Nepal Flash Floods & Landslides

Situation Report #3

September 3, 2026

Project HOPE has established three mobile medical units in Nepal, in coordination with Volunteer Corps Nepal. Located in hard-to-reach communities along the Trishuli River, health providers with VCN began providing care this week, improving access to essential, lifesaving care for flood survivors and those impacted by last week's massive glacier avalanche, flash floods, and landslides.

Situational Context

The scale of devastation in Nepal and the enormity of the future recovery process is beginning to set in for affected communities in Nepal. Humanitarian responders and community members are navigating villages where entire stories of buildings are buried under mud. Infrastructure has been deeply impacted, health facilities have been wiped out, and access to essential services is limited. Health threats loom large and the mental health impacts of living through the disaster are becoming more and more apparent as time goes on.

Current reporting varies between local sources and connectivity remains strained, limiting the flow of information. **At the time of this report, estimates show at least 1,250 dead and 1,800 missing in Nepal.** Chinese authorities have also reported 21 fatalities and 541 people missing in Tibet. These numbers include tourists from

Key Statistics

Casualties continue to increase, with over **4,800 missing** and over **1,250 dead** in Nepal

Families attempting to recover are contending with heavy rains, **one more month of monsoon season, and three more months of dengue season.**

Project HOPE Updates

- Project HOPE — in coordination with our local partner, Volunteer Corps Nepal — **established three mobile medical units** in difficult-to-access communities and began providing care this week.
- Project HOPE continues to coordinate with local, national, and international humanitarian partners, **focusing on support for both Nepal's health system and recovering families.**

dozens of countries and local community members. The affected area is a popular tourist area for hiking, trekking, and religious pilgrimage as Tibet's Mount Kailash is a sacred site for Hindus, Buddhists, Jains, and other religious groups.

Nepali authorities continue to proceed with mass burials as the number of deceased washing ashore is exceeding morgue capacity in some locations. This disaster left a roughly 40-mile path of destruction, but the flow of debris traveled as far as 62 miles and there are reports of bodies washing ashore up to 250 miles downstream in Nepal and 100 miles downstream in neighboring India.

An estimated 3,458 displaced people are living across 27 displacement sites in Nuwakot and Rasuwa, primarily in schools, according to OCHA reporting**.** Significant access gaps remain in hard-to-reach locations. Parts of Tarkeshwar report receiving no assistance, all wards in Aamachhodingmo remain inaccessible by road, and four rural municipalities in Dhading lack safe drinking water. UNICEF estimates that 22,000 children are without access to safe water.

Damaged infrastructure, including 41 destroyed bridges and blocked highways, is limiting the delivery of available relief supplies to remote communities. The scale of reconstruction needs is also significant as approximately 20,000 homes will need to be rebuilt, including 7,500 that were destroyed, according to Nepal's National Disaster Risk Reduction and Management Authority.

Access varies across the affected communities, as continued rainfall is exacerbating muddy roads and other disrupted infrastructure. In the coming months, affected communities will need support to meet nearly every basic need across the health; water, sanitation, and hygiene (WASH); mental health and psychosocial (MHPSS); food; essential non-food (NFI) item; and other humanitarian sectors.

*"We are working closely with **local organizations that know their communities better than anyone else.** By working hand-in-hand with local partners, we ensure our resources, capacity, and expertise have the **largest impact possible."***

— Chessa Latifi, Project HOPE Deputy Director of Emergency Preparedness & Response

Project HOPE's Response

Since Thursday, August 27, Project HOPE's Emergency Response Team has been on the ground in Nepal working with local partner Volunteer Corps Nepal (VCN). **Project HOPE and VCN have established three mobile medical units (MMUs) to reach communities on both sides of the Trishuli River.**

MMUs have been established in Trishuli Koloni, Tupche, and Bidur and health workers with VCN are actively providing care. Project HOPE is also working with another local organization to investigate the feasibility of supporting emergency medical services in both Betrawati and a potential new camp in the Trishuli Koloni Area, opposite the Trishuli River. **While the needs are clear, Project HOPE's ability to support additional healthcare activities will depend on donor support and the availability of funding.**

Project HOPE's ongoing needs assessments have revealed the following:

- **Access:** There is a notable gap in access to services on the western and northern sides of the Trishuli River, including the Devighat/Bidur area, with communities on that side harder to reach and humanitarian needs especially pronounced there.
    - While deep needs exist on both sides of the river, there is a concentration of humanitarian partners accessing the eastern and southern portions.

    - **To ensure that families in the hardest-to-reach communities are not forgotten, Project HOPE, with VCN, is working closely with local officials,** including the Ministry of Health and District Administration Office.
- **Logistics:** VCN has worked through significant logistical and geographic challenges to reach these harder-to-access communities.
    - **The VCN team has utilized a four-hour, four-wheel-drive-only route across the river** and continues to move quickly to establish and sustain MMU services in these locations.
- **Humanitarian Needs:** People in affected communities have lost their homes, and residents struggle to access services across multiple humanitarian sectors.
    - Survivors and displaced families report needing adequate shelter, clothing, food, healthcare, medication, and other services.
- **Health:** While health workers are continuing to show up to work and provide critical care, the resources of the Nepali health system are being strained.
    - **Project HOPE is responding directly with targeted procurement of requested supplies,** including hospital beds that will be distributed to a public hospital receiving flood patients.
    - Nepal's government has also set up a few health posts along the northern and western sides of the river, but many of those teams require urgent relief and surge staff support to continue services.
- **Infectious Diseases:** There is a significant need for mosquito nets and other water, sanitation, and hygiene (WASH) support due to increased infectious diseases risks.
    - Dengue fever season begins in September and lasts through November, putting affected areas at an increased risk.
    - Crowded shelter conditions create a high risk of dengue transmission due to close proximity, reduced access to healthcare, and vague symptoms like high fever, severe aches, and rashes, which appear 4-10 days after a mosquito bite.
    - Diarrheal diseases are also a significant risk in crowded shelters and in communities lacking adequate WASH support. These risks are also present in areas struggling with waste management and proper burial practices for the deceased.
    - **Project HOPE is exploring additional avenues for WASH-focused support** to help address infectious disease risks and this potential gap in response efforts.
- **Mental Health:** Significant mental health needs are becoming clear across the long stretch of affected communities.
    - **Families are grappling with a number of new stressors that are unlikely to resolve without intervention.** The sudden onset of flooding, the memories of traumatic experiences, and the long-term fears present all increase the risk of developing mental health conditions and put people, especially children, at an increased risk of negative health and mental health outcomes.
    - First responders, health workers, and other people with acute exposure to the devastation in Nepal will require targeted mental health support in the coming days, weeks, and months.
    - **Project HOPE is working to stand up a training-of-trainers program that would improve access to mental health and psychosocial support (MHPSS) services.** This effort would build upon our previous success establishing mental health trainings and strengthening MHPSS capacity in Nepal during the COVID-19 pandemic.

"This is a very unique and incredibly challenging disaster, ***one of the worst I've seen in terms of logistical challenges*** *in my 20 years in this sector."*

— Jed Meline, Project HOPE Vice President of Policy and Advocacy

Team members with VCN, Project HOPE's local partner in Nepal, operate an MMU on September 2, 2026. Photo courtesy of VCN, 2026. Used with permission.

Project HOPE has extensive experience in Nepal, spanning emergency response work and longer-term health programming. In **2015,** Project HOPE was one of the first organizations to coordinate relief efforts in Nepal following the devastating 7.8-magnitude earthquake. During that response, Project HOPE deployed medical volunteers that cared for 1,522 patients and delivered more than $15.8 million in urgently needed medicines and supplies, ultimately benefitting an estimated 231,976 patients.

Then, in **2016** and **2017,** Project HOPE stayed in Nepal, working with midwives and local communities to improve maternal and child health outcomes for over 5,000 women and children through door-to-door health visits, nutrition programs, and other services. In **2021,** as the COVID-19 pandemic spawned deadly waves of the Delta variant, shortages of medicines, beds, ventilators, oxygen, PPE, and other critical supplies left health workers in Nepal underequipped to combat the virus. In response, Project HOPE trained over 4,500 health workers and distributed more than 1.7 million pieces of PPE and medical equipment to 13 hospitals and six healthcare centers, focusing on the hard hit Lumbini Province.

As the current disaster evolves, Project HOPE is committed to providing rapid support and responding to affected communities' most urgent needs. As we do in all emergency responses, Project HOPE is working closely with local, national, and international humanitarian partners, including coordination clusters.

For further information, contact media@projecthope.org

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