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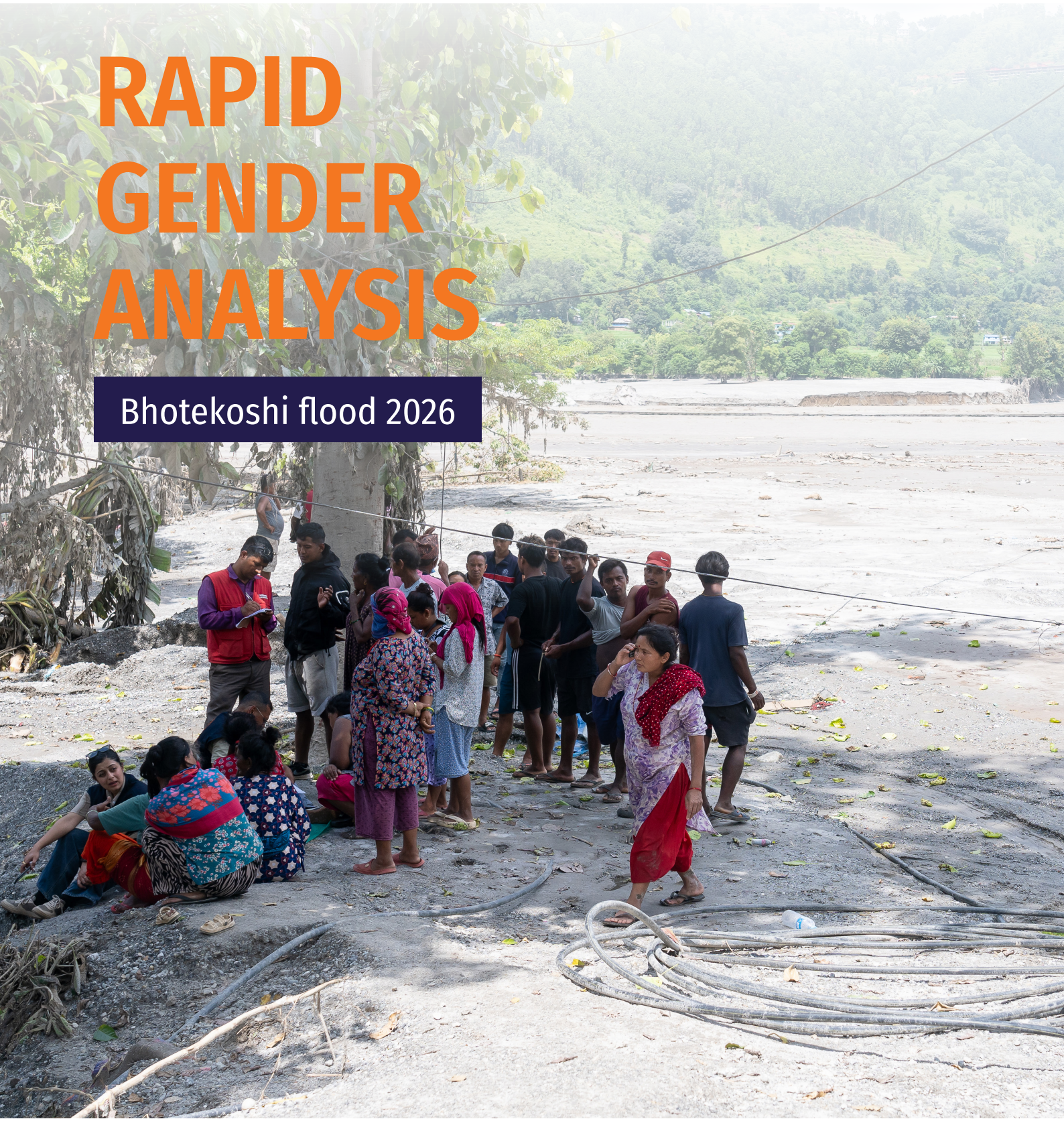
care

UN WOMEN

FOR ALL WOMEN AND GIRLS

RAPID GENDER ANALYSIS

Bhotekoshi flood 2026



WOREC

Women for Human Rights ★ single women group

ROYM Nepal
"For Peace, Prosperity, Solidarity and Development"

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ACRONYMS and ABBREVIATIONS

CBO	Community-based organization
CDC	Community Development Centre
CSRC	Community Self-Reliance Centre
DDMC	District Disaster Management Committee
DRSD	Disability Rehabilitation Society Dhading
FGD	Focus group discussion
GBV	Gender-based violence
KII	Key informant interview
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities
MHPSS	Mental health and psychosocial support
NDRRMA	National Disaster Risk Reduction and Management Authority
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OCMC	One-stop Crisis Management Centre
PFA	Psychological first aid
PSEA	Protection from sexual exploitation and abuse
PwDs	People with disabilities
RGA	Rapid Gender Analysis
ROYM	Rural-Oriented Youth Movement
SRH	Sexual and reproductive health
TLC	Temporary Learning Center
UNFPA	United Nations Population Fund
WASH	Water, sanitation and hygiene
WHR	Women for Human Rights
WLO	Women-led organization
WOREC	Women's Rehabilitation Centre
WRO	Women's rights organization

EXECUTIVE SUMMARY

This Rapid Gender Analysis (RGA) of the Bhotekoshi flood was conducted between 22 September and 10 October 2026, using a mixed-methods approach that combined a structured household survey of 139 respondents (106 women; 33 men), 21 focus group discussions (FGDs), 30 key informant interviews (KIIs) and secondary data. The assessment covered at least 13 identifiable municipality-ward locations across Rasuwa, Nuwakot and Dhading districts. Consultations included women, men, adolescent girls and boys, Dalit and Indigenous communities, people with disabilities (PwDs), single women, and lesbian, gay, bisexual, transgender, intersex, queer and other (LGBTIQ+) representatives, alongside local government officials, teachers, health and protection service-providers and community organizations. The analysis examined how gender intersects with age, disability, caste and ethnicity, displacement, family circumstances and geographical location in shaping people's needs, capacities, access to aid and recovery.

Gender roles, care and recovery: The flood disrupted household and livelihood activities for both men and women, but women continue to shoulder most unpaid care and domestic work. Both men and women reported decline in full involvement in housework, cooking, water collection, farming and livestock care post disaster, but workloads were not necessarily lower, as damaged homes, disrupted routines and recovery activities made everyday tasks more demanding. Childcare increased among both women and men, with women reporting greater involvement overall. Qualitative findings also highlighted additional responsibilities taken on by women and adolescent girls following displacement, family loss and livelihood disruption. Recovery programming should therefore recognize unpaid care and recovery responsibilities, address barriers to aid and essential services, and promote more equitable sharing of domestic and care work.

Livelihoods, assets and economic recovery: Loss of agriculture, livestock, tourism and small businesses left many households dependent on humanitarian assistance. Following the flood, 64.2 per cent of women and 60.6 per cent of men reported having no current paid livelihood. For some women, livelihood loss came together with increased responsibility for household survival following the loss or absence of income earners. Women's comparatively weaker ownership of land and housing may also shape their recovery options. Women were more likely than men to report no ownership of land (36.8 compared with 21.2 per cent) and housing (47.2 compared with 21.2 per cent). Livelihood recovery should therefore restore productive assets, small businesses and markets while ensuring that women – including single and widowed women – have direct access to cash, skills, productive resources and economic opportunities.

Access to essential services: Access to water, sanitation and hygiene (WASH), health, mental health and psychosocial support (MHPSS) and education varied across locations and household circumstances. Women and adolescent girls faced concerns relating to privacy, safe toilets, menstrual hygiene and maternal and sexual and reproductive health (SRH) services. PwDs encountered accessibility barriers, while children and adolescents experienced disrupted schooling, damaged access routes and psychosocial distress. People with chronic health conditions also faced challenges maintaining treatment and accessing medicines. Psychosocial distress was also widely reported, particularly among women and children, while men's distress appeared less openly expressed, reflecting gendered expectations around emotional resilience. Recovery should prioritize safe and accessible services and continue health, psychosocial and educational support beyond the immediate relief phase, to ensure sustained, gender-responsive support.

Humanitarian assistance and dignity: Humanitarian assistance reached 92.1 per cent of respondents, but different needs were not always recognized. Household size, mobility, disability, documentation, distance and information affected access, while participants raised concerns about the appropriateness and dignity of some assistance. Relief should gradually move from blanket packages towards needs-based support, with flexible documentation (e.g. no need to provide vital registration documents to receive assistance), as well as quality control and inclusive, accessible and confidential feedback mechanisms consistent with humanitarian standards.

Information, voice and decision-making: Women reported relatively high access to information but depended more heavily on family and interpersonal networks, while men had greater access through

social media. Women reported lower community participation than men, and qualitative findings showed that participation in household decisions did not always translate into equal control over property, cash and other major resources. Recovery information should reach women directly through multiple accessible channels, using clear, understandable, regularly updated and inclusive messages, while women and affected communities should have greater influence over decisions on assistance, relocation and recovery.

Different experiences of risk and exclusion: Beyond gender, disability, age, caste and ethnicity, displacement, pregnancy and lactation, health conditions, family loss and care responsibilities shaped people's ability to access assistance, services, information and decision-making spaces. Young people, particularly adolescent girls, and PwDs encountered particular barriers. Recovery therefore needs to respond to people's circumstances rather than treating women, men, girls or boys as uniform groups, with further consultation to understand the needs of less-represented groups, such as women in all their diversity, PwDs,LGBTIQ+, Dalit, ethnic minorities, children and senior citizens.

Protection, safety and well-being: The One-Stop Crisis Management Centre (OCMC) in Bidur, Nuwakot, reported no newly recorded gender-based violence (GBV) cases since the flood, but this doesn't mean there was an absence of violence in affected communities. No reporting of GBV cases may be due to limited access to services, lack of awareness of reporting mechanisms, concerns about confidentiality, fear of stigma or retaliation, and restricted interaction with service-providers. Concerns around privacy, temporary shelters, WASH facilities, mobility and access to protection information remained important. Grief, bereavement, displacement and uncertainty also affected psychosocial well-being. Protection monitoring, confidential referral pathways and long-term MHPSS therefore remain important during recovery.

Coping and local capacities: Affected people were actively coping through family, community, schools and local networks. Community solidarity, support from relatives and school-based recreational activities provided practical and emotional support, particularly for children and adolescents. However, qualitative consultations also identified potentially harmful coping behaviours, including alcohol use and smoking among some affected men, highlighting risks that require continued monitoring and appropriate psychosocial support. Informal coping mechanisms could not replace sustained institutional assistance, especially for bereaved families and households experiencing prolonged displacement or livelihood loss.

Priority needs in recovery: Cash assistance was the most frequently identified priority (68.3 per cent), followed by shelter and non-food items (54.7 per cent), livelihood support (48.9 per cent), health services (43.9 per cent), food (30.2 per cent) and education (25.2 per cent). Women prioritized cash assistance more frequently than men, while men more frequently identified health services. Immediate needs included safe shelter, flexible cash, accessible healthcare, education and essential services, while longer-term priorities centred on safe permanent housing or relocation, livelihood restoration, access to markets and continued psychosocial support. Recovery assistance must also account for displaced households, bereaved families, PwDs and people who have lost vital documents.

Participation in recovery: Consultations identified limited opportunities for women, adolescents, PwDs and marginalized groups to influence formal recovery planning. Women-led organizations (WLOs), women's rights organizations (WROs), community-based organizations (CBOs) and organizations of PwDs can help bring less-visible needs into recovery planning. Participation in these organizations can also allow marginalized groups to organize, express their priorities and engage in recovery decisions. They should therefore be engaged not only in community mobilization and referrals, but also in planning, monitoring and accountability.

Overall, the RGA shows that the Bhotekoshi flood has intensified pre-existing inequalities while creating new responsibilities and barriers to recovery. Women are navigating livelihood losses alongside unequal care burdens and weaker ownership of productive assets. Children and adolescents face disrupted education and emotional distress. And displaced households face uncertainty over housing, services and livelihoods. Recovery must therefore go beyond replacing damaged infrastructure or distributing aid, to strengthen women's economic agency, promote more equitable sharing of unpaid care, remove barriers faced by marginalized groups and give affected communities meaningful influence over relocation, resource allocation and recovery decisions. A needs-based, inclusive and transformative recovery should ensure that rebuilding does not reproduce the inequalities that shaped vulnerability before the flood.

1 INTRODUCTION



KII with local community member at Belkotgadhi-7, Nuwakot

1.1. Background

The flash flood along the Bhotekoshi and Trishuli river systems on 26 August 2026 caused extensive loss of life, displacement and damage to homes, livelihoods and critical infrastructure across northern and central Nepal. Rasuwa, Nuwakot and Dhading were among the most affected districts. According to the National Disaster Risk Reduction and Management Authority (NDRRMA), 7,570 private homes, 18 schools and seven health facilities were damaged, while 1,085 displaced people were residing in 17 holding centres as of 3 October 2026.[1] The Government response also identified 160 people with disabilities (PwDs) requiring assessment and support – including 53 with urgent accessible shelter and water, sanitation and hygiene (WASH) needs – and 232 unaccompanied or separated children, highlighting the importance of inclusive and protection-sensitive recovery. These losses have particular implications for women, children, older persons, PwDs and marginalized communities, whose access to shelter, services and recovery resources may be constrained by existing inequalities.[2] The World Bank's rapid damage assessment described the event as the most damaging flood in Nepal since 1993, reflecting the scale of its human and physical impacts.[3]

The response involved government agencies, humanitarian organizations and local communities, with the United Nations and humanitarian partners working together to support the government-led emergency response through a Flash Appeal to mobilize support for the affected population.[4] As attention shifted from immediate relief towards early recovery, questions around safe housing, livelihood restoration, education, health services and participation in recovery decisions became increasingly important.[5]

The effects of disasters are not experienced equally, due to existing gender disparity. Gender inequalities also intersect with age, disability, caste and ethnicity, economic circumstances and geographical location. As Crenshaw argues, experiences of marginalization cannot be understood through gender alone, as overlapping structures of inequality create distinct forms of disadvantage.[6] In disaster contexts, these inequalities shape access to information, resources, mobility and decision-making, while women and girls may face increased unpaid care responsibilities and livelihood pressures, and older persons, PwDs and displaced households may encounter additional barriers to essential services and assistance.[7] Understanding these intersecting inequalities is therefore important for examining not only who is affected by disasters, but also whose needs are recognized and prioritized in humanitarian response and recovery. In this line, gender and social identities and statuses influence access to information, mobility, documentation, social networks and decision-making, which become particularly important during emergencies. Women and girls may face increased care responsibilities alongside livelihood losses, while older persons, persons with disabilities and displaced households may experience additional difficulties accessing services and assistance. Further, experience from the 2015 Nepal earthquake and subsequent reconstruction efforts have demonstrated how pre-existing inequalities in land and housing ownership, access to economic resources and participation in decision-making can create additional barriers to recovery, particularly for women and socially marginalized groups.[8]

The scale of the current emergency further highlights the importance of these concerns. A United Nations

1. National Disaster Risk Reduction and Management Authority (NDRRMA). 2026. Bhotekoshi-Trishuli Flood: Search, Rescue and Relief Update.
2. UN Women. 2026. Nepal Flash Floods: UN Women Gender Alert #2. 7 September.
3. World Bank. 2026. Global Rapid Post-Disaster Damage Estimation (GRADE) Report: Rasuwa Flash Flood, Nepal.
4. OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2026. "Nepal Floods: UN and partners launch $49.6 Million Emergency Appeal." 4 September.
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6. Crenshaw, K. 1991. "Mapping the margins: Intersectionality, identity politics, and violence against women of color." Stanford Law Review 43 (6), pp. 1241–1299.
7. Bradshaw, S. 2013. Gender, development and disasters. Edward Elgar Publishing.
8. Government of Nepal, National Planning Commission. 2015. Nepal Earthquake 2015: Post-Disaster Needs Assessment. Volume B: Sector reports; Rawal, V. et al. 2021. "Inclusion of the poor and vulnerable: Learning from post-earthquake housing reconstruction in Nepal." Progress in Disaster Science. Vol. 10. 100162.

Population Fund (UNFPA) situation report covering 4–9 September estimated that approximately 352,000 people had been affected, including 98,560 women of reproductive age and 5,030 pregnant women.[9] Displacement assessments have also documented gaps in accessibility, safe and private spaces, lighting and essential services across temporary settlements.[10] UN Women's Gender Alert #2 identified concerns relating to the exclusion of people facing intersecting inequalities, inadequate shelter privacy, accessibility barriers and the limited involvement of women in the management of displacement sites.[11] Reports have also raised concerns about disrupted sexual and reproductive health services, psychosocial distress, loss of civil documentation, and risks of gender-based violence, exploitation and child marriage. While these assessments provided important initial evidence of the emergency's impacts and emerging protection concerns, they offered piecemeal information on how different groups experienced these challenges, the gender and social norms influencing their access to services and assistance, and whose voices were reflected in response decisions. This underscored the need for a Rapid Gender Analysis (RGA) to examine these differences more closely and systematically to inform a response that addresses not only immediate material needs but also the underlying inequalities shaping people's safety, access to resources and recovery.

1.2. Rationale and objectives

In response to the Bhotekoshi flash flood, CARE Nepal, in collaboration with UN Women and Plan International, conducted an RGA with support from local partners including the Women's Rehabilitation Centre (WOREC) Nepal, Women for Human Rights (WHR) and the Rural-Oriented Youth Movement (ROYM). Field-level coordination was provided by the Community Development Centre (CDC) Nepal in Nuwakot, Community Self-Reliance Centre (CSRC) in Rasuwa, and the Disability Rehabilitation Society Dhading (DRSD) in Dhading. Together, these organizations committed to undertaking the RGA to better understand and respond to the specific needs, priorities and challenges faced by women, girls, men, boys, gender-diverse individuals and persons with disabilities in the affected communities.

The purpose of this RGA is to generate evidence on gender-specific vulnerabilities, capacities and challenges experienced by affected populations in the aftermath of the flash flood, with particular attention to their safety, dignity, health, well-being and access to essential services. The specific objectives of the RGA are to:

- Identify the needs, concerns, capacities and coping strategies of affected households, including women, men, girls, boys, gender-diverse individuals and persons with disabilities, in responding to the current disaster.
- Examine changes in gender roles and responsibilities, as well as differences in access to services, resources, and livelihood opportunities before and after the disaster.
- Provide actionable recommendations to guide humanitarian interventions and recovery efforts, ensuring that they effectively address the needs of women, men, girls, boys, Dalit and ethnic minority communities, persons with disabilities, and other marginalized groups, while mitigating protection and gender-related risks arising from the disaster.

1.3. Research questions

The RGA seeks to answer the following research questions:

1. How has the flood affected gender roles, responsibilities, access to resources and coping mechanisms?
2. What are the gender-specific barriers and needs in accessing essential services, assistance and recovery support?
3. What protection risks, forms of exclusion and barriers to safety and support are affecting women, girls and marginalized groups?
4. What are the priorities and opportunities for gender-responsive recovery, and how are women and marginalized groups participating in decisions about recovery?

9. UNFPA (United Nations Population Fund). 2026. Situation Report on Nepal Floods (4-9 September 2026).
10. IOM (International Organization for Migration). 2026. Nepal: Baseline Site Profiles Assessment, Round 1. 9 September.
11. UN Women 2026.

2 METHODOLOGY



KII with Health worker at Galchhi Rural Municipality

The RGA used a mixed-method approach, combining secondary data review, a structured household survey and qualitative consultations. The assessment covered flood-affected communities in Rasuwa, Nuwakot and Dhading, including people from the affected districts living in temporary settlements and holding centres across Nuwakot, Rasuwa and Kathmandu.

An intersectional approach guided the sampling and analysis to understand how gender interacted with age, caste and ethnicity, disability, displacement and other social and household circumstances in shaping people's experiences of the flood.

Secondary data review

The assessment began with a review of government reports, humanitarian situation reports, rapid needs assessments and displacement data. This helped establish the wider disaster context, identify existing evidence on gender and social inclusion and highlight issues requiring further exploration through primary data collection. Secondary findings were subsequently used to complement and interpret the household survey and qualitative evidence.

Study sites and sampling

Primary data collection was conducted in selected flood-affected communities and holding centres across Rasuwa, Nuwakot and Dhading. Consultations also included people displaced from Rasuwa to gumbas (Buddhist monasteries) and temporary accommodation in Kathmandu. The locations were selected to capture different experiences of flood impacts, displacement, disruption of services and recovery needs.

The assessment used non-probability sampling. Qualitative participants were purposively selected to include different population groups and experiences, particularly those shaped by gender, age, disability, caste and ethnicity, household circumstances and displacement. The household survey covered accessible flood-affected communities and temporary settlements, with the distribution of respondents reflecting the locations reached during data collection and purposive sampling prioritizing women respondents.

Annex 1 provides more details on the study sites and a breakdown of study participants by methods used.

Quantitative survey

A structured household survey was administered by trained enumerators using KoboToolbox, reaching 139 respondents across the three districts. Of these, 106 (76.3 per cent) were women and 33 (23.7 per cent) were men. The survey covered household characteristics, flood impacts, changes in gender roles and responsibilities, access to services and humanitarian assistance, information and participation, protection concerns, coping strategies and recovery priorities.

Survey data were exported from KoboToolbox to Microsoft Excel for cleaning and descriptive analysis. Data cleaning included reviewing missing responses, checking and standardizing location entries and response categories, and examining inconsistencies before preparing frequencies, percentages and cross-tabulations. Findings were disaggregated by sex and other relevant characteristics where the available responses allowed. The higher proportion of women respondents was considered when interpreting gender differences in the survey results.

Qualitative consultations

A total of 51 qualitative consultations were conducted, comprising 21 focus group discussions (FGDs) and 30 key informant interviews (KIIs). A detailed breakdown of the participants' profiles is provided in Annex 1. These consultations were facilitated by the consultants, enumerators and collaborating organizations.

The FGDs involved women, men, adolescent girls and boys, older persons, persons with disabilities, Dalit and Indigenous communities and other flood-affected groups. A participatory tool from Adolescent RGA toolkit, jointly developed by Plan International and CARE, was used to have discussions with adolescent girls and boys, to ensure and strengthen

safe participation. These exercises were included within the 21 FGDs and were not counted separately.

The KIIs included affected women, including single women and lactating mothers, adolescents and women with disabilities, LGBTIQ+ representatives, health workers, psychosocial counsellors, teachers, local government and disaster management representatives, and community-based organizations. These consultations provided both community and institutional perspectives on humanitarian assistance, access to services and recovery priorities.

Qualitative information was reviewed and organized thematically around the RGA's main analytical areas, while also considering issues emerging from participants' experiences. Attention was given to recurring patterns, differences across population groups and locations, and the ways in which existing inequalities shaped responsibilities, access to resources, participation and decision-making. Findings from the survey, FGDs, KIIs, secondary review and field observations were compared to identify areas of agreement, differing experiences and remaining evidence gaps.

Ethical considerations

Participation was voluntary and informed, with confidentiality, privacy, safeguarding and do-no-harm principles guiding data collection. Informed consent was obtained from adult participants, while assent and parent or guardian consent procedures were followed for participants below 18 years. Particular care was taken when discussing gender-based violence and other sensitive protection concerns. Information on available psychosocial services was shared with data collectors to facilitate referrals, when needed.

Limitations

The assessment provides a snapshot of selected flood-affected communities during a rapidly changing humanitarian response. The non-probability sample and relatively small number of respondents from some population groups limit the extent to which survey findings can be generalized or further disaggregated.

Qualitative consultations also had limitations. Participants in group discussions may not have felt comfortable disclosing personal experiences, particularly those involving violence, discrimination or household power relations. Differences in gender, age, caste and ethnicity, language and social position between facilitators and participants may also have influenced what people felt comfortable sharing. These considerations were taken into account when interpreting the findings, particularly where individual experiences differed from broader group discussions. The combination of quantitative, qualitative and secondary evidence nevertheless helped provide a fuller understanding of the different experiences and recovery needs of affected communities.



Community members gather to discuss the Bhotekoshi flood's impact and recovery needs. PC CARE Nepal

3
DEMOGRAPHIC ANALYSIS OF SURVEYED HOUSEHOLDS



Body mapping exercise with adolescent girls at Bidur 2, Nuwakot

The household survey covered 139 respondents across Nuwakot (44.6 per cent), Rasuwa (43.2 per cent) and Dhading (12.2 per cent). Households originally from Rasuwa but temporarily displaced to Gosak Gumba in Kathmandu were classified under Rasuwa based on their place of origin.

Women accounted for 76.3 per cent of survey respondents, while men represented 23.7 per cent. Most respondents were between 25 and 59 years (78.4 per cent), with smaller proportions of elderly persons and younger respondents. Beyond the individual respondents, the survey collected information on 658 household members, including children, older persons, persons with disabilities and pregnant or lactating women. Table 1 presents the demographic composition of both groups.

Table 1. Demographic characteristics of survey respondents and household members

Category	Characteristics	Number (n)	Percentage (%)
Survey respondents (N=139)	Women	106	76.3
	Men	33	23.7
Age of respondents	Below 18 years	2	1.4
	18–24 years	9	6.5
	25–59 years	109	78.4
	60 years +	19	13.7
District of origin	Nuwakot	62	44.6
	Rasuwa	60	43.2
	Dhading	17	12.2
Caste/ethnicity	Janajati	84	60.4
	Brahmin/Chhetri	25	18.0
	Dalit	18	12.9
	Other caste/ethnic groups	11	7.9
	Muslim	1	0.7
Household members (N=658)	Female	344	52.3
	Male	312	47.4
	Other	2	0.3
	Children below 18 years	226	34.3
	Older persons (60+)	60	9.1
	Persons with disabilities	11	1.7
	Pregnant or lactating women	28	4.3

Source: RGA Household Survey 2026.

Janajati respondents constituted the largest caste/ethnic group (60.4 per cent), followed by Brahmin/Chhetri (18.0 per cent) and Dalit (12.9 per cent). These proportions reflect the composition of the survey sample and should not be interpreted as representative of the wider flood-affected population.

Although adolescents constituted a small proportion of household survey respondents, adolescent girls and boys were specifically engaged through separate focus group discussions and participatory body-mapping exercises. These consultations explored their experiences of the flood, including changes in household responsibilities, education, safety, psychosocial well-being and access to services. Their perspectives are incorporated into the thematic findings alongside those of other affected groups.

The survey also captured the diversity of circumstances within affected households. The household roster included 28 pregnant or lactating women and 11 persons with disabilities. Conversely, among the individual respondents, 31 were single women, 20 were living with chronic illness, 10 were pregnant or lactating women, and two were persons with disabilities, with some respondents belonging to more than one of these groups. The qualitative consultations further explored how disability shaped experiences following the flood, particularly in accessing assistance and services, participating in decisions and navigating safety and protection concerns.

These characteristics reflect the diverse realities within affected households, where gender intersects with age, disability, caste and ethnicity, displacement and care responsibilities in different ways. The thematic findings below show how these intersecting identities and differences shaped people's access to assistance, safety, participation and recovery.



FGD with Men's group

4
THEMATIC FINDINGS AND ANALYSIS



Body mapping exercise with adolescent girls at Bidur 2, Nuwakot

4.1. Gender roles and responsibilities

Household and care responsibilities

Before the flood, survey respondents reported a gendered pattern of involvement in household and livelihood activities. Women were more likely than men to report being fully involved in housework/cleaning (76.9 per cent of women respondents, compared with 50.0 per cent of men) and cooking (76.2 per cent, compared with 26.9 per cent). The difference was smaller but still significant for childcare (65.2 per cent of women and 51.9 per cent of men) and water collection (66.1 and 50.0 per cent, respectively). These findings are consistent with women's accounts of combining domestic work and care with agricultural and income-generating activities. As one group of women in Galchi explained, women cooked, collected water, cleaned, washed, cared for children, worked in the fields and undertook labour for income. The survey records respondents' reported level of involvement, however, rather than the time spent on each activity or the share of responsibility held by each household member.

Table 2. Respondents reporting involvement in selected household and livelihood activities, before and after the flood (%)

Activity	Women before	Men before	Women after	Men after
Farming	48.2	56.5	10.3	13.6
Childcare	65.2	51.9	70.5	66.7
Water collection	66.1	50.0	50.7	42.9
Housework	76.9	50.0	57.1	37.5
Cooking	76.2	26.9	54.8	20.0
Livestock care	41.2	50.0	12.5	26.3

Source: RGA Household Survey, 2026.

Note: *Percentages are presented separately for women and men respondents. The survey assessed self-reported involvement using three response categories: fully engaged, partially engaged and not engaged. These categories indicate the reported extent of participation in an activity, not hours spent or the proportion of responsibility undertaken, and should not be interpreted as a direct measure of time use or exclusive allocation of household tasks.*

The survey reveals a post-flood decrease in overall full involvement in routine housework and cooking for both women and men. Among women, housework fell from 76.9 per cent pre-flood to 57.1 per cent post-flood, and cooking went from 76.2 to 54.8 per cent. Among men, housework fell from 50.0 to 37.5 per cent and cooking from 26.9 to 20.0 per cent. However, these changes cannot be interpreted as a reduction in the time or effort required to maintain a household. For instance, women described undertaking recovery activities such as digging mud out of homes, retrieving household belongings, cleaning damaged spaces and travelling to municipalities to seek relief. The survey did not measure these emergency and recovery tasks, so it cannot establish how they affected respondents' total workloads. Girls in Galchhi-6 described additional cleaning responsibilities that left them with little time to learn new skills. Similarly, a woman participating in a Dalit women's group in Belkotgadhi described how cooking and cleaning had become less predictable and more time-consuming after the flood:

> **"We used to cook food and eat by 9 a.m. while we were at home before flood, but now there's no time limit. It takes more time to cook food and clear up utensils than before. I have to look after children, wash clothes, do cleanliness and other works too."** *—FGD respondent, Dalit women group*

Her account illustrates how damaged homes, the loss of household items and disrupted routines could make familiar tasks more demanding even where reported full involvement declined. Because the survey did not

record time use or the conditions in which tasks were performed, it cannot quantify this additional effort or show whether the overall domestic workload increased or decreased.

The recorded decrease in domestic work can be linked to access to services and the conditions in which households were living. In one consultation in Bidur-5, participants said that access to water tanks and community kitchens reduced the need for household water collection and cooking, and described some increased participation by men and adolescent boys in household tasks. This is evidence of changes reported in that particular setting – not of a general shift in the gendered division of labour. Survey responses show that full involvement in water collection declined from 66.1 to 50.7 per cent among women and from 50.0 to 42.9 per cent among men, but these figures do not establish that the work was redistributed. In contrast, Dalit women in Dhading described difficulties maintaining cleaning and washing because of inadequate water supplies, as well as discriminatory treatment when seeking alternative sources. Consistently with the flood impacts on farmland, respondents reported a sharp decline in the proportion of respondents reporting full involvement in farming: from 48.2 to 10.3 per cent among women and from 56.5 to 13.6 per cent among men.

Childcare needs appear to have increased following the flood, and while the gender gap became less important than before the floods, women remain more involved than men. The proportion reporting full involvement in childcare increased from 65.2 to 70.5 per cent among women and from 51.9 to 66.7 per cent among men. During the qualitative assessment, a lactating woman reported managing two babies alone and sometimes being unable to collect relief because she could neither leave the children unattended nor carry both children and relief materials. She also described her husband as the main household decision-maker while she remained alone with the children. Another account described how a man's absence while searching for a missing relative left his wife managing livestock, feeding chickens, cooking and collecting relief. The absence or death of household members could also leave women and girls with additional responsibilities alongside grief and displacement. Consultations described women caring for children, in-laws and other relatives when male household members were missing or deceased. Adolescent girls in Kalika described taking on more cooking, sibling care and other domestic tasks after losing family members. These accounts indicate that the consequences of family loss and livelihood disruption extended to adolescents, although the consultations do not establish how common these experiences were across affected households.

In contrast, some men reported taking on additional domestic and care tasks, but specifically in contexts where other household members were grieving, missing or otherwise unable to carry out their usual responsibilities. In Rasuwa, one man described caring for children and elderly parents, preparing food and managing the household while also seeking relief and searching for his missing son. Adolescent boys in Rasuwa also reported additional cooking, fodder collection and agricultural work alongside schooling, particularly when family members were absent or unable to undertake these tasks. These account suggest that grief and loss resulting from the disaster, and the subsequent impacts on mental health, livelihoods, care services and humanitarian assistance, contribute to changes in what domestic and care work entails, its intensity, how much time it requires, and to some extent, how these responsibilities are shared between men and women – yet the dominant pattern is that the pre-existing gendered division of tasks persists after the flood. The evidence is best understood as documenting situational responses to crisis rather than a broader change in gender norms.

4.2. Access to essential services

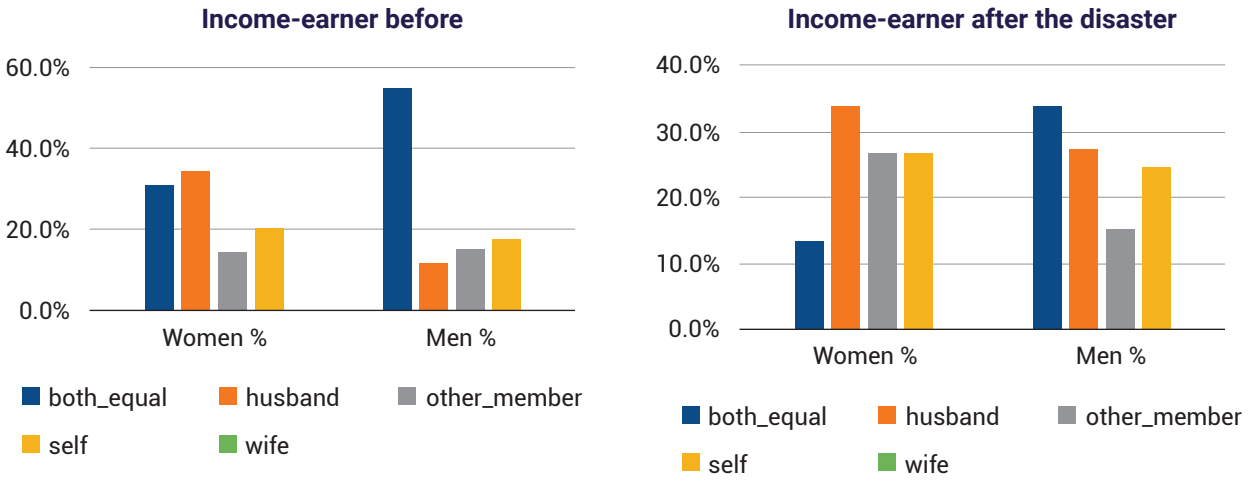
Livelihoods

Before the disaster, agriculture, livestock and small businesses were the most commonly reported sources of household income. None of the respondents selected the "No paid livelihood" category before the flood, indicating that households all reported some form of livelihood engagement. Following the flood, livelihood activities declined substantially, with approximately two-thirds of women and men reporting no current paid livelihood. Humanitarian assistance has consequently become an important means of meeting household needs.

Table 3. Household livelihoods before and after the flood

Pre-flood household income sources	%	Post-flood livelihood indicators	Women (%)	Men (%)
Agriculture	46.76	No current paid livelihood	64.2	60.6
Livestock	30.94	Farming	10.4	15.2
Small businesses/shops	27.34	Reliance on humanitarian assistance	68.9	69.7
Kitchen gardening	19.42			
Daily wage work	19.42			
Employment	17.27			
Foreign labour migration	14.39			
No current paid livelihood	0			

Figure 1



Main household income-earners before and after the flood, by sex and distribution

The findings also point to changes in household income responsibilities. Before the disaster, 31.1 per cent of women and 54.5 per cent of men reported that both husband and wife contributed equally to household income. After the disaster, this declined to 13.2 per cent among women and 33.3 per cent among men. At the same time, the proportion of women identifying themselves as the main income-earner increased from 20.8 to 26.4 per cent, while the proportion identifying another household member as the main earner also increased. The differences between women's and men's responses raise questions about how economic contributions are perceived and recognized within households. Although some women reported assuming greater income-earning responsibility, this does not necessarily indicate increased economic independence or control over household resources, particularly in the context of livelihood losses and bereavement.

Qualitative findings also indicate that the flood has caused severe disruption to household livelihoods, income sources and economic independence, with impacts differing according to gender, age, disability and household composition. The loss of agricultural land, businesses, property and economically active family members has reduced households' capacity to generate income and increased their dependence on humanitarian assistance. In several cases, the impact is not limited to physical damage to property; households whose houses remained intact have nevertheless become economically vulnerable because male household heads or primary income-earners are missing or deceased. These disruptions have also affected adolescents' roles within households.

A major concern emerging from the data is the absence of predictable cash assistance and unclear information regarding rental support. Women in the Uttargaya holding centre reported that they had been told they could

receive approximately NPR 20,000 to move into rented accommodation, but no clear agency or institution had taken responsibility for the payment. This uncertainty has constrained households' ability to leave the holding centre and begin rebuilding their lives.

The flood has also reinforced gendered economic roles and dependencies. Men were frequently described as being most directly affected through the loss of employment, businesses and opportunities to earn, particularly where they had been the principal household providers. Men's group respondents similarly reported that "the flood affected men in their jobs and in their opportunities to earn a living." However, framing livelihood impacts only through male income loss obscures the substantial economic consequences for women. Women who are single, living alone, widowed or who have lost household members face particular difficulties in meeting basic needs and accessing relief and services.

The assessment further shows that loss of income can transform women's unpaid care and domestic responsibilities. For example, following the injury of a girl's father, her mother became responsible for household work, caregiving, the girl's daily needs and social mourning obligations. Thus, livelihood disruption is accompanied by an expansion of women's unpaid workload. Women can simultaneously experience reduced economic opportunities and increased care responsibilities, potentially deepening their economic dependence.

The impact is particularly acute for persons with disabilities and households dependent on small businesses. A woman with a disability reported that her family's roadside shop had previously generated regular income from travellers using the route towards the China border. Flood-related transportation disruption reduced customers and prevented the family from restocking goods. Continued disruption could force the closure of the business, leaving the household without a reliable income source. This demonstrates how disaster impacts extend beyond direct physical destruction: disrupted mobility, markets and supply chains can undermine livelihoods even when the livelihood asset itself remains standing. Agriculture-dependent households similarly face longer-term challenges where crops and productive land have been lost.

CARE Nepal's field visit to the Sundar Kaureni holding centre in Bidur-10, Nuwakot, documented the experience of a six-months-pregnant woman whose family had lost both their home and their principal source of income. The family had purchased a vehicle following her husband's return from nine years of overseas employment, but the vehicle was swept away by the flood. Although insured, the family remained uncertain about compensation and whether they could safely rebuild in their original settlement. This experience illustrates how the loss of a productive asset can undermine years of household investment and create overlapping pressures related to pregnancy, displacement, housing insecurity and economic recovery.[12]

Adolescent girls also expressed an interest in earning income and developing skills, but reported a lack of such opportunities:

"There [are] no such opportunities available for learning new skills and earning income."

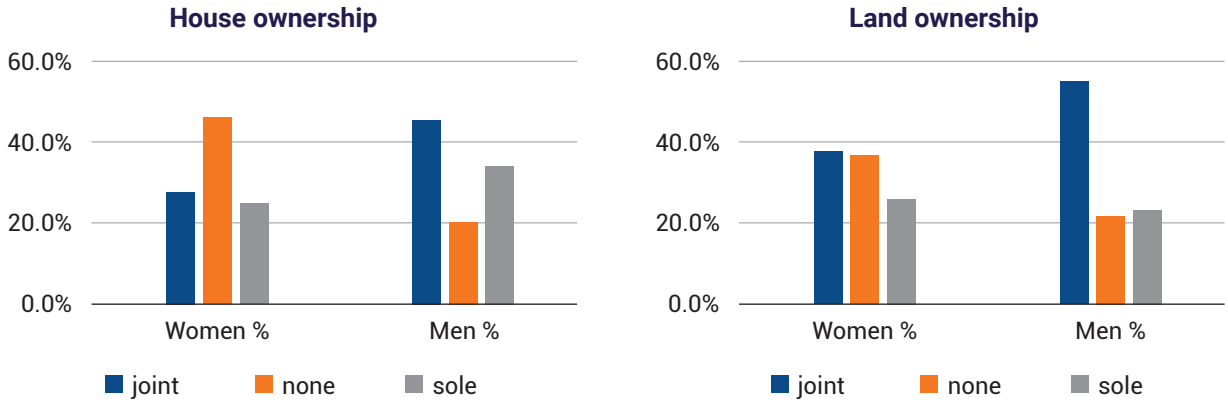
This suggests that girls should not be viewed only as dependents or recipients of protection assistance. Their expressed interest in paid work indicates potential for gender-responsive livelihood programming, including skills development and safe income-generating opportunities.

Access to and ownership of assets

The quantitative findings also show gender differences in ownership of key assets. Women were more likely than men to report having no ownership of land (36.8 per cent compared with 21.2 per cent) and no ownership of the house in which they currently lived (47.2 compared with 21.2 per cent). Men were more likely to report joint ownership of both land and housing. Jewellery showed a different pattern, with women more likely to report sole ownership (34.9 per cent) than men (12.1 per cent). This suggests a gendered pattern in asset ownership, with women having comparatively weaker ownership of key productive and housing assets.

12. CARE Nepal. 2026. Field visit account.

Figure 2



Home and land ownership, by sex and distribution

Food-related coping strategies

Assessing the 10 days preceding the survey, 36.7 per cent of the 139 respondents reported having eaten less at least once, 32.4 per cent reduced portion sizes, 27.3 per cent reduced the number of meals, 21.6 per cent borrowed food and 18.7 per cent reduced their own food intake. Respondents reported eating less for an average of 1.19 days, reducing portion sizes for 0.98 days, reducing the number of meals for 0.80 days, borrowing food for 0.72 days, and reducing their own food intake for 0.59 days. The median was zero across all five measures, indicating that at least half of respondents did not report using each individual strategy during the reference period.

Gender-disaggregated data show that men more frequently reported eating less than women (1.85 compared with 0.99 days), while differences in reducing portion sizes were smaller (1.06 compared with 0.95 days). Further disaggregation suggests that food-related coping was not experienced uniformly across the sample. Among Dalit respondents, 61.1 per cent reported eating less at least once, compared with 34.5 per cent of Janajati and 32.0 per cent of Brahmin/Chhetri respondents. These differences should be interpreted with caution given the small subgroup sizes and purposive nature of the survey.

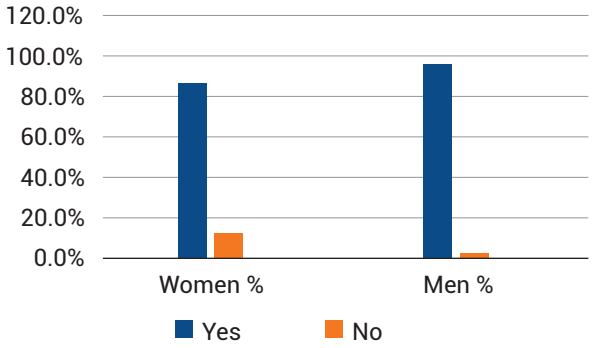
The findings indicate that, although most respondents did not report using these strategies, some households were already experiencing pressures on food access. Qualitative consultations similarly highlighted loss of agricultural production, reduced purchasing power and dependence on food assistance, suggesting that food security remains an important consideration in livelihood recovery.

Water, sanitation and hygiene access

Respondents were asked to identify who, within the household, is responsible for water collection, after the flood. In 68.35 per cent of households, respondents identified the wife as responsible for collecting water, compared with 22.3 per cent identifying the husband. Daughters were also more commonly identified as water collectors than sons (25.18 compared with 15.11 per cent). While 70.5 per cent of respondents reported that water collection takes less than 30 minutes, 10.79 per cent spent between 30 and 60 minutes, and 4.32 per cent reported spending more than 60 minutes. This adds to the time burden, particularly for women and girls who are more commonly responsible for water collection.

The findings also show differences in perceptions of water safety. While most respondents considered their water source safe for consumption, 13.2 per cent of women compared with 3.0 per cent of men reported that it was unsafe. Qualitative findings help explain these concerns. In Galchhi RM, women reported that water pipes and motors had been swept away and that available water had become polluted. Participants associated contaminated water with "diarrhoea, stomach problems" and other health concerns. A lactating woman reported relying on neighbours to collect water and explained that although a water purifier had been provided, sufficient water and cleaning materials such as soap, detergent and toilet-cleaning supplies remained unavailable.

Figure 3

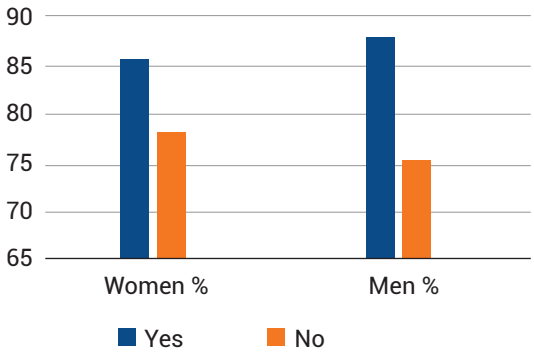


Perceptions of water source safety, by sex

Toilet and bathing access: gender comparison

Access to toilets was relatively high among both women and men, reported by 85.8 per cent of women and 87.9 per cent of men, while access to bathing facilities was somewhat lower at 78.3 and 75.8 per cent, respectively. However, the qualitative findings show that access alone did not capture the adequacy of facilities. In more severely affected locations, toilets were described as poorly maintained, constructed from tent materials, lacking locks and without adequate separation between women and men. Bathing facilities were completely unavailable in some locations. These conditions created particular difficulties around privacy, safety and accessibility for women and girls, pregnant and lactating women, older people and persons with disabilities, LGBTIQ+ respondents reportedly faced similar challenges as those reported by other participants, although the sample size for this group was limited and the conditions of the data collection did not allow for follow up questions.

Figure 4



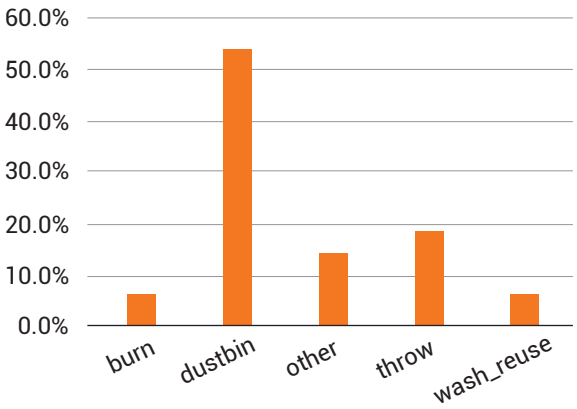
Access to toilet and bathing facilities, by sex

Menstrual hygiene management

Menstrual hygiene management emerged as a particular concern for women and adolescent girls: 75.5 per cent of women of menstrual age reported that their menstrual hygiene needs were met, while 24.5 per cent reported that these needs were not met. This suggests gaps in the availability or accessibility of adequate menstrual hygiene materials and facilities.

Women reported difficulties managing menstruation because of inadequate access to clean clothes, pads, water, pad disposable machines, and cleaning items like soap and detergent. Although sanitary pads were distributed in several locations, women reported that four to five pads per household were insufficient. Adolescent girls similarly reported receiving pads through schools and relief distributions, but shortages exists. Issues ofinappropriate disposal, including used pads being stored in sacks and eventually discarded in nearby rivers was reported.

Figure 5



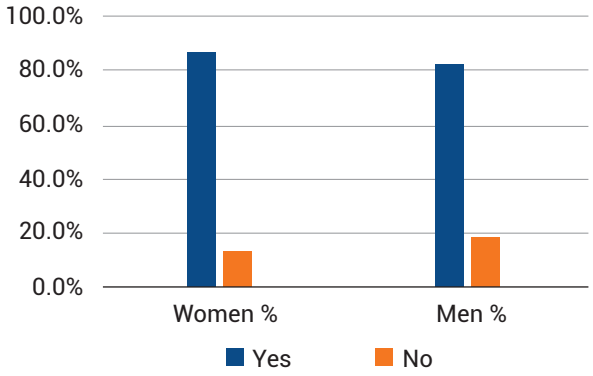
Sanitary pad disposal methods

At the same time, WASH conditions were not the same across locations. Some adolescent girls reported that pads, pain relief, hot-water bags, separate bins and bathing spaces were available. However, even where facilities existed, overcrowding remained an issue. Girls reported only three toilets and long waits, and emphasized the need for separate toilets for boys and girls. Overall, the findings show that the flood response has provided important WASH assistance, but access, adequacy, safety, privacy and dignity remain uneven across affected communities.

Health

Some 86.8 per cent of women and 81.8 per cent of men reported having access to health services. For those who reported lack of access to health, barriers included financial reasons, lack of facilities and unsafe travel. Some 16.0 per cent of women reported lack of access to maternal health services, mostly citing financial barriers (64.7 per cent), followed by lack of health facilities (58.8 per cent), lack of specialists (11.8 per cent) and unsafe travel (5.9 per cent).

Figure 6



Access to health services, by sex

The qualitative findings indicate that the flood has significantly disrupted access to health services, with women, pregnant and postpartum women, adolescent girls, older persons, people with chronic illnesses, and single women being the most affected. Although health check-ups and outreach activities such as blood pressure, diabetes and eye screening reportedly have continued, these services have not fully compensated for the destruction of health infrastructure, roads, bridges and transportation systems.

Maternal health emerges as a critical concern. Women close to childbirth are staying in temporary centres where there is no nearby hospital and damaged roads make emergency referral extremely difficult. As one participant from Uttargaya-05, Rasuwa, explained: "If we have to take someone in an emergency, we don't even have a road, how do we take them? That's a worry for us too." Participants therefore emphasized prioritizing pregnant women and new mothers for health services. This highlights that maternal health needs are not only about the availability of routine check-ups but also timely emergency referral, transportation and access to adequately equipped facilities.

The destruction of health infrastructure has further intensified these challenges. Qualitative consultations reported damage to health facilities and essential equipment in some affected locations, alongside blocked roads and damaged bridges that disrupted access to health services. These disruptions created additional challenges for people requiring regular treatment, maternal healthcare and emergency referrals. Moreover, women and adolescents were reported to experience respiratory problems, stomach-related illnesses, skin allergies and mental distress, alongside increased blood pressure and blood sugar levels.

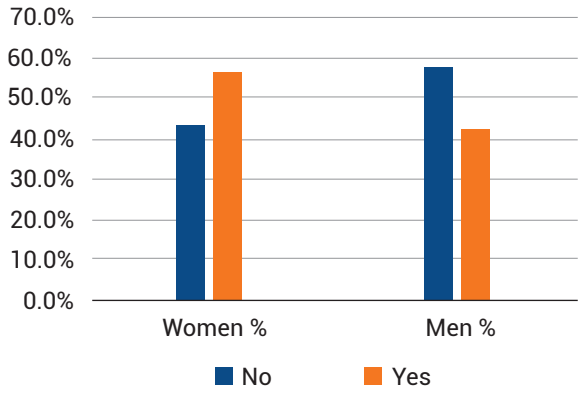
The findings also reveal important gaps in sexual and reproductive health (SRH) services for women and girls. One married adolescent had received no information about contraception and expressed embarrassment when discussing reproductive decision-making. Similarly, the account of a single woman in Nuwakot indicates that post-disaster services were largely limited to basic and emergency care, with no specific reproductive health services reported. Likewise, older people living alone or caring for spouses with disabilities or chronic illnesses face additional difficulties obtaining medicines and reaching health facilities. As one senior citizen from Rasuwa stated: "When my medicine finishes, I have to plan well in advance because the health facility is far away and transportation is unavailable." Thus, the findings demonstrate that post-flood health responses have provided some basic and outreach services but remain insufficient, particularly for maternal, reproductive, chronic and emergency healthcare.

Mental health and psychosocial support and coping mechanisms

More than half (56.6 per cent) of women reported that psychosocial issues were present in their community or among residents following the flood, compared with 42.4 per cent of men. The findings also show that women were more often perceived as affected by psychosocial issues, reported by 91.7 per cent of women respondents and 71.4 per cent of men respondents. Children were identified as affected by 63.3 per cent of women and 42.9 per cent of men, while elderly people were reported by 58.3 per cent of women and 57.1 per cent of men. Men themselves were identified as affected by 36.7 per cent of women and 57.1 per cent of men. This suggests that psychosocial impacts on

women, children and older people were more widely recognized, while men's psychosocial needs appeared less visible. The higher proportion of male respondents identifying men as affected also points to gendered differences in the recognition of psychosocial distress. Qualitative consultations provide further context: a counsellor observed that men appeared less willing to express psychosocial difficulties openly, possibly reflecting social expectations around remaining strong. Lower visibility of distress among men should therefore not be interpreted as evidence of lower psychosocial impact.

Figure 7



Mental health issues observed in the community, by sex

The qualitative findings indicate that the flood has had significant and continuing impacts on both physical health and psychosocial well-being, with particularly pronounced effects among women, children, adolescents, older persons, persons with disabilities, people with chronic illnesses and households that experienced loss of family members, homes, property or livelihoods. Psychosocial distress was expressed through fear, anxiety, sleep difficulties, nightmares, headaches, irritability, negative thoughts, social withdrawal, difficulty concentrating and loss of motivation. These concerns were especially evident among people directly affected by the disaster and those who experienced major personal and economic losses.

Women appeared to experience considerable psychosocial burdens, including concerns about their own safety and the safety and education of their children. KII from counsellor reported that these problems were particularly visible among women aged 15–60 years. For women who lost husbands or other family members, psychological distress was closely connected with economic insecurity, increased responsibilities, displacement and uncertainty about the future. One account from Rasuwa described how a woman whose husband had gone missing remained unable to come to terms with the loss, constantly hoping that he might return. For women who had lost family members, the immediate need to care for children and manage household survival often continued alongside grief and emotional distress. Continuing these responsibilities should not necessarily be interpreted as emotional recovery, particularly when women had limited alternatives or support.

The emotional impacts were also severe among children and adolescents. Children experienced fear, sleep difficulties, anxiety and repeated thoughts about family members who were missing or had died. Some reported difficulty concentrating on their studies and daily activities even after schools reopened.

As one participant described: ***"Even now, whenever it rains heavily, I fear that floods and landslides may happen again."*** This demonstrates that the psychological effects of the disaster continue through fear of recurrence and uncertainty about future safety.

Affected people relied on different coping mechanisms to manage emotional distress and practical difficulties. Family members, friends, neighbours and community networks provided important sources of support. Participants described prayer, sharing experiences with others who had experienced similar losses, staying close to family members and gradually returning to familiar routines. For adolescents, schools and friendships were particularly important. Boys described volleyball, drawing and spending time with friends as ways of managing sadness, while adolescent girls in Kalika reported that school-based psychosocial activities helped them cope with fear and anxiety. These findings reinforce the importance of schools as spaces for psychosocial recovery, beyond the resumption of classroom learning.

Persons with disabilities also faced challenges in accessing emotional and practical support. A woman living with disability displaced from Rasuwa described emotional distress associated with displacement and difficulties accessing assistance. She reported

listening to videos and sometimes crying as ways of managing her emotions. Although counselling had been discussed with her, she had not received the service. She also relied on family members to collect food because dedicated caregiver support was unavailable in the holding centre. An interview involving an adolescent with disability similarly highlighted reliance on family caregiving for personal care, hygiene and safety. These individual accounts suggest that psychosocial well-being and coping among persons with disabilities are closely linked to accessible services and the availability of caregiver support, although the assessment did not systematically examine caregivers' coping experiences.

The qualitative findings also highlight barriers to accessing psychosocial support. Although counselling and MHPSS services are available in some locations, people often reported not using them because of limited awareness, unfamiliarity with such services or discomfort in sharing personal problems. Similarly, the counsellor observed that some people were reluctant to discuss their problems because they felt that "talking about them will not make any difference." Women in Bidur-5 knew that service-providers were visiting affected families but were less clear about what counselling involved or how it could help. Displacement, damaged roads and immediate household responsibilities could further limit continued access to these services.

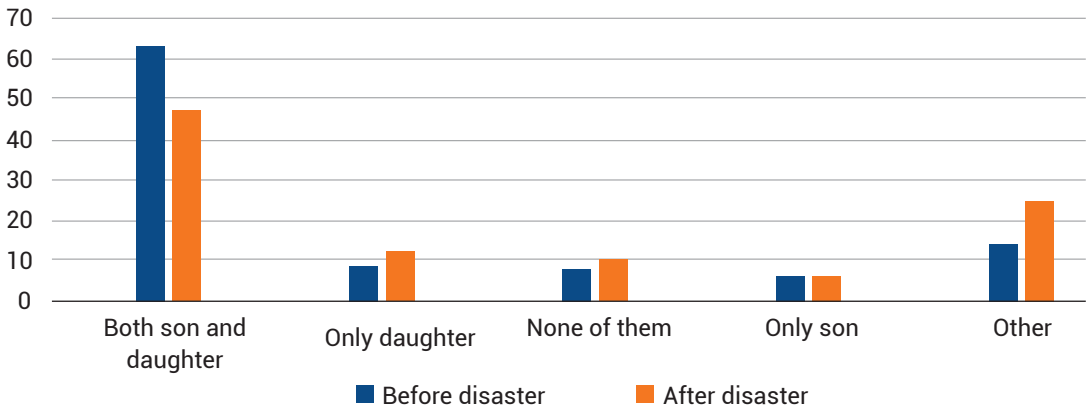
Alongside these supportive coping mechanisms, potentially harmful responses were also reported. A counsellor in Nuwakot observed increased alcohol use in some communities along the Trishuli. FGDs with men also raised concerns about alcohol misuse, aggression and social withdrawal in the context of grief and livelihood losses. Some affected people were reluctant to discuss their distress or compared their losses with those of families who had suffered more. While such responses may reflect different ways of processing grief, they can also make unmet psychosocial needs less visible. These observations should not be interpreted as evidence that harmful coping behaviours were widespread across affected communities.

Overall, family, community and school networks provided important sources of emotional and practical support. However, these informal coping mechanisms cannot replace sustained MHPSS services, particularly for households experiencing multiple losses, displacement, disability-related barriers and increased care responsibilities. Continued grief and trauma counselling, disability-inclusive psychosocial outreach, caregiver support and school-based psychosocial activities remain important during recovery.

Education

The flood disrupted children's participation in education, although the experiences varied across households. Before the disaster, 62.59 per cent of respondents reported that both sons and daughters were engaged in education, compared with 46.76 per cent after the disaster. The proportion reporting that neither sons nor daughters were engaged increased from 7.91 to 10.07 per cent. Meanwhile, responses classified as "other" increased from 14.39 to 24.46 per cent, suggesting that some educational arrangements may not be fully captured by the predefined categories.

Figure 8



Access to school education, before and after the disaster, by sex

The flood has disrupted education not only through physical damage to schools and transportation infrastructure, but also through displacement, family loss, psychosocial distress, reduced attendance, inadequate temporary learning spaces and household economic insecurity. One of the most immediate barriers is physical access to schools. Several bridges were washed away, leaving students living across rivers unable to attend school. In Tarkeshwor, for example, students living on the opposite side of the Trishuli River faced difficulties reaching school, while in Belkotgadi, 42 students from across the river experienced similar challenges. One school responded by establishing a hostel for affected students. In another location, a basic school was itself affected by the flood and classes were temporarily shifted to a health post. These examples demonstrate how damage to roads and bridges can effectively become an education barrier even when the school itself remains functional.

Displacement and family loss have further interrupted educational continuity. In Gosaikunda RM, Rasuwa, approximately 58 children from the school were in Kathmandu, whereas no temporary learning centre had yet been established in Rasuwa. The headteacher reported that parents were concerned that their children were losing valuable learning time. Children who managed to enrol in new schools also faced difficulties adjusting to different teachers, teaching methods and English-medium instruction in Kathmandu. The problem is therefore not simply whether children are formally enrolled, but whether they can continue learning consistently and meaningfully after displacement.

Attendance has also been affected by grief, mourning practices and household responsibilities. In one school, attendance remained very low even after reopening, while repeated funeral and memorial ceremonies meant that many students could not attend regularly. This highlights the importance of understanding education within its wider social and cultural context rather than treating absenteeism simply as a school-level issue. The quality of temporary education is another major concern. In one school, Nursery to Grade 3 students were accommodated in only two small rooms after the original building was flooded. The absence of adequate space, playgrounds and basic facilities made teaching difficult and required teachers to manage several grades simultaneously. The headteacher emphasized that the most urgent need was "the establishment of adequate temporary learning spaces and the reconstruction of the school." Thus, although education has resumed in some locations, the learning environment remains far from normal.

The findings also reveal a strong relationship between education and psychosocial well-being. Many children remain frightened by the disaster, become startled by loud noises or heavy rainfall, and ask teachers whether another flood will occur. Teachers themselves have been affected by deaths and losses within their families, creating an additional burden within the education system. In Belkotgadi, the headteacher observed that some students who were previously communicative had become withdrawn and anxious after the disaster.

Gendered differences are particularly visible in the psychosocial dimension of education. Although one headteacher reported no major difference in boys' and girls' formal access to education, another observed that girls appeared more frightened and were more likely to cry or openly express fear. During a KII, a school principal in Belkotgadhi, Nuwakot reported that four to five girls had been fainting daily, which the principal associated with fear following the disaster. While the cause of these episodes was not independently established, the account highlights the need for continued attention to students' physical and psychosocial well-being. The experience of adolescent girls in the Gosaikunda Yellow Gumba illustrates how temporary living arrangements can directly affect learning. Girls reported that although they attended school, the environment at the temporary settlement did not provide adequate conditions for studying. In other words, although girls were going to school, the mandatory turning off of lights around 8 p.m. at holding centres prevented them from completing homework.

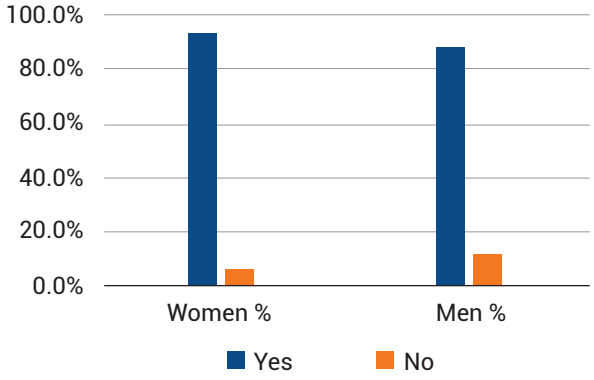
One adolescent group identified fear of "bad people" on the way to school as a major barrier, while some girls had not received school uniforms and reported that they could not access information

about protection and response services. At the same time, the findings identify several positive education responses. Schools and organizations have provided stationery, snacks, menstrual hygiene materials, recreational activities, yoga, meditation, drawing and psychosocial support. Such activities have helped children interact with peers, manage distress and regain a sense of normalcy. However, these interventions should complement rather than substitute for safe infrastructure and continuous formal education.

Humanitarian assistance

The findings indicate that humanitarian assistance had reached the majority of households surveyed, with 92.09 per cent reporting that they had received humanitarian aid or relief items. This included 93.4 per cent of women and 87.9 per cent of men interviewed.

Figure 9



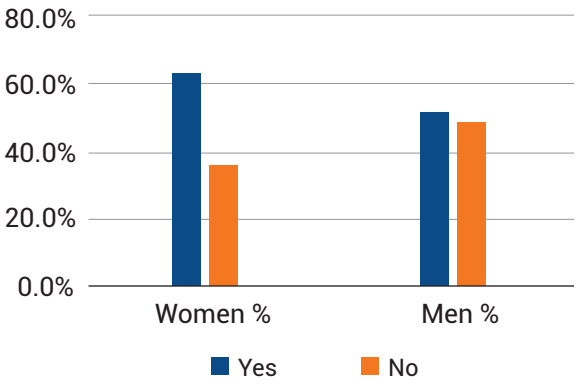
Humanitarian aid received, by sex

Although the overall coverage was relatively high, the findings reveal important differences in participation, access and decision-making within the relief distribution process. Women were reported to have a greater role in physically accessing relief assistance than men, with 61.15 per cent of respondents reporting that women were involved in receiving relief compared with 51.80 per cent reporting the involvement of men. However, several barriers affected women's and girls' access. Reported barriers included men being prioritized during distribution, identified by 14.2 per cent of women and 27.3 per cent of men respondents (17.3 per cent overall), and overcrowding at distribution points or pressure to return home, reported by 6.6 per cent of women and 6.1 per cent of men (6.5 per cent overall). Other barriers included difficult access to distribution locations (2.9 per cent overall), difficult travel conditions (3.6 per cent), unsuitable distribution timings (1.4 per cent), lack of permission (0.7 per cent) and unsafe travel (0.7 per cent). Notably, 71.9 per cent selected "other" when reporting barriers to assistance, indicating that the predefined response categories did not adequately capture respondents' experiences. Such barriers suggest that the availability of assistance did not necessarily translate into equitable or dignified access for all affected households.

Qualitative findings further identified family restrictions, safety concerns, household responsibilities, disability, economic hardship, damaged roads and bridges, transportation and documentation as factors affecting access for women. The qualitative findings also add important context to who collected relief. While the survey indicated substantial involvement of women in receiving assistance, women in some consultations reported that men were more commonly involved in collecting relief while women remained at holding centres. Gender norms and household responsibilities influenced women's mobility, including the belief that "Girls should not go out of the house; instead, they need to do household chores." Decision-making over relief was also described as predominantly male-led.

A major concern relates to limited participation of affected households in identifying their own needs: on average 61.15 per cent of respondents reported that no one had directly asked them about their needs before relief was distributed. The preferred forms of assistance also demonstrate a strong demand for more flexible support, with 74.82 per cent preferring cash assistance, followed by material support (44.60 per cent) and services (24.46 per cent).

Figure 10



Extent to which respondents were consulted about their needs, by sex

The appropriateness of relief items emerged as another concern. Participants reported receiving expired biscuits and noodles, medicines nearing expiry, and clothing and slippers that did not adequately account for different ages and body sizes. Humanitarian support was therefore sometimes perceived as insufficiently sensitive to dignity and actual household needs. As one Dalit participant explained, organizations often ***"bring whatever they choose rather than asking what people actually need."*** Participants emphasized that they wanted to ***"be heard and seen."*** One participant during an FGD with women at Bidur municipality shared that they were photographed without consent by a development worker. She shared: "it felt very humiliating at that moment." Likewise, a participant from an FGD with Dalit groups said: "I am living in a church. Even when relief came to support us, our neighbours opposed it. Another church from Pokhara had brought us a gas cylinder, but our neighbours protested and forced them to take it back. We are living in a church, yet even the assistance we receive is not accepted by our neighbours because of our caste."

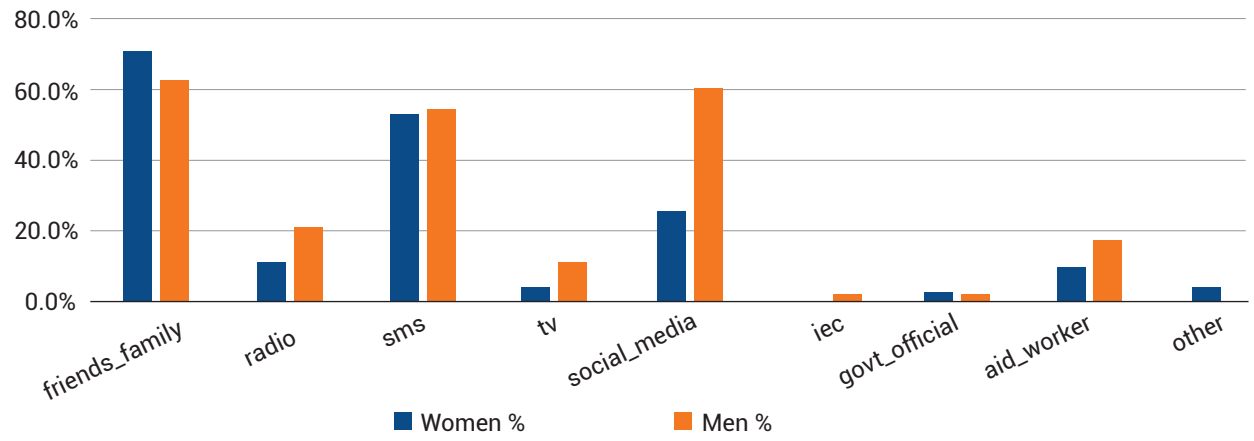
Information, documentation and recognition also affected access. Some girls reported being unable to access programmes because they were unfamiliar with the organizations, while single women described difficulties obtaining survivor cards and having property and losses recognized. In Rasuwa, a participant also questioned whether standardized relief packages adequately reflected differences in household size: "One sack of rice is not enough for families like ours. Relief support should consider family size and vulnerability."

Overall, the findings highlight the need for participatory, gender-responsive and dignity-centred humanitarian assistance, with greater attention to household vulnerability, family size, accessibility, information, women's decision-making and the actual needs identified by affected communities.

Access to information

The findings indicate that 80.6 per cent of respondents regularly receive information, while 19.4 per cent reported that they do not. Information access was slightly higher among women (82.1 per cent) than men (75.8 per cent). Friends and family were the most common source of information (69.8 per cent), followed by SMS (54.0 per cent) and social media (34.5 per cent). Women relied more heavily on friends and family (71.7 per cent), while men reported substantially greater reliance on social media (60.6 per cent compared with 26.4 per cent among women). Formal channels such as aid workers and government officials were less commonly reported.

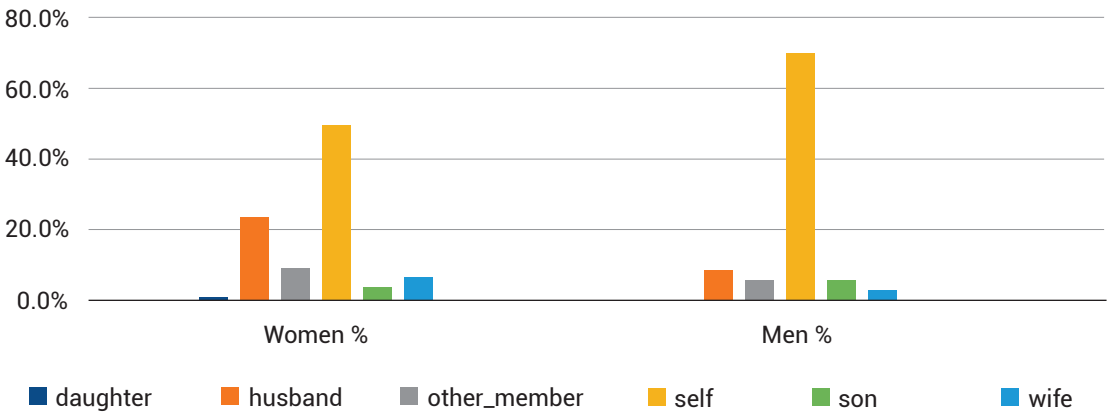
Figure 11



Access to information, by source and by sex

Gender differences were also visible in terms of who received aid-related information first. Overall, 59.0 per cent reported receiving the information themselves first, but this was higher among men (75.8 per cent) than women (53.8 per cent). Among women, 25.5 per cent reported that their husband received the information first. This suggests that although women reported relatively high overall access to information, they may still depend more on household and interpersonal networks for aid-related information.

Figure 12



Who received information first, by sex and family role

Qualitative findings indicate that access to information remains uneven, particularly regarding recovery, rehabilitation and long-term support. While local governments use loudspeaker announcements, Facebook, ward notice boards, home visits and community meetings, affected people do not consistently receive or understand this information. One participant from Bidur reported that they were "not aware of any recovery initiatives that are currently operating or upcoming." Similarly, single women reported receiving no clear information about long-term housing or recovery support, creating uncertainty about what would happen after temporary assistance ends.

Women participants also reported losing mobile phones and televisions during the flood, while workload and stress meant that even friends sometimes forgot to pass information on. They therefore suggested repeated dissemination through volunteers. As one group explained, "If we miss the information, we get the messages from our friends and neighbours," but this informal system is not always reliable. Women in Belkotgadi also reported that men were primarily involved in receiving relief information and making decisions: "They make decision[s] for everyone." Adolescent girls faced additional challenges following the loss of phones, radios and televisions, while language, displacement and disability further affected access to information. Tamang-speaking women may miss information issued primarily in Nepali, while women with disabilities may face difficulties accessing warnings, shelters and services.

4.3. Participation and decision making

Household level

Household decision-making patterns in the survey are broadly consistent with the qualitative accounts, although the two sources tell different parts of the story. Women are more likely to be excluded from decision-making about work and livelihoods, reported by 56.6 per cent of women and 66.7 per cent of men. Moreover, 17.0 per cent of women said they did not participate at all, compared with 9.1 per cent of men. In focus group discussion and KIIs, women's groups described husbands as managing cash, savings and livestock, and as holding control over major financial resources, with little perceived change after the flood. Women said they took part in many household decisions, but livelihood decisions tied to the household's main income and assets appear to have been the ones where they were least involved.

Decisions about assets show a similar pattern, with a more complicated picture. Joint decision-making was reported by 62.3 per cent of women and 66.7 per cent of men, while 18.9 per cent of women and 15.2 per cent of men reported no participation. At the same time, 10.4 per cent of women described themselves as the main decision-maker, whereas no men identified women in that role. Women in the focus groups said they were involved in decisions about buying and selling assets, yet also reported that husbands retained control of household property. Taken together, this suggests that "joint" decision-making in the survey may reflect consultation or involvement rather than equal control.

When deciding about migration, women more frequently reported joint decision-making (67.0 per cent) than men (51.5 per cent), while men were more frequently consulted (27.3 per cent) than women (11.3 per cent). Being consulted and deciding jointly may represent different forms of involvement, and men and women may describe the same discussion differently, however, qualitative consultations suggested that migration decisions carry a direct consequence for women's workload and responsibilities.

Decisions about visiting the maternal home were the one area where women were clearly more likely to describe themselves as the main decision-maker (23.6 per cent, compared with 9.1 per cent of men). Meanwhile, 24.2 per cent of men reported no participation, against 9.4 per cent of women. This may reflect the gendered nature of decisions about women's mobility and ties with their natal families.

In decisions on children's health and schooling, joint decision-making was relatively high among both women and men. For child health, 63.2 per cent of women and 60.6 per cent of men reported joint decisions; for schooling, the figures were 69.8 and 60.6 per cent, respectively. Women were also more likely to identify themselves as the main decision-maker, at 17.9 versus 9.1 per cent for child health and 15.1 versus 6.1 per cent for schooling. This is consistent with what women described in the qualitative findings, namely that they participated in decisions on health, education, food, household expenses and childbirth, and it likely reflects their substantial role in childcare and education. However, women's involvement in these decisions did not necessarily mean equal control over the resources needed to act on them, since husbands were reported to manage major finances.

A similar pattern appears for decisions about having another child. Joint decision-making was reported by 58.5 per cent of women and 57.6 per cent of men, and 17.9 per cent of women identified themselves as the main decision-maker, compared with none of the men. Conversely, 27.3 per cent of men reported no participation, compared with 17.0 per cent of women. These differences in reported participation should not be read as evidence that women independently controlled reproductive choices, as the qualitative findings only mention women's participation in childbirth-related decisions and do not explain how decisions about having another child were made.

Overall, the evidence suggests that women's participation in household decisions was often substantial, but participation did not consistently equate to control over resources, particularly in livelihoods and assets. Detailed sex-disaggregated results on household decision-making and reported changes following the flood are presented in Annex Table A 2.1.

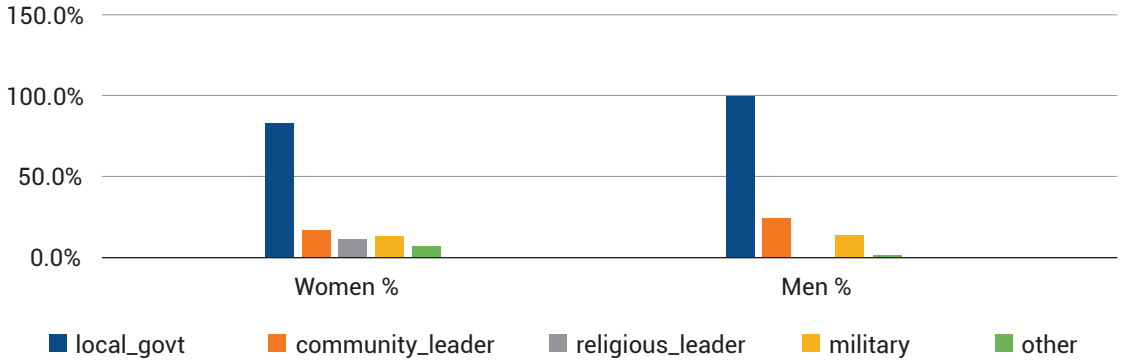
Community level

At community level, 53.2 per cent of respondents reported participating in decision-making, with participation higher among men (63.6 per cent) than women (50.0 per cent). Although women reported higher membership in community groups (43.4 per cent) than men (18.2 per cent), this did not translate into equal participation in broader community decision-making. Local government was identified as the primary decision-making actor by 87.05 per cent of respondents.

The qualitative findings indicate that participation in flood response and recovery decision-making remains uneven. Although some local actors reported that women, men and youth participate in community discussions, other evidence points to the absence of systematic mechanisms to ensure representation. The Ward Chair of Tarkeshwor-2 acknowledged that there is currently no specific mechanism to ensure the representation of women, girls, women with disabilities, and gender and sexual

minorities in recovery-related decisions. Similarly, the local government representative in Galchhi reported that women, men, youth, people with disabilities and marginalized groups are not consistently represented or invited to decision-making processes, noting that the highly politicized local context makes it difficult for "unheard voices" to reach decision-making spaces.

Figure 13



Primary decision-maker, at the community level, by sex (%)

The findings also highlight limited participation of adolescent girls and young people. Although girls demonstrated a clear understanding of household losses, food insecurity, menstrual hygiene needs and livelihood concerns, they reported little involvement in recovery decisions. Older family members, particularly parents and elder brothers, commonly communicate with aid providers and collect relief on their behalf. As one girl stated: "None of the organizations consulted with us," illustrating the gap between receiving assistance and being consulted. Nevertheless, girls expressed a strong willingness to participate if opportunities are created, including as peer educators and community contributors.

Participation was also affected by practical and structural barriers, including women's family responsibilities, limited access to information and technology, digital literacy and language barriers, and the availability of accessible consultation mechanisms. People with disabilities in Nuwakot reported that neither they nor their representative organizations were consulted in decisions concerning the management of holding centres. Similarly, no specific consultation with LGBTIQ+ organizations or representatives was reported.

The holding centre emerges as an important decision-making structure in several accounts, particularly for relief and recovery decisions. Women in Galchhi and Nuwakot reported that decisions concerning relief and recovery were largely made through holding centres, while marginalized groups, women, youth and people with disabilities had limited representation. At the same time, some respondents identified local female leaders, women's groups, community representatives and the police as channels through which concerns could be raised.

Overall, the qualitative evidence demonstrates a gap between participation and influence. While some women and youth are involved in discussions and household decisions, their influence over community-level recovery planning, resource allocation and institutional decision-making remains limited.

4.4. Inclusion and differential impacts

The survey shows a gap between receiving assistance and being included in decisions around the response. Humanitarian assistance reached 93.4 per cent of women and 87.9 per cent of men respondents. However, only 35.8 per cent of women reported being consulted about their needs, compared with 48.5 per cent of men. Women also reported lower participation in community activities and decision-making, at 50.0 per cent compared with 63.6 per cent of men. While the differences should be interpreted with some caution, given the smaller number of male respondents, the pattern suggests that receiving assistance did not always mean having the same opportunity to express needs or participate in response processes.

Table 4. Access to assistance, consultation and participation

Indicator	Women (n=106)	Men (n=33)	Total (n=139)
Received humanitarian assistance	93.4%	87.9%	92.1%
Consulted about needs	35.8%	48.5%	38.8%
Participates in community activities/decision-making	50.0%	63.6%	53.2%

Source: RGA Household Survey, 2026.

This gap was particularly visible for persons with disabilities. A woman living with a disability who had been displaced from Rasuwa described having to use the same queues as everyone else, relying on family members to collect food and struggling with bathing and toilet facilities. There was no systematic priority arrangement or dedicated caregiver support, and persons with disabilities had not been consulted about management of the holding centre. Secondary assessments similarly found accessibility gaps in holding centres, including inaccessible toilets and other basic facilities.[13]

"We have to stand in the same line as everyone else. There is no priority for us. There are no caretakers, and when it comes to food, I get it only if my own family brings it for me. Even the older woman has to stand in the same line as everyone else." —Woman living with disability, Kalika 1, Ramche, Rasuwa

Her experience raises an important point: providing the same assistance to everyone does not mean that everyone can access it equally. She was able to repeatedly raise her concerns and still struggled to receive appropriate support. This raises an even greater concern for people with higher support needs or those less able to advocate for themselves.

Other barriers were less visible but equally important. Pregnant and lactating women faced concerns around privacy, mobility, nutrition and care. Secondary evidence reported overcrowding and lack of private space for breastfeeding, as well as smoking and alcohol use in some shared living spaces.[14] Adolescent girls said they had not been directly consulted by organizations and worried that their priorities could be overlooked because of their age. At the same time, they wanted to contribute, including through peer education and youth structures.

Caste, ethnicity and language also shaped some experiences, although not uniformly. Dalit participants described caste discrimination in everyday interactions and access to water, while others reported receiving assistance without discrimination. Secondary evidence also recorded caste-based segregation in some holding centres. Tamang-speaking women and girls could miss information when communication was mainly in Nepali, showing that information can technically be available while still not being accessible.

Multiple disadvantages could also overlap:

"They give assistance to everyone else first and only then to single women. On top of that, I am old and sick." —Older single woman, household survey

For this respondent, gender, age, health and marital status were not separate vulnerabilities. They came together in the same experience of waiting for assistance.

Displacement away from their usual place of residence also brought additional difficulties for some affected people. Participants raised concerns around documentation, registration, eligibility and access to longer-term assistance when staying outside their municipality or district of origin. For one respondent, the experience of seeking relief outside their home district was particularly difficult. After an uncomfortable interaction while requesting assistance, the respondent chose not to seek further support:

"I did not take the assistance because I felt humiliated. They did not want to give relief in Nuwakot to someone from Rasuwa."—Displaced respondent, household survey

13. CARE Nepal. 2026. Field visit account.
14. Ibid.

The experiences of LGBTIQ+ people were less visible in the information collected through the assessment. The LGBTIQ+ respondent interviewed was not aware of any specific consultation or recovery planning involving LGBTIQ+ communities, while a local government respondent also did not identify a specific mechanism for their representation. With limited information available, it is difficult to understand how LGBTIQ+ people are experiencing the response or whether their particular needs and concerns are being reflected in ongoing planning. These gaps were particularly relevant for groups whose needs and protection concerns may not be adequately captured through general household assessments or existing consultation mechanisms.

Taken together, these experiences show that inclusion is shaped by more than whether assistance reaches a household. How people are able to access that assistance, whether their particular circumstances are understood, and whether they have opportunities to express their needs also matter. The experiences of persons with disabilities, displaced people, adolescents and others consulted through the assessment show why these aspects need attention alongside the overall reach of humanitarian assistance.

4.5. Protection and safety

Protection concerns were present across the assessment, although they were not always among the immediate priorities raised by affected people. Many families remained focused on securing shelter, meeting basic needs, restoring livelihoods and locating missing relatives. Regarding incidents reported since the flood, the One-Stop Crisis Management Centre (OCMC) in Bidur-1, Nuwakot, indicated that it had not recorded any new gender-based violence (GBV) cases. However, this reflects reporting to that particular service and cannot be interpreted as an absence of violence in affected communities. Stigma, limited privacy, displacement and difficulties accessing services may discourage disclosure. The small sample of LGBTIQ+ respondents also limited opportunities to collect conclusive evidence on the particular challenges they may be facing.

The household survey asked respondents to identify the most common forms of GBV to which women, girls, boys, persons with disabilities and LGBTIQ+ people are exposed. Psychological or emotional abuse was most frequently identified by women respondents (25.5 per cent), followed by child marriage (19.8 per cent), rape (17.0 per cent) and sexual harassment (16.0 per cent). Meanwhile, male respondents were more likely to cite rape (39.4 per cent) and sexual harassment (27.3 per cent). These figures reflect respondents' perceptions of forms of violence affecting these groups, rather than personal experiences, confirmed incidents or changes in GBV prevalence since the flood.

Table 5. Forms of GBV and related protection concerns identified by respondents, by sex

Survey question: "What are the most common forms* of gender-based violence which [women/girls/boys, PwDs, LGBTIQ+] are exposed to?"

Forms of GBV identified	Men (n=33)	Women (n=106)	Total (n=139)
Psychological or emotional abuse	18.2%	25.5%	23.7%
Rape	39.4%	17.0%	22.3%
Sexual harassment	27.3%	16.0%	18.7%
Child marriage	9.1%	19.8%	17.3%
Sexual exploitation and abuse	18.2%	14.2%	15.1%
Caste-based discrimination	12.1%	15.1%	14.4%
Physical assault	15.2%	11.3%	12.2%
Denial of resources, opportunities or services	12.1%	9.4%	10.1%

Source: Household Survey, 2026. Multiple responses were allowed. Percentages represent the proportion of respondents identifying each form of violence or protection concern. They do not represent reported cases, personal experiences or prevalence.

General perceptions of safety also varied. While 66.0 per cent of women and 54.5 per cent of men reported feeling safe in their area of residence, 34.0 per cent of women and 45.5 per cent of men reported feeling unsafe or only sometimes safe. These findings relate to overall safety rather than GBV specifically. Women in Galchhi described inadequate lighting, limited privacy, insecure tents and unsafe toilets, while a local government respondent raised concerns about theft, harassment and sexual violence near temporary shelters located alongside a highway. According to the International Organization for Migration Displacement Tracking Matrix Round 2 assessment, 14 per cent of site representatives reported security incidents at their sites, although these were not necessarily GBV-related incidents.[15]

Protection concerns also reflected inequalities that existed before the flood. Dalit women in Galchhi described caste discrimination, alcohol-related violence and difficulties seeking justice. A Dalit woman with a disability was reported to be experiencing domestic violence while remaining economically dependent on her husband and facing social pressure to adjust. This illustrates how gender, caste, disability and economic dependence can intersect to restrict women's options for seeking protection and support.

For adolescent girls, the barriers were somewhat different. Girls in Galchhi-6 said they usually spoke with their mothers or close friends when experiencing threats or emotional abuse, but some were encouraged to remain quiet to preserve social relationships. Their school complaint box had also been destroyed by the flood. This suggests that awareness of rights or reporting mechanisms may not always make it easy for girls to raise concerns.

Protection from sexual exploitation and abuse (PSEA) is also an important consideration in humanitarian assistance. Sexual exploitation and abuse was identified as a form of protection concern by 14.2 per cent of women and 18.2 per cent of men respondents. However, the survey question did not specifically ask about misconduct by humanitarian personnel, and these figures cannot be interpreted as reported PSEA incidents. Given households' dependence on assistance, clear information about entitlements, confidential complaints mechanisms and safeguards against exploitation are particularly important.

There were also protective measures in place, including police and security personnel, women-friendly spaces, psychosocial support and GBV referral services. However, 37.7 per cent of women did not know where to seek support in the event of GBV, compared with 15.2 per cent of men. Qualitative consultations identified police, local authorities and community organizations as potential reporting channels, although awareness of specialized services varied. The assessment did not separately establish respondents' awareness of PSEA-specific complaints and reporting mechanisms, indicating an important information gap.

Overall, the findings demonstrate that protection risks cannot be assessed through reported incidents alone. Inadequate living conditions, limited privacy, discrimination, unequal access to information and dependence on assistance can increase vulnerability while creating barriers to disclosure. Continued protection monitoring, survivor-centred GBV referral services and accessible PSEA reporting mechanisms remain important throughout displacement and recovery.

4.6. Priority needs in recovery

Affected households are not all at the same point in recovery. Some still need safe shelter and basic services, while others are increasingly concerned about permanent housing, livelihoods and rebuilding their lives. When respondents' top three priorities were combined, cash assistance was most frequently selected (68.3 per cent), followed by shelter/non-food items (54.7 per cent), livelihood support (48.9 per cent), health services (43.9 per cent), food (30.2 per cent) and education (25.2 per cent). Women prioritized cash assistance more frequently than men (72.6 compared with 54.5 per cent), while men more frequently identified health services (54.5 compared with 40.6 per cent). Shelter/non-food items (53.8 per cent women; 57.6 per cent men) and livelihood support (50.0 per cent women; 45.5 per cent men) remained important for both groups. As respondents could identify three priorities, percentages do not total 100 per cent.

15. IOM (International Organization for Migration). 2026. "Nepal: Preliminary Findings: Baseline site profiles assessment, round 2." Accessed 18 October 2026.

Table 6. Immediate and longer-term recovery priorities

Area	Immediate priorities	Longer-term priorities
Shelter and basic services	Immediate arrangement of temporary shelters for displaced households with proper access to water, electricity, private and safe toilets, essential household items	Safe permanent housing or relocation; accessible reconstruction in safer locations
Cash and livelihoods	Flexible cash for urgent expenses; financial assistance to restart income-generating activities	Livelihood restoration, employment, skills-development, affordable credit and market linkages
Health and psychosocial well-being	Accessible healthcare, including transport assistance where damaged roads, distance or costs restrict access; Household level outreach to provide information related to MHPSS Longer sessions on trauma and grief management (for family members who have lost their members) from expert counsellors/psychiatrists Targeted counselling sessions for men, children, PwDs and adolescents	Continued MHPSS, including specialized grief and trauma support
Education and adolescents	Continued schooling, materials, safe transport and menstrual hygiene support Arrangement of Temporary Learning Centers (TLCs) and alternative learning support for children who are still in the affected regions Psychosocial counselling support to teachers Safe physical access to schools, including temporary bridges, safe transport arrangements and accommodation for displaced students	Safe school access, continued education, recreation and psychosocial support to children and teachers
Documentation and access	Flexibility to regain vital registration documents Replacement of documents and clear information on assistance	Clear recovery eligibility for displaced households, including those outside their municipality
Specific support needs	Assistive devices, caregiver/human assistance and appropriate relief items	Accessible reconstruction, caregiver arrangements and adapted recovery support

Source: RGA Household Survey, FGDs and KIIs, 2026.

Immediate needs were closely connected rather than neatly sectoral. For pregnant and lactating women, for example, a safe shelter also meant privacy, water, sanitation, electricity and adequate nutrition. Persons with disabilities identified assistive devices and accessible living conditions, while adolescent girls connected recovery with school transport, menstrual hygiene, safe toilets and continued education. Damaged roads and disrupted access routes also highlighted the need for temporary transportation arrangements, particularly for healthcare, education and essential services. Cash was valued because it allowed households, including single women, to respond to needs that standard relief packages could not anticipate.

Longer-term discussions shifted strongly towards safe permanent housing and livelihoods. Importantly, affected people were not simply asking to rebuild what had been lost. Women in Uttargaya emphasized that future housing needed to be in a safe location:

"We want them to rebuild in a safe place and make arrangements for us."—FGD with women, Uttargaya, Rasuwa

Displaced households were also uncertain about whether returning home would be possible. Longer-term priorities reflected both shared concerns and different livelihood circumstances. Men emphasized affordable or interest-free credit, restoration of businesses and employment opportunities. Women highlighted opportunities to use existing skills, including tailoring and traditional knitting, alongside market linkages and income-generating support that could remain viable after relocation. These differences reflect priorities expressed during consultations rather than preferences shared by all women or men.

"We were running businesses and working for ourselves before. We know how to work. If the Government can make it easier for us to get our important documents back and provide interest-free loans, we can stand on our feet again. We do not want to depend on relief forever."—FGD for flood-affected men from Gosaikunda-5, Rasuwa

For women who have lost husbands, livelihood recovery is inseparable from childcare and grief. For persons with disabilities, rebuilding is not meaningful if new houses and services reproduce the same accessibility barriers. For adolescents, recovery includes education, safe mobility, recreation and psychosocial well-being.

Recovery therefore needs to do more than replace physical losses. It needs to restore people's ability to live safely and independently, while recognizing that different households will reach that point at different times.

4.7. Participation of local organizations in humanitarian response

Women-led organizations (WLOs), women's rights organizations (WROs) and community-based organizations (CBOs) provide an important link between affected women, services and local authorities. In Bidur-1, for example, Indrayeni Mahila Samuha already mobilized women, shared information, coordinated with the ward, supported livelihood activities and helped women connect with services. Women often approached Aama Samuha before formal institutions because they felt more comfortable raising concerns there.

Their presence and capacity, however, varied across locations. Some women's groups were inactive or had limited financial and human resources. Daily-wage women were particularly difficult to engage because attending meetings could mean losing income, while women leaders themselves faced household responsibilities, limited time and information and digital barriers.

Most importantly, being trusted in the community has not automatically translated into influence over the humanitarian response. The assessment found WLOs and CBOs providing information, support and referrals, but much less evidence that they were influencing relief priorities, resource allocation or recovery plans.

Their role in recovery should therefore go beyond mobilizing women or acting as a channel for information. Their community knowledge and trusted relationships can help identify less visible needs, strengthen referrals and feedback, and bring women's priorities into recovery decisions. This requires resources, but also a meaningful place in planning and decision-making.

5
CONCLUSION



Families gather by the riverbank for a needs assessment after the Bhotekoshi flood. PC CARE Nepal

This RGA demonstrates that the impacts of the Bhotekoshi flood were shaped by pre-existing inequalities related to gender, caste, age, disability, displacement and economic status. From a rights-based perspective, the disaster did not create vulnerability in isolation. It exposed, and in some cases intensified, unequal access to resources, services, livelihoods and decision-making. Existing power relations influenced whose losses were recognized, whose needs were prioritized, and who carried the social and economic costs of recovery. The findings particularly challenge the assumption that reduced participation in domestic or productive activities represents reduced workload for women. As farming, cooking and water collection were disrupted, women often absorbed less-visible forms of labour, including caring for family members, cleaning damaged homes, securing assistance and managing household recovery. Their unpaid and reproductive work therefore remained central and, in some cases, intensified. This demonstrates that disasters can redistribute responsibilities without transforming the gendered structures that undervalue women's work.

Livelihood disruption further shows that recovery is not simply about replacing assets, but about economic rights, agency and control. Loss of land, businesses and income sources increased dependence on assistance, while women's limited control over productive resources and greater care responsibilities constrained their recovery options. Rebuilding without addressing who owns, controls and benefits from resources risks reproducing pre-disaster inequalities. Recovery must therefore strengthen economic autonomy and access to productive opportunities, particularly for women and groups facing structural exclusion.

Similarly, receiving assistance did not necessarily translate into having influence over the response plans and programme. The gap between being reached and being heard highlights limitations in participation and accountability. Meaningful inclusion requires affected people to have information, voice and decision-making power, not simply access to services. An intersectional approach is essential because gender interacts with caste, disability, age, displacement and household status to produce different forms of exclusion. Equal assistance, therefore, does not necessarily result in equitable outcomes.

As the response shifts from relief to recovery, the central question is not only how to rebuild what was lost, but whose terms recovery is built on. Recovery should not simply restore unequal pre-disaster conditions. Its success should be measured by who accesses and controls resources, whose knowledge and priorities shape decisions, and whether recovery reduces or reproduces existing inequalities. Women, adolescent girls, persons with disabilities, Dalit, LGBTIQ+ and other marginalized communities, and displaced households should be recognized as rights-holders and agents of recovery. A transformative, gender-responsive recovery must therefore move beyond restoring what existed before the flood towards addressing the unequal power relations that shaped vulnerability in the first place.



Community members affected by the Bhotekoshi flood sit together near the flooded area for assessment. PC CARE Nepal

6 RECOMMENDATIONS



A woman looks out over silt and debris left by the Bhotekoshi flood in Rasuwa. PC CARE Nepal

6.1 Sector programming recommendations

Table 7. Sector programming recommendations

Sector	Immediate recommendations	Longer-term recommendations
Protection	• Maintain clear and confidential protection referral pathways for GBV, child protection, trafficking and PSEA concerns in affected palikas (urban/rural municipalities) through coordination with relevant service-providers. Ensure communities are informed about available services and reporting mechanisms through accessible local channels. • Strengthen safeguarding measures for children and young people across humanitarian response activities, ensuring that staff, volunteers and partners follow safeguarding policies and codes of conduct, and that safe, confidential and age-appropriate reporting mechanisms are in place. • Ensure respectful assessment, documentation and relief processes that protect the dignity of affected people, including privacy, informed consent, confidentiality and accessible complaints mechanisms. • Assess gaps in existing women-friendly and child-friendly spaces and strengthen or establish services where needed, ensuring links to psychosocial support and protection referrals. Raise community awareness of available services and establish links with existing local services to support continuity during recovery.	• Strengthen community-based protection and referral mechanisms, including links with WLOs/WROs and organizations of PwDs. • Sensitize service-providers and strengthen coordination between community protection networks and existing multisectoral GBV and child protection services, including confidential referral and follow-up mechanisms.
WASH	• Ensure toilets and bathing spaces are safe, private, lockable, sex-separated, clean and accessible, with adequate lighting and water supply. • Consult women and adolescent girls on preferred menstrual hygiene materials based on the needs within each household, promote the safe disposal or washing arrangements according to the materials used, and ensure hygienic materials are available to adolescent girls, pregnant and lactating women, older people and PwDs.	• Integrate gender, age and disability accessibility into reconstruction of WASH facilities. • Involve women, adolescent girls, pregnant and lactating women and persons with disabilities in designing and locating WASH facilities.

Shelter	• Ensure that provisions of cash assistance for rent by local and federal governments are implemented as soon as possible, with clear eligibility, application procedures and implementation timelines. • Consult with displaced families living outside holding centres (like Gumbas in Kathmandu), including those in rented accommodation, to ensure they are not overlooked in assistance.	• Improve privacy, lighting, locks and accessibility in temporary shelters, with additional consideration for families with young children, older people, PwDs and people with health conditions. • Support safe permanent housing or relocation where return is not possible. • Consider access to health, education, WASH, livelihoods and safety when planning relocation and settlement. Ensure affected households, particularly women, PwDs and other marginalized groups are consulted in relocation planning and housing design. Transitional shelter and relocation planning should consider accessibility and access to essential services from the outset.
Health and MHPSS	• Continue basic and outreach health services and strengthen maternal health, SRH, chronic disease and disability-related care, including referral and transport where access remains difficult. • Provide clear information on available MHPSS and referral services. • Provide focused grief and trauma support to severely bereaved families by well-trained and experienced counsellors and psychologists, particularly in Rasuwa. • Provide psychosocial support, counselling and psychological first aid (PFA) training for healthcare workers, community facilitators/ volunteers and teachers who support students experiencing distress, trauma and grief.	• Continue MHPSS beyond the immediate response through follow-up, referral and community-based support for women, men, children and adolescents. Provide PFA orientation or refresher training for relevant health workers, community facilitators and volunteers, with clear referral arrangements for people requiring specialized support. • Link longer-term health and MHPSS services with relocation and recovery planning, and ensure the continuity of medicines and care for people with chronic conditions. • Establish maternal emergency referral and transport mechanisms for pregnant women and women close to delivery in geographically isolated areas. • Continue mobile/outreach health services while permanent facilities are being reconstructed, particularly for maternal health, SRH, chronic disease, disability-related care and adolescent health. • Monitor negative coping mechanisms such as substance abuse, with appropriate psychosocial supporLivelihood and food security

Livelihood and food security	• Continue flexible cash and essential support where immediate needs remain, with clear information on eligibility and available assistance. Allow alternative verification arrangements for households that have lost vital registration documents, with appropriate safeguards. • Identify households that have lost income-earners or livelihood assets and require additional support, including women who have taken on new income-earning responsibilities. • Monitor households reducing food intake or meal portions and provide appropriate nutritional support to those with additional needs.	• Support restoration of tourism, agriculture, small businesses and other previous livelihoods, including market and supply-chain recovery. • Provide women, including single and widowed women, direct access to appropriate grants or affordable credit, skills, productive assets and markets. • Link existing skills, including tailoring and traditional knitting, with markets and income opportunities. • Create safe skills-development opportunities for adolescent girls and young women interested in income generation. • Integrate childcare and care-support arrangements into livelihood recovery programmes, alongside activities involving women and men to promote more equitable sharing of unpaid care and domestic responsibilities.
Education	• Ensure displaced children can continue learning, including those who have not transferred to nearby schools, through temporary learning arrangements where needed, supported enrolment in nearby schools and safe access arrangements where roads or bridges have been damaged. Prioritize adequate temporary learning spaces, essential learning materials and rehabilitation of damaged schools where needed to restore safe learning environments. • Provide adequate lighting, quiet study spaces, safe WASH and menstrual hygiene facilities in temporary learning and displacement settings. • Continue school-based psychosocial and recreational activities for adolescent girls and boys.	• Support the continuity of education for children experiencing longer-term displacement through targeted scholarships, learning materials, transport support and coordination between schools in places of origin and displacement. • Involve students and families in decisions around school transfer, return and longer-term education arrangements. • Address barriers to girls' continued education arising from displacement, household responsibilities and economic pressure. • Provide support to teachers through psychosocial training, counselling support and referral guidance for students experiencing trauma and grief.

6.2. Overarching recommendations

- Engage WLOs, WROs, CBOs and organizations of PwDs in identifying needs, information-sharing and referrals and in recovery planning and monitoring, not only in community mobilization.
- Recognize women's unpaid care and domestic work as a major component of disaster recovery, rather than interpreting reductions in cooking, farming or water collection as reduced workload. Introduce community discussions and social and behaviour change activities involving women and men to promote more equitable sharing of unpaid care and domestic responsibilities, alongside practical childcare and care-support services.
- Integrate MHPSS into routine humanitarian and recovery programming, rather than treating it as a secondary service after food, shelter and physical reconstruction. Shift humanitarian assistance from a distributive model to a needs-driven model.
- Introduce regular, inclusive needs assessments involving women, adolescent girls, older people, persons with disabilities, Dalit, LGBTIQ+ and marginalized communities, single women and other vulnerable groups.
- Create relief eligibility as per the household size, disability, dependency, loss of income-earners, displacement and female-headed households, rather than relying solely on standardized household packages. Provide flexible verification procedures for households that have lost documents and ensure displaced households living outside formal holding centres are included.
- Use a multi-channel communication system combining home visits, female community volunteers, loudspeakers, SMS, radio, notice boards, schools, community groups and accessible digital platforms. Ensure messages are concise, understandable, regularly updated and adapted to different literacy and accessibility needs.
- Clearly identify recovery communication, including the information of what assistance is available, who is eligible, where to apply, deadlines, responsible agencies and complaint mechanisms. Information should be available in local languages and accessible formats for people with disabilities and linguistically marginalized communities.
- Maintain transparency through public reporting by local governments and humanitarian organizations on who participated, whose recommendations were adopted, and what actions followed, shifting participation from consultation towards accountability. Ensure accessible, confidential feedback and complaints mechanisms, including for safeguarding and PSEA concerns.

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ANNEXES

Annex 1. Study sites and data-collection coverage

The Rapid Gender Analysis covered selected flood-affected communities in Rasuwa, Nuwakot and Dhading, including households displaced from Rasuwa to temporary accommodation in Kathmandu. The locations below reflect documented primary data-collection sites and should not be interpreted as a complete list of all flood-affected areas or every location reached through the survey.

Annex Table A1.1. Documented study locations

District	Municipality / Rural municipality	Documented wards or locations
Rasuwa	Kalika	Ward 1, Grang
Rasuwa	Uttargaya	Ward 5
Rasuwa	Gosaikunda	Ward 5; consultations with displaced residents at Gosak Gumba, Kathmandu
Nuwakot	Bidur	Wards 1, 2 and 5
Nuwakot	Belkotgadhi	Ward 7
Nuwakot	Tarkeshwor	Ward 2, Pipaltar
Dhading	Galchhi	Ward 6 and other locations within the rural municipality

Source: RGA FGD attendance documentation and KII inventory, 2026.

Annex Table A1.2. Data-collection coverage

Data collection method	Number	Participant details
Household survey	139 respondents	106 women and 33 men
Focus group discussions	21 sessions	Women, men, adolescent girls and boys, older persons, persons with disabilities, Dalit and Indigenous communities
Key informant interviews	30 interviews	Affected individuals, local government representatives, teachers, health workers, counsellors, community representatives and others
Total qualitative consultations	51	21 FGDs and 30 KIIs

Source: RGA primary data collection records, 2026.

Annex Table A1.3. FGD participant groups with documented attendance

Participant group	Sessions	Participants
Women's groups, including Dalit women	5	42
Men's groups	3	25
Adolescent girls, including body mapping	5	33
Adolescents, group not sex-disaggregated	1	8
Adolescent boys, Grang Basic School, Kalika-1	1	6
Dalit/Indigenous mixed group	1	13
Persons with disabilities	1	10

Other women's group, including single women	1	8
Women's FGD, Pipaltar, Tarkeshwor-2 (senior citizens' session)	1	12
Adolescent boys, Pipaltar, Nuwakot	1	13
Adolescent girls, Uttargaya, Rasuwa	1	9
Total	21	179

Source: RGA FGD attendance documentation, 2026.

Annex Table A 1.4. Details of key informant interviews (KIIs)

S.N.	Key informant / respondent category	Location
1	Health worker	Galchhi Rural Municipality, Dhading
2	Lactating woman	Galchhi-6, Dhading
3	Local government representative	Galchhi Rural Municipality, Dhading
4	Counsellor	Gosaikunda, Rasuwa
5	Local government representative	Belkotgadhi, Nuwakot
6	Headteacher	Belkotgadhi-7, Nuwakot
7	Lactating woman	Belkotgadhi-7, Nuwakot
8	Woman counsellor	Belkotgadhi-7, Nuwakot
9	Community-based organization representative	Bidur, Nuwakot
10	Counsellor	Bidur-1, Nuwakot
11	One-Stop Crisis Management Centre representative	Bidur-1, Nuwakot
12	Female Community Health Volunteer	Rasuwa
13	Local government member	Rasuwa
14	Single woman	Rasuwa
15	Single woman	Bidur-5, Nuwakot
16	Adolescent with disability	Kalika 1, Ramche
17	Headteacher	Kalika 1, Grang
18	Ward chairperson	Kalika 1, Grang
19	Woman with disability	Kalika 1, Ramche
20	LGBTIQ+ community member	Bidur 5 Debighat
21	Principal	Tarkeshor 2, Majhitar
22	Single woman	Bidur 5, Debighat
23	Ward chairperson	Tarkeshor 2, Majhitar
24	Teacher with disability	Gosaikunda-5, Gosak Gumba, Rasuwa
25	Headteacher	Gosaikunda-5, Gosak Gumba, Rasuwa
26	NDRRMA representative	Rasuwa
27	District Disaster Management Committee (DDMC) representative	Galchhi, Dhading
28	District Coordination Committee representative	Nuwakot
29	Single woman	Gosaikunda-5, Rasuwa
30	NDRRMA representative	Bidur-2, Nuwakot
	Total KIIs	30

Annex 2. Detailed household decision-making results

The household survey explored respondents' reported involvement in decisions relating to work, assets, migration, visits to the maternal home, health, children's schooling and reproductive choices. The tables below provide the detailed sex-disaggregated results supporting the analysis in section 4.

Annex Table A2.1. Reported participation in household decision-making, by sex (%)

Decision-making area	Response	Women	Men
Work	Consulted	10.4	12.1
	Joint decision	56.6	66.7
	Main decision-maker	16.0	12.1
	No participation	17.0	9.1
Assets	Consulted	8.5	18.2
	Joint decision	62.3	66.7
	Main decision-maker	10.4	0.0
	No participation	18.9	15.2
Visiting maternal home	Consulted	12.3	6.1
	Joint decision	54.7	60.6
	Main decision-maker	23.6	9.1
	No participation	9.4	24.2
Migration	Consulted	11.3	27.3
	Joint decision	67.0	51.5
	Main decision-maker	11.3	9.1
	No participation	10.4	12.1
Own health	Consulted	15.1	30.3
	Joint decision	57.5	48.5
	Main decision-maker	23.6	18.2
	No participation	3.8	3.0
Child health	Consulted	13.2	27.3
	Joint decision	63.2	60.6
	Main decision-maker	17.9	9.1
	No participation	5.7	3.0
Having another child	Consulted	6.6	15.2
	Joint decision	58.5	57.6
	Main decision-maker	17.9	0.0
	No participation	17.0	27.3
Child schooling	Consulted	8.5	30.3
	Joint decision	69.8	60.6
	Main decision-maker	15.1	6.1
	No participation	6.6	3.0

Source: RGA Household Survey, 2026.

Annex Table A2.2. Respondents reporting changes in household decision-making following the flood (%)

Decision-making area	Women: Yes	Women: No	Men: Yes	Men: No
Work	21.7	78.3	36.4	63.6
Assets	23.6	76.4	30.3	69.7
Visiting maternal home	27.4	72.6	21.2	78.8
Migration	22.6	77.4	33.3	66.7
Own health	23.6	76.4	30.3	69.7
Child health	19.8	80.2	27.3	72.7
Having another child	17.0	83.0	15.2	84.8
Child schooling	19.8	80.2	27.3	72.7

Source: RGA Household Survey, 2026.

Interpretation note: The findings reflect respondents' reported participation and perceptions of change. Joint decision-making or being consulted does not necessarily establish equal authority over final decisions, resources or outcomes. Similarly, reported changes do not indicate whether decision-making became more or less equitable.



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