



Nepal Flash Floods & Landslides

Situation Report #4

September 8, 2026

Project HOPE has established five mobile medical units (MMUs) in Nepal, in coordination with local partners Volunteer Corps Nepal and Partnership for Sustainable Development Nepal. Access to healthcare continues to be strained along the Trishuli River, but Project HOPE's teams have reached increasingly remote locations as roads are cleared, including at least one community where Project HOPE and our partners were the first to reach families since the disaster.

Situational Context

Health needs remain high in affected communities and Nepal's health system is under significant strain as access to communities is still challenging and families are trying desperately to begin recovery. Damaged infrastructure — including 41 destroyed bridges and blocked highways — is limiting the delivery of available relief supplies in remote communities. Rain in the region has also made passage along some roadways difficult. Tens of thousands have been displaced and affected families require consistent access to healthcare.

At the time of this report, estimates show at least 1,331 dead and 4,996 missing in Nepal. Chinese authorities report at least 40 fatalities and 541 missing people missing in Tibet. In the coming months, those displaced, recovering families, and

Key Statistics

- ↑ Casualties continue to increase, with nearly 5,000 missing and over 1,300 dead.
- ➡ Nepal's health system is overwhelmed as monsoon season, dengue season, and increased health needs caused by the floods loom large.

Project HOPE Updates

- Project HOPE, in coordination with local partners, is **actively providing care through multiple MMUs** in difficult-to-reach communities affected by the floods.
- Project HOPE is coordinating closely with local, national, and international humanitarian partners to **support Nepal's health system, ensure access to care in affected areas, and support recovering families.**

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.

Project HOPE's Response

Since Thursday, August 27, Project HOPE's Emergency Response Team has been on the ground in Nepal working with local partners Volunteer Corps Nepal (VCN) and Partnership for Sustainable Development Nepal (PSDN). **Project HOPE, VCN, and PSDN have five MMUs actively providing care in hard-to-reach and remote communities where access to care has been severely impacted.**

Project HOPE's MMUs are operational on both sides of the Trishuli River and staffed with doctors, psychosocial counselors, nurses, and support staff. Teams are active in Trishuli Koloni, Gerkuhu, Simle, Nuwakot, and Bidur. Our teams are providing care to newly accessible communities in remote areas and have been the first health providers to reach at least one community. MMUs are operating in both fixed locations and as mobile teams providing care to those unable to reach displacement camps and shelters. **Project HOPE continues to stay responsive to community needs and coordinate with local officials. As new communities and urgent needs are identified, MMUs can adapt and respond quickly.**

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

- **Access:** There remains a notable gap in access to services on the western and northern sides of the Trishuli River, where communities are harder to reach and humanitarian needs especially pronounced.
 - While deep needs exist on both sides of the river, there remains a concentration of humanitarian partners already accessing the eastern and southern portions.
 - **To ensure that families in the hardest-to-reach communities are not forgotten, Project HOPE, with partners, is working closely with local officials,** including the Ministry of Health and District Administration Office.
- **Logistics:** Both VCN and PSDN teams have persevered through incredibly difficult road conditions to establish health services in communities that had not yet been reached.
 - In one of PSDN's MMU locations, there is no internet access, mobile network coverage, or electricity.
 - At another MMU location, the health team is relying on community members to provide food and shelter.
 - While the conditions are difficult, **Project HOPE's partners are overcoming significant barriers to reach families with healthcare.**
- **Humanitarian Needs:** People in affected communities have lost their homes, many are displaced, access to healthcare and essential services is disrupted, and the scale of humanitarian need continues to grow.
 - Assessments at temporary shelter sites have identified specific unmet needs, including individual (not shared or bulk) hygiene kits, dignity kits for women, secure medicine storage, and weatherproofed spaces for private medical checkups and mental health counseling.

“There are still communities that have not been reached. Alongside our partners, Project HOPE is doing everything we can to provide care to those who need it most.”

*— Vlatko Uzevski, Project HOPE
Emergency Team Lead*

- Survivors and displaced families also 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, Nepal's health system is being strained.
 - Some shelters report gaps in access to chronic disease medication for relocated and displaced residents, an issue Project HOPE is continuing to investigate with local health authorities.
 - Project HOPE met an urgent need at a public hospital, **delivering and installing hospital beds so survivors could continue to seek care**, an effort that was very appreciated by hospital officials.
 - **Project HOPE is procuring pharmaceuticals requested by health workers treating infectious disease patients** in the Bidur/Nuwakot catchment area, with potential to scale further support pending additional funding.
 - **Project HOPE is working with gift-in-kind partners and health facility authorities to align available medicines and supplies** to the needs for import and donation.
 - Nepal's government has set up a few health posts along the northern and western sides of the river, but many of those teams continue to require surge staff support to continue services.
- **Infectious Diseases:** There remains a significant need for mosquito nets and other WASH support due to increased infectious diseases risks.
 - Dengue fever season lasts through November, putting affected areas at an increased risk for the months ahead.
 - Crowded shelter conditions continue to 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 also remain a significant risk in crowded shelters and in communities lacking adequate WASH support. These risks also remain present in areas struggling with waste management and proper burial practices for the deceased.
 - **Project HOPE continues to explore 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 along the Trishuli River.
 - Field assessments at shelter sites found that existing psychosocial support is often limited to weekly visits without continuity of provider, leaving gaps in ongoing care for residents in vulnerable positions.
 - **Project HOPE continues to seek funding for the establishment of a train-of-trainers program that would improve access to MHPSS services.** This effort would build upon Project HOPE's previous success establishing mental health trainings and strengthening MHPSS capacity in Nepal during the COVID-19 pandemic
 - **Families continue to grapple 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.

“We are on the ground talking to affected people in shelters and hospitals. An older lady told us she felt lucky to survive, but her family lost everything and now she doesn’t know where her life will continue. Other families were stranded on different sides of the river. We met a girl who lost both parents and two brothers. The situation is very difficult.”

— Vlatko Uzevski, Project HOPE
Emergency Team Lead

- First responders, health workers, and other people with acute exposure to the devastation in Nepal will continue to require targeted mental health support in the coming days, weeks, and months.



Project HOPE's team in Nepal delivers and installs 12 hospital beds to Ayurvedic Hospital in Devighat. Photo by Sandesh Tamang for Project HOPE, 2026.

*“It is going to be a **very long recovery period**, and the health, water, and sanitation needs continue to be very high.”*

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

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.