g. in the health sector. The Kuwait Fund for Development has e.g. signed an agreement for Aden transport network (55 MUSD) and a Power Plant (36 MUSD). The UN will continue promoting stabilisation and confidence building measures to allow the start of peace negotiations. However, even in a post-conflict scenario, humanitarian aid will remain essential for a considerable period of time.

There is no Swedish bilateral development strategy for Yemen, however in the “**Regional Strategy for Sweden’s Development Cooperation with MENA, 2012-2015**”, there was a specific government decision for support to the “democratic transition” in Yemen as a complement to the regional strategy. In the current Regional MENA strategy, 2016-2020, Yemen is included, with an opening for country specific initiatives and hence, Sida has prioritised Yemen in a few interventions to complement Sida’s large humanitarian support, eg a two-year support amounting to UNFPA in Yemen in their efforts to protect women and children from gender-based violence. Yemen is also included in regional programmes aiming at improving the quality of media and safety for journalists. Another project including Yemen is a regional UNDP election programme to strengthen the election authorities. “Cairo Institute for Human Rights Studies” is also working on monitoring the human rights situation in the region, developing the capacity of local organisations and advocacy work. Synergies between humanitarian and development will most probably be discussed further during 2019, when the planning for a new MENA strategy will start.

Sida also supports Yemen through the **Strategy for Sustainable Peace**, e.g. core support to Geneva Call (respect for IHL), Saferworld (preventing violent conflicts and strengthen access to justice) as well as Women’s international league for peace and freedom (to address root causes of violence with a feminist lens). The multiyear global project support to DDG/MAG global mine action and SALW programme also includes Yemen.

Internal discussions will continue to see possible opening for resilience and early recovery interventions parallel to emergency assistance. Enhancing resilience and preserving existing structures, skills and institutions will definitively contribute to a more solid foundation for post war rehabilitation.

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- Yemen Humanitarian Country Team (HCT) Protection Strategy 2018-2019
- Protection Cluster Strategy, September 2017