

OVERVIEW

This analysis explores how people in two locations in Lahj governorate in Yemen have continued to meet their needs and cope with the challenges linked to the war that started in 2014.

It builds on ACAPS Yemen Analysis Hub's [previous coping strategies analysis](#) and is part of a collaboration with REACH that piloted a [settlement-based assessment \(SBA\)](#) in the same locations earlier in 2023. The REACH SBA report provided important background based on quantitative data collected from 365 households, while the ACAPS study used a qualitative approach with a smaller sample of households to investigate the ways they coped with the changes and challenges they experienced. The collaboration provided ACAPS the opportunity to access REACH's data and findings, as well as the same field researchers for data collection, and to draw on their experiences in the locations during data interpretation.

The analysis of the interviews confirmed the following.

- Households use coping strategies with consequences that are difficult to reverse and likely to be detrimental over time.
- Economic challenges underpin the coping strategies that households use.
- Households use coping strategies almost exclusively to meet basic needs without the financial scope to plan for the future.

TABLE OF CONTENTS

Key findings.....	3
Part 1 - what households are coping with: underlying issues and unmet needs	4
Part 2 - key coping strategies adopted by households to meet their basic needs.....	5
A general overview of foods consumed in al Habilin and Al jiblah	7

ABOUT THIS REPORT

Aim

This report aims to strengthen humanitarian programming by providing humanitarian decision makers and responders with an understanding of the strategies households in al Habilin¹ and Al Jiblah use to meet their needs. With this information, response design can reinforce the effective coping strategies that households are using and attempt to reduce and mitigate those with potentially detrimental consequences.

An understanding of what households do to cope with challenges helps guide the context-sensitive and effective design of humanitarian response. It is also important in ensuring that every attempt is made to do no harm through unintended involvement consequences.

Methodology and limitations

Collaboration with REACH: REACH and ACAPS collaborated on this assessment to achieve a stronger understanding of the magnitude of needs and problems that Yemenis face, as well as the nature of these problems, how households cope with them, and what these households prioritise. Greater synergy between qualitative and quantitative data collection was identified as a way to achieve this. Similar collaborative assessments have been planned in other parts of Yemen. The analysis presented here was carried out by ACAPS, as was the preparation of the report for which ACAPS is solely responsible.

Questionnaire design and primary data collection: a questionnaire was developed based on the themes and information gaps identified in [ACAPS' previous coping strategies research](#), the [REACH SBA report](#), secondary data, and undocumented information shared in discussions and meetings.

Qualitative questions predominantly filled the questionnaire, some with closed multiple-choice answers and others that were open-ended and designed to allow participants to express themselves in their own words.

¹ Conventions for the English spelling of Yemeni place names differ. In this report ACAPS uses the conventions established by OCHA as it does in all reports. Please note that Al Habilin refers to Al Habelien in the REACH report.

The questions were designed to understand:

- what households identified as the most significant challenges they faced in meeting their needs
- any changes that households had implemented in their lives to cope with these challenges.
- the success or otherwise of these changes (if any).

Besides covering both rural and urban areas, the sample of households was purposively selected to include characteristics known to increase economic and social vulnerability and considering the likelihood that the households would face challenges in meeting needs.

Table 1. Overview of the sample of households interviewed

OVERVIEW	
Total number of households	64
Female respondents	36
Male respondents	28
Al Muhamasheen households	6
Women-headed households	17 (2 Al Muhamasheen)
Men-headed households	44 (4 Al Muhamasheen)
Households where the household head's gender was not recorded or is unknown	3
HOUSEHOLDS PER LOCATION	
al Habilin	41
Al Jiblah	23
LOCATION INFORMATION	
Households residing in neighbourhoods (urban)	30
Households residing in village settings (rural)	24
Households residing in displacement camps	10
DISPLACEMENT	
Households never displaced	49
Households currently displaced	11

Households displaced and returned home	3
Households partially displaced (with some members who have moved from elsewhere)	1
HEALTH AND DISABILITY	
Households with one or more members with a physical disability	25
Households with one or more members with a chronic illness	14
Households with one or more members with a mental illness	2
HUMANITARIAN ASSISTANCE RECEIVED IN THE LAST THREE MONTHS	
Yes	49
No	15

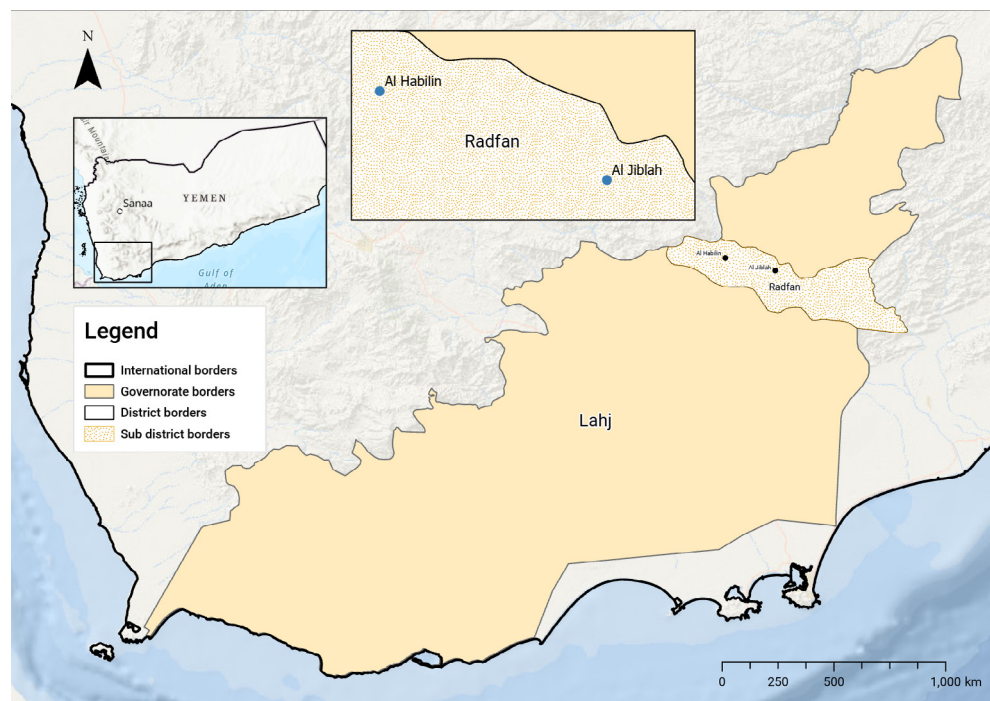
Al Muhamasheen is a marginalised group in Yemen comprising an estimated 3.5 million people. They are often referred to using the derogatory term akhdam (servants). Al Muhamasheen are engaged in the most menial and stigmatised occupations, such as garbage collection. Their marginalisation and experiences of discrimination stem mainly from their position outside traditional social structures and their perceived African ethnic origins (SCSS 04/06/2019).

ACAPS trained the teams over two days prior to data collection. CARE, REACH's partner in Yemen, conducted the data collection through in-person interviews at households. In observance of gender norms in Yemen, eight researchers were divided into two male and two female teams with two people each and interviewed the male and female respondents, respectively. One team asked questions and facilitated the discussion, while another recorded the information.

Data collection took place in November 2023. The average duration of an interview was 90 minutes.

Completed questionnaires and interview transcripts were coded and analysed for common themes and emerging patterns, discussed among the ACAPS team and with other context experts (including REACH and CARE), and compared to secondary data. Three interviews were also conducted with Yemeni context experts to help interpret the information.

Map 1. Site location



Source: ACAPS

Site selection: data collection for both the REACH and ACAPS assessments took place in Radfan district of Lahj governorate in two sites: al Habilin, the district capital, and the rural subdistrict of Al Jiblah. REACH and CARE selected these locations to pilot the settlement-based assessment because of a lack of recent data on the areas and their high food insecurity levels (REACH 11/08/2023). CARE’s knowledge of and presence in the areas also made them suitable for the assessment pilot.

Limitations and challenges: primary data collection is challenging in Yemen for many reasons, including the overall environment, distance and associated travel times, the permission process from local authorities, and concerns that a lack of trust and other factors may discourage households and individuals from speaking openly to research teams. In the case of this study, there were no challenges identified considered to have significantly affected the quality of data collection. That said, the sample size, although large enough to make general assumptions about the overall conditions, challenges, and ways of coping,

is not sufficient to make confident assumptions by group when broken down by specific vulnerability characteristics (e.g. as shown in Table 1, despite efforts to ensure inclusion of households with specific characteristic, when broken down, the sample consisted of only 6 Muhamasheen households and only 11 households that were displaced), so any findings must be considered indicative only.

Lahj governorate is in southern Yemen and is under the control of the Internationally Recognized Government of Yemen (IRG). The estimated population of the governorate is one million across 15 districts (OCHA 20/12/2022). Lahj is an agricultural governorate and is responsible for about 4% of the total agricultural production of the country, vegetables and crops being the most important products. Lahj also produces construction materials, including quarrying and clay mining (Local Governance in Yemen accessed 16/01/2024). Radfan is one of Lahj’s districts, with an estimated population of around 65,000 (IPC 25/05/2023). Reports indicate that the population number has been stable in recent years, with no recent influx of IDPs.

Al Habilin is the district capital of Radfan, with an estimated population of 8,700. Al Jiblah is a subdistrict of al Habilin, with an estimated population of 600. There are around four IDP sites in al Habilin, while in Jiblah, IDPs are integrated into the host community. Both locations share agricultural land, livestock-grazing zones, and water sources (REACH 11/08/2023).

KEY FINDINGS

The most overarching finding of this research is that households are using coping strategies with consequences that are difficult to reverse and more likely to be detrimental over time. The ways of coping that households in al Habilin and Al Jiblah discussed are far more drastic than those described in the 2022 ACAPS study, which focused on a different part of the country.

It was overwhelmingly economic challenges that underpinned the range of coping strategies that households used, and this was the case for almost all households interviewed.

Conversations with households confirmed that they employed these strategies almost exclusively to meet basic needs. Households seldom gave any indication that they were using their resources to plan for the future.

Snapshot of findings

- 63 households reported the economic downturn as the main contributor to their challenges.
- 55 households had difficulties in accessing healthcare.
- 54 households had insufficient water access.
- 59 households had reduced non-staple food consumption.
- 46 households prioritised children eating over adults.
- 48 households purchased food, medication, and water on credit.
- 25 households sold assets.
- 23 households sold women's gold.
- 30 households engaged in dangerous work.

The three main challenges affecting households in al Habilin and Al Jiblah were:

- the economic downturn
 - healthcare costs
 - water availability and access.
- Economic decline was the factor that households most frequently identified as the main contributor to difficulties in accessing healthcare and water and the main underlying reason they were unable to meet basic needs.
 - All households in the sample reported that they had adjusted their food consumption by eating less and lower-quality food. Many of them prioritised children's consumption over adults.
 - Building social capital emerged as an effective coping strategy, highlighting the importance of informal social support networks (corroborating previous ACAPS studies).
 - Households were continually in debt and relied on credit to acquire key food and non-food items when they needed them. Debts and credits could be in kind or monetised. Whenever households had new injections of resources, including humanitarian assistance, these were immediately reinvested in strengthening social connections through sharing.
 - Households appeared to be increasingly borrowing or taking credit from a variety of vendors and shopkeepers, whereas, in the past, only neighbourhood grocery stores offered a line of credit.
 - To meet basic needs, households were engaging in coping strategies that could have detrimental and irreversible consequences, including:
 - child labour (including its worst forms)
 - the sale of assets (including productive assets).

PART 1 - WHAT HOUSEHOLDS ARE COPING WITH: UNDERLYING ISSUES AND UNMET NEEDS

After nine years of war, people in Yemen are living with the compounded effects of armed conflict and the consequent economic crisis. An estimated 18 million people, out of a total population of 33 million, are in need of humanitarian assistance (OCHA 01/02/2024). Based on household responses, the hardship of the situation can, for the most part, be simplified into three main factors: economic decline, healthcare access, and WASH access. Households drew a strong connection between the economic turmoil and their ability to access healthcare and sufficient water services. Identifying these challenges and considering them individually provided a deeper understanding of the underlying issues, unmet needs, and implemented strategies of households.

Economic challenges

63/64 households reported the economic downturn as the biggest contributor to their difficulties in accessing goods and services.

Throughout the conflict, Yemen has experienced significant economic shocks that have affected the economic wellbeing of the majority of households. The households in the study referred to the increase in prices of stable commodities, inconsistent salary payments, lack of job opportunities, and currency depreciation, all of which were grouped as economic changes in the qualitative analysis. There was no significant difference in the answers reported in al Habilin and Al Jiblah or between the different types of households, including IDP, women-headed, and Al Muhamasheen households, reflecting the widespread and indiscriminate nature of the economic impacts of the conflict.

The economic warfare between the IRG and the de-facto authority in the north of Yemen (also known as the Houthis) has resulted in two different currencies, leading to the depreciation of the Yemeni rial, increased commodity prices, and unchanged and inconsistent salary payments to civil servants (WB 04/2023).

Climate change has also affected households' economic challenges, impeding income generation from agriculture. Since 2020, al Habilin and Al Jiblah have been facing drought or insufficient rainfall as a direct result of climate shocks. As the two areas depend on agriculture and rain cultivation as a livelihood activity, these climate shocks have stopped or drastically curtailed such agricultural livelihood activities and other associated income-generating activities (REACH 11/08/2023).

The combination of increased prices and low incomes, because of the disrupted payment of public sector salaries and reduced capacity for livelihood activities, has decreased household purchasing power, resulting in the inability to cover basic needs (IFRC 06/12/2023).

Impeded access to sufficient nutritious food

59/64 households had reduced non-staple food consumption.

Households in the study reported that food was available in the market but unaffordable to them, making it inaccessible and forcing them to make significant changes to what and how they eat. This finding is in line with economic data and food security studies on Yemen.

The cost of the monthly minimum food basket (MFB), which includes oil, sugar, rice, wheat, and salt, increased almost sixfold in IRG-controlled areas between 2015–2023, from approximately YER 17,000 to YER 126,000 per MFB (USD 11-82) (FAO accessed 18/01/2024).. This increase mostly resulted from the devaluation of the currency.

Since the conflict escalated in 2015, Yemen has been in a food emergency often bordering famine circumstances. According to the last IPC report, around 3,800,000 people were facing Crisis (IPC Phase 3) or Emergency (IPC Phase 4) food insecurity levels (IPC 25/05/2023). According to REACH SBA report, the results of the food security outcome indicators, food consumption score and household hunger scale from the al Habilin and Al Jiblah area assessment report are indicative of IPC 3 (REACH 11/08/2023). This means that 20% of households are not consuming enough food and have high levels of malnutrition, is at around 10–15%(USAID 01/2023; FEWS NET accessed 19/01/2024).

Impeded access to sufficient water

54/64 households had insufficient water access.

54 households reported facing challenges in accessing sufficient water supplies for both drinking and domestic use (such as cooking, cleaning, and bathing). The main obstacles reported to water access – namely, the unavailability of water sources and weak purchasing power – were similar in both locations and across the different categories, including women-headed households, Al Muhamasheen households, and those living in displacement camps. Over the past three years, both areas (Al Jiblah and al Habilin) have reported a decrease in rainfall (REACH 11/08/2023). While the impact is not yet considered severe, it will increase the water-related challenges that households will face should the decline continue.

Impeded healthcare access

55/64 households had difficulties in accessing healthcare.

55 households reported having difficulties in accessing healthcare. Households in both locations identified two main factors that made healthcare access difficult or impossible; these were related to availability and cost.

- 37 households in both al Habilin and Al Jiblah said that healthcare costs made it difficult for them to access treatment. These included direct costs, such as for blood tests, x-rays, doctors' fees, and other treatment expenses, as well as indirect costs, including transportation fees to a health facility.
- 12 households (nine in Al Jiblah and three in al Habilin and including 7 of the 17 women-headed households) said the lack of healthcare facilities in their area and the unavailability of transportation to a health facility were the main healthcare access difficulties.

In Al Jiblah, the unavailability of healthcare centres forced people to travel to the closest location (according to need and available facility). Unpaved and difficult terrain also resulted in high transportation costs. This reflects the expenditure data from the REACH SBA report, which revealed that households in Al Jiblah spent more on transportation and health costs compared to those in al Habilin (REACH 11/08/2023).

PART 2 - KEY COPING STRATEGIES ADOPTED BY HOUSEHOLDS TO MEET THEIR BASIC NEEDS

Some of the strategies that households explained during interviews were specifically related to the challenges they were trying to deal with. As economic necessity was at the root of all the challenges the households discussed, most of the strategies they used had an economic imperative and were used to address basic needs in general.

Section 1: food consumption changes

59/64 households had reduced non-staple food consumption.

46/64 households prioritised children eating over adults.

Food consumption changes are an indicator of both the challenges that households are facing as they try to meet their basic needs and their attempts at reallocating resources to meet needs. Almost all study households (59) reported changing their food consumption by reducing the quality and quantity of non-staple foods, such as meat, eggs, vegetables,

and fruits. Households reported depending on bread, rice, cereals, potatoes, tea, and some vegetables, such as tomatoes and onions. 55 households reported reducing the quantity of meals from three to two a day or reducing their overall quantity of food.

“The most expensive foods, such as meat, dairy products, and fruits, have been substituted with more economical options, such as flour, oil, sugar, and tea. At the same time, meals have been scaled down by preparing smaller portions.”

Female respondent, Al Jiblah

“The quantity of meals has been reduced by cooking half the usual amount of food. Special attention is given to providing and prioritising food for children, considering their weaker bodies and increased nutritional needs.”

Male Al Muhamasheen respondent, al Habilin

“My main meal consists solely of bread and tea. We ensure that the children receive the largest portion of food to ensure they are adequately fed.”

Male respondent, al Habilin

46 households prioritised children over adults when allocating food. Conversations with context experts and reports on Yemen revealed that during food shortages or social celebrations, women ate less and, sometimes, last, as priority went to other household members, such as children, men, older people, and guests (KII 23/01/2024; IRC 29/01/2020; CARE et al. 11/2016). This is mainly a result of well-established gender norms, as well as the cultural perception that women are the primary caregivers of the family and that children and men require more food. For example, men need to eat more especially if they must do physical work outside the house, such as construction. During social events, such as weddings or funerals, women tend to eat less and last, after the men have eaten (KII 23/01/2024; KII 29/01/2024).

A combination of information from the study sample and the REACH SBA report was used to understand household access to different foods. The findings are illustrated below (See next page).

Section 2: water consumption changes

49/64 households reported paying for water in the three months prior to the assessment.

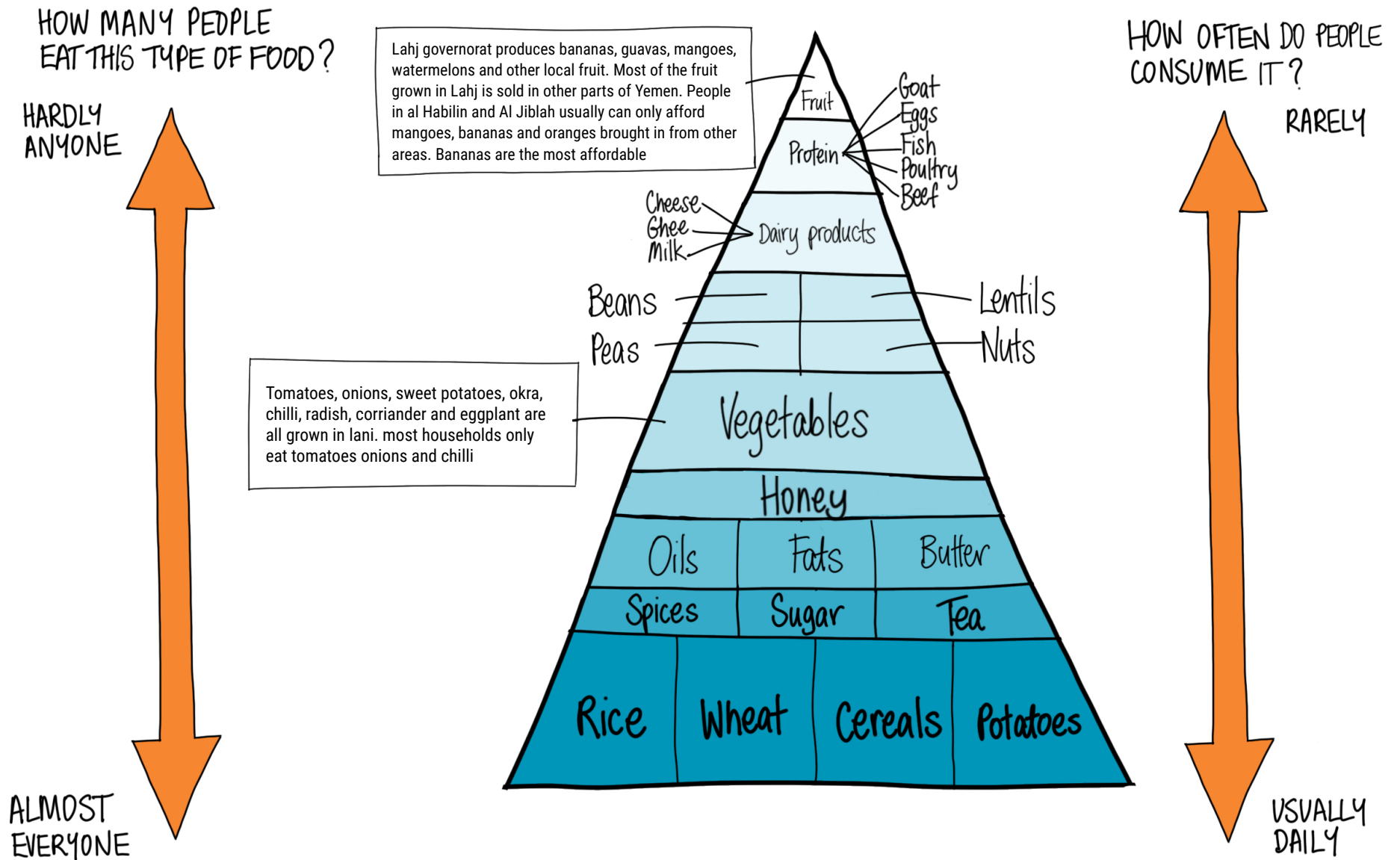
Both areas (al Habilin and Al Jiblah) reported facing challenges in accessing water, and these challenges could be summarised as related to water source availability and the capacity to pay for it. That said, primary water sources differed by location. Households in the urban area of al Habilin relied heavily on improvised water trucks, whereas households in Al Jiblah relied on unimproved surface water, such as rainwater collection and protracted wells (REACH 11/08/2023).

Table 2. Households’ responses to changes in water consumption

Area	Number of households (HHs)	Number of HHs that reported going without sufficient water in the past 12 months	Number of HHs that reported challenges in accessing sufficient water for any purposes	Number of HHs that reported paying for water in the last 3 months	Number of HHs that reported spending more on water each month than any other expense
al Habilin	41	27	36	39	17
Al Jiblah	23	8	18	10	3
Total	64	35	54	49	20

These differences resulted in different challenges and coping strategies. Households in al Habilin were accustomed to having to pay for water delivered by a water truck, ensuring a strong link between household purchasing power and water access. Almost all (39 of 41) households reported paying for water in the three months before the assessment. Households in al Habilin reported more money spent on water per month than those in Al Jiblah, this aligns with the expenditure data from REACH’s SBA report (REACH 11/08/2023). Although water trucking is costly, it is a strategy that relieves the lack of water for households in al Habilin.

A GENERAL OVERVIEW OF FOODS CONSUMED IN AL HABILIN AND AL JIBLAH



Source: REACH (11/08/2023)

* Based on Reach data, conversations with 63 households and discussions with context experts

In contrast, households in Al Jiblah relied mostly on rainwater. It is then unsurprising that households in Al Jiblah paid less for water, and it does not necessarily mean they faced fewer challenges. Instead, the challenges they faced regarding water access were different. In Al Jiblah, water trucking is much more expensive because the service is not available locally, so the transportation cost is added to the overall price. When it is available, it is prohibitively expensive for many households. Given their reliance on rainwater, households in Al Jiblah are vulnerable to changes in rainfall, which could lead to reduced water availability.

The absence of spending on water trucking is also likely to be an indication that Al Jiblah's rural households have more strategies for coping with water shortages than households in al Habilin. It is common in Al Jiblah for households to build small rainwater collection dams in front of their houses as a strategy for dealing with water scarcity (REACH 11/08/2023). The majority of the households in Al Jiblah reported storing water and using it in moderation for a whole year. This aligns with REACH SBA report findings (REACH 11/08/2023).

Reducing water usage when they could was a strategy that households used to cope with reduced water availability. 18 households reported reducing both the frequency of their activities that used water and the amount of water they used for washing, cleaning, and cooking.

When households ran out of stored water, they borrowed water from neighbours or extended family or purchased from water trucks as a last resort. Households reported that water trucks were expensive in Al Jiblah because of the terrain, costing around YER 30,000 (equivalent to USD 20) compared to YER 10,000 (equivalent to USD 6) in al Habilin (ACAPS accessed 20/01/2024). It is important to note when looking at these findings that data was collected shortly after the end of the rainy season, when households in Al Jiblah were likely to have access to stored rainwater.

Almost all households in al Habilin reported that they relied on water trucks, most needing to pay for a truck of water every week or every ten days. One household reported borrowing or begging for money to purchase water.

Households living in displacement sites reported that they received water from humanitarian organisations and collected water from wells. This was not always enough, however, and one IDP household reported that there were times when they had to walk for two hours to fetch water, and even then it was not enough to cover all their needs.

“For a week, we faced a water shortage, compelling us to fetch small quantities of water from a distant area two hours away. We undertook the journey on foot, carrying water on our heads. To conserve water, we made efforts to minimise washing clothes, limiting it to once a week, and reduced the frequency of washing the children.”

Female respondent staying in a displacement site, al Habilin

In Yemen, it is usually women and children who are responsible for collecting water, exposing them to risks that include harassment. An International Rescue Committee report noted that often, children (boys and girls) and women in Yemen felt unsafe and faced harassment when collecting water (IRC 29/01/2020).

“We have been adapting by reducing the frequency of washing clothes, not bathing on a daily basis, and, unfortunately, we are experiencing an increase in the spread of diseases given the lack of daily hygiene resulting from insufficient water and income.”

Female respondent, al Habilin

One impact of having insufficient water is the heightened risk of the spread of waterborne diseases (including cholera) given the inability to maintain good hygiene as well as the possibility of consuming contaminated water. Between October–December 2023, cholera cases surged across Yemen, with 1,018 cases reported (OCHA 18/01/2024). During data collection, households in both al Habilin and Al Jiblah discussed being afraid of the spread of diseases, including cholera, in their area.

Changes in menstrual hygiene practices

Out of the 36 female respondents in the study, 26 (including 6 living in displacement sites) reported making changes to their menstrual hygiene practices because of the costs associated with buying menstrual health products, such as disposable sanitary pads, and the cost and availability of water for washing.

Some women had reverted to the use of reusable cloths that needed to be washed instead of disposable sanitary pads. Reusable cloths are the preferred standard for managing menstruation for most women in rural areas and areas away from the larger centres, such as al Habilin and Al Jiblah. These women usually pass on this approach to their daughters.

The challenge is that the lack of water may prevent women from being able to properly clean their cloths and their bodies (KII 29/01/2024). Poor menstrual hygiene and the use of unclean products can be very harmful, leading to irritation, infection, or even toxic shock syndrome (Premiere Urgence 29/09/2022).

Common (shared) bathrooms, scarce privacy, and lack of suitable water, sanitation, and waste disposal facilities in displacement sites put women and girls in particularly vulnerable situations (UNFPA 12/2020).

Section 3: changes in healthcare access

Healthcare access was one of the three key challenges with which the households in the study were forced to contend. Selling assets and taking on credit were some of the strategies they used to cope with these challenges. Other strategies they reported included seeking health advice from non-formal providers, with 27 households reporting this strategy in al Habilin and Al Jiblah. These households included women-headed households, Al Muhamasheen households, and those living in displacement sites.

"It was challenging to take my son to the hospital. The government hospitals lacked medicines, and the private hospitals were very expensive, so we went to the pharmacists."

Male respondent, al Habilin

Table 3. Households' responses to seeking non-formal healthcare

Location	Number of households seeking non-formal providers	Types of non-formal healthcare	
		Pharmacists or unqualified shopkeepers for healthcare respondents	Traditional herbs and healers
al Habilin	17	12	2
Al Jiblah	10	6	3
Total	27	18	5

18 households reported depending on pharmacists or unqualified shopkeepers for healthcare respondents. Not all people working in pharmacies, including even those who have completed a qualification in pharmaceutical science, are qualified to prescribe. This practice puts people at risk of being given wrong recommendations, leading to dangerous consequences that can result in further medical costs (ACAPS 30/08/2023).

The second reported strategy linked to alternative healthcare providers was the use of traditional herbs and healers. Five households in both al Habilin and Al Jiblah mentioned using this strategy. With increased medical care and transportation costs, coupled with strained financial resources, people are considering traditional medicine more as a viable alternative. For example, one household mentioned that their household head had diabetes. Instead of taking him to the hospital, they gave him traditional herbs. Another household member reported taking his son who had a mental illness to a traditional healer.

Traditional healers and herbs are common and not new in Yemen, where households seek Quranic healers for mental health conditions and serious diseases, such as cancer. According to a WHO study, the use of traditional healing techniques is common in rural areas, where medical assistance is insufficient or unavailable, and among people with limited resources. It is important to note that most of the healers are illiterate (WHO 2006).

The households reported stories of family members with serious medical issues or needing specific medical attention who were unable to seek healthcare given their inability to afford healthcare and transportation costs. For some, the inability to receive healthcare had led to further related medical complaints or even the development of a physical disability. For example, one person became paralysed after several heart attacks. The family attributed their paralysis to inconsistent medication and a lack of regular doctor visits.

The data indicates that women-headed households face more healthcare access challenges given the difficulties of dangerous terrains and travelling alone. This aligns with an International Committee of the Red Cross report, which indicated that members of women-headed households were hesitant to travel to seek healthcare in rural areas for safety reasons. The report elaborated that many female patients suffering from kidney failure died in their homes because they could not reach the health centre in time or regularly enough for life-saving periodic treatment (ICRC 07/07/2022).

Section 4: changes in qat chewing

One important social event in Yemen is the longstanding practice of qat chewing. While it may appear to outsiders as a luxury, culturally and socially, it is very important in the Yemeni context. During qat sessions, people exchange information and build social capital (El-Menyar et al. 03/2015).

Frequently, qat is presented as a problem because of the lengths individuals take to support their habit. The purchase of qat can consume a big part of household finances; in the past, buying qat for the household head was reported to take up to 50% of the household income (El-Menyar et al. 03/2015). Qat critics claim that people could use the time and money spent on qat chewing better to support the family. This claim is difficult to prove and balance with the value of the information and social capital gained from being a part of chewing (Wondemagegn et al. 06/02/2017).

There is limited information available about how qat chewing behaviours may have changed as households experienced challenges in meeting needs. While engagement in qat chews is linked to strategies for coping with challenges, the cost of chewing and the time involved in participating also drain resources. As part of the study, questions about activities related to qat chewing, including qat expenditure, were included.

Table 4. Summary of households' responses to questions about chewing qat

Households reporting one or more members who chew qat	47
Households reporting no members who chew qat	17
Households in al Habilin reporting one or more members who chew qat	30
Households in al Habilin reporting no members who chew qat	11
Households in al Habilin reporting female members who chew qat	3 (2 Al Muhamasheen)
Households in Al Jiblah reporting one or more members who chew qat	17
Households in Al Jiblah reporting female members who chew qat	0

The effects produced by chewing qat are described as similar to those produced by amphetamine or any amphetamine-like stimulant that increases energy. Households in the study discussed using qat to give them energy to work, especially when doing manual work, such as construction and cutting stones, or when they needed to remain alert, such as with armed groups or when driving trucks. One household reported having reduced qat consumption, only chewing when working.

Qat is also used as an appetite suppressant (M.A. Zahran, A. Khedr, A. Dahmash 02/09/2013). The lack of food being an issue mentioned by many households and coping strategies including the prioritisation of children eating over adults may be further reasons some adults have continued chewing qat.

The average monthly spending on qat reported by households in the study was YER 20,000 (equivalent to USD 13). There were two outlier households in the study who reported spending between YER 40,000–60,000 (USD 26–40). These households did not report less food consumption or fewer difficulties in meeting their needs. They also comprised three generations living together, where older family members may be more likely to chew and less likely to change their qat-chewing behaviour. Based on the information they shared, even in the households that chewed qat, spending on it came after other household expenses; more was spent on food, healthcare, and water, in that order, before qat.

Almost all the households reported consuming less qat compared to before the war and the economic decline associated with it. One household explicitly explained that they had reduced their qat consumption to meet needs.

"The consumption of qat was reduced to save money for buying food and covering the family's needs."

Male respondent, Al Jiblah

One household reported consuming qat only once a week (during the weekend), twice a month, or only during special events, the last as a way to generate and preserve social capital.

Many households reported that women have stopped chewing qat. This could be because men's qat chews are such an important source of social capital, relationships, and information that they need to be preserved, whereas women were less likely to chew in groups outside the home. This mimicked the reports from households that women ate less when food was scarce. It may be related to the general trend of women deprioritising their own food and non-food consumption for other members of the household.

Section 5: changes in social connections and social capital mobilisation

One of the key strategies households use in Yemen to cope is the reliance on social networks. This strategy has been embedded in society long before the war and continues to be key, although research indicates that the practice is decreasing, largely because of economic burdens making it increasingly difficult for households to participate in society and community as fully as before (USAID/REAL 01/2022; IDS 23/06/2017; WB 12/09/2023).

Data from the study reveals that proximity remains the main factor for mutual support and for maintaining social connections and social capital. This is seen in the formal credit system with businesses, such as the local neighbourhood shop, and through informal reciprocation with neighbours, friends, and family members living in the same area. While often discussed in terms of the importance of the neighbourhood in urban settings, social capital also involves those who live close together in rural areas and villages. This learning was discussed in the 2022 ACAPS study and was further emphasised in the discussions with the households in this current study.

Social connections in rural Al Jiblah appeared to be stronger compared to those in urban al Habilin. This is likely to be explained by the importance of traditional forms of social solidarity and strong connections built over generations in rural areas, where households are also usually connected by the same tribe or bloodline (IDS 23/06/2017). More urbanised locations experience more population changes, as people come and go and relationships are less likely to be based on kinship or tribal affiliation.

A changing network of debts and credits

It has been common for Yemeni households to exist in a network of formal and informal debts and credits, where loans and the repayment of cash and in-kind commodities take place. Social capital and associated support, connectivity, and trust are key to these loans and are closely associated with sharing and giving resources (Nevola 2015; IDS 23/06/2017). Prior to the war, a study on programmes aimed at improving food insecurity for households

in Yemen through cash transfers revealed that households spent the money they received on purchasing food, medical expenses, or repaying debts. The same study revealed that households also shared both the food vouchers and cash they received with neighbours and family members (DFID 06/2013; Oxfam 25/09/2013).

Formal credits

48/64 households purchased food, medication, and water on credit.

48 of the households reported taking credit from local shops and vendors. The main reasons given for taking credit were to purchase food (46), medication (11), and water (10). This aligns with the findings of the REACH SBA report, where 96% of the households in al Habilin and Al Jiblah reported taking food on credit (REACH 11/08/2023).

Taking credit from the local shopkeeper in the neighbourhood commonly comes with the expectation that it would be paid back regularly. That said, it appears that a broader range of businesses have also started providing credit, such as pharmacists and water truck drivers. Discussions with experts revealed that the credit provided by broader vendors, such as pharmacists and water truck providers, depended on personal connections and trust, which were built and maintained over time. Usually, business owners know the family and understand their situation and capacity to pay back debt (KII 06/01/2024). This disadvantages newcomers, including IDPs, who are not known by local businesses.

With more corporate sources or 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 situation may mean that households have become less able to help each other even when they wish to do so. The network of debts and credits also prevents households from saving money, as they continuously owe others. With limited income sources and low purchasing power, this means that households are increasingly engaged in a vicious cycle of debt and credit, affecting their ability to respond to sudden emergencies.

Reciprocity between family, friends, and neighbours

39/64 households had recently borrowed money from friends and family, but only three households had lent money to friends and family.

In the study, 39 of the households reported borrowing money from neighbours and family members. The reasons given for borrowing money were to cover medical expenses, followed by buying a water truck and, lastly, to purchase food. Only three households in the study reported lending money to others. This is an indication that sharing is perceived to

be decreasing as people lack the resources to meet their own needs. That said, given the importance of reciprocity for informal, social safety nets, in-kind sharing is more likely to continue than monetary sharing or lending.

Continued importance of sharing, albeit reduced, between households

Households in both locations emphasised the importance of reciprocation, solidarity, and simple kind acts. Even without the prospect of being paid back, households continued to share their resources, such as gas, electricity, water, and food, when they could. 30 of the households in the sample reported sharing food, water, cooking gas, and electricity with neighbours and family members. Other households managed to continue their social connections by sharing humanitarian assistance.

When households were asked if they had seen a change in the practice of sharing, 40 reported a decrease in sharing practices. The main reason given for the decrease was economic changes, such as increased prices and inconsistent and low salaries or income.

"The practice has decreased, but the community is still cooperative. I share what I can with my neighbours, and they do the same. The give-and-take between neighbours continues with the number of difficulties we face together."

Female respondent, al Habilin

"Certainly, the situation has changed in the face of these conditions and the increase in prices. People are now struggling to have enough food for themselves, making it difficult for them to share with others".

Male respondent, al Habilin

"In the past, participation was significant, and people shared everything, such as food, water, aid, and services, but now it has decreased due to the increase of prices".

Female respondent, Al Jiblah

The importance of humanitarian assistance

Table 5. Households' responses to sharing humanitarian assistance

Location	Number of households in the sample	Number of households receiving humanitarian assistance	Number of households sharing their humanitarian assistance	Number of households not sharing their humanitarian assistance
al Habilin	41	30	17	13
Al Jiblah	23	19	18	1
Total	64	49	35	14

All households received food baskets, except for two households who received NFIs. Sharing food baskets is common between socially connected households in Yemen. Households described that sharing has an important value for supporting each other and is a source of solidarity and collaboration. For example, one of the households mentioned that **“sharing assistance and supporting each other alleviate suffering and foster a sense of security through simple acts of kindness”**. Another household mentioned, **“It contributes to enhancing solidarity and interconnectedness among members of society, especially in challenging circumstances.”** One household reported how shared assistance from a neighbour helped ease the hunger of his family. **“The assistance I received from neighbours helped satisfy my children’s hunger. It helped me to prepare food for my children for a while.”**

35 of the 49 households who received assistance reported sharing it with neighbours and family members.

14 households reported not sharing humanitarian assistance. Of these, most were living in urban al Habilin, including five households living in displacement camps and three Muhamasheen households. Information about the household that did not share indicates that they had limited income sources and that some of them had a large number of family members. One such household, with four families living together, explained: **“We are around 14 members in this house, and we barely have enough to feed all the household members.”**

Data indicates that Al Muhamasheen households share less compared to the other households, and when they do share, they share among themselves.

The findings related to sharing indicate that the more vulnerable a household is to economic instability and unmet needs, the less likely they are to share with others. It follows that those who are most economically vulnerable have limited opportunities to access informal social safety networks by building social capital, potentially aggravating their vulnerability.

Section 6: diversification of income sources

Increased selling of assets to meet basic needs

Most households highlighted the seriousness with which they deliberated over the sale of assets in recognition of the fact that once an asset was gone, it would require a significant change in circumstance to be able to replace it. Regardless, 25 households reported selling assets. The assets most mentioned were livestock, cooking gas, and furniture.

Table 6. Households' responses to selling assets

Main reasons for selling assets (productive and non-productive)	Number of HHs mentioning it	Main reasons for selling women's gold	Number of HHs mentioning it
Basic needs (food, water, accommodation/shelter)	16	Basic needs (food, water, accommodation/shelter)	4
Healthcare	7	Healthcare	15
Others (including debt repayment)	2	Others (including debt repayment)	4

The main reason households gave for selling any asset was to meet basic needs, specified as food, water, and accommodation. Paying for health expenses was the second most mentioned reason for selling assets. One man reported selling their cooking gas cylinder to pay for the medical treatment of his wife. Another household member reported selling livestock to pay for a family member’s hospitalisation and to purchase basic needs, such as water. This concurs with REACH’s SBA findings that households sold both productive and non-productive assets, including livestock, radios, furniture, refrigerators, and televisions, to meet basic and essential needs (REACH 11/08/2023).

“The family turns to selling livestock when facing challenges, such as family members falling ill and needing hospitalisation or when there is a lack of work that hinders the head of the family from meeting the basic needs of food, medicine, and water.”

Male respondent, Al Jiblah

It is normal for people to sell assets to get extra cash when needed. This information sheds light on households' perceptions regarding the severity of needs. The more productive a sold asset is, the more severe the need is likely to be for it to be sold. Selling productive assets, such as land, machinery, and livestock, is a detrimental coping strategy because, while the sale may provide short-term gain, in the longer term, the outcome for the household is most often negative (FAO 12/2021). Conversations with Yemeni households about their lives during the war confirmed that the sale of assets was a last resort given that cash is so easy to spend and currently so quick to possibly devalue (ACAPS 22/05/2022).

The importance of gold in Yemeni society and the negative impact of selling it

Gold jewellery is particularly important in Yemeni society. It increases or keeps its value over time and is easy to sell. Gold also has significance in terms of the security of married women. In this way, gold may appear unproductive, but it has a significant cultural role in social structures (YPC 11/2021).

23 households reported selling gold. The main reported reasons were to cover health expenses, purchase food, repay debt, and pay for rent. The sale of gold to cover costs that need to be paid, and not as an investment in productive assets or activities that could result in longer-term benefits, is significant. Earlier in the war, households sold gold or converted gold into businesses or assets by opening small businesses to help the family in the longer term. In this study, however, only 3 of the 64 households described instances where the sale of gold could be considered strategic. In one case, the sale of gold was used to buy or rebuild a house. Another household used the sale of the gold to buy a plot of land. The third household gave a more general reason for selling gold, reporting that it was to improve living conditions in general. These limited examples suggest that more immediate needs are taking precedence when selling gold given the progression of the crisis.

A further 23 households reported not having gold to sell, which is an indication of the economic vulnerability of the household. Groups who appeared more likely to sell gold included women-headed households and displaced households.

Women are the main owners of gold; they receive it at their wedding as part of the mahr (bridal payment or bride wealth), and it serves as economic security for them and their families. Having no gold makes women vulnerable to social and economic shocks and makes them lose their security within the family. A woman saves her gold for the most serious situations, such as the death of her husband, divorce, or a family medical emergency. It is the woman who should have the ultimate say over the sale of this asset (YPC 11/2021). Men do not have direct access to women's gold. If a man wants to sell gold, he must negotiate to borrow it from a woman (ACAPS 22/05/2022).

In terms of decision-making about the sale of gold, 26 households reported that women made the decision to sell the gold, 15 reported that it was through a discussion and agreement between the husband and the wife, and 23 reported not having gold. In limited cases, women felt that their standing improved in the family during the process of selling gold. Most did not feel this way, however, and it is not clear whether the positive effects for those who did will last in the long term.

Diversified sources of income and resources

In the study, households in al Habilin and Al Jiblah reported three important sources of income: casual labour, humanitarian assistance, and public service salary. Most of the households reported having two or three sources of income, either a combination of humanitarian assistance and casual labour or of all three.

A limited number of households in Al Jiblah and none in al Habilin mentioned working in livestock and agriculture. Both Al Jiblah and al Habilin are known to be agricultural areas. A 2010 report suggested that the most produced crops were qat, coffee, and sorghum (FEWSNET 2010). This has likely changed given the drought and lack of rainfall, which have led to the cancellation of agricultural activities, especially with coffee and qat intensively needing water. This aligns with the REACH SBA findings that only a few households in both locations engaged in agricultural activities (REACH 11/08/2023).

The lack of job opportunities led many households to adopt to different coping strategies, some of which have been potentially harmful. It appears from the data that households in al Habilin engaged in livelihoods such as collecting plastic and begging for food or money. This was mentioned by Al Muhamasheen households and those living in displacement sites. In Al Jiblah, households reported joining armed groups. According to the REACH SBA report, households in both Al Jiblah and al Habilin worked in the military or joined armed groups to cope with limited income sources (REACH 11/08/2023).

According to an interview from REACH SBA, marginalised groups such as Al Muhamasheen, IDPs, and women have limited access to livelihood activities. Because of gender norms, women are reportedly most commonly engaged in education, health, and agricultural occupations (REACH 11/08/2023). There's also growing tension across Yemen between host communities and IDPs from different governorates, who are seen to be competing with the host community over limited income sources (ACAPS 08/12/2023).

Engagement in potentially harmful forms of work, including the worst forms of child labour

Understanding the most detrimental coping strategies is challenging because they are usually not reflected in national data and even in interviews, as households may be unlikely or uncomfortable to admit to using them. Reasons can vary, including shame and fear of repercussions.

30 of the households told the researchers that someone in their household engaged in what they considered to be dangerous work. Women-headed households were more likely to report involvement in potentially harmful work, with 12 of the 17 women-headed households reporting it. The dangerous occupations included heavy manual work, such as cutting and carrying stones, joining armed groups, begging, and collecting plastic.

Households in Al Jiblah reported the highest number of households where at least one member had joined an armed group, either by working at checkpoints, removing mines, or joining the front lines. This aligns with the findings from REACH SBA report (REACH 11/08/2023). In this study sample, 14 households in Al Jiblah reported working as casual workers by cutting and carrying stones. This is a common livelihood and an enduring coping strategy, since the area is known for producing construction materials, including quarrying and clay mining. Out of the 23 households in Al Jiblah, nine women-headed households reported having members of the family working by cutting and carrying stones. It appears from the data that women-headed households struggled to make ends meet, leading to either the household head and some members, such as children, working by cutting stones.

"The children break stones from the mountains, carry them with their hands, and take them down the mountain."

Female respondent, Al Jiblah

"Upon joining the military, one family member suffered injuries from shrapnel in his left foot, leading to partial disability. Another family member is engaged in strenuous labour, such as carrying stones, despite having no prior experience in this field."

Male respondent, Al Jiblah

"The eldest son serves as a soldier on the front lines and is frequently absent for extended periods. The younger son works by carrying heavy mountain stones."

Female respondent, Al Jiblah

22 households in both al Habilin and Al Jiblah reported that children from their households had dropped out of school because of a lack of financial income to cover education expenses. The data revealed 12 cases of possible child labour; these involved the children (mainly boys) joining armed groups, collecting and selling plastics, begging, or cutting and carrying stones. The use of child labour as a coping strategy was reported in both al Habilin and Al Jiblah. One household reported that the inability to cover education expenses led children to work and contribute to supporting their family members. Physical and harmful work for children, such as cutting and collecting stones, may cause physical injuries.

Women and children (boys and girls) were also reported to often engage in begging for money or food. This was reported by households living in displacement sites and belonging to the Al Muhamasheen community. One household reported that children were forced to go to restaurants to gather leftovers. Another household head reported feeling embarrassed and ashamed to beg, so they travelled to distant locations where nobody knew them. Begging presents a risk for both women and children of being physically or verbally harassed. According to the ILO, using children for begging is among the worst forms of child labour (ILO accessed 21/01/2023).

This report benefited from the kind support of our partners CARE International and REACH.