





Voices from Khanfar district: understanding household challenges and coping strategies

OVERVIEW

This analysis, based on extended interviews with households in Khanfar district of the southern Yemeni governorate of Abyan, sheds light on the extreme challenges they have in meeting their most basic needs. These challenges can almost exclusively be linked to unaffordability - i.e. of sufficient nutritious food, healthcare, medicine, and transportation. Although households support each other as best as they can, borrow money to cover essential costs, and work longer hours, they can barely afford a basic diet of staple food.

All of the households had changed the way they ate. Many of them consumed only staple foods, such as bread from wheat flour, rice, and tea, almost all the time and in reduced quantities. They struggled with health needs; the public healthcare system, severely affected in the earlier years of conflict, has still not recovered in terms of staff, infrastructure, and supplies. Private healthcare, along with medication for chronic illnesses, is available but unaffordable for most.

Households were reluctant to speak of the stigmatised activities they had resorted to for income. Many of them worked longer hours in casual jobs but still could not cover the costs of their basic needs. In the face of these extreme challenges, many households questioned the fairness of humanitarian targeting, noting that displacement appeared to be the main criterion despite many non-displaced households also needing assistance. Insights from how the households continued to carry on with their lives and how they interpreted the response needed provide insights into ways to address some of the challenges they faced.

The findings build on previous ACAPS reports published in 2022 and 2024 (ACAPS 22/05/2024; ACAPS 09/02/2024) and are based on the analysis of the interviews with 60 households, which explored their challenges in meeting basic needs and how they addressed these challenges. This analysis was done parallel to a REACH settlement-based assessment (SBA) conducted in the same parts of Khanfar district to complement its qualitative findings with quantitative ones.

KEY FINDINGS

- Fresh food is available in markets but unaffordable for most households.
- The monthly minimum food basket (MFB), at YER 133,500 (USD 79), costs more than the average household monthly income in Khanfar, which is YER 111,600 (USD 69).
- Families remain wary of health needs because of both cost and availability. Public facilities are inadequate in terms of number and functionality, and private facilities are unaffordable for most.
- Most of the households in the study were in debt. Being in debt is common in Yemen but usually to cope with large or unexpected financial demands; in Khanfar, borrowing money has become a strategy to pay for day-to-day essentials.
- A range of shops and pharmacies has emerged as a new source of cash loans.
- · Workers are doing additional casual labour (working longer hours and in more jobs) to meet needs, but households still find themselves unable to afford anything but a basic diet.
- Women's economic engagement has increased, mostly through home-based activities and also in agriculture, where they are working extra hours along with men but paid only half as much.
- Households that receive it value humanitarian assistance, but those who do not perceive the allocation to be unfairly focused on IDPs and want further information explaining the criteria for eligibility, especially in relation to the exclusion of households with public sector salaries.
- Selling productive and non-productive assets to meet basic needs persists, but many households no longer have assets to sell, increasing their vulnerability to shocks.
- Social capital remains important in Khanfar, but its manifestation has changed because households do not have enough food to share with others. Social capital exchange has evolved to mostly comprise information sharing or moral support.
- The households expressed the desire for humanitarian organisations to focus on quality healthcare access and availability and for humanitarian activities supporting sustainable income generation rather than immediate short-term needs.

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ABOUT THIS REPORT

This report is based on the idea that understanding what households do to cope with challenges in meeting their basic needs should guide the design of humanitarian response to make sure that it is context-sensitive and as effective as possible. As such, it aims to outline the strategies that households use to meet their needs and identify effective coping strategies that could be reinforced through humanitarian programming, as well as strategies with negative impacts that are currently not being reduced or mitigated. The report focuses on Khanfar district in Abyan governorate and provides a granular understanding of the coping strategies in use there. It may also provide insights relating to other locations with similar conditions, but these should be interpreted with specific contexts in mind and triangulated with other information.

METHODOLOGY

Approach

This analysis is based on semi-structured interviews with 60 households carried out in March 2024. It also draws on data and findings from a REACH 2024 SBA that surveyed 281 households in Khanfar in the preceding month, with only a one-week gap in between. Collaboration between ACAPS, REACH, and CARE ensured that both ACAPS and REACH collected data in the same locations during the same time frame to ensure meaningful connections between the qualitative analysis and quantitative findings. CARE provided the data collection team.

Initial findings were shared in an online joint analysis meeting with 29 context and sectoral experts from local and international organisations and UN agencies. This session also included REACH and CARE representatives to incorporate the organisations' knowledge of the area from the data collection and the SBA findings. The joint analysis session was used to cross-check data interpretation and deepen understanding of the implications of the findings. ACAPS interviews with Yemeni context experts supplemented this session.

Data collection tool

ACAPS developed a semi structured household interview guideline based on information on the needs identified from reviewing previous coping strategies research, secondary data, and information shared in discussions and meetings. The guideline predominantly comprised open-ended questions to allow participants to express themselves in their own words, combined with closed-ended questions on household characteristics so the sample could be understood in a structured way to support analysis. The quideline was based on the following main research questions.

- · What do households in Khanfar district identify as their most significant challenges in meeting their basic needs?
- · What changes, if any, have households in Khanfar district made to cope with these challenges?
- Where changes have been made, how successful have these been in enabling households to more effectively meet their basic needs?

Sampling

A purposive sample targeting specific types of households for the interviews was developed using the REACH SBA data as a sampling frame. The sample was designed to include women-headed households, households living in displacement camps, households in rural and urban areas, and households with members with disabilities.

Although the findings are described in relation to different household characteristics, the sample is not statistically representative of these types of households, meaning findings should be understood as indicative of the challenges that different households face in meeting needs and examples of how they address these challenges.

Table 1. Overview of the sample of households interviewed

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Total number of households	60	
Female respondents	16	
Male respondents	44	
Women-headed households	19	
Men-headed households	41	
Location information		
Households residing in neighbourhoods (urban)	9	
Households residing in village settings (rural)	39	
Households residing in displacement camps	12	
Displacement		
Households never displaced	33	
Households currently displaced	24	
Households displaced and returned home	1	
Households partially displaced (with some members who have moved from elsewhere)	2	
Health and disability		
Households with one or more members who report a physical disability	15	
Households with one or more members who report a chronic illness	25	
Humanitarian assistance received in the last three months		
Yes	23	
No	37	

Training, data collection, and analysis

The training that ACAPS gave to the CARE data research team included the background of the study, good practices from previous data collection, how to conduct interviews, ethical data collection, and a detailed review of the interview guide.

Data collection was done in person at households. Teams of two collected the data; three teams with male members and two teams with female members respectively interviewed male and female respondents. Interviews were in Arabic and later translated into English. The average interview duration was 90 minutes.

Text from the open questions was analysed using thematic coding and reviewed to identify patterns and connections between household characteristics, challenges, and ways of coping. Answers to the closed questions were analysed and presented visually in a working document of graphs and tables to provide an easy overview of the sample.

Limitations and challenges

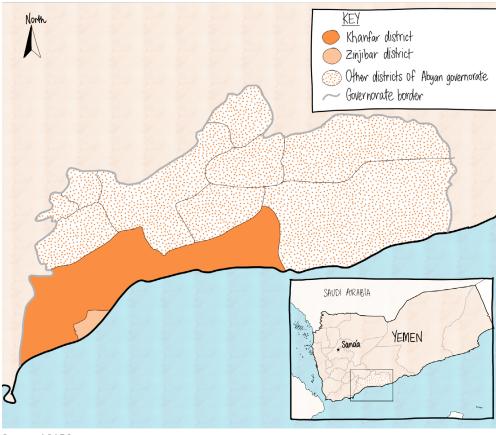
Primary data collection is challenging in Yemen for many reasons, including insecurity, distance, terrain, associated travel times, and the permission processes from respective authorities - in this case, the Internationally Recognized Government of Yemen (IRG). CARE in Yemen arranged the approvals with local authorities.

Interview data may not always represent the complete reality. Sometimes, people will not speak openly because of concern that they will be stigmatised, that they may reveal something that would compromise their right to assistance, or that they will be reported for some wrongdoing. During data collection, the teams saw no indications that participants were reluctant to discuss issues related to these concerns, likely because of the presence of CARE, a trusted NGO with a long history of providing assistance in the area. It cannot be assumed, however, that for sensitive issues, including illegal work, child labour, and early marriage, households were always transparent.

Although the sample size is large enough to make general assumptions about the overall conditions, challenges, and ways of coping, it is not statistically representative, and findings should be interpreted in this light. The distinction between rural and urban areas was not always clear for households, so these comparisons have not been made.

CHALLENGES AND UNMET NEEDS IN KHANFAR

Map 1: Site location



Source: ACAPS

Khanfar district of Abyan governorate

Abyan governorate is in southern Yemen and is under IRG control. The estimated population of Abyan governorate across 11 districts in 2021was 618,900 (Berghof Foundation/PDF Yemen accessed 31/05/2024).

The governorate is known for its agricultural valleys of Delta Al Hour, Wadi Banna, Wadi Delta, and Wadi Hassan. Agriculture, livestock, and fisheries are the main income sources.

Abyan has thousands of hectares of large farms; it is known for the cultivation of citrus fruits, bananas, cantaloupes, cotton, sesame, and corn (ACTED 31/08/2021).

Khanfar is the largest district in Abyan, with an estimated population of 160,872 in 2021 (Berghof Foundation/PDF Yemen accessed 31/05/2024) The district has 43 communities and comprises 21 subdistricts. There are 13 IDP sites across the district hosting around 1,600 households in 2024 (REACH 31/05/2024).

The selection of Khanfar was based on the reported high food insecurity levels in the district. CARE's trusted presence in and knowledge of the district made the assessment possible and ensured high-quality data collection.

A snapshot of the 60 households

- · All households reported economic challenges as the main contributor to their problems.
- All households reported a reduction in food quality and quantity to compensate for insufficient income to purchase food.
- · More than half of the households reported borrowing money to meet their basic needs.
- · More than half of the households reported purchasing essential goods and services on credit as a result of insufficient income to meet their basic needs.
- Over half of the households reported delaying seeking formal medical attention because of a lack of financial means.
- Half of the households reported the inability to afford medication for chronic conditions.
- · Over half of the households had sold both productive and non-productive assets to pay for basic needs.
- · Around a guarter of the households with school-age children reported having their children drop out of school because of steep educational costs.
- Around a guarter of the households experienced flash floods in the past three years.

Analysing the transcripts from conversations with households revealed that most of them struggled to meet four essential needs:

- · sufficient nutritious food
- · healthcare access (health services and medication)

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- education mostly because of the cost of transportation to education facilities
- sufficient drinking water (to a lesser extent).

REACH found that 85% of the households reported having serious problems with generating sufficient income to cover needs (REACH 31/05/2024). In the discussion, a strong connection emerged between the overall economic decline Yemen has faced throughout the conflict and people's ability to access essential goods and services. One male respondent shared:

"Because of the economic situation, everyone is suffering. I have difficulties in providing food and medicine for my family. Everyone is affected by the currency instability and high prices, whether displaced households or the host community."

(Male respondent 29/02/2024)

A female respondent also mentioned:

"The current situation is difficult for everyone - the high food prices, insufficient healthcare services, expensive treatment costs, and debt repayment. These are my present and future concerns."

(Female respondent 04/03/2024)

Inability to afford sufficient nutritious food

All 60 households told the researchers that they had decreased the amount and quality of the food they ate. According to the latest IPC report from February 2024, around 84,400 people in Khanfar were facing Crisis (IPC Phase 3) or Emergency (IPC Phase 4) food insecurity levels (IPC 05/02/2024). Findings from REACH's SBA highlighted that households were not consuming enough food. Their food security outcome indicators, food consumption score, and household hunger scale were all indicative of IPC 3 levels (REACH 31/05/2024).

High cost of healthcare access and medicine

Over half of the households (a third of which were women-headed) reported difficulties in accessing healthcare. The main reason provided was unaffordability. Half of them also reported their lack of capacity to afford medication for chronic illnesses. One female respondent shared:

"I delayed going to the hospital because of the very high cost of treatment. Our income is limited and only sufficient for food. The health centre near the village is considered free, but most medicine is unavailable or very limited."

(Female respondent 03/03/2024)

School drop-outs

Three-quarters of the households reported having children at school age. Around a quarter of these households said that their children had stopped going to school. The ages of the children reported to have dropped out were between 8-14, with more girls than boys. Based on a 2020 study, school enrolment rates in Abyan governorate were already low, especially for girls. Factors included education costs, insecurity or fear of landmines, lack of suitable infrastructure, distance and transportation, teacher availability, inadequate teaching materials, and early marriage (UN-Habitat 2020). These conditions are unlikely to have improved with the economic decline and conflict, further challenging education access.

Inability to afford drinking water

The households were less concerned about access to water than to food, healthcare, and education. 83% of REACH SBA, had sufficient water access, echoing the household interviews, where the majority reported sufficient water for daily use (REACH 31/05/2024). The challenges discussed were specifically related to drinking water, with some households saying that high costs had led them to drink saline piped water. The main water source in the area is piped water networks, which experience water cuts several times a month. Other sources are water distribution using tankers, protected and unprotected wells and springs, and rainwater.

According to a female respondent:

"We used to purchase drinking water, but because of the cost, we switched to drinking water from the same source of water for washing. Water is available, but sometimes it is cut off for a day or two maximum. If the water is cut off, we reduce our intake, drink the water for washing, and go to the well to fetch water."

(Female respondent 03/03/2024)

Another male respondent shared:

"The water is expensive, so we use whatever source is available, even though the taste is a bit salty."

(Male respondent 03/03/2024)

Market access challenges for households in IDP sites

All the households living in displacement sites that ACAPS consulted discussed travelling long distances (between 30-59 minutes) to access food in the market and health facilities. Households living in other parts of the district reported being 15 minutes away from the market. The distance to the market is related to high transportation costs, which reduce available income for purchasing goods and services (REACH 31/05/2024).

UNDERLYING ISSUES IN KHANFAR

The challenges and unmet needs that households discussed are not new in Khanfar. They have their origins in issues that occurred before the civil war between the IRG and the de facto authority (DFA) in the north of Yemen (also known as the Houthis). The current conflict has also aggravated these issues. Khanfar has witnessed a series of conflicts resulting in cycles of displacement and return within the district, combined with the entry of IDPs from other governorates facing conflict and economic challenges resulting in livelihood losses (UN-Habitat 2020).

Worsening economic conditions in Khanfar

Throughout the conflict, Yemen has experienced multiple economic changes, including significant shocks. Various dynamics, such as the economic warfare between the DFA and the IRG resulting in two different currencies, the depreciation of the Yemeni rial, and increased commodity prices, have affected the wellbeing of most Yemenis. Civil servant salaries have not increased since 2016, so they do not reflect the increased cost of living. They also have not been paid regularly since 2016 (WB accessed 27/05/2024). All the households in the study referred to these nationwide economic challenges as the same ones they faced at the local level. This analysis collectively refers to the increased cost of essential commodities and basic services, inconsistent and low salary payments, currency depreciation, and lack of local livelihood opportunities as economic challenges.

Economic conditions have had a substantial impact on households' ability to meet their basic needs, particularly to access food. There has been an almost six-fold increase in the MFB cost in IRG areas since 2015. Its current estimated cost (YER 133,500 or USD 79) is less than the average household's monthly income in Khanfar (YER 111,600 or USD 69) (FAO accessed 22/04/2024). The MFB represents the minimum food requirements for an average household, including oil, sugar, rice, wheat, and salt. The unaffordability of even the most basic food for some households highlights the extreme challenges they face in affording food alone even before considering other expenses, such as healthcare and education. Several households spoke about being able to focus only on their food needs.

According to a female respondent:

"Food prices have increased compared to before the war, and there is no change in the amount of income (salary). We are struggling to meet our needs."

(Female respondent 28/02/2024)

A recent World Bank study also found that the unstable economy and increased prices were responsible for households' difficulties in meeting basic needs. The study found that some households were going without food on the days household members had no work (WB 12/09/2023).

Increased reliance on expensive private healthcare for those who can afford it

Households reported widespread unmet health needs. They linked these to the shrinking public healthcare sector that has been severely affected by insufficient resources, leading to the reduced availability and quality of services.

The unavailability of state healthcare, which is intended to be free of cost, is a result of the limited number of functional government health facilities in the district. For a district population of 160,872 in 2021 (Berghof Foundation/PDF Yemen accessed 31/05/2024)., Khanfar has only one partially functioning district hospital, eight health centres (seven of which are without beds), and five fully functional and two partially functional health units (out of originally 26 health units) (UN-Habitat 2020; WHO 11/12/2023).

Health infrastructure damage is the result of active conflict in the district. In the operational facilities, there is a lack of equipment and specialised medicine for chronic illnesses. Human resources are also strained since many healthcare workers have been displaced, resulting in staffing shortages. For those remaining, irregular salary payments have forced some to take on other forms of work (UN-Habitat 2020).

Private healthcare services are available in Khanfar, but only for those who can afford them. All the consulted households described private healthcare as expensive and, for most households, unaffordable. One male respondent said:

"The prices of health services are high and expensive. Those who have money get it, and those who do not have money die. The economic situation is bad." (Male respondent 29/02/2024 a)

The impact of conflict in Khanfar

Two main periods of conflict have affected Khanfar in recent history. From 2011–2012, Abyan governorate experienced intense conflict during the Yemen revolution, with several bouts of very heavy fighting between al-Qaeda in the Arabian Peninsula (AQAP), which had a strong presence in the governorate, and Yemeni forces (UN-Habitat 2020).

The fighting centred in and heavily affected Abyan's capital, Zinjibar (an AQAP stronghold), and Khanfar district, which surrounded the small capital (UN-Habitat 2020).

In the early years of the current conflict between the IRG and the DFA, the area was again subject to severe clashes. The Houthis briefly took over Zinjibar in 2015, before AQAP, together with other anti-Houthi groups such as the IRG forces, retook the district in 2016 (ACLED 14/12/2020; SCSS 22/05/2020; UN-Habitat 2020).

Both periods of conflict caused extensive damage and destruction to water sources and the water supply network, the electricity grid, agricultural land and equipment, buildings used for health services, businesses, and education, and houses (UN-Habitat 2020). Many of the households discussed the earlier episodes of active fighting and the damage they caused as significant to their current situation in terms of losing their houses and income sources. Recent years have seen significantly less active conflict in the area, but conversations with the households indicate that the rehabilitation of the damage they have caused has not taken place (CIMP accessed 07/06/2024).

Other sources highlight the double blow to households displaced in 2011, who returned and tried to rebuild their lives only to again face displacement in 2015. Many have returned a second time to damage and destruction, and most have struggled to rebuild and re-establish their lives because of insufficient financial resources (OCHA/YHF 21/09/2021).

Displacement

There are 13 IDP camps across the district housing an estimated 1,600 families (REACH 30/05/2024). The profile of IDPs in Khanfar differs from those in other locations. Many of the camps in the district already existed before the outbreak of conflict between the IRG and the DFA in 2015. They host the households who have not returned home to Khanfar, and other parts of Abyan affected by the previous outbreaks of conflict (UN-Habitat 2020).

Others interviewed in the camps told the team they were from Al Hodeidah, Lahj, or Ta'iz governorates. They described fleeing their homes over five years ago because of conflict and insecurity. They chose Khanfar because of the prospect of employment in sectors they had experience in, such as agriculture and fisheries. As explained by one of the male respondents:

"I am from Al Hodeidah. My district, Al Jarrahi, has been turned into a military zone. We were displaced by the conflict. I was a fisherman, and I had experience in agriculture, so I came here for livelihood opportunities to cover my family's needs."

(Male respondent 28/03/2024)

Despite being in Khanfar for around five years, these people continue to reside in the camps. It is sometimes suggested that IDPs stay in the camps to continue receiving humanitarian assistance, but there is limited evidence to suggest this when alternatives are available. It also highlights the economic challenges and lack of livelihood opportunities to provide sufficient resources for them to leave the camps.

Host community households discussed what they perceived as a lack of fairness in determining who was targeted for assistance based on IDP status when the people in the host community also struggled to meet their needs. One male respondent mentioned:

"We are a host community, and we do not receive any humanitarian aid. Only IDPs receive assistance. We are also people with special needs and do not have sufficient income to meet basic needs."

(Male respondent 29/03/2024)

Interviews with humanitarian responders also indicated that a discussion is underway around the criteria that should define an IDP. Some suggested that only those displaced within the last 6 or 12 months should qualify as IDPs, because, after this time, they should have become integrated in the community (KII 22/05/2024). If organisations make this part of their criteria for targeting, many of those in need will no longer qualify for assistance. As funding for Yemen decreases, organisations may be looking for ways to reduce the number of people they target by prioritising those in most need (KII 21/05/2024; KII 19/05/2024; JAM 22/05/2024). Yet, findings from previous research indicate that IDPs are not easily assimilated into host communities, with limited social networks and social capital and challenges in finding livelihood opportunities (ACAPS 09/02/2024).

Weather-related shocks aggravated by a lack of maintenance and repairs

Adverse climate and weather events, combined with the impact of conflict, have contributed to a downturn in agriculture, one of the most important livelihood sources in Khanfar. This has affected many households' access to sufficient income to meet their basic needs (UNDP et al. 14/02/2023; CARE 31/08/2021).

Around a quarter of the households interviewed (16 out of 60) had experienced flash floods in the last three years. Yemen's rainy season is from March–October, and the south of the country, including Khanfar, receives the most rainfall. Changing rainfall patterns in recent



years have seen intense rainfall in shorter periods than in the past, exceeding the soil's ability to absorb water and resulting in floods attributable to climate change (IOM 03/04/2024). Households discussed the impact of flash floods destroying or damaging their tents or houses, washing away utilities, and killing livestock.

One female respondent shared:

"About a year ago, there was a flood. I was pregnant with my daughter, and my husband was not around. The house was destroyed because it was made of sticks and dry banana leaves. All the mattresses got wet, and everything was ruined, so I and my children ran in the open. We went to a slightly higher place and built a house for ourselves also with dry banana leaves. This is where I currently live."

(Female respondent 28/02/2024)

These weather events and the damage they cause result in extra expenses for repairs and a consequent reduction in living standards unless or until the households recover. Households struggling with day-to-day needs cannot put money aside for these contingencies. Over time, they become increasingly difficult to respond to or recover from because of depleted financial reserves, a lack of assets left to sell, and the overall erosion of resilience and capacities.

Besides the impact of weather shocks, a lack of resources preventing the repair of damaged irrigation systems also diminishes the benefits of living in an area with more rainfall for agriculture than in the rest of the country. When it rains, little water is retained, with rainfall instead ending up as run-off damaging the land it flows through or flowing directly out to the sea. For example, in 2021, heavy rainfall damaged water infrastructure and irrigation channels, eroding farmer land, homes, roads, and bridges (CARE 31/08/2021).

HOW HOUSEHOLDS IN KHANFAR ARE ATTEMPTING TO MEET NEEDS

Humanitarian assistance in Khanfar

A quarter of the households reported relying on humanitarian assistance as their most important source of income, and the other households receiving assistance said that it was important and went some way to meeting their basic needs. The main shortcomings they saw were the assistance being insufficient to meet all needs because of the rising cost of commodities and services and food assistance being inconsistent.

Khanfar district benefits from humanitarian interventions, such as food assistance, WASH services, basic health units (including reproductive health and nutrition services), and cash for work for agriculture and fishery programmes (CARE 15/10/2021; OCHA 06/05/2024; JAM 22/05/2024).

Households' thoughts on the improvements needed in humanitarian programmes can be grouped into two categories:

- Almost all households indicated that improved healthcare access was their first priority.
- Most households saw the need to focus on future needs, on livelihood projects that would support longer-term and more sustainable household income generation rather than only immediate needs. Some households also commented on the need for more predictable and reliable assistance.

One female respondent said:

"The food assistance I receive supports my family, but it is not enough, and it is unstable."

(Female respondent 03/03/2024)

Another male respondent reported:

"The assistance is useful but not enough. Our family comprises ten members; we receive only a few kilos of flour, two kilos of lentils, and five litres of cooking oil every two or three months."

(Male respondent 29/02/2024)

Of the households not receiving assistance (slightly over half of the sample of 60), most mentioned not receiving humanitarian assistance. Access to information that explains the assistance and eligibility criteria is needed. In the REACH study, 49% of displaced and 35% of non-displaced households reported facing serious problems with accessing information on their entitlement to humanitarian assistance (REACH 31/05/2024).

The public sector employment criterion for assistance ineligibility is a particular grievance that people perceive as unfair and inappropriate because of the well-known inadequacy of public sector salaries. One male respondent said:

"Humanitarian assistance is important in the area as it contributes to alleviating the suffering of families, but this aid does not include all families. It includes some families with the standards required by the organisation, even though the number of my family is large and depend on a retired salary, we don't get this support."

(Male respondent 29/02/2024)

"Organisations support some families with humanitarian and nonhumanitarian aid, but they are delayed in delivering it to the beneficiaries." (Male respondent 28/02/2024)

Changing food consumption

All 60 households reported changing their food consumption because of unaffordability (as noted above). Being unable to afford sufficient food is one of the main challenges households are contending with, and making changes to the amount and type of food they eat is a strategy they use to cope with their economic situation. The food-related changes households described included eating lower-quality diets, eating less food overall, and prioritising some family members over others when there is not enough food.

Many households had stopped eating fresh, nutritious foods and were consuming diets mostly or exclusively comprising staple foods. In general, the most nutritious foods also cost the most, and three-quarters of the households (45 out of 60) reported eliminating these from their diets because they could no longer afford them (foods mentioned specifically were chicken, red meat, fish, eggs, and milk). A few households (6 out of 60) said that they had also begun limiting the more expensive staple foods, such as rice, and mostly ate only bread.

One male respondent admitted:

"Rice is expensive, and we have replaced it with bread and tea." (Male respondent 03/03/2024)

Another female respondent shared:

"The family lives on bread and tea, and sometimes they eat rice. As for vegetables and fruits, they eat them in rare occasions."

(Female respondent 28/02/2024)

Several households reported that their diets had changed to include only bread and tea. The results of the discussions with households on the changes they had been making to diets over time are in line with REACH's finding that the cost of the MFB was higher than many households were earning (REACH 31/05/2024).

A quarter of the households (15 out of 60) discussed reducing the quantity of staple food purchased and served. For example, one male respondent reported:

"Instead of purchasing eight loaves of bread, we only purchase four loaves of bread."

(Male respondent 03/03/2024)

Most of the households described a reduction in the number of meals they are per day, either from three to two meals or from two to one meal a day. For example, one male respondent mentioned combining breakfast with lunch and then having dinner (Male respondent 29/02/2024).

Another household mentioned:

"We have reduced our meals from three to two times a day. At the same time, we have reduced the quantity of food. For example, instead of using two cups of flour to make bread, we would use only one cup. As well as buying the cheapest food, we have eliminated many foods, such as fruits and proteins." (Female respondent 29/02/2024)

Households depending on casual labour said that whenever they did not find work for the day, they fasted or ate only bread with tea (Male respondent 28/02/2024).

A quarter of households (15 out of 60) discussed prioritising children over adults when allocating food. It is also likely for men's food needs to be prioritised over that of women, who usually eat less food because of gender norms. Although no households mentioned this in the interviews, as primary caregivers of the family, women are expected to give priority to other household members, such as children, men, older people, and guests, and there is a perception of men as more in need of food to work and provide for the family. Women also eat last after preparing the meal and serving others, meaning the amount of food they can eat will depend on the amount remaining (Oxfam 06/02/2019; IRC 29/01/2020).

One female respondent mentioned:

"Meals have been reduced and sometimes skipped. For example, we eat two meals a day. Sometimes when there isn't enough food, we give it just to the children. Most of the time, we eat bread and tea."

(Female respondent 02/03/2024)

Taking on additional work and finding new ways to make money

Interviewed households' main income sources:

- agricultural work
- public/civil service salaries
- casual labour
- humanitarian assistance (even when mostly in-kind).

It is not uncommon for Yemeni households to rely on multiple income sources, including a combination of formal and informal sources. For instance, civil servant salaries were known to be low even before the war, so this would be combined with seasonal agricultural employment (Nevola 2015). The conflict, low purchasing power, and inconsistent salary payments for civil servants have increased the necessity of multiple income sources (ACAPS 22/05/2022).

Almost all IDP households relied on several casual jobs, such as working double shifts in farms or fisheries and combining day work with evening work in a shop. A few households have taken on physically demanding labour they did not do before the war in construction, stone cutting, and coal collection.

Casual labour can be a way to boost household income because it is flexible, but the more reliant a household is on casual work, the more vulnerable it is to sudden dips in cash flow if work is unavailable or employers cannot pay wages (Male respondent 02/03/2024).

Despite social norms that discourage it, women actively participate in household livelihoods. Context experts shared that many women in Khanfar with traditional roles of staying home had started microbusinesses (KII 21/05/2024). One female household head shared that she had established a small business at home (Female respondent 28/02/2024). Other home-based women-led businesses included producing incense, hairdressing, selling necklaces, and making food and pastries (KII 21/05/2024; KII 19/05/2024; YWU 07/01/2024). This echoes other reports on women's increased economic participation because of the critical need to support their households (SCSS 10/03/2021; ACAPS 06/06/2023).

It is socially acceptable for women to work in agriculture, although they are paid only half as much as men (KII 21/05/2024). Some households also reported that the women in the study doing agricultural work took on double shifts because of financial need. Women's contributions are financially important, plus they continue to be responsible for domestic tasks, such as cleaning and cooking, increasing their overall work burden.

Only one example of undesirable work was reported, and households did not share extensively about being concerned by the type of work they did. Households were asked about any involvement they had in work they considered dangerous or undignified - for example, begging. One household had resorted to begging to meet needs. No other households reported work they considered overly dangerous or undesirable, although it is possible that the households would not mention such work because of the associated shame and stigma. Anecdotal observations indicate a growing number of people begging (KII 21/05/2024).

Several households reported boys and girls dropping out of school to work on farms, and anecdotal observations indicate an increased number of children working in agriculture (KII 21/05/2024; KII 19/05/2024). Working in agriculture is hazardous for children as it exposes them to pesticides, heavy agricultural machinery, and physical stress (FAO 18/10/2021). They are also paid a quarter of a man's wage (KII 21/05/2024; KII 19/05/2024). At the same time, they face the disadvantage of being denied their right to education. Some households discussed the lack of value they saw in the education available to their children, especially when compared to the day-to-day challenges they faced in meeting needs. One male respondent mentioned:

"Three of my children, respectively 13, 14, and 15 years old, have dropped out of school to support in cash earning. They work in farming, herding animals for farm owners, and travelling long distances to look for extra jobs. I do not have the ability to pay for their education, and it is better for them to help me put food on the table."

(Male respondent 28/02/2024)

Selling assets

Half of the households in the study (including women-headed households and IDPs) reported selling productive and non-productive assets to meet basic needs. All of the households living in IDP camps (compared to only 17 non-displaced households) reported selling an asset to pay for essentials. This highlights the volatile capacity of displaced households to meet their needs despite their perceived greater access to humanitarian assistance.

Assets households had sold recently:

- livestock
- motorcycles
- · cooking gas
- stoves
- aold.

Reasons households have sold assets recently:

- to pay for healthcare (25)
- to buy food (24)
- to pay back debt (15).

A context expert explained that the main determinant of what asset a household will sell is the availability of these assets. Understanding the sale of assets sheds some light on the level of social and economic vulnerability a household is in, but there is no standard approach common to all households. In general, if they have it, households will sell livestock first even though this means losing future income. If they do not have livestock, they will likely sell gold. Selling gold requires a woman's approval, as she owns it. If households do not have livestock or gold, they will sell anything they can, including things used daily, such as furniture (KII 25/05/2024).

Selling land is the last resort and rarely happens because it is so connected to households' origins, tribes, and identities. Households will sell land only during significant emergencies, such as in response to a critical healthcare need (e.g. cancer treatment) (KII 30/05/2024). In this study, no household reported selling land.

More than a quarter of the households (including six women-headed households and five in displacement camps) reported selling gold. A further guarter of the households reported not having gold left to sell. Gold has significant importance across Yemen; it is a source of security for women, and without it, they can be more vulnerable and lose their security within the family (ACAPS 22/05/2022).

Occasionally, selling assets is a strategic decision. Conversations with the households indicated that, when they can, they attempt to secure their future by setting up alternative means of livelihood. One female respondent sold gold so her son could work abroad and send back remittances (Female respondent 02/03/2024). These trade-offs have emerged several times in various ACAPS research on coping strategies. They indicate that people are aware of the trade-offs they are making between short- and longer-term goals as well as any accompanying risks. Previous studies have found that these decisions do not always pay off and sometimes leave households in a worse position (ACAPS 09/02/2024 and 05/05/2023).

Even selling non-productive assets, such as furniture, cooking gas, or stoves, can lead to negative outcomes when coupled with low purchasing power and limited income sources, since these assets become difficult to replace. The more a household sells and does not recover assets, the more the household falls under stress. This can push them to resort to

ways of meeting needs that are even more negative and dangerous, such as working longer hours, taking more dangerous jobs, and requiring children to leave school to work. These coping strategies with harmful consequences may not have all been revealed in interviews out of fear or shame. Some are discussed above.

Using loans and credit

Half of the households reported purchasing on credit from local shops and vendors in the last three months before the interview. Credits were primarily for food (42 out of 60), in line with the REACH SBA that found that 86% of the households purchased food on credit (REACH 31/05/2024). Around a quarter purchased medication on credit (17 out of 60). Several households also discussed purchasing other things on credit, such as drinking water and NFIs, including mattresses and clothes.

Buying food on credit from a small neighbourhood store was already common in Yemen even prior to the conflict. This credit system worked because shopkeepers were also part of the social network and knew the customers and their employment and family situation. Research in the last two years revealed that people were taking credit from a wider variety of shops, including pharmacies (ACAPS 09/02/2024).

With more businesses instead of individuals becoming the key source of credit, the repercussions of not being able to pay loans back and the longer-term impacts on social structures, social capital, and connectivity are unclear. The existence of this form of credit indicates that, at least in the meantime, there are businesses that can afford to offer credit or that see it as key to maintaining customers. An economist and acute observer of Yemen's market environment disclosed that in some locations, small businesses, after surviving years of economic decline, were finally facing economic pressure and even closing for a combination of reasons, including too much unpaid credit and insufficient capital to restock (KII 11/03/2024).

Households use loans as a way to access cash when they need it for basic needs. More than half of the households said that they had borrowed money and were in debt, including the majority of women-headed (15 out of 19) and IDP households (19 out of 24). The REACH assessment also found high levels of household debt, with 91% of surveyed households reporting borrowing money (REACH 31/05/2024).

Main sources of household loans:

- · neighbours and friends (30 out of 60).
- extended family (15 out of 60)
- local shops and vendors such as grocery shops, vegetable sellers, and pharmacies (10 out of 60)

Main reasons households borrow money:

- healthcare
- medication
- · day-to-day needs, including food.

The interviews found that households were increasingly borrowing money from local shopkeepers, marking a change from the usual practice in Yemen. It is normal for shopkeepers to provide supplies on credit but not for them to provide cash loans. This development may be in response to the fact that there are increasingly fewer options for people to borrow from and fewer resources to be shared. It is unclear from the data when this practice began, but it has not been observed in previous ACAPS studies or secondary data.

The conversations with households also revealed that over time, several households had accumulated large debts that they were unable to pay back. One female respondent reported having YER 11 million (USD 6,470) in accumulated debts:

"My eldest son accumulated a debt of YER 11 million and fled to a neighbouring country, leaving me and his children to face the responsibility. He sends money now and then to support his children."

(Female respondent 03/03/2024)

Another female respondent reported accumulating a debt of YER 2 million (USD 1,176) to pay for an operation:

"I had to take my daughter to India for eye surgery, so I borrowed money, and the surgery wasn't successful."

(Female respondent 29/02/2024)

Another household shared:

"I borrowed YER 150,000 [or USD 88] for medical treatment from neighbours, but it wasn't enough to cover all expenses."

(Male respondent 04/03/2024)

According to the REACH SBA, the average amount of debt households had was YER 309,500 (USD 193). Both displaced and non-displaced households were in debt, with host community households having more debt than IDPs (REACH 31/05/2024). This could be because the host community has greater access to credit through stronger social capital, while IDPs have limited social connections to those able to loan money or are considered a load risk given their lack of stable livelihoods.

Changes in social connections and social capital mobilisation

Conversations with households in Khanfar indicated that they no longer had the capacity to provide the informal social safety nets they once did to extended family and the wider community, and on which many Yemenis had long relied, because they struggled to meet their own needs.

Investing in social networks has been ingrained in Yemeni society for decades and continues to be an integral part of social relationships and coping at times of additional need (USAID/REAL 01/2022; IDS 23/06/2017). Yemeni households are commonly part of a network of debts and credits where the borrowing, lending, and repayment of cash and in-kind commodities take place. Social capital, connectivity, and trust are key to these loans and are also closely associated with sharing and giving resources (ACAPS 22/05/2022).

As conditions deteriorate, households can no longer lend money, give food, and share assistance as they did previously (ACAPS 09/02/2024; WB 12/09/2023).

All households mentioned the importance of community support and sharing, but there has been a reduction in sharing food. Households described sharing using words or phrases that highlighted its moral, social, and emotional importance, including 'to achieve social ties', 'brotherhood bond', 'compassion', 'strengthen relationships', and 'brings joy' – highlighting the important part that sharing plays in society and in building social capital.

Households also discussed the reduction in their capacity to share because of limited resources. Yemenis have always shared food to show respect, hospitality, and generosity and maintain connections (USAID/REAL 01/2022). During the war, despite the economic downturn, households have been reported to continue sharing the food they had purchased or received from humanitarian organisations (USAID/REAL 01/2022; WB 12/09/2023).

Some households were specific in explaining that their ability to share food had decreased because what they had was barely enough for their own household. Only a few (8 out of 60) households said that they were still sharing food with others. Only one of these was womenheaded, and only one in a displacement site reported sharing as in an earlier study of Lahj (ACAPS 09/02/2024).

A female respondent said:

"Sharing is very important in this society as it generates affection and compassion among the people, but currently, because of high prices, everyone keeps their food for themselves."

(Female respondent 03/03/2024)

Social capital continues to be built and maintained as households support each other by providing assistance in ways that do not involve food or finances. Examples shared included neighbours sharing cooking gas and supporting each other when social gatherings were held by cooking and serving food. One female respondent mentioned:

"My friend was hosting a wedding. I couldn't buy her new clothes or financially support her, but I went to the wedding and supported her by cooking and hosting. I spent YER 10,000 [or USD 5 conversion] on transportation."

(Female respondent 02/03/2024)

Sharing information about any upcoming humanitarian assistance registration or new projects and other news was also discussed as a way of helping and connecting. Shocks such as flash floods or sudden health emergencies were mentioned as particular times households rallied to find ways to support those in acute need.

A female respondent shared:

"If someone in the area is sick, a group of those who have the ability to participate financially contribute."

(Female respondent 29/02/2024)

A male respondent also said:

"People in my community help each other. If anyone needs money for treatment, we meet whether in the mosque or elsewhere and collect money, even if it is a small amount."

(Male respondent 02/03/2024)

Households also spoke about more practical forms of help, such as providing transport or helping with home repairs. One female respondent shared:

"Some neighbours who are well-off help the poor by transporting them either through their cars or by paying for their transportation."

(Female respondent 03/03/2024)

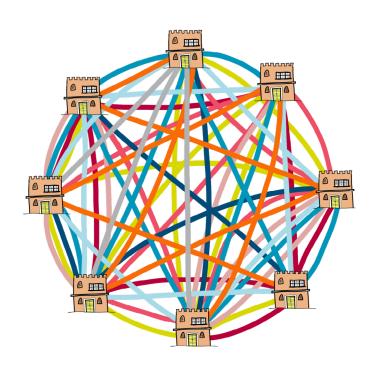
A female respondent also explained:

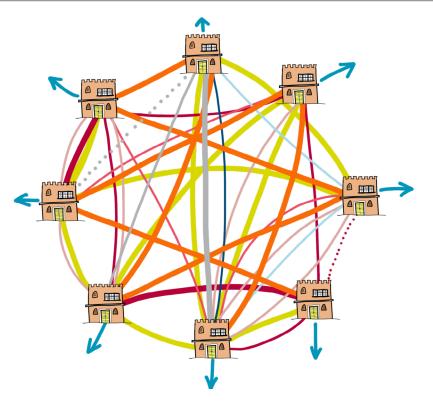
"Community members also help and participate in home repairs and in joys and sorrows, but no longer by sharing food and non-food aid. Each family keeps its own aid, which is only enough to satisfy its needs given the situation and the high cost of living."

(Female respondent 03/03/2024)

Based on the interviews and other ACAPS research, households were unable to loan money to people in need (ACAPS 09/02/2024; ACAPS unpublished). This lack of investment in one of the keyways social capital is maintained may mark the beginning of change, but it remains to be seen if the support that households continue to give each other in ways that do not involve cash, such as moral support, information sharing, and practical help, will be sufficient to keep social capital alive. The impression researchers were left with is that even the nonmaterial support of a social network is important in coping with challenges. See on the next page an illustration of the changes in social connections in Khanfar

CHANGES IN SOCIAL CONNECTIONS IN KHANFAR





This represents the many connections Yemeni households had historically which created strong informal safety nets.

In Khanfar, as throughout Yemen, households are accustomed to being connected by many different activities and circumstances, including connections due to bloodlines, marriage, and proximity. These connections are helpful in different material, financial, emotional ways.

This represents the current informal safety nets described by residents of Khanfar. Households are still connected and supporting each other, but mainly through non-material and nonfinancial means.

Households face substantive challenges meeting own needs. This means they have less capacity to support each other. Social connectedness is still considered to be very important, but support is now mostly provided in non-material ways (i.e., moral support and sharing information).

LEGEND

- Borrowing/loaning money
- Ensuring the most vulnerable are taken care of
- Exchanging information
- Helping eachother during shocks
- Hosting and participating in life cycle events
- Providing moral support
- Sharing food they have purchased or produced
- Sharing humanitarian assistance
- Sharing transportation to go to the markets
- Thinner lines are used to indicate that less support is provided.
- Dotted lines are used to indicate that support may be only available sometimes.
- The arrows pointing away from other households indicate that households are borrowing money. However, this is not from each other but from external sources, such as businesses.

Source: ACAPS