Operationalization Of Environmental Health Impact Assessment (EHIA) Guidelines Through The Formation Of A National Steering Committee (NSC) (A Final Report)

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Environmental Health Impact Assessment

EHIA

MoWR.

NHRC

PPFAD

NSC.

TOR.

WHO

Acronyms

EIA	Environmental Impact Assessment
IEE	Initial Environmental Examination
MoEST	Ministry of Environment, Science and Technology
МоН	Ministry of Health
MoHP	Ministry of Health and Population
MoPE	Ministry of Population and Environment

Ministry of Water Resources

National Steering Committee

World Health Organization

Terms of Reference

Nepal Health Research Council

Policy, Planning and Foreign Aid Division

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We would also like to express our gratitude to **Dr. Banshidhar Mishra**, the then State Minister for Health. **Mr. Mohan Bahadur Karki**, the then Health Secretary. **Mr. Lava Kumar Devkota**, Health and Population Secretary, **Dr. Dirgha Singh Bam**, Focal Point, MoHP, **Dr. Meera Ojha**, the then Focal Point (Environmental Health) Joint Secretary. MoHP, **Dr. Saroj Prasad 'Rajendra'**, Focal Point (Environmental Health), MoHP.

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Bhupendra Devkota Programme Coordinator

Executive Summary

Nepal Health Research Council, a leading health research agency, has come with development of the environmental health since 1999 as one of its operational strategies to encompass major health problems of the country.

Over the last decade, in the process of implementation of EIA of Nepal, the consequences of projects on human health have been inadequately addressed and integrated into the EIA process. Most of the development works are human centered and therefore, human health should be given high priority. With due consideration of this fact, NHRC has prepared a National Environmental Health Impact Assessment (National EHIA) Guidelines as a sectoral guideline for the health sector to fill up this gap and institutionalize the integration of EIHA into the existing EIA process and the goal of the present activity is to operationalize the EHIA Guidelines through the formation of National Steering Committee (NSC) of EHIA compromising of major governmental and non-governmental stakeholders in the country and to initiate for the government endorsement of the EHIA guidelines through this committee.

To meet the required objectives, National Consultants conducted series of meetings with dignitaries of the state Minister of Health, Health Secretary, Focal Point (Environmental Health), Joint Secretary of other concerned ministries and Member Secretary of NHRC. The National Consultants prepared the TOR for NSC and for conducting its meetings. Then MoHP, on the request of the NHRC, corresponded with these ministries and agencies to nominate their representative for the NSC. National consultants prepared the drafts of all correspondence, carried out follow up of the correspondences, as and when required.

The first outcome of the activity was the formation of a high level 11-member National Steering Committee of EIHA represented by Joint Secretary level officials and senior experts from different ministries and other agencies under the chairmanship of Health and Population Secretary, MoHP. Secondly, all members and experts were highlighted on EIHA guidelines and its significance in existing EIA process in Nepal. The NSC also emphasized on the importance of representation of public health experts from MoHP in review committee board of EIA at MoEST. Finally, The EHIA guidelines was endorsed by the second NSC held under the chairmanship of Secretary at Health and Population Ministry (MoHP).

The continuation of NSC to review the EHIA guidelines is felt very essential. At the same time, the leading rote of effective enforcement of MoHP in the amendment and application of EHIA guidelines is thus recommendable.

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I. Introduction

Nepal Health Research Council (NHRC) was established as an autonomous body in 1991 by an Act of Parliament and was given the responsibility to promote and co-ordinate Health Research in Nepal. It works in close collaboration with the Ministry of Health. NHRC's main aim is to promote health research of high quality, to maintain ethical standard and to bring about an improvement in the health status of people of Nepal and thereby contribute to the country's development.

NIIRC aims to establish a national health research system. Development of environmental health is one of its operational strategies to encompass major health problems of the country. This is clearly mentioned under *Policy Aim 7, Operational Strategies of National Health Research Policy of Nepal* (NHRC, 2003).

The Seventh Five-Year Plan (1985-1990) was the first plan to consider the environment as a distinct component in the planning process and to stipulate the preparation of an Environmental Impact Assessment (EIA) for all major development projects. Eighth Five-Year Plan (1990-1995) has reemphasized the need for an EIA system to integrate environmental concerns into the development process. In accordance with the recommendations of the Resource Planning Section of the National Conservation Strategy, a national system of environmental impact assessment was developed and a National EIA Guidelines 1993 was prepared. The National EIA Guidelines established the overall policy, frameworks and format on which specific sectoral EIA Guidelines have to base. Over the last decade, EIA has evolved into an institutionalized process for identifying, assessing and mitigating the potential environmental impacts of the projects. In the process of implementation of EIA, the impacts of projects on human health has not been adequately addressed and integrated into the EIA process.

Most of the development works are human centered. It is thus desirable that the human health issues will be given due considerations while preparing the IEE/EIA reports for different projects. Moreover, IEE/EIA practice in health related development activities is very scanty. NHRC has prepared National Environmental Health Impact Assessment (National EHIA) Guidelines as a sectoral guideline for the health sector to fill up this gap and institutionalize the integration of EHIA into the existing EIA process and the goal of the present activity is to operationalize the EHIA Guidelines.

1.1 Objectives of the study

- a) Form a National Steering Committee comprising of major governmental and nongovernmental stakeholders in the country for the sake of operationalizing EHIA Guidelines.
- b) Initiate the government endorsement of the EHIA Guidelines.

- c) Coordinate between Ministry of Health & Population (MOHP). Ministry of Environment, Science and Technology (MOEST) and others for review and inclusion of EHIA procedures in existing EIA framework in the country.
- d) Encourage the involvement of public health experts in EIA working procedures.

1.2 Methodology

1.2.1 Formation of NSC

National Consultant conducted series of meetings with dignitaries of the Ministry of Health and Population, viz. **Dr. Banshidhar Mishra**, the then State Minister for Health, **Mr. Mohan Bahadur Karki**, the then Health Secretary, **Mr. Lava Kumar Devkota**. Health and Population Secretary (MOHP), **Dr. Dirgha Singh Bam**. Focal Point, MOHP, **Dr. Meera Ojha**, the then Focal Point (Environmental Health), **Dr. Saroj Prasad** 'Rajendra', Focal Point (Environmental Health), MoHP, and **Dr. Anil Kumar Mishra**, the former Member-Secretary, **Dr. Shankar Pratap Singh**, Member-Secretary, NHRC for authorization and formation of National Steering Committee from MoHP and for its meetings.

1.2.2. Preparation of Terms of Reference (TOR) for NSC

Since NSC was formed on behalf of Ministry of Health under the Chairmanship of the Health Secretary, the then MoH requested NHRC to prepare a Terms of Reference for NSC. The National Consultants then prepared the TOR for NSC and for conducting its meetings. The NHRC would provide all the technical and financial support required for conducting meetings. The TORs for NSC was as shown below:

Terms of Reference (TORs) for National Steering Committee (NSC) to operationalize the Environmental Health Impact Assessment Procedural Guidelines

- An 11-member National Steering Committee will be formed under the chairmanship of Secretary, Ministry of Health and NHRC will act as Member Secretary.
- The Committee will be represented by Joint Secretaries of concerned Ministries and representatives from related organizations working on Environmental health. (The list of Committee members was already available at MoH).
- 3. National Steering Committee will forward EHIA guidelines through MoH to incorporate in National EIA process. The steering committee will support the Ministry of Health to include EHIA procedures in existing EIA framework.
- 4. Close cooperation and coordination between different ministries is anticipated as NSC is represented by different Ministries.

The steering committee will work under MoH. NHRC will initiate the meeting as directed by its chairman.

NHRC will undertake following activities to support MoH while conducting the meetings:

- 1. Plan the Steering Committee Meeting. (Venue will be preferably MoH Secretariat or NHRC conference hall as per direction of Chairman)
- Prepare the agenda for the meeting and circulate them among the committee members one week prior to the meeting
- 3. Minute the decision of the meetings and distribute among committee members.
- 4. NHRC, as guided by its regulation, will bear the meeting allowance of the committee members as well as refreshment.

1.2. 3. Correspondence & Follow-up

At first, National Consultants, on behalf of NHRC, corresponded with the MoII for authorization of 11-member NSC represented by relevant ministries and other agencies, as per the proposal. Then MoH, on the request of the NHRC, corresponded with these ministries and agencies to nominate their representatives for the NSC as well as to participate in the meetings. National consultants prepared the drafts of all correspondence, carried out follow-ups of the correspondences, as and when required.

1.2.4. Agenda for meetings and rapporting

Agenda for meetings were fixed in consultation with Focal Point, Environmental Health of MOHP and sent to the NSC members prior to the meeting. The consultants of NHRC rapported whole details of the meeting and prepared minute of the meeting.

1.3 Scope of the activity

The main scopes of this activity are

- 1. To form 11-members National Steering Committee of EHIA on behalf of MoHP.
- To activate the Ministry of Health and Population in the field of environmental health and to highlight importance of EIA/EHIA process in health sector development projects.
- 3. To set the procedural activities for formation of National Steering Committee of EHIA with close coordination with Ministry of Health and Population.
- 4. To initiate the MoHP to take necessary steps to endorse the EHIA guidelines developed by NHRC.
- 5. To initiate MoHP in operationalizing EHIA guidelines while conducting EIA of health related development projects.
- 6. To highlight the EHIA guidelines to concerned ministries and agencies, and to collect valuable suggestions and comments from them.
- 7. To emphasize the concerned ministries and agencies on integration of Environmental health issues based on EHIA guidelines while conducting EHIA

8. To emphasize the need of public health experts and /or representation from MoHP in the Review Committee of EIA at the Ministry of Environment, Science and Technology.

1.4 Limitation of the activity

Since the activity was carried out in close coordination with MoIIP, the national consultants attended many meetings with different high-level authorities including the secretary of MOIIP and the Chief of the Focal Point (Environmental health). The process of nominating the representatives by different stakeholders, ministries and other organizations took longer time than previously expected. As a result, the finalization of formation of NSC and the call of first meeting was little delayed than planned previously in the work schedule.

This was followed by the second NSC meeting. As suggested by the MOHP, both meetings were supported by additional invitees, experts with professional experience from the MOHP and non-governmental sectors. Both the meetings thoroughly discussed on the significance of the EHIA Guidelines and second meeting decided affirmatively on the operationalization and endorsement of the EHIA Guidelines. The need of the third meeting at this point was thus felt not necessary.

II. Review

2.1 Emergence of Environmental Impact Assessment and its process in Nepal

Environmental problem in the country were recognized for the first time as national issues in the Sixth Five-year plan (1980-1985). Then, Environment was regarded as an integral part of development in the Seventh Five- Year Plan (1985-1990). Following the political change in 1990, the Constitution of the Kingdom of Nepal (1991) recognized environment protection as an issue of national priority. Thereafter, Nepalese government formulated the environmental policy (EPC 1993) with basic objectives of balancing development efforts and environmental conservation for sustainable fulfillment of the basis needs of the people and to integrate environment and development through appropriate institutions, adequate legislation, economic incentives and sufficient public resources.

Realizing the increasing importance concern over the environmental problems in the country. Nepal passed a law in 1993, requiring authorities of all projects affecting the quality of the environment to prepare an EIA in order to evaluate the potential impact of a project of the general environment. This provision is embodied in Environment Protection Act-1996 and Environmental Protection Rules-1997 and in subsequent amendment of 1997.

Under EPR-1997, projects are categorized as 'Proposals requiring Initial Environmental Examination (IEE)' and 'Proposals requiring EIA'. First of all, such projects must need to take an approval from the Ministry of Population and Environment, MoPE (now the Ministry of Environment, Science and Technology, MoEST) or the 'concerned agencies'. MoEST reserves the right to accept or reject the EIA report of the prescribed proposal, whereas the concerned ministries can approve the IEE report.

All the projects mentioned in Schedule-2 of EPR-1997 require EIA. After completing the work for project screening, scoping is undertaken with the aim of discovering the alternatives to the proposed activities of the project identified as having potentially significant impacts on the environment, selecting appropriate alternatives, and determining the issues to be considered during the environmental impact assessment study. The scoping process is initiated and organized by the project proponent in coordination with the concerned agencies of HMG. The TOR for EIA is prepared on the basis of scoping exercise (Schedule-4, EPR-1997) and it needs to get an approval by MoEST (carlier MoPE). MoEST reserves the right to make minor changes or revision in such TOR, as required, citing the nature of the proposal.

After the scoping process, the project proponent proceeds to prepare and submit an EIA report that confirms to the TOR prepared on the basis of the scoping exercise. The EIA document prepared is placed for public review and the suggestions and opinions received from public are incorporated in the report.

The EIA review process is a critical activity upon which the decision to grant or deny the approval to a particular project is determined. In reviewing the EIA report, the MoEST conducts a series of meetings involving members from the concerned ministry, the MoEST and Review Committee, comprising of experts from different disciplines. If the Review Committee sees necessary for some changes in the report, the proponent has to make necessary changes and submit the revised report in the next meeting of the Review Committee. In general, MoEST grants approval within 60 days from the date of receipt of the proposal. The MoEST reserves the right to reject or approve the EIA report.

While the project is determined to be in Schedule-I of EPR-1997, an IEE process is required. In general, the projects that have low potential for negative environmental impacts fall under this category. Since the IEE is not a full-scale assessment, the data and information needed may come primarily from secondary sources like reports, literatures, documents and consultations with stakeholders.

Based on the relevant information gathered, the identification of impacts and mitigation measures for adverse impacts are carried out. A simplified environmental management plan is prepared incorporating proposed mitigation measures and matters to be monitored while implementing the project. The 'concerned ministry' carries out review of the IEE report and an approval is given within 21 days, if the investigations by the Review Committee finds no substantial adverse impacts on the environment on the implementation of the proposal. However, if the concerned body finds it necessary to carry out an EIA, the IEE report is forwarded to MoEST. The proponent then has to fulfill all the formalities laid down by EPR-1997 for the preparation of the EIA report. The flowchart of EIA process in Nepal is shown in the Annex-1.

2.2 Environmental Health Issues in Existing EIA process in Nepal.

Environmental Act, Rules and Guidelines issued in relation to the Nepalese EIA process identify the direct and indirect human health impacts as one of the parameters in assessing the impacts of development projects. However, a careful review of the present EIA process reveals a marked absence of clear and definite human health indicators in the evaluation of the impacts of projects on the community. In fact, a review of most EIA documents has shown that the potential impacts of the project on human health is inadequately raised or in some cases completely not included. In most cases, the information usually available in this portion contains a description of general health status data obtained from District Health Offices or Department of Health Services. Furthermore, EIA review committee has not stressed upon the importance of information

on the general health status of the community. This only serves to highlight the need to establish a reliable set of baseline data describing the health condition of a community prior to the introduction of a project.

It is also important to establish database and disseminate information regarding the specific health outcomes based on the nature of environmental exposure. This type of information is relevant for purposes of projecting possible health trends after the implementation of development projects. It is worth noting that while the EIA review committee includes experts from diverse fields such as forestry, road, water, etc.; it hardly includes medical and public health experts who may be able to provide the necessary suggestions while evaluating the possible impacts of development projects on human health.

While reviewing some EIA reports of development projects, it was found that due emphasis on health issues was not given. Some common deficiencies concerning the health impacts due to the project implementation were found in most of the reports, which are were listed as follows:

- Establishment of baseline health status
- Identification of direct and indirect environmental and occupation health hazards in construction, operation and decommissioning of the project
- Identification of risk groups
- Prediction of health consequences
- · Assessment of indirect health determinants
- · Comprehensive control and mitigation measures
- Monitoring and auditing plan
- · Environmental health risk assessment and priority rating
- · Identification of health hazards after the decommissioning of the projects

To overcome these shortcomings, the EHIA guidelines would be helpful in order to guide the proponents, environmental assessors and others in this field to consider and introduce the health impact assessment component in current EIA process.

2.3 Formation of National EHIA guidelines

With the intent of tackling health issues related to environment, NHRC through its Environmental Health Unit has developed the National Environmental Health Impact Assessment Guidelines for development projects in 2002. With the financial support of World Health Organization (WHO), the Guidelines got the document form in 2002. This document, as per the requirement of the country, was prepared by a task force comprising Mr. Chandra Shekhar Yadav, Team Leader, Mr. Sharad Aryal, Environmental Health Specialist, and Prof. Dr. H. B. Jha, Socio-Economist. EHIA experts, public health scientists, environment health experts, socio-economists, environment scientists were

consulted while preparing the guidelines. This was a significant contribution by NHRC towards giving priority to health issues that are significantly lacking in existing Environmental Impact Assessment of development projects.

The National EHIA Guidelines was updated in 2004.

2.4 Institutionalization of EHIA guidelines

Activities like workshops, trainings and meetings were conducted with the objective to institutionalize the guidelines. Different stakeholders working in the field of EIA and environment related programmes participated in the workshops and trainings. Professionals from ministries, different Departments of government organizations, I/NGOs, universities and colleges, consultancies etc. attended these programs. The training workshops were conducted to give the EIA practitioners and reviewers an overview on how health issues can be incorporated in the existing EIA process and to highlight the salient features of the EHIA guidelines. The workshops and trainings conducted are listed as follows:

- Workshop on sensitization of policy makers and Institutionalization of Environmental Health Impact Assessment Guidelines, 25th June 2003.
 - 2. Trainers' training-workshop on Environmental Health Impact Assessment Process, 23rd July 2003.
 - 3. Training workshop for EIA Managers on Environmental Health Impact

 Assessment Process, 12th December 2003,
 - Dissemination of National Environmental Health Impact Assessment Guidelines and Finalization of its Implementation procedures, 22nd June 2004.

III. Formation of National Steering Committee (NSC) under MoHP

For implementation any guidelines or policies, endorsement by the authorized bodies of government is necessary. For this activity, Ministry of Health and Population is the only authorized body to endorse, approve and/or implement the guidelines. Realizing that, National Consultant conducted series of meeting with dignitaries of the Ministry of Health, viz. Dr. Banshidhar Mishra, the former State Minister for Health, Mr. Mohan Bahadur Karki, the former Health Secretary, Dr. Meera Ojha & Dr. Dirgha Singh Bam Focal Point (Environmental Health) and Dr. Anil Kumar Mishra, former Member Secretary, NHRC. With all cooperation of Ministry of Health, NHRC prepared the TOR for NSC. The MoHP approved the TOR and the formation of an 11-member National Steering Committee (see below) of EHIA and took initiation to correspond with different government and non-government agencies.

The composition of National Steering Committee is as follows:

S. No.	Members	Organization
1	Chairman	Health Secretary, Ministry of Health and Population (earlier MOH)
2	Member	Focal Point, Environmental Health, Ministry of Health and Population
3	Member	Joint Secretary, National Planning Commission, HMG.
4	Member	Joint Secretary, Ministry of Environment, Science and Technology (the earlier MoPE)
5	Member	Joint Secretary, Ministry of Local Development.
6	Member	Joint Secretary, Ministry of Agriculture and Cooperative
7	Member	Joint Secretary, Ministry of Physical, Planning and construction
8	Member	Joint Secretary, PCMD, Ministry of Industry, Commerce and Supply
9	Member	S.D.E., Ministry of Water Resources
10	Member	Head of Department, Community Medicine and Family Health Division, Institute of Medicine, Tribhuvan University.
11	Member Secretary	Member Secretary, Nepal Health Research Council

Invitee

S. No.	Invitees	Organization	
1	Invitee	Director General, Department of Health Service, MoHP	
2	Invitee	Chief Specialist, MoHP	
	Invited	Chief, Policy, Planning and Foreign Aid Division, MoHP	
3	Invitee	Focal Point, MoHP	
4	Invitee	National Liaison Officer, WHO-Nepal	
5	Invitee	National Operation Officer, WHO-Nepal	
6	Invitee	Environmental Experts	
7	Invitee	Environmental Health Consultant, NHRC	
8	Invitee	Environmental Health Consultant, NHRC	

IV. National Steering Committee Meetings

4.1 First National Steering Committee Meeting

The first National Steering Committee Meeting was held on 28th February 2005 under the Chairmanship of Mr. Mohan Bahadut Karki, the then Health Secretary at the MoII (now MoIIP). Professionals and authorities from health and environment fields were also invited (The participants list of First NSC meeting and its minute are attached in Annex-2 of the report). The agenda set for first National Steering Committee meetings were as follows:

- 1) Introduction of National Environmental Health Impact Assessment Guidelines
- Operationalization of National Environmental Health Impact Assessment Guidelines
- Miscellaneous

Dr. Meera Ojha, Former Focal Point, Environmental Health, Ministry of Health and Population, welcomed all the NSC members and invitees. She emphasized on the importance of environmental health in present condition. She concluded her speech saying that National Environmental Health Impact Assessment Guidelines would definitely contribute in identifying, measuring and managing environmental health hazards due to development activities.

Mr. Mohan Bahadur Karki, the former Health Secretary and Chairman of NSC gave his opening remarks. He briefly spoke on the importance of environmental health in development activities. He added the development projects in the country is not properly implemented and would create environmental degradation and their impacts on health would also be supportively high. Mr. Karki formally began the meeting and wished for successful conclusion.

Dr. Bhupendra Devkota, the Project Coordinator, gave an introduction to Environmental Health Impact Assessment. He began with brief history of EIA in Nepal and indicated the inadequacies of health issues in present EIA practices in Nepal. He emphasized on the need of integration of health impact assessment in existing EIA practice. He opined that the health issues are not addressed to the extent they should be and the National EIIIA Guidelines would be helpful in identifying the health issues while conducting IEE/EIA of different development projects. Please find the copy of his presentation in the Annex-3 of the report.

Then Mr. Santosh Shrestha presented briefly on National EHIA guidelines and EHIA process. He explained that the main objectives of the guidelines are to give proper

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emphasis to the health issues and also to integrate them in existing EIA process. He briefly outlined EIIIA process i.e. screening, scoping, environmental risk assessment process, decision-making, monitoring and evaluation. He concluded that EHIA guidelines do not require separate procedures and mechanism than given in the National EIA Guidelines 1993, but EIA would be more complete if health impact assessment is integrated. He recommended for implementation of EHIA guidelines in health related development projects with approval from Ministry of Health and stressed on obligatory involvement of health/environmental health experts in EIA Review Committee of the MoEST (calier MoPE). He also recommended for the coordination of MoIIP and MoEST for pre and post monitoring and evaluation of the Health related/concerned development projects. *Please find the copy of his presentation in the Annex-3 of the report.*

Then Dr. Meera Ojha, Focal Point, Environmental Health, Ministry of Health opened the floor for discussion on National EHIA guidelines.

in discussion, Mr. Pravin Raj Aryal, MoWR suggested the need of amendment in the guidelines as well as contents in order to bring it into mainstream line of National EIA guidelines. He added that suggestion and comments must be required while amending it. Similarly, Mr. Lok Darshan Regmi, Joint Secretary, MoEST appreciated the guidelines. He emphasized on the operations of the guidelines especially in the health related development activities. He also suggested to amend it and to bring into operation as a sectoral guideline for health to support existing EIA process. Likewise, most of the members and invitees gave similar comments which was summarized as follows:

- Enforcement of EIA/IEE incorporating EHIA in Health Care Institution in Nepal.
- The problems of health care waste management in present situation in Nepal due to lack of proper assessment of environmental health impact.
- EHIA guidelines at present situation should come as sectoral guidelines in aim of integrating environmental health impact assessment guidelines in existing EIA process.
- As EIA is still not institutionalized properly in Nepal, EHIA should not come as bothersome & time consuming.

At the end, all the members and invitees agreed that EIA is not practiced in health related development activities such as public and private health institutions. All were positive towards application of National EHIA guidelines in health related development activities. Also, they showed concerned in integration of health issues in the existing EIA process.

Finally, The Chairman Mr. Karki, gave closing remarks by saying that the first meeting itself discussed well on the agenda and further discussion will continue in the following NSC meetings.

4.2 Second National Steering Committee Meeting

The Second National Steering Committee Meeting was held on 20th June 2005 under the Chairmanship of Mr. Lava Kumar Devacota, Health and Population Secretary, MoIP. The NSC members and experts from different organizations as invited attended the meetings (The participants list of Second NSC meeting and its minute are attached in Annex- 4 of the report). The list of members and invitees is attached in the annex of the report. The agenda set for first National Steering Committee meetings were as follows:

- Amendment of EHIA Guidelines for conducting EIA of Health sector development Projects.
- Incorporation of Environmental Health Issues of EHIA guidelines while conducting EIA of other Development Projects.
- 3. Miscellaneous.

The programme began with chairing of the meeting by Mr. Lava Kumar Devacota. Health and Population Secretary, MoHP. He appreciated the guidelines and the efforts done by NHRC. It was followed by the introduction of all NSC members and invitees.

Dr. Saroj Prasad 'Rajendra', Focal Point, Environmental Health, MoHP, welcomed all the NSC members and invitees. She highlighted the objectives of the meeting. As first objective, she emphasized that the development projects, which lie under other line ministries, need to incorporate environmental health issues while assessing Environmental Impact Assessment, Secondly, she recommended that EHIA guidelines prepared by NHRC need to be endorsed by MoHP with necessary amendments in the guidelines. Thirdly, She appreciated the NHRC for all its efforts for development of guidelines and added MoHP would need to take initiation to operationalize the guidelines. (The slide of her presentation is attached in the Annex-5).

Dr. Bhupendra Devkota, Project Coordinator & Environmental Specialist, NHRC, referring to the first meeting briefly illustrated on EIA in Nepal and indicated the imadequacies of health issues in present EIA practices. He pointed out that all development projects are human centered where the health comes as first and is also the most essential part. Therefore, he emphasized on the urgent need of integration of health impact assessment in existing EIA practice. He highlighted firstly on the need of following EIIIA guidelines by health related development projects in this present situation and secondly, need of addressing the environmental health issues of EIIIA guidelines in other development projects while conducting EIA. In the end, for the both of above condition, he emphasized on need of endorsement of EIIIA guidelines by MoTIP with necessary amendment in it. Finally, he said the endorsement of EIIIA guidelines and its practices in existing EIA could be a great achievement for MoHP as it helps MoTIP to play an active role in environmental health sectors. (The slide of presentation is attached in the Annex-5)

Discussion:

Mr. Salil Devkota, Environmental experts, pointed on the need of understanding different aspects such as technical and policy aspects, for application of EHIA guidelines. He informed that even EIA was still not yet properly institutionalized and still lots more exercises required in order to follow EIA easily. In such case, EHIA should not come as an extra burden to proponents. EHIA should be simple and easy tool. He also agreed that the guidelines is necessary and are very important for health related development projects like construction of hospitals and other health care institution. The problem of health care waste management at present situation is one of the consequences of lack of such guidelines. Finally he looked forward for endorsement of this guideline.

Mr. Sharad Adhikari, National Operation Officer. World Health Organization, informed that integration of environmental health issues in existing EIA process was the main theme of this guidelines. In the thorough review of existing EIA guidelines and in many EIA reports it was found that environmental health issues were inadequately addressed in the EIA. He was very optimistic that EHIA guidelines will be endorsed and will come into practice in near future.

Mr. Asheswor Jha, Joint Secretary, Ministry of Agriculture and Cooperation, told that the EIA should be more practice oriented. He added that as other ministries have already come up with their own sectoral EIA guidelines, this sectoral guideline in health sector could be very effective and complied. MoHP should come very strongly with such guidelines. He also supported that there should always be participation or representation of public health experts from MoHP in review committee of EIA at the MoEST and suggested to correspond with MoEST in the regard.

Mr. Daindra Prasad Upadhya, Joint Secretary, Ministry of Industry, Commerce and Supply told that industrial sectors also have direct concern with human health. Hence, this guidelines should be properly followed while conducting EIA. But it should be in sense of integration of EIHA in existing EIA process and this guidelines should be under umbrella of National EIA guidelines.

Dr. Iswor Bahadur Shrestha, Department chief, CMFHD, Institute of Medicine was also positive toward EHIA guidelines. He said that operationalization of EHIA guidelines would definitely give priority to environmental health sector. The guidelines if needed should be amended so that it can be more practical and it would streamline the EIA process especially in health sector.

Dr. Baburam Marasini. Under Secretary, MoHP also highlighted the situation of health care wastes and wastewater that drain directly into the river. He informed that such environmental problem would have caused huge impacts on health. He emphasized that

the efforts of MoHP in preventing and curing the diseases would not be successful until such environmental problems remain. He hoped that the guidelines would definitely help in preventing the further deterioration of environmental health and when brought into operation would help to mitigate environmental health impacts due to different development projects.

Dr. Dirgha Singh Bam, Focal Point, MoHP emphasized on the endorsement of the EHIA Guidelines, so that, MoHP will have an official document to follow and enforce in the field of EIA and it would certainly help to monitor all the activities regarding environmental health issues. He added that it would provide big opportunities for MoHP to play an active role in the field EIA process and appraisal as other line ministries do. Since, environmental health issues are directly concerned with human health. MoHP should give priority to it and therefore need to enforce the guidelines. The ministry also needs to develop other similar guidelines and establish its own policies in environmental health sector.

Dr. Nirakar Man Shrestha, Chief Specialist, MoHP also agreed that the environmental health issues are genuine issues in the present situation. It should not be under-estimated. He said that the ministry should make its policies and plans in the field of environmental health. He was also positive toward the endorsement of the guidelines.

Dr. Hari Nath Acharya, Chief, PPFAD, MoHP, emphasized on the need of policies regarding environmental health. He said that the guidelines would be good step towards the environmental health sector. MoHP should proceed positively in endorsing the guidelines and bringing it in the main policies of MoHP in the future.

Mr. Lava Kumar Devacota, Chairman of National Steering Committee of EHIA, and Health and Population Secretary, MoHP, finally endorsed the National EHIA guidelines in consent of all the members and invitees. He instructed the MoHP officials to do necessary processes to formally bring it under the policy of MoHP.

Dr. Shankar Pratap Singh, Member-Secretary of NSC and also to NHRC gave closing remarks thanking all the members and invitees for their valuable comments and suggestions and for making the meeting a success.

With due permission of Chairman of the NSC, the meeting was adjourned,

V. Recommendation

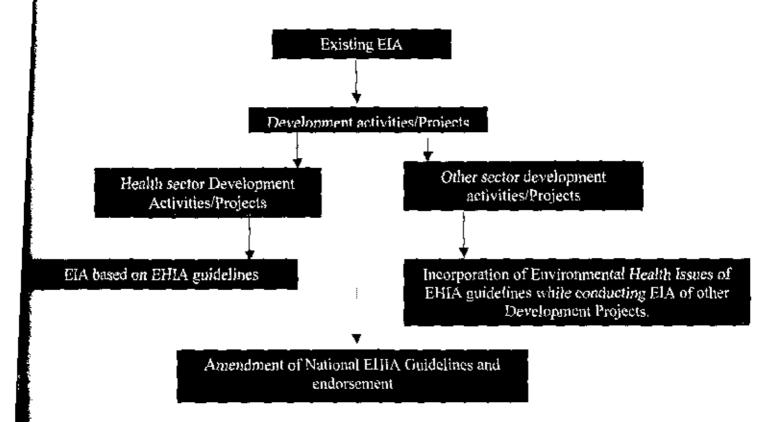


Figure: The recommended flowchart for operationalization of EHIA guideline in present condition.

The figure illustrated the recommended flowchart for operationalization of EHIA guideline in present condition. Since, there is no parliament. EHIA guidelines cannot be legally gazetted and it is not possible to bring it into full operation in all development sectors. But finding the significance of EHIA guidelines in existing EIA process, the national consultants have recommended this guidelines to be operationalized categorizing development activities or projects into two sectors i.e. one is health sector development projects and another is other development projects. Health sector development projects need to conduct EIA based on EHIA guidelines while other development projects should conduct EIA incorporating environmental health issues based on EHIA guidelines.

For both cases, first of all, the EHIA guidelines needs to be endorsed by MoHP and inform it to all concerned ministries and agencies, Likewise, the EHIA guidelines does not properly addresses genuine issues like IEE, Environmental management plan etc. which need to be included in the EHIA guideline as envisaged in National EIA guidelines. Therefore, the EHIA guidelines should be amended accordingly. Technical expert's team nominated by National Steering Committee of EHIA should do the

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amendment of guidelines. Furthermore, continuation of the national steering committee meeting is essential to start application of this guidelines, first in selected health sector development projects and also other development projects depending upon the significance of the health impacts.

Advocating with National Planning Commission and other high-level government institution, NSC should initiate the operationalization of the EHIA guidelines in accordance with National EIA guidelines.

For effective enforcement of EHIA guidelines, it is also recommendable that a national workshop would be organized to review the application of the EHIA guidelines and to highlight its significance among stakeholders and familiarized it at national level.

VI. Conclusion

During the whole period of the activity, the following achievements were made. They are as follows:

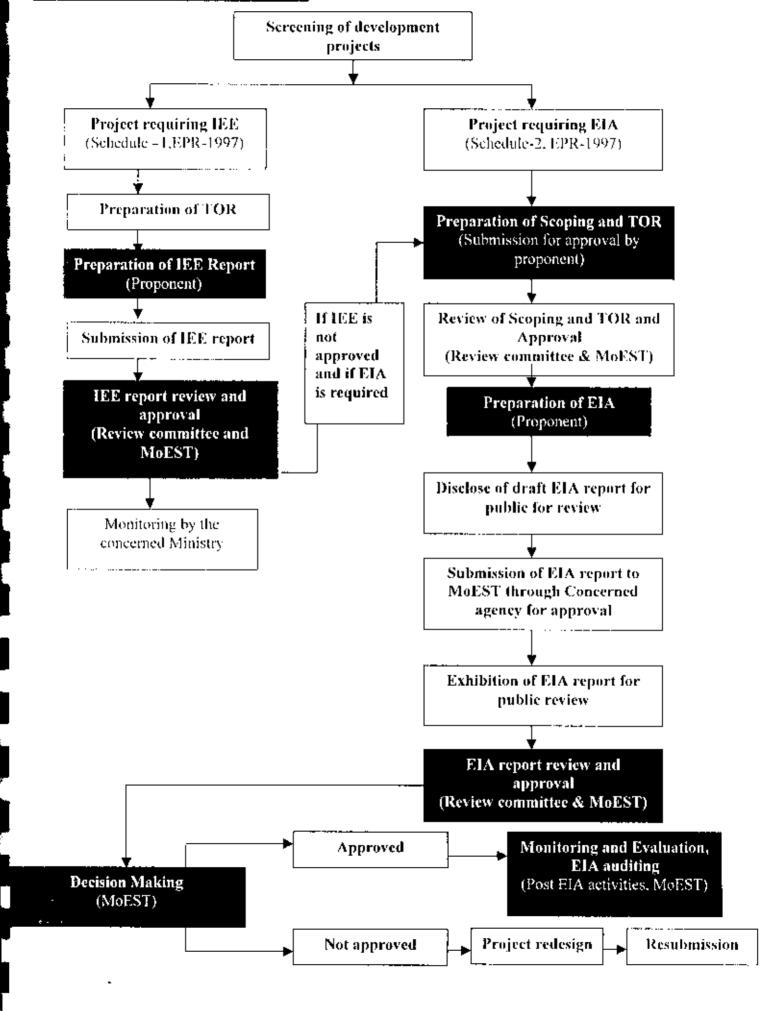
The high level 11-members National Steering Committee of EHIA was formed. The EHIA guidelines and its significance in existing EIA process in Nepal is highlighted to NSC members and invitees of different ministries and agencies. The EHIA guidelines was endorsed by the second NSC meeting held under the chairmanship of Health and Population Secretary, Ministry of Health and Population. The importance of representation of public health experts from MoHP in review committee board of EIA was emphasized.

Likewise, the MoHP should take the leading role in facilitating the amendment of the guidelines and in application in development projects. For this continuation of NSC is very essential.

Annex –1

Flow Chart of EIA Process in Nepal

Flow chart of EIA process in Nepal



Annex –2

The Participant List of First NSC Meeting and its Minute

Participants list of First National Steering Committee Meeting of EHIA

National Steering Committee Members of EHIA

S. No.	Nominated Members	Designation	Agency
1	Mr. Mohan Bahadur Karki	Chairman	Health Secretary, Ministry of Health
2	Mr. Kapil Dev Ghimire	Member	Joint Secretary, Ministry of Local Development
3	Dr. Meera Ojha	Member	Focal Point, Environmental Health, Ministry of Health
4	Dr. Bimala Shrestha	Member	Department Chief, CMFHD, IOM
5	Mr. Pravin Kumar Aryal	Member	C.D. E., Ministry of Water Resources
6	Mr. Daindra P. Upadhya	Member	Joint Secretary, PCMD, Ministry of Industry, Commerce and Supply
7	Mr. Gautum P. Shrestha	Member	Joint Secretary, Ministry of Physical, Planning and construction
8	Mr. Lok Darshan Regmi	Member	Joint Secretary, Ministry of Population and Environment
9	Mr. Asheswor Jha	Member	Joint Secretary, Gender Equity and Environment Division, Agriculture and Cooperative Ministry
10.	Mr. Ram Krishna Tiwari	Member	Joint Secretary, National Planning Commission
11.	Dr. Anil Kumar Mishra	Member Secretary	Member Secretary, Nepal Health Research Council

Invitees

S.	Nominated Members	Agency	
No.	_		
1_	Dr. B. D. Chatut	Director General, DollS, Moll	
2	Dr. Nirakar Man Shrestha	Chief Specialist, Public Health	
}		Administration and Monitoring and	
\	<u> </u>	Evaluation Division, MoH	
3	Dr. Bishnu P. Pandit	Chief Specialist, Medicinal Service Division.	
l	L	МоН	
4	Dr. Shailesh K. Upadhya	Liaison Officer, WHO-Nepal	
5	Mr. Sharad Adhikari	National Operation Officer, WHO-Nepal	
6	Mr. Salil Devkota	Environmental Specialist, Scientific Center	
ι.		for Environmental Consulting (SCEC)	
7_	Dr. Dirgha Singh Bam	Focal Point, MoH	
8_	Dr. Bhupendra Devkota	Environmental Health Consultant, NHRC	
9	Mr. Santosh Shrestha	Environmental Health Consultant, NHRC	

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The first meeting of the National Streeting committee (NSC) fromed under the Charzenauship of the Secretary of health for Operationalization of National Environmental Health Impact Armensment (EHIA) (divided inon his held under the chairmanship of nespert. ed Health Secretary, Mr. Mohan Bahadur K. anks on 28th February, 2005 at 4 Pm. in the min-istry of Health to discuss on the following agenda! 1. Introduction of National Environmental Meadly Empact Assessment Guidelines L. Openationalization of National FHIA Guidelin 3. Miscellaneous. prientince ! SN. Name progration Designation Signature 1. Mr. Mohan Bahaden MOH. Health Secretary/- 15th Chairmon Kanki - Hr Matt. Focal point 2. Dr. Meena Ojha Matarajamt. Dept. Chiefs - Bill 3. Prof. Dr. Bimala Comput Shoedtha I oin (- Sorns (any 4. Mr. Naindra Placed Opedhyaya John- Searchy - ()/// 5 Mr. Gaulan Presal Shrestha Johl Secretary Admi 6 - Mr. Lok Darshan Rose man Joint-Societary- John 7. Mrs. Asherhwar Tha 8. Mrs. Ram Krishna Timera Member Socrating 1. Mr. Kapil Dev Ghimire 10. Dr. Aril Kuman Histra C.D.E. 11. Mr. Pabin Ray Aryal

Designations, grading BN. Invitores Wame 1. B. B. D. Halant B. G. - 15011 2. Dr. Wirmaken Man Shrushla ehist typeals 3. Mr. Bishau Preased Pauli chief (popul) Who had iden ... 11. 971. Sailesh Kuman Upadhyay 5. MM. Sharad Adhikari lw. Speed 6. 11/1. Salil Devkota 4. Dr. Bhup endra Deukoto En. Expert Thu. Grant 8. 1121. Sandosh Shreatha 1. Dr. Drista Singh Bam f ocal point

Annex –3

Devkota and Mr. Santosh Shrestha

The Presentation Copies of Dr. Bhupendra

Introduction to EHIA

Dr. Bhupendra Devkota

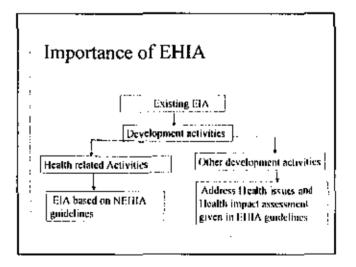
28° Feb. 2005

EIA and EHIA

- EIA introduction- Seventh plan (1985-1990)-NCS
- EIA mandatory- Eighth plan (1990-1995)-NEIA guidelines, 1993
- Environment Protection Act-1997, Favironment Protection rules-1997 (IEE -schedule-1 and EIAschedule-2)
- E1A practices in health related development activities

Health issues and assessment

- Priority given to health in EIA&IEE
- Health Impact Assessment in EIA & IEE reports to-date
- Completeness of EIA with or without Health issues and health impact assessment



Environmental Health Impact Assessment Guidelines/Process

Presented by Santosh Shrestha Environmental Health Unit Nepal Health Research Council

28% Feb. 2005

Sustainability of Development Projects

Dr. H. Mahler -the former director-general of WHO stated in a speech in 1982

"whenever health component is forgotten, you forgot at the same time the vital factor in development, namely the human being, his creative energy, his physical energy".

Without giving fright value to the human health, none of the development activity will become visitanishle 2 or this hunting health impact should be considered in each step of LLA process.

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Main Objective of EHIA guideline

To outline the EIA process how health can be integrated into the existing EIA process

To fulfill the inadequacies in the health component of the current EIA process

General Guidelines for ENIA preparation and implementation

- Establishment of baseline bealth status
- identification of Englanmental health impacts
- Assessment of community exposure
- identification of risk groups
- Prodiction of health consequences
- Assessment of Indirect bealth determinants
- Control and mitigation measures
- Menitoring and auditing plan

Flow of Activities in EIA and EHIA Processes

EIA Flow Chart		EHLA Flow Chart
Proposit Resymmet [14]	<u>Serrinjer</u>	Project Requancy FHIA
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Techniques for Conducting EXIA

a Screening

- Emirenmental and Occupational Health Mazards
- Physical bazants
- Noise, effection, resistión, quirema grandere or famperalitàs
- Chemical hozarda
- in varioty of terms (colle, liquid or yes)
- Bielenfest kammis.
- Malaria and achiel pagements at a
- Erwillemic hazards pour productivity and adverse health conditions a.g.(95). Republicy strain injury jour hash yells als.
- jediteci kesith bazarda [consule the location is allocated as disreption of social Entrices and compatibility distributed about 6 critic, prestitation, STBs. alcoho (satt)

2. Scepina

- Erwirenmiental health hazard Heting Physical, chemical, biologic at preparates and ingress buside transfer
- Mayatification of vargorphie populations and stateholders. has act community (children, eigherly, sick and ameninjered step and other state) of the modific, programmed agraptics
- Montification of utility important preferring and include education, mad beauth assistation, and atters survices.
- Ivalexión el tro cotamitimo el Stateholders. Lack) committelly groups, local personant hedies, Citie etc.

Environmental Health Risk Assessment (EHRA) Process

- s EHRA is a tool to identify, evaluate and control environmental health hazards.
 - Identification of environmental health hazards
 - assessment of risk to health of workers and communities
 - design of control and mitigating measures to reduce risk to as low as a recticable

Environmental Risk Assessment **Process**

Health Consequence Rating Incident Potential Rating Exposure Ration Health Bisk Matrix

Decision Making

- g The quality of the assessment against the 100 for EHIA set during scaping
- ${\mathfrak Q}$ The content of the report and the recommendation

Monitoring and Evaluation

- a Process Evaluation
- Evaluation of processes of the guild systematics. A Realization and accounting at approved transfill call the
- ्र Outcome Evaluation
- a: To test prediction
- 5 To enable early detecting of hormital impoces

To determine the actual effects of proposal traplementation

- a Control and Miligation Measures - magagement control programs

Assessment

- health hazárás control programs

Contents of EHIA Report

& Baseline Health Information

- mhjostjna messures
 - health serveillance, evaluation and monitoring Disas

A Environmental Health and Santiation Profile

। Environmental Health Impact and Risk

In conclusion

- EHIA is not a separate procedure than EIA
- The intent of this guidelines is not to have a separate mechanism
- It's about strengthening EIA process to include health impact assessment

THANK YOU

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Recommendation

- Integration Bearth impact Associated in Environmental Impact
 Associational and Applied by All National development projects
- Q longtomentation of Batlouni Environmental Health Impact
 Assassment Baldelfink in Reptil related Sevelagment Projects
 and Appeared at the projects by Ministry of Mealth and Imal
 decision making by Mark.
- Q Shijpatory participation of health or anvironmental health professionals in review committee of Eth and IE of devaluations; projects.
- Q Pre-and Post Monitoring and Seriestics of the Beatth retained; Beatth Cupying development projects by Moll and MoFE.

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Annex –4

its Minute

The Participant List of Second NSC Meeting and

National Steering Committee Members of EHIA

S. No.	Nominated Members	Designation	Agency	
1	Mr. Lava Kumar Devkota	Chairman	Health & Population Secretary, Ministry of Health and Population	
2	Mr. Padma Raj Regmi	Member	Joint Secretary, Ministry of Local Development	
3	Dr. Saroj Prasad Rajendra	Member	Focal Point, Environmental Health, MoIIP	
4	Dr. Iswor Bahadur Shrestha	Member	Department Chief, CMF1ID, IOM	
5	Mr. Pravin Kumar Aryal	Member	C.D. E., Ministry of Water Resources	
6	Mr. Daindra P. Upadhya	Member	Joint Secretary, PCMD, Ministry of Industry, Commerce and Supply	
7	Mr. Tanuk Prasad Yaday	Member	Joint Secretary, Ministry of Physical, Planning and construction	
8	Mr. Lok Darshan Regmi	Member	Joint Secretary, Ministry of Population and Environment	
9	Mr. Asheswor Jha	Member	Joint Secretary, Gender Equity and Environment Division, Agriculture and Cooperative Ministry	
10.	Mr. Ram Krishna Tiwari	Member	Acting Secretary, National Planning Commission	
11.	Dr. S.P. Singh	Member Secretary	Member Secretary, Nepal Health Research Council	

Second NSC meeting Invitees

S. No.	Nominated Members	Agency
1	Dr. Bishnu Pandit	Director General, DoHS, MoHP
2	Dr. Nirakar Man Shrestha	Chief Specialist, MoHP
3	Dr. Hari Nath Acharya	Chief, Planning, Policy and Foreign aid Division, MoPH
4	Dr. Ram Hari Aryal	Joint Secretary, MoPH
5	Mr. Binod Gyawali	Joint Secretary, MoPH
6	Dr. Dirgha Singh Bam	Focal Point, MoHP
7	Dr. Baburam Marasani	Under Secretary, MoHP
8	Dr. Shailesh K. Upadhya*	Liaison Officer, WHO-Nepal
9	Mr. Sharad Adhikari*	National Operation Officer, WHO-Nepal
10	Mr. Salil Devkota	Environmental Specialist, Scientific Center for Environmental Consulting (SCEC)
11	Dr. Bhupendra Devkota*	Environmental Health Consultant, NHRC
12	Mr. Santosh Shrestha*	Environmental Health Consultant, NHRC

Note: the person's name with (*) should not be given DA.



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रामकाहपथ, काठशस्त्री नेपाकः।

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Annex –5

'Rajendra' and Dr. Bhupendra Devkota

The Presentation Copies of Dr. Saroj Prasad

. The objectives of NSC Meeting

Dr. Saroj Prasad Rajendra Environmental Health,Focal Point MoHP, 15th Ashad 2062

1st Objective

 Incorporation/Integration of Environmental Health Issues and Assessment of EHIA guidelines while conducting EIA of other development project concerned under other line ministries

2nd Objective

 With necessary amendment in the EHIA guidelines, endorsed the EHIA guidelines while conducting EIA of Health related development projects.

3rd Objectives

■ To take initiation by MoHP to operationalize the EHIA guidelines prepared by NHRC.

Environmental Health Impact Assessment (EHIA)

Bhupendra Devkota, PhD.

298 Lau 2008

EIA and EHIA

activities

- ETA introduction- Seventh plan (1985-1990)-NCS
- EIA mandatory Eighth plan (1990-1995)-NFTA guidelines, 1993
- Environment Protection Act-1997, Fuvironment Protection rules-1997 (IFE -schedule-1 and UA-schedule-2)
 EIA practices in health related development

Health issues and assessment

- Health issues in EIA& IEE
- Health Impact Assessment in EIA & IEE reports to-date
- Completeness of EJA with or without Health issues and health impact assessment

