



RESILIENCE, ADAPTATION, AND INCLUSION IN NEPAL (RAIN) PROGRAMME GEDSI ANALYSIS REPORT, 2025



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GENDER EQUALITY, DISABILITY, AND SOCIAL INCLUSION (GEDSI) ANALYSIS REPORT, 2025

UK International Development funded Resilience, Adaptation, and Inclusion in Nepal (RAIN) Programme	
Lumbini Province	Banke and Kapilvastu district
Madhesh Province	Rautahat, Sarlahi, Siraha and Mahottari district
Conducted by People in Need, May and June, 2025	

The Resilience, Adaptation, and Inclusion in Nepal (RAIN) programme is funded by the UK’s Foreign, Commonwealth and Development Office (FCDO) to strengthen the Government of Nepal (GoN)’s efforts in climate change adaptation and disaster risk management. It also works to make Nepal’s social protection systems more adaptive and shock-responsive.

RAIN is building the resilience of communities at risk of natural (climate-induced and earthquake) hazards. It provides technical assistance on strengthening systems to design, develop, and implement policy, planning, and budgeting to support the at-risk communities in adapting to climate change and preparing and responding to natural hazards. It is unlocking additional climate finance for adaptation, supporting work on early action and early warning to build community resilience, and it is making existing government social protection systems adaptive and shock responsive. Inclusion, evidence and strategic learning underpins the entire programme.

1 Executive summary

This Gender Equality, Disability, And Social Inclusion (GEDSI) analysis was conducted to understand the gender differences among vulnerable and excluded groups in normal contexts and in times of disaster. It observes how existing gender and social inequalities can impact the project activities and how projects can impact the gender dynamics of the work site. At PIN, we know that inclusive and sustainable programming is only ensured when we recognise and address the unique needs of diverse members of the communities we serve. Hence, GEDSI analysis is undertaken during the initial phase of every project to ensure GEDSI responsive programme planning, design, and implementation.

Under RAIN, the GEDSI analysis was conducted in six districts across Madhesh and Lumbini provinces:

Province	District	Municipality
Lumbini	Banke	Narainapur Rural Municipality
	Kapilvastu	Yashodhara Rural Municipality
Madhesh	Rautahat	Rajpur Municipality
	Sarlahi	Kaudena Rural Municipality
	Siraha	Siraha Municipality
	Mahottari	Loharpatti Municipality

While the baseline report highlights that over half of the surveyed population is familiar with Early Warning Systems (EWS), the GEDSI analysis reveals that access to, and comprehension of, these systems are not equitably distributed. Women, persons with disabilities, and elderly individuals often receive information indirectly or in inaccessible formats, underscoring the need for inclusive communication strategies.

Across the study areas, deeply rooted gender norms-ability, age, caste-based hierarchies and socio-economic inequalities—shape people’s access to resources, participation in decision-making and resilience to disasters. Community

structures remain largely patriarchal, with men controlling resources, land, and decision-making platforms. Women, persons with disabilities, senior citizens, Dalits, and other marginalised groups are consistently excluded from leadership and disaster preparedness processes.

Disaster exposure is high across both provinces, with many settlements located near rivers or flood-prone zones. Infrastructural gaps such as distant health posts, a lack of accessible or culturally appropriate shelter, road blockages, and unsafe water sources compound existing vulnerabilities. While essential resources like schools, ward offices, and local markets exist in most areas, their accessibility is shaped by gender, ethnicity, and ability. Women and girls face significant mobility restrictions, limiting their access to education, healthcare and decision-making spaces. Persons with disabilities and senior citizens struggle with physical barriers and lack of support systems, while Dalits and landless families face systemic discrimination and exclusion from relief and resource distribution.

Disasters reinforce traditional gender roles. At the same time, they increase the burdens on women and girls, who assume greater caregiving responsibilities and face heightened risks of gender-based violence (GBV), restricted mobility, and lack of privacy in unsafe shelters. Meanwhile, men bear pressure as economic providers, often resorting to negative coping strategies under stress. Children face disruption in education, with girls particularly affected by harmful practices such as child marriage.

The study revealed a concerning prevalence of GBV across the study area. Notably, all 19 women participating in focus group discussions (FGDs) in Loharpatti Municipality reported experiencing GBV within their households, underscoring the widespread and deeply rooted nature of protection issues in the study areas.

Early warning systems and disaster communication remain inaccessible for many. Participants who are with disabilities, highlighted that current risk communication are not inclusive. Women often receive information indirectly through family members while, while persons with disabilities face systemic exclusion due to the absence of accessible formats. Senior citizens and marginalised communities are dependent on others for critical updates, underscoring the urgent need for inclusive and multi-format communication strategies.

Despite these challenges, communities demonstrate resilience through informal support networks, mutual aid and coping strategies such as storing food, relocating collectively to higher ground, and supporting vulnerable households. However, reliance on kinship and informal coping mechanisms cannot substitute for inclusive and systemic preparedness. Safe shelter availability and functionality remain among the most pressing gaps, with existing facilities often unsafe, culturally inappropriate, and inaccessible to women, persons with disabilities and senior citizens.

Ultimately, the findings highlight that vulnerability in Madhesh and Lumbini is shaped not only by geography and hazard exposure but also by entrenched social inequalities. Building resilience requires addressing these structural barriers through inclusive disaster preparedness, equitable access to resources, and the promotion of gender-sensitive and culturally appropriate interventions that ensure no group is left behind.

2 Methodology

The study followed a qualitative method. Initially, a GEDSI analysis questionnaire tool was developed following key themes for understanding context of GEDSI in the study areas. The questionnaire included gender roles and responsibility, mobility, access and control over resources, participation and decision making, access to disaster information and participation in disaster planning/decision making, needs, priorities and barriers, capacity and coping strategies, cultural norms, and protection concerns. Through a purposive sampling, a total of 8 focus group discussions (FGDs) and 9 key informant interviews (KIIs) were conducted during the assessment among different genders and groups considering intersectionality which are as follows:

Data Collection Method	Men	Women	Girls	Boys	Total
3 FGDs with Men	19+13+12				44
3 FGDs with Women		16+13+14			43

1 FGDs with Boys				14	14
1 FGDs with Girls			18		18
Muslim (KII)	1				1
5 KIIs with person with Disability including 1 Muslim woman and 1 Dalit Men	3	1	1		5
2 KIIs with Senior citizens	1	1			2
1 KIIs with Pregnant and Lactating Women (PLW)		1			1
Total	49	46	19	14	128

[Note: Respondents below 18 years are referred to as Boys and Girls, Respondents above 18 years are referred to as Men and Women]

Upon completion of field level data collection, the FGDs and KIIs information and data were transcribed. Thereafter, the transcribed information was uploaded to Atlas.ti software and were coded and analysed. The software was used to compare the responses and the findings between different genders and groups.

3 Limitations

There are a few limitations of the GEDSI analysis. Firstly, the analysis is based on a targeted sampling approach, within specific local governments (LGs) where the project is implemented. The insights gathered are context-specific and the findings may not be representative of the situation beyond the study areas. Secondly, it is primarily based on qualitative responses conducted through FGDs and KIIs. While these methods provide valuable perspectives, the findings are influenced by participants' perceptions and lived experiences, which may not fully align with statistical data or reflect broader demographic trends in the region. Thirdly, the depth and accuracy of the analysis depend on the quality of information received from respondents across different working areas. Variations in respondent knowledge, willingness to share, or local context may impact the consistency of findings.

4 Community overview

According to the National Population and Housing Census of 2021, Nepal's total population as of 25 November 2021 stood at 29,164,578, comprising 14,253,551 men (48.98%) and 14,911,027 women (51.02%). This results in a sex ratio of 95.59 males per 100 females. Nationally, there are a total of 2,928 individuals (0.01 percent of the total population) reported as non-binary. The average household size nationwide is 4.37 persons.

At the provincial level, Madhesh accounts for 5,611,077 people, making it the second most populous province after Bagmati. It represents approximately 19.23% of Nepal's total population. The province has an average household size of 5.03, which is the highest among all provinces, indicating larger family structures. The sex ratio in Madhesh is 95.07, slightly below the national average. Likewise, Lumbini ranks fourth in population size with 5,122,078 people, constituting about 17.56% of the national population. The average household size here is 4.37, aligning closely with the national average. The sex ratio in Lumbini is 92.91, which is lower than both the national average and Madhesh, suggesting a relatively higher proportion of females.

Narainapur and Yashodhara in Lumbini, and Rajpur, Kaudena, Siraha, and Loharpatti in Madhesh are located in districts with high population densities and recurring exposure to climate hazards. Marginalised groups such as Dalits, Muslims, and persons with disabilities are significantly represented across these municipalities, often residing in flood-prone zones with limited access to services. These demographic patterns underscore the need for inclusive disaster preparedness tailored to the intersecting vulnerabilities of caste, gender, ability, and geography. (Source: National Population and Housing Census 2021, Central Bureau of Statistics Nepal)

The communities across the study areas exhibit deeply rooted social hierarchies and gender norms that shape access to resources, participation in decision-making, and vulnerability to disasters. Community structures are largely patriarchal, with men holding dominant roles in governance, resource control and public decision-making. Women, Dalits, persons with disabilities, and other marginalised groups face systemic exclusion from leadership and planning processes, particularly in disaster risk reduction and early warning systems. Although the baseline shows that 93 respondents received hazard alerts, only 11.4% of the total sample, the GEDSI analysis reveals that even among those who receive alerts, understanding and actionability are limited. Women and persons with disabilities often rely on others to interpret messages, which delays response and increases risk.

4.1 The most impacted and at-risk communities

Several communities during the analysis were characterised by high exposure to disaster, limited adaptive capacity, limited access to essential services and presence of marginalised groups. These communities face compounded risks during disasters, particularly floods, due to inadequate infrastructure, poor access to resources and existing inequalities. Some of the most affected communities and vulnerable groups are summarised below:

Province	Rural municipality (Location)	Most impacted and marginalised groups	Challenges/remarks
Madhesh	Sahrsor Tole, Siraha Municipality	Dalits (Doom, Chammar, Mushar, Khatway, Paswan, Mallaha, Tatma, Sada, Halkhor), landless families, persons with disabilities, pregnant and lactating women (PLW), children, indigenous communities, daily wage workers (often from marginalised castes)	Frequent flooding disrupts livelihoods and access to basic needs. As per the participants the flood risk areas are: Hateya Tole (approx. 75 households (HHs)), Katti/ Katkolawa (approx. 110 HHs), Gamareya (approx. 110 HHs), near Shiva Temple area (approx. 25 HHs)
Madhesh	Shivnagar, Kaudena Rural Municipality	Single women, children, persons with disabilities, senior citizens, PLW and whole communities	Roads blocked during floods hinder access to water and health services; lack of accessible shelters
Madhesh	Sakraul, Kaudena Rural Municipality	landless families, children, persons with disabilities, single women, PLW, Muslim, Dalit	Barriers in accessing public services and resources, especially during disasters
Madhesh	Bansbari Tole and Bairiya Tole, Rajpur Municipality	Women, persons with disabilities, children, marginalised castes (Paswan and Dhobi)	Constant threat from the Lalbakaiya and Kuriya rivers. Inadequate health services and exclusion from decision-making processes
Lumbini	Khoriya, Yashodhara RM, Kapilvastu	Persons with disabilities, PLW, children, senior citizen	Located near the Badganga River which floods annually, health post 2 km away, difficult to access during floods due to inundation
Lumbini	Sombarsa, Narainapur RM, Banke	Landless Dalit communities, senior Citizen, persons with disabilities, PLW	Remote location, a lack of livelihood opportunities, flood prone
Madhesh	Laxmipipra Chowk and Dhathora Tole, Loharpatti Mun, Mahottari	Landless, women, PLW, single women, persons with disabilities, children, senior citizens, Dalits, and other marginalised groups	Annual flood risk; lack of infrastructure, inadequate shelter, limited resources during disasters

5 Key findings

5.1 Roles and responsibilities

5.1.1 Major gender roles

Gender roles are distinctly defined in the contexts of daily life and disaster situations. Men are primarily engaged in income-generating activities such as skilled employment, farming, and seasonal migration. Their roles become more pronounced during disasters, where they are responsible for property protection, evacuation and managing household resources. Men also hold decision-making power within households—particularly regarding access to resources.

Women, on the other hand, are responsible for a wide range of household duties including cooking, cleaning, caregiving, and livestock management. Their daily routines often begin as early as 4 AM and involve continuous unpaid labour. During disasters, women’s responsibilities intensify as they take on increased caregiving roles, manage food supplies, and ensure the well-being of family members.

Boys typically assist with household chores and farming activities, though their involvement in caregiving is limited. Girls, like women, are heavily involved in unpaid care work, including cooking, cleaning, fetching water, and caring for younger siblings. Their mobility and access to education and resources are often restricted, especially during crises.

"We are not aware of things outside the community, we are busy with tasks like cutting grass, feeding the goats, cooking, and other household chores". –A 45-year-old woman from Laxmi Tole, Loharpatti.

5.1.2 Paid and unpaid traditional roles

The division between paid and unpaid roles is strongly gendered. Men predominantly engage in paid work, including skilled jobs, seasonal migration, and small-scale businesses. Their economic activities are recognised and compensated, reinforcing their role as primary breadwinners. Women, while occasionally involved in small-scale businesses, are primarily engaged in unpaid labour. This includes household chores, caregiving, and other forms of domestic work that are essential but not financially compensated. Girls also contribute significantly to unpaid care work, often mirroring the responsibilities of adult women. In contrast, men’s involvement in household chores is minimal and typically occurs only under specific circumstances, such as the absence of women. This imbalance in labour distribution underscores the systemic undervaluation of women’s contributions within both household and community settings.

"We, women and girls mostly handle unpaid care and household work in our community. During disasters these roles increase. When our water pump dries, we are the ones responsible for fetching water from neighbours or faraway sources. Men and boys only do these tasks when we are not around and even then, it's rare." – A 40-year-old woman, Narainapur RM, Banke, Lumbini.

5.1.3 New Roles During Disasters

Disasters tend to reinforce traditional gender roles while simultaneously increasing the burden on women and girls. Women and girls take on expanded caregiving responsibilities, managing food, health, and emotional support for their families. These roles are critical during crises but often go unrecognised and unsupported. Additionally, women and girls face heightened risks, including GBV and restricted mobility, which further limit their ability to access resources and

participation in decision-making processes. Men and boys, meanwhile, engage in physical tasks such as property protection and evacuation. Boys often assist their fathers in these roles but remain largely uninvolved in caregiving. The control over resources and decision-making rests with men, perpetuating existing power dynamics and limiting opportunities for women and girls to influence recovery and resilience strategies.

5.2 Access and control over resources and services

Communities across the study areas identified several resources that are essential for daily life and disaster resilience. These include health posts, schools, ward offices, water sources, and local markets; these provide critical infrastructure and services. Natural resources such as agricultural land, forests, rivers, and water taps support livelihoods and access to water. Financial resources are mainly derived from selling agricultural and animal products, earning through skills and labour, and receiving Social Security Allowances (SSAs). The majority of FGDs and KII respondents noted that they travel outside of their community for better health services, higher education and other legal or government services. People do not need approval from community leaders or representatives to access available local resources or services, but their need for permission within the household to access these services differs among different genders and groups.

Although these resources are physically present in most communities, their accessibility and control are influenced by factors such as gender, age, caste, ability, and socio-economic status. While the baseline finds that 27.9% of respondents are enrolled in social protection schemes, mostly SSA, the GEDSI analysis shows that access is uneven. Older citizens and persons with disabilities face mobility challenges during monsoon, and Dalits report exclusion from relief distribution due to caste-based discrimination.

5.2.1 Access and control of resources disaggregated by gender

Though access is equitable, control often is in the hand of men of the community, particularly in decision-making. Men typically have more control over resources at the household level, while women often have limited decision-making power, especially in financial matters.

Men and boys

Access: Men and boys have relatively unrestricted mobility and access to services, including education, markets, and government offices.

Control: Men predominantly control household-level as well as community resources, including land, finances, and decision-making platforms. Boys benefit from this structure but are less involved in formal control.

Women and girls

Access: Women and girls face significant mobility restrictions due to cultural norms and domestic responsibilities. Girls often balance school with household chores, limiting their time and access to education and leisure.

Control: Women have limited control over resources despite their contributions, especially in agriculture and caregiving. Girls are excluded from decision-making spaces and lack autonomy over resources.

FGDs revealed that women are often responsible for livestock care and agricultural labour, yet men control the economic benefits derived from these activities. Girls reported challenges in accessing water and sanitation facilities especially during menstruation; this is mainly due to lack of privacy and infrastructure.

5.2.2 Barriers to accessing resources and services

The baseline identifies financial constraints and a lack of information as key barriers to evacuation and preparedness. The GEDSI analysis complements this by showing how these barriers intersect with gender, caste, and ability, making them more severe for Dalits, persons with disabilities, and single women.

Although access is rendered to all, vulnerable groups including person with disabilities, senior citizens, pregnant and lactating women (PLW), landless, and ethnic minorities face distinct and overlapping challenges in accessing available resources. Further, disaster exacerbates these challenges and inequalities. Some of the challenges highlighted by different gender and vulnerable groups include:

- Women and girls across districts reported limited mobility due to safety concerns, particularly in flood-prone and isolated areas, which restricts their access to health services and community spaces. Their participation in decision-making processes remains minimal, often mediated by men of the family. Economic dependency and lack of awareness about available services further hinder their access. Girls face additional challenges in education due to harmful sociocultural norms such as child marriage, prioritising boys' schooling, and safety concerns during travel.
- Persons with disabilities face physical and systemic barriers in accessing health services, education, and public spaces. Infrastructure such as health posts and schools often lack accessible features, and support systems remain inadequate. A youth with disability noted, "I want to learn, but the school nearby doesn't have a ramp, and I cannot go there."
- Pregnant and lactating women require specific health services and privacy. These are often unavailable or inaccessible during disasters. Their access is frequently mediated by men of the family, limiting their autonomy in seeking care.
- Senior citizens struggle with mobility and require assistance to access services, especially during monsoon and disasters. Receiving Social Security Allowance (SSA) is particularly challenging due to road blockages and a lack of transportation.
- Dalits and ethnic minorities face social stigma and discrimination often excluded from community meetings. Landless communities, particularly from Narainapur RM reported their sole sources of income were working on other farms for daily wages stops during disasters making it hard to meet family's basic needs.
- Muslim communities, particularly in disaster-prone areas as Shivrinar from Sarlahi and Bansbariya Tole from Rautahat districts, face barriers in accessing services and are underrepresented in decision-making bodies, further limiting their ability to influence community planning and resource allocation.

"15 years ago, my wife died in labour during rainy season as I couldn't take her to hospital on time. It is very difficult for women near labour during flood and monsoon. It is fatal when services are not accessible." – A 55-year-old man from Shivrinar, Kaudena RM, Sarlahi.

"We 'Pasi' caste group don't have our own land and we make a living working for others on wages. So, during the flood, we cannot work and our daily wage work is obstructed. We face challenges even in meeting basic needs of family as food." – A 35-year-old Pasi woman from Narainapur RM, Banke.

5.2.3 Land ownership

In both Madhesh and Lumbini provinces, land ownership remains largely concentrated in the hands of men, particularly for older land holdings. Women's access to land is limited not only by cultural norms but also by their exclusion from decision-making processes. However, a gradual shift is emerging in newer land purchases. Respondents shared knowledge of an increasing trend of registering land in the names of women. According to the participants, a key driver of this change is the government's tax incentive, which offers tax reduction when registered under a woman's name. Both residential and agricultural lands are predominantly owned by men, with women having limited control despite their significant contributions.

The analysis reveals that various groups, particularly women and girls, persons with disabilities, senior citizens, PLW, landless, and ethnic minorities face significant barriers in accessing services across the districts of Madhesh and Lumbini. In all six districts, though basic resources are available at community level, their functionality during disasters is often compromised due to infrastructural damage, particularly during the monsoon season when landslides and flooding occur. During the onset of disasters such as floods/landslides especially ward and police, but the road is blocked during the rainy season affecting its accessibility.

5.2.4 Functionality during disasters

While the baseline report indicates that only 17.7% of respondents have access to safe shelters, the analysis provides deeper insights into the cultural and gendered barriers that prevent use of these shelters. For example, women avoid shelters due to lack of privacy and fear of harassment.

During disasters, although some community resources remain operational, their accessibility is significantly compromised. Ward and police offices remain partially functional.

- **Health posts** are often distant and inaccessible due to road obstructions. FGD participants from Sahrsor, Khoriya, Shivnagar and Bansbari Tole shared that their health posts are either inadequately staffed, poorly equipped, inaccessible or non-functional, especially during emergencies.
- **Water sources** become unsafe or distant, disproportionately affecting women and girls who are primarily responsible for water collection. During floods, participants from Bansbari Tole and Shivnagar reported having to travel long distances to access safe drinking water due to contamination of local sources and blocked roads.
- **Shelters** are inadequate and lack inclusive infrastructure making them inaccessible or friendly for women, persons with disabilities or senior citizens.
- **SSA distribution** is frequently disrupted or delayed due to road blockages and waterlogging. These challenges hinder access to financial support, particularly affecting senior citizens who rely on SSA to cover their basic needs.

Relief distribution is inequitable, with Dalit, ethnic minorities, and persons with disabilities are often excluded further deepening existing vulnerabilities

5.2.5 Access to disaster information

The baseline survey shows that 51.4% of respondents have heard of Early Warning Systems (EWS), with radio and loudspeakers being the most common sources. However, the analysis finds that these channels are often ineffective for marginalised groups due to language barriers, lack of access to devices, and low literacy. This contradiction highlights the need for multi-format dissemination tailored to diverse needs. Disaster information must be inclusive and responsive to the needs of diverse groups and communities. However, access to EW information and the ability to act on it varies significantly across gender, age, ability, and social status. In contrast, some progress and good practices were noted, particularly in Yashodhara Rural Municipality (RM), Kapilvastu, where organisations have supported community-led initiatives. The FGD participants shared how a Community Disaster Management Committee (CDMC) focal person in Khoriya of ward no. 8 actively disseminates EW messages through social media and miking while cycling across communities demonstrating inclusive and locally driven preparedness efforts. The following table summarises the current access, challenges and preferred risk communication mediums for different gender and groups who participated in the GEDSI analysis from Madhesh and Lumbini provinces:

Group	Current Access	Challenges	Preferred Mediums
Women and Girls	Often receive EWS information indirectly via children, family members, or community discussions. Direct communication from authorities is limited.	Cultural norms restrict participation in community meetings and decision-making. Low literacy levels hinder understanding of written messages.	Verbal communication, SMS with audio, community focal persons, through local radio/TV in local languages (Participants from Madhesh mentioned Bajjika, Bhojpuri, and Maithili while participants from Lumbini mentioned Awadhi, Chaudhary, Nepali languages as local language).

Men and boys	Generally, receive EW messages through local leaders, social media, and community meetings.	In contrast to the broader findings, 18 out of 19 men particularly, Muslim farmers with low literacy levels from Bansbariya Tole in Rajpur Municipality, had never participated in community meetings nor received any EW messages.	Social media, community meetings, SMS, direct messages from local authorities.
Persons with disabilities	Person with disabilities participants highlighted that the current disaster information sharing mediums are not in accessible formats (e.g., audio-visual aids, sign language, tactile alerts), physical inaccessibility of shelters and unclear signage of evacuation routes.	Face significant barriers for person with disabilities receiving timely disaster alerts. For instance; 1 man with a visual impairment shared that he misses visual alerts as SMSs and 1 woman with hearing-impairment shared she doesn't hear the sirens or verbal warnings.	Disability inclusive EW dissemination considering different types of disabilities in multiformat; audio-visual tools, SMS with voice message attached, informing caretakers, training caretakers of people with visual and mobility issues.
Dalits and the landless	Often excluded from formal communication channels and decision-making processes.	Discrimination, lack of trust in authorities, limited access to resources.	Community-based communication, trusted local leaders, inclusive public announcements,
Senior Citizens	Dependent on others for information due to mobility or sensory limitations	Physical and cognitive limitations, isolation, lack of targeted communication	Verbal communication, radio, through ward or community focal person

*"Current EW message dissemination methods are not accessible to all kinds of disabilities and vulnerable groups in our community." – A person with visual impairment from **Dhathora Tole, Loharpatti, Mahottari.***

*"When EW is communicated in our language and directly through trusted focal person then we can understand easily and will be aware." – FGD with women, **Mat Tole, Rajpur Mun.***

The analysis highlights significant disparities in access to disaster information and EWS communication among different genders and groups. Women, person with disabilities, senior citizens and marginalised communities as Dalit and Landless face unique challenges that hinder their ability to receive, understand and act upon disaster-related information. To improve the situation, it is crucial to adopt more inclusive communication strategies that consider the diverse needs of all community members, ensuring that EW messages are accessible, understandable and actionable.

Although the baseline shows that 93 respondents received hazard alerts, only 11.4% of the total sample. Among those who receive alerts, understanding and actionability are limited. Women and persons with disabilities often rely on others to interpret messages, which delays response, and increases risk.

5.3 Participation and decision making

The baseline report notes low engagement in the government's 7-step planning process (only 20.5% participation), but the GEDSI analysis further reveals that women and marginalised groups are systematically excluded from these spaces. This exclusion is not just procedural but deeply rooted in social norms and power hierarchies.

The access and influence within participation and decision-making spaces are not equally distributed. Gender, caste, ability and socio-economic status significantly shape who participates and decides. The analysis from KIIs and FGDs across Madhesh and Lumbini provinces reveals that men dominate the decision-making processes, while women, Dalits, persons with disabilities, and other marginalised groups face systemic exclusion.

Household Level: Typically, men are the primary decision-makers regarding finances, resource allocation, and mobility. Women manage daily expenses but lack control over income and assets. Women, especially those with caregiving responsibilities or who are economically dependent, reported limited control over household income and decisions. Their participation is often mediated by men or older members in their family. In Narainapur RM, women shared that even when men migrate for work, they take on additional responsibilities but still lack recognition in decision-making spaces.

Community Level: Decision-making is largely male dominated. Community meetings are attended and led by older men, often referred to as "Panchayati," who resolve conflicts and make decisions on community issues. Women and marginalised groups are rarely invited to these meetings. A woman from Narainapur recounted being told, "Who invited you here? What you have to do here? Go to home and do household chores," when she attempted to attend a community meeting. This reflects the deeply rooted social norms that discourage women's participation.

Women and vulnerable groups, including persons with disabilities, senior citizens, ethnic minorities, and youth—particularly girls—are often excluded from these processes, limiting their ability to influence community planning.

While resources may be physically present, their usability is mediated by power dynamics and social norms. The exclusion of women, girls, and vulnerable groups from decision-making and resource control undermines community resilience and equitable disaster response. **Gendered mobility and access** restrict women and girls from engaging with services and decision-making. **Caste and ability-based discrimination** limits access for Dalits and persons with disabilities. **Lack of inclusive infrastructure** exacerbates vulnerabilities during disasters.

5.3.1 Disaster Risk Reduction (DRR) planning and participation

One common pattern across all districts of Madhesh and Lumbini is male-dominated participation DRR planning and decision making. Exclusion of women, vulnerable and marginalised groups is widespread, with similar barriers reported by women participants and other vulnerable groups from Rajpur Mun, Siraha Mun, Kaudena RM, Loharpatti Mun, and Narainapur RM. Women, Senior Citizens, Persons with Disabilities, Dalit and other marginalised groups are consistently underrepresented in DDR planning and decision-making forums such as CDMCs.

In contrast to the common pattern of male-dominated participation in DRR planning, Rajpur Mun presented a unique case where 19/19 Men who are majorly Muslim and farmers by profession with limited literacy reported no involvement in decision-making processes. In Yashodara RM, there are instances of women being included in disaster management committees, indicating some progress toward inclusive planning. However, their participation remains limited due to family-imposed restrictions and the burden of household responsibilities. While the community has taken steps to involve women, prevailing cultural norms continue to hinder their active engagement in decision-making processes, thus affecting their ability to contribute meaningfully to DRR planning.

"I've never been invited to a community planning meeting let alone one focused on disaster preparedness. I'm not even sure if such meetings have ever taken place in our area. We do attend community gatherings, but when we speak, it feels like we are not taken seriously." –An 80-year-old Dalit, Loharpatti Mun.

"We don't know about community planning or meeting. It is due to household work; we are not able to participate in any meeting. We are not invited either. If invited either our husband or father-in law participate in community meetings." –A 52-year-old woman from Laxmi Tole, Loharpatti.

"There are Muslim communities here as well, and Muslim women actively participate in various committees. However, when they attend meetings, their husbands often scold them and discourage their involvement, sometimes trivialising their participation by saying it's not worth attending just for a couple of samosas." – A participant for FGD with men, Yasodhara RM, Kavilpastu.

5.3.2 Barriers to participation for women and vulnerable groups

- Heightened risks for women, senior citizens, persons with disabilities, Dalits, and other marginalised groups face increased vulnerability during disasters due to limited mobility, poor access to early warning systems, inadequate shelter and exposure to gender-based violence.
- Social and cultural barriers due to deep-rooted gender norms discourage women's participation in community meetings, while Dalits and persons with disabilities face discrimination and stigma that further exclude them.
- Accessibility and information often overlook persons with disabilities and senior citizens, preventing them from getting timely disaster alerts. Likewise, community members with low literacy level face challenges in understanding disaster alerts due to language barriers.

The lack of inclusive DRR planning significantly increases the vulnerability of women, persons with disabilities, and older individuals, who face heightened risks during disasters due to limited mobility and inadequate support systems. Pregnant women and senior citizens, in particular, expressed their inability to evacuate quickly, underscoring the urgent need for tailored interventions. In the absence of effective formal preparedness mechanisms, communities often rely on informal networks and self-monitoring strategies, such as observing water levels. This dependence reflects gaps in communication and a lack of trust in institutional systems meant to safeguard vulnerable populations.

5.4 Needs, priorities, and barriers

Communities in Madhesh and Lumbini face recurrent disasters including floods, droughts, heatwaves, and cold waves that severely affect lives, livelihoods, and wellbeing, disproportionately impacting women, senior citizens, persons with disabilities, Dalits, and other marginalised groups. Flooding is reported as the most frequent and devastating hazard across both. Families often seek refuge on rooftops or nearby embankments when shelters are either inaccessible or unsafe. Senior citizen and people with disabilities often rely on others for evacuation, while women's caregiving burdens increase, and landless households dependent on daily wages face additional challenges.

"Our community faces multiple hazards throughout the year, and it deeply affects our lives—especially for people like me living with a disability. During the monsoon season, from Asar to Bhadra, flooding is a constant threat. The water rises quickly and it's hard for people with mobility challenges to evacuate or find safe shelter. In Baishakh and Jestha, the dry grass and hay stored around homes make fire a real danger. Summer brings heatwaves that make it nearly impossible to work outside, especially for those of us with health conditions. Then, after Kartik, the cold wave sets in. We also suffer from drought." – A person with visual impairment from Dhathora Tole, Loharpatti -05, Mahottari.

"We cannot sleep properly for days during rainy season due to the fear of flood." – A 55-year-old from Shivnagar, Kaudena RM, Sarlahi.

Participants, particularly farmers from Rautahat, Siraha and Mahottari shared how they are dependent on rain-fed farming, reported repeated crop failure due to drought and untimely rainfall. This has led to food insecurity and indebtedness among participants who are solely dependent on farming. Additionally, women face additional challenge of walking longer distances for water, increasing workload and health risks.

"Most of our villagers are dependent on farming and due to lack of rainfall, the crops are not productive and other times due to flooding harvested crops are ruined. So, we could harvest and sell the crops before the flood than we have some money. If we couldn't then it's difficult to survive during the flood." – A participant from FGD with women, Bairiya Tole, Rajpur Mun.

In Madhesh, majority of participants reported extreme temperature events as a growing concern. Extreme temperatures as heatwaves and cold waves further threaten health, causing dehydration, exhaustion, disturbances in continuing regular work, particularly among children, senior citizen and low-income households unable to afford adequate clothing or shelter to protect themselves from extreme weather conditions.

Despite these challenges, communities in Madhesh and Lumbini showed collective action through support each other in need. Youth assist senior citizens, person with disabilities and individual who need support in reaching to safety. Support from local governments and local organisations typically included food, clothing, and tarpaulin but participants reported that distribution is often inequitable. Single women, Dalits, and persons with disabilities frequently reported exclusion or receiving less than their allocated share of support.

Vulnerable and marginalised groups bear the heaviest impact, with limited coping capacity and barriers to receiving support. Community level support systems exist but are inconsistent. Communities rely heavily on family and community for support when official relief is often delayed, inadequate, or discriminatory.

5.4.1 Barriers for different gender and groups

The impact of disasters is not uniform. The participants acknowledged that senior citizens, person with disabilities, PLW, single women, children, landless, Dalit community, and individuals with low economic status are highly impacted during disaster. It was noted that individuals who are wounded and living near to disaster prone areas such as riverbanks and landslides areas are highly at risk. They remarked that these groups often lack the capacity to adapt to challenges posed by disasters and required additional support. Yet, it is noted that their specific needs are often overlooked in preparedness for, or in response to, disaster.

During crises, women face heightened risks, including GBV especially in over-crowded shelters, cultural restrictions on mobility, and exclusion from decision-making which limits their safety and coping mechanisms. Men often bear the pressure of being sole providers, responsible for securing property and livestock; this leads then to social stress. They reported in some cases, that they turn to negative coping strategies such as alcohol. Persons with disabilities encounter life-threatening challenges due to inaccessible shelters, health facilities, and evacuation routes, compounded by the lack of targeted communication such as sign language or audio alerts. These challenges leave them fearful of being left behind during sudden disasters. Senior citizens, due to limited mobility and chronic health conditions, are highly vulnerable and often depend on others for evacuation. Dalits and other marginalised groups frequently report systematic exclusion from relief distribution, as dominant caste groups often control aid, reinforcing existing inequities. Institutional barriers further hinder inclusive disaster response, with women, persons with disabilities, Dalits, and senior citizens underrepresented in disaster and climate resilience planning.

Information and communication gaps also persist, as early warning messages often fail to reach marginalised groups or are delivered in unclear or inaccessible formats, restricting timely access to critical information.

5.4.2 Priorities during disasters

Across the six districts, major priorities of community during disasters are basic needs including food, safe shelter, and clothes. Participants highlighted the priorities for different genders, age and groups in addition to the basic priorities for everyone. They are;

- Girls and women, including PLW and single women reported the need of access to health care, women-friendly shelters with privacy, menstrual kits, well-lit latrines, childcare support and GBV prevention measures.
- Men need stable income and job opportunities. Their identity is tied to economic roles and lack of jobs causes social stress. They need continuity of livelihoods to support families. Require psychosocial assistance to cope with stress and avoid harmful coping mechanisms
- Persons with disabilities reported being heavily dependent on others during emergencies, which reduces their autonomy and heightens protection risks. They emphasised the need for accessible evacuation routes, disability-friendly shelters, and inclusive early warning messages in multiple formats. Additionally, they highlighted the importance of assistive devices such as walking sticks and hearing aids, safe transportation to shelters, access to healthcare services, and direct support during evacuations to ensure their safety and dignity.
- Children and adolescents reported a need for safe spaces for learning and psychosocial support, education in emergency, play opportunities and adequate nutrition. They also require protection from exploitation and abuse during crises.
- Additionally, older participants highlighted the needs of easier access of receiving Social Security Allowance remarking that traveling to financial institutions during monsoons and disasters is a challenge. They also highlighted the priorities of medical treatment, mobility support, warm clothing, and easily chewable and nutritious food.
- Dalits and marginalised groups need equitable and non-discriminatory relief distribution. They require active inclusion in local disaster risk management committees

“In 2016 AD, a woman in labour was trapped by a great flood and needed to be rescued by helicopter.” – A 43-year FGD participant, Narainapur RM, Banke.

5.4.3 District-specific needs

Rajpur Mun, Rautahat: Participants reported a need for flood, heat and cold wave responsive food, equipment and materials as relief support. They shared needs for medicine, food, shelter, and clothes, and the need to build a strong river embankment (noting that it is broken every year), community-owned and accessible safe shelters, and ambulance services. Similarly, solar fans or coolers, clean water, and medicine for skin rashes that are common during the season—particularly in heatwaves. For cold snaps, the participants highlighted the needs of warm clothes, blanket, when it’s too cold—participants even wear blanket during day and use straw mats while sleeping.

Kaudena RM, Sarlahi: The FGD with Boys and Kils with community members highlighted the needs for siren-based EWS, boats for evacuation, gender and disability-inclusive shelters, child friendly temporary learning spaces, and search and rescue training for the people of Shivnagar.

*“Our village is flooded every year, so we need boats during the flood and monsoon.” –
Muslim man, Shivnagar.*

Narainapur RM, Banke: The women and older participants highlighted the need for accessible, shelters within the community with gender-sensitive designs (separate rooms, safe latrines, lighting), transport support (vehicles/boats), priority evacuation for persons with disabilities and senior citizens, safe drinking water, and culturally appropriate space allocation.

Siraha Mun, Siraha: The men and girl participants highlighted the needs of women-led or co-managed shelters, functional water and sanitation facilities, ambulances for pregnant women and critical cases, permanent flood protection (dam strengthening, plantation), water purifiers, clothes, food, and medicine for 2 months in the most affected community.

Loharpatti Mun, Mahottari: Establishment of permanent, inclusive safe shelters, evacuation support (boats, vehicles), regular relief distribution, culturally sensitive facilities for women and girls, accessible drainage/canal systems to mitigate flooding.

Yashodhara RM, Kapilvastu: Relocation of shelter to a safe site with a multistorey building, flood-resistant structures with sanitation facilities, evacuation boats, torchlights with 1 km range, swimming and rescue training for community members, and ambulance services.

5.4.4 District-specific status and need of safe shelter

Across Madhesh and Lumbini, the availability and quality of safe shelters remain limited, fragmented, and inequitable. Women, children, persons with disabilities, senior citizen and other marginalised groups face heightened risks of violence, exclusion, and indignity due to the absence of gender-sensitive and inclusive facilities. The district specific status of shelter is summarised below:

In **Rajpur Mun, Rautahat**, safe shelter remains a critical unmet need, with no mention of designated facilities. The communities rely on a raised river embankment for safety during floods. The women participants reported challenges of drawing water from distant sources; they also reported issues of privacy for breastfeeding, changing clothes, and sleeping when displaced during floods. They emphasised the need for dignity kits and accessible health services.

In **Kaudena RM, Sarlahi**, participants shared that during floods they often take refuge in government schools or on rooftops, sometimes for as long as three to four months. However, these spaces lack privacy, accessibility, and adequate protection. Communities from Shivnagar—home to 300 to 400 Muslim households—are among the most severely affected by annual flooding and prolonged waterlogging from the Lakhandehi River. For them, displacement is recurrent and unavoidable, leaving women, children, and other vulnerable groups at heightened risk of insecurity, exclusion, and further harm.

In **Narainapur RM, Banke**, a designated shelter exists in a neighbouring village about a 45-minute walk away, but it becomes inaccessible during floods as the route is blocked by inundation from the Rapti tributary. Even when accessible, the shelter is a basic building that lacks essential facilities such as safe drinking water, proper latrines with lights, and privacy. It consists of a single hall with no separate rooms for men and women, making families feel unsafe and uncomfortable. Community members explained that in their culture it is not acceptable for sisters-in-law and brothers-in-law, or fathers-in-law, to share the same sleeping space. The absence of curtains or private areas for breastfeeding further discourages women from using the shelter and many instead prefer to remain on the rooftops of stronger houses within their community despite the risks. Women particularly highlighted fears of harassment, while persons with disabilities face mobility barriers, and senior citizens stressed the urgent need for nearby ambulances. Altogether, these challenges illustrate the systemic exclusion created by shelters that fail to meet cultural, gender, and accessibility needs.

As for **Siraha Mun, Siraha**, some shelters exist in Siraha, but their usability and inclusiveness vary widely. For example, in Shiraha Municipality-12 (Sahrsor), there is a safe shelter in Hatiya Tole with a water facility but the toilet is non-functional, limiting its use. In Patherwa-17, the community has a shelter with access for all community members yet its men-led management discourages some women from using it.

In **Loharpatti, Mahottari**, communities report no designated safe shelter. Instead, they rely on community halls. Women, particularly pregnant women, expressed feelings of shame and discomfort when seeking shelter outside of their home, resulting in self-exclusion. Senior citizens highlighted their physical inability to run to safety exposing them to further risks. Relief access is inconsistent, with some families reporting no support during past floods.

While for **Yashodhara RM, Kapilvastu**, the only available safe shelter is a vegetable collection centre. This centre is itself unsafe, due to its location on a riverbank in Badhganga and its single-floor design. Moreover, its toilets are poorly managed.

Safe shelters across Madhesh and Lumbini are either absent, unsafe, or socially non-inclusive. Existing shelters often lack drinking water, functional toilets, lighting, and privacy, forcing women to breastfeed, change clothes or sleep in undignified and unsafe conditions. Cultural norms such as restrictions on daughters-in-law sharing space with men in-laws lead families to avoid shelters altogether, while male-dominated management and caste dynamics further discourage access. This exclusion not only undermines safety but perpetuates systemic inequalities in disaster response and recovery. In many places, communities rely on unsafe alternatives like rooftops, schools, or river embankments. Persons with disabilities face mobility barriers and senior citizens struggle with evacuation and lack local medical access. These gaps highlight the urgent need for gender-sensitive design, cultural appropriateness and inclusive management in shelter construction and renovation.

5.5 Community structure, capacity, and coping strategies

There are existing community structures such as mothers' groups, cooperatives, community forest users' groups, youth clubs, and Tole Development Committees. These groups are involved in community activities, but rarely in disaster preparedness. Mothers' groups and women's groups primarily focus on savings and credit. The baseline outlines common preparedness actions like storing food and raising house plinths. The GEDSI analysis explores how these actions are gendered. It shows how women bear the burden of caregiving and food management, while men handle physical tasks. This division affects who gets recognised and supported during recovery.

The communities exhibit strong support mechanisms, where members assist each other during disasters, such as providing food and shelter to those affected. Elevated structures such as dams, rail tracks, rooftops, and vegetable collection centres function as immediate refuge during floods. Households practice basic preparedness such as storing grains, clothing, and documents in high places, shifting livestock and harvesting crops early to avoid loss. Local facilities such as schools, health posts, ward offices, and small markets serve as reference points for accessing services and relief, though their distance often limits timely support.

Compared to Madhesh, participants from Lumbini showed greater awareness of disaster preparedness. For example, people from Yashodhara RM reported coordinating with municipal offices, police, and the armed forces to arrange emergency transport and assistance.

Coping strategies differ by gender and group. Women consistently highlighted stress from caregiving roles, food insecurity, and the challenge of protecting children. These add-up for pregnant women and lactating mothers during sudden night-time floods. Their coping relies heavily on sharing concerns with family, borrowing food or money, and seeking help from neighbours or kinship. Some women reported resorting to makeshift menstrual hygiene practices, such as using old cloth pieces during displacement, while lactating mothers described taking loans to feed their children when harvests and food stores were destroyed.

Men often undertake physically demanding tasks such as moving crops and livestock to higher ground. But while coping with increased stress, they also reported use of negative coping strategies such as alcohol and quarrelling within families. The respondents reported to seek information and coordinate at community level where possible.

The coping experience of vulnerable and marginalised groups is especially difficult. They face higher risks due to proximity to rivers, weak housing and limited assets. They often cope by borrowing money, taking loans or starving and frequently experience neglect in relief distribution and prolonged exposure to floodwaters. Persons with disabilities and senior citizens face severe mobility challenges in evacuation and accessing shelters, depend heavily on neighbours or family for rescue and survival and often experience exclusion and neglect when safe shelters are not accessible. Heatwaves, cold waves, storms and drought compound the stress, especially for senior citizens and persons with chronic illnesses, who struggle with both livelihood loss and survival in extreme weather.

"It is very hard for people like me, who have mobility issues. Whether be it flood or fire, we cannot run fast; we need the support of others to get to safety. In floods, water can come up to the waist and mobility becomes even harder." – A 67-year-old man with disability, Narainapur RM.

"7 years ago, there was huge flood. We ran to our neighbours' house and stayed on their roof. We took loan and buy food. During heavy rainfall, water comes up to the knees and it is hard with small children. As a mother I can run well with children. As a mother I cannot run well with children." – A 21-year-old pregnant and lactating mother from Dhathora Tole, Loharpatti Mun – 05.

"As someone with a visual impairment, I understand the importance of reaching open and safe ground during disasters. But in moments of panic, when everyone is running, I can't see where I'm going. I want to escape, but without sight, I might run in the wrong direction—into danger instead of safety. This puts me at even greater risk of injury or harm. It's a terrifying experience, and it shows how emergency plans often don't consider the realities faced by people like me." – A person with visual impairment from Dhathora Tole, Loharpatti -05, Mahottari.

5.5.1 Positive coping strategies

- Communities collectively move to safer places such as dams, rooftops, rail tracks, and vegetable collection centres.
- Households store food, clothes, medicine, essential documents, and grains in higher places, and harvest crops early before floods.
- Neighbours and relatives provide shelter, share resources, and support vulnerable groups.
- In some areas (e.g., Yashodhara RM), coordination with municipal offices, police, and armed forces ensures emergency transport and assistance.

5.5.2 Negative coping strategies

- Men often resort to alcohol and family quarrels under stress.
- Senior citizens, particularly from Shivnagar, experience fatigue from recurrent disasters and demonstrate reluctance to leave their homes during floods, viewing it as divine will.

"The flood came—what can we do? It's nature's doing, maybe even God's will. This village is our home... where else can we go? And even if we leave, how long can we keep running?" - A 77-year-old woman from Shivnagar, Kaudena RM.

Despite these challenges, communities continue to display resilience by alerting vulnerable households, relocating collectively to higher places, and depending on kinship and social ties for survival, though this resilience is strained by recurring disasters and limited external support.

5.6 Cultural and social norms

5.6.1 Marriage

Across both Madhesh and Lumbini, marriage practices continue to reinforce traditional gender roles where women are expected to move into their husband's household, while men remain primary decision-makers. This transition often limits women's autonomy, ties them to household and caregiving duties, and reduces their involvement in public decision-making processes.

In Madhesh, participants highlighted arranged-marriages being the dominant form of marriage. The dowry system is deeply entrenched, with dowry demands placing financial strains on families—especially those with daughters. This often pushes families into debt or loan dependency. Participants from four of six FDGs from Madhesh acknowledged prevalence of child marriage. In particular, girls marrying before the legal age of 20 due to both dowry pressures and cultural norms around family honour. Love marriages and elopements occur but are less socially accepted and often stigmatised.

In Lumbini, participants highlighted the practice of arranged marriages as the primary practice, but there is a growing social acceptance of love marriages, especially among younger generations. Elopements are reported but not widespread. The dowry system continues to shape marriage negotiations. Survey participants shared the presence of child marriage but is less prevalent than in the past with more ongoing community-level interventions advocating against it.

Marriage practices in both Madhesh and Lumbini remain deeply rooted in patriarchal norms, reinforcing women's dependency and limiting their agency. However, evidence from Lumbini shows emerging shifts and a growing acceptance of alternative marriage practices and stronger community interventions.

5.6.2 Privacy and mobility

Prevalent social norms around privacy and mobility strongly shape whether families, especially women, feel safe to use shelters during disasters. According to women participants from Narainapur it is considered unacceptable for daughters-in-law to share sleeping space with fathers- or brothers-in-law, making single-hall shelters without partitions unusable. Women participants from across Madhesh also reported that it's inappropriate and uncomfortable in sharing same sleeping space with men in-laws. Additionally, women also expressed discomfort in breastfeeding, changing clothes, or sleeping in mixed spaces, often choosing unsafe alternatives such as rooftops or embankments instead. Pregnant women and adolescent girls reported feelings of shame and reluctance to stay in public shelters, while cultural restrictions on women's mobility further limit their ability to seek safety or access services. These norms, combined with male-dominated management of shelters, reinforce exclusion and increase risks of harassment, violence and indignity. Addressing these socio-cultural barriers through privacy-sensitive designs, separate spaces, and inclusive management is therefore crucial for the effectiveness of any shelter intervention.

5.7 Protection concerns and safety

5.7.1 Concerns around safety and access

In normal times and during disasters, perceptions of safe and unsafe places varied across groups. Temples and local markets were commonly described as safe, being frequented community hubs all community members could move without fear. Community spaces were also seen as safe, though marginalised groups reported facing barriers in accessing them. During disasters, families often sought shelter in the homes of relatives with stronger housing, which were perceived to be safer than public shelters.

Areas near riverbanks and bridges were repeatedly identified as unsafe, particularly during the rainy season when flooding risks are high. These locations also carried risks of robbery and violence, especially after dark. Border areas were also avoided due to fears of criminal activity. Public shelters, forests, and isolated areas were consistently cited as unsafe by women, who highlighted the absence of privacy, poor facilities and increased risk of GBV. Boys and men reported that while they generally felt safer in public spaces, isolated areas also posed risks of robbery and animal attack. Persons with disabilities underscored the inaccessibility of most public places, making it difficult for them to reach safety during emergencies.

For women, senior citizens, persons with disabilities, Dalits and other marginalised groups, these risks are compounded by cultural norms and systemic exclusion. Representation of non-binary individuals remains limited, but findings suggest that they face compounded risks of exclusion, stigma, and limited access to resources due to lack of societal acceptance. Addressing these concerns is critical for ensuring protection and resilience across all groups in Madhesh and Lumbini.

5.7.2 The prevalence of child marriage and child labour

Across Madhesh and Lumbini districts, protection concerns vary by gender and social group, deeply influenced by cultural practices and disaster contexts. According to the participants, boys—especially from low-economic households—are often compelled to take on adult responsibilities. In particular, they assume the tasks that contribute to household income which creates significant stress and restricts their opportunities for education and recreation. Similarly, girls face heightened risks linked to early marriage, which is prevalent across both provinces, hampering their schooling and exposing them to early pregnancies and consequent health risks.

All participants from Madhesh are aware that marrying children before the age of 20 is illegal. For example, in Rautahat district, all 16 women and all 19 men confirmed their knowledge of the legal age of marriage. However, despite this awareness, participants shared that child marriage—especially involving girls continues to occur in practice. It was also noted that although both boys and girls are sent to school, girls often leave early because of marriage.

5.7.3 Gender based violence

Additionally, women from Narainapur RM, Loharpatti Mun and girls from Siraha highlighted prevalence of GBV within their communities and households. While discussing protection issues, 19 out of 19 women participating in an FGD in Loharpatti Mun reported experiencing GBV within their households. But when asked about where they seek support, women expressed how they are compelled to endure abuse due to economic dependency and societal expectations that discourage them from speaking out. The most common source of support was maternal families, where women turned to parents or siblings rather than formal authorities. Fear of stigmatisation, lack of trust in legal authorities, and a belief that such incidents are private family matters discouraged reporting to external institutions. These findings highlight not only the prevalence of GBV but also the cultural norms and systemic barriers that normalise and perpetuate it.

"I used to cry a lot when I gave birth to a girl child as my husband use to threaten to leave me." — A 38 old woman from Laxmi Tole, Loharpatti -06.

6 Recommendations

6.1 Inclusive participation

- The findings showed that most decisions at household and community levels were made by men. There is a high probability that the project may leave behind the most vulnerable population during the project implementation. Hence, the inclusion of vulnerable groups in the planning, decision-making, and implementation of project activities is essential to ensure inclusive programming.

- The project should establish minimum representation requirements for these groups in project activities and advocate for equal participation in other planning and decision-making fora as CDMCs, WDMCs and LDMCs.¹
- Women participants reported that heavy domestic workloads hinder their ability to attend community meetings. Project activities should be adapted in consultation with women and other marginalised groups, with prior notice to ensure their meaningful participation. Specific efforts should also be made to address cultural norms that restrict women's and girls' participation, such as mobility barriers, caregiving responsibilities, and male-dominated community meetings.

6.2 Equitable access to services and resources

- Though access to available resources is open to all, vulnerable groups frequently highlighted challenges in accessing these services, especially during disaster. This can be caused by inaccessible infrastructure, road obstructions, discriminatory practices, and mobility issues. Some reported being excluded from receiving relief material support. So, coordination with local government and community-based networks and groups should be undertaken to prioritise vulnerable and marginalised groups.
- Address systemic barriers that hinder access to resources such as safe shelters. This includes prioritising disability-friendly infrastructure following a universal design with culturally sensitive aspects that account for privacy and safety.
- Project interventions should be tailored to the needs of diverse groups. Women highlighted the need for privacy, safe latrines, and individual dignity kits. Children and adolescents emphasised safe learning spaces, psychosocial support, and protection from exploitation. Dalits and landless groups stressed equitable relief distribution and active inclusion in disaster planning and structures. Senior citizens reported difficulties in accessing Social Security Allowances (SSA) during monsoon and emergencies, while both senior citizens and persons with disabilities highlighted the need for additional support, inclusive evacuation routes, accessible shelters, assistive devices, and multi-format early warning messages. Therefore, project plans should include relief support and dignity kits for women and girls, and coordinate with local authorities and community groups to ensure that senior citizens and persons with disabilities receive services at convenient locations. Similarly, the project should coordinate and advocate with local governments to address the challenges faced in accessing SSA.

6.3 Community capacity on preparedness and early warning systems

- As per the findings, though households adopted positive coping strategies respond to disasters through communal support, they often rely on external support that usually come after the disaster in the form of relief distribution. Communities were ill-prepared for the monsoon and possible flood and other disasters. Hence, advocating for better preparedness and anticipatory actions before disasters from the community, ward and municipality are highly recommended.
- The findings showed that EW messages are often inaccessible to women (who rely on indirect communication), persons with disabilities (who lack accessible formats) and Dalits/landless groups (who are excluded from communication networks). RAIN must invest in multi-channel EW message dissemination that considers diverse literacy levels, language differences, disabilities, and gendered access to information. Preferred channel include: SMS with attached voice message, audio-visual messages, trusted community focal persons, siren, door-to-door alerts and other multiformat channels.
- Participants from communities like Shivnagar, Sarlahi who face annual flooding highlighted need of search and rescue training for the community. So, the project must also focus on anticipatory action that strengthens household and community-level disaster preparedness.

¹ Community Disaster Management Committees (CDMCs), Ward Disaster Management Committees (WDMCs), Local Disaster Management Committees (LDMCs)

6.4 Leveraging community structures

- Mothers' groups, organisation of person with disabilities, youth clubs and cooperatives are present in municipalities as Yashodhara, Loharpatti, Siraha and Kaudena but remain inactive in disaster preparedness. RAIN should build these communities' capacity to act as first responders, supporting in EW message dissemination, and local monitors for equitable distribution of support.
- To counter exclusion in formal decision-making processes and mechanisms, RAIN should support the integration of community structures into local DRR committees and municipal planning, ensuring they serve as advocates for vulnerable groups.

6.5 Gender-responsive and inclusive programming

- Caste-based discrimination practices is reported—particularly from Dalit and Muslim participants—across Madhesh. The project along with key actors can advocate with local government to counter this issue and take measures to end such harmful practices.
- Harmful practices such as child marriage and dowry persist, particularly in Madhesh, with clear links to disaster vulnerability and early school leaving for girls. Children under 18 often work for money after leaving school, especially in households with low economic status and ethnic minorities. RAIN should partner with local governments and CSOs to integrate awareness on child marriage, child labour, and protection concerns into DRR programming.
- The findings showed prevalence of GBV in most of the communities. The project along with protection actors such as government, non-governmental organisations and CBOs can raise awareness on protection issues and disseminate information on service providers, referral mechanisms, and other relevant information. The project should map and strengthen referral mechanisms for GBV survivors, ensure women-friendly safe spaces in shelters, and integrate GBV risk mitigation into all project activities.
- To tackle existing GBV in project areas, all RAIN interventions should apply a 'do not harm' approach with protection at the centre prioritising safety, dignity, and meaningful participation of the most vulnerable and at-risk communities/individuals.

7 Conclusion

The GEDSI analysis reveals that disaster vulnerability is shaped by both geographic exposure and deeply-rooted social inequalities. Gender norms, caste hierarchies, age, ability, and socio-economic status significantly influence access to resources, participation in decision-making, and resilience. Women and girls face restricted mobility, increased caregiving burdens, and heightened risks of GBV, especially during disasters. Persons with disabilities and senior citizens encounter systemic barriers to shelter access, health services, and EWS, while Dalits, landless families, and ethnic minorities are frequently excluded from relief and planning processes due to discrimination and lack of representation. EWS and disaster communication channels remain largely inaccessible to these groups, and safe shelters are often absent or culturally inappropriate.

Despite these challenges, the communities demonstrate a strong informal resilience through mutual aid and localised preparedness. However, informal mechanisms alone are insufficient for inclusive disaster preparedness. RAIN interventions must promote meaningful participation of women, persons with disabilities, Dalits, and senior citizens in planning and implementation. It must also ensure equitable access to services through culturally sensitive and disability-friendly infrastructure. Additionally, it must strengthen community preparedness by leveraging local structures and anticipatory actions. Protection concerns must be addressed by integrating GBV risk mitigation, child protection, and inclusive communication strategies into all activities. These GEDSI findings offer a critical foundation for designing interventions that respond to diverse needs and build long-term resilience in disaster risk management.