

1. Crisis overview

4.7 / 5	19.5 million	10.5 million	\$2.5 billion	6.9%
Inform severity index	People in need of humanitarian aid HRP 2025	People targeted in the response plan HRP 2025	Required to reach the target HRP 2025	Of the required funding secured HRP 2025
191 MSEK	-	-	191 MSEK	
Initial allocation	Additional allocation	Flexible funding	Total Sida funding 2025	

The protracted humanitarian crisis in Yemen is caused by the civil war, which broke out in late 2014 between the former Yemeni president Abdrabbuh Mansur Hadi and the Houthis/Ansar Allah (AA) and their respective national and international allies. Soon, this led to a de facto split of the country between the International Recognised Government (IRG) in the south and the de-facto authorities (DFA) Houthi/Ansar Allah (AA) in the north. Violence decreased in 2022 after a ceasefire and largely remained at low levels even after the truce officially ended. Nevertheless, intra-Yemeni tensions have increased since the end of 2024 and the return to a full-scale conflict cannot be excluded. Moreover, the spillover effects of Israel's war on Hamas and the military escalation in the Red Sea further contributes to the crisis as it has direct negative effects the country's economy and food security, as well as on the prospects of reaching a negotiated solution to the civil war. In addition, Yemen is among the world's most vulnerable countries with regard to climate change. Thousands of people were displaced by floods in 2024 and severe weather events are expected to remain a key driver of displacement in 2025.

Altogether, these factors have contributed to one of the worst humanitarian crisis in the world. More than 19 million people need humanitarian assistance and protection services. At the same time, humanitarian actors in Yemen face severe access constraints and bureaucratic impediments that undermine a needs-based, principled humanitarian response.

2. Humanitarian needs & affected population

Access to independent, qualitative and up-to-date data is a key challenge in the Yemeni context and all figures presented in this document should therefore be seen as an estimation based on

the most reliable data available. Data gathering has not been conducted as frequently as the severity of the situation demands, partly as a result of impediments imposed by the authorities, in particular in the North. This challenges a principled needs-based targeting as many of the beneficiary lists are not regularly updated. There are ongoing efforts by humanitarian actors to update and harmonise these lists, however, the exercise is time-consuming and sensitive and has led to increased security challenges.

In 2025, an estimated 19.5 million (compared to 18.2 million in 2024) out of Yemen's population of about 41 million are in need of humanitarian assistance and protection services. The draft revised Humanitarian Response Plan (HRP) identifies 123 districts with severity need 4 and 5. Around half of Yemen's districts are at the same severity level of needs as in 2024, while the situation has worsened in 39 districts. At the same time, the severity of needs has improved within one third of Yemen's districts. Overall, humanitarian needs are higher in northern Yemen while there are areas of severe needs in the south, with for example a number of governorates being vulnerable to severe weather events.

An estimated 17.1 million people are acutely food insecure, of which 5.1 million people are experiencing emergency levels (level 4) of acute food insecurity. These figures have somewhat improved compared to the previous year. At the same time, the pause and subsequent challenges in the implementation of general food assistance in the North has pushed people who previously relied on food assistance into extreme coping strategies. In addition, about 17 million people lack access to clean water and are exposed to health risks, including simultaneous outbreaks of cholera, measles, diphtheria, pertussis, malaria, and dengue fever.

At least 4.5 million people are internally displaced as a consequence of the armed conflict as well as natural disasters. About 80 per cent of internally displaced people (IDPs) are women and children. The majority, 70-75 per cent, lives in urban areas while others are hosted in 2,300 displacement sites. The *Muhamasheen*, an ethnic minority that experiences systematic discrimination, constitutes a significant part of the IDP population, in particular among those living in displacement sites. This minority group has been under-served or sometimes outright excluded from humanitarian aid despite severe needs, due to issues of non-registration with authorities both in the south and the north. Despite the decreased levels of conflict-related violence in recent years, the number of returnees has remained low. UNHCR Regional Perception and Intention surveys have consistently shown that safety and security, as well as a lack of livelihood opportunities, are main reasons that IDPs choose not to return to their areas of origin. In addition to the large IDP population, there are more than 47,000 refugees and nearly 13,000 registered asylum seekers in the country, mainly from Somalia and Ethiopia. The shrinking protection space and humanitarian support has bred a negative atmosphere towards refugees on the part of the public as well as authorities who increasingly demand them to return to their country of origin. Though refugees and asylum-seekers can access public health and education, they suffer from discriminatory attitudes, legal barriers and protection risks.

Yemen is undergoing a complex protection crisis as about 17 million people face protection risks in 2025. While the effects of the de facto continuation of the UN-brokered truce in 2022 are still felt and conflict-induced displacement decreased in 2024, civilian casualties stemming

from the breakdown of law and order, landmine-related incidents and localized conflicts persisted at the same rate as 2023. Some of the most severe protection risks include targeted and indiscriminate physical attacks on civilians and infrastructure; widespread gender-based violence (GBV) and other specific risks to women, girls and persons with disabilities; child recruitments and other forms of violence against children; contamination of civilian areas with landmines and explosive remnants of war (ERWs); lack of civil documentation; lack of housing, land, and property (HLP) rights; forced evictions and forced displacements.

3. The humanitarian response

The HRP combines acute interventions with durable solutions, and aims to: 1) decrease crisis-related morbidity and mortality through prioritised, targeted and integrated life-saving assistance and services; 2) improve and maintain non-discriminatory access to basic services; and 3) improve the protection and dignity of the most vulnerable crisis-affected population.

Two years after the Inter-Agency Humanitarian Evaluation (IAHE) was completed, the findings remain relevant and its recommendations are still to be fully implemented. The IAHE established, among other things, that protection had not been made central to the humanitarian response in Yemen and remained one of the most underfunded sectors, coupled with insufficient mainstreaming across all operations. In response, the Protection Cluster developed a Centrality of Protection Strategy (2023) and an Action Plan outlining the Humanitarian Country Team's (HTC's) protection priorities and activities. Despite an overall increase in protection services in 2024 compared to 2023, urgent gaps persist. 33 districts still lack any protection services including legal aid, documentation assistance, mine victim support, GBV services, and eviction prevention programs. Protection services, in particular GBV and LGBT services, are under constant scrutiny by authorities.

Yemen was the second largest recipient of humanitarian funding in 2024, after Palestine. According to the Financial Tracking Service (FTS), the US was the largest humanitarian donor in Yemen (37 per cent of total funding in 2024 compared to 48 per cent in 2003), followed by Saudi Arabia (35 per cent) and ECHO (7.4 per cent). It should be noted that the funding from Saudi Arabia is primarily channelled outside of the HRP, directly to the Government of Yemen, categorised as humanitarian assistance. Sweden was the seventh largest donor to Yemen in 2024, with 1.3 per cent of total funding. While the impact of reduced humanitarian assistance from the US as well as the US government's designation of the Houthis / Ansar Allah as a Foreign Terrorist Organization (FTO) are yet to be fully assessed, it is clear that the Yemen will face a significant aid crisis in 2025, in addition to the already on-going economic collapse.

In response to the Houthi's detentions of UN as well as national and international CSO staff, the humanitarian community in Yemen has undertaken a prioritisation exercise with the primary purpose of minimising the exposure of staff to risk in Houthi-controlled areas. This has resulted in a narrower response focused on essential lifesaving and life-sustaining activities. Following new detentions by the Houthi's in the beginning of 2025, all humanitarian

assistance to Sadaa governorate has been halted. Further cut offs within the life-sustaining category of aid are expected in 2025, and some organisations (currently 11 CSO:s) have taken the difficult decision to close down its operations in DFA-controlled areas as a consequence of the US government's designation of the Houthis as FTO.

In 2024, the DFA introduced a requirement of male chaperons, a *mahram*, for female national staff in DFA-controlled areas, which limits the delivery of assistance to women, girls, and children, where the presence of female staff is essential. This requirement, which has been slowly put in place, and with clear reference by AA to restrictions on female aid workers in Afghanistan, has significantly reduced the possibilities for female humanitarian staff to conduct inter-governorate field visits, as agencies have decreased requests for these missions. Only occasionally has a principled stance (ICRC) led to concessions from authorities.

Localisation is a prioritised topic in Yemen. Civil society has a long tradition of operating in Yemen. Localisation has also been a prioritised issue by authorities, including AA. Meanwhile, the pressure on civil society is deteriorating rapidly and harshly. Authorities, primarily AA but also entities in the IRG-controlled areas, seek to control the work of CSOs through the registration and permit process. International non-governmental organisations (INGOs) and UN agencies are regularly requested to use specific organisations to implement programming. With the overall reductions in civic space and the increase in human rights violations, there is an increased need to review how humanitarian actors can support principled CSO actors, as well as decrease risks of corruption and aid diversion.

4. Sida's humanitarian allocation

Sida's initial allocation in 2025 will be SEK 191 million. The support is in line with the "Strategy for Sweden's humanitarian aid provided through Sida 2021-2025", and is protection-oriented while also focusing on Food Security, Water, sanitation, and hygiene (WASH), Health and Nutrition. Relevant sectors within the HRP that integrate food security, resilience and livelihoods will be included due to the protracted nature of the crisis, in line with the HRP. With the programme criticality exercise and as a result of the FTO designation, the humanitarian community is scaling down programming in DFA controlled areas to focus on life-saving activities. Under these challenging circumstances, Sida has selected partners that are assessed as best placed to operate under the different authorities and reach the most affected populations. Based on previous experience and the partners' priorities presented in the initial applications, the following allocation is proposed:

INITIAL ALLOCATION (SEK)		
PARTNER	SECTOR	INITIAL ALLOCATION
ICRC	Multi-sector, Protection	46,000,000
UNHCR	Multi-sector, Protection	34,000,000

WFP	Nutrition and food security	25,000,000
UNICEF	Protection, WASH, Nutrition, Health	23,000,000
NRC	Multi-sector	22,000,000 ¹
IRC	Health, GBV	21,000,000 ¹
Oxfam	Food Security, WASH, Protection	10,000,000
AAH	Multi-sector	10,000,000
TOTAL		191,000,000

¹ The 2025 initial allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data. The information in the HCA is based on reports, data, and information from partner organisations and other entities, as well as observations from field visits and dialogue with partners.

¹ Already committed in 2023