Coordinated Anticipatory Action for Flood Emergency in Nepal – 2024

Joint Post Distribution Monitoring (PDM)

Nepal

May 7, 2025

Submitted To:
World Food Programme
Jwalakhel, Lalitpur

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Cover photo

SomolChandravanshi, 28, stands beside the remnants of her home in Baraha Chetra Municipality-9, Sunsari. After surviving a devastating Koshi River flood that swept away her livestock, crops, and belongings, she begins to rebuild her life with Anticipatory Action support, which provided cash assistance to help meet immediate needs and restore food security. Her story reflects the resilience of communities facing the brunt of climate-induced disasters.

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Acknowledgement

On behalf of the National Institute for Development and Research (NIDR), I would like to express my sincere appreciation to the World Food Programme (WFP) for entrusting us with the responsibility of conducting the Joint Post Distribution Monitoring (PDM) in the Saptari and Sunsari districts for the 2024 activation of the coordinated anticipatory action framework for floods in Nepal funded by the Central Emergency Response Fund (CERF). We would also like to acknowledge that the survey was generously funded by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

I am especially grateful to the Research, Assessment and Monitoring (RAM) team of the World Food Programme Nepal for their continuous support, valuable feedback, and coordination throughout thesurvey. Ialso extend my heartfelt thanks to team of FAO, UNFPA and UNICEF for their collaborativespirit and valuable contributions during the monitoring process and report writing.

This study would not have been possible without the dedication and commitment of ourresearch team. I would like to acknowledge the efforts of Ms. Dipa Timilsina, Director/GEDSIExpert; Ms. Purna Laxmi Maharjan, Research Program Coordinator and Data Analyst; Ms. SantoshiChaudhary, Research Assistant; and Ms. Pratima Shrestha, Finance and Admin Assistant. I alsowish to extend my appreciation to our field supervisors and researchers for their diligence andtimely completion of data collection in challenging settings.

Most importantly, I express my deepest gratitude to the representatives and officials fromBokhraNarsigh Municipality, Barahchhetra Municipality, and Harinagar Rural Municipality ofSunsari District, as well as from HanumannagarKankalini Municipality, Chhinnamasta RuralMunicipality, Koshi Rural Municipality, and Saptakoshi Municipality of Saptari District. Theiropenness in sharing their experiences and perspectives significantly enriched the study and itsfindings.

Finally, I would like to extend my deepest gratitude to all the respondents and researchparticipants who generously shared their time, opinions, and experiences with our team. Yourinvaluable insights will not only enrich our understanding of the Post-Distribution Monitoring(PDM) needs but also contribute meaningfully to the collectiveAnticipatory Action initiative.

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List of Acronyms

AAP	Accountability to Affected Population
CBT	Cash-Based Transfers
CERF	Central Emergency Response Fund
DDS	Dietary Diversity Score
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
ECMEN	Economic Capacity to Meet Essential Needs
FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HH	Household
IARH	Inter-Agency Reproductive Health
INGO	International Non-Governmental Organization
KII	Key Informant Interview
LCS	Livelihood Coping Strategies
M&E	Monitoring and Evaluation
MRE	Monitoring, Reporting, and Evaluation
MoDA	Mobile Operational Data Acquisition
MoHA	Ministry of Home Affairs
NDRF	National Disaster Response Framework
NDRRMA	National Disaster Risk Reduction and Management Authority
NIDR	National Institute for Development and Research
NFI	Non-Food Items
NGO	Non-Governmental Organization
PDM	Post-Distribution Monitoring
PSEA	Prevention of Sexual Exploitation and Abuse
rCSI	Reduced Coping Strategies Index
RAM	Research, Assessment, and Monitoring
RM	Rural Municipality
SBC	Social and Behavior Change
SEVIMS	Socio-Economic Vulnerability Management Information System
UN	United Nations
UNDRR	United Nations Office for Disaster Risk Reduction
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme

Executive summary

Nepal is highly prone to disasters such as floods, landslides, earthquakes, fires, and lightning. In September 2024, heavy rainfall caused severe flooding in the East Koshi basin, particularly affecting the Saptari and Sunsari districts. The floods displaced households, damaged crops, and disrupted livelihoods.

In 2024, Nepal activated its Coordinated Anticipatory Action (AA) Framework to reduce the impact of forecasted floods, reaching over 64,000 people in high-risk areas like Saptari and Sunsari with early assistance. To assess the effectiveness of aid from FAO, UNFPA, UNICEF, and WFP, a Post-Distribution Monitoring (PDM) study was conducted in February 2025. Using a mixed-method approach, the study surveyed 885 households through quantitative and qualitative methods.The sample included beneficiaries of FAO (305), UNFPA (301), UNICEF (168) and WFP (295). Data was collected using household surveys, focus groups and key informant interviews, ensuring comprehensive assessment of the intervention's effectiveness. The focus group discussions involved beneficiaries of anticipatory actions from WFP, FAO, UNFPA, and UNICEF across Saptari and Sunsari districts, including recipients of cash assistance, agricultural inputs, and dignity kits. Key informant interviews were held with Disaster Risk Management (DRM) representatives, mayors, and health personnel from hospitals and birthing centers involved in implementing the interventions, particularly those related to UNFPA's Inter-Agency Reproductive Health (IARH) kits. The survey was conducted digitally, using WFP's corporate Mobile Operational Data Acquisition (MODA) platform. Overallquality assurance of the study was ensured through rigorous enumerator training and data validation at all key stages. Ethical considerations, including informed consent, privacy and anonymity, were prioritized.

The survey showed 65.4 percent female respondents, with marginalized groups like Terai/ Madhesi Dalits, Muslims, and Janajatis well-represented. Literacy levels were low; over half of the respondents were illiterate or had no formal education. Most respondents were aged 25–49 years, with UNICEF cash recipients including older individualsabove 50 years. High female participation and low literacy rates likely influenced the understanding and use of the interventions. While the programmes successfully reached marginalized and vulnerable groups, limited literacy may have reduced beneficiaries' ability to fully understand and utilize the support. This suggests the need for adapted communication strategies to maximize the effectiveness and long-term impact of the interventions.

Most households (90.5 percent) lived in their own homes, often vulnerablekacha houses[1](58.8 percent). About 4.9percent of respondents had disabilities, and 11percent of households included a member with disability.The fact that 81.5percent of respondents identified flood risks as a major concern, yet 32.4 percent did not receive early warnings and 33 percent took no action even after receiving warnings, suggests significant gaps in the early warning systems and community preparedness. This indicates an urgent need for programme implementers to strengthen early warning dissemination and ensure that messages are actionable and accessible, especially for vulnerable populations. Immediate attention is needed to improve both the coverage and effectiveness of warning mechanisms to reduce disaster risks.Floods entered the homes of 68.2 percent of the assisted households (FAO – 65%; UNFPA – 58%; UNICEF – 80%; and, WFP – 90%). The floods caused significant damage to homes, crops (29 percent total loss), livestock (28 percent loss), and businesses, leading to food insecurity and economic challenges.

[1] A kacha or raw house is a dwelling made from temporary and less durable materials like mud, bamboo, wood, straw/roof made of tin, straw.

The joint Post-Distribution Monitoring (PDM) findings across multiple agencies reveal that while most beneficiaries received some form of communication about assistance, the clarity, timing, and source of this information varied widely, impacting access, inclusion, and overall satisfaction. FAO, UNFPA, WFP, and UNICEF interventions showed differing levels of success in ensuring that beneficiaries were informed in advance about support. However, a heavy reliance on informal channels like neighbors led to inconsistent outreach, especially for vulnerable groups. Clarity of information also varied, with most UNFPA and UNICEF recipients reporting good understanding, while FAO and WFP beneficiaries experienced gaps due to language, illiteracy, or insufficient detail. Qualitative accounts revealed exclusion, delayed access, and the need for beneficiaries to self-advocate to receive aid, especially among marginalized communities.

In terms of targeting, awareness of selection criteria was low, and perceived fairness varied: while most UNICEF beneficiaries felt the selection was fair, a significant proportion of WFP recipients cited favoritism and political influence. Delivery modalities also varied, with many beneficiaries preferring bank transfers for their safety and ease. While most reported no major access barriers, long wait times and high transport costs were common issues, particularly for those in remote areas or with limited mobility. On accountability, only a small fraction of beneficiaries were aware of feedback mechanisms or how to report issues like sexual exploitation or misconduct, indicating a critical gap in two-way communication. Although security concerns were minimal, some tensions arose due to poor coordination or perceived inequities. Despite these challenges, overall satisfaction was high across all agencies.

The distribution of FAO hermetic bags reached a fairly equal gender mix, with a majority of recipients being farmers and a significant portion (35.4 percent) illiterate. Although 75.1 percent received information about the distribution, 24.9 percent remained uninformed, and 17percent struggled to understand the communication due to vague messages or language barriers. Similarly, while 63.3 percent of FAO respondents received orientation on usage of hermetic bags, over a third did not, which led to concerns about misuse. Nonetheless, most respondents found the bags useful, especially for storing grains (72.8 percent) and seeds (65.5 percent). Despite the bags' effectiveness in preserving food even in humid conditions, participants called for broader support, including food or cash aid and agricultural training to better cope with similar disasters in the future.

The majority (91.4 percent) of UNFPA dignity kit recipients were women of reproductive age (18–49 years), with 27.6 percent having no formal education. Most respondents (95.4 percent) expressed satisfaction with the dignity kits, especially items like toothpaste, soap, and towels. However, there were concerns about the quality of some items, notably sanitary napkins and torches. Respondents also highlighted the need for additional items such as baby clothes, warm clothing, and traditional attire. Key Informant Interviews (KIIs) with health workers indicated that Inter-Agency Reproductive Health (IARH) kits were crucial for maternal and newborn care, especially in remote and underserved areas. However, delays in distribution (transfers were being made even months after the disaster) and a lack of follow-up on utilization limited their effectiveness. Health workers emphasized the importance of timely distribution, improved family planning supply chains, and stronger community outreach to enhance the kits' impact. Overall, while satisfaction was high, the findings underline the need for better-quality items and improved communication and messaging.

UNICEF's cash assistance was well-received, with 92.5 percent of recipients informed in advance and 95 percent considering the selection fair, though 25 percent didn't understand its purpose, likely due to gaps in communication and limited literacy. Most recipients used the cash for basic needs like food and medicine, with 45 percent stating it lasted between 16 and 30 days. Similarly, over 94 percent of WASH kit recipients received supplies on time, but only 11.2 percent received temporary toilets.

Likewise, protection-related assistances satisfied 80 percent of recipients, although awareness of child protection was found to be limited in some areas. During community consultations, concerns were raised about the effectiveness of of recreational materials provided in schools (details in relevant sections below). The survey findings show UNICEF's social and behavioral change (SBC) messaging reached 80percent of beneficiaries, with information mainly regardingWASH and hygiene. Most found the messages useful, and community volunteers played a key role in dissemination, along with social media and radio.

While the PDM cannot make direct programme attributions due to the absence of a baseline, results show 89.5 percent of WFP's beneficiaries achieved acceptable Food Consumption Score (FCS), and 97 percent consuming from three or more food groups. Other key areas of expenditure included household non-food items, medical expenses, and home repairs. Similarly, the average Reduced Coping Strategy Index (rCSI) score was 4, with 33.2 percent of households employing at least one of the given negative coping strategies. Out of that, 82 percent adopted livelihood coping strategy I -- mainly crisis-related -- primarily to purchase food and cover medical costs. The survey found 94.6 percent of respondents had per capita monthly expenditure below the Minimum Expenditure Basket (MEB),[2] reflecting limited economic capacity to meet essential needs.. To strengthen future support, it could be useful to combine cash assistance with livelihood programs that help families become more self-reliant and less dependent on emergency aid.

Overall, while interventions were inclusive and appreciated, key areas of improvement include a more effective approach to communication and messaging and quality enhancement of in-kind assistance. While cash support was seen as generally effective and contributing significantly to meet affected households' urgent needs, the study came across several respondents reporting registration challenges, with some even reporting unfair selection of beneficiaries and inequitable distribution., Economic vulnerabilities are often associated with literacy and other sociodemographic variables persisted. The survey, therefore, demonstrates the need for improvements in communication, inclusion, accountability, and quality.

[2] The Minimum Expenditure Basket (MEB), based on the Nepal Living Standards Survey IV (2022/23), estimates that a household of five needs NPR 14,880 per month to meet basic food needs. This is derived from the annual food poverty line of NPR 35,029 per person and helps assess household vulnerability and guide social protection and aid planning.

INTRODUCTION

Background

Floods are a recurring natural hazard in Nepal, particularly affecting the lowland Terai region, which includes the East Koshi basin. According to the National Disaster Risk Reduction and Management Authority (NDRRMA, 2023), Nepal experiences monsoon-induced flooding annually, causing significant socio-economic damage, displacement, and food insecurity. In September2024, floodingsseverely affected thousands of vulnerable householdsin Saptari and Sunsari districts, leading to widespread inundation, infrastructure damage, and destruction of agricultural livelihoods.

The Government and humanitarian agencies have increasingly adopted anticipatory action mechanisms, such as early warning systems and pre-disaster cash assistance to mitigate flood impacts. Cash-based transfers (CBT) have been widely recognized as an effective humanitarian response mechanism in Nepal, particularly after the 2015 earthquake and during monsoon floods (UN OCHA, 2020). The assistance provided under the coordinatedAnticipatory Action (AA) Framework, funded by the Central Emergency Response Fund (CERF), which first activated in 2022, built on prior experience from earlier emergencies such as the Koshi floods. In these past responses, agencies including WFP, UNICEF, and UNFPA collectively implemented multipurpose cash-based assistance integrated with sectoral support to address urgent humanitarian needs. For instance, WFP provided unconditional cash transfers to meet immediate relief needs, while UNICEF and UNFPA integrated cash with child protection services and dignity kit distribution, ensuring a gender-responsive approach to crisis response.

Trigger-based anticipatory action is an emerging approach at the intersection of disaster risk reduction (DRR) and humanitarian response, designed to act before the full impact of a disaster unfolds. Anticipatory action is defined as acting ahead of a predicted hazardous event to prevent or reduce impacts on lives and livelihoods and humanitarian needs before they fully unfold. This works best when activities as well as triggers or decision-making rules are pre-agreed, and decisions are made to guarantee the fast release of pre-arranged funding. (Outcome Document Commitments - Grand Bargain Caucus on Scaling Up Anticipatory Action - World | ReliefWeb). The legal and policy framework governing anticipatory action in Nepal is embedded in the Disaster Risk Reduction and Management Act, 2017, which emphasizes proactive disaster preparedness and response mechanisms. The Act provides a legal mandate for early warning dissemination, risk-informed planning, and financial provisioning for anticipatory action. Furthermore, the National Disaster Response Framework (NDRF), 2013, outlines the roles and responsibilities of government agencies, humanitarian actors, and community-based organizations in early warning and pre-disaster interventions (MoHA, 2013).

At the international level, Nepal is a signatory to the Sendai Framework for Disaster Risk Reduction (2015-2030), which signifies the importance of strengthening early warning systems and preemptive measures to minimize disaster impacts (UNDRR, 2015). In line with this commitment, WFP's and UNICEF anticipatory cash transfer program is an example of how global principles are being localized to enhance resilience at the community level.

Floods triggered by incessant rainfall in September 2024 affected thousands of vulnerable households in Saptari and Sunsari districts of the East Koshi basin in Nepal. The flooding had a wide impact across several areas of the country, affecting communities by inundating settlements, displacing households, obstructing roads, and damaging and destroying crops, including in districts covered under the collectiveAnticipatory Action (AA) Framework in the Koshi basin, where anticipatory actions were activated to mitigate the humanitarian impact.

Targeted interventions

To support food security and agricultural recovery, FAO focused on preventing food shortages among smallholder farmers who lost their crops. The agency distributed hermetic grain storage bags to 1,500 households, allowing them to safely store any remaining grains without spoilage from moisture or pests. FAO also provided technical training on post-harvest management to ensure that farmers could preserve food supplies for longer durations, reducing dependency on external aid.

Similarly,UNICEF implemented interventions focusing on child protection, water, sanitation, and hygiene (WASH), and financial support for families with children. UNICEF provided NPR 15,000 cash grants to 2,000 vulnerable families with children, helping ensure access to food and education. To address the risk of waterborne diseases, UNICEF distributed 2,500 WASH kits containing essential hygiene items such as soap, chlorine tablets, sanitary pads, and oral rehydration salts. Additionally, UNICEF helped repair damaged community boreholes, tube wells, and hand pumps to restore access to safe drinking water. Recognizing the psychological distress caused by displacement, the agency also established temporary learning spaces in shelters, ensuring continuity of education for children. Trained social workers provided psychosocial counseling and emotional support, particularly for children separated from their families during the evacuation process. These efforts helped mitigate the long-term emotional and educational impact of the disaster on children.

Likewise, UNFPA addressed the specific needs of women and adolescent girls by distributing dignity kits to over 3,000 women in affected areas. These kits contained sanitary pads, soap, undergarments, flashlights, toothbrushes, toothpaste, and a whistle for safety, helping women manage their hygiene needs with dignity even in temporary shelters. UNFPA also established safe spaces for women and girls -- supportive environment where they can talk freely, get help, and access services without fear of harm, judgment, or discrimination -- providing psychosocial support for survivors of gender-based violence (GBV). Mobile health camps were deployed to ensure access to reproductive health services, including family planning, maternal health check-ups, and pregnancy care.

Lastly, WFP provided cash-based transfers (CBT) of NPR 15,000 per household to over 4,500 flood-affected families in Saptari and Sunsari. This assistance, triggered by early flood warning systems, aimed to empower families to purchase essential goods and services according to their priorities. The cash was disbursed through remittances and bank account transfers, ensuring quick access to relief. Many families used the money to buy food, cooking fuel, medicine, and temporary shelter materials, preventing them from resorting to negative coping mechanisms such as taking loans or selling assets.

Intervention timeliness

The timeliness of interventions varied significantly across agencies. UNICEF was generally able to deliver assistance in a more timely manner through local governments. Assistance from WFP and UNFPA, although initiated immediately upon activation, took in some cases several weeks to reach all targeted beneficiaries. For example, WFP's cash-based transfers reached many households weeks after the flood, largely due to the politicization of assistance in certain Palika, and UNFPA's dignity kits and FAO's hermetic bags reached all targeted households nearly eight weeks after the disaster. Several factors contributed to these delays, including challenges in beneficiary registration and verification processes following the disaster, difficulties in coordinating between agencies, and the politicization of aid distribution in some Palikas. While the assessment did not comprehensively capture community perceptions of timeliness, field observations and qualitative accounts suggest that delays may have affected the relevance and immediate impact of certain interventions.

Post-distribution monitoring

The Joint Post Distribution Monitoring of the emergency flood intervention was conducted in Chhinmasta Rural Municipality, TilathiKoiladiRuralMunicipality, Hanuman Nagar Municipality, KanchanrupMunicipality and SaptkoshiMunicipality of Saptari,andBrahkshetraMunicipality, BhokrahaNarshingRuralMunicipality, HarinagaraRuralMunicipalityandKoshiRuralMunicipalityofSunsariDistrict through the National Institute for Development and Research (NIDR).The PDM collected information to assess implementation (timely messaging, beneficiaries' entitlement, distribution time, location, help desk arrangement, among others), compliance of distribution centers, utilization and beneficiary satisfaction with entitlement received and due effort made to integrate gender, disability, and social inclusion principles.

Objectives of the PDM study

The objectives of the post distribution monitoring are as follows:

- To understand and follow up on the performance, results and achievements of the implementation of the project.
- To generate evidence, and share the results, challenges, and opportunities of the assistance.
- To document lessons learned for designing better programme/projects for future emergencies

Report outline

This report is structured as follows, starting from the following section:

- Methodology, including sampling and data collection
- Socio-demographic findings
- Targeted communities' flood exposure and preparedness
- Agency-specific outcomes
- Cross-agency insights
- Conclusion and recommendations

Methodology

Study approach

The monitoring adopted a mixed methods approach including quantitative and qualitative consultations with beneficiaries, local government representatives and other key stakeholders of Chhinmasta Rural Municipality, Tilathi Koiladi Rural Municipality, Hanuman Nagar Municipality, Kanchanrup Municipality and Saptkoshi Municipality of Saptari; and Brahkshetra Municipality, Bhokraha Narshing Rural Municipality, Harinagara Rural Municipality and Koshi Rural Municipality of Sunsari District. The quantitative data was collected from the household survey questionnaire with beneficiaries. Focus Group Discussions (FGD) and Key Informant Interviews (KII) werecarried out with relevant stakeholders including community membersto collect qualitative information.

Sample size and sampling technique

The sample size for the survey was calculated usingastandard formula and probability proportional to size (PPS).Assuming a 95 percent confidence level, ±/- 5 percent margin of error, 15 percent non-response rate, and a design-effect of 2 (to account for intra-cluster correlation), the required sample size was estimated at 865 respondents. This was further adjusted to 885 to meet the minimum threshold requirements.

The sampled beneficiaries participated in the survey from householdsin designated wards. Household selectionwas based on the type of intervention received (e.g., cash, dignity kit, WASH, hermetic bags, child protection), ensuring fair representation of each agency's beneficiaries. Wardswere prioritized based on the presence of multiple UN agencies to ensure localized and diverse representation. Even when certain interventions had fewer samples due to proportional distribution, a minimum threshold of at least 30 households per intervention type was maintained to prevent under-representation.

The sample was first proportionally distributed across clusters based on thetotal number of beneficiaries, as provided by agencies, ensuring that wards with higherintervention footprints contributed more respondents. Within each ward, the sample was further distributed among agencies based on their respective share of beneficiaries.

For qualitative data collection, a total of eight Focus Group Discussions (FGDs) or community consultations were carried out – two per agency. Each focus group included 6 to 8 participants, comprising direct beneficiaries of the respective agency's anticipatory interventions.In addition, 13 Key Informant Interviews (KIIs) were conducted, including six in health facilities and seven in rural/municipal offices with mayors and Disaster Risk Management (DRM) focal persons (details in Annex I).

Data collection process

Altogether 29 enumerators were deployed in the field – 14 in Saptari and 15 inSunsari – along with one supervisor each in both districts. The enumerator teamsweredivided according to the sample size and deployedto the respective clusters. Likewise, qualitative consultations with government representatives and beneficiaries, were carried out by a separate team of qualitative researchers deployed from NIDR. Qualitative data collection used tailored FGD guides and KII checklists, designed to be culturally appropriate, gender-sensitive, and inclusive of persons with disabilities. Questions focused on beneficiary experiences, aid relevance, and implementation processes. Facilitators followed protocols to ensure respectful, accessible, and safe discussions for all participants. Enumerators received comprehensive

training on ethical data collection, including the importance of obtaining informed consent, maintaining confidentiality, and ensuring respondent comfort throughout the process.

Household identification was carried out using the beneficiary sample list provided by WFP, developed in coordination with relevant UN agencies. Some households were replaced during the survey due to the absence of unique identifiers in the beneficiary datasets. Replacementhouseholds were selected from the same intervention type and cluster to maintain sample proportionality. Respondents were screened during data collection to identify and eliminate duplicate or ineligible cases.

Enumerators used tablets/mobile devices to collect and inputPDM data into WFP's corporate Mobile Operational Data Acquisition (MoDA) platform. Thebeneficiary sample list was provided by WFP, in coordination with the involvedUN agencies. Audio recordings and noteswere takenduring qualitative data collection. Upon completion of data collection, NIDRconducted data analysis and report writing.

Quantitative approach

A quantitative survey was conductedwith recipients of AAinterventions. The survey covered household characteristics, disability prevalence, food consumption patterns/scores, coping strategies, disaster preparedness, accountability and protection mechanisms,community feedback, effectiveness ofcash-based transfers, and the utility of WASH kits, SBC messages, hermetic bags, and dignity kits.

Data was collectedin face-to-face interviews using mobile devices and the Open Data Kit (ODK) platform. The data was uploaded toWFP's corporate outcome database system, Mobile Operational Data Acquisition (MoDA).

Qualitative approach

Qualitative consultations were key to exploring emerging findings from quantitative data. The qualitative inquiry covered key areas like flood impacts, utility of support received, respondents' perceptions of different interventions, among others. A total of 8 FGDs were conducted – two each with beneficiaries representing all four UN agencies.

Additionally, 13 KIIs were held with municipal officials and local government representatives (see Annex I).Audio records and notes from these qualitative discussions were transcribed, translated, coded, and segregated by themes for analysis.The qualitative findings were used to triangulate emerging quantitative findings and develop a deeper analysis of trends and patterns pertaining to relevant themes.

Training and pre-testing of tools

Training was conducted from 12-14 Febraury2025,startingwith a comprehensive briefing on the programme and survey tools.Sessions covered data collection methods, data security, data quality, and ethical considerations. The training, led and facilitated by the focal staff of all involved UN agencies, used participatory methods to ensure common understanding among enumerators.

Enumerators practiced mock surveys with peers. The mock data was reviewed to address any issues in the questionnaire's design and flow. A feedback session followed to provide individual and overall performance observations.

The training also included discussion with enumerators based on mock data to understand the best practices for engaging with respondents and getting quality and complete data. The discussion focused on the following key areas:

- Building a good rapport with the respondents before starting the formal interview
- Explaining questions without reading them out from the tablet programme to maximize engagement
- Providing alternative phrasing to the set questions to enhance comprehension
- Making the respondents feel comfortable throughout the interview duration

Quality assurance mechanisms

Multiple steps were undertaken to ensure high-quality data collection. The process of quality assurance began by hiring local enumerators who were both experienced and familiar in monitoring activities in the local contexts. The enumerators were provided with comprehensive survey training prior tofielddeployment. The training lasted for a period of three days, covering project orientation, survey tools, quality concerns, and mock tests, among others.

The PDM tools were developed in adherence to UN corporate guidelines. While the quantitative tools were designed considering all the indicators in the programme results framework, qualitative tools incorporated the 'why' and 'how' questions to effectively gauge nuances surrounding the utilization of support, beneficiaries' satisfaction, coordination with government authorities, among others. All the tools underwent rigorous validation including joint training and feedback from the involved UN agencies.

The data collection activities wereconducted from 15 to 25 February 2025, andmonitored by the team of consultants (Team Leader/ Report writer, and Data Analyst) to ensure adherence to the study protocols and ethical guidelines. Ongoing support and guidance were provided to enumerators. Quality checks on the collected data were performed, including verifying the completeness and accuracy of interview transcripts and observation notes. The team leader/report writer was also engaged in the field for qualitative consultations and oversight of quantitative data collection.

Apart from training for quality assurance, the focal person assigned for this study from the FAO, UNPFA, UNICEF, WFP and NIDR team conducted daily briefing sessions with enumerators throughout the data collection period. Following the daily data transfer, the focal person assessed the quality of submitted data regularly and communicated back with the enumerators to flag any issues or concerns observed. The feedback loop helped to resolve emerging issues related to the comprehensibility of the questions, enhance the understanding of the context, monitor the work of enumerators, learn from the experiences of enumerators, and ensure smooth operation of the survey.

Data cleaning and analysis

The count of the records transferred by the enumerators to the MoDA system was assessed, and data screening was undertakendaily to identifyany missing or skewed data, which was communicated to the respective enumerators for required justification and correction. The data screening was performed mainly to identify:

- Missing observations
- Duplicate observations
- Respondents stating "no consent" or "not applicable" options
- Inconsistent patterns in the data

Upon completion of daily data collection, final data transferred by enumerators were closely monitored again by the NIDR team to identify any missing information or data on a daily basis, hence ensuring the data quality and completeness, followed by a thorough data cleaning process. Finally, the cleaned dataset was analyzed, interpreted, and eventually incorporated into this joint PDM report.

Ethical considerations

Informed consent was obtained from each respondent before starting any form of interview – survey, FGD, or KII. The purpose of the informed consent was to mainly ensure that the interviewees were aware of the purpose of the study and the usefulness of their data/ feedback. Also, the respondents were informed that their participation would be voluntary, and they had the right not to participate or to quit the interview at any time. They were also assured that the information obtained from them would be treated with high confidentiality. The interviewees/ respondents were informed about the interview time and process. Similarly, the enumerators also took precautions to ensure that the questions addressed to the respondents respected their privacy and comfort. Additionally, the enumerators' training was also designed with specific measures taken to orient them about ethical considerations and protocols in place.

Study limitations and challenges

Since the post-distribution monitoring (PDM) survey was conducted five months after the cash distribution, respondents may have struggled to recall details accurately, leading to potential recall bias or misinterpretation of survey questions.

The study relied solely on household self-reports to assess the impact of cash assistance without independent verification of how the funds were utilized. In some locations, Muslim female respondents were reluctant to engage with male enumerators, which may have limited their participation.

The absence of unique identifiers for some households made it difficult/challengingto track and verify respondents, increasing the likelihood of duplicate entries or missing data.Replacement households were selected from the same intervention type and cluster to maintain the proportionality of the sample. During data collection, respondents were screened to identify and eliminate duplicate or ineligible cases.

The PDM found that the post-shock cash distribution in some locations of Hanumannagar Kankalini Municipality, Saptari, was influenced by representatives of the local governments. Specifically, it was reported that cash received by targeted households was collected and redistributed more broadly among community members, including non-targeted individuals. The amount received by targeted households could have had a significant impact on key indicators related to household food security, coping behaviors, and other areas.

FINDINGS AND ANALYSIS

This section presents the key findings and analysis of the study, covering various aspects related to the impact of floods and humanitarian interventions. It includes demographic information, flood-induced losses and damages, and their effects on communities. The section further explores food security indicators such as the Food Consumption Score (FCS) and the Consumption-Based Coping Strategy Index (reduced CSI). Additionally, the effectiveness of Cash-Based Transfers (CBT) by WFP and UNICEF, UNICEF-supported programmes, including Water, Sanitation, and Hygiene (WASH), Protection, and Social and Behavior Change (SBC) initiatives. The distribution and impact of UNFPA dignity kits and FAO hermetic bags are also analyzed. Finally, findings from post-distribution monitoring highlight the effectiveness of these

interventions and the level of community satisfaction with the provided support. Below is presented indicator wise values:

Table 1: Agency-specific outcome indicators

Agency-specific outcome indicators	Values
FAO (N=305)	
% of people who stored food grains, seeds, and other inputs materials/ inputs by using hermetic bags	85.60%
% of HHs that saved their crops, livestock and other livelihoods assets from flood based on the risks communication messages received	33.80%
Changes in HH coping strategies due to supports provided	rCSI Mean= 2.36, Not coping= 40.3%, Stress coping= 43.3%, Crisis coping=6.2%, Emergency coping=10.2%
UNFPA (N=301)	
% of women and girls reporting satisfaction with the items received (Dignity Kits)	95.40%
% of women and girls receiving dignity kits who are aware of and have access to PSEA compliant mechanism	Aware of complaint mechanism= 13.0% , Have access to PSEA complaint mechanism=17.3%
UNICEF (N=160)	
% of affected people who state that they are aware of their rights and entitlements	90.30%
% of beneficiaries in the programme location that can explain at least one channel to report SEA (such as SMS, phone hotline, email, feedback box, PSEA focal point from partner organization)	11.25%
WFP (N=295)	
Food Consumption Score	Poor=1.0%, Borderline=9.5%, Acceptable=89.5%
Consumption-based Coping Strategy Index	Mean=4.00
Economic Capacity to Meet Essential Needs	Below MEB=99.3%, Above MEB=0.7%
Dietary Diversity Score	0-2 food groups= 3.1%, 3-4 food groups= 52.9%, 5 food groups=44.1%
Livelihood Coping Strategies for Essential Needs (LCS-EN)	No Coping strategies=23.4%, Stress coping strategies=40.3%, Emergency coping strategies= 24.4%, Crisis coping strategies= 11.9%
% of beneficiaries reporting no safety concerns experienced as a result of their engagement in WFP programmes	0.70%
% of beneficiaries who report being treated with respect as a result of their engagement in programmes	98.60%
% of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality	Both together= 44.4% Female=27.8% Male=27.8%
% of beneficiaries reporting they were provided with accessible information about WFP programmes, including PSEA	92.2%

1.1. Sociodemographic variables

Respondent characteristics

The Post Distribution Monitoring (PDM) survey reached885 respondents from the Sunsari and Saptari districts, with a nearly balanced representation of 451 (51 percent) from Sunsari and 434 (49 percent) from Saptari. Among the municipalities, Hanumannagar Kankalini (21.0 percent) and Barahchhetra (19.7 percent) of Sunsari; and Harinagar (18.6 percent) of Saptari have the highest representation, collectively accounting for almost 60 percent of the total respondents. Chhinnamasta Rural Municipality (1.2 percent), Koshi Rural Municipality (3.4 percent), and Saptakoshi Municipality (7.0 percent) havethe lowest representation (Figure 1).The distribution of respondents across municipalities is proportionate to the total number of beneficiaries reached in each respective palika. The agency-wise distribution across municipalities have been presented in Annex II, Table 7.

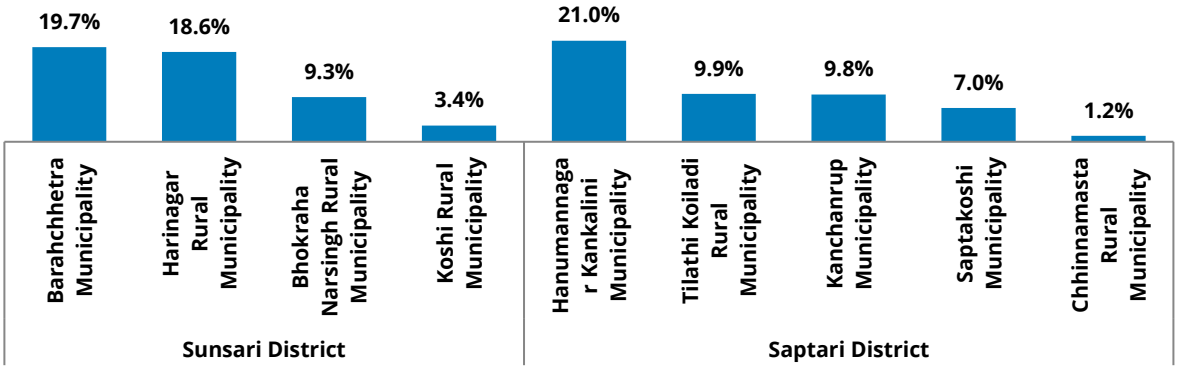

Figure 1: Sample of beneficiaries from municipalities
N=885|Household Survey

Out of 885 respondents, females comprised a significantly higher proportion (65.4 percent) compared to males (34.6 percent) (Figure 2)is . A detailed agency-wise gender breakdown is presented in Figure 2.

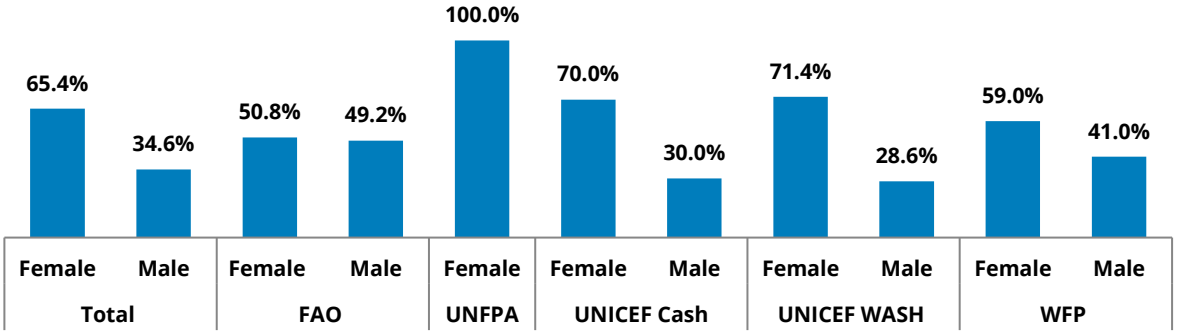

Figure 2: Gender distribution across beneficiaries of all UN agencies involved
N=885|Household Survey

Figure3shows that Terai/Madhesi communities make up the majority of respondents, with Terai/Madhesi (26.9 percent) and Terai/Madhesi Dalit (26.8 percent) being the largest groups. Muslims (14.7 percent) and Terai/Madhesi Janajati (13.8 percent) also have significant representation. Smaller groups include religious minorities (6.2 percent), Hill/Mountain Brahmin/Chhetri (4.7 percent), and Hill/Mountain Janajati (3.4 percent), while Hill/Mountain Dalit (1.4 percent) and Terai Brahmin (0.2 percent) are the least represented. The high proportion of respondents from vulnerable caste/ ethnic groups suggests that the intervention

likely reached marginalized communities. Agency-wide disaggregation of beneficiaries by ethnicity is in Annex II, Table 8.

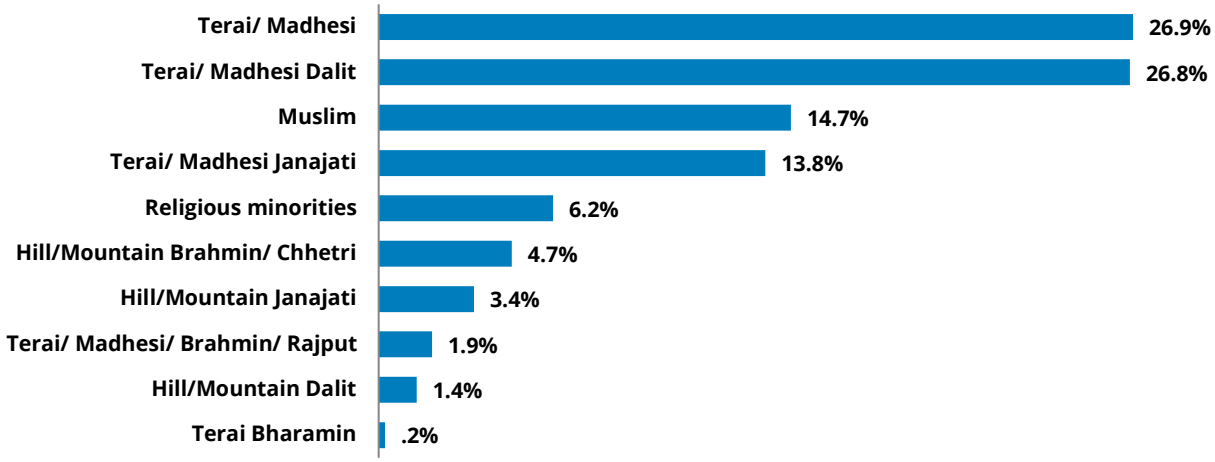

Figure 3: Respondents, by ethnicity
N=885|Household Survey

A large proportion (40.6 percent) were illiterate and could not read or write. Additionally, 13.7 percent had no formal education but possess basic literacy skills. Combined, these two groups made up more than half (54.3 percent) of the respondents, highlighting the challenge of low educational attainment in the surveyed areas.Among those with formal education, 20.1percenthad completed primary education, while 19.4 percenthad reached secondary level. However, only 4.7 percent completed higher secondary and only 1.5 percentcompleted graduate-level studies or beyond. The widespread low levels of literacy in Figure 4 across all agency beneficiary groups likely affected the overall effectiveness of communication and messaging components of interventions. Reliance on written materials alone may have limited information uptake, suggesting the need for more adapted, visual, and verbal communication strategies to ensure better understanding and application of key messages.

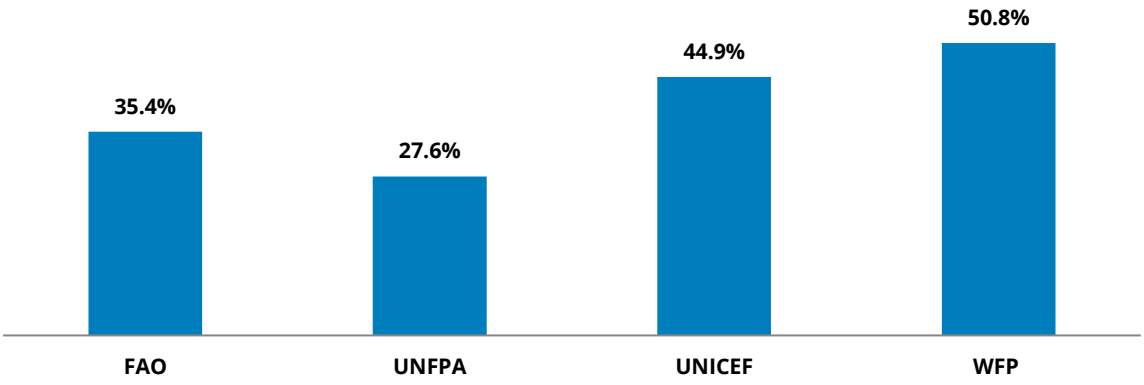

Figure 4: Level of illiteracy across all agency beneficiary groups
N=885|Household Survey

During flood responses, different age groups receive targeted support to address their unique needs: 18-24 years (14.1 percent), 25-49 years (55.6 percent) and 50+ years (30.3 percent) (Figure5).The agency-wide breakdown of respondents' age-group has been presented in Annex II, Table 11.

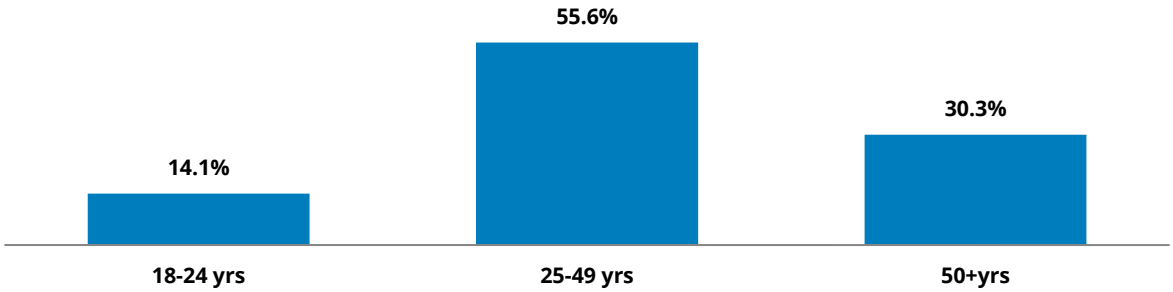

Figure 5: Age-group of beneficiaries
N=885|Household Survey

Figure 6 depicts the occupation of respondents where the daily wage laborers (35.7 percent) typically have an unstable income, which makes them highly vulnerable during floods or other crises. They are often dependent on day-to-day employment for survival, and disruptions to work opportunities, such as floods, can have significant negative impacts on their livelihood. A significant portion, 32.3percent, of respondents are engaged in agriculture or farming, highly susceptible to natural disasters such as floods. The livelihoods of farmers can be severely affected by damage to crops, livestock, and farmland. Flood responses could include agriculture-focused assistance like seeds, tools, and technical support for recovery. A smaller but significant portion of the respondents, 17.2percent, relied on foreign employment. This group might face challenges in the event of a disaster, especially if remittances, a key source of income, are disrupted or delayed due to the impact of the disaster. Self-employed respondents (8.7 percent), such as business owners or shopkeepers, are at risk of losing their income due to the physical damage to their properties and businesses during floods. A small portion, 2.5 percent, worked in non-governmental sectors. These respondents may face difficulties due to displacement or disruptions in their work environment. Only 1.8 percent of the respondents were employed in government positions. In contrast, these respondents may have more stable employment than other groups. A small group of 1.1 percent receive an old-age allowance. They are vulnerable due to their age and limited mobility. The retired/pension group, comprising 0.7 percent, may face financial challenges during a flood if they rely solely on a pension.The agency-wide breakdown of beneficiaries' occupation has been presented in Annex II, Table 12.

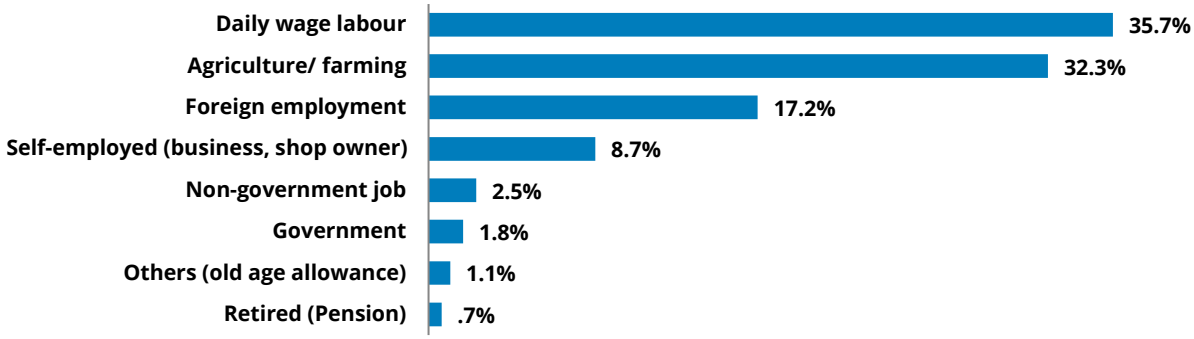

Figure 6: Occupation
N=885|Household survey

Households structure

The survey found that 801 beneficiaries (90.5 percent) are living in their own their homes, which indicates that the majority of the population surveyed has permanent, private living arrangements. 75 beneficiaries (8.5 percent) were living in temporary shelters or informal settlements. These beneficiaries likely face higher vulnerability, as they may have limited access to basic services and are potentially at-risk during disasters. Only 7 beneficiaries (0.8 percent) lived in rented accommodation. This group may face mobility and financial challenges due to the nature of renting, and their living conditions could vary depending on

rental terms and the quality of housing. In addition, 2 households (0.2 percent) were living in someone else's home as house helpers. These households may experience lower socio-economic status and are potentially at risk of exploitation or lack of rights in their living conditions.

The majority of the beneficiaries (58.8 percent) lived in raw/kacha houses, which are more vulnerable to natural hazards like floods, strong winds, and earthquakes. These households may also face challenges regarding sanitation and overall living conditions.A significant portion (22.9 percent) lived in semi-paka houses[3], which offer a higher level of durability than raw/kacha houses [4]but are still not as resilient as fully constructed homes.Brick and cement houses (16.0 percent) were less common but indicate a more permanent and stable form of housing.Houses made entirely of tin (2.3 percent) could be a result of economic factors, offering a quick, less expensive shelter solution, but they may not be as safe or comfortable (Fig.7).Agency-wide disaggregation of residence type has been presented in Annex II, Table 13.

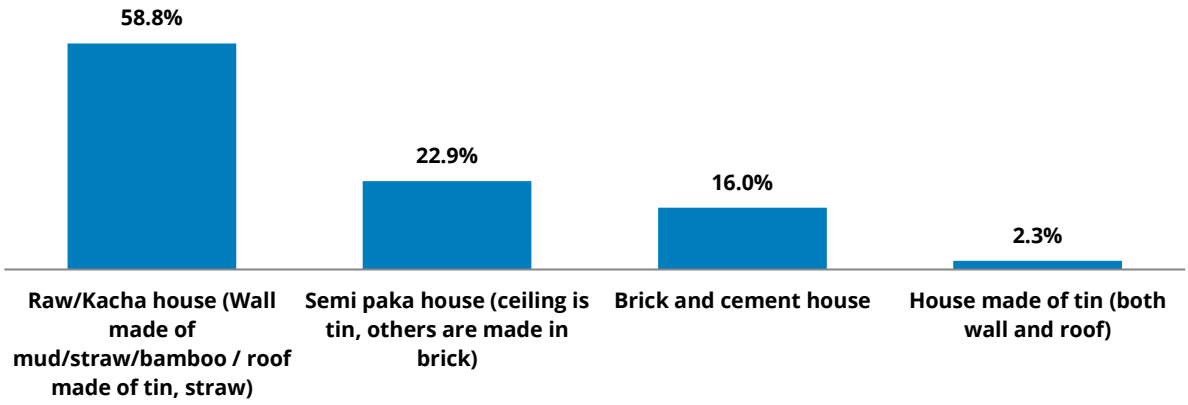

Figure 7: Type of household structure
N=885|Household Survey

[3]A semi-pakka house is built using a mix of temporary and permanent materials, such as brick walls with a tin or thatched roof.
[4]A kaccha or raw house is a dwelling made from temporary and less durable materials like mud, bamboo, wood, straw/roof made of tin, straw.

Disabilityprevalence

Some of the respondents self-reported that they have disabilities. A small percentage, 4.9percent, reported having some form of disability. Of the respondents who reported a disability, a significant proportion (30.2 percent) experience difficulty seeing, even with corrective lenses. Hearing impairment affects 16.3percent of the disabled respondents, even with hearing aids. More than half (55.8 percent) of those with disabilities report difficulty with walking or climbing steps, indicating potential challenges in mobility. One fourth (25.6 percent) of respondents with disabilities report difficulty with memory or concentration. Around half (41.9) percent of respondents with disabilities report difficulty with self-care. Only 16.3percent of respondents with disabilities have difficulty communicating, even using their usual language(Table 2).The study also explored disability prevalence among other household members of the interviewed beneficiaries. A breakdown of family members with disabilities across agencies has been presented in Annex III, Table 17

Table 2: Types of self-reported disabilities among respondents

Types of disability	Frequency	Percent
Hearing	7	16.3%
Seeing	13	30.2%
Walking or climbing steps	24	55.8%
Remembering or concentration	11	25.6%
Dressing or washing (Self-care)	18	41.9%
Communicating	7	16.3%

N=43|Multiple responses| Household Survey

Disaster preparedness and early warning

In the Saptari and Sunsari districts, flooding is a recurrent issue, particularly during the monsoon season when the Koshi River and its tributaries swell, causing widespread damage. These areas are highly vulnerable to riverbank erosion, flash floods, and waterlogging, which exacerbate the risks to communities, livelihoods, and infrastructure. Given their geographical location, these districts are prone to significant flood events, further highlighting the importance of flood risk preparedness and resilience.A significant 81percent of respondents reported that they or their families faced potential or prior risk due to flooding. This highlights the vulnerability of most households to flood-related hazards, and 19percentof households that reported no risk may live in less flood-prone areas.

A majority (62.4 percent) of the respondents received some form of early warning message, indicating that early warning systems are in place for flood events.The 32.4 percent of the population who did not receive any early warning message may indicate gaps in the effectiveness or coverage of the warning systems. Several factors could contribute to this gap, including infrastructural issues such as poor mobile network coverage in remote or flood-prone areas, which may hinder the timely dissemination of messages. Social barriers, such as the exclusion of marginalized groups (e.g., women, ethnic minorities, or people with disabilities), may also prevent certain segments of the population from receiving or understanding the warnings. Additionally, logistical challenges, such as delays in the distribution of messages or reliance on local authorities who may not have access to up-to-date information, can further impact the reach of early warning systems. These issues highlight the need for more inclusive, timely, and reliable communication channels to ensure that all households, particularly those in high-risk areas, are adequately informed before a flood event. A smaller proportion (5.2 percent) were uncertain or did not remember whether they received a warning, which could indicate issues related to the clarity or timeliness of the warning message, or lack of awareness among respondents.

The majority (65.2 percent) of those who received early warning signals were alerted more than 24 hours in advance. This is a positive outcome as it allows for adequate time for preparedness, evacuation, and

protective actions, thus potentially minimizing flood impacts.iA significant proportion (27.4 percent) received the warning within 24 hours before the flood, which is still beneficial but may not provide sufficient time for comprehensive preparation. Evacuation and other protective actions may become more difficult with a shorter warning period.A small proportion (7.4 percent) received the warning less than 24 hours before the flood. This indicates that some households may have been in a more vulnerable position, having limited time to respond effectively to the threat.

Mobile phones (58.2 percent) were the most frequently used source of information, indicating the high preference for direct, personal communication in disaster situations.Verbal communication from neighbours or family members (52.5 percent) was also a dominant source of information, showing that informal communication networks play a major role in spreading warnings, particularly in rural or close-knit communities.SMS alerts (41.8 percent) were another widely used method, reinforcing the role of mobile technology in mass communication and disaster response. Radio (24.5 percent), TV (10.5 percent), miking (13.0 percent), local government agencies (18.3 percent), community volunteers (9.6 percent), NGOs and partner organizations (0.5 percent) and social media (17.9 percent), including Facebook and Twitter, also served as a source of flood warnings for some people.

Out of those who reported early warning messages, a majority (80.6 percent) of respondents received warnings about the level of risk or the potential for flooding. This suggests that early warning systems are effectively communicating the likelihood and severity of floods to the population. Around 77.4percent of respondents reported receiving messages about what actions to take in response to the flood warning.This indicates that early warnings are not only informing people of the risk but also guiding them on how to respond (Fig.8.)

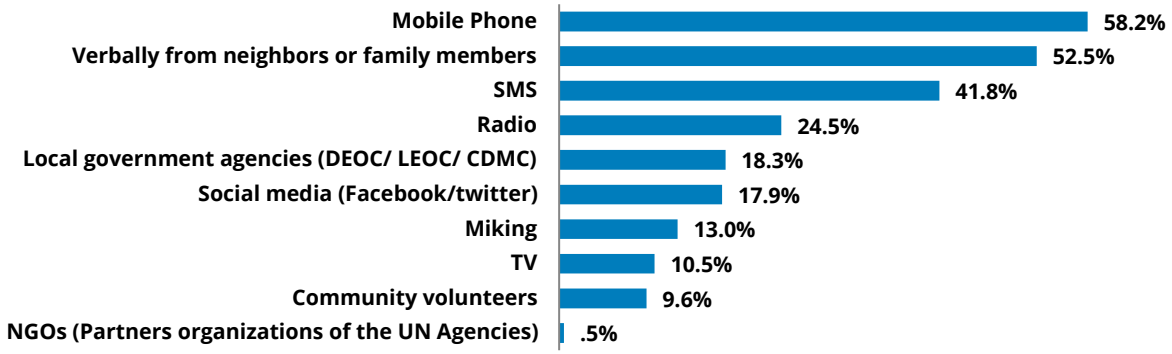

Figure 8: Sources of information for flood early warning
N=552|Multiple responses|Household Survey

It was also found that 97.5percent of respondents (538 out of 552) stated that the early warning messages were clear and well understood.Only 2.5 percent (14 respondents) reported that they found the message unclear.This high percentage suggests that the early warning system is effectively communicating flood risks, and 96.4percent (532 respondents) said the early warning message was beneficial. Only 3.6 percent (20 respondents) found the message not useful, likely due to limited literacy.This suggests that early warnings were not only received but also actionable, allowing respondents and families to take necessary precautions. During FGDs, the participants informed that they use mobile phone and get the information from neighbors and local representatives.

In flood-affected areas, households adopted a range of preparedness and response actions to protect lives and livelihoods. The most common preparedness measures included storing ready-to-eat food (81%), securing vital registration documents (76.3%), and packing warm clothes (66.3%). Fewer households prepared for power outages (29.4%), drinking water shortages (27.7%), medical needs (11.8%), or hygiene requirements (9.8%). To safeguard livelihoods, 40.4 percent focused on securing essential food, 37.3

percent protected clothes, and 35 percent prioritized portable valuables. Livestock protection (29.0%) and evacuation of vulnerable groups such as children, pregnant/breastfeeding women, and the elderly (28.1%) were also common. Some households (27.2%) reinforced their homes, while only 22.1 percent opted for full family evacuation—likely deterred by fears of looting, inadequate shelters, or uncertainty about the flood's severity. Financial coping strategies were rare, with just 4.2 percent selling assets and 1.3 percent taking loans, reflecting the sudden onset of floods. Notably, 33 percent of households reported taking no action, suggesting gaps in preparedness, awareness, or trust in early warning systems. A detailed agency-wise breakdown of actions taken is provided in Annex II, Table 14.

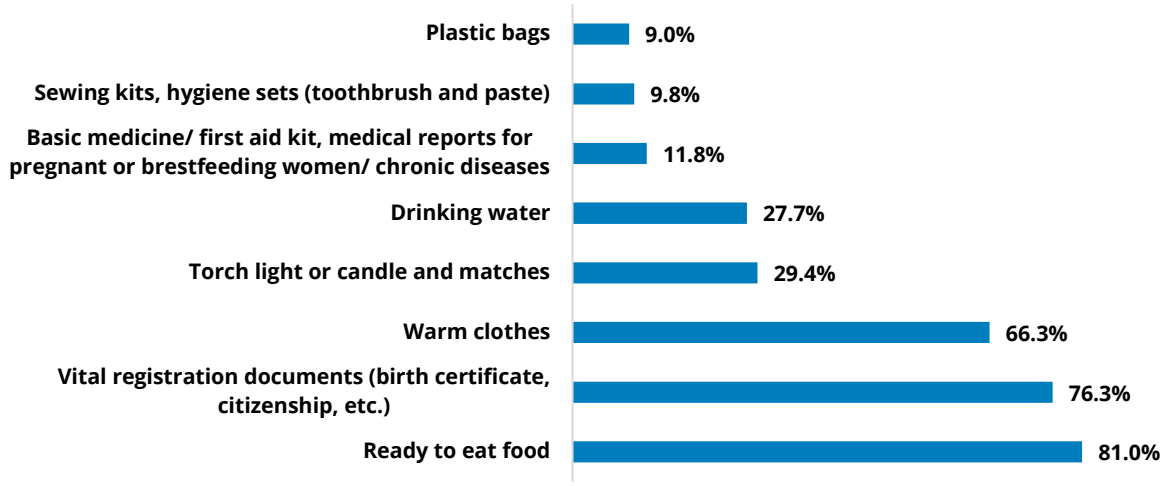

Figure 9: Disaster preparedness measures
N=885|Multiple responses|Household Survey

Flood exposure, loss and damage

The findings reveal significant exposure to flood risks and widespread negative impacts across the surveyed households. A total of 68.2 percent (604 households) reported that floodwaters entered their homes (FAO – 65%; UNFPA – 58%; UNICEF – 80%; and, WFP – 90%). Meanwhile, 31.8 percent (281 households) were not directly affected by floodwaters – typically residing in elevated areas or farther from rivers and water sources – but still experienced considerable indirect impacts. Insights from qualitative discussions suggest that these households faced disruptions in local markets, road access, and public services, including education, health, and water supply, which significantly constrained their ability to meet basic needs. Many also hosted displaced family members or neighbours, straining their limited resources. In several cases, their farmland or workplaces were flooded even if their homes remianed intact, resulting in loss of income or food sources. Given these cascading effects and the community-wide nature of the disruption, some of the in-kind assistance was extended to these indirectly affected households, especially since distributions occurred weeks after the flooding – by which time both direct and indirect vulnerabilities had become more visible.

Findings show that prolonged flooding, particularly for 5 days or more (32.6 percent), can exacerbate structural damage to homes, making them more vulnerable to further deterioration and increasing repair costs. In addition, extended exposure to floodwaters (3.3 percent) can lead to significant health hazards, including waterborne diseases, mosquito-borne illnesses, and contamination of drinking water sources. The economic impact is also severe, with livelihoods disrupted, agricultural activities damaged, and local markets hampered, all contributing to long-term financial instability for affected households. This highlights the need for resilient infrastructure, robust health interventions, and livelihood support systems as part of flood preparedness and response strategies.

Floodwater intrusion varied in intensity -over 50percent of affected households had water entering their rooms or reaching higher levels, making homes partially or completely uninhabitable. Notably, 10.6percent of households reported floodwaters reaching their windows or rooftops, marking them as extreme cases. While 47.5percent experienced water confined to the courtyard, these households still faced sanitation and livelihood disruptions (Fig.10).

The severity of the flood forced 36.9percent (223 households) to evacuate, while 63.1percent (381 households) remained in their homes despite the risks. Overall, 76.0percent of households reported being negatively affected by the floods—this includes both direct losses (such as damage to homes, farms, and businesses) and indirect effects (like disruption of livelihoods and loss of access to services), demonstrating the extensive and multifaceted impact of the floods on communities.

"The house yards get flooded, and farming is greatly affected. During the rice harvesting season, the floods are severe, washing away all the crops and depositing sand, which reduces the yield. Cattle were swept away, and tragically, a person from our village died. There was also a huge problem with drinking water and sanitation facilities. During severe flooding, we had to stay in the school for about a week, with children being the most affected."
-A participant from TilathiKoiladi, Saptari

"Due to the heavy flooding, we had to stay in a highlandarea for at least a week. There were issues with food, sleeping, and cooking. The clothes and household items were soaked, and some items were saved and placed in a higher area under

tarpaulins. We stayed there. It was difficult to manage livestock and children. There were no human casualties, but livestock was lost. Agriculture was also severely affected, as all the vegetables in the fields were destroyed. During the harvesting season, the flood washed away all the crops."

-FGD in Brahkshetra Municipality, Sunsari.

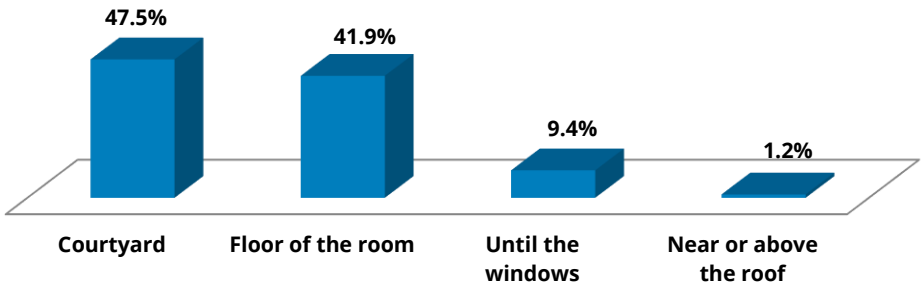

Figure 10: Flood water levels in houses
N=604|Household Survey

Table 3: Damage due to floods

Affected areas	Total	Moderate + Severe	% Affected
Business damaged/affected	673	228	33.9%
Farm/Farm-related Work affected	673	421	62.5%
Livestock affected	257	94	36.6%
Poultry affected	77	22	28.6%
Crop affected in field	487	196	40.2%
Fish farm affected	10	9	90.0%
Fruit plantation affected	25	15	60.0%
Crop stored at home affected	154	105	68.2%
Farming/Fishing equipment affected	26	19	73.1%
Vehicle damaged/affected	23	16	69.6%
Household appliances affected	112	88	78.6%

The table above reveals a widespread and multi-dimensional impact of the floods across key livelihood and household sectors. The most severely affected areas include fish farms (90.0 percent), household appliances (78.6 percent), farming and fishing equipment (73.1 percent), and crop storage at home (68.2 percent), all of which are critical to daily sustenance and income generation.

Agricultural livelihoods bore a heavy toll, with 62.5 percent of households reporting moderate to severe damage to farm-related work, and over 40percent experiencing losses to crops in the field and livestock. While 33.9percent of business owners reported damage, vehicle loss (69.6 percent) further reflects how mobility and market access were disrupted. Though fewer households raised poultry or managed fruit plantations, losses in these sectors also crossed 25percent, showing that no aspect of rural livelihood was spared. The concentration of damage in assets that support food security, income, and household functionality points to a need for comprehensive recovery support targeting both immediate and long-term needs.

"During the major floods, agriculture was more impacted than human settlements. After the floodwaters entered village homes, many people were forced to live outside. Compared to the past, agricultural production in the fields has decreased by 16 percent, and farmers' livelihoods have been significantly affected."

-Local government representative from Chhinamasta, Saptari

"The impact of the Koshi flood and the Mouli River is quite significant here. Due to the influence of these two rivers, the community in this municipality has been severely affected. Some of the major problems include floodwaters entering houses, causing significant damage to paddy fields. Sand deposits on arable land have made farming extremely difficult. The Mouli River has deposited large amounts of sand, rendering many fertile lands unusable for cultivation, and even now, farming on those lands remains impossible. At that time, there was also a severe shortage of food in households, as the flood washed away stored grains and food supplies."

-KII with local government, Hanumannagar, Saptari

1.2. Agency-specific findings

1.2.1. FAO

FAO focused on agricultural recovery and food preservation. The agency distributed hermetic grain storage bags to 1,500 smallholder farming households that had lost their crops or were at risk of food shortages. These special bags protect grain from spoilage caused by moisture and pests, allowing families to store their food safely for longer periods. In addition, FAO conducted technical training on post-harvest handling, empowering farmers to preserve their remaining harvest and enhance food security, thereby reducing reliance on future aid.

Usefulness of supports provided

Figure 11 below indicatesthat 63.3percent of respondents (193 out of 305) received necessary orientation on how to use hermetic bags. Over one-third (36.7 percent, 112 respondents) of the respondents did not receive any orientation, which is concerning because improper use of hermetic bags can reduce their effectiveness. Without proper knowledge, beneficiaries might not fully utilize the bags' benefits, potentially leading to crop spoilage or pest infestations.

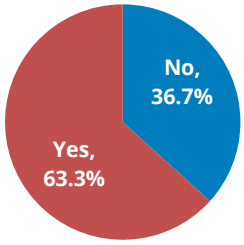

Figure 11: Orientation on the use of hermetic bags
N = 305 | Household Survey

The findings show that 85.6percent (261 respondents) found the hermetic bags useful, indicating that the majority of beneficiaries recognized the benefits of these bags in safeguarding their food and agricultural products. 14.4percent (44 respondents) did not find them useful, which suggests either a lack of proper understanding of their use, issues with quality, or limited applicability to their specific needs.

The data shows that the majority of respondents (85.6 percent) across five municipalities found the hermetic bags provided by FAO useful, indicating overall positive feedback. Chhinnamasta and TilathiKoiladi Rural Municipalities reported 100 percent satisfaction, suggesting highly effective distribution and usage in these areas. Hanumannagar, Kankalini and Barahchhetra Municipalities also reflected high usefulness rates at 90.7 percent and 85.5 percent, respectively, with only a small portion finding the bags less useful. However, Harinagar Rural Municipality reported the highest dissatisfaction rate, with 28.7 percent of respondents indicating the bags were not useful, highlighting the need for further investigation into local challenges, usage practices, or possible mismatches with storage needs. This variation suggests that while the intervention was broadly successful, targeted support and follow-up may be required in certain areas to ensure optimal usage and impact.

The PDM findings show that 72.8 percent used the bags for storing food and grains, demonstrating that most recipients used them for their intended purpose of protecting food from pests, moisture, and spoilage. 65.5percent used them for storing seeds, showing that the bags were also valuable for seed preservation, potentially improving future crop yields. 12 percent used them for other household purposes

or did not use them at all, indicating that some recipients either repurposed the bags for non-agricultural use or did not find them necessary.

"It was good that the rice was kept in sacks. We stored all the grains we had at home. Due to the plastic, the grains didn't get wet or spoil. We also kept rice in the sacks. When the sacks were being distributed, they told us to tightly tie the mouths of the sacks. They also mentioned that if we stored the seeds properly, they wouldn't spoil, and even if they were kept in the sack, they wouldn't get damaged."

-FGD in Harinagra Rural Municipality

"The hermetic bag played a very effective role. Even now, we have stored seeds in that bag. Previously, when crops were stored in other sacks, they would spoil, but by storing them in this bag, even in a cool place, nothing has spoiled or deteriorated. I really liked the hermetic bag. When the bag was provided, we were instructed on how to properly seal the mouth of the bag. It was explained that once the hermetic bag is sealed, air cannot enter, and no matter how much rain falls, the crops inside won't spoil. We were also told how to preserve crops that were at risk of spoiling."

-FGD in TilathiKoiladi Municipality

Information of agricultural risks

The findings show that 82.6 percent (252 respondents) did not receive any information about agricultural risks and mitigation measures during the flood, which highlights a major gap in disaster preparedness efforts and indicates thatawarenessraising on agricultural risks and mitigation measures was extremely limited and did not reach the majority of affected households.

Among the 53 respondents who did receive information, 100 percent were informed about the water resistance of grains and seeds during floods. All 53 informed respondents (100 percent) were aware of the preservation of food and seeds as a mitigation measure.

Effectiveness of FAO support in protecting livelihoods

The PDM finding shows that 66.2 percent (202 respondents) reported that they were unable to save their crops, livestock, or other livelihood assets from flood-related risks, suggesting that the majority of affected households did not find FAO's support or messages sufficient in disaster mitigation. Only 33.8 percent (103 respondents) managed to save their assets, indicating that while FAO assistance had some impact, it was not widespread enough to protect the majority of recipients.

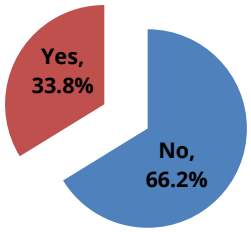

Figure 12: Effectiveness of FAO support in protecting livelihoods
N = 305 | Household Survey

Among the 103 respondents who successfully saved their assets, 100 percent credited their success to the storage of food. This suggests that food storage was the only effective measure promoted or applied, but it does not address other essential risk mitigation strategies, such as protection of livestock from floodwaters and securing agricultural tools and equipment.

Among different income groups, non-government job holders had the highest positive outcome, with 58.3 percent reporting successful protection of their livelihoods, followed by those engaged in foreign employment (48.7 percent) and the self-employed (39.1 percent). In contrast, households relying on agriculture (29.3 percent), daily wage labor (31.0 percent), and government jobs (16.7 percent) had lower rates of success. This indicates that while FAO's support had a positive impact for some, particularly those with non-traditional or more diverse income sources, it was less effective for the primary target group farming households who faced more difficulty protecting their livelihoods from flood risks. This suggests a need for more tailored and context-specific interventions for agriculture-based households to improve resilience.

"We stored seeds and grains properly. Even if some spoiled, we started cultivating again with the seeds from our own home. Now, we still have rice, wheat, and barley. It would be good if some food assistance was provided along with the support. There is a need for agricultural training, and some information about crops should be provided as well."
–FGD in Tilathi-Koiladi Municipality

"If there was no grain at home, there was nothing to store. Some kept a little bit of rice, but it was only used for eating. In the future, it would be helpful if food aid is provided. During the flood crisis, food becomes a major problem, and it's hard to find daily labor for earning. The biggest issue is food. That's why it's important to provide food or other forms of aid, like cash."
-FGD in Kanchanrup Municipality

1.2.2. UNFPA

UNFPA addressed the distinct needs of women and adolescent girls in flood-affected areas through targeted protection and health interventions. A key component of the response was the distribution of dignity kits to over 3,000 women and girls. These kits included essential hygiene and safety items such as sanitary pads, soap, undergarments, toothbrushes, flashlights, and whistles, helping recipients maintain their personal hygiene and dignity while staying in temporary shelters. To further safeguard vulnerable groups, UNFPA established dedicated safe spaces in the affected communities that served as secure environments where women and girls could access psychosocial support, particularly those who had experienced or were at risk of gender-based violence (GBV). In addition, the organization deployed mobile health camps to ensure continued access to vital reproductive health services. These clinics offered maternal health check-ups, family planning support, and general reproductive healthcare, helping to bridge critical gaps in medical care for displaced women and girls during the crisis.

Usefulness and utilization

The PDM survey show toothpaste (97 percent), bath soap (96.7 percent), toothbrush (94.4 percent), and bath towels (89.7 percent) were identified by respondents as the most distributed items. While all items were included in the dignity kit, the majority of respondents reported only the items they had used. Additionally, variations in responses may be attributed to the fact that most dignity kits were intended for pregnant women, and some respondents did not collect the kits themselves. Furthermore, many recipients had not yet opened the kits, choosing instead to keep them safely for future use. In future surveys, respondents should be asked about each item individually to ensure accurate reporting, as they may only recall the items they have removed from the bag. Bath Soap (68.8 percent) ranked highest of useful items, followed by Toothpaste (41.9 percent) and Toothbrush (37.9 percent), confirming hygiene items' high priority.

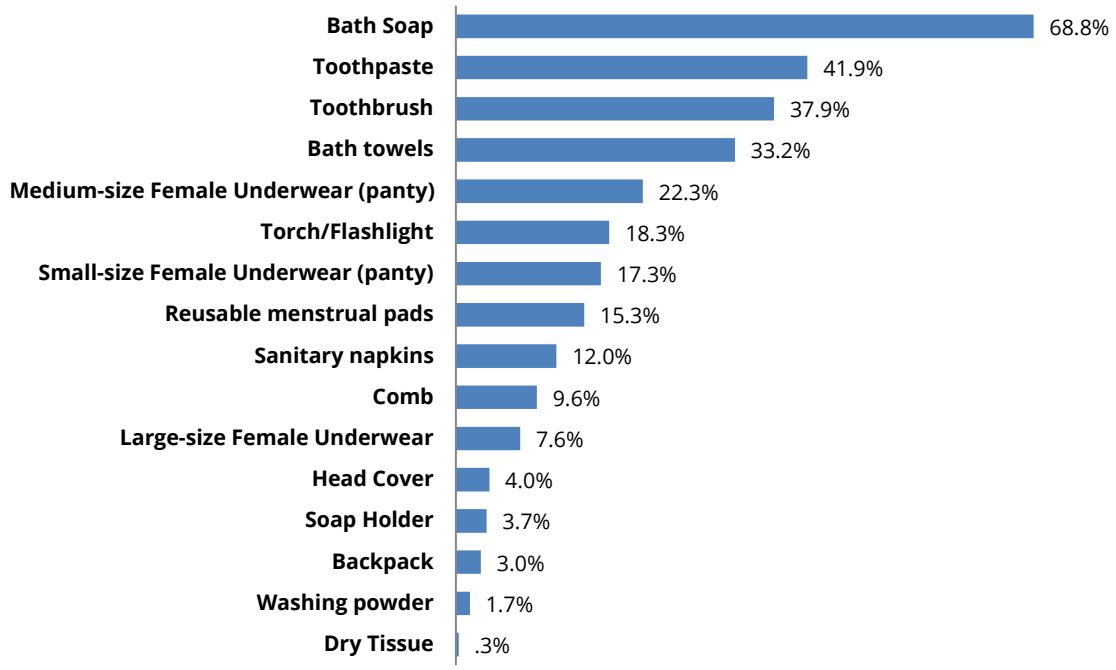

Figure 13: Most useful items in the dignity kits
N=301|Multiple responses|Household Survey

"The items were useful, even though they arrived two months after the flood. All the materials were good, including slippers, a toothbrush, soap, a torch, underwear, pads, a towel, a saree, and a maxi dress. The soap was used immediately and got finished, but the saree and maxi are still in use. The best items were the pads and the shawl, which were especially useful after childbirth. However, the maxi was too large, and its quality was not very good. Everything else was fine."

-FGD with females in Bokhara Narsigh, Sunsari district

"The Dignity Kit was especially helpful for pregnant and postpartum women, although other needs like money and food were also essential. During difficult times, such as the pandemic, women face many challenges, and the kit provided significant support. Items like pads, soap for washing, a torch for light, and essentials like the saree, slippers, maxi, and shawl were very useful. The torch was especially helpful when going out at night, as it provided light in the darkness, and it is still being used today."

-FGD with females in Saptakoshi, Saptakoshi district

The findings in figure 14 below show that a comb (51.8 percent), torch (33.2 percent), and toothbrush (28.9 percent) were identified as the least useful items. While the toothbrush was considered essential by some respondents, others found it unnecessary as they already had one at home or had not yet used the provided item. Additionally, reusable menstrual pads (21.9 percent) were also perceived as less useful, possibly due to a preference for disposable sanitary napkins among the respondents. These suggest that while hygiene products are generally valued, the distribution of specific items could be adjusted based on personal preferences and existing household supplies.

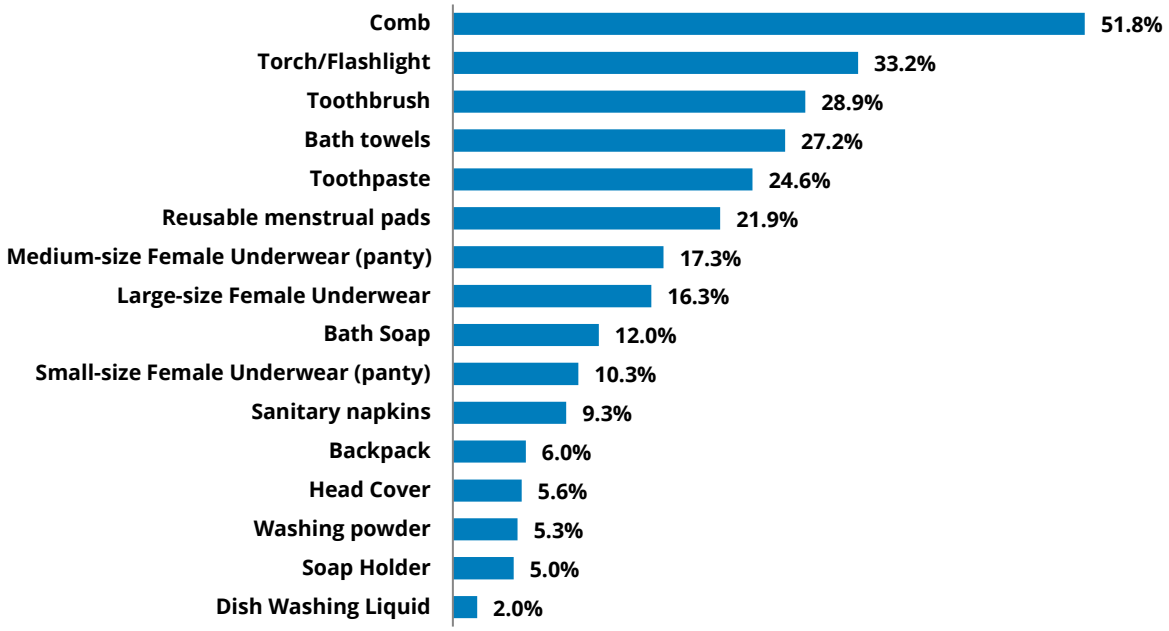

Figure 12: Least useful items in the dignity kits
N=301|Multiple responses|Household Survey

A total of 13.6 percent of respondents reported concerns regarding the quality of items received, with the primary issue being poor material quality (80.5 percent). The most commonly reported items with quality complaints included sanitary napkins (39 percent), medium-size female underwear (29.3 percent), and torch/flashlights (17.1 percent). These concerns suggest that certain essential items did not meet the expected standards, potentially affecting their usability and effectiveness.

"The materials provided were useful, with pads being the most used, especially after childbirth. Other items like soap and slippers were also appreciated. However, the quality of the saree was low, and the maxi was too large, so it hasn't been used yet. The shawl was very useful for the postpartum period, as it was easy to cover with. The quality of the saree varied some bags had good quality, while others had poor-quality sarees. Everything else in the kit was the same, and no one received more or less than others."

- FGD with females in Saptakoshi, Saptari district

Several respondents identified specific items they felt should have been included in the dignity kit. The most frequently mentioned missing items were: clothes for an infant (15.6 percent) which indicates a need for additional support for mothers with newborns, highlighting the importance of including baby essentials in future distributions, kurthasurwal (12.6 percent), the demand for traditional attire suggests that cultural preferences should be considered when assembling the kits to ensure they meet the practical and social needs of recipients, warm clothes for mothers and children (9.6 percent) showing the necessity of seasonal appropriateness in the kits, particularly in winter season where warmth is a critical concern. This indicates that while the dignity kits provided essential hygiene and personal care items, there remains a need for greater customization to better align with the specific needs of beneficiaries, particularly in terms of clothing and seasonal necessities. Future distributions should consider incorporating these requested items to enhance the effectiveness and relevance of the assistance provided.

"Treatment should be provided on time. After the flood, it is very difficult to reach the health center. During such times, if a woman is pregnant and experiences complications, there is a fear of not being able to get timely care. Therefore, a treatment center should be established in such areas. Regular check-ups should be provided to pregnant women. Additionally, the bag provided to mothers should also include items for the baby, such as diapers, nutritious milk for breastfeeding, and warm clothes for the baby."

-FGD with females in BokharaNarsingh, Sunsari

Satisfaction with dignity kit

The majority of respondents are either highly satisfied (49.6 percent) or satisfied (45.3 percent), indicating a generally positive perception of the services. Only 0.7 percent were dissatisfied, and 4.3 percent were neutral. The data indicates a high overall satisfaction with services across all age groups, with 49.6 percent of respondents being highly satisfied and 45.3 percent satisfied. Dissatisfaction is minimal at only 0.7 percent, and 4.3 percent expressed neutrality. Among age groups, satisfaction is generally positive, with the 18–24 and 25–49 age groups showing similar levels of satisfaction and high satisfaction. Notably, the 50+ age group stands out, with 67.3 percentreporting being highly satisfied and none reporting dissatisfaction or neutrality, suggesting that satisfaction tends to increase with age. Overall, the findings reflect a strong positive perception of the services provided.

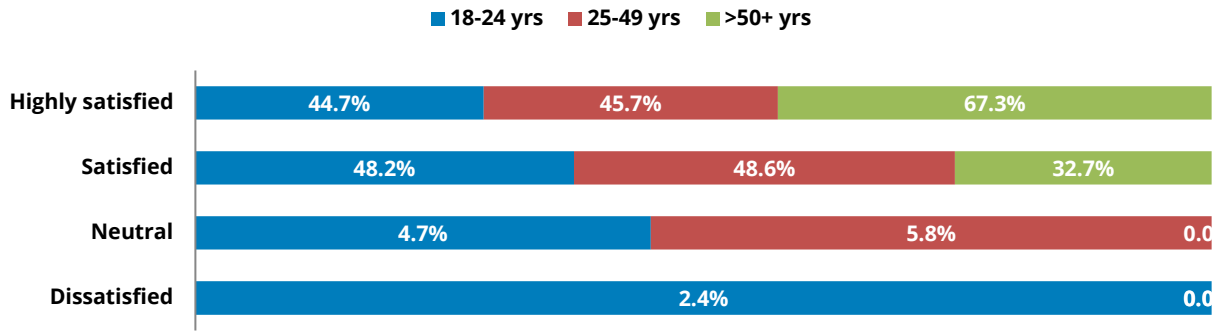

Figure 13: Satisfaction with dignity kits disaggregated by age-group
N=301|Multiple response |Household Survey

PSEA awareness and complaint mechanisms relevant for UNFPA's beneficiaries

Only 13.0 percent (39 respondents) had received or seen information regarding PSEA (Protection from Sexual Exploitation and Abuse) complaint mechanisms, while a significant 87.0 percent (262 respondents) were unaware of such mechanisms. This lack of awareness can be attributed to several factors: many respondents did not personally receive the dignity kits, as they were collected by family members who may not have communicated the information. Low literacy levels among beneficiaries impacted their ability to read the informational leaflets provided in the dignity bags.

When analyzed by occupation, awareness was lowest among wage workers in manufacturing (0 percent)or those without income-generating work (5.3 percent). Slightly higher awareness was observed among those in agriculture (18.4 percent) and business (22.2 percent), while the highest level of awareness was among those in self-employment (40 percent). These findings suggest that people engaged in formal or semi-formal economic activities are more likely to be informed about PSEA mechanisms, while more vulnerable and less economically active groups, particularly women and laborers, remain significantly underserved in terms of access to this critical information.

The PDM survey shows that 94.7percent (285 respondents) felt they were treated kindly and respectfully by staff during the distribution process. Only 5.3 percent (16 respondents) reported negative experiences. The positive response in this category indicates that staff was largely professional and courteous in their interactions. However, even a small percentage of dissatisfaction suggests room for improvement.

Findings indicate that a majority of respondents (63.8 percent) do not know how to file a complaint or provide feedback regarding the assistance received. Additionally, 18.9 percent could not recall the process, leaving only 17.3 percent (52 respondents) who are aware of how to make a complaint. This low level of awareness suggests a significant communication gap. Many beneficiaries were not properly informed about complaint mechanisms and some respondents did not personally collect their dignity kits, leading to missed information about how to report complaints. The information may have been provided at the distribution center, but those who received the kit did not share this information with others in their household. If complaint procedures were only provided in written form, respondents with limited reading skills may have struggled to understand them.

The data reveals a strong correlation between education level and awareness of how to make a complaint or provide feedback regarding received assistance. All respondents with a graduate or higher education level (100 percent) reported knowing how to provide feedback, indicating full awareness. In contrast, awareness significantly drops among those with lower education levels. For instance, only 23.8 percent of

those with higher secondary education knew how to provide feedback, while the majority (76.2 percent) did not. Among illiterate individuals, just 16.7 percent knew the process, and a notable 21.1 percent could not remember or did not know. Those with no formal education but basic literacy showed even lower awareness, with only 5.7 percent knowing how to provide feedback, and nearly half (45.7 percent) reporting they couldn't recall or did not know. Similarly, among those with primary and secondary education, awareness remained low (21.2 percent and 18 percent respectively), with the majority indicating they did not know how to provide feedback. These results highlight a clear gap in accountability and communication mechanisms for less educated populations.

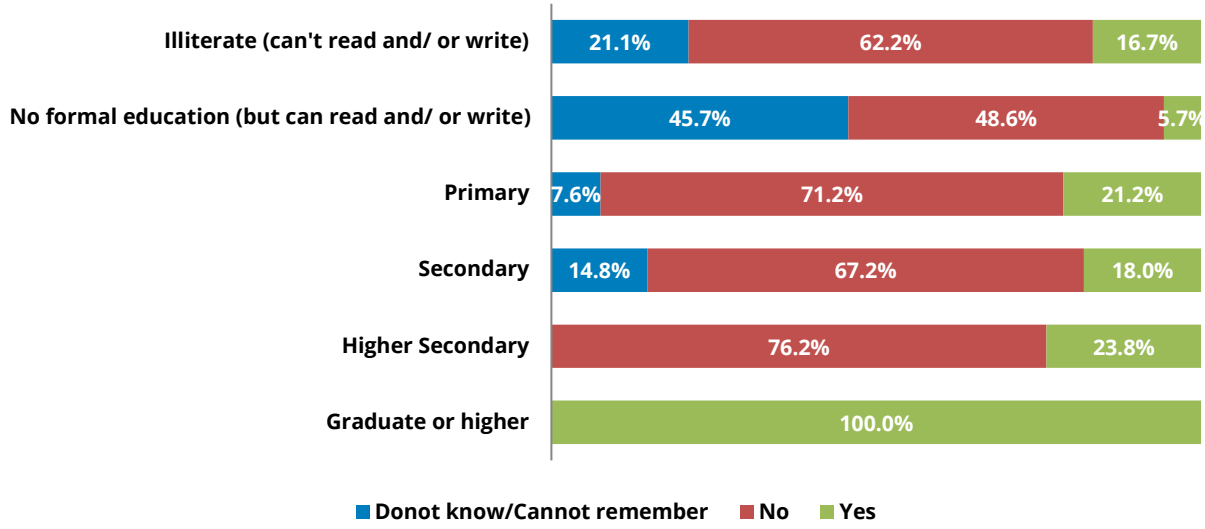

Figure 16: Awareness of complaint mechanisms by educational status (UNFPA)
N=301|Household Survey

Among the listed UNFPA complaint mechanisms, 96.1 percent usedthe complaint box to make a complaint or provide feedback regarding the assistance they received. 53.8 percent believed they could file complaints via NGO staff members' WhatsApp numbers. However, this WhatsApp number was never officially distributed by the organization. This miscommunication likely arose because respondents may have assumed that contacting an NGO staff member directly was an official complaint process. The lack of formal guidance at the distribution center may have led to word-of-mouth misinformation. Additionally, 15.4 percent selected "Others", which includes police stations and local ward offices, indicating that beneficiaries may be seeking external complaint mechanisms rather than those provided by the organization.

"There are no facilities available. No matter how much feedback we give, the municipality doesn't listen. We didn't hear anything about the assistance from the UN, and whatever came, it was distributed elsewhere without informing us. In the end, the dignity kits were provided to us, but only after we all went to the municipality and raised our voices."

-FGD with females in Saptakoshi, Saptari district

"We didn't provide any feedback, but we are happy with the assistance. During the pandemic, health becomes a significant risk, especially for women. Therefore,

whatever was provided was appreciated."

-FGD with females in BokharaNarsigh, Saptari district

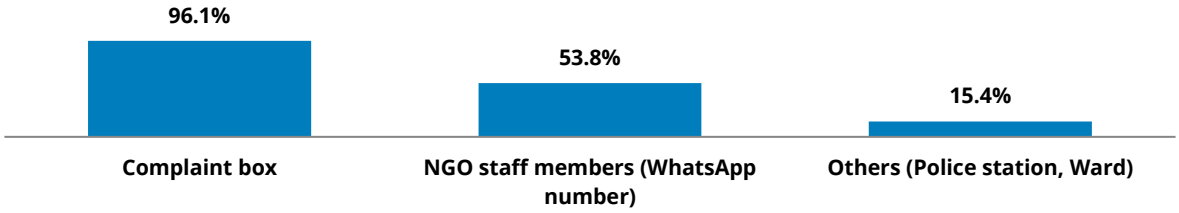

Figure17: UNFPA complaint mechanisms
N=301|Household Survey|Multiple responses

When asked about their preferred method for filing complaints, respondents showed similar preferences;49.2 percent preferred contacting NGO staff members via WhatsApp (despite this not being an official method). Additionally, 43.2 percent preferred using external mechanisms, such as police stations or local ward offices. Only 11.6 percent favored the complaint box, suggesting a lack of trust or accessibility issues with this method. The miscommunication regarding the WhatsApp complaint mechanism indicates that the official complaint process was not conveyed to the beneficiaries. This presents a serious risk, as respondents may attempt to report issues through unverified channels, potentially delaying resolutions.

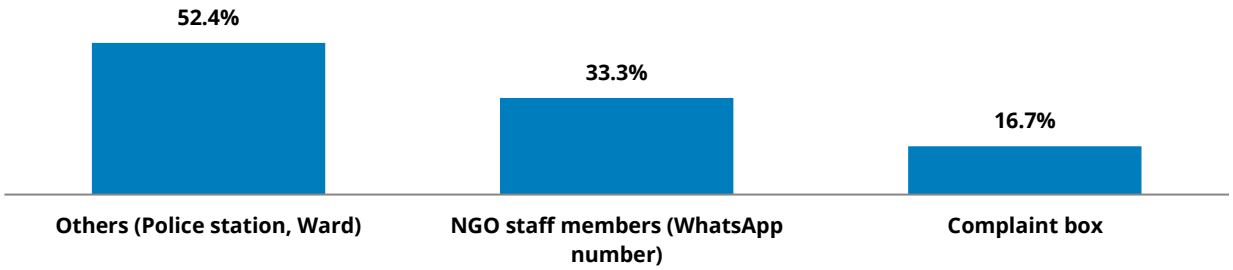

Figure18: Preferred complaint mechanisms (UNFPA)
N=301|Household Survey|Multiple responses

Inter-Agency Reproductive Health (IARH) Kits

Hospitals and health posts in the Saptari and Sunsari districts effectively used the medicines distributed by UNFPA. However, the medical supplies intended for flood-affected victims were also used by the general public. The district hospital provided comprehensive services. Some patients sought rape and abortion-related services, for which UNFPA-provided medicines were used, though not in every hospital. Hospitals reported a high demand for contraceptives and sanitary pads, which led to shortages. There was also a need for timely delivery of medical supplies, such as mobile medical camps, in flood-affected areas during emergencies to save lives. After a disaster, agencies should introduce various health facilities in disaster-prone areas to help control disease outbreaks.One hospital reportedly did not use the UNFPA-supplied medicines, which are now nearing expiry. When asked for the reason, hospital staff blamed poor management and stated that they plan to use the remaining medicines before their expiry dates. They also mentioned that the kits would be distributed to the respective wards within the hospital. In some cases, it was suggested that UNFPA should verify the contents of the medicine boxes against the provided list, as some hospitals complained about not receiving the medicines and equipment as per the inventory.

The Key Informant Interviews (KIIs) with various health service providers highlighted the distribution and utilization of Inter-Agency Reproductive Health (IARH) kits during the flood response. Respondents found

the IARH kits useful and essential for maternal and newborn healthcare, especially in supporting antenatal care (ANC), post-abortion care, and emergency response during floods.

"The IARH kits provided essential supplies for newborns and mothers, including oxytocin and post-abortion care kits, which were distributed free of cost to birthing centers. These donations significantly improved healthcare access, especially in remote and impoverished areas, ensuring equal treatment for all service users. However, delays in distribution and the lack of a utilization assessment have limited their impact, with some supplies still in stock. Effective community outreach and timely distribution remain key challenges in maximizing the benefits of these kits."

-KII with health in-charge in Saptakoshi municipality, Saptari

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"The IARH kits provided essential and much-needed medicines, fully meeting the hospital's requirements, especially for ANC services. They have been continuously useful beyond emergencies, with ANC staff expressing strong interest in their availability. However, the municipality lacks support for family planning supplies. Despite initial delays in distribution, the kits have proven invaluable in sustaining maternal healthcare services."

-KII with in-charge in Brahachhetra Hospital, Sunsari

"The IARH kits arrived at a crucial time, providing essential supplies that helped treat distressed patients and support community health needs. The kits were sufficient and distributed effectively, enabling continuity of care. Their timely availability allowed for post-flood disease prevention and family planning preparations. However, the kits did not initially include family planning supplies, requiring further arrangements later."

-KII with OCMC In-charge in Inaruwa hospital, Sunsari

"The IARH kits were a valuable resource, properly documented and allocated for hospital use. Their contents were verified before distribution, ensuring organized management. However, significant delays in utilization and remaining in storage for months prevented timely support for beneficiaries, limiting their intended impact during the emergency."

-KIIwith health officer in Gajendra Narayan Hospital, Saptari

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1.2.3. UNICEF

UNICEF implemented a comprehensive, multi-sectoral response to support families with children affected by the floods, focusing on financial relief, WASH, and child protection. As part of its efforts to reduce the financial strain on vulnerable households, UNICEF provided cash grants of NPR 15,000 each to 2,000 families, enabling them to meet essential needs such as food, education, and other daily necessities. To improve hygiene and prevent the spread of waterborne diseases, the agency distributed 2,500 WASH kits containing essential items like soap, chlorine tablets, sanitary pads, oral rehydration salts, and buckets. Recognizing the disruption to safe water sources, UNICEF also rehabilitated damaged boreholes, tube wells, and hand pumps, restoring access to clean drinking water. In addition, to safeguard the well-being and development of children, especially those displaced or separated from their families, UNICEF established temporary learning spaces within shelters. These spaces allowed for the continuation of education while trained social workers provided psychosocial counseling and trauma support, helping children cope with the emotional distress caused by the disaster.

Cash utilization (UNICEF)

The PDM findings show significant contributions the cash transfers made on the affected households' food security and livelihoods. The proportion of cash spent on various needs, calculated using proportional piling method in the PDM module, shows 33.9 percent was used for food purchases, the highest category, followed by 23 percent for buying medicine and 17.8 percent for buying clothes, which highlights 74.6 percent (Rs.11, 190 out of Rs 15,000) of the money was spent on basic survival needs. Smaller amounts were allocated to school fees (6.8 percent), household essentials (6.0 percent), debt repayment (2.8 percent), unspent (2.5 percent) and transportation (2.0 percent). Other significant portions of the aidwere spent on other expenses like evacuation, safeguarding, items for business, investments in livestock, andcigarettes/alcohol.

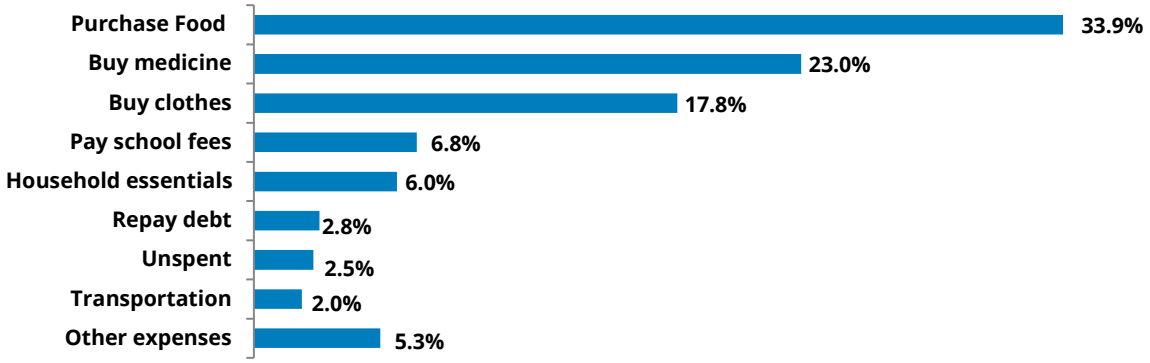

Figure19: Reported utilization of cash supported by UNICEF
N=40|Household survey

By the time of PDM data collection, most households had already spent almost the entire amount of Rs. 15,000. When asked how long the cash lasted, 45 percent of the households said the cash was sufficient for their household food needs from 16 to 30 days.

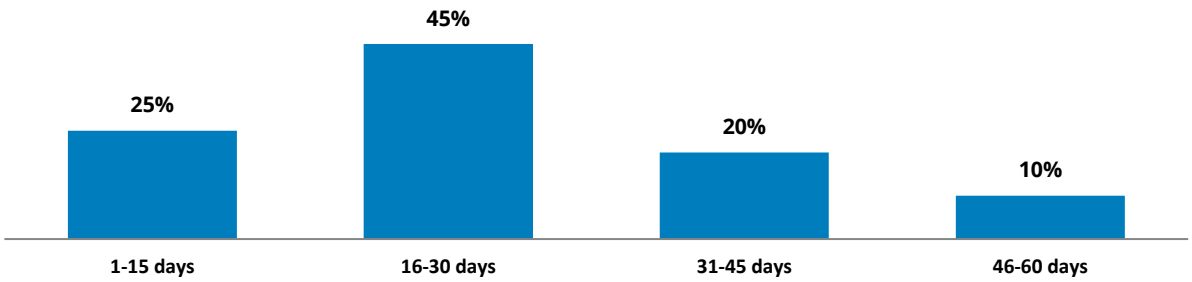

Figure20: Days that the cash provided by UNICEF lasted for
N=40|Household survey

Decision-making regardingcash expenditure (UNICEF)

The PDM findings show women dominate decision-making (42.5 percent), suggesting their significant role in household financial management. Men decide in 35 percent of households and joint decision-making is seen in 22.5 percent of households, indicating collaboration in financial choices.

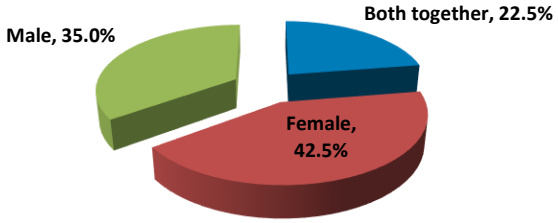

Figure 21: Decision-making regarding cash expenditure (UNICEF)
N=40|Household survey

For collecting the cash, public transport/ hired vehicles were used by the majority (55 percent), implying many people rely on external transport services. Personal vehicles (bicycles, motorcycles, etc.) were used by 27.5 percent. 12.5 percent traveled on foot and 5 percent received funds via bank transfer.

Most common fare was Rs. 200 (31.8 percent), reflecting an average cost trend for the transportation costs for public transport users High transportation costs (Rs. 400-500) affected 31.8 percent of beneficiaries, showing financial strain for some. Lower fares (80-120) applied to only 13.6 percent, meaning cheaper transport was less common.

The findings of PDM shows 40 percent of end users took 30 minutes to 1 hour to reach a market. 30 percent take 1-2 hours, meaning they may face difficulties in accessing supplies. 22.5percent reach within 30 minutes, showing easy access for a portion of the population. 7.5percent take 2-3 hours, indicating significant travel burdens for essentials (Details in Annex VI).

WASH outcomes – usefulness and utilization

The finding shows 94.9 percent (93 beneficiaries) confirmed that the supplies were delivered on time. 5.1percent (5 beneficiaries) reported delays in receiving their supplies. This indicates that the majority of beneficiaries received timely assistance, which is crucial for maintaining hygiene and preventing disease outbreaks during emergencies.

The PDM findings show that 100percent of end users received buckets, making them the most universally distributed item. 96.9percent received hygiene kits, 85.7percent received mugs, and 61.2percent received water purifiers ensuring access to clean drinking water. Only 11.2 percent received temporary toilets, highlighting a gap in sanitation support that may need to be addressed in future interventions.The PDM

findings show that 100percent of beneficiaries stated they were able to use all the supplies provided. This suggests that the items distributed were relevant, practical, and met immediate hygiene needs.

"UNICEF distributed hygiene kits, primarily targeting the most affected wards. Their volunteers collected data on the number of victims in high-risk areas. The kits were then distributed to the identified victims as part of a well-organized program. Additionally, UNICEF provided water purification tablets to ensure clean drinking water in affected areas. Tarpaulins were distributed to households facing shelter issues, such as leaking roofs, to provide temporary protection."

-KII with local government Hanumannagar, Saptari

The PDM findings show that all 98 end users (100 percent) reported being satisfied with the quality of the hygiene kits, buckets, mugs, water purifiers, and temporary toilets. This positive feedback indicates that the supplies met the required standards and expectations of beneficiaries.

The qualitative findings also show similar response that the hygiene kit was highly valued, meeting essential needs during the disaster. All recipients received the same quality items, ensuring fairness. Key items like the nail cutter, towel, and bucket were particularly useful. The kit effectively supported hygiene, but clearer instructions and additional supplies could further improve its impact.

During the PDM survey, end users identified several additional items that would be useful in a similar situation. The findings shows 69.4 percent requested toilet-cleaning materials like harpic, phynel, cleaning brush, etc.,,, 63.3 percent emphasized the need for sanitizer and hand wash and 20.4 percent wanted detergent. 15.3 percent preferred cash, possibly to purchase specific items based on individual household needs. 4.1 percent requested water filters, which could ensure a more sustainable supply of clean drinking water. Other specific requests included shampoo, oil, towels, among others, though these were mentioned by a smaller percentage of beneficiaries. Disaggregated data by municipalityshowsthe highest demand for cash was from Hanumannagar Kankalini and Tilathi Koiladi, where nearly one-fourth of beneficiaries preferred this option. This suggests that people in these areas might have specific, diverse needs that standardized supply distributions do not fully address. The lack of preference for cash in Kanchanrup and Saptakoshi indicate satisfaction with distributed supplies.

Beneficiaries provided several key reasons for needing additional WASH supplies. 73.5 percent emphasized hygiene and cleanliness, showing that maintaining sanitary conditions was a primary concern. 69.4 percent mentioned protection from waterborne diseases, underlining the critical importance of clean water and proper sanitation. 26.5 percent wanted to fulfill necessary materials that were not included in the original distribution. 3.1 percent pointed out the lack of towels, while 1percent mentioned that the provided soap was not of good quality.

Protection-related assistance – usefulness and utilization

During the PDM survey, 30 beneficiaries were asked about protection-related services they received after the flood. The PDM findings show that 82.8 percent received psychosocial services, 34.5 percent received alternative care, 10.3 percent received Gender-based violence services, 10.3 percent received Legal services, 10.3 percent received birth registration support and 6.9 percent received others (materials from school).

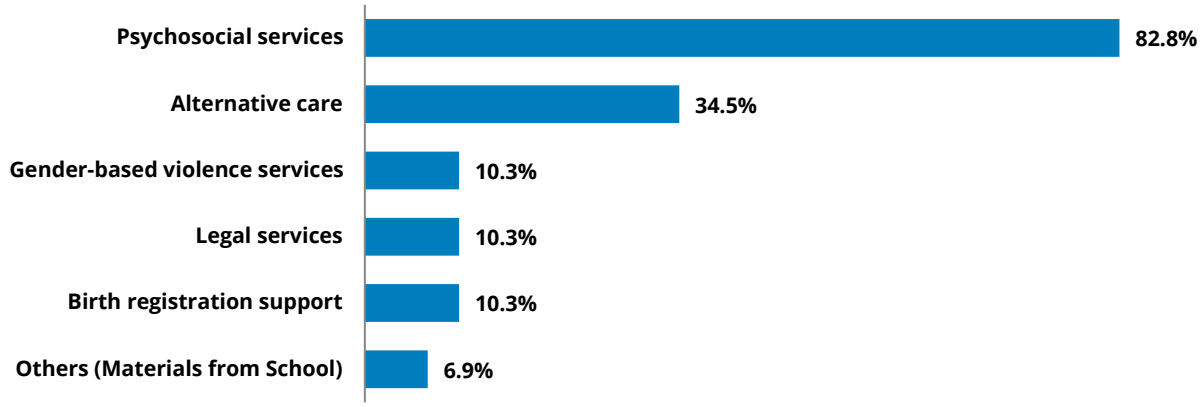

Figure 22: Types of protection-related services
N=30|Household survey

24 out of 30 beneficiaries (80 percent) were satisfied with the quality and effectiveness of the protection services received. 6 out of 30 beneficiaries (20 percent) were not satisfied.

"In our community, awareness and access to child protection services remain limited. Many families have not received any educational messages or support regarding child protection, leaving them unaware of available resources."
-FGD in Kanchanrup municipality

"Some recreational materials, such as bats and sports equipment, were distributed at schools..
It is appreciated that efforts have been made to promote child protection through the provision of recreational support, which contributes to safer and more inclusive school environments
-FGD in TilathiKoiladi municipality

Usefulness of SBC messaging

71.9 percent of beneficiaries found the messages useful to varying degrees (either "useful" or "very helpful"), which indicates that the messages were generally well-received and considered important. The

28.1 percent of beneficiaries who rated them as neutral suggests that some messages might not have had as much impact or were not entirely relevant to all beneficiaries.

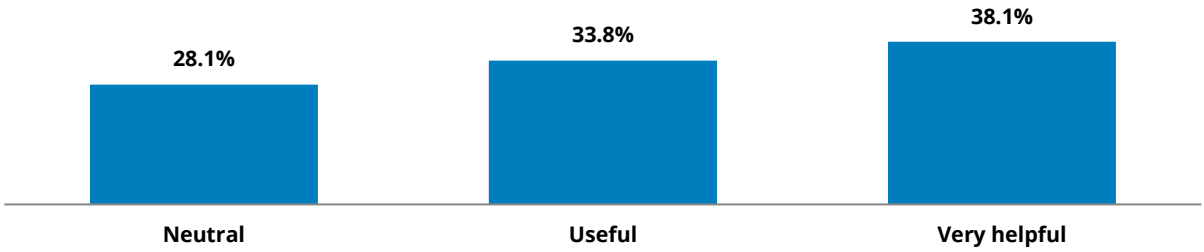

Figure 23: Usefulness of SBC messaging
N=160|Household survey

Source of information of SBC messages

80 percent of UNICEF beneficiaries acknowledged receiving information/ messages about available humanitarian responses and risk awareness. Community volunteers were the most frequent source, with 38.6 percent of beneficiaries receiving messages from them. This indicates that volunteers are an essential part of the communication infrastructure. Mobile phone message (31.6 percent) and social media (28.1 percent) are also the most common sources of information. This highlights the growing importance of digital platforms in reaching people, particularly younger or more connected populations. Traditional forms of media like radio (16.7 percent) and television (8.8 percent) are still relevant but not as widely used as social media or community volunteers in this sample. Posters/ pamphlets and SMS also remain important, though they reach a smaller percentage of the population. A significant 31.6 percent of beneficiaries received information through other sources, indicating that informal and community-driven channels are also key players in disseminating messages.

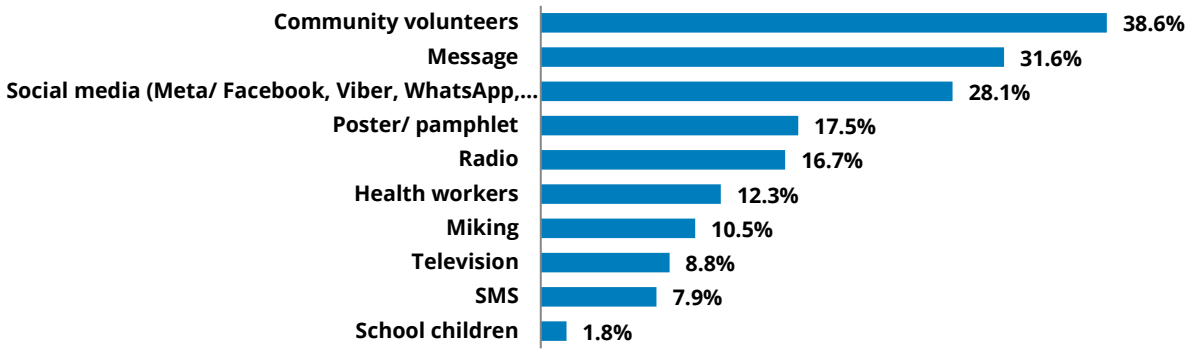

Figure 24: Sources of information of SBC messages
N=160|Household survey

1.2.4. WFP

WFP provided cash-based transfers (CBT) of NPR 15,000 per household to over 4,500 flood-affected families in the districts of Saptari and Sunsari. This early action response was initiated based on flood early warning systems and aimed to help families address their immediate priorities with dignity. The cash was transferred via remittances and bank account transfers, ensuring fast and secure delivery of assistance. The transfers were initiated after the floodwaters receded, however, it took approximately three weeks to reach 50% of the beneficiaries and several months to reach 98%, indicating that while the assistance was helpful, it was not delivered within the most critical window for all recipients. ..Findings show that the beneficiaries primarily used the money to purchase food, cooking fuel, medicine, and materials for temporary shelter, which helped prevent the adoption of harmful/ negative coping mechanisms like taking on debt or selling productive assets.

Cash utilization (WFP)

The PDM findings show significant contribution ofthe cash transfers made on the affected households' food security and livelihoods. The proportion of cash spent on various needs, calculated using proportional piling method in the PDM survey module, shows 34 percent of the total cash (Rs. 5,100)was used for food purchases, followed by 16 percent (Rs. 2,400) for household essentials and 12 percent for medicine (Rs. 1,800). Smaller amounts were allocated to clothing (11 percent), debt repayment (6 percent), and shelter materials and seeds (3 percent each). Figure below presents the overall cash expenditure reported across different household priorities.

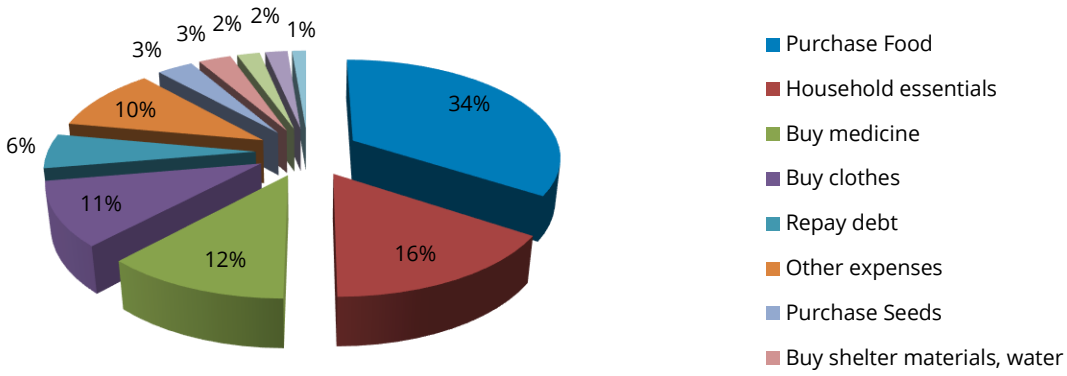

Figure25: Reported cash expenditure (WFP)
N = 295 | Source: HH Survey

By the time of PDM data collection, most households had already spent almost the entire amount of Rs. 15,000. When asked how long the cash lasted, 38.6 percent of the households said the cash was sufficient for their household food needs from 16 to 30 days, followed by 1 to 15 days (34.9 percent), 31 to 45 days (9.8 percent), 46 to 60 days (12.2 percent) and above 60 days (4.4 percent).

"The given 15,000 rupees were used to buy food, purchase clothes, buy medicine when a young child fell ill, build a house, and repay debts. Receiving the money prevented the need to ask others for help, making it easier to provide for the family. The house had been destroyed by the flood and was unlivable, so they bought tin sheets and rebuilt it to make it habitable. All the stored grains had been damaged, so they bought rice. They also managed to save some money. However, all the funds have now been spent. "

– FGD in Hanuman Nagar Municipality.

"The first priority was to buy essential items for the family. We also had nutritious food, including milk and meat, which were especially important for the women in the house at that time. Ultimately, the money was spent for the well-being of the family. We received the money at a time when we really needed it, and for that, I would like to thank the organization."

-FGD in Brahkshetra Municipality

The qualitativefindingsalso suggest the same, that receiving cash support made it easier to manage household expenses. The priority was buying rice since the flood had destroyed food supplies. Funds were also used for farming, medical treatment, and house repairs, including purchasing tin sheets for shelter. The 15,000 rupees covered essential needs like food, clothing, medicine, rebuilding the home, and repaying debts. While some money was initially saved, all funds were eventually spent on urgent necessities.

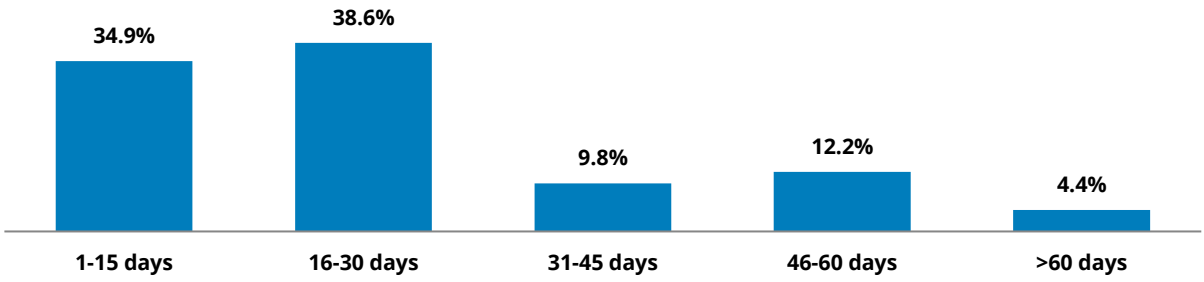

Figure 26: Days that the cash provided by WFP lasted for
N = 295 | Source: HH Survey

The money we received lasted for about 2 to 3 months for building our house, but some families still have a little money left. During Dashain, the expenses increased as guests came over, and we spent some on hospitality. Receiving the money just before Dashain brought a lot of happiness, and now we are hopeful that we will be able to have good food during the festival.

– FGD in Brahkshetra Municipality

There were many family members but limited money, so the food lasted only for a certain period. They managed to eat for two months, and after that, they have been earning daily wages to buy food. Families with fewer members could sustain themselves for a longer period, while those with more members, especially children, ran out of food sooner. If the entire 15,000 rupees had been spent only on food, it would have lasted longer, but they also had to meet other essential needs.

– FGD in Hanuman Nagar Municipality

The qualitative findings also indicate that the WFP cash assistance helped families meet their food needs for about two months, with smaller households managing longer than larger ones. While food was a priority, funds were also used for house repairs, medical expenses, and farming. Receiving the money before Dashain brought joy, but festival expenses reduced savings. Once the funds ran out, families relied on daily wages for food. While the support eased immediate financial stress, larger families faced challenges in sustaining themselves long-term.

Gender roles in decision-making

Figure 25 below presents gender roles in decision-making about the utilization of CBT assistance provided by WFP. The majority of respondents receiving CBT assistance said men and women took jointly decisions concerning the utilization of cash (44 percent) received.

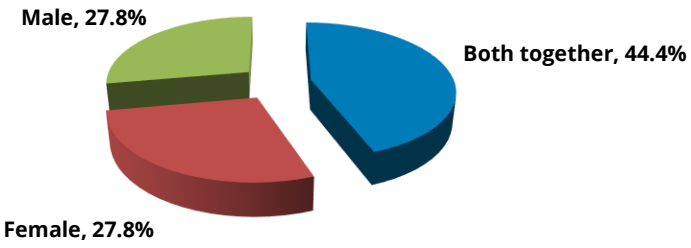

Figure 27: Gender roles in decision-making (WFP)
N = 295 | Source: HH Survey

Food security outcomes

The PDM assessed the household Food Consumption Score (FCS) based on a seven-day recall period of the frequency of consumption of selected list of food groups by households. FCSmeasures household access to food and serves as a standard proxy indicator for assessing household food security. The FCS is a composite indicator of food security and measures dietary diversity, food frequency and the relative nutritional importance of the people's diets[5].

The FCS is used to classify households into three groups: poor, borderline, or acceptable food consumption. These food consumption groups aggregate households with similar dietary patterns – in terms of frequency of consumption and diversity – and access to food. The higher the FCS, the greater the possibility of households' food security status[6].

Figure 26 below shows that majority of households that benefitted WFP's assistance had an acceptable food consumption score -89.5 percent have an acceptable level of food consumption, indicating that food security is not a major issue for most people in the sample. A small proportion (10.5 percent) falls into the poor and borderline consumption groups with scores between 21 and 35 which indicate inadequate food consumption.

[5]Comprehensive Food Security and Vulnerability Analysis (CFSVA) Guidance, pg. 214, Thresholds -> Poor Food Consumption (0-21), Borderline Food Consumption (greater than 21-35) and Acceptable Food Consumption (35 Above)

[6]Poor food consumption corresponds to less than 1500 kilocalories (kcal) eaten per person per day. Generally, households with poor food consumption consume mainly staples, oil, and vegetables. This diet normally does not meet the recommended energy requirement, lacks essential micronutrients, and is associated with chronic food insecurity and malnutrition. Borderline food consumption corresponds with energy intake of 1500-1800 kcal per person per day. In comparison, an average recommended energy intake is around 2100 kcal per person per day that is considered to be adequate food consumption. Poor and borderline food consumption groups represent inadequate diets in terms of macro- and micro-nutrient requirements and are hence referred to as having inadequate food consumption.

Figure 28: Food Consumption Score (WFP)
N = 295 | Source: HH Survey

Disaggregation of food consumption groups by gender of the head of respective households shows a similar pattern of distribution across acceptable and borderline food consumption groups. As presented in the figure below, most of male and female headed households had an acceptable FCS, followed by borderline (7.4 percent male and 10.3 percent female).

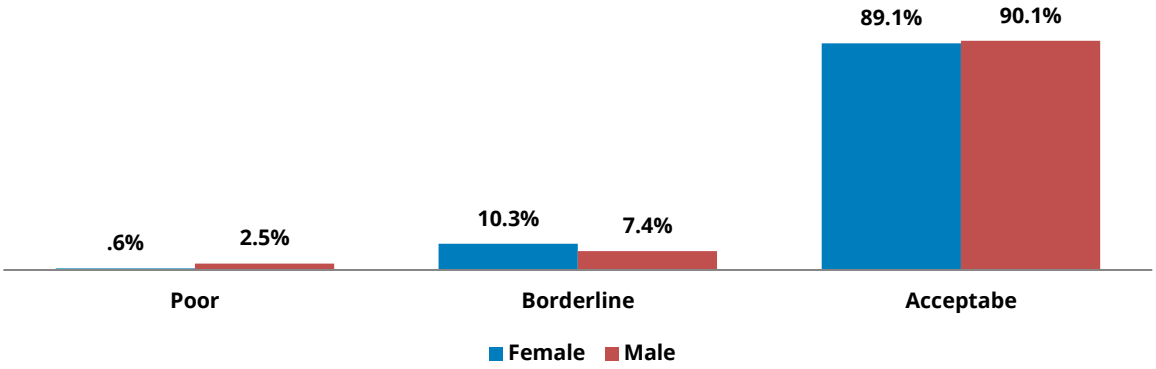

Figure 29: Food consumption groups by gender
N = 295 | Source: HH Survey

The findings below present the different types of food consumed by the households over the period of seven days prior to survey. The acquisition sources of these different food items have been included in Annex V, Table 20.

7 out of 7 days
Cereals – Rice, Pasta, bread, sorghum, millet, maize, potato, yam, white sweet potato, etc.

3out of 7 days
Milk and dairy –Fresh/sour milk, yoghurt, cheese, etc.

7out of 7 days
Vegetables and leaves –Spinach, onion, tomatoes, carrots, peppers, green beans, lettuce, etc.

7out of 7 days
Oil, fat, butter –Vegetable oil, palm oil, shea butter, margarine, other fats/oil, etc.

4 out of 7 days
Legumes/nuts –Beans, cowpeas, peanuts, lentils, nut, soy, pigeon pea and/or other nuts, etc.

1 out of 7 days
Meat, fish, eggs –Goat, chicken, pork, organ meat, fish, tuna, eggs, etc.

0 out of 7 days
Fruits –Banana, apple, lemon, mango, papaya, apricot, peach, oranges, etc.

3out of 7 days
Sugar or sweet –Sugar, honey, jam, cakes, candy, cookies, pastries, cakes, and other sweets including sugary drinks, etc.

Dietary Diversity Score

Dietary Diversity Score (DDS) is a simple and widely used measure to assess the variety of foods consumed by a household or individual over a reference period, typically 24 hours. It is calculated by counting the number of different food groups consumed, with higher scores indicating better access to a range of nutrients and overall diet quality. In this assessment, food items were categorized into standard groups (such as cereals, vegetables, fruits, proteins, and dairy), and respondents received a score based on the number of different groups they consumed from. Finding show that moderate to high dietary diversity is present in the majority of respondents, with 97percent of respondents consuming from 3 or more food groups. This suggests that for most people, access to a range of foods is not a significant barrier. A small proportion (3.1 percent) of the respondents, however, are consuming from only 0-2 food groups, pointing to insufficient access to diverse foods for this group.Surprisingly, poor dietary diversity is more common among households closest to markets, suggesting that proximity alone does not ensure access to diverse foods economic constraints or other barriers may play a role. In contrast, households farther from markets often report better dietary diversity, possibly due to home food production or effective food management practices. This indicates that improving affordability and food knowledge may be as important as improving market access (Annex V, Table 21).

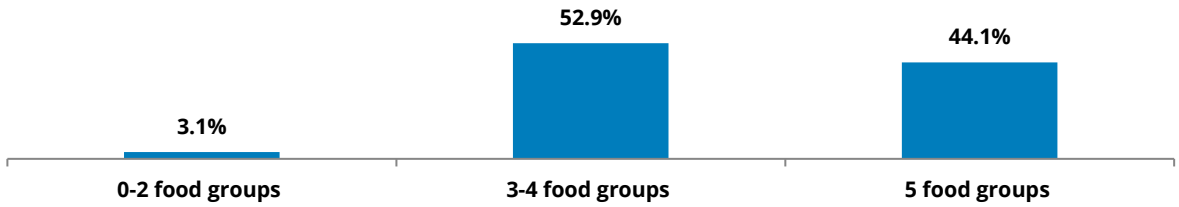

Figure 30: Dietary diversity score
N=295 | Source: HH Survey

The data shows a clear link between income sources and dietary diversity. Households relying on agriculture**,** foreign employment, or self-employment have higher dietary diversity, with over 48percent consuming five food groups. In contrast, daily wage laborers show poorer diets - over 68percent consume only 3–4 food groups. Those dependent on pensions or allowances are most food insecure, with some consuming just 0–2 food groups. Overall, households with stable or higher-income sources correspond to better dietary diversity, the low-income householdsreflect limited dietary intake. The analysis shows a weak

but statistically significant positive correlation (r = 0.136, p = 0.020) between household dietary diversity and annual income. This suggests that households with higher incomes tend to have slightly better dietary diversity, but income is not a strong predictor on its own.

Consumption-Based Coping Strategy Index (Reduced CSI)

The rCSI measures the behaviour of households when they did not have enough food or money to purchase food. The rCSI tool consists of the following five negative coping strategies, exploring if the sampled households had to opt for one or more of these over seven days prior to the survey;

- Rely on less preferred and less expensive food
- Borrow food or rely on help from relatives or friends
- Limit portion size at meals
- Restrict consumption by adults in order for children to eat
- Reduce number of meals eaten in a day.

Based on the weightage prescribed on each of the negative coping behaviours, an overall rCSI score is calculated, which ranges between a minimum value of 0 and a maximum of 56. The higher the rCSI score, the more severe the household's food insecurity.

The PDM measured rCSI among CBT beneficiaries, with a view to understand the adoption of negative coping strategies by households even after the cash support provided by WFP. The overall average rCSI was found to be 4, indicating thatsome households may be experiencing high levels of food insecurity and using the givencoping strategies. 33.2 percent (n=98) of respondents reported relying on a food consumption-based coping strategy at least once during the week prior to the data collection. Out of the 98 respondents reporting they adopted negative coping strategies in the past week, 27.1 percent respondents relied on less preferred and less expensive food and around 18 percent of respondents reported restricting the consumption by adults in order for small children to eat. Only 15.6 percent reported reducing portion sizes at mealtime and 10.5 percent reported reducing number of meals eaten in a day.

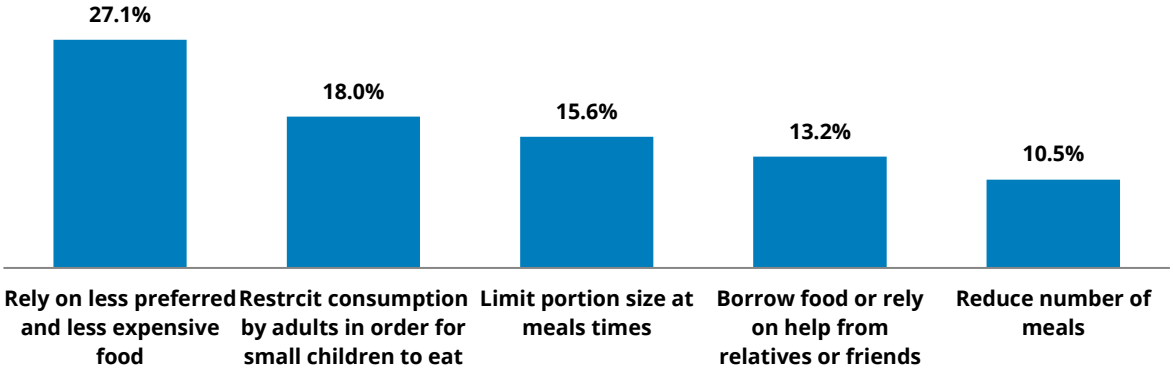

Figure31: Prevalence by individual coping behaviour adopted by HHs interviewed
N = 98 | Source: HH Survey

The findings highlight geographical disparities in food insecurity, suggesting a need for targeted interventions in municipalities like Barahchhetra, where households are relying more heavily on negative coping strategies. While some income sources (e.g., daily wage labor, old age allowance) show higher food insecurity coping, the variation across income groups is not statistically significant (p > 0.05).

Livelihood coping strategies

The Livelihood Coping Strategies Index (LCSI) is a tool used to measure how households respond to food or income shortages by adopting various coping mechanisms. It categorizes strategies into three levels: stress, crisis, and emergencybased on their severity and potential long-term impact on a household's ability to recover. The LCSI is calculated by recording the type of strategies used within a recent reference period (typically the past 30 days) and analyzing their frequency and severity to assess household vulnerability.

The majority (82 percent) of respondents reported adopting at least one of the livelihoods coping strategies (LCS) during the month prior to the data collection. 5percent of respondents were foundhaving usedemergency coping strategies (selling house/land, moving elsewhere in search of work), 58percentcrisis coping strategies (selling household assets, selling productive assets, reducing expenditures on health or education) and 20percentstress coping strategies (spending savings, borrowing money, taking additional work or sending household members to eat somewhere else).

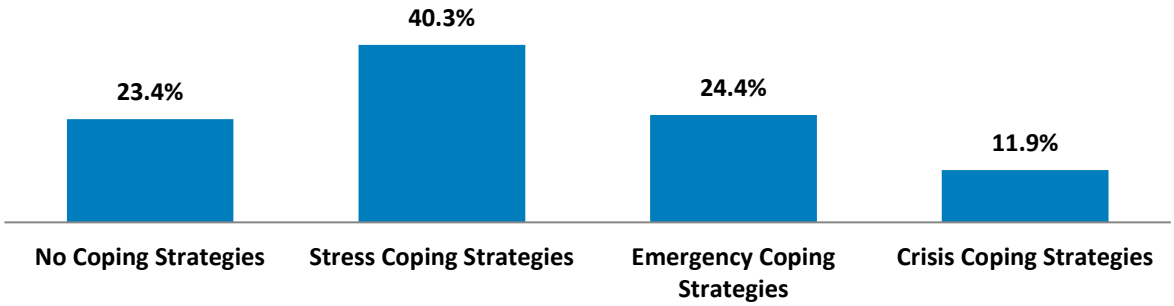

Figure 32: Share of respondents adopting LCS, by severity level
N = 242 | Source: HH Survey

The data reveals varied coping behaviors among households across municipalities, with stress coping strategies being the most commonly adopted overall (40.3 percent), followed by emergency strategies (24.4 percent). Barahchhetra and Harinagar show high reliance on stress coping, indicating moderate financial pressure, while Hanumannagar Kankalini exhibits the highest use of emergency coping strategies (37.7 percent), suggesting severe economic distress. Bhokraha Narsingh also stands out with a significant use of crisis coping (35.8 percent), pointing to acute financial strain. Conversely, Saptakoshi has the highest proportion of households not adopting any coping strategies (44.7 percent), which may reflect either resilience or a lack of resources or support. Overall, the data indicates diverse levels of economic stress, with certain municipalities facing more critical hardships than others.

The data reveals significant ethnic disparities in coping strategies. Hill/Mountain groups, especially Janajatis, predominantly rely on stress coping strategies, indicating moderate financial strain. In contrast, marginalized groups such as Terai/Madhesi Dalits, Muslims, and Religious Minorities exhibit higher use of crisis and emergency coping strategies, suggesting more severe economic distress. Terai/Madhesi Dalits are particularly vulnerable, with one-third relying on emergency coping. Meanwhile, the high percentage of Terai/Madhesi Brahmin/Rajput households not adopting any coping strategies may indicate greater resilience levels, likely due to better resources and support systems.Overall, the findings highlight deeper vulnerabilities among historically marginalized ethnic groups.

It was found that the primary reason households adopt coping strategies to meet their essential needs is to buy food (49.8 percent), indicating that food security is a major concern for many households. Health expenses follow closely at 40.7 percent, reflecting the significant financial burden of medical costs.Other notable reasons include the need to buy non-food items (19.3 percent), access essential dwelling services such as electricity and waste disposal (14.9 percent), and cover education costs (10.5 percent). Additionally,

some households resort to coping strategies to pay off existing debts (10.5 percent), access water and sanitation facilities (6.8 percent), or pay rent (3.4 percent).

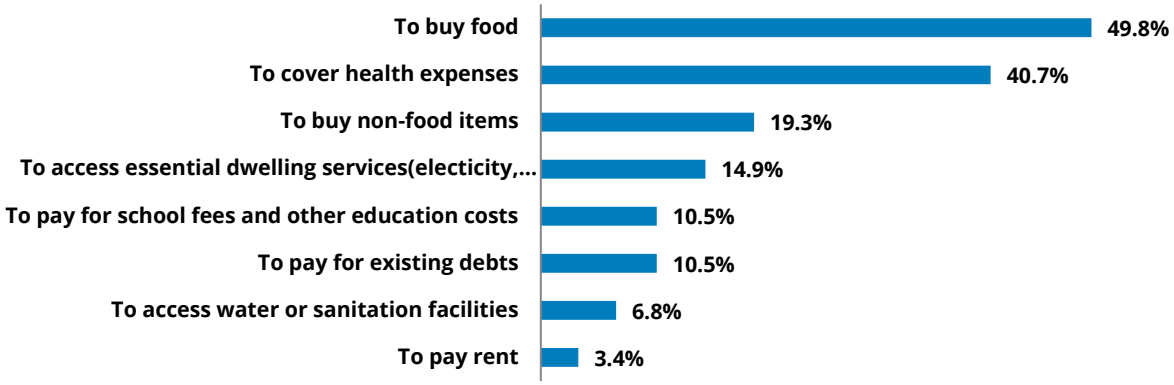

Figure 33: Primary reasons for adopting coping strategies to meet essential needs
N = 242 | Source: HH Survey

Economic Capacity to Meet Essential Needs (ECMEN)

The Minimum Expenditure Basket (MEB) represents the minimum amount a household needs to meet basic food requirements and is calculated using the government's official poverty line from the Nepal Living Standards Survey IV (2022/23). Based on the food poverty line of NPR 35,029 per person per year, the per day food cost for one individual is NPR 96. For a typical household of five members, this amounts to NPR 480 per day or NPR 14,880 per month. This monthly MEB provides a benchmark for understanding household-level vulnerability and is crucial for informing social protection programmesand humanitarian assistance planning.

Regarding the Economic Capacity to Meet Essential Needs (ECMEN), the majority (94.6 percent) of respondents have monthly expenditures per capita below the Minimum Expenditure Basket (MEB). Only 5.4percent (16 households) are above the MEB, suggesting that very few households have sufficient income or resources to comfortably cover their essential expenditures.

The data reveals a high level of economic vulnerability across the surveyed municipalities, with 99.3percent of individuals falling below the Minimum Expenditure Basket (MEB). All individuals in Barahchhetra, Bhokraha Narsingh, Harinagar, and Saptakoshi Municipalities are below the MEB, indicating widespread poverty. Only Hanumannagar Kankalini Municipality has 1.9percent of HHsabove the MEB. Overall, the findings suggest a critical need for targeted economic support and development initiatives across these regions to address the prevalent financial hardship.

The data reveals that nearly all households, regardless of income source, fall below the Minimum Expenditure Basket (MEB) threshold, with 99.3percent of the total sample classified as below MEB. Only a tiny fraction (0.7 percent), mostly from foreign employment and self-employment, are above MEB, indicating widespread economic vulnerability across all livelihood types.

1.3. Process-level cross-agency findings

1.3.1. Information and communication

The PDM findings across agencies reveal that while most beneficiaries received information about the assistance provided, the quality, clarity, and timing of communication varied. These variations had a direct impact on access, inclusion, and overall beneficiary satisfaction.

Across all interventions, the majority of beneficiaries reported receiving advance information regarding the type of support, timing, and distribution process. Among recipients of FAO's hermetic bags, 75.1 percent were informed about the distribution schedule. For UNFPA dignity kits, 92.5 percent of beneficiaries reported receiving advance information about the date, time, location, and required documents to collect their kits. In WFP-supported areas, 67.5 percent of respondents were informed about the key aspects of cash assistance. Similarly, in the UNICEF cash program, 75 percent of beneficiaries were aware of the purpose and nature of the support.

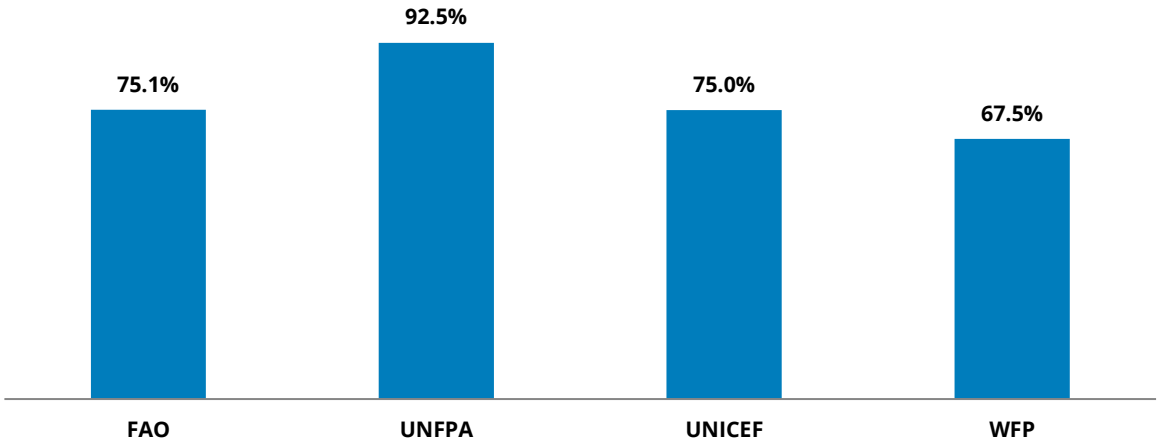

Figure 34: Agency-wide information about the date and time of the distribution of the assistance
N= 885| Household Survey

The level of clarity and comprehension also varied. Among FAO beneficiaries, 83 percent found the information understandable. However, 17 percent struggled to understand due to lack of details (80.8 percent), complete lack of communication (19.2 percent), language barriers (9.6 percent), and illiteracy (5.8 percent). UNFPA dignity kit recipients fared better, with 92.5 percent reporting that the information they received was clear and easy to follow. In UNICEF-supported areas, 92.5 percent of respondents said that the information they received was clear and easy. In WFP-supported areas, 69 percent of respondents said the instructions and information provided were clear.

Sources of information were largely informal and community-based. Across all agencies, neighbors were frequently the main source—75.4 percent among FAO beneficiaries, 46.8 percent among UNFPA beneficiaries, 26.5 percent among UNICEF cash recipients and 18.5 percent among WFP cash recipients. Local authorities were also a key channel, reported by 55.7 percent of FAO recipients, 27.3 percent of UNFPA beneficiaries and 69.4 percent of WFP and UNICEF cash beneficiaries. For UNFPA, Female Community Health Volunteers (FCHVs) were instrumental in disseminating information about dignity kits. Across all agencies, only 1–2 percent of beneficiaries reported receiving information directly from UN agency staff, indicating a reliance on local partners for last-mile communication.

Although quantitative figures suggest a healthy information dissemination and high comprehension among beneficiaries, during qualitative consultations, some beneficiaries flagged some pertinent challenges.

"We didn't receive anything unless we personally went to the ward and requested it. A neighbor told us about the name registration. Those who understood and could speak got their names registered, but we didn't know assistance had arrived

until later."

– FGD, Harinagara Rural Municipality, Sunsari

In Saptari, another woman expressed frustration over exclusion:

"We didn't receive any information early on. When a vehicle arrived from outside, our children informed us. After registering, the money arrived, but we were never officially told. Others whose homes were less affected received NPR 15,000, but we got nothing."

– FGD, Saptakoshi Municipality, Saptari

In areas supported by UNFPA, some respondents reported smooth communication through FCHVs, while others faced delays or lacked information altogether. One woman in Sunsari shared:

"FCHVs came to our homes, registered our names, and informed us. Everyone received the materials fairly. However, one pregnant woman couldn't collect aid herself, so she missed out."

– FGD, Bokhara Narsingh, Sunsari

Others reported having to advocate to receive even the minimum support:

"We only received the dignity kit after raising our voices at the municipality. The government didn't inform us. No matter what comes, they neither inform us nor provide it properly."

– FGD, Saptakoshi Municipality, Saptari

The reliance on word-of-mouth and informal communication networks was effective in some contexts but problematic in others. In cases where vulnerable groups such as women, people with disabilities, or ethnic minorities were not connected to these networks, they were more likely to be excluded or delayed in accessing support. For example, in one municipality, a respondent explained:

"After the relief arrived, the municipality gave official information. Before that, people found out from neighbors. There was no formal announcement."

– KII, local official, Hanumannagar, Saptari

The findings also indicate some positive experiences. In Sunsari, dignity kit recipients appreciated the role of FCHVs and reported that once informed, the process was smooth. One woman stated:

"We were told the kits were available at the ward health post. After being informed, we brought our citizenship documents and collected them. The process

was fair."

– FGD, Bokhara Narsingh, Sunsari

On the other hand, some WFP cash beneficiaries experienced delays and vague messaging. Several reported that the support was "coming soon," but the timeline kept shifting, causing frustration and confusion.

Finally, with regard to SBC and risk awareness messaging under UNICEF's interventions, 80 percent of beneficiaries reported receiving information related to personal hygiene, handwashing, and water safety. Fewer received messages on waterborne disease prevention (8.6 percent) or psychosocial support (11.7 percent). Disaggregated data shows that beneficiaries with disabilities were slightly less likely to have received this information, although the difference was not significant.

1.3.2. Targeting and inclusion

The PDM findings show varying degrees of awareness, satisfaction, and inclusion across agencies in relation to the targeting and selection process for assistance.

Across agencies, most beneficiaries were aware of the purpose of the assistance they received. For instance, among WFP cash recipients, 71 percent knew the purpose of the cash distribution. Similarly, 75 percent of UNICEF beneficiaries reported the cash was meant to purchase food, while 25 percent viewed it more broadly as financial relief in response to flooding. These findings indicate that most respondents understood the life-saving or recovery-related intent behind the cash assistance. However, gaps remain—29 percent of WFP respondents and 25 percent of UNICEF respondents were unaware of why the support was being provided.

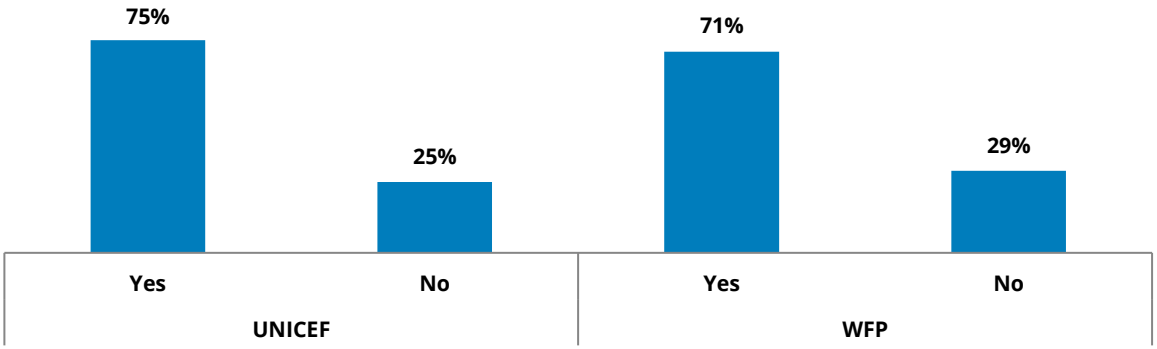

Figure 35: Beneficiaries aware on the purpose of the cash-assistance
N= 885| Household Survey

Perceptions of fairness in beneficiary selection varied across interventions. Among UNICEF respondents, the vast majority (95 percent) felt the selection process was fair, with only a small portion (5 percent) expressing dissatisfaction. In contrast, among WFP beneficiaries, only 63.7 percent believed the selection was fair, while a notable 36.3 percent perceived it as unfair, suggesting that concerns about exclusion and transparency were more prevalent.

Reports of perceived ineligible individuals receiving support were higher among WFP beneficiaries. 42.7 percent reported knowing someone who received assistance despite not meeting eligibility criteria. Among them, the reasons cited included political influence (42.9 percent), favoritism (36.5 percent), and relatives being selected (20.6 percent). In comparison, among UNICEF beneficiaries, only 15 percessnt reported such concerns. Where these concerns existed, political influence and favoritism were also cited, along with

isolated cases where persons with disabilities were selected despite not meeting other eligibility criteria—raising questions about clarity in vulnerability definitions.

When asked about exclusion of genuinely vulnerable households, 56.9 percent of WFP respondents believed that some deserving individuals were left out. The reasons cited included biased selection by ward authorities (57.7 percent), political interference (20.2 percent), lack of access (8.9 percent), and favoritism (7.7 percent). Additionally, a few respondents cited lack of documentation, citizenship cards, or insufficient information as barriers to inclusion.

Qualitative findings largely aligned with the quantitative data. In several FGDs, respondents acknowledged that most flood-affected households near the disaster zone were reached. However, some households outside the designated coverage area, despite being affected, weredeprived of assistance due to various reasons, such as strict targeting criteria, logistical challenges, or miscommunication. One local government representative explained:

> *"The selection of beneficiaries was done in consultation with ward representatives, and the municipality made the final selections. We prioritized households whose homes were most severely damaged."*
> ***– KII with disaster focal person, Chhinamasta Municipality, Saptari***

A similar account from Hanumannagar described the coordination process:

> *"After the flood, an emergency meeting was held with ward representatives, WFP, and Sebac Nepal. Affected individuals were identified by local police and ward representatives, and based on their input, the municipality distributed relief."*
> ***– KII with local government official, Hanumannagar, Saptari***

In the UNICEF-supported areas, inclusion of persons with disabilities and pregnant women was noted, but the registration process was reported as difficult for these groups, requiring repeated follow-ups. Some FGDs also mentioned ethnic discrimination in how support was handled by municipalities. One group of respondents shared:

> *"People with disabilities faced difficulties in the registration process, needing to visit the ward multiple times before being included. Pregnant women and PwDs were prioritized by the municipality, while NGOs handled support for others."*

These findings across agencies highlight the importance of clear, community-led selection criteria, transparent communication, and inclusive registration procedures. While targeting was largely effective in reaching the most affected, concerns remain around transparency, politicization, and marginalization of specific groups.

1.3.3. Delivery modality and access

The PDM findings reveal that delivery modalities varied across agencies, with most beneficiaries expressing satisfaction with the mode of assistance they received. However, barriers related to wait times, transportation, and accessibility—especially for persons with disabilities—were consistently observed across interventions.

Among UNICEF cash recipients, 60 percent received assistance through bank transfers, while 40 percent were paid directly in cash by municipal authorities[7]. In comparison, among WFP cash beneficiaries, 50.2 percent received support via bank transfers, 39 percent via remittance, and 10.8 percent in cash-in-hand. These variations reflect agency-specific delivery models and local adaptability. For both agencies, beneficiaries generally preferred bank transfers—70 percent among UNICEF respondents and 50.8 percent for WFP—ma inly due to perceived safety and convenience. Those preferring cash-in-hand cited easier access, especially for those without bank accounts or living far from financial institutions.

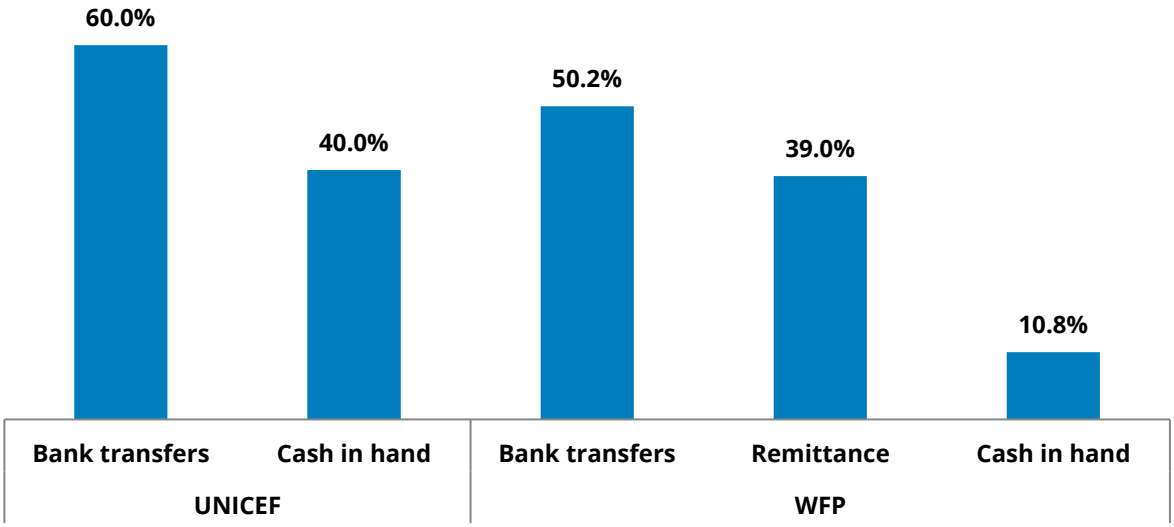

Figure 36: Agency-specific delivery models of cash
N= 885| Household Survey

Across agencies, most beneficiaries did not face significant issues in collecting assistance. 92.5 percent of UNICEF recipients and 88.5 percent of WFP recipients reported no major difficulties. Among those who did, the primary issue was long wait times, followed by distance to collection points and identity verification challenges. For example, one WFP respondent shared:

> *"We had to wait for hours at the site, and some elderly people couldn't manage the queue. It was exhausting, especially in the heat."*
> ***– FGD participant, Saptari***

Most WFP beneficiaries walked (45.4 percent) or used public/hired vehicles (31.2 percent) to reach distribution points. Personal vehicles were used by 19.3 percent. The average transport cost was approximately NPR 100, though 14.1 percent reported high expenses exceeding NPR 500, often due to remoteness or poor transport options. Among UNICEF beneficiaries, 55 percent used public transport, 27.5

[7] While official records indicate that approximately 20 percent of UNICEF's cash-based transfer (CBT) beneficiaries received cash-in-hand (162 out of 809), the household survey found this proportion to be 40 percent. This discrepancy is likely due to the sampling distribution, as a significant share of the surveyed recipients were from Tilathi Koiladi municipality, where the majority of cash-in-hand disbursements occurred and where the number of total beneficiaries was highest.

percent used personal vehicles, and 12.5 percent walked. High travel costs (NPR 400–500) affected 31.8 percent, while only 13.6 percent reported minimal fares (NPR 80–120). Travel times also varied, with 30 percent requiring 1–2 hours and 7.5 percent needing over 2 hours to reach markets—indicating access challenges in certain areas.

Findings from UNFPA distributions echoed similar concerns. 50.5 percent of respondents waited between 30 minutes to 1 hour, 27.6 percent waited 1–2 hours, and 21.9 percent waited over 2 hours. Such delays were especially difficult for vulnerable groups like pregnant women and the elderly. One woman noted:

> *"Even receiving the dignity kit came with many challenges. We had to keep asking, and it took a long time. Vulnerable people had to stand and wait for hours."*
> ***– FGD participant, Saptakoshi Municipality***

A majority of beneficiaries perceived the timing of assistance as appropriate. 72.5 percent of UNICEF respondents said the aid arrived when needed. However, 27.5 percent felt the assistance was delayed, affecting their ability to address immediate needs during the crisis.79.7 percent of WFP respondents said the aid arrived when needed. However, 20.3 percent felt the assistance was delayed, affecting their ability to address immediate needs during the crisis.

Figure 37: Perception of Timeliness of Assistance Among Cash Beneficiaries
N= 885| Household Survey

In UNICEF-supported areas, 47.5 percent of recipients received support at distribution centers, while 52.5 percent did not. Among those who did, 63.2 percent were assisted by neighbors, followed by 21.1 percent by family members and 10.5 percent by volunteers. Only 5.3 percent reported being supported by local authorities. These patterns suggest that informal community support systems played a more active role in facilitating access than formal institutional actors.

1.3.4. Acountabilty to Affected Populations (AAP), beneficiary satisfaction and dignity

Across all agencies, the PDM findings reveal that a large proportionof beneficiaries were unaware of how recipients were selected for assistance. Only 34.9 percent of WFP beneficiaries, 24.6 percent of UNICEF recipients, 36.6 percent of UNFPA respondents, and just 20 percent of FAO beneficiaries reported knowing the selection criteria – pointing towards a broader gap in transparent prior communication and messaging and community engagement, and potentially impacting the perception of ineligible recipients.

Similarly, in what reflects a missed opportunity for agencies to engage in two-way communication and integrate community feedback into programming, only 9.8 percent of WFP beneficiaries, 5.2 percent of UNICEF recipients, 11.5 percent of UNFPA respondents, and 5.8 percent of FAO recipients reported being consulted about the relevance or design of the assistance they received.

The PDM findings further reveal a bleak picture regarding feedback mechanisms in general. Only less than 10 percent of the respondents reported to have used the community feedback mechnaisms (CFM) in place: 5.8 percent for WFP, 3.7 percent for UNICEF, 17.3 percent for UNFPA, and 4.2 percent for FAO. This indicates the need for more accessible and trusted channels to receive complaints, suggestions, or reports of misconduct (Fig.38).

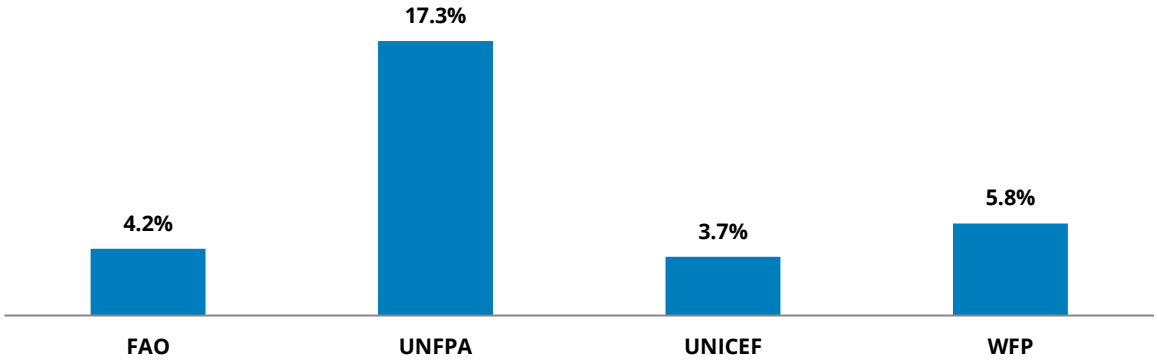

Figure 38: Community Feedback Mechanisms Usage
N= 885| Household Survey

Furthermore, only a small share of respondents knew how to contact agencies: 13.6 percent for WFP, 11.25 percent for UNICEF, and 7.7 percent for FAO. Only 13.0 percent (UNFPA) had received or seen information regarding PSEA complaint mechanisms. Similarly, knowledge of how to report sexual exploitation, abuse, or misconduct (PSEA) was very low—only 8.1 percent (WFP), 9.4 percent (UNICEF), and 8.4 percent (FAO) were aware of any reporting mechanism.

Safety and protection

Safety at distribution sites was generally not a major issue. No safety incidents were reported by UNICEF, UNFPA, and FAO respondents. For WFP, 0.7 percent reported minor issues—one respondent noted being asked for a donation, while another expressed concern about carrying large sums of money home. Reported security-related tensions were minimal: 0.7 percent (WFP), 0.5 percent (UNICEF), 0.4 percent (UNFPA), and 1.9 percent (FAO).

Among the nine respondents who experienced safety issues, most incidents occurred at programme sites due to crowd control problems (66.7 percent). Only 11.1 percent reported experiencing harassment or threats. Just 22.2 percent said UN agencies or partners took steps to improve site security.

"Cash distribution caused issues in our area. There was poor coordination between the municipality and WFP. Eventually the ward had to stop it."
– KII, DRM focal person, Bhokaraha Narsingh Rural Municipality

Similarly, while most beneficiaries did not report increased tensions, 9 percent noted conflicts within the community and 0.9 percent reported household tensions. However, community-level tension was higher for UNICEF (16.2%) compared to WFP (7.1%), while household-level tension remained low for both (1.6% for UNICEF and 0.7% for WFP).

Beneficiary Satisfaction and Service Quality

Satisfaction levels were generally high. Among WFP respondents, 60 percent were satisfied and 29 percent highly satisfied with the cash assistance. Only 6 percent expressed dissatisfaction, while 5 percent were neutral. Among UNICEF cash recipients, 100 percent were satisfied—80 percent highly satisfied, and 20 percent satisfied. No respondents reported dissatisfaction (Fig.39).

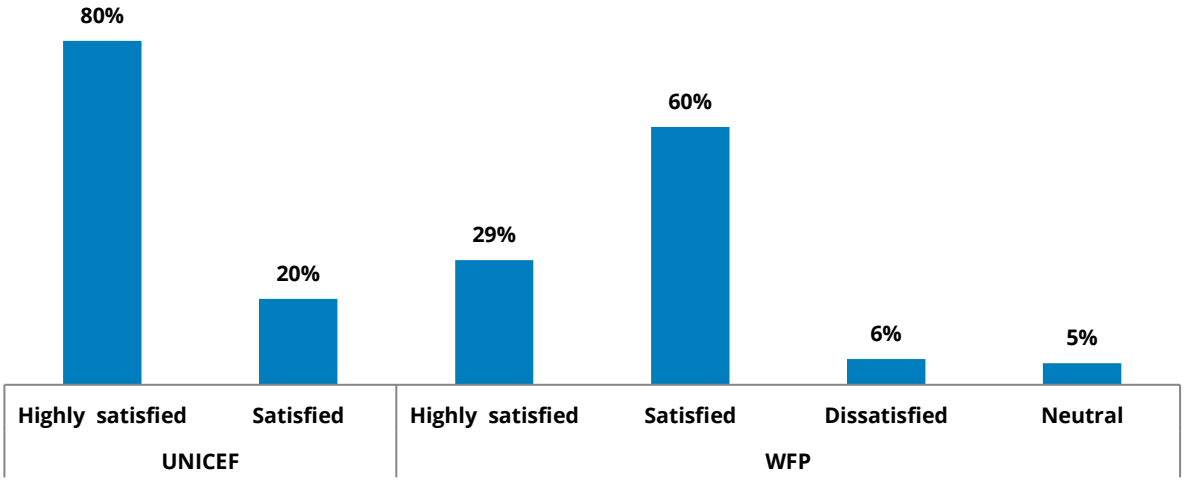

Figure 39: Beneficiary satisfaction with cash assistance
N= 885| Household Survey

Respectful treatment was also widely reported. 98.6 percent of WFP and UNICEF beneficiaries felt they were treated respectfully by staff at distribution points. Similarly, 93.6 percent of WFP respondents said the conditions at distribution sites were dignified, with only 6.4 percent describing them as undignified—mainly due to long wait times and crowding.

UNICEF beneficiaries reported a 100 percent rate of dignified treatment, citing smooth processes and positive interactions with agency and partner staff.

Conclusion and Recommendation

Conclusion

In response to the devasting floods of September 2024 in Saptari and Sunsari districts, UN agencies (FAO, UNFPA, UNICEF and WFP) implemented anticipatory cash-based transfers and sectoral support under the

coordinated Antcipatory Action Framework funded by the Central Emergency Response Fund (CERF).UNICEF and WFP provided cash-based transfers (CBT) of NPR 15,000 to affected households, . UNICEF, FAO, and UNFPA also delivered critical support,including WASH kits,dignity kits, child protection support, and grain storage solutions, enhancing communities' resilience against disaster impacts.

The PDM study, conducted jointly by FAO, UNFPA, UNICEF, WFP and NIDR, assessed programme performance, beneficiary satisfaction, and the impact of early action interventions. The study,conducted in February 2025, used a mixed-methods approach, surveying 885 households and conducting 8 FGDs and 13 KIIs with beneficiaries and stakeholders across nine municipalities. Key findings highlighted the impact of NPR 15,000 cash transfers, WASH support, child protection services, dignity kit distribution, and grain storage aid in enhancing community resilience.

The findings reveal widespread socio-economic and disaster-related vulnerabilities, particularly among marginalized groups, low-income families, and persons with disabilities. Challenges such as low education, informal jobs, unstable housing, and reliance on agriculture and daily wages make these communities highly susceptible to economic shocks and disasters. While many respondents received early warnings and took precautionary measures, gaps in warning systems and barriers such aslimited resources or awareness hinder full preparedness. The recent floods caused severe damage to homes, agriculture, and infrastructure, leading to major financial losses and displacement. To build resilience, there is a pressing need for livelihood support, inclusive education, disaster-resilient housing, improved early warning systems, and targeted recovery and preparedness initiatives.

FAO's provision of hermetic bags and technical training demonstrated value in post-harvest preservation and food security, the overall intervention, however, had mixed outcomes due to significant implementation and inclusivity challenges. The support had a positive impact on food and seed preservation, but it was not sufficient to protect broader livelihoods or reach the most vulnerable. Gaps in awareness, late distribution, unequal access, and lack of risk mitigation information limited the overall effectiveness of the initiative.Future responses should adopt a more inclusive, transparent, and needs-based approach prioritizing timely distribution, tailored training, integration of livelihood protection strategies, and the establishment of clear feedback channels.

The dignity kits provided by UNFPA, though helpful, were delayed and had some quality and size issues. Items like soap, sanitary pads, and flashlights were most appreciated, while others (e.g., reusable pads, combs) were less useful. Many recipients suggested adding infant items, warm clothes, and culturally appropriate attire. Additionally, awareness and access to PSEA complaint mechanisms remained very low, particularly among less educated and economically inactive groups. Inter-Agency Reproductive Health (IARH) kits were valuable in hospitals but faced distribution delays and underutilization due to poor inventory management.Overall, the response met essential needs but highlighted areas for improvement, such as timely aid delivery, better communication, tailored support items, and more accessible complaint and health services.

UNICEF's response to the floods in Nepal was largely effective in meeting urgent needs related to food security, hygiene, and child protection. Cash support allowed families flexibility in addressing essential expenses, while the timely distribution of hygiene kits and rehabilitation of water sources mitigated the risk of disease outbreaks. Psychosocial services and temporary learning spaces played a vital role in supporting children's recovery. Nonetheless, gaps in communication, registration procedures, and feedback mechanisms especially for vulnerable and marginalized groups highlight areas for improvement. Future interventions should prioritize inclusive outreach, strengthen accountability systems, and expand community education on proper use of supplies and protection services to ensure more equitable and impactful humanitarian assistance.

The WFP's cash assistance effectively addressed urgent needs, for flood-affected households in Saptari and Sunsari. Most beneficiaries used the funds for essentials like food, medicine, and shelter, with high rates of acceptable food consumption and dietary diversity. However, widespread economic vulnerability persists, as over 94 percent of households remain below the minimum expenditure threshold and continue to rely on crisis and emergency coping strategies.. Overall, while the intervention was successful in the short term, long-term support is needed to build household resilience.

The joint PDM findings reveal that while humanitarian assistance programs achieved high levels of beneficiary satisfaction, still significant challenges remain. Key successes included effective use of community volunteers (e.g., FCHVs), preferred use of bank transfers, and respectful treatment during distributions. However, major gaps were found in the speed of assistance, communication clarity, awareness of selection criteria, and access to feedback mechanisms. Informal information-sharing excluded some vulnerable groups, and concerns about favoritism and political influence affected perceptions of fairness. To improve future responses, agencies must enhance transparency, strengthen accountability, and ensure inclusive, community-driven processes.

The key learnings from the joint PDM highlight that while cash and in-kind assistance effectively addressed immediate needs and improved short-term resilience, significant gaps remain in inclusivity, transparency, and preparedness. Marginalized groups continued to face barriers due to socio-economic vulnerabilities, limited awareness, and inconsistent access to resources. Weak communication, unclear beneficiary selection, and inadequate feedback mechanisms reduced trust and accountability. Although food security, hygiene, and protection services saw improvements, long-term resilience is hindered by ongoing economic hardship and reliance on negative coping strategies. Strengthening early warning systems, enhancing community outreach, and ensuring timely, fair, and needs-based aid delivery are critical for future interventions.

Recommendations

	PREPAREDNESS STAGE	EARLY-ACTION STAGE
GENERAL RECOMMENDATIONS	- Pre-position emergency supplies and logistics in high-risk areas to ensure rapid distribution when a disaster occurs. - Improve early warning dissemination by integrating multiple channels such as SMS alerts, community radio, and sirens. - Conduct awareness campaigns on preparedness strategies, including the importance of emergency supplies and evacuation plans. - Encourage households to prepare "go bags" with essential supplies like drinking water, first aid kits, and important documents. - Ensure community participation in disaster preparedness, response, and long-term recovery planning. - Prioritize collecting clear and consistent identification information for accurate tracking and verification of respondents in future surveys (e.g., full names, household head names, mobile numbers, and unique identifiers). - Share PDM findings with beneficiaries at the community level through inclusive and participatory methods to promote transparency, enhance trust.	- Upon a flood warning, swiftly distribute pre-positioned emergency supplies like food, water, and hygiene kits to high-risk areas to meet urgent needs before the disaster hits. - When an early warning is issued, engage community networks and local leaders to share clear evacuation and safety information, prioritizing vulnerable households.
FAO	- Provide clear and detailed orientation on the correct usage of hermetic bags, including community-level training sessions or appointing local facilitators to demonstrate usage. - Develop and implement targeted awareness campaigns on agricultural risk mitigation, tailored to women, marginalized groups, and vulnerable communities, focusing on flood-resistant farming techniques, livestock management, and soil erosion prevention. - Integrate additional livelihood protection measures, such as providing flood-resistant farming techniques and lobbying with government and relevant stakeholders for subsidizing essential farming tools and equipment.	- After a flood forecast, quickly distribute hermetic bags and protective materials to farmers with clear instructions to safeguard crops and livestock. - Upon a warning, provide farmers with real-time flood-specific advice via SMS, radio, and local leaders on actions like relocating livestock or early harvesting.

	PREPAREDNESS STAGE	EARLY-ACTION STAGE
UNFPA	- Conduct pre-distribution orientation sessions at accessible community locations to ensure pregnant women receive clear information about dignity kit contents, their proper use, and PSEA complaint mechanisms. - Conduct regular needs assessments with beneficiaries to ensure dignity kits contents are updated as per community needs, with strengthened quality control.	- Use community radio, miking, and local leaders to inform beneficiaries about distribution schedules, the free nature of kits, and available complaint mechanisms. - Ensure the contents of dignity kits are tailored to the specific needs of different respondent groups, particularly pregnant and breastfeeding women and girls.
UNICEF	- Simplify the registration process to make it more accessible for vulnerable populations, avoiding barriers for those with limited literacy or access to technology. - Involve community volunteers to promote hygiene messages and ensure proper use of hygiene kits and sanitation facilities, especially in remote areas. - Expand public awareness campaigns focused on child protection, domestic violence, and mental health, using multiple channels like community meetings, social media, and local radio.	- Ensure the continued use of bank transfers as a preferred distribution method and support beneficiaries in accessing funds through mobile or online banking, with community-based support for those in remote areas. - Ensure cash collection points are secure, easily accessible, and available in both urban and rural settings, minimizing transportation challenges for vulnerable populations. - Increase the distribution of temporary toilets to meet immediate sanitation needs of vulnerable communities, prioritizing areas with high population density or limited infrastructure.
WFP	- Strengthen communication strategies to provide clear, timely information about cash assistance processes, including selection criteria, distribution timelines, and collection points, using multiple channels like SMS, community meetings, and social media. - Maximize community engagement in beneficiary targeting and selection, collaborating with local governments to ensure transparency and minimize perceptions of favoritism.	- Improve the accessibility of cash assistance collection points by considering distance, transportation availability, and physical accessibility for persons with disabilities and the elderly. - Conduct regular monitoring to ensure vulnerable households, especially large families, are adequately represented in cash assistance programmes.

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ANNEX

Annex I. Sampling Approach for Joint PDM

For the joint post-distribution monitoring (PDM) of anticipatory action interventions implemented by WFP, UNFPA, FAO, and UNICEF in 2024, weare looking at a statistically rigorous sampling strategy that ensures fair representation across clusters, agencies, and intervention types while accounting for geographic clustering effects.

Sampling Frame and Design

Initially, the sampling frame was expected to be the maximum number of beneficiaries reached in a given municipality, assuming significant overlaps between agencies. However, due to inconsistencies in beneficiary datasets—such as non-uniform data fields and a lack of unique identifiers—we have been unable to detect overlaps. From the available beneficiary data, only less than four percent overlaps was detected.

One alternative approach could have been to identify and verify overlapping beneficiaries through a listing process, develop a pool of overlapping beneficiaries through household consultations in the communities, and then conduct the sampling. However, this was deemed unfeasible due to time and budget constraints and, most importantly, the risk of political conflict at the community level, as listing activities could be misunderstood as a new round of beneficiary registration for further assistance.

Given these constraints, we are redesigning the sampling approach by identifying ward-level clusters, i.e., wards within the given intervention municipalities where more than one UN agencies implemented the AA. With this approach, out of 20,603 total beneficiaries reached by all agencies, the sampling frame of 17,363 was established. A cluster-wide distribution of sampling frame has been included in Annex 1 (Table 1).

Using a 95% confidence level, ±5% margin of error, a 15% non-response rate, and a design-effect of 2 (to account for intra-cluster correlation), the required sample size is calculated as 865 respondents – further adjusted to 885 considering minimum threshold, explained below in this paper.

The sample will first be proportionally distributed across clustersbased on their total beneficiary count, ensuring that wards with larger intervention footprints contribute more respondents. Within each ward, the sample will then be further divided among agencies according to their share of beneficiaries. A detailed breakdown of sample distribution across clusters has been included in Annex 2 (Table 2).

Stratification and Cluster-Based Geo-Targeting

Recognizing the diverse nature of interventions—ranging from WFP's cash transfers, UNFPA's dignity kits, UNICEF's cash, WASH, and child protection support, and FAO's hermetic bag distribution—the sample will be stratified within wardsto reflect these intervention types.

To enhance geographic representation and cluster-based geo-targeting, the following measures will be applied:

1. Stratification by intervention type→Households will be selected based on the type of intervention they received (cash, dignity kits, WASH, hermetic bags, child protection), ensuring fair representation of each agency's beneficiaries.

2. Geographic sub-clustering within municipalities→Household selection will be spread across different wards, prioritizing wards with presence of multiple UN agencies, ensuring localized representation.
3. Minimum sample threshold per intervention type →Even if certain interventions have fewer samples due to proportionate distribution, a minimum threshold of at least 30 households will be included in the sample, preventing under-representation of smaller intervention groups.

Replacement Strategy to Address Non-Overlapping Beneficiaries

Given the lack of unique identifiers across agency beneficiary datasets, the PDM design isincorporating a replacement strategy to minimize potential duplication and ensure sample validity:

1. Over-Sampling in Initial Selection: A 10–15% buffer will be added to each stratum (wards + intervention type) to account for replacements.
2. Pre-Interview Screening: Respondents will be screened during data collection to identify duplicate or ineligible cases (e.g., those who have already participated for another agency).
3. Priority-Based Replacement: If replacements are needed, they will be selected from the sameintervention type and clusterto maintain the proportionality of the sample.
4. Tracking and Documentation: A replacement log will be maintained to ensure transparency and consistency in respondent selection.

Justification of Sample Size and Statistical Robustness

This approach ensures statistical rigor through:

1. Sample Power:The sample is adequately powered to support inferential analysis. It has a power of 0.9 (90%) for a one-sample proportion test, ensuring that agency-specific analyses can yield statistically valid inferences. Additionally, the sample has a power of 1.0 (100%) for multiple regression analysis, confirming that regression modeling can be reliably conducted.
2. Representative Sampling: The proportional allocation guarantees that all municipalities and intervention types are adequately represented.
3. Stratification by Intervention Type: Enhances comparability across agencies and allows for a nuanced analysis of the impact of different types of assistance.
4. Cluster-Based Sampling and Design Effect (DE = 2): Accounting for geographic clustering effects within municipalities, reducing potential biases in variance estimation.
5. Adjustment for Non-Response: The sample size includes a 15% buffer to mitigate missing data and improve response validity.

Limitations and Considerations for Interpretation

While the approach is statistically sound, the following limitations should be noted:

1. Potential Non-Overlapping Beneficiaries: Due to the lack of a unified beneficiary database, some duplication in population estimates may still exist, though mitigated through the replacement strategy.
2. Variability in Data Quality Across Agencies: Differences in data collection methodologies and beneficiary definitions across agencies may introduce inconsistencies in analysis, requiring careful interpretation of findings.

Sampling frame by clusters (wards with more than one agency implementing AA)

Table 4: Sampling frame by clusters (wards with more than one agency implementing AA)

Sampling Frame - wards with presence of more than 2 agencies implementing the AA (17,363)							
		WFP (cash)	FAO (hermetic bags)	UNFPA (dignity kits)	UNICEF (cash)	UNICEF (child protection)	UNICEF (WASH)
Kanchanrup	W.1	0	0	144	274	10	274
	W.4	0	0	52	107	10	107
	W.5	0	0	101	48	9	57
	W.6	0	0	107	37	11	54
	W.10	0	0	46	91	10	97
TilathiKoiladi	W.2	0	63	0	0	9	0
	W.3	0	54	0	0	12	0
	W.4	0	260	776	252	19	252
	W.5	0	155	0	0	8	0
Saptakoshi	W.1	27	0	0	0	4	28
	W.2	52	0	0	0	4	39
	W.3	29	0	0	0	10	29
	W.4	82	0	404	0	14	88
	W.6	137	0	0	0	11	167
	W.7	70	0	0	0	7	66
Hanumannagar Kankalini	W.1	201	0	0	0	3	0
	W.3	181	0	100	0	4	0
	W.6	40	0	0	0	4	0
	W.7	206	0	0	0	8	86
	W.9	220	0	0	0	7	0
	W.11	166	0	0	0	10	154
	W.12	176	0	0	0	7	129
	W.13	124	0	0	0	7	202
	W.14	335	0	0	0	0	130
Chhinnamasta	W.1	0	0	80	0	0	0
	W.2	0	155		0	0	0
Barahchhetra	W.1	24	13	60	0	0	0
	W.2	53	158	126	0	0	0
	W.6	235	75	88	0	0	0
	W.7	116	215	203	0	0	0
	W.8	167	202	147	0	0	0
	W.9	292	343	185	0	0	0
	W.10	142	325	209	0	0	0
	W.11	102	0	327	0	0	0
Bhokraha Narsingh	W.1	75	0	66	0	0	0
	W.2	91	0	151	0	0	0
	W.3	106	0	38	0	0	0
	W.4	242	0	88	0	0	0
	W.5	408	0	135	0	0	0
	W.6	56	0	68	0	0	0
	W.7	164	0	97	0	0	0
Harinagar	W.1	0	121	180	0	0	0

	W.2	0	151	150	0	0	0
	W.3	0	474	74	0	0	0
	W.4	343	332	291	0	0	0
	W.5	0	382	100	0	0	0
	W.6	0	112	59	0	0	0
	W.7	483	236	120	0	0	0
Koshi	W.1	0	0	63	0	0	0
	W.2	0	0	42	0	0	0
	W.3	0	0	74	0	0	0
	W.4	0	0	60	0	0	0
	W.5	0	0	106	0	0	0
	W.6	0	0	89	0	0	0
	W.7	0	0	130	0	0	0
	W.8	0	0	90	0	0	0
		5,145	5,374	5,426	809	198	1,959

Sample size distribution across clusters

Table 5: Agency-wide sample distribution across clusters (pre-adjustment)

Sample distribution (865 at 95% confidence, +-5 margin of error, design effect 2, and non-response 15% - further adjusted to 885 after minimum threshold application							
		WFP (cash)	FAO (hermetic bags)	UNFPA (dignity kits)	UNICEF (cash)	UNICEF (child protection)	UNICEF (WASH)
Kanchanrup	W.1	0	0	7	14	3	14
	W.4	0	0	3	5	3	5
	W.5	0	0	5	2	0	3
	W.6	0	0	5	2	3	3
	W.10	0	0	2	5	3	5
TilathiKoiladi	W.2	0	3	0	0	0	0
	W.3	0	3	0	0	3	0
	W.4	0	13	39	13	3	13
	W.5	0	8	0	0	0	0
Saptakoshi	W.1	1	0	0	0	0	1
	W.2	3	0	0	0	0	2
	W.3	1	0	0	0	3	1
	W.4	4	0	20	0	3	4
	W.6	7	0	0	0	3	8
	W.7	3	0	0	0	0	3
Hanumannagar Kankalini	W.1	10	0	0	0	0	0
	W.3	9	0	5	0	0	0
	W.6	2	0	0	0	0	0
	W.7	10	0	0	0	0	4
	W.9	11	0	0	0	0	0
	W.11	8	0	0	0	3	8
	W.12	9	0	0	0	0	6
	W.13	6	0	0	0	0	10
	W.14	17	0	0	0	0	6

Chhinnamasta	W.1	0	0	4	0	0	0
	W.2	0	8	0	0	0	0
Barahchhetra	W.1	1	1	3	0	0	0
	W.2	3	8	6	0	0	0
	W.6	12	4	4	0	0	0
	W.7	6	11	10	0	0	0
	W.8	8	10	7	0	0	0
	W.9	15	17	9	0	0	0
	W.10	7	16	10	0	0	0
	W.11	5	0	16	0	0	0
Bhokraha Narsingh	W.1	4	0	3	0	0	0
	W.2	5	0	8	0	0	0
	W.3	5	0	2	0	0	0
	W.4	12	0	4	0	0	0
	W.5	20	0	7	0	0	0
	W.6	3	0	3	0	0	0
	W.7	8	0	5	0	0	0
Harinagar	W.1	0	6	9	0	0	0
	W.2	0	8	7	0	0	0
	W.3	0	24	4	0	0	0
	W.4	17	17	14	0	0	0
	W.5	0	19	5	0	0	0
	W.6	0	6	3	0	0	0
	W.7	24	12	6	0	0	0
Koshi	W.1	0	0	3	0	0	0
	W.2	0	0	2	0	0	0
	W.3	0	0	4	0	0	0
	W.4	0	0	3	0	0	0
	W.5	0	0	5	0	0	0
	W.6	0	0	4	0	0	0
	W.7	0	0	6	0	0	0
	W.8	0	0	4	0	0	0
		234	246	247	38	30[8]	90

Table 6: No. of qualitative consultations undertaken

FGD (Sunsari)	
1) Barachhetra	WFP-cashbeneficiaries
2) Harinagar	FAObeneficiaries
3) Bokhara Narsingh	UNFPAbeneficiaries
FGD (Saptari)	
4) Saptakoshi	UNFPAbeneficiaries
5) Hanuman nagar	WFP-cashbeneficiaries
6) Tilathikoiladi	UNICEF-cashbeneficiaries
7) Tilathikoiladi	FAObeneficiaries
8) Kanchanrup	UNICEFcashbeneficiaries
KIIs	

[8] Total 10 child protection beneficiaries in the sample has been adjusted to meet minimum threshold. This makes the total sample size 885

1) Bokhara Narsingh	DRM (Disaster Risk Management) representative
2) Barachhetra	DRM, IARH(UNFPA)
3) District Hospital Inaruwa	IARH (UNFPA)
4) Chinamasta	DRM, KII with Mayor
5) Hanumannagar	DRM, KII with Mayor
6) Rajbiraj Gajendra Hospital	IARH Kits
7) KanchanpurNage Hospital	IARH Kits
8) Saptakoshi Birthing Center	IARH Kits
9) HanumannagarKankalini	IARH Kits
10) Saptakoshi	DRM

Annex II: Demographic Information agency-wise

Table 7: Agency-wide distribution of sample by municpalities

Municipality	FAO		UNFPA		UNICEF WASH		WFP	
	N	%			N	%	N	%
Barahchhetra Municipality	62	20.3	64	21.3	-	-	61	20.7
Chhinnamasta Rural Municipality	7	2.3	4	1.3	-	-	-	-
HanumannagarKankalini Municipality	107	35.1	34	11.3	36	36.7	106	35.9
Harinagar Rural Municipality	87	28.5	46	15.3			37	12.5
TilathiKoiladi Rural Municipality	42	13.8	44	14.6	33	33.7	-	-
Bhokraha Narsingh Rural Municipality	-	-	30	10.0	-	-	53	18
Saptakoshi Municipality	-	-	26	8.6	9	9.2	38	12.9
Kanchanrup Municipality	-	-	23	7.6	20	20.4	-	-
Koshi Rural Municipality	-	-	30	10.0	-	-	-	-

Table 8: Agency-wide distribution of sample by gender

Gender	FAO		UNICEF CASH		UNICEF WASH		UNICEF Protection		WFP	
	N	%	N	%	N	%	N	%	N	%
Female	155	50.8	28	70	70	71.4	21	70	174	59
Male	150	49.2	12	30	28	28.6	9	30	121	41
Total	305	100	40	100	98	100	30	100	295	100

Table 9: Agency-wide distribution of sample by ethnicity

Ethnicity	FAO		UNFPA		UNICEF CASH		UNICEF WASH		WFP	
	N	%	N	%	N	%	N	%	N	%
Hill/Mountain Brahmin/ Chhetri	25	8.2	9	3.0	-	-	-	-	9	3.1
Hill/Mountain Dalit	5	1.6	9	3.0	-	-	-	-	-	-
Hill/Mountain Janajati	3	1	13	4.3			1	1	12	4.1
Muslim	41	13.4	36	12.0	6	15	19	19.4	52	17.6
Religious minorities	13	4.3	29	9.6	-	-	-	--	12	4.1
Terai/ Madhesi Dalit	51	16.7	91	30.2	18	45	48	49	78	26.4
Terai/ Madhesi Janajati	39	12.8	50	16.6	7	17.5	8	8.2	32	10.8
Terai/ Madhesi/ Brahmin/ Rajput	8	2.7	4	1.3	1	2.5	-	-	6	2
Terai/ Madhesi/ Others	120	39.3	60	19.9	8	20	22	22.4	94	31.9

Table 10: Agency-wide distribution by educational status

	FAO		UNFPA		UNICEF CASH		UNICEF WASH		WFP	
Educational Status	N	%	N	%	N	%	N	%	N	%
Illiterate (can't read and/ or write)	108	35.4	83	27.6	18	45	44	44.9	150	50.8
No formal education (but can read and/ or write)	43	14.1	37	12.3	10	25	21	21.4	39	13.2
Primary	60	19.7	66	21.9	8	20	22	22.4	55	18.6
Secondary	72	23.6	85	28.2	3	7.5	10	10.2	46	15.6
Higher Secondary	16	5.2	25	8.3	1	2.5	1	1	4	1.4
Graduate or higher	6	2	5	1.7	-	-	-	-	1	0.3
Total	305	100	301	100	40	100	98	100	295	100

Table 11: Agency-wide distribution by age-group of beneficiaries

	FAO		UNFPA		UNICEF CASH		UNICEF WASH		WFP	
Age-group	N	%	N	%	N	%	N	%	N	%
18-24yrs	18	5.9	96	31.9	2	5	11	11.2	15	5.1
24-49 yrs	173	56.7	150	49.8	21	52.5	52	53.1	177	60
50+ yrs	114	37.4	55	18.3	17	42.5	35	35.7	103	34.9
Total	305	100	301	100	40	100	98	100	295	100

Table 12: Agency-wide distribution by occupation

Main source of Income	FAO		UNFPA		UNICEF CASH		WFP	
	N	%	N	%	N	%	N	%
Agriculture/ farming	147	48.2	40	13.3			86	29.2
Daily wage labour	71	23.3	-	-	15	37.5	126	42.7
Foreign employment	39	12.8	-	-	18	45	43	14.6
Government	6	2	-	-	5	12.5	4	1.4
Non-government job	12	3.9	-	-			2	0.7
Others (old age allowance)	3	1	-	-	1	2.5	4	1.4
Retired (Pension)	4	1.3	-	-	-	-	2	0.7
Self-employed (business, shop owner)	23	7.5	40	13.3	1	2.5	28	9.5
Inactive (Housewife, or no income-generating occupation)	-	-	221	73.4	-	-	-	-
Total	305	100	301	100	40	100	295	100

Table 13: Agency-wide distribution by household structure

Household Structure	FAO	UNFPA	UNICEF	WFP

	N	%	N	%	N	%	N	%
Brick and cement house	52	17.0	68	22.6	20	11.9	22	7.5
House made of tin (both wall and roof)	4	1.3	6	2.0	5	3.0	10	3.4
Raw/Kacha house (Wall made of mud/straw/bamboo / roof made of tin, straw)	170	55.7	148	49.2	108	64.3	205	69.5
Semi paka house (ceiling is tin, others are made in brick)	79	25.9	79	26.2	35	20.8	58	19.7
Total	305	100.0	301	100.0	168	100.0	295	100.0

Table 14: Agency-wide distribution by actions undertaken to prepare against flood

Actions Taken	FAO (N=305)	UNFPA(N=301)	UNICEF (N=168)	WFP (N=295)
Evacuation of children, PBWGs, Elderly, Vulnerable	28.0%	29.4%	33.1%	25.6%
Evacuating all family members	18.7%	26.7%	35.3%	20.5%
Purchase/ management of essential food items	34.7%	38.3%	39.6%	45.6%
Protection of portable valuable assets	25.4%	32.2%	31.7%	42.6%
Strengthening house	20.2%	26.7%	34.5%	26.7%
Take loan	1.0%	1.7%	1.4%	1.5%
Sold assets	4.1%	3.3%	4.3%	5.1%
Safeguarded livestock	35.2%	22.2%	41.7%	32.3%
Safeguarded essential clothes	36.3%	32.2%	48.2%	49.7%
Did not take any action	37.3%	41.1%	25.2%	25.6%
Others		1.7%	2.2%	.5%

Annex III: Different Types of Functional Limitationsof Household Member

Table 15: Household data (number) by type of functional limitation reported (all agencies)

Types of functional limitations	Frequency (N=97)
Seeing	14

Hearing	23
Remembering or concentrating	40
Communicating (comprehending)	45
Walking and/or climbing stairs	54
Dressing and/or washing (self-care)	55

Table 16: Gender of (other) household members with disability/ functional limitations (all agencies)

Sex	Frequency	Percent
Female	30	30.9
Male	67	69.1
Total	97	100.0

Table 17: Agency-wide distribution of householdswith members with disability/functional limitations

Household member with disability	FAO		UNFPA		UNICEF		WFP	
	N	%	N	%	N	%	N	%
No	277	90.8	268	89.0	143	85.1	265	89.8
Yes	28	9.2	33	11.0	25	14.9	30	10.2
Total	305	100.0	301	100.0	168	100.0	295	100

Table 18: Self-reported disability among respondents, by gender (all agencies)

Sex	Frequency	Percent
Female	21	48.8
Male	22	51.2
Total	43	100.0

Annex IV: Loss and Damage Due to Floods

Table 19: Flood effects reported (all agencies)

	Frequency	Percent
No	212	24.0
Yes	673	76.0
Total	885	100.0
5.1 If yes, was there any damage to your business due to the floods?		
	Frequency	Percent
Not applicable	314	46.7
Moderately affected	116	17.2
Severely affected	112	16.6
Mildly/ lightly affected	78	11.6
Not affected	53	7.9
Total	673	100.0
5.2 . If yes, was there any damage to your farm or farm-related work due to the floods?		
	Frequency	Percent
Severely affected	257	38.2
Not applicable	169	25.1
Moderately affected	164	24.4
Mildly/ lightly affected	71	10.5
Not affected	12	1.8
Total	673	100.0
5.3 . Damage Impact		
	N	Percent of Cases
None of the above	648	96.3%
Household member(s) mildly injured	19	2.8%
Don't know/ can't remember	5	.7%
Household member(s) severely injured	2	.3%
Others (Please specify)	7	1.0%
5.4 Was livestock affected/ damaged due to the floods?		
	Frequency	Percent
No	402	61.0
Yes	257	39.0
Total	659	100.0
5.4.1. What is the current status of the livestock?		
	Frequency	Percent
Lost	72	28.0
Somewhat damaged	61	23.7
Mildly damaged	59	23.0
Severely damaged	33	12.8
Unaffected/ same as before/ functional	23	8.9
Sold	9	3.5
Total	257	100.0
5.5 Was the poultry affected/ damaged due to the floods?		
	Frequency	Percent

No	124	61.7
Yes	77	38.3
Total	201	100.0
5.5.1. What is the current status of the poultry?		
	Frequency	Percent
Lost	33	42.9
Somewhat damaged	16	20.8
Mildly damaged	12	15.6
Severely damaged	6	7.8
Sold	5	6.5
Unaffected/ same as before/ functional	5	6.5
Total	77	100.0
5.6. Was the crop in field affected/ damaged due to the floods?		
	Frequency	Percent
No	66	11.9
Yes	487	88.1
Total	553	100.0
5.6.1. What is the current status of the crop in field?		
	Frequency	Percent
Lost	140	28.7
Severely damaged	103	21.1
Unaffected/ same as before/ functional	98	20.1
Somewhat damaged	93	19.1
Mildly damaged	52	10.7
Sold	1	0.2
Total	487	100.0
5.7. Was the fish farm affected/ damaged due to the floods?		
	Frequency	Percent
No	59	85.5
Yes	10	14.5
Total	69	100.0
5.7.1. What is the current status of fish farm?		
	Frequency	Percent
Mildly damaged	4	40.0
Severely damaged	3	30.0
Somewhat damaged	2	20.0
Lost	1	10.0
Total	69	100.0
5.8. Was the fruit plantation affected/ damaged due to the floods?		
	Frequency	Percent
No	44	63.8
Yes	25	36.2
Total	69	100.0
5.8.1. What is the current status of the fruit plantation?		
	Frequency	Percent
Mildly damaged	6	24.0

Somewhat damaged	6	24.0
Unaffected/ same as before/ functional	6	24.0
Lost	4	16.0
Severely damaged	3	12.0
Total	69	100.0
5.9. Was the crop stored at home affected/ damaged due to the floods?		
	Frequency	Percent
No	246	61.5
Yes	154	38.5
Total	400	100.0
5.9.1. What is the current status of the crop stored at home?		
	Frequency	Percent
Mildly damaged	42	27.3
Somewhat damaged	40	26.0
Unaffected/ same as before/ functional	28	18.2
Severely damaged	23	14.9
Lost	20	13.0
Sold	1	0.6
Total	154	100.0
5.10. Was the farming/fishing equipment (irrigation pump, fishing net, etc.) affected/ damaged due to the floods?		
	Frequency	Percent
No	59	69.4
Yes	26	30.6
Total	85	100.0
5.10.1. What is the current status of farming/ fishing equipment (irrigation pump, fishing net, etc.)?		
	Frequency	Percent
Mildly damaged	8	30.8
Lost	7	26.9
Somewhat damaged	7	26.9
Severely damaged	4	15.4
Total	26	100.0
5.11. Was the vehicle pulled by an animal item affected/ damaged due to the floods?		
	Frequency	Percent
No	17	85.0
Yes	3	15.0
Total	20	100.0
5.11.1. What is the current status of the vehicle pulled by an animal?		
	Frequency	Percent
Lost	1	33.4
Mildly damaged	1	33.3
Severely damaged	1	33.3
Total	3	100.0
5.12. Was the vehicle (Rickshaw, van, vehicle, motorcycle) affected/ damaged due to the floods?		
	Frequency	Percent
No	342	93.7

Yes	23	6.3
Total	365	100.0

5.12.1. What is the current status of the vehicle (Rickshaw, van, vehicle, motorcycle)?		
	Frequency	Percent
Mildly damaged	8	34.8
Somewhat damaged	8	34.8
Unaffected/ same as before/ functional	6	26.1
Lost	1	4.3
Total	23	100.0

5.13. Were the household appliances like home utensils, mobile phone, television, etc. affected/ damaged due to the floods?		
	Frequency	Percent
No	447	80.0
Yes	112	20.0
Total	559	100.0

5.13.1. What is the current status of the household appliances like home utensils, mobile phone, television, etc.?		
	Frequency	Percent
Mildly damaged	48	42.9
Somewhat damaged	21	18.8
Severely damaged	19	17.0
Unaffected/ same as before/ functional	16	14.3
Lost	7	6.3
Sold	1	.9
Total	112	100.0

Annex V: Food Acquisition Sources

Table 20: Food Acquisition Sources (WFP)

	Own production	Market (cash)	Market (credit)	Gathering	Beg for food	Gift from relatives or friends	Hunting/ Fishing
Staple	32.2.%	62.7%	3.4%	1.7%			
Pulses	5.6%	87.3%	5.6%	0.4%	0.4%	0.7%	
Dairy products	41.1%	52.1%	6.3%			0.5%	
Meat/Fish/Eggs	2.6%	92.6%	1.1%				3.7%
Vegetables	16.9%	80.7%	1.0%	0.3%	0.3%	0.3%	
Fruits	3.4%	92.0%	2.3%		2.3%		
Oil/Fat	1.0%	94.8%	3.1%	0.7%	0.3%		
Sweets/Sugar		93.4%	5.6%		0.5%	0.5%	

Table 21: Household Dietary Diversity by distance to nearest market (WFP)

Time taken to reach market	Household Dietary Diversity			
	0-2 food groups (phase 4 to 5)	3-4 food groups (phase 3)	5 food groups 9 (phase 2)	Total
1-2 hours	2	30	19	51
	3.9%	58.8%	37.3%	100.0%
2-3 hours	0	6	7	13
	0.0%	46.2%	53.8%	100.0%
3-4 hours	0	4	3	7
	0.0%	57.1%	42.9%	100.0%
30 minutes-1 hour	1	55	33	89
	1.1%	61.8%	37.1%	100.0%
less than 30 minutes	6	59	65	130
	4.6%	45.4%	50.0%	100.0%
More than 4 hours	0	2	3	5
	0.0%	40.0%	60.0%	100.0%
Total	9	156	130	295
	3.1%	52.9%	44.1%	100.0%

Annex VI: Findings of WFP Cash Assistance

Table 22: Disabiity among WFP cash assistance respondents (WFP)

Self-reported disability		
No	283	95.9
Yes	12	4.1
HH member with disability		
No	265	89.8
Yes	30	10.2
Total	295	100.0

Table 23: Respondents informed about date and time, location, and documents required to receive entitlement (WFP)

	Frequency	Percent
No	96	32.5
Yes	199	67.5
Total	295	100.0

Table 24: Respondents informed about entitlements (WFP)

	Frequency	Percent
No	32	10.8
Yes	263	89.2
Total	295	100.0
If yes, please indicate the amount you were entitled to receive		
	Frequency	Percent
1500.0	2	.8
4000.0	2	.8
10000.0	1	.4
14000.0	1	.4
15000.0	257	97.7
Total	263	100.0

Table 25: Respondents reporting selection of cash programme participants was fair (WFP)

	Frequency	Percent
No	107	36.3
Yes	188	63.7
Total	295	100.0
Do you know of any individuals or households who did not meet the eligibility criteria, but were selected for this assistance?		
	Frequency	Percent
No	169	57.3
Yes	126	42.7
Total	295	100.0
Why do you think were they selected?		
	Frequency	Percent
Political	54	42.9

Favouritism	46	36.5
Relatives	26	20.6
Total	126	100.0

Do you know of people needing assistance who were excluded from this assistance?

	Frequency	Percent
No	127	43.1
Yes	168	56.9
Total	295	100.0

Why do you think were they excluded?

	Frequency	Percent
Selection from ward	97	57.7
Political Interference	34	20.2
Lack of access	15	8.9
Favouritism	13	7.7
Selection from Ward	5	3.0
Lack of citizenship card	1	0.6
Lack of documents	1	0.6
Lack of information	1	0.6
Nepotism	1	0.6
Total	168	100.0

If you used public transport/ hired vehicle, how much did you spend for the round-trip?

	Frequency	Percent
20.0	1	1.1
30.0	1	1.1
40.0	8	8.7
50.0	6	6.5
60.0	5	5.4
80.0	10	10.9
100.0	31	33.7
120.0	1	1.1
200.0	15	16.3
250.0	1	1.1
500.0	7	7.6
600.0	5	5.4
1000.0	1	1.1
Total	92	100.0

Annex VII: Findings of UNICEF

Table 26: Disability Status among UNICEF Cash Assistance respondents (UNICEF)

Variables	Frequency	Percent
Self-reported disability		
No	33	82.5
Yes	7	17.5
HH member having disability		
No	32	80.0
Yes	8	20.0
Age of disability in family		
Child with disability (<18 yrs)	1	12.5
Adult with disability (>18yrs)	7	87.5

Table 27: Respondents receiving prior information about date and time, location, and documents required to receive entitlement (UNICEF)

	Frequency	Percent
No	3	7.5
Yes	37	92.5
Total	40	100.0

Table 28: Respondents told exactly what theywere entitled to receive in terms of commodities/ quantities or cash (UNICEF)

	Frequency	Percent
No	3	7.5
Yes	37	92.5
Total	40	100.0

Table 29: Respondents reporting individuals or households who did not meet the eligibility criteria, but were selected for this assistance (UNICEF)

	Frequency	Percent
No	34	85.0
Yes	6	15.0
Total	40	100.0

Why do you think were they selected?		
	Frequency	Percent
Political	4	66.7
Favouritism	1	16.7
Disability	1	16.7
Total	6	100.0

Table 30: Respondents reporting there are people needing assistance but were excluded from this assistance (UNICEF)

	Frequency	Percent
No	21	52.5
Yes	19	47.5

Total	40	100.0
Why do you think were they excluded?		
	Frequency	Percent
Selection from ward	13	68.4
Political Interference	3	15.8
Favoritism	2	10.5
Lack of information	1	5.3
Total	19	100.0

Table 31: Respondents reporting they faced difficulties collecting the cash (UNICEF)

	Frequency	Percent
No	37	92.5
Yes	3	7.5
Total	40	100.0
Difficulties Faced (Multiple)		
	N	
Waiting for long time	2	66.7%
Accessibility to distribution sites	1	33.3%

Table 32: Respondents reporting they received support while receiving the cash at the distribution center (UNICEF)

	Frequency	Percent
No	21	52.5
Yes	19	47.5
Total	40	100.0
Support Receiving Cash		
	N	Percent
Neighbours	12	63.2%
Others (Family Member)	4	21.1%
Local authorities	1	5.3%
Volunteers	2	10.5%

Table 33: Time to travel to the cash distribution point (UNICEF)

	Frequency	Percent
Public transport/ hired vehicle	22	55.0
Personalvehicle (bicycle, motorcycle, etc.)	11	27.5
On foot	5	12.5
Others (Bank transfer)	2	5.0
Total	72	100.0
If you used public transport/ hired vehicle, how much did you spend for the round-trip?		
	Frequency	Percent
80.0	2	9.1
100.0	4	18.2
120.0	1	4.5
180	1	4.5
200.0	7	31.8
400.0	3	13.6
500.0	4	18.2

Total	22	100.0

Table 34: Distance to nearest market by foot (one way and average time) (UNICEF)

	Frequency	Percent
30 minutes-1 hour	16	40.0
1-2 hours	12	30.0
less than 30 minutes	9	22.5
2-3 hours	3	7.5
Total	40	100.0

Table 35: Respondents reporting they were treated with respect and dignity (UNICEF)

	Frequency	Percent
Yes	40	100.0

Table 36: Disability status among WASH beneficiaries (UNICEF)

Variables	Frequency	Percent
Self-reported disability		
No	92	93.9
Yes	6	6.1
HH member with disability		
No	85	86.7
Yes	13	13.3
Age of disability member		
Child with disability (<18 yrs)	2	15.4
Adult with disability (>18 yrs)	11	84.6

Table 37: WASH supplies (UNICEF)

	Frequency	Percent
Hygiene Kit	95	96.90%
Buckets	98	100
Mugs	84	85.70%
Water Purifier	60	61.20%
Temporary Toilet	11	11.20%

Table 38: Additional WASH supplies needed (UNICEF)

	Frequency	Percent
Sanitizer and Handwash	62	63.3
Toilet related materials	68	69.4
Detergent	20	20.4
Cash	15	15.3
Filter	4	4.1
Shampoo, oil, hand sanitizer	1	1.0
Towel	3	3.1
Good Quality Soap	1	1.0
Table 27.1 Why?		
	Frequency	Percent
For hygiene and cleanliness	72	73.5
Cleanliness	28	28.6

Fulfill needed materials	26	26.5
For protect from water borne diseases	68	69.4
No towel in it	3	3.1
Given soap not quality	1	1.0

Table 39: Disability status amongbeneficiaries receiving UNICEF'sprotection-related assistance (UNICEF)

Variables	Frequency	Percent
Self-reported disability		
No	25	83.3
Yes	5	16.7
HH member with disability		
No	22	73.3
Yes	8	26.7
Age of disability member		
Child with disability (<18 yrs)	4	50.0
Adult with disability (>18 yrs)	4	50.0

Annex VIII: Findings of FAO

Table 40: Respondents reporting they received information about date and time of assistance distribution (FAO)

	Frequency	Percent
No	76	24.9
Yes	229	75.1
Total	305	100.0

Table 41: Respondents reporting information was easy to understand (FAO)

	N	Percent of Cases
Lack of details/ vague	42	80.8%
Other (Not Informed about distribution)	10	19.2%
Language that I do not understand	5	9.6%
Can't read and write	3	5.8%

Table 42: Sources of information (FAO)

	N	Percent of Cases
Neighbour	230	75.4%
Local authorities	170	55.7%
Political leaders	46	15.1%
Local media	17	5.6%
NGOs/ local partner organizations of the respective UN agencies	10	3.3%
UN staff (WFP, UNICEF)	4	1.3%
Other (Relatives)	2	.7%

Table 43: Hermetic bag uses (FAO)

	N	Percent of Cases
Storing/ safeguarding food/ grains	190	72.8%
Storing/ safeguarding seeds	171	65.5%
Others (Household purposes/ Not Used)	30	12%

Annex IX: Findings of UNFPA

Table 44: Dignity kit distribution modality (UNFPA)

	Frequency	Percent
Door to door distribution	15	5.0
From a distribution center	286	95.0
Total	301	100.0

Table 45: Resondents reporting they were able to take the items home without difficulty (UNFPA)

	Frequency	Percent
No	3	1.0
Yes	298	99.0
Total	301	100.0
Table 36.1 Reason for Get Item Difficulty		
	N	Percent
My house is too far from the distribution center	3	100.0%

Table 46: Dignity kit items (UNFPA)

	N	Percent
Toothpaste	292	97.00%
Bath Soap	291	96.70%
Toothbrush	284	94.40%
Bath towels	270	89.70%
Comb	263	87.40%
Torch/Flashlight	247	82.10%
Medium-size Female Underwear (panty)	195	64.80%
Reusable menstrual pads	190	63.10%
Large-size Female Underwear	113	37.50%
Small-size Female Underwear (panty)	107	35.50%
Sanitary napkins	101	33.60%
Backpack	87	28.90%
Soap Holder	63	20.90%
Head Cover	60	19.90%
Washing powder	46	15.30%
Dish Washing Liquid	19	6.30%
Deodorant stick for women	17	5.60%
Female Razors	15	5.00%
Dry Tissue	14	4.70%
Shampoo	11	3.70%
Wet Wipes	2	0.70%

Table 47: Most useful item in dignity kit (UNFPA)

	N	Percent

Bath Soap	207	68.8%
Toothpaste	126	41.9%
Toothbrush	114	37.9%
Bath towels	100	33.2%
Medium-size Female Underwear (panty)	67	22.3%
Torch/Flashlight	55	18.3%
Small-size Female Underwear (panty)	52	17.3%
Reusable menstrual pads	46	15.3%
Sanitary napkins	36	12.0%
Comb	29	9.6%
Large-size Female Underwear	23	7.6%
Head Cover	12	4.0%
Soap Holder	11	3.7%
Backpack	9	3.0%
Washing powder	5	1.7%
Dry Tissue	1	.3%

Table 48: Additional supplies needed but not included in the kit (UNFPA)

	Frequency	Percent
Nothing	73	24.3
Clothes and essential materials for Infants	47	15.6
Kurtha Surwal	38	12.6
Clothes according to size	34	11.3
Warms clothes for mother and child	29	9.6
Shampoo	24	8.0
Oil	14	4.7
Detergent	12	4.0
Handwash	12	4.0
Tissue paper	11	3.7
Enough pad with quality	7	2.3

May 2025

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