Each year, Sida conducts a humanitarian allocation exercise in which a large part of its humanitarian budget is allocated to emergencies worldwide. This allocation takes place in the beginning of the year as to ensure predictability for humanitarian organisations and to allow for best possible operational planning. In an effort to truly adhere to the humanitarian principles, Sida bases its allocation decisions on a number of objective indicators and parameters of which the most important are related to the number of affected people, vulnerability of affected people and level of funding in previous years. One of the indicators is also related to forgotten crises in order to ensure sufficient funding to low profile crises. 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 2018, Yemen is allocated an initial 220 Million Swedish Kronor (MSEK). Close monitoring of the situation in Yemen will continue throughout the year for potentially additional funding or amendments.

1. CRISIS OVERVIEW

Yemen has been the poorest country of the Middle East and North Africa region before the current crisis and ranked 168 out of 188 countries (2016 UNDP Human Development Index). During 2017, Yemen continued to be besieged by multiple armed conflicts and other situations of violence, with the insecurity escalating in many parts of the country, between the al Houthis and the coalition that supports the government of Yemen. According to the global INFORM index, Yemen is ranked as number five out of 191 countries. Yemen has a hazard and exposure index of 8.1, a vulnerability index of 6.9 and a lack of coping capacity index of 7.9. After nearly two and a half years since the escalation of the conflict, the resilience and the coping capacity of people of Yemen have been remarkable, however exhausted beyond comprehension. Prior to the crisis, almost half of the Yemeni population already lived below the poverty line, with a high rate of unemployment and the basic social services on the verge to collapse. Violations of international humanitarian law and human rights law are reportedly widespread, in addition to a long history of food insecurity, malnutrition, and lack of access to water, sanitation and poor healthcare.

The conflict in Yemen escalated in March 2015 when president Hadi was forced by the Houthis to flee the country and the Saudi-led coalition (including the Gulf Cooperation Council states - with the exception of Oman, Egypt, and Sudan) intervened on behalf of the internationally recognized government of Yemen against the Houthis who were at the time aligned with Yemen’s former president Ali Abdullah Saleh. Since then, the conflict has spread to the majority of the 22 governorates of Yemen. Two and half years since the launch of the coalition and Yemen seems nowhere near peaceful resolution of the conflict. Currently, President Hadi governs Aden (declared as temporary capital) while the bulk of Yemen’s northern parts and the capital Sanaa remain under the control of Houthis. During 2017, Yemen was declared the largest humanitarian crisis in the world as 20.7 million people in the country are in need of humanitarian and protection assistance.

The consequences of the armed conflict on the Yemeni people is a major concern. Accommodation, schools, health care facilities and other infrastructure has been either damaged or destroyed. If a more permanent ceasefire and a political solution is not reached in the near future, the food security situation will further deteriorate, more children will become malnourished and would die while new disease outbreaks are likely to happen. The plight of Yemen is a triple man-made tragedy (conflict, looming famine, outbreak of cholera) and directly linked to the ongoing conflict. Millions are impacted by the crisis and few have escaped the tensions between the Houthis and their allies, and military response of the Saudi led coalition attacks of Yemen. Thus far, efforts to bring the parties together have failed and if Yemen is to ever stand a chance of peace and a durable political solution, the participation of all parties is a prerequisite. All parties to the conflict must uphold their obligations under the international humanitarian law (IHL), and ensure protection of civilians, and adhere to the principles of distinction between civilians and combatants and proportionality in the conduct of hostilities, and refrain from directing attacks against civilians and civilian infrastructure.
On 6 November 2017, the Saudi-led coalition announced the temporary closure of all land borders, sea ports and airports in Yemen, literally sealing the country off the rest of the world. This decision was made shortly after a ballistic missile was intercepted in Riyadh, Saudi Arabia, resulting in an explosion near the King Khalid International Airport. All critical humanitarian and commercial supplies were prevented from entering the country. During this period the cost of food, water, fuel and other goods increased significantly and put further constraints on a population who have already exhausted their coping strategies. On 13 November, the Hadi government controlled areas (Aden, Mukalla, Mokha ports) were reopened; these have, however, limited capacity (e.g. offload, milling and storage) to meet the overall requirements of Yemen. Furthermore, transportation of goods from these southern ports to the north would require the crossing of conflict frontlines to reach those in need. Al Hudaida and Salif ports in the Houthi controlled areas which process approximately 70 percent of the monthly food imports and 40 to 50 percent of monthly fuel imports into the country were partially opened at a later stage. The immediate resumption of essential imports through all Yemeni ports is critical to avert a severe deterioration of food security and health outcomes and the potential for wide-spread starvation and outbreak of disease resulting increasing mortality rates.

Prior to the current blockade, the Saudi-led coalition had imposed a naval blockade on Yemen's coast, and restricted travel by air, land, and sea; therefore, severely restricting the inflow of commercial and humanitarian cargo for the last two and a half years. This has left the country with critically low stocks of necessary goods, reducing capacity to cope under the current conditions. The latest Integrated Food Security Phase Classification (IPC) report released in March 2017 reported that 17 million people in Yemen are food insecure and require urgent humanitarian assistance, including 6.8 million people in 'Emergency' phase (IPC 4). Since then, this figure for 'Emergency' phase has now jumped up to 8.4 million people severely food insecure (Humanitarian Needs Overview -HNO, 2018). Furthermore, some 400,000 children under the age of five are suffering from severe acute malnutrition (SAM).

Since April 2017, Yemen has experienced a cholera outbreak of an unprecedented scale, alarmingly spreading throughout the country (21 out of the total 22 governorates). As of November 2017, the cumulative total from 27 April to 19 November has been 954,362 suspected cases of cholera and 2,211 associated deaths. The authorities in Sana’a declared a state of emergency in May, considering the large-scale of the epidemic and the overwhelmed capacities at the national level. The outbreak peaked in July and has since then gradually declined. Some of the contributing factors to this wide spread of the disease are contaminated water sources, disruption of the public healthcare system, and limited waste, sanitation and hygiene services. On the 4th of December, 318 suspected cases of diphtheria and 21 deaths had also been reported in 15 governorates with the majority (nearly 70 percent of reported cases) been from Ibb governorate.

On 4 December, Yemen’s former president Ali Abdullah Saleh was assassinated by the Houthis who have been allies until recently. Apparently, days before his death, Saleh had split with the Houthis and shifted his allegiance to the other side in Yemen’s three-year-old war. What is certain is that Saleh’s death marks a dramatic shift almost three years into a war in a state of stalemate. However, his death may offer an opportunity to escape the vicious cycle of bloodshed. The fact remains that the warring parties need to either decide to reengage in mediation efforts or continue with the conflict which has thus far had few notable successes despite massive human suffering and humanitarian crisis.

1.1. Geographical areas and affected population

The 22 governorates in Yemen have all been affected by the conflict in one way or another. According to the United Nations (UN), approximately 13,893 conflict related incidents were reported since September 2015. These incidents include airstrikes, armed clashes, shelling with 82 percent taking place in five governorates Taiz, Al Jawf, Sa’ada, Hajjah and Sana’a. Furthermore, the health facilities have reported 8,757 conflict related deaths and 50,160 injuries. The Humanitarian Needs Overview (HNO) 2018 estimates that 22.2 million people in Yemen need some kind of humanitarian and protection assistance including 11.3 million people who are in acute need. This is an increase of more than one million people in acute needs since June 2017.

The conflict has also contributed to the large scale internal displacement in Yemen with more than three million people reportedly been displaced since the start of the conflict. This people in need also include approximately one million people who have returned and living in harsh and difficult conditions with limited access to proper shelter arrangements, food, water and healthcare.
As of January 2017, some 18.8 million people were reported to be in need of humanitarian assistance. One year on the figure has already increased to 22.2 million people in need of assistance. The increase is seen in all the sectors with some of them highlighted below.

1. **Protection:**
Yemen is now one of the largest protection crisis in the world where 12.9 million people need assistance to protect their safety, dignity or basic rights, from violations of IHL, grave violations of children’s rights and gender-based violence. It is estimated that 6.5 million people are in acute need of humanitarian protection.

2. **Health:**
 Barely 50 percent of health care facilities fully function and the disruption of salary payments to healthcare staff in addition to the difficulties in importing medicines and other essential supplies. Some 16.4 million people are in need of assistance to access health care out of which 9.3 million are in acute need. This is an increase of 79 percent since late 2014, underscoring the catastrophic impact of the health systems collapse and rising needs, which are likely to increase.

3. **Water, Sanitation and Hygiene (WASH):**
More than half the population of Yemen continues to require assistance to meet their basic WASH needs (16 million people in need and 11.6 million people are in acute need). Access to improved water sources has significantly reduced in 11 out of 20 governorates. Collapsing urban water and sanitation systems, deteriorating water and sanitation conditions in rural areas and lack of means to maintain personal hygiene and purchase safe drinking water have all contributed to the cholera outbreak and other health problems.

4. **Food security:**
17.8 million people in Yemen are food insecure, meaning six out of every ten Yemenis do not know where their next meal will come from. Within this population, 8.4 million people are severely food insecure and face a high risk of starvation. This is a 24 percent increase compared to the figure of 2017 (6.8 million). A significant proportion of the population has exhausted all coping capacities.

5. **Nutrition:**
Some 1.8 million children under the age of five, and 1.1 million pregnant and lactating women are acutely malnourished. This includes 400,000 children who are suffering from severe acute malnutrition (SAM). In total, some 7 million people are in need of nutrition services out of which 4.55 million in acute need.

In 2018, an estimated total of 22.2 million people is in need of humanitarian assistance and protection out of which the most vulnerable groups can be found among the following populations:

1. **Internally displaced persons, returnees and host communities:** approximately 3 million people currently classified as IDPs and IDP returnees have been forced to leave their homes, out of which two million remain displaced. An estimated 88.5 percent of IDPs have been displaced for one year or more. The majority of the IDPs (77 percent) are housed in private settings placing a continued burden on hosting families and the wider community including those sheltering in spontaneous settlements.

2. **Children:** in any conflict, children belong to one of the most vulnerable groups and are disproportionately affected by the conflict. The child rights Monitoring Reporting Mechanism (MRM) has verified and documented 1,698 victims of grave child rights violations in Yemen. A large number of boys under the age of 18 are affected by child recruitment into armed groups. The numbers reported of grave violence against children is thought to be much higher than what is reported and verified. A total of 20 incidents of attacks on schools were reported hindering the access of children to schools. Some 2 million children are currently out of school, depriving them of an education and exposing them to child recruitment into armed groups and child marriage. This compromises the future of the nation, with the risk of a generation lost.

3. **Women and girls:** The general conditions for women and girls continue to deteriorate during 2017 exacerbating the vulnerabilities of women and girls. Conflict and displacement continue to contribute to the risks and instances of gender-based violence (GBV), including sexual exploitation and abuse. An estimated 76 percent of IDPs and IDP returnees are women and girls and some 21 percent of household are headed by females under the age of 18. Furthermore, a 36 percent rise in access to GBV services was reported in 2017, despite the social norms which discourage reporting.

4. **Refugees, asylum seekers and migrants:** Despite the current conflict, Yemen continues to be a major transit route for people trying to reach the Gulf countries and other migrant destinations. In 2017, 280,395
asylum seekers and refugees were hosted in Yemen in addition to 154,675 migrant population. The total number of refugees, asylum seekers and migrants stands at 435,070 people. Some 60,000 people came to Yemen during the period of January and June 2017. This is a reduction compared to 2016, however this figure is expected to increase to 100,000 by the end of the year. Nearly 35 percent of the new arrivals are estimated to be unaccompanied minors. The asylum space has shrunk significantly, aggravated by the suspension in northern Yemen of all registration and refugee status determinations’ activities in 2016. Newly arrived asylum seeker in the north remain undocumented with a high risk of being arrested and detained. In the south, refugees are able to register and renew documents however the economic deterioration has negatively affected their living conditions. This population is also perceived by parties to the conflict as being susceptible to recruitment as mercenaries or transmitting life-threatening diseases.

1.2. Critical Assumptions, risks and threats

The conflict and its effects on the Yemeni people will most likely continue to affect the country negatively in the immediate time to come. There is a high probability that political stalemate will persist, with all parties lacking commitment to peace negotiations, along with active fighting, especially for the control of Al Hudaida.

Humanitarian access in many parts of Yemen is still a major issue. The deteriorating security situation has exacerbated an already difficult environment, especially in the northern and central parts of Yemen, access to areas along the frontlines being the most challenging. Access in the southern governorates (Abyan, Shabwah and Hadramaut) is also restricted due to the presence of armed groups such as Al Qaeda (AQAP) or Islamic State. The situation in the southern parts of the country is extremely volatile and the likelihood of a battle for control is high since these governorates are currently ruled by tribal militias.

Severe restrictions on the movement of people and humanitarian goods are imposed by the parties of the conflict. These include security and logistics challenges and bureaucratic impediments imposed by authorities at the central and district levels, such as detention of staff, harassment at checkpoints, delayed visa process, local interference in delivery and monitoring of programmes. The restrictions on imports will be one of the main factors that can push Yemen into one of the world’s most serious famine situations. Given the developments of 2017, food insecurity is likely to get worse, and most conflict affected areas, particularly the south and west coast, are likely to fall into famine if food access does not improve. A total of 107 out of 333 districts are currently facing heightened risk of famine which is an increase of 13 percent since April 2017. Humanitarian assistance cannot compensate for public institutions nor replace the role of commercial imports. Prior to the current crisis, Yemen imported 80 to 90 percent of its staple foods and required some 550,000 metric tonnes (MT) of imported fuel per month for transportation and powering water-systems and health care facilities. In September, only 190,000 MT of fuel made its way into the country. Yemen will most likely face famine if the imports of both humanitarian and commercial goods continue to be restricted. The availability of fuel of in the country is crucial since its lack would lead to serious implications, such as causing public hospitals to reduce or suspend services and water networks to limit the operations or entirely shut-down.

The conflict, displacement and economic decline are all taking their toll on the essential basic services. To date, approximately 1.25 million civil servants are yet to be paid their salaries since August 2016. The collapse of the public sector is increasing pressure on humanitarian organizations to compensate for what should be provided by the government, as manifested during the cholera outbreak. For 2018, it is very likely that the outbreak will continue to spread due to lack of capacity of WASH and health systems. Insecurity and restrictions of movement hinder access to remaining healthcare services and will further contribute to downward spiral of the wellbeing of the Yemeni people.

A generic risk in all countries with humanitarian needs is the risk of corruption. With general challenges in all societal pillars including law, order, stability and justice - the checks and balances also becomes weakened and fragile. Yemen ranks on number 170 out of 176 on Transparency Internationals Index for 2016.

1.3. Strategic Objectives and Priorities of the Yemen Humanitarian Response Plan
The Yemen HRP for 2018 aims to assist 11.3 million people which will include a range of critical life-saving and protection programmes. The immediate requirements of the appeal stand at USD2.96 billion. The 2018 Yemen HRP currently aims to address the following strategic objectives:

1. Provide life-saving assistance to the most vulnerable people in Yemen 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, multi-sectoral, 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.

2. IN COUNTRY HUMANITARIAN CAPACITIES

2.1. National and local capacities and constraints

Although the wellbeing and safety of the population in Yemen is the sole responsibility of the Government of Yemen, the events of the last two years including the conflict, economic decline and political crisis have had its toll on the operational capacity of the line ministries. The government's response to humanitarian needs remains inadequate due to limited capacity and resources. Shortage or lack of basic services, such as health care, nutrition services and provision of safe and clean water is very much the reality in Yemen. There is literally a near collapse of basic services and institutions in Yemen and the humanitarian community is currently carrying the brunt of this burden.

2.2. International operational capacities and constraints

On 1 July 2016, the IASC raised the humanitarian situation in Yemen to Level 3 system-wide emergency response (L3). As of October 2017, the number of organizations working in Yemen stands at 140 (an increase from 104 compared to October 2016). There are eight UN agencies, 34 international non-governmental organization and 98 national non-governmental organizations currently operating in the country. Five hubs are now in place throughout the country in strategic locations (Sana’a, Al Hudaida, Ibb, Sa’ada and Aden); however, these hubs still host a limited number of international staff. The Humanitarian Country Team has committed to promoting local empowerment and decentralization of humanitarian coordination efforts; therefore, the partners have worked together to strengthen these operational hubs.

Despite the increase in capacity of the humanitarian actors, there are certain restrictions on the presence of international staff in the country due to the prevailing security situation and severity of needs and the scale of the crisis. Monitoring of district level presence is an area of focus that the coordinated humanitarian response is working on strengthening. The national staff and national organizations have had a key role to play in responding to the humanitarian crisis, especially in areas with no access to international staff.

2.3. International and Regional assistance

According to the UNOCHA Financial Tracking System, the main humanitarian donors are the USA, the United Kingdom, Germany, the European Commission, the World Bank, the Kingdom of Saudi Arabia, Japan, Canada and Sweden. Furthermore, funding was also provided through the Yemen Humanitarian Pooled Fund (YHPF) and the CERF (USD25 million). As of 12 December 2017, USD1.43 billion has been provided against the USD2.3 billion appeal (61 per cent funded). Sweden has contributed to the HRP appeal with approximately USD27 million. About USD575 million has also been allocated to Yemen outside the humanitarian response plan (HRP).

2.4. Access Situation

In Yemen, access constraints mainly fall under four categories a) restriction of movement of organizations, staff and goods, b) violence against humanitarian staff, assets and facilities, c) interference in the implementation of humanitarian programmes and, d) military operations and ongoing hostilities. According to
a survey that was conducted, 62 percent of the districts in Yemen remain relatively accessible while 16 percent of the 333 districts in the country are perceived to have ‘high or extremely high access constraints’. The majority of them being in the most conflict affected governorates of Taiz, Sa’ada, Marib, Al Bayda, Hajjah and Al Jawf. As of 2017, the frontlines are still active in Taiz, along the previous north-south border areas, Marib and parts of Al Jawf, and the Houthis continue to fight the coalition forces in support of the government troops. Other actors in the conflict are Jihadist militants from al-Qaeda in the Arabian Peninsula (AQAP) and the Islamic State (IS), and tribal fighters. In the summer of 2015, the Houthis were forced out of the bulk of Yemen’s southern governorates and since 2017 have faced increased pressure (Operation Golden Arrow) to retake the western coast. The operation made initial gains around Dhubab and al Mokha, but later stagnated around Taiz and Al Hudaida. Despite the heavy air strikes by the Saud-led coalition, the Houthis have maintained their control over the central parts of the country and the capital Sana’a.

The continued movement restrictions of people into and out of Yemen, partly due to Sana’a airports’ commercial traffic closure, remains a major concern.

3. SIDA’s HUMANITARIAN RESPONSE PLAN

3.1. The role of Sida

During the most recent years, Sida has focused its response to the Yemen crisis on nutrition with a multi-sectoral angle including the other relevant sectors such as health and WASH. This will continue to be Sida’s approach for 2018. In line with the Strategy for Sweden’s Humanitarian Aid provided through Sida 2017-2020, the humanitarian support to partners will ensure the inclusion and the integration of gender equality, conflict sensitivity and resilience perspectives to be mainstreamed in all programmes and projects.

Although the number of people affected by the nutritional crisis has increased dramatically since the end of 2014, malnutrition and food insecurity have been an issue in Yemen prior to the current crisis. In 2018, Sida will also have, a continued focus on protection needs, with special focus on those most vulnerable (women, children, the displaced and other conflict affected communities and households, migrants, refugees). Sida will also prioritize on coordination and the emergency response which contribute to better preparedness and response. Sida has had a flexible approach to partners and programmes enabling actors to respond to urgent needs where and when possible, and by doing so making the response more responsive and extending access when possible.

The initial allocation for Yemen in the beginning of 2017 stood at 1645 MSEK and as of 12 December 2016, funding to partners has increased to 328 MSEK including the Rapid Response Mechanism (RRM) allocations which cover secondments as well as financial support.

3.2. Response Priorities 2018

During 2017, Sida focused on providing support to basic services including multi-sectoral approach for the basic essential service to the population in need to tackle malnutrition (together with WASH and health services), protection and humanitarian coordination. In 2018, Sida will continue to focus on the same sectors and with the following priorities:

- **Protection**
  Some 12.9 million people are in need of protection, GBV and child protection assistance to protect their safety, dignity or basic rights, including 4.9 million people living in acutely affected areas. The crisis is characterized by widespread violations of human rights and IHL by the various groups. Activities that strengthen the identification and access to all vulnerable individuals, including women, girls, children, displaced, migrants and returnees are crucial.

- **Access to Basic Services (WASH, Health and Nutrition)**
  Access and the provision of basic services are extremely limited in Yemen. The population in affected areas encounter challenges in accessing basic services such as health care and access to safe and clean water. Only 50 percent of the total health facilities are functioning where many of them have a severe shortage in medicines, essential supplies, equipment and staff.

Sida’s own capacity and presence is restricted in Yemen; however priority will be given to conducting a minimum of two visits to Yemen during 2018. Since the only way to enter the country is either through UNHAS
flight or via boat through Djibouti, this restriction will continue to impose a major constraint. The areas of protection, malnutrition/food insecurity and the health situation will be areas that will be followed up closely during 2018.

3.3. **Partners**

Sida has been emphasizing on a strong operational focus on combatting the malnutrition crisis, forced and mixed migration, protection, and coordination and emergency response during the last few years. In line with these priorities and previous partnership Save the Children, Action Contre la Faim (ACF), International Rescue Committee (IRC), Islamic Relief (IR) and Norwegian Refugee Council (NRC) will be the INGO partners that will be prioritized for funding during 2018.

**Save the Children**, it is Sida’s assessment that with its long presence in the country, as well as its engagement across sectors, access to large parts of the country, and partnership with local NGOs, it continues to be a relevant partner to Sida in the response to protection, especially child protection. Sida has been partnering with **ACF** in the areas of health, nutrition and WASH since 2013. In 2018, the organization will be receiving a multi-year support. Though ACF only established a presence in Yemen in 2012, it has been a crucial partner during 2017 with the cholera response and the nutrition crisis. ACF will be the only organization which will be receiving a multi-year support (2018-2019) for the response in Yemen. **IRC**’s experience in Yemen since 2012 has strengthened the organization’s humanitarian response capacity in Yemen, particularly in the areas of health, nutrition and WASH, resulting in its current position as co-lead of the health and WASH sub national clusters in southern Yemen. **NRC** remains an important partner and has scaled up its humanitarian programme in Yemen with focus on the areas of WASH, shelter, food security and education. **IR** will continue its work in the sectors of Food Security, Livelihood and WASH to address the needs. Since the start of the conflict in March 2015 Islamic Relief’s humanitarian assistance has worked in 19 governorates in Yemen.

**ICRC** remains a key partners due to their mandate and presence which will be expanding in scope and scale during 2018. **UNICEF** is proposed as a partner in the country who leads several clusters which are in line with the Sida priorities including response to the malnutrition crisis, as well as addressing child protection needs. **UNHCR** leads the Shelter/NFI and Protection clusters. It is important that support to UNHCR continues to specifically lead the response related to forced displacement, including addressing the needs of refugees, IDPs, and returnees in the Shelter/NFI clusters, which are areas that will continue to need attention. **OCHA** plays an important role in the coordination of the humanitarian response in Yemen, therefore, is essential to support. The Yemen **Humanitarian Pooled Fund (YHPF)** managed by OCHA, under the leadership of the Humanitarian Coordinator, is another channel for support reaching organizations which are not Sida’s strategic framework partners, including local organizations. **IOM** is also proposed for their wide presence in the country and for the various sectors that they cover, including the response to migrants.

3.4. **Strategic Funding in Protracted Crises**

ACF will be receiving multiyear funding in Yemen in 2018 and 2019 under the category of “humanitarian assistance in specifically hard-to-reach areas aiming to increase operational trust and access”. The multi-year approach will assist ACF to ensure stronger engagement with the stakeholder, improved participation of the targeted community and a sustained presence (facilitating trust and access).

3.5. **Synergies with Long-term Development Assistance**

Under the Regional Strategy for the Middle East and Northern Africa (MENA) 2016-2020, Sida has during 2017 decided to allocate funding to UNFPA (30 MSEK for 2017-2018) targeting gender based violence with a focus on women and girls. The project which is co-financed with the Netherlands and Switzerland aims to complement the ongoing humanitarian activities in the country.

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1 Sida supports multi-year humanitarian interventions with one of the following purposes:
   A. Humanitarian assistance in protracted crises, in line with multi-year Humanitarian Response Plan (only in contexts with multi-year humanitarian planning)
   B. Transition/phase out of humanitarian assistance (handing over to development and national/local actors according to a proposed plan within a specific time-frame)
   C. Humanitarian assistance in specifically hard-to-reach areas. Based on the observation that in many of today’s humanitarian contexts, few actors tend to have access to those with the greatest needs, Sida would like to encourage partners to build strong and durable relations with concerned stakeholders in a view to facilitate swift and efficient access also to areas considered more challenging to reach.
Furthermore, Yemen also receives additional funding through several regional activities under this strategy. One example is support to International Media Support (IMS) whose focus in their regional MENA media development programme includes Yemen. Freedom of expression and media development (including safety of journalists) are the main areas of the support and the proportion that is channelled to Yemen amounts to approximately 13 MSEK for the period of 2016-2020.

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<th>Proposed amount (MSEK)</th>
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Key References:
- Yemen Humanitarian Needs Overview, 2018
- Yemen Humanitarian Response Plan, 2018
- Sida Regional Strategy for the Middle East and Northern Africa (MENA) 2016-2020