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Capacity Building through National Trainings and workshops to promote the implementation of Environmental Health Impact Assessment Procedural Guidelines (A Final Report)



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Acronyms



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EIIA	Environmental Health Impact Assessment
EIA	Environmental Impact Assessment
IEE	Initial Environmental Examination
MoEST	Ministry of Environment, Science and Technology
MoH	Ministry of Health
MoHP	Ministry of Health and Population
MoPE	Ministry of Population and Environment
MoWR	Ministry of Water Resources
NHRC	Nepal Health Research Council
NSC	National Steering Committee
TOR	Terms of Reference
WHO	World Health Organization

Acknowledgement

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Bhupendra Devkota
Programme Coordinator

The main objectives of the program were to develop human resource, institutional capacity building and incorporate EHIA Guidelines within the framework of existing EIA process through training workshops as well as activate existing National Steering Committee at national level to facilitate incorporation of EHIA Guidelines within various institutions involved in development activities.

The training-workshops were categorized into three phases: first phase for Policy-makers on sensitization of EHIA guidelines; second phase for EIA reviewer on integration of EHIA during EIA review; and last phase for EIA practitioners on integration of EHIA during EIA process. All the training-workshops were conducted successfully. Constructive remarks and recommendations were collected during the group works and group presentations. EIA experts presented good and quality papers on EIA related with health issues. Lots of brainstorming discussions, suggestions and ideas were shared in workshops among EIA experts representing government and non-governmental organizations.

Finally Third NSC meeting was conducted under the chairmanship of Secretary of Ministry of Health and Population. All the activities, work progress and achievements were summarized and presented in the meeting. All NSC members gave different views, suggestion and comments regarding EIA and EHIA. The chairman assured that the NSC would be given continuity in the future and Environmental Health Unit of MoHP would be strengthened with more coordination with all NSC members especially with MoEST. MoEST showed positive toward EHIA guidelines and sent positive comments through secretarial level decision making.

Need of amendment of EHIA guidelines, establishment of EHIA guidelines as Sectoral guidelines for health sector, development of EHIA process manual, capacity building in the Environmental Health Unit of MoHP, active representation of MoHP (Public Health Expert / Environmental Health expert) in EIA Review committee of the MoEST, active leadership of MoHP and need of giving continuity to NSC.

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1. Introduction

1.1 Background

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. NHRC's main aims are 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.

Since a decade, gradual increase in health services and facilities has definitely contributed in improving the health status of the people of the country. The main reason behind the present health status of the country is due to inadequate preventive health services and facilities. As environmental health is the vital component of the preventive measures in health services, its significance is high. Taking this into consideration, NHRC formed Environmental Health Unit (EHU) in January 2001 as the first designated office to work in the field of Environmental Health in Nepal and it works in close coordination with Ministry of Health (MOH) (now Ministry of Health and Population – MoHP) and World Health Organization (WHO). Since then, EHU of NHRC is working in the development of environmental health as one of its main operational strategies to encompass and prevent major health problems of the country through research activities, developing standards and guidelines, etc.

Health is one of the most essential components of sustainable development and improvement of health conditions is fundamental to sustainable development. The Health Policy of His Majesty's Government of Nepal (HMG/N) has the goal to enhance the better health conditions by promoting health facilities and by improving other infrastructures in the country. Accordingly, different health related and other development projects are implemented in the country, but environmental assessments of many projects are not effectively done as seen in Environment Protect Act 1997 (EPA) and Environment Protection Rules 1997 (EPR). Based on the National Environmental Impact Assessment (EIA) Guidelines, sectoral guidelines are prepared and implemented by the concerned ministries.

On the initiation of NHRC, MoHP through a High level National Steering Committee (NSC) formed under the chairmanship of Secretary of MoHP has recently endorsed the National Environmental Health Impact Assessment (EHIA) guidelines 2002 (revised in 2004), which was prepared by NHRC with support of WHO.

Effort is underway in the MoHP for further step in operationalization and making mandatory this guidelines to health related development projects in specific, and to other projects in general.

For effective implementation of the EHIA guidelines and to adequately address the health issues during EIA process, the capacity should be developed at different levels (policy makers and planners, implementing, reviewing and monitoring authorities and EIA practitioners). This program "**Capacity Building through National Training to promote the implementation of Environmental Health Impact Assessment Procedural Guidelines**" was organized for different levels by NHRC, with financial support from the WHO and the technical support from the environmental health specialists working in the field of EIA.

1.2 Objectives of the program

1. To enhance knowledge and build institutional capacity to work with and incorporate EHIA Guidelines within the framework of existing EIA process.
2. To activate the existing National Steering Committee constituted under the chairmanship of Secretary at MoHP to facilitate incorporation of EHIA Procedural Guidelines in the development activities.

1.3 The Scopes of the program

1. To orient and sensitize the policy-makers and planners for their capacity building and implementation of EHIA guidelines
2. To increase knowledge of EIA, with emphasis on environmental health, among authorities of different line agencies and organizations and to prioritize the health issues while reviewing the EIA report.
3. To increase the capacity of EIA practitioners in integrating the environmental health issues while conducting EIA based on EHIA guidelines.
4. To enhance practical application of EHIA guidelines and its incorporation with National EIA guidelines and to enhance institutional capacity building of the stakeholders.
5. To regularize the National Steering Committee Meeting for strengthening policies and for further implementation of EIA.

1.4 Methodology

This program includes a total of three training workshops organized for implementation of EIIA guidelines and one meeting of the National Steering Committee to inform on the activities done so far under this program. The first training workshop was to orient and sensitize Policy makers and planners in MoHP and the detail of this workshop is attached with this report. The second phase of workshop was for present EIA practitioners and future practitioners (university students studying environmental sciences). The third phase of training workshop was meant for EIA implementers working in departments of different line agencies and organizations. The training was mainly based on giving practical knowledge on environmental health issues while reviewing the EIA report. The meeting of the National Steering Committee was organized at the end of this activity to discuss on the achievements of three training workshops and on the future plan and policy regarding the implementation of EIIA guidelines. Finally, the detail report of the activity was submitted with overall evaluation and recommendations.

1.5 Limitations

Due to busy schedule of high-level authorities at MoHP and other institutions, whose presence was inevitable for the success of this program to this degree, it was extremely difficult to find a time to suit to most of them. Though slightly delayed than previously thought, a close coordination with high-level officials of MoHP, the workshops could be organized with good participation from the stakeholders at three levels.

2. Phase one

2.1 Proceedings Report of workshop on "Orientation and Sensitization Workshop on Environmental Health Impact Assessment (EHIA) Policy-Makers of Ministry of Health and Population (MoHP)"

According to objectives of the study, the orientation and sensitization workshop on EHIA was conducted, especially targeting for policy-makers and planners (Joint- and Under-Secretary level) of MoHP. The workshop was conducted under the chairmanship of **Mr. Ram Chandra Man Singh**, Secretary at MoHP, on 10th November 2005. The list of invited participants and detail work schedule are attached in the annex of this report.

The program began with the chairing of session by **Mr. Ram Chandra Man Singh**, Secretary at MoHP, who is also the Chairman of the National Steering Committee constituted for EHIA activities. The program continued with the brief introduction of the workshop to the participants.

2.1.1 Welcome Speech and Programme Highlights

By Dr. Bhupendra Devkota, Environmental Specialist, Environmental Health Consultant, NHRC.

First of all Dr. Devkota welcomed Mr. Ram Chandra Man Singh, Secretary at MoHP, who accepted to chair this workshop. He then welcomed all other high level officials (Joint- and Under-Secretary level) of MoHP, WHO representative, workshop paper presenters Dr. S. Rajendra (Focal Point, MoHP) and Mr. Laxman Mainali (Joint-Secretary & Environment Lawyer at Nepal Law Reform Commission), Dr. S. P. Singh (NHRC Member-Secretary) and other NHRC members present in the workshop (list of participants in annex). He acknowledged MoHP and its high-level officials for their support at policy level for the last six to eight months in connection to this and previous activity.

He emphasized that formation of National Steering Committee of EHIA and endorsement of EHIA guidelines by the National Steering Committee at MoHP was the first achievement at policy level accomplished during the previous activity. Present workshop, as the first phase of the second activity/program, mainly focused on sensitization and orientation of the policy-makers about EHIA and its implementation procedures at policy level. He strongly

emphasized on the need of capacity building in MoIP in order to implement EIA and Initial Environmental Examination (IEE) in development projects with more focus on environmental health issues. He added that the above need was the main objective of the workshop. Then he briefly highlighted overall activities of the present program.

2.1.2 Paper I – Development and Institutionalization of EIA in Nepal (Focusing with National Environmental Health Assessment Guidelines)

By Mr. Laxman Mainali, Environmental Lawyer, Joint Secretary, Nepal Law Reform Commission.

Mr. Mainali began with general introduction of National EIA guidelines 1993 and its EIA processes. He explained about screening, scoping, methods of scoping, preparation of Terms of Reference (TOR), Impact Identification and Impact prediction, Impact Mitigation Measures, and Impact Monitoring and Environmental Auditing. He informed that due to lack of legal backing National EIA guidelines could not be implemented effectively. He said EIA was made mandatory only after Environmental Protection Act-1997 and Environmental Protection Rules 1997 came into existence. He added that concerned ministry is the approval agency for Initial Environmental Examination (IEE), while Ministry of Environment, Science and Technology is responsible for EIA.

He also agreed that health issues, which are most essential part of EIA, are not appropriately addressed in the EIA guidelines. He emphasized that such issues should be addressed with due attention in the EIA reports. He showed that the impact of any activity on the human and environmental health can be addressed under biological impacts, physical impacts and socio-economic impacts in the existing EIA and IEE. Also, the mitigation measures to reduce or control health impacts, procedures to monitoring of health impacts, and environmental management plan with provisions of reducing and controlling health impact need proper considerations.

He suggested that National EHIA Guidelines 2004 developed by NHRC should be a sectoral guidelines for health, but not be separate or parallel guidelines. He added that this guidelines lacks legal backing for its implementation. To get the legal backing an amendment in EPR must be made through the parliament, but in present situation this is not possible, as there is no parliament in the country. Therefore, he suggested to develop this guidelines as sectoral guidelines under/referring to the EIA provisions of EPR under the umbrella of the National EIA guidelines and make compatible with provisions in the EPR. At the end, he concluded

that MoHP should be the responsible agency in developing the guidelines and implementing the EIA in cooperation with MoEST. As concerned agency (for health) MoHP should monitor and evaluate whether the health issues are adequately addressed in the EIA and IEE processes. *(The paper presented by Mr. Mainali is attached in the annex of the report.)*

2.1.3 Paper II- Environmental Health Impact Assessment (EHIA) Guidelines: Issues, Importance and Needs

By Dr. (Mrs.) Saroj P. Rajendra, Environmental Health Focal Point, MoHP

Dr. Saroj started with the highlight on UN conference on Environment and Development (UNED), Rio Declaration 1992, in which the first principle, human health is recognized as center of concerns for sustainable development. As its Seventeenth Principle has emphasized that representative nation develop Environmental Impact Assessment as national instruments to reduce adverse impact on environment due to development activities. She illustrated that UNED has recognized EIA as major tool for sustainable development, which ultimately leads to healthy and productive life of mankind. She emphasized that health issues are the vital components of any EIA. She added that although Seventh National Five Year Plan of Nepal has addressed the need of EIA for sustainable development, still it could not come into practice effectively. The EPA and EPR, gazetted in 1997, have made IEE and EIA compulsory for development projects in the country and have given mandate to the concerned ministries for approval of IEE and for implementation of EIA reports, approved by the MoEST (previously MOPE). According to that many ministries have developed their own sectoral EIA guidelines, viz. for road, water, forest etc. She explained that health issues were not adequately addressed in the national EIA guidelines. She illustrated that National Health Policy 1991 prioritizes environmental health as promotive health services but MoHP could not work properly. She said the inadequate human resources, weak environmental unit and lack of proper TORs are the major issues to hinder the work on these matters. She emphasized on the need of sectoral EIA guidelines for health and this guidelines needs to be followed in health sector development projects like hospital, nursing homes, pathological labs, pharmaceutical companies etc. In this context the national EHIA guidelines 2004 should be applied as sectoral guidelines of EIA for health sector with timely amendment. Finally she concluded that MoHP should show immediate concerns in this regard and needs to be actively involved in the EIA review committees constituted by the MoEST, too. *(The paper presented by Dr. Saroj is attached in the annex of the report.)*

2.1.4 Remarks from WHO representative

By Mr. Sharad Adhikari, NOO, Environmental Health, WHO-Nepal

He began with short highlight on WHO activities. He said that WHO focuses on health issues in relation with development, environment and poverty alleviation in order to improve health sector of the country. Realizing the significance of environmental health issues and their proper considerations in the IEE/EIA practice in the country, WHO is working in close collaboration with NHRC right from the development of the EHIA guidelines. He highlighted about the first phase of program, which formed a high level National Steering Committee and endorsed the EHIA guidelines. He hoped that National Steering Committee remains active also in the future. He added that this second phase of program focuses on the implementation of this guidelines making the authorities/personalities at different levels (viz. planners, implementing groups, practitioners, etc.) aware of the EIA and EHIA guidelines so that more health issues would be properly and adequately considered during implementation of EIA. He explained that EIA is very broad and focuses on total ecosystem as an umbrella. It could not be categorized as health, road, irrigation, hydropower, etc. only. Considering the National EIA guidelines as the umbrella guidelines, concerned ministries have developed sectoral EIA guidelines and it is therefore necessary that a sectoral guidelines for the health should be developed. This guidelines, when followed while conducting health related development projects, environmental health issues would be adequately addressed, impacts would be properly highlighted and mitigation measures to reduce or control any adverse impacts on human health would be properly proposed. He said that it was the main objective of developing EHIA guidelines, so that in future, it would become as mandatory rather than optional. He further said that critical health issues, which are missed during implementation of EIA in the past, could be addressed properly in the future and thus would minimize health problems. This would contribute in poverty alleviation of the country. He believed and wished that MoIP/HMG would be successful in effectively implementing this guidelines.

2.1.5 Discussion

Mr. Ram Hari Aryal, Joint-Secretary, Population Division, MoHP

He said that if there is any short coming in EHIA guidelines then first of all it needs to be amended and then it should be implemented. He also emphasized on the need of more coordination with MoEST. He said that health issues are major components of the development and are related to all development projects. Therefore, it is not necessary to separate EHIA from EIA, but health issues in EIA should be addressed in accordance with

the EHIA guidelines. He illustrated that the EIA report of one hospital lacked major health issues. It is good to have EHIA as sectoral guidelines to support existing EIA process and EIA guidelines. He concluded that this guidelines needs to be approved by MoEST as sectoral one and for further steps, MoEST and MoHP should go jointly in an integrative approach.

Dr. Saroj P. Rajendra, EH Focal Point, MoHP

She said second meeting of the National Steering Committee of EHIA has endorsed EHIA guidelines and has sent the documents to MoEST for further comments but MoEST has not replied yet. She emphasized that MoHP needs to take more concerns and initiations for further work.

Dr. Bhupendra Devkota, EHC, NHRC

He supplemented that since there are already other sectoral guidelines prepared and implemented by other ministries/agencies, there would be no objection in developing sectoral EHIA guidelines in health sector. EPA1997 and EPR1997 have given mandates to develop and implement sectoral guidelines under existing National EIA guidelines. He added that a close coordination between MoHP with MoEST is essential for necessary amendment of the EHIA guidelines and for final approval prior to its implementation.

Dr. Meera Ojha, Joint Secretary, MoHP

She emphasized that EHIA guidelines is very essential at the present situation. Since, health issues relate to all sector of developments, it needs to be assessed properly during EIA of all development activities. She also said that since there is already a National EIA guidelines, EHIA guidelines should come under this national EIA guidelines rather than a separate one. MoHP should look that this EHIA guidelines is properly followed while doing EIA/IEE of health related development activities. Such sectoral guidelines would also assist as necessary tool during monitoring and evaluation of such projects. She reclaimed that EHIA guidelines developed by NHRC and endorsed by National Steering Committee should also be endorsed by MoHP/HMG with necessary amendment, if needed, so that it will have legal backing..

Dr. Dirgh Singh Bam, Joint-Secretary & Focal Point, MoHP

Dr. Bam concisely put his remarks saying that mere discussions and endorsement of EHIA guidelines would not be enough. MoHP should effectively implement this guidelines and should monitor adequately whether this guidelines is properly followed.

2.1.6 Remarks from the Chairman,

Mr. Ram Chandra Man Singh, Secretary, Ministry of Health and Population (MoHP).

First of all he thanked NIIRC for inviting him in this program. He found that health issues are under emphasized though they are very crucial issues in the present situation. He remarked the technical brainstorming and discussions while developing EIIA guidelines as positive. He agreed with Mr. Mainali on the legal bases for the implementation of this guidelines. He suggested that it would be better to have an in-house discussion for necessary amendment to make it consistent with the National EIA guidelines. He also proposed to form a core group consisting of experts to make it more effective and to provide technical support to the ministry while implementing this guidelines. The implementation will be effective, if it is practically followed and genuine issues are properly raised/addressed. He concluded that MoHP should have a clear vision before interacting with other line agencies and MoEST. At the end, he showed his willingness, both in person and from the ministry, to always prioritize such issues.

2.1.7 Vote of Thanks

By Dr. S. P. Singh, Member Secretary, NIIRC.

Dr. Singh thanked the Secretary of the MoHP, high level authorities from MoHP, paper presenters, WHO representative and other personalities. He was very grateful to Health Secretary for his words of giving priorities while implementing EIIA guidelines. He also agreed that EIIA guidelines, developed by NIIRC, may need necessary amendments as and when required. He was convinced that Health Secretary would take necessary steps for further implementation of the guidelines.

3. Phase Two

3.1 Proceedings Report of workshop on "Integration of Environmental Health Impact Assessment (EHIA) in the Existing EIA Process/Procedure for EIA Practitioners".

As the second phase of programme, the training-workshop was organized on " *Integration of Environmental Health Impact Assessment (EHIA) in the Existing EIA Process/Procedure*" on 11th January 2006. The workshop began with the chairing of Dr. (Mrs.) Saroj P. Rajendra, Joint Secretary & Focal Point, Environmental Health, Ministry of Health and Population. *The list of invited participants is attached in the Annex-2 of this report.*

The programme began with introduction of participants.

3.1.1 Welcome and Program Highlight

By Bhupendra Devkota, Ph.D., Environmental Specialist, Program Coordinator, NHRC

First of all Dr. Devkota welcomed the chairperson and all other participants from different organizations, consultancies and universities. After briefly highlighting about the program, he elaborated the main objectives of the program; that the first one is to make EIA practitioners aware of the health issues and their inadequate addressing during the EIA process and next was to familiarize them with the environmental health impact assessment and application of EHIA guidelines while conducting EIA.

He briefly explained about development of EIA in Nepal and indicated that health issues and their assessments were genuinely lacking in the existing EIA process and reports. Although EIA is for the sustainable development, which again is human centered, the health issues should be adequately addressed. Therefore, he emphasized that the health issues and the impact on these should be addressed with high priority in EIA/IEE process. This EHIA guidelines would help in this matter, especially for those health related development projects which pose significant health impacts due to environmental deterioration. EIA/IEE of other development projects also needs to incorporate health issues adequately depending upon the magnitude of impacts. He also emphasized for MoHP to take lead in coordination with other

line agencies for further implementation and practice of EHIA guidelines (*His presentation is attached in the Annex-2 of the report*).

3.1.2 Practice of EIA and Incorporation of Environmental health issues with respect of EHIA guidelines

Mr. Salil Devkota, Environmental Specialist, College of Applied Science, Nepal.

Mr. Devkota began with highlighting different National and International Environmental laws rectified by HMG/Nepal which according to him were bases for development of EIA in Nepal. He emphasized that EPA-1997 of Nepal was major turning point of development of environmental law and policies in Nepal under which highly recognized tools like EIA/EEA help to protect environment from development activities. This has become the long term goal of sustainable development in the country. He presented many other national environmental law and policy measures developed in the Nepal to strengthen EIA/EEA process/practice. He defined EIA as a project management tool for collecting and analyzing information on the environmental effects of projects to aid planning and implementation. He illustrated the relations between EIA process and environmental health risks factors. Then he figured out tripartite relationship between environment, development activities and health. His views were that human beings were the centre of development, and thus human health protection and improvement should be final goal/outcome of the development activities. Based on review of previous EIA reports, he also realized that the human health aspects were not given due attention in EIA process. He pointed out series of shortcoming of health information in EIA process and justified the reason for emergence of Environmental Health Impact Assessment Guidelines. He mentioned EHIA process and EHIA flowchart according to EHIA guidelines and figured out major health features that need to be considered during EIA process. Then he discussed about major reasons (like lack of expertise, lack of knowledge base, low advocacy etc.) why health aspects in EIA process were not properly considered. He highlighted few challenges (such as financial, strict implementation, training, human resources etc.) for incorporation of health aspect in EIA process. He also explained the importance of legal binding and enforcement mechanism for establishment of EHIA either through Act or through ministerial ordinance. He addressed that some of requirement (like professionalism, high motivation, ownership, review and approval process, awareness, compliance, impact monitoring and evaluation etc.) for incorporation of environmental health issues in EIA with respect to EHIA guidelines. He concluded his presentation requesting for application of EHIA guidelines as major tool/part of EIA in order to emphasize human health

as genuine part of development (*His slide presentation is attached in the Annex-2 of the report*).

3.1.3. EIA process and Environmental Health Issues

Mr. Luxman Mainali, Environmental Lawyer, Joint Secretary, Secretarial Office of Council of Minister.

Mr. Mainali started with general information about EIA process based on National EIA guidelines developed in 1993. According to him National EIA guidelines included Screening process for selection of EIA/IEE based on schedule 1 and 2, Scoping process for issues and impact identification, its methodology and preparation of Terms of Reference (ToR) based on scoping report, impact measurement in four major aspect (biological, physical, socio-economical and cultural), impact prediction and mitigation measures and environmental management plan. He informed that National EIA guidelines was prepared with financial support from different donor agencies but was not implemented effectively due to lack of legal binding. EIA was made mandatory only after EPA and EPR-1997 and incorporated most of provision of National EIA guidelines. Under EPR and EPA, provision of IEE and EIA and its procedures were clearly made. He emphasized on the possibilities of addressing health impacts under a separate heading like physical, chemical, biological and socio-economic headings. He mentioned the provision under rule 5 of the EPR that MoEST can order for a separate health impact assessment report, if that project produces serious and potential environmental health hazards. As concerned agency MoHP can review the scoping and ToR reports of Health related activities and can provide suggestions regarding necessary shortcomings of health issues to MoEST. He viewed that public hearing is the best technique of raising awareness about the possible health impacts of any project and to collect necessary suggestion/comments from them. According to him, this would help in the identification of mitigation measures and proposing of environmental management plan for reduction of health impacts. He suggested that MoEST can use the EHIA guidelines as reference document referring in each steps of EIA process, although it till date lacks legal backing. He also mentioned few shortcoming and ambiguity in the EHIA guidelines on certain aspects like provision of ToR, monitoring and evaluation procedures, environmental management plan and environmental health auditing plan and therefore suggested for its amendment. (*His slide presentation is attached in the Annex-2 of the report*).

3.1.4. Remarks from WHO representative

Mr. Sharad Adhikari, NOO, Environmental Health, WHO-Nepal

He was overwhelmed to see EIA practitioners in the workshop discussing on incorporation of EHIA tool in the EIA process. He mentioned that four sectors viz. environment, society, development and health are so much interrelated with each other that one can hardly analyze them independently. Therefore, he emphasized on the need of incorporation of health for sustainable development of the country. He also agreed that EIA process being still in preliminary stage, this kind of discussion and identification of shortcoming would assist in the strengthening and development of EIA process. He informed that EHIA guidelines was developed with support of WHO in 2002 (revised in 2004) realizing importance of health aspect, but still inadequately addressed, in the existing national EIA process. He further stated that environmental impact is long term impact while public health impact is an immediate one that can arise in short period of time due to improper development activities. He concluded with the remark that EHIA guidelines was developed to incorporate the health issues in the existing EIA process rather than to develop a separate EHIA document.

3.1.5 Discussion

Many queries raised by various participants during the discussion are summarized as below:

- a. Solid Waste, especially Health Care Waste, is the major environmental health risk factor in Kathmandu.
- b. Need of health impact assessment of development projects in Nepal in order to identify major environmental health impacts from particular projects
- c. Need of public awareness on such genuine issues.
- d. Need to take environment health issues as social issues and need to integrate all stakeholders.
- e. Need of strong coordination and leadership by Ministry of Health and Population.
- f. Need of EIA implementation addressing major health aspects based on EHIA guidelines.
- g. EIA process should be made simple, more practical based in Nepalese.

3.1.6 Group Work and Presentation

The group was classified into two, Group A & B. EHIA guidelines and past EIA reports were provided to both the groups. Group A was given Scoping and TOR report of "Establishment of Community hospital in Community Forest Area" and Group B was given "Scoping and TOR of a Hydropower Project".

3.1.6.1 Group A Presentation

Mr. Nirakar Acharya, Research Officer, New Era

Shortcoming noticed in the Scoping report

- Lack of health expert in study team.
- Lack of baseline health information like demographic profiles, vital statistics etc.
- Not clear whether the proponent followed Health policies and Act.
- No information on water and air quality
- Health issues regarding prevailing diseases (eg. Arsenic, goiter, leprosy etc.) not addressed
- Lack of information on solid waste management (health care waste/Medical waste)

ToR preparation

- A separate chapter on "Health, Hygiene, safety and security" in the report would be better.
- Data collection and survey methodology is not properly addressed.
- Coordination mechanism among different stakeholders regarding controlling health impact to be mentioned.
- Orientation program to support staffs/waste handlers to be planned.

3.1.6.2 Group B presentation

Ms. Isha Sharma, Environmentalist, Consolidated Management Services Pvt. Ltd

Shortcoming:

- Lack of Baseline health information like vital statistics, no detail local health facilities and services
- Potential Health hazard is mentioned but not health specific like impact due to noise pollution, air pollution; also the types of health impacts are not mentioned.
- Lack of information on vulnerable /risk groups.
- No information on stakeholder related to health.

Suggestions: Points to be incorporated:

- Potential health hazard- new disease introduced due to migration of work force.
- Long term and short term health impact assessment
- Inundation issues may cause long term health effect
- Malnutrition in poor community due to long term food unavailability.
- Identification of Vulnerable /Risk group- community (women, children, elders, poor and other disadvantage group)

- Main stakeholders- Community and local health institutions

TOR preparation

- Health related data collection process should be included.
- During public hearing- VDC/DDC level stakeholders and health related stakeholders must be present
- EIA study team needs a Health Expert.
- Needs prime concern from government/legal institution to abide forcibly.

The group agreed that health impact assessment should be incorporated in EIA process and procedures.

3.1.7 Closing Remarks from Chairperson

Dr. Saroj P. Rajendra, Focal Point, Environment, MoHP

Dr. Saroj P. Rajendra thanked all three paper presenters for their good presentation. She claimed that all three presentations were focused on incorporation of health aspect in EIA process. They were all valuable and praiseworthy and could be important information and suggestion for Ministry of Health and Population. She also thanked all the participants for their remarkable group work and presentation, where the groups were able to identify shortcoming of health issues in EIA reports in such a short period of time. Finally, she thanked the organizer for giving her this opportunity to chair the workshop.

3.1.8 Votes of Thanks

Dr. S. P. Singh, Member Secretary, NHRC

He thanked all participants and resource persons for participating in the workshop. He assured that he would definitely incorporate the points discussed there. He showed his commitment that the EHA guidelines, which has come into existence due to NHRC with support from WHO, will be timely amended. He thanked all the participants once again.

The training/workshop was adjourned.

4.0 Phase Three

4.1 Proceedings Report of workshop on "Integration of Environmental Health Impact Assessment (EHIA) in the Existing EIA Process/Procedure for EIA Reviewer".

As the third phase of program, the training-workshop was organized on "*Integration of Environmental Health Impact Assessment (EHIA) in the Existing EIA Process/Procedure*" especially focusing to experts involved in the EIA review teams. The workshop began under the chairmanship of **Mr. Sharad Adhikari**, National Operation Officer, Environmental Health, WHO-Nepal on 12th January 2006. The participants were from different governmental and non-governmental organizations. *The list of invited participants is attached in the Annex-3 of this report.*

The program began with the introduction of participants.

4.1.1 Welcome and Program Highlight

By Bhupendra Devkota, Ph.D., Environmental Specialist, Program Coordinator, NHRC.

Dr. Devkota welcomed the chairperson and the special guest Mr. Han Hajman, Environmental Health Advisor, WHO in the workshop and welcomed all the participants. He indicated that although EIA/IEE practices were implemented in the country under EPR-1997, health issues and their assessments were genuinely lacking in the existing EIA process and reports. He emphasized that EIA is the major tool for sustainable development, which is human centered. Thus the health issues should be given high priorities. He justified that EHIA guidelines was developed with support of WHO in 2002 in order to incorporate health issues in the existing EIA process of development projects and to support the National EIA guidelines. Such workshop was organized at different levels/phases to sensitize different stakeholders / participants about it.

He emphasized that health issues and their impact assessment in EIA/IEE process should be given priority and the EHIA guidelines should be followed, especially by health related development projects, which impose significant health impacts due to environmental deterioration and also by other development projects, which may produce significant health impacts. He also requested EIA reviewers to give priority to health

issues while reviewing the scoping and TOR reports and to critically analyze the information on health in the EIA report.

4.1.2 EIA Review process (Focusing on Health Issues)

Mr. Laxman Mainali, Environmental Lawyer, Joint Secretary, Secretarial Office of Ministerial Council.

Mr. Mainali began his paper on EIA review process. He explained that under section- 6 of the EPA, HMG/Nepal has empowered the MoEST to form a review committee comprising experts from concern agencies. The review committee generally reviews the scoping and TOR reports and finally EIA report. He indicated that there were possibilities of addressing health impact similar to socio-economic, physical, chemical and biological impacts of any development activity. He mentioned that under the rule 5 of the EPR MoEST can prescribe for a separate health impact assessment in the ToR, if that project brings serious and potential environmental health hazards. The review committee can review the scoping and ToR report and also suggest for necessary shortcomings of health issues and impact from environmental factors. Similarly, the committee can suggest addressing magnitudes of impacts, mitigation measures, monitoring and evaluation plan, environmental management plan in TOR regarding health impact while reviewing the report. Therefore, he suggested that MoEST should take a leading role in the incorporation of health issues while reviewing Scoping, TOR and EIA reports (*His slide presentation is attached in the Annex-3 of the report*).

4.1.3 Practice of EIA and Incorporation of Environmental health issues with respect to EHIA guidelines

Mr. Salil Devkota, Environmental Specialist, College of Applied Sciences-Nepal.

Mr. Devkota began with highlighting different National and International Environmental laws rectified by HMG/Nepal, which according to him were bases for development of EIA in Nepal. He emphasized EPA-1997 of Nepal was major turning point of development of environmental law and policies, under which EIA/HEA are highly recognized as important tool to protect environment from development activities and thus as long term goal of sustainable development in the country. He presented many other national environmental laws and policy measures developed in the Nepal which help to strengthen EIA/HEA process/practice. He defined EIA as a project management tool for collecting and analyzing information on the environmental effects of projects to aid in

planning and implementation process. He discussed on EIA process and environmental health risks factors. Then he figured out tripartite relationship between environment, development activities and health. His views were that human being was the centre of development, therefore human health protection and improvement should be final goal/outcome of the development. He also realized that the human health aspects were not given due considerations in EIA process based on review of EIA reports in the past. He pointed out series of shortcoming of health information in EIA process and justified reasons for emergence of the present EHIA Guidelines. He mentioned EHIA process and EHIA flowchart according to EHIA guidelines and figured out major health features that need to be considered during EIA process. Then he discussed about major factors (like lack of expertise, lack of knowledge base, low advocacy etc.), responsible for inadequate consideration of health aspects in EIA process. He highlighted few challenges (such as financial, strict implementation, training, human resources etc.) for incorporation of health aspect in EIA process. He suggested the need of legal binding and enforcement mechanism for establishment of EHIA either through Act or through ministerial ordinance. He added that some of the requirements (like involvement of professionals, high motivation, ownership, review and approval process, awareness, compliance, impact monitoring and evaluation etc.) to be incorporated with respect to EHIA guidelines. He concluded his presentation requesting for application of EHIA guidelines as major tool/part of EIA in order to emphasize human health as genuine part of development (*His slide presentation is attached in the Annex-3 of the report*).

4.1.4 Remarks from Special guest

Mr. Han Heijnan, Environmental Health advisor, WHO-Nepal.

He was impressed by good debate on integration of health issues with environment. He said such debate was very valuable as it was directly of public concern. He emphasized on need of substantive monitoring of those issues, too. He illustrated that few decades ago cancer was not global health problems, but now it became genuine problem caused by poor quality of environmental conditions. People are growing older day by day and should take more concern of health and quality of living, and this is possible only through environmental protection. He further stated that technically integration of health with EIA was very difficult as health impact itself was a complicated subject. It was very difficult to identify main source, magnitude, extent and duration of pollution. He shared his few experiences like rainwater harvesting in Sri Lanka, Arsenic contamination in ground water in Bangladesh and toxic effects on people of United States, too. He stated that

health effects and challenges vary from country to country and are greatly influenced by custom, habit of living and thinking of people. He hoped that knowledge on EHIA would raise health concerns/awareness in communities, local governments and other stakeholders. He emphasized good professional practice as a pre-condition. He indicated that more profit earning intention could sideline major concerns of environmental protection but this should not ignore health impacts. He suggested following win-win approach as much as possible. He also indicated the importance of regulatory mechanism and monitoring system. He emphasized on the importance of equal contribution from every sector and at every stage of development. He emphasized on capitalization of this subject matter through school curricula and should develop local expertise in dealing with these matters. According to him, above strategies are very important in order to institutionalize the EHIA. He informed that rather arguing on acceptance by society, risk assessment on behalf of all should be done and this document should be developed as a public document to be followed by all. He emphasized on the execution and implementation of this document for addressing the real issues. Also, equally important is monitoring and evaluation processes. At the end he said that development sector and environmental protection must be integrated so that the country could benefit from profit and also enhance healthy living of public.

4.1.4 Discussion

The discussion session was a good brainstorming exercise with genuine arguments. The summary of discussion is given as points below:

- The present EIA practice is time consuming and cannot be completed within the projected period; difficulties in coordination with concerned ministries; difficulties in financial matters with proponent, consultancy and donors.
- Need to amend the time schedule of 30 days and 90 days for EIA.
- Lack of environmental information while carrying out IEE/EIA
- Need of professionalism in conducting IEE/EIA.
- Lack of Activities to institutionalize IEE/EIA in the concerned ministries /agencies /departments.
- Need of institutionalization of IEE/EIA from higher to lower level government institutions, who deal with EIA/IEE.
- Need of regular and effective monitoring of development projects after EIA/IEE.
- Lot of changes and clarification needed in EPA about EIA/IEE (like time period, license for EIA, EIA team, type and assessment of impacts, projects not included in schedule 1 and 2)

- Information about HE/EIA to be shared between the concerned ministries and MoEST.
- Primary health impact and secondary health impact due to environmental deterioration should be addressed during EIA/IEE of development projects
- Possibilities of incorporation of health issues in existing EIA/IEE process.
- Need of clear mechanism and steps where health issues can be included in the National EIA guidelines.
- Need to raise awareness of Proponent about EIA and to bring them in front line and educate them.
- Difficulties in the implementation of any guidelines which may contradict with EPR-1997.
- Need of HE/EIA manual for more effective implementation.
- Need of assessment for threshold limit of health related development projects by MoIP and to address them in schedule 1 and 2.
- Lack of human resources on health impact assessment; need of NIIRC assistance in this matter
- Need of amendment of EHIA guidelines developed by NIIRC.
- Need of joint exercise by both MoIP and MoEST to amend the guidelines.

4.1.5 Closing remarks from chairperson

Mr. Sharad Adhikari, NOC, Environmental Health, WHO

Mr. Adhikari appreciated the effort of all presenters. He indicated that health issues were significantly lacking in the existing EIA process. He illustrated that EHIA guidelines was developed with support of WHO in order to incorporate health component in the existing EIA process. He said health issues should be assessed properly and procedures should be developed to mitigate adverse health impacts from the particular development project. As the health issue is a vital part of development and matter of concern to all development sectors, it is task and responsibilities of all ministries and line agencies to take concern on these issues with high emphasis rather than questioning who is going to take lead. He said coordination between the concerned ministries is equally important for institutionalization of EHIA guidelines. Finally, he thanked NIIRC for giving this opportunity to chair the session.

4.1.7 Votes of Thanks

Dr. S. P. Singh, Member Secretary, NIIRC

Finally, *Mr. S. P. Singh, Member Secretary, NIIRC* gave vote of thanks to chairperson, all participants and NIIRC family for making the workshop successful. Then the training-workshop was adjourned.

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V. The glimpse of Training –Workshops on EHIA



1. Dr. Saroj P. Rajendra, Focal Point, Environment, MoHP chairing the session



2. Mr. Salil Devkota, Environmental Expert presenting his paper on integration of EHIA in the existing EIA process.



3. Mr. Sharad Adhikari, NOO, WHO giving his remarks



4. Ms. Isha Sharma, Programme Officer, Consolidated Mgmt, presenting her group presentation



2. Mr. Batu Krishna Uprety, Environmental Officer, MoEST giving his comments on EHIA guidelines.



Mr. Han Heljman, Environmental Health Advisor, WHO giving his remarks

6.0 Third National Steering Committee (NSC) Meeting of EHA

The third NSC committee meeting of EHA was held on 27th January 2006 (14th Magh 2062) under the chairmanship of **Mr. Ram Chandra Man Singh**, Secretary at the Ministry of Health and Population (*The Minute of the NSC meeting is attached in Annex-4 of the report*). The agenda set for third National Steering Committee meetings were as follows:

1. Summarization of work progress of procedure for implementation of EHA guidelines
2. Miscellaneous

Bhupendra Deykota, Ph. D. presented paper on "*Summarization of work progress of EHA and role of MoHP*". He highlighted on the main agenda of the meeting. Then he explained about the formation of 11 member high level NSC of EHA. He thanked MoHP and all officials for taking keen interest and for their contribution during committee formation and for coordinating with all the line ministries on behalf of NHRC. He disseminated achievements of first and second NSC. He said that first NSC meeting was successful in sensitizing committee members on the importance of incorporation of health issues in the EIA process/procedures and endorsement of EHA guidelines was greatest achievement made in the second NSC meeting. He also informed that the second meeting also recommended to forward EHA guidelines to MoEST for comments and as a result MoEST was positive toward the EHA guidelines. With the secretarial level decision, MoEST has sent a request document for necessary amendment of the guidelines to MoHP. Then he explained briefly on the second phase of program, which was on the capacity building of EHA through training workshop that was organized in three phases: first for high level policy making group; second for experts involved in EIA review team; and lastly for EIA practitioners representing different organization of the country. He presented some important issues and comments raised during training-workshops and the important recommendations from all the training-workshops. He also informed that integration of environmental health issues in the existing EIA process was one of the major recommendations of the workshop. Then finally, he strongly emphasized on the continuation of NSC and requested MoHP to take the leading role while developing new policies/programs and while implementing in field of environmental health. (*His slide presentation is attached in the Annex-4 of the report*).

Discussion

Dr. Saroj P. Rajendra, Focal Point - Environment, MoHP, highly appreciated the contributions made by NIIRC and research activities undertaken till then. She also appreciated the effort done by NIIRC in developing EHIA guidelines and thanked WHO for all technical and financial supports. She also informed that the guidelines and policies cannot be implemented unless and until it would be owned by MoHP. Therefore, she requested MoHP to take the lead in developing such policies and also to strengthen capacity of environmental health unit in it. In her view, environmental health must be included in school and college education curricula, so that people would be more aware of these issues. Her strong emphasis at the end was that EIA review committee of MoEST must involve public/environmental health expert.

Mr. Revati Raj Kafle, Joint-Secretary, National Planning Commission, HMG requested MoHP to take initiation in the implementation of EHIA in all development projects. He agreed that health issues are genuine issues and should be given high priority in all sectors of development. He supported the view that such guidelines should be developed as sectoral guidelines by concerned ministries.

Mr. Lok Darshan Regmi, Joint-Secretary, Environment Division, MoEST briefly explained about development of IEE/EIA and EPA-1997 in Nepal and its institutionalization mechanism. He appreciated NIIRC/MoHP for developing EHIA guidelines as sectoral guidelines, which would significantly contribute in the strengthening and enhancement of EIA. He was also very positive towards incorporation of environmental health issues in the existing EIA process and informed that it would be possible under the existing EPA and EPR-1997. He also suggested amending some points of the guidelines which are ambiguous and contradict with the existing EIA. He informed that MoEST is planning to amend the EPA and EPR-1997 in near future and is planning developing a Manual for EIA in all sectors/fields. He appreciated MoHP for showing high concern in the field of environment and assured to provide support and work in coordination with MoHP in the future.

Mr. Pravin Aryal, Senior Engineer, Ministry of Water Resources, suggested that the EHIA guidelines needs amendment. He requested the MoHP to define threshold limits of the health related development projects to be included in Schedule 1 and 2, so that

requirement of EIA or IEE would be clear. He felt that all development projects will not have health impacts of the same degree, but it depends on types of projects. He requested concerned ministry to workout in detail on what sort of development sector gives what sort of health impacts in the country.

Mr. Ram Bahadur Shrestha, Representative of Ministry of Agriculture and Cooperative, found difficulties in following sectoral guidelines in the agriculture field. He said that the use of pesticides in agriculture gave higher health impacts, and thus needed proper assessment during EIA. Therefore, he emphasized on the need of amendment of EPA and EPR so that EIA would be easy, clear and could address real impacts of projects. He also suggested for a close coordination among concerned and line agencies.

Mr. Ramesh Raj Bista, Joint-Secretary, Ministry of Physical Planning and Construction highlighted the very imperative relationship between health and development works. He appreciated MoHP for forming NSC and discussing on such issue and working in coordination between concerned ministries. He also emphasized for more sensitization and training in this field and agreed the integration of health impact assessment in the present EIA. He requested MoHP to take lead.

Mr. Sharad Adhikari, NOO, Environmental Health WHO, emphasized that the purpose of developing EIIA guidelines was not only to work as a sectoral guidelines for health related development projects, but also for integration of health issues/impacts in all sector of development projects. He pointed out that health cannot be separated from environment and its consequences due to development activities. He wished NSC would be continuous in the future and would success in integration of environmental health with development projects so that Nepalese people would experience healthy living in near future. He was also in favor of MoHP leadership in this field.

Mr. Ram Chandra Man Singh, Chairman of NSC, Secretary at Ministry of Health and Population thanked all participants for their good interest on health issues and for their valuable suggestions in favor of MoHP. He also felt essentiality of database on environmental health. He thanked National Consultants for all their successful efforts and contribution in making the higher level aware of EIIA and sensitizing them about EIIA. He assured that he will take all efforts to give continuity to NSC in the future and if necessary the EIIA guidelines will also be forwarded to Ministerial Cabinet for

approval. He also took interest in developing the manual, if it would support development of health sector. He said that any policy or guideline should be implemented or should come into practice, otherwise it would be useless. Also, it should not contradict with other policies. He stressed that both health and environment are sensible issues and therefore should be given high priority. At the end, he assured that it will be discussed further in the future.

Mr. S. P. Singh, Member Secretary, NSC, NHRC gave vote of thanks to all the participants for giving their valuable suggestions and time.

The meeting was adjourned.

7. Recommendations

Based on the suggestions and comments collected from different stakeholders, representing different government and non-governmental organizations, during three phases of training- workshops, the following recommendations were made:

7.1 Amendment of EIIA guidelines

The EIIA guidelines was first developed in 2002 and revised in 2004. However, still few issues regarding EIIA process were found ambiguous and contradicting with the existing EIA process. There were also shortcomings pointed out by different experts on the guidelines, such as IEE process for environmental health, Environmental Management Plan and Auditing, and threshold limit for IEE/EIA of health related development projects in schedule 1 and 2 of EPA&EPR-1997. The EIIA guidelines should not contradict with national EIA guidelines prescribed by EPR-1997. The existing EIA should be carried out addressing the EIIA guidelines with an aim of integrating environmental health issues and impact assessment. Still, the EIIA process should be simple, easy to apply and easily understandable in context to Nepal.

7.1.1 Comments from MoEST

As EIIA guidelines was endorsed by NSC during its second meeting held under the chairmanship of Secretary of MoHP, there was strong discussion and suggestions were collected from high level officials of MoHP. They had recommended forwarding it to MoEST for comment. MoEST responded to it with the comments on 29th December 2005 (2062/9/14). Original Nepali version of the text is translated in English as follows (*The copy of Nepali version is attached in the Annex-5*):

Subject: In relation to Environmental Health Impact Assessment Guidelines

To,

The Ministry of Health and Population
Rams Shah Path.

In response to the letter forwarded by Ministry of Health and Population to this Ministry on 062/4/16, Secretary Level decision of HMG on 2062/9/13(28/12/2005) subjected that EHA guidelines developed in order to approve EIA of Health sector, could be considered for legal approval, if it is revised and amended accordingly as listed below:

- 1) Needs to be clear while developing the guidelines, whether it seeks a mandate for a separate EIA for health sector or wants to integrate health related issues in the existing EIA document.
- 2) The name of guidelines should be "Environmental Health Impact Assessment Guidelines".
- 3) Replace the word "MOPE" with "MOEST".
- 4) Revision needed in paragraph 3.1 of page 12 and paragraph 3.3 of page 15 without showing any contradiction with Environmental Protection Rules-1997.
- 5) Since EPA-1997 and EPR-1997 are in the amendment stage, it would be better to include the suggestions and comments of Ministry of Health and Population during amendment.
- 6) The italic sentences of third paragraph in page 1 are unclear as Rio-Declaration Statement, so better to write it according to the Principal -17. Better to mention Environment Conservation Council rather than NEPA.
- 7) Date of National Constitution in page 3 and paragraph of page 4 are unclear. Likewise, sending HEI to MOPE in the second paragraph also contradicts with Rule-6 of Environmental Protection Rules.
- 8) Flow Chart in page 13 and Chapter 4 seem indicate a separate EHA document, but it contradicts with EPA and EPR. Similar writings are also seen in other pages of the EHA guidelines.

Batu Krishna Upreti
Environment Officer.

7.2 EHIA as a Sectoral guidelines

EHIA guidelines should be developed as sectoral guidelines of EIA for health sector. According to EPR-1997, concerned ministries, with approval from MOPE (now MOEST), can develop sectoral guidelines of EIA. This guidelines should be able to address health issues also of non-health development projects and should integrate environmental health issues during impact assessment in EIA of all development projects.

7.3 Development of EHIA process manual

The matter of most concerned to all stakeholders was how to conduct environmental health impact assessment. EHIA could be different for different projects like road, health care institutes, industries, sanitary landfill, hydropower etc. Many stakeholders may not know the types and processes of health impacts caused by different projects. Therefore, EHIA process manual, when developed, could help in streamlining the EIA process, as a whole, and also guide the stakeholders on the types of the issues and severity of the impacts.

7.4 MoHP representative (Public Health Expert / Environmental Health expert) in EIA Review committee of the MoEST.

EIA scoping, TOR and final report are systematically reviewed and discussed during EIA review committee meeting in the MoEST. However, health issues, which are genuine issues of all development sectors, could be rightly put if a representative from MoHP (as Public Health Expert / Environmental Health expert) would be invited in EIA review committee of MoEST. In the past it did not happen as desired. This may be the reason why health issues were not adequately addressed in most EIA report, although there might be huge impact on human health during pre- and post-construction phases of the development project. An active representation from MoHP is thus advisable in EIA review committee of the MoEST.

7.5 Leadership by MoHP

The EHIA guidelines is the policy level document. Therefore, it requires policy-level decision from ministerial as well as secretarial levels for its implementation. The role of the MoHP is more authentic and relevant for its implementation and institutionalization than of the NIRC. Formation of NSC for EHIA and conduction of three NSC meetings were successful only due to an initiation of MoHP. Since environmental health is a genuine and growing issue, directly related to human health, it should be given a high

priority in Health policy (preventive measures) of MoHP and therefore MoHP should take a lead in this matter.

7.6 Capacity building in MoHP to strengthen Environmental Health Unit

Environmental Health Unit in MoHP is still in initial stage. With strong policy and development of strategy, good action plans and trained human resource it should be strengthened. This would also help in carrying out the above recommendations.

7.7 Continuity of NSC

The National Steering Committee, formed with great effort, comprises of a 11-member high level officials represented by different ministries and relevant stakeholder organizations, was successful in endorsing the EHA guidelines, but this guidelines has yet to be endorsed and/or approved by the MOHP to become a legal and official document of this ministry. Initially, NSC was formed just to endorse and implement EHA guidelines prepared by the NIIRC. However, its continuity is felt essential while developing new policies, strategies and action plans in the future in the field of environment health and other sectors of development. NSC therefore should continue working to maintain good coordination and to establish a network with all member line agencies.

8.0 Conclusion

The three phases of training-workshops were successfully organized in order to develop human resources, institutional capacity building and incorporation EHIA Guidelines within the framework of existing EIA process. The first phase of training-workshop was for Policy-makers of MoHP on sensitization of EHIA guidelines; second phase for EIA reviewers on integration of EHIA during EIA review; and last phase for EIA practitioners on integration of EHIA during EIA process. The group works and presentations gave good remarks and recommendations. They identified inadequacies of health issues in the existing EIA process and therefore recommended the essentiality of integration of health issues and impacts on health during EIA process. Lots of brainstorming discussions, suggestions and ideas were shared at all levels during three phases of workshops.

The major recommendations collected were:

- Need of amendment of EHIA guidelines
- Development of EHIA as Sectoral guidelines
- Development of EHIA process manual
- Strengthening the capacity of MoHP in Environmental Health Unit
- Active representation of MoHP (Public Health Expert / Environmental Health expert) in EIA Review committee of the MoEST, and
- MoHP should take leadership in implementing EHIA guidelines, as well as in formulating new policies and programs in the field of health and environment..

MoEST was very positive towards EHIA guidelines. Comments and suggestions given by MoEST after secretarial level decision would be helpful in upgrading and updating this guidelines.

Finally during the Third NSC meeting, conducted under chairmanship of Secretary of Ministry of Health and Population, all the activities, work progress and achievements were summarized. The NSC members gave their views, suggestions and comments regarding implementation of EIA and integration of EHIA in the present EIA process. The chairman assured that the NSC will be given continuity in the future and Environmental Health Unit of MoHP will be strengthened with more coordination with all NSC members, especially with MoEST.

Policy Makers of Ministry of Health and Population

S. No.	Name	Organization
1.	Mr. Ram Chandra M. Singh	Ministry of Health and Population
2.	Dr. S. K. Pahari	Nepal Health Research Council
3.	Dr. Nirakar Man Shrestha	Ministry of Health and Population
4.	Dr. Bishnu P. Pandit	Ministry of Health and Population
5.	Mr. Binod Gyawali	Ministry of Health and Population
6.	Dr. Hari Nath Acharya	Ministry of Health and Population
7.	Dr. Saroj Prasad Rajendra	Ministry of Health and Population
8.	Dr. Dirgha Singh Bam	Ministry of Health and Population
9.	Dr. Mira Ojha	Ministry of Health and Population
10.	Dr. Baburam Marasani	Ministry of Health and Population
11.	Mr. Rishi Rajbhandari	Ministry of Health and Population
12.	Mr. Mahendra Prasad Shrestha	Ministry of Health and Population
13.	Mr. Rishi Ojha	Ministry of Health and Population
14.	Dr. Shankar P. Singh	Nepal Health Research Council
15.	Dr. Shilesh Upadhyia	Ministry of Health and Population /WHO
16.	Mr. Sharad Adhikari	WHO-Nepal
17.	Mr. Surendra Thapa	Ministry of Health and Population
18.	Dr. Bhupendra Devkota	Nepal Health Research Council/CoAS
19.	Dr. Rajendra K. B.C.	Nepal Health Research Council
20.	Mr. Santosh Shrestha	Nepal Health Research Council

Development and Institutionalization of EIA in Nepal (Focusing with National Environment Health Assessment Guidelines)

Laxman Mainali
Joint-secretary
(Environmental Lawyer)
Nepal Law Reform Commission

Development of EIA

National EIA Guidelines 1993

- Screening
 - IEE (Schedule-1)
 - EIA (Schedule-2,3)
 - Scoping (after the screening of the project)
 - To discover alternatives to the activities of the project
 - To select appropriate alternative.
 - To determine issues to be considered in the course of EIA
- Methods of Scoping, among others,**
- Public participation
 - Collection of data and information

Contd..

- Terms of Reference.
- EIA Report, with the involvement of public participation,
 - Socioeconomic Impact
 - Biological and physiochemical Impact
 - Cultural Impact
- Impact prediction
 - Magnitude of Impact
 - Extent of Impact
 - Duration of Impact
- Impact Mitigation Measures
- Environmental impact monitoring

Contd..

- Relevant institution
 - Concern agency
- National EIA Guidelines was not implemented effectively due to lack of legal backing
- The *Environmental Protection Act (EPA)* and *Environment Protection Rules (EPR)*.
- Mandatory EIA provision.
 - Included most of the provisions of National EIA Guidelines.
- Provisions under the EPA and EPR
- Initial Environmental Examination (IEE)
 - Concern Ministry is the approval agency

Contd..

- EIA
 - Concern ministry is Ministry of Environment and Science and Technology.
- Before carrying out EIA
 - Scoping
 - Work Schedule (ToR).
- As per the scoping report ToR is prepared.
- Requirement to be mention in ToR, among others,
 - Socio-economic impact
 - Chemical
 - Biological
- Health impacts are need to be addressed under these impacts in the EIA report.

Contd..

- In relation to ToR of IEE, the approval agency is concern ministry
 - The approval agency is MoEST for approving ToR of EIA.
 - IEE, and EIA need to be carried out as per the approved ToR and provisions of schedule-5 and schedule-6, respectively.
- Health Impact assessment in IEE and EIA.
- In carrying out IEE, and EIA the following impact need to be mentioned
 - Impact on human health due to the emission of solid, liquid, air, gas, noise, dust etc
 - Impact on human health, under the social and economic impact.

Contd..

- Under the biological impact, impact on population.
- Under the physical impact, impact on human health due to the impact on land, atmosphere, water and noise.
- Measured to reduce or control health impacts.
- In the EIA report
 - Procedure of monitoring with the purpose of reducing or controlling the impact of the implementation of the proposal on the human health.
- Provisions for reducing or controlling health impact under the proposed Environment management system.
- Although, the EPR requires for the assessment of health impact in carrying out EIA and IEE in practice it is lacking

National Environmental Health Impact Assessment Guidelines, 2004

- This Guidelines requires separate health impact assessment parallel to that EIA with the provisions of:
 - Screening
 - Scoping
 - Preparation of report
 - Review and approval of the report
 - Monitoring and evaluation
- No provision of ToR.

To make implement able to the Guidelines

- Need legal backing by the EPA and EPR.
- For this, it is required to amend EPR:
 - to include the provisions of EHIA and
 - to make change/amend the provision of IEE and EIA report to make compatible with EHIA.
- At present, this guidelines will not be implement able.

Suggestions with regard to EHIA

- Need to develop the guidelines as a sectoral guidelines underreferring the EIA provision of EPR rather to make separate guidelines.
 - Or
 - After making National EIA guidelines compatible with EPR, develop the Guidelines under the National EIA guidelines.
- The following provisions, among others, should be incorporated
 - Provisions need to be mentioned for the stage of scoping.
 - Provisions need to incorporate in the ToR

Contd..

- Monitoring and evaluation procedure for controlling or reducing health impact.
- Provisions of environment management system for the purpose of controlling or reducing health impact.
- Procedure of auditing to make sure or to know whether or not health impacts are controlled or reduced or minimized as per approved EIA report.

Responsible Agency

- Ministry of Population and Health should initiate to develop the Guidelines with cooperation of MoEST.
- MoPH is responsible ministry with regard to monitoring and evaluation of the implementation of the EIA report which is related to the health.

Environmental Health Impact Assessment (EHIA) Guidelines: Issues, Importance and needs

Dr. Saroj P. Rajendra
Focal Point
Environmental Health
Ministry of Health and Population

26 October 2009

Importance

UN Conference on Environment and Development, Rio Declaration, Agenda-21, 1992

- Principal 1- Human being, center of concerns for sustainable development, are entitled to a healthy and productive life in harmony with nature.
- Principal 17- Environmental Impact Assessment (EIA), as a national instrument to reduce adverse impact on environment from development activities

EIA ----- Sustainable Development ----- Health

Importance

Environmental Protection Act 2054 and Environmental Protection Rules 2054

- **Mandates the Concerned agency**
 - to grant the approval of IEE proposal and report
 - Approval for implementation of EIA reports passed by MoEST
 - Preparation of Sectoral guidelines on EIA in close coordination with MoEST/HMG.
 - **Environmental Health Impact Assessment (EHIA) Guidelines - Sectoral Guidelines (in health case)**

Importance

National Health Policy 1991

- **Priorities Environmental Health as Promotive Health Services**
- **Formulation of Laws and regulations in relation to health as necessary**

↓
Development of guidelines - Environmental Health Impact Assessment Guidelines for Health sectors and other development sectors

Issues

- **Existing guidelines/EIA process**
 - whether address adequately Environmental Health Issues/ Components ??
- **Health issues not adequately** addressed while reviewing the EIA reports- Baseline health status, identification of direct and indirect environmental and occupational health hazards, health risk group identification, prediction of health consequences, monitoring and auditing plan for health etc.
- most of other concerned ministries have strong environment division- **MoHP has to strengthen it.**

Issues

- **very few EIA or IEE reports in health related development project** like: establishment of hospitals, Laboratories, Pharmaceutical companies etc
- **No defined sectoral guidelines on EIA for health sectors**

Needs

- Incorporation of Environmental Health protection as preventive health measures in National Health Policy.
- Establishment of EIA section or division in MoHP. Strengthening capacity building in EIA in MoHP.
- Application of National Environmental Health Impact Assessment Guidelines with timely amendment as Sectoral Guidelines of EIA for health sector.

Needs

- Addressing of EHIA guidelines for all environmental health related development projects- for health issues
- Needs of compulsory participation from MoHP in EIA review committee.

Thank you.

EIA Practitioners Group Participants List

S. No.	Name	Institute
1	Dr. Saroj P. Rajendra	MoIP
2	Dr. S. P. Singh	NHRC
3	Dr. Bhupendra Devkota	NHRC
4	Dr. Rajendra Adhikari	NHRC
5	Mr. Sharad Adhikari	WHO
6	Mr. Laxman Mainali	SoMC, HMG
7	Mr. Santosh Shrestha	NHRC
8	Ms. Pearl Banmali	NHRC
9	Mr. N. K. Sharma	NHRC
10	Ms. Kavita Sharma	College of Applied Science (Environment/CAS)
11	Mr. Salil Devkota	CAS
12	Ms. Nira Bhatta	College of Applied Science (Environment/CAS)
13	Mr. Subash C. Khanal	SCEC
14	Mr. Bhanu Bhakta Panthi	SCEC
15	Ms. Sarina Lama	College of Applied Science (Environment/CAS)
16	Mr. Sunil Babu Khatri	NESS
17	Mr. Utam Silwal	RSS
18	Mr. Atul Mishra	Kantipur T.V.
19	Mr. Toya Dahal	Kantipur T.V.
20	Mr. Sudeep Devkota	Clean Environment Nepal Pvt. Ltd.
21	Mr. Chandra Baral	Metcon Consultants Pvt. Ltd.
22	Ms. Eliza Sthapit	Clean Energy Nepal
23	Mr. Nirakar Acharya	New Era
24	Ms. Isha Sharma	Consolidated Mgmt Services Pvt. Ltd.
25	Mr. Vijaya L. Nyachhya	Multi Disciplinary Consultants Pvt. Ltd.
26	Ms. Indira Aryal	The Rising Nepal
27	Mr. Purushottam Dhakal	NHRC
28	Mr. Kailash M. S. Dangol	Nepal Consult
29	Mr. Deepak B. Singh	SILT Consultant Pvt. Ltd.
30	Mr. Kuber Mani Nepal	National EIA Association

Introduction to EHIA

Bhupendra Devkota, Ph.D.

Programme Coordinator
NEIRC

11th January 2006

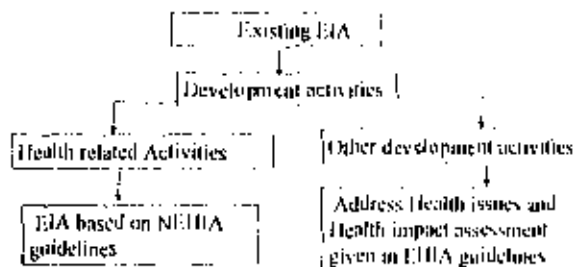
EIA and EHIA

- EIA introduction- Seventh plan (1985-1990)-NCS
- EIA mandatory- Eighth plan (1990-1995)-NEIA guidelines, 1993
- Environment Protection Act-1997, Environment Protection rules-1997 (EIA -schedule-1 and EIA-schedule-2)
- EIA 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

Importance of EHIA



Practice of EIA and Incorporation of Environmental Health Issues with Respect to EHIA Guidelines in Nepal

- Sallu Devkota, Environmental Expert

MHRC, Kathmandu, Nepal

January 11, 2005

Environmental Laws in Nepal

- ✓ International Law
- ✓ Constitutional Law
- ✓ Umbrella Law
- ✓ Sectoral Law

Environmental Law (contd:)

- ✓ Nepal is party to the more than 15 international environmental laws like
- ✓ CBD
- ✓ UNFCCC
- ✓ Wetland Convention
- ✓ World Heritage Convention
- ✓ Basel Convention
- ✓ Desertification Convention
- ✓ CITIES

Constitutional Provisions (Art. 26)

"The state shall give priority to the protection of the environment of the country and also prevent damage due to physical development activities by making people conscious of environmental cleanliness, and by making special arrangements for the protection of rare animal species, forest and vegetation"

National Constitutional Provision

Fundamental Right to environment (Art. 12.1)
Parliamentary committed on environment

Environmental Protection Act (1997)

Objective:

The main objective of the Act is to carry out developmental projects in such a manner that no damage is done to natural environment. Thus, the ultimate goal of EPA is to help Sustainable development.

- ✓ IEE and EIA
- ✓ Prevention and Control of pollution
- ✓ Protection of National Heritage
- ✓ Environmental Conservation Area
- ✓ Environmental Protection Fund
- ✓ Compensation
- ✓ Incentives
- ✓ Rule making Power to the Government

Environmental Laws (contd:)

- Local Self Governance Act, 1999
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- Water Resources Act, 1992

Policy Measures

- Tenth Plan
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- NEPAP
- Bio Diversity Strategy
- Water Resources Strategy
- Wetland Policy
- Forest Policy
- NEHI (1997)

EIA Process

EIA is considered as a project management tool for collecting and analyzing information on the environmental effects of projects to aid planning and implementation of decisions. It is used to

Identify potential environmental impacts

Examine the significance of environmental implications

Assess whether impacts can be mitigated

Recommend preventive and corrective mitigation measures

Inform decision makers and concerned parties

EIA

Environment:

Biophysical: Natural, Manipulated
Social and Economic
Cultural

Impact:

Adverse/Beneficial, Direct/Indirect, Short/Medium Long

Assessment:

Quantification, Prediction, Evaluation, Monitoring, Audition

ENVIRONMENTAL HEALTH RISKS

- Air pollution
- Water pollution
- Ground pollution
- Deforestation
- Desertification
- Extinction of species
- Greenhouse effect
- Damage from ozone layer
- Acid rain
- Climate change
- Unhealthy housing
- Population increase
- Chemical risks
- Occupational risks
- Radiations and other physical risks
- Natural disasters

ENVIRONMENTAL IMPACT

• Environment

•(Physical, biological and psychosocial)

• Human activities

Health of individual

Emergence of EHIA

- The Human Health Aspect Were Not Given Due Consideration During EIA Process.
- Majority of EIA reports of Different Projects Carried out in Last 15 Years in Nepal Have Common Deficiencies "Inadequacies, and absence of health component in EIA"

(National Environmental Health Impact Assessment Guidelines, NHRC, 2006)

Major Shortcomings of EIA Identified in EHIA Guidelines

- Baseline Health Status was not established in many studies
- Direct and indirect env. and occupational health hazards in construction, operation and decommissioning of the project were not identified
- Risk group identification was lacking in most of the studies
- Predictions of health consequences were not carried out
- Indirect health determinants were not assessed
- Comprehensive control and mitigation measures for health were not proposed
- Monitoring and auditing plan for health was not included
- Environmental health risk assessment was totally absent
- Provisions for identification of environmental health hazards after the decommissioning of the projects were not carried out

GUIDELINES FOR EHIA PREPARATION AND IMPLEMENTATION

- Establishment of Baseline Health Status
- Identification of Hazards and Evaluation of Potential Health Impacts
- Identification and Assessment of Community Exposure
- Identification of Risk Groups
- Prediction of Health Consequences and Outcomes
- Assessment of Indirect Health Determinants
 - Control Measures
 - Mitigation Measures
- Monitoring and Auditing Plan

Flow of Activities in EIA and EHIA Processes

<u>EIA Flow Chart</u>	<u>Steps</u>	<u>EHIA Flow Chart</u>
Project Requiring EIA	Screening	Health Mapping EHIA
Scoping and Terms of Reference Approved by MOEST	Scoping and Project Approval	Scoping and Terms of Reference
Review and Approval on EIA report by MOEST	Review and Decision Making	Preparation of EHIA report by proponent and submission
MOE By MOEST	Monitoring and Evaluation	MOE

Features of Health Considered in EHIA

Features	Characteristics
Hazardous agents	Physical: noise, dust, vibration, radiation Chemical: heavy metals and organic chemical Microbiological: virus, bacteria
Environmental factors	Physical: safety and security, Disease vector, land and soil, changes in quality of available air, water, food etc.
Exposure Conditions	Human exposure pathways: food, air, water etc. Occupational exposure Identification of risk groups
Effects on Physical Health	Mortality, Morbidity, Injuries and Accidents, Effect on future generation, Cumulative effects
Effects on Health Care Services	Incremental health care needs, Displacement of traditional health care services
Other Effects on Health	Migration and resettlement, Stress, anxiety, nuisance, disaster

Implementation of Environmental Aspects in Project

- Project EIA Document
- Inclusion of environmental aspects in tender document (Environment, Health and Safety)
- Approval of Environmental Protection Plan, Health and Safety Plan, Solid Waste Management Plan, Muck Disposal Plan Submitted by the Contractor by Client
- Regular Monitoring (Construction Phase, Operation Phase), Failure to comply may end up with penalty/fines/closure etc
- Environmental Audit

FACTORS FOR NOT CONSIDERING HEALTH ASPECTS IN EIA PROCESS

- LACK OF KNOWLEDGE BASE
- LACK OF EXPERTISE
- NON BINDING MECHANISM
- WEAK AND FEEBLE REVIEW AND FEEDBACK
- INCOMPLETE SCOPING OF PROJECT
- LOW ADVOCACY
- LACK OF MOTIVATION FOR CONDUCTING EIA AND COPY SYNDROME
- BUDGET CONSTRAINS
- LACK OF INNOVATIVENESS, COMPETITION
- LACK OF CERTIFICATION AND ACCREDITATION OF EIA PRACTITIONERS
- LOW FOCUS FOR HEALTH UNLESS AND UNTIL IN CASE OF EMERGENCY

INCORPORATION OF HEALTH ASPECTS IN EIA PROCESS

- CHAMPION OF SUBJECT MATTER
- INCORPORATION OF EHIA GUIDELINES (PROCEDURE AND METHOD)
- BLENDED IN EIA PROCESS ITSELF RATHER THAN INVENTING NEW WHEEL
- FINANCIAL
- CLOSE MONITORING AND REVIEW OF DOCUMENTS
- STRICT IMPLEMENTATION
- STRINGENT STIPULATION OF REQUIREMENT BY LINE MINISTRIES
- MANPOWER
- TRAINING
- CERTIFICATION AND ACCREDITATION OF EIA PRACTITIONERS

HOW TO BEGIN FOR ESTABLISHING EHIA ?

BE LEGAL STATUS: MANDATORY BY LAW ?
TOO EARLY EVEN MADE AT INFANCY STAGE, IN GENERAL

INCORPORATION OF GUIDELINES: ADDITION OF EHIA ASPECTS IN THE PROJECT / NOT POSSIBLE WITHOUT ORDINANCE

CAN DIRECTLY IMPLEMENTED BY THE MINISTRY
HAS NO MEANING WITHOUT LEGAL FOUNDATION
BUT CONSIDERS AS THE PROPOSED GUIDELINES FOR GUIDING EHIA GUIDELINES

ENFORCEMENT MECHANISM

CITATION: REWARD: SUBSIDIES

ENFORCEMENT: IMPLEMENTATION: WITH: VARIOUS LEVELS
APPLICATION: ENFORCED BY: VARIOUS LEVELS

LEGISLATIVE AND REGULATIVE INSTRUMENTS

NECESSARY REQUIREMENT FOR INCORPORATION OF ENVIRONMENTAL HEALTH ISSUES IN EIA WITH RESPECT TO EHIA GUIDELINES

OWNERSHIP OF THE PROCESS

FEEL OF ACCOUNTABILITY

PROFESSIONAL ETHICS

PROFESSIONALLY COMPETENT

ETHICALLY MOTIVATED FOR EIA

PART OF REVIEW AND APPROVAL PROCESS OF EIA FROM MINISTRY LEVEL

AWARENESS HAS THE TRAINING
IN AVAILABLE RESOURCES

WHAT NEXT?

RAISE AWARENESS

OLIVE OF HUMAN RESOURCES

CONSIDER PART OF THE EIA PROCESS

FOLLOW GUIDELINES

ESTABLISHMENT OF COOPERATION, COORDINATION BETWEEN
AND AMONG MINISTRIES DURING EIA

ENSURE EHIA IS WELL ADDRESSED IN EIA REPORT

COMPLIANCE IMPACT MONITORING DURING CONSTRUCTION AND
OPERATION STAGES OF PROJECT

INCORPORATION OF THIS ASPECTS IN AUDITING

CONCLUSIONS

IT IS NEVER TOO LATE TO BEGIN WITH

THE EHIA GUIDELINE PROVIDE A FRAMEWORK FOR
CONSIDERING EHIA ASPECTS IN EIA PROCESS

THIS SHOULD BE TREATED AS AN INGREDIENT OF EIA
RATHER THAN FORMING SEPARATE REGULATION

THE GUIDELINE WILL BE VERY MUCH INSTRUMENTAL FOR EIA
PROFESSIONALS IN ASSASSINATING HEALTH RELATED ASSESSMENT
IN DEVELOPMENT PROJECTS

LET US TAKE THIS AS A TOOL OUR EIA

LET ALL PERSONS, ALL PROFESSIONALS AND APPROVAL
SIDE OF WELL VERSUED WITH THIS APPROACH

THANK YOU

EIA and IEE process (Focusing with Environmental Health Issues)

Laxman Mainali
(Master of Environmental Law)

Development of EIA

National EIA Guidelines 1993

- Screening
 - IEE (Schudle-1)
 - EIA (Schudle-2,3)
 - Scoping (after the screening of the project)
 - To discover alternatives to the activities of the project.
 - To select appropriate alternative.
 - To determine issues to be considered in the course of EIA
- Methods of Scoping, among others,
- Public participation
 - Collection of data and information

Contd..

- Terms of Reference.
- EIA Report, with the involvement of public participation.
 - Socioeconomic Impact
 - Biological and physicochemical Impact
 - Cultural Impact
- Impact prediction
 - Magnitude of Impact
 - Extent of Impact
 - Duration of Impact
- Impact Mitigation Measures
- Environmental impact monitoring

Contd..

- Relevant institution
 - Concern agency

National EIA Guidelines was not implemented effectively due to lack of legal backing.

Under EPA and EPR

- Mandatory EIA provision.
- Included most of the provisions of the National EIA Guidelines.

Provisions under the EPA and EPR.

- Initial Environmental Examination (IEE)
"a report on analytical study or evaluation to be prepared to ascertain as to whether, in implementing a proposal, the proposal does not have significant adverse impacts on the environment or not, whether such impacts could be avoided or mitigated by any means or not."

Contd..

- EIA
 - "a report on detailed study and evaluation to be prepared to ascertain as to whether, in implementing a proposal, the proposal does not have significant adverse impacts on the environment or not, whether such impacts could be avoided or mitigated by any means or not."
- Procedures before preparation IEE:
 - Prepare to work schedule as indicated in Schedule -3 of EPR;
- Procedures in preparation IEE
 - Affix a notice in a local bodies to offer opinions and suggestions

Contd..

- Publish 15 days notice in a daily news paper
- Prepare IEE report as per approved work schedule including opinions and suggestions.
- Submit to the concern body.
- Concern body may order to carry EIA of the proposal.
- Approval within 21 days.

Work to be done before to carry out EIA

- Before carrying out EIA
 - Scoping
 - Work Schedule (ToR).

Contd..

- As per the scoping report ToR is prepared.
- Preparation of work schedules as indicated in Schedule-4 of EPR
- Requirement to be mentioned in ToR, among others,
 - Socio-economic impact
 - Chemical
 - Biological
- Under the rule 5 of the EPR, in the ToR MoEST may order to prepare A separate Health Impact Assessment report.
- Health impacts are need to be addressed under these impacts in the EIA report.

Contd..

- In relation to ToR of IEE, the approval agency is concern ministry.
- The approval agency is MoEST for approving ToR of EIA.
- 1. Process to Prepare scoping report**
 - Publish a notice in a national level news paper requesting to VDC or Municipality and concern individuals and institutions for their opinions and suggestions.

Contd..

- 2. Prepare scoping report identifying:**
 - what the impact does it create, and in which area.
- Procedures in preparation of EIA report**
 - Organize a public hearing at VDC or Municipality.
 - Prepare EIA report as per approved Work schedule and Scoping report.
- Health Impact assessment in IEE and EIA.**
 - In carrying out IEE, and EIA the following impact need to be mentioned
 - Impact on human health due to the omission of solid, liquid, air, gas, noise, dust etc.
 - Impact on human health, under the social and economic impact.
 - Under the biological impact, impact on population.
 - Under the physical impact, impact on human health due to the impact on land, atmosphere, water and noise.

Contd..

- Measured to reduce or control health impacts.
- In the EIA report:
 - Procedure of monitoring with the purpose of reducing or controlling the impact of the implementation of the proposal on the human health.
- Provisions for reducing or controlling health impact under the proposed Environment management system
- Although, the EPR requires for the assessment of health impact in carrying out EIA and IEE in practice it is lacking.

Contd..

- IEE, and EIA need to be carried out as per the approved ToR and provisions of schedule-5 and schedule-6, respectively.**
 - Submit the report to the concern body.
- Concern body forwards the report ,with its opinion, to MoEST.**
- Procedures to be done by MoEST**
 - Forms a committee of expert for suggestions and opinions.
 - Issues a public notice, 30 days, in daily news paper offering opinions and suggestions.
 - Approval within 90 days , if found no substantial adverse impact on environment

Guidelines to address health issues in Scoping, ToR and EIA report

National Environmental Health Impact Assessment Guidelines, 2004

- Though no legal backing by the EPA and EPR, MoEST may include in the ToR to follow the Guidelines while preparing EIA report with read to health issues.

Contd..

- This Guidelines requires separate health impact assessment parallel to that EIA with the provisions of:
 - Screening
 - Scoping
 - Preparation of report
 - Review and approval of the report
 - Monitoring and evaluation.
- No provision of ToR.

Suggestions with regard health issues

- The following provisions, among others, should be incorporated
 - Environmental health issues need to be mentioned at the stage of scoping.
 - It also needs to be incorporated in the ToR.
 - Monitoring and evaluation procedure for controlling or reducing health impact.

Contd..

- Provisions of environment management system for the purpose of controlling or reducing health impact.
- Procedure of auditing to make sure or to know whether or not health impacts are controlled or reduced or minimized as per approved EIA report.

EIA Review Group Participants List

S. No.	Name	Institute
1	Mr. Iian Heijnan	Environmental Health Advisor, WHO
2	Dr. S. P. Singh	Member Secretary, NHRC
3	Dr. Bhupendra Devkota	Programme Coordinator, NHRC
4	Dr. Rajendra Adhikari	Research Officer, NHRC
5	Dr. Saroj P. Rajendra	Joint Secretary, Focal Point Environment, MoHP
6	Mr. Laxman Mainali	Joint Secretary, SoMC, HMG
7	Mr. Santosh Shrestha	Environmental Health Consultant, NHRC
8	Ms. Pearl Banmali	Research Officer, NHRC
9	Mr. N. K. Sharma	Administrative Officer, NHRC
10	Mr. Sudarshan Lamshal	College of Applied Science (Environment/CAS)
11	Mr. Salil Devkota	Environmental Expert, CAS
12	Mr. Sunil P. Dubhudhel	Ministry of Agriculture
13	Mr. Santosh Adhikari	CAS
14	Mr. Ram Maharjan	SCEC
15	Mr. Kumar Ale	Nepal Development Research Institute
16	Mr. Jivan Thapa	CAS
17	Mr. Bipin Rajbhandari	Ministry of Industry, Commerce and Supply
18	Mr. Batu Krishna Uprety	Environmental Division, MoEST
19	Mr. N. K. Mishra	Department of Water Supply and Service
20	Mr. Chirasmriti Prakash Shrestha	DES, Nepal Electricity Authority
21	Mr. Narayan Thapa	Ministry of Local Development
22	Mr. Tanka Bhattari	Occupational Safety and Health Project
23	Mr. Sudeep Shakya	SWMRMC, MoLD
24	Mr. Rudhra Mani Dhungana	Chemical Engineer, Ministry of Defense
25	Ms. Bharati Adhikari	Population Division, MoHP
26	Mr. Bidya N. Bhattari	Ministry of Physical Planning and Construction
27	Ms. Indira Aryal	The Rising Nepal
28	Ms. Laxmi Maharjan	Reporter/Nepal Samacharpatra

Introduction to EHIA

Bhupendra Devkota, Ph.D.
Programme Coordinator
NIHRU

17th January 2006

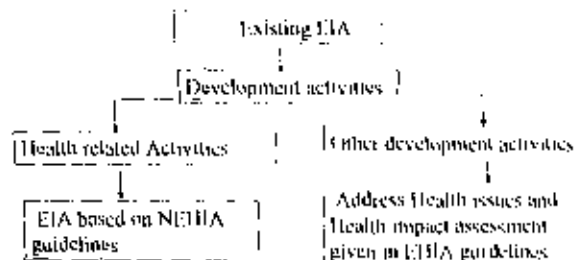
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Health issues and assessment

- Priority given to health in EIA&IEE
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Importance of EHIA



EIA review process (Focusing with health issues)

Laxman P. Mainali
(Master of Environmental Law)

EIA Review Committee

- Section 6 of the EPA empowers to the MoEST (Ministry) to form a committee comprising experts of concern agencies.
- Committee render opinions and suggestions to the Ministry.

Scoping and ToR review

- After receiving Scoping and ToR from the concern ministry, MoEST organizes a meeting of the EIA review committee.
 - Committee reviews the Scoping and ToR.
 - In reviewing, the Committee gives opinion and suggestions to change the Scoping and ToR.
- In reviewing scoping report**
- what the impact does it create, and in which area.
 - Whether or not prepared work schedules (ToR) as indicated in Schedule-4 of EPR
- As per the suggestions of the Committee Ministry approves it.

Contd..

- **In reviewing ToR**
 - whether or nor health impact assessments are addressed.
- Among other, followings are need to reviewed.
 - Socio-economic impact
 - Chemical
 - Biological
 - Environment management system
 - Whether or not the health risk resulting from the implementation of the proposal can be accepted
 - Measures to remove negative impact on health.

Contd..

Under the provision of Rule 5 of the EPR, in the ToR, MoEST may prescribe to prepare a separate Health Impact Assessment.

Contd..

Reviews of health IEE and EIA report.

- Whether or not health issues are covered as per approved ToR.
- Other than this, the following issues need no be reviewed.
 - Impact on human health due to the emission of solid, liquid, air, gas, noise, dust etc.
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Contd..

- Measured to reduce or control health impacts.
- Procedure of monitoring with the purpose of reducing or controlling the impact of the implementation of the proposal on the human health.
- Provisions for reducing or controlling health impact under the proposed Environment management system.

In practice these are lacking.

Contd..

- As per the suggestions and opinions of the committee of expert, the Ministry may order to make changes.
- After receiving EIA report with change, MoEST issues a public notice, 30 days, in daily news paper offering opinions and suggestions.
- Final meeting to review EIA report.
 - Committee recommends to approve EIA report
 - MoEST approves within 90 days , if found no substantial adverse impact on environment.

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M&E by MUECT	Monitoring and Evaluation	M&E

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INCORPORATION OF HEALTH ASPECTS IN EIA PROCESS

- CHAMPION OF SUBJECT MATTER
- INCORPORATION OF EHIA GUIDELINES AS PROCEDURE WORKING TOOLS
- BLENDED IN EIA PROCESS ITSELF RATHER THAN INVENTING NEW WHEEL
- FINANCIAL
- CLOSE MONITORING AND REVIEW OF DOCUMENTS
- STRICT IMPLEMENTATION
- STRINGENT STIPULATION OF REQUIREMENT BY LINE MINISTRIES
- MANPOWER
- TRAINING
- CERTIFICATION AND ACCREDITATION OF EIA PRACTITIONERS

HOW TO BEGIN FOR ESTABLISHING EHIA ?

NEW LEGAL STATUS MANDATORY BY LAW ?
TOO EARLY, EVEN EIA IS AT INFANCY STAGE IN NEPAL.

INCORPORATION OF CLAUSES, ADDITION OF EHIA ASPECTS IN EPA 1997? NOT POSSIBLE WITHOUT ORDINANCE

CAN DIRECTLY IMPLEMENTED BY THE MINISTRY?
HAS NO MEANING WITHOUT LEGAL CONNOTATION,
BUT COULD INSIST THE PROPONENT IN
FOLLOWING EHIA GUIDELINES

ENFORCEMENT MECHANISM

CITATION, REWARD, SUBSIDIES

ENFORCEMENT INCENTIVES - REQUIREMENT FOR THE APPROVAL OF EIA FROM THE MINISTERIAL LEVEL

LEGISLATIVE AND REGULATIVE INSTRUMENTS

NECESSARY REQUIREMENT FOR INCORPORATION OF ENVIRONMENTAL HEALTH ISSUES IN EIA WITH RESPECT TO EHIA GUIDELINES

OWNERSHIP OF THE PROCESS
FEEL OF ACCOUNTABILITY
PROFESSIONAL ETHICS
PROFESSIONALLY COMPETENT
HIGHLY MOTIVATED FOR EIA

PART OF REVIEW AND APPROVAL PROCESS OF EIA FROM MINISTRY LEVEL

AWARENESS RAISING, TRAINING,
HUMAN RESOURCES

WHAT NEXT?

RAISE AWARENESS
DEVELOP HUMAN RESOURCES
CONSIDER PART OF THE EIA PROCESS
FOLLOW GUIDELINES
ESTABLISH ETHOS OF COOPERATION, COORDINATION BETWEEN AND AMONG MINISTRIES DURING EIA
ENSURE EHIA IS WELL ADDRESSED IN EIA REPORT
COMPLIANCE IMPACT MONITORING DURING CONSTRUCTION AND OPERATION STAGES OF PROJECT
INCORPORATION OF EHIA ASPECTS IN AUDITING

CONCLUSIONS

IT IS NEVER TOO LATE TO BEGIN WITH

THE EHIA GUIDELINE PROVIDE A FRAMEWORK FOR CONSIDERING HEALTH ASPECTS IN EIA PROCESS

THIS SHOULD BE TREATED AS AN INGREDIENT OF EIA RATHER THAN FORMING SEPARATE REGULATION

THE GUIDELINE WILL BE VERY MUCH INSTRUMENTAL FOR EIA PROFESSIONALS IN ASSESSING HEALTH RELATED ASSESSMENT IN DEVELOPMENT PROJECTS

LET US TAKE THIS AS A TOOL DURING EIA

LET ALL PERSONEL AT PROPONENT SIDE AND APPROVAL SIDE OF WELL VERSED WITH THIS APPROACH

THANK YOU



श्री ५ को आदेश

स्वास्थ्य मन्त्रालय

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टिप्पणी संख्या:-

रामसाहपथ, काठमाडौं
नेपाल ।

टिप्पणी र आदेश

विषय:-

The third meeting of the National Steering Committee (NSC) formed under the Chairmanship of the Secretary of Ministry of Health and Population for Operationalization of National Environment Health Impact Assessment (EHIA) Guidelines is held under the Chairmanship of respected Health and Population Secretary Mr. Ram Chandra Man Singh on 27th January, 2006 (2062-10-14) at 2:00 P.M. in the Ministry of Health and Population to discuss on following agenda:

1. About the work progress of EHIA Guidelines
2. Miscellaneous.

Presence:

S.N.	Name	Organization	Designation	Signature
1.	Mr. Ram Chandra Man Singh	Health & Population Secretary, MOHP	Chairman	
2.	Dr. Saroj Prasad Rijendra	Focal Point, Env. Health, MOHP.	Member	
3.	Dr. Iswor Bahadur Shrestha	Dept. Chief, CMFHD, IOM	Member	
4.	Mr. Pravin Raj Aryal	S. D. E. Ministry of Water Resources	Member	
5.		Joint-Secretary, PCMD, Ministry of Industry, Commerce and Supply.	Member	
6.	LOK DARSHAN REGMI	Joint-Secretary, Ministry of Environment, Science & Technology	Member	



टिप्पणी संख्या:-

श्री ५ को सरकार

स्वास्थ्य मन्त्रालय

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रामशाहपथ, काठमाडौं
नेपाल ।

टिप्पणी २ आदेश

विषय:-

S.N.	Name	Organization	Designation	Signature
7.	Ramesh Raj Bista	Joint Secretary, Ministry of Physical Planning, Construction or Works	Member	R Bista
8.	Ram Bahadur Shrestha	Joint Secretary, Gender Equity & Env. Division, Ministry of Agriculture & Cooperative	Member	R Shrestha
9.	Kavati Raj Kafle	Joint Secretary, National Planning Commission	Member	R Kafle
10.		Joint Secretary, Ministry of Local Development		
11.		Member Secretary, Nepal Health Research Council	Member Secretary	R Singh

3rd National Steering Committee (NSC) Meeting Invitees

1.	Shervod P. Adhikary	WHO - EH Proj.	Adhikary
2.	Dr. Bhupendra Dada	NHRC - EHA Program Coordinator	Dada
3.	Ganesh Shrestha	Environmental Health Consultant - NHRC	Shrestha
4.	Magnath Shimal	Nepal Health Research Council	Shimal

Environmental Health Impact Assessment Guidelines and Roles of MoHP

(Third National Steering Committee Meeting)

Bhupendra Devkota, Ph.D.
Environmental Specialist
Programme Coordinator

27th January 2006

The main agenda

- Summarization of work progress of procedure for implementation of EHIA guidelines
- Miscellaneous

Formation of High level National Steering Committee of EHIA

S No.	Members	Organization
1	Chairman	Health Secretary, Ministry of Health and Population (earlier MoHP)
2	Member	Focal Point, Environmental Health, Ministry of Health and Population
3	Member	Joint Secretary, National Planning Commission, NPAC
4	Member	Joint Secretary, Ministry of Environment, Science and Technology (the earlier MoEST)
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	Joint Secretary, 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

First National Steering Committee

- Achievements
 1. Inadequacy of Health issues and assessment during EIA process were discussed
 2. Importance of incorporation of Health issues in existing EIA process emphasised.

Second National Steering Committee

- Achievement
 - Endorsement of EHIA guidelines
 - Need of Amendment of EHIA guidelines
 - Process through the MoHP seeking comment/suggestion from MoEST.

Comments on EHIA guidelines from Ministry of Environment, Science and Technology

- To be clear whether a separate EIA for health sector or to integrate health issues in existing national EIA document/process.
- The name of guidelines should be just "Environmental Health Impact Assessment Guidelines"
- Need of amendment of few lines in Page 1, 3, 12 and 13; should not contradict with EPR-1997.
- Request for comments/suggestions regarding Health issues from MoHP for amendment (in process) of Environmental Protection Act-1997 and Environmental Protection Rules-1997.

Capacity Building through Training-workshops

- Organize training- workshops focusing on three target groups
 - Policy makers of Ministry of Health and Population
 - Implementing authorities of different Ministries and Line agencies (reviewers)
 - IEE/EIA practitioners (consultancies and university students group)

Achievement of Training-workshops

- Very successful in raising awareness on EHIA to all three groups. (lots of brainstorming discussions, suggestions and ideas shared in the workshops)
 - Felt inadequacies of Health issues in the EIA process.
 - Group works and presentation – Lack of Health issues and health hazard due to environmental impacts while reviewing previous EIA reports
 - Lack of practice of IEE/EIA on health related development projects especially in establishment of hospitals, nursing homes and pharmaceutical companies etc

Recommendation of training-workshop (for MoHP)

- Application of National Environmental Health Impact Assessment Guidelines as Sectoral Guidelines of EIA for health sector, with timely amendment.
- Need of legal binding of EHIA guidelines (to be owned by MoHP & accepted by MoEST as sectoral guidelines)
- Strengthening the capacity of Environmental Health unit in MoHP.
- Integration and prioritization of Environmental Health issues in EIA practice/process of all developmental projects
- MoHP to represent (public health expert / Environmental health expert) in EIA review committee of the MoEST

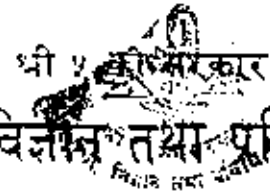
General recommendation

- **MoHP Leadership – with strong Environmental Health Unit**
 - Necessary amendment, legalization and implementation of EHIA guidelines
 - National Steering Committee should remain active
 - to help in the above activity
 - to develop new policy/programs in env. health sector

Thank you.



५०५ (१) / ५१५



वातावरण, विलक्षण तथा प्रविधि मन्त्रालय

वातावरण महाशाखा
वातावरणीय मूल्याङ्कन शाखा

फ्याक्स नं. ८२२५८७८
email: info@most.gov.np
website: www.most.gov.np
सिंहदरवार, काठमाडौं
नेपाल ।
मिति २०७२/०५/१८

संख्या :- ०३४/५३
त :- १२४७

विषय:- वातावरणीय स्वास्थ्य प्रभाव मूल्याङ्कन निर्देशिका सम्बन्धमा ।

श्री स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
राजशाहपथ

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पुनः विषयमा तहको मिति २०७२/०५/१६ को पत्रसाथ प्राप्त राष्ट्रिय वातावरणीय स्वास्थ्य प्रभाव मूल्याङ्कन निर्देशिका सम्बन्धमा कारवाही हुदा श्री ५ को सरकार (सचिवस्तर) को मिति २०७२/०५/१६ को निर्णयानुसार वातावरण संरक्षण ऐनसंग नवामिकने गरी स्वास्थ्य क्षेत्रका EIA हरू स्वीकृतका क्रममा गलत संशोधनवाला निकायहरूलाई सहयोगी हुने निर्देशिकाको रूपमा निम्नानुसारका पक्षहरू विचार गरी पुनर्लेखन गरी परिभाषित भइआएका सहमति प्रदान गर्न कानून सम्मत हुने भन्ने भएको व्यहोरा अनुसंध छ ।

१. स्वास्थ्य सम्बन्धी छुट्टै EIA गर्ने mandate खोजिएको हो वा स्वास्थ्य सम्बन्धी विषयवस्तु EIA प्रतिवेदनमा समावेश गर्नको लागि निर्देशिका तयार गरिएको हो प्रष्ट गनुं उपयुक्त हुने ।
२. यो निर्देशिकाको नाम वातावरणीय स्वास्थ्य प्रभाव मूल्याङ्कन निर्देशिका राख्नु उपयुक्त हुने ।
३. निर्देशिकामा उल्लेख भएको MoPE को सट्टा MoEST राख्नु पर्ने ।
४. निर्देशिकाको पृष्ठ १२ को दफा ३.१ र पृष्ठ १५ को दफा ३.३ वातावरण संरक्षण नियमावली, २०७४ विषयगत नहुने गरी पुनर्लेखन गर्नु पर्ने ।
५. वातावरण संरक्षण ऐन र वातावरण संरक्षण नियमावली संशोधन गर्ने क्रममा रूढकोले स्वास्थ्य क्षेत्रमा के कस्ता संशोधन गर्नु पर्ने हो स्वास्थ्य तथा जनसङ्ख्या मन्त्रालयबाट राय प्राप्त भएपछि संशोधन गरी समावेश गर्नु उपयुक्त हुने ।
६. निर्देशिकाको पृष्ठ १ को तेस्रो प्याराग्राफमा इटालिकमा लेखिएको वाक्यांशहरू स्थित घाँपणा-पत्रको सिद्धान्तमा प्रष्ट नदेखिएको हुनाले यो घाँपणा-पत्रको सिद्धान्त १७ राख्नु उपयुक्त हुने । NEPAP को हकमा वातावरण संरक्षण परिपक्वता तयार भएको भन्नु उपयुक्त हुने ।
७. पृष्ठ ३ मा नेपालको संविधानको मिति, सन् १९९३ को कानून प्रष्ट भएन र पृष्ठ ४ को पहिलो प्याराग्राफ पनि प्रष्ट देखिँदैन । यसैगरी पृष्ठ ६ को दोस्रो प्याराग्राफमा रहेको IEE लाई MoPE मा पठाउनु पर्ने लेखन वातावरण संरक्षण नियमावलीको नियम ६ सँग मेल खाने देखिँदैन ।
८. पृष्ठ १३ को Flow-chart र अध्याय ४ हेर्दा बेग्लै EHIA प्रतिवेदन तयार गर्ने खोजको देखिन्छ र वातावरण संरक्षण ऐन र नियमावली सम्मत देखिँदैन । यसै प्रकारको लेखन निर्देशिकाको अन्य पृष्ठहरूमा पनि देखिन्छन् ।

विदूषण उपरी
वातावरण अधिकृत