

Emergency Solutions for Power Supply to Isolation centres/ health facilities for COVID-19 crisis relief

DISCUSSION DOCUMENT

APRIL 2020

SUSTAINABLE ENERGY FOR ALL (SEforALL)

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1. Executive Summary

2. Energy Solutions & Costs

3. Load Profiles

4. Implementation approach & Limitations

Executive Summary

In response to the COVID-19 pandemic, governments, donors and multilaterals have expressed interest in granting emergency funding for solutions to power and strengthen frontline health service delivery in developing countries.

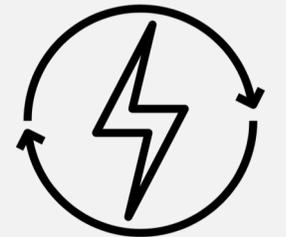
Criteria:

1. Provide solutions for reliable, 24-hour power supply to Isolation centres/ Health facilities during the COVID-19 pandemic and beyond.
2. The systems have been designed to power 25, 50 and 100 bed health facilities with laboratory testing, ventilators, vaccine fridges, water boreholes and power points for charging.
3. Are quick-to-deploy with a reasonably guaranteed supply chain during this period of global uncertainty.
4. Have a simple, cost-effective modular design that can be scaled-up easily in the future.

This deck proposes technical solutions and high-level cost estimates (based on the information at hand) to aid governments, donors and multilateral with their funding decisions and provide immediate relief to isolation centres/ health facilities during the COVID-19 crisis.



Critical Health Response



Uninterrupted Power Supply



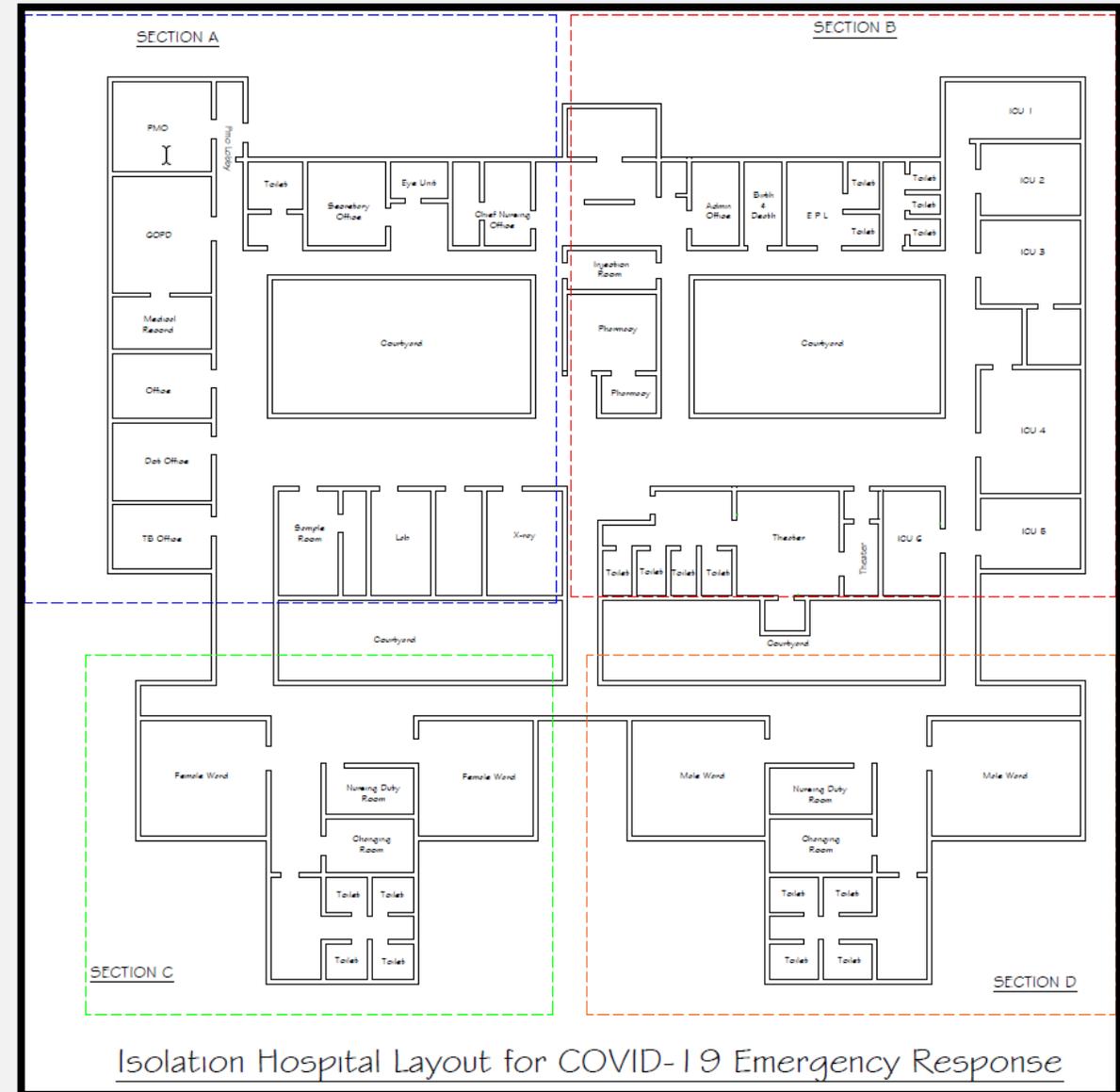
Isolation from the public

Executive Summary

To enable preparation of this proposal an isolation hospital for about 100 patients with the required facilities and services was modelled (this maybe an existing structure or a newly constructed facility):

- **Section A:** Administrative offices, laboratory and diagnostics (blue)
- **Section B:** ICUs, private rooms, theater and pharmacy (mortuary in annex) (orange)
- **Section C:** Female ward and nurse's station (green)
- **Section D:** Male ward and nurse's station (orange)

Adequate courtyards, lobbies and corridors proposed for compartmentalization



Executive Summary

Microgrid for Health Requirements

1. The solution should offset unreliable grid power
2. The solution should use both PV, storage and metering components
3. The solution should be available in multiple sizing options that meet the needs of the market
4. The solution must compete price-wise as much as possible with alternatives (small petrol / diesel generators)
5. The solution should be modular & easily scalable so that additional PV / storage can be added as demand of the off-taker grows
6. The solution should maximize energy efficiency
7. The solution should be preassembled, and factory tested before transportation to the field → it should minimize the construction time
8. The solution should be easily transportable and rugged to withstand Nigeria's harsh climate and environment
9. The solution should use an "ikea" framework in its' design → quick to deploy
10. The solution should comply to code (detailed in the table beside)

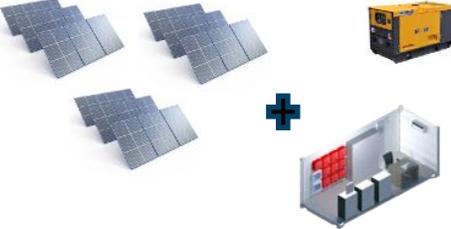
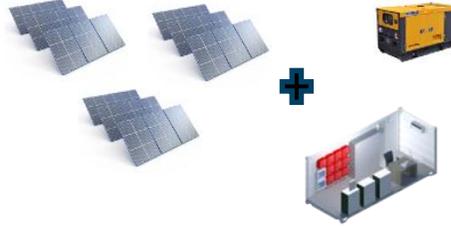
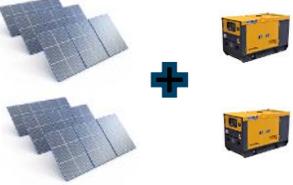
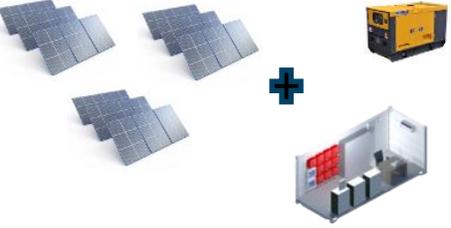


Code/ Standard	Description
IEC 62446	Grid Connected PV Systems Standard
IEC 61194	Characteristics parameters of stand-alone PV Systems
IEEE 1526	IEEE Recommended Practice for Testing the Performance of Stand-Alone PV Systems
IEC 62124	PV Stand Alone Systems – Design Verification
British Code (BS8110)	Concrete works
ASTM Code	Standards generally geared toward the testing and certification of materials and material properties – Steel Racks
American Standard AS ASCE7-10	Minimum design load for buildings & other structures
British Code BS5950	Steel design
British Code BS6399	Code of practice for dead and imposed loads

Executive Summary

Proposed solutions for Isolation centres and Healthcare facilities

**preferred option*

	OPTION 1 DG	OPTION 2 PV + DG	OPTION 3* PV + STORAGE + DG	Total daily (estimated loads)
100 bed facility				763.24 kWh
50 bed facility				503.56 kWh
25 bed facility				379.15 kWh

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Energy Solutions

OPTION 1 – Generators



Load



Day



Night

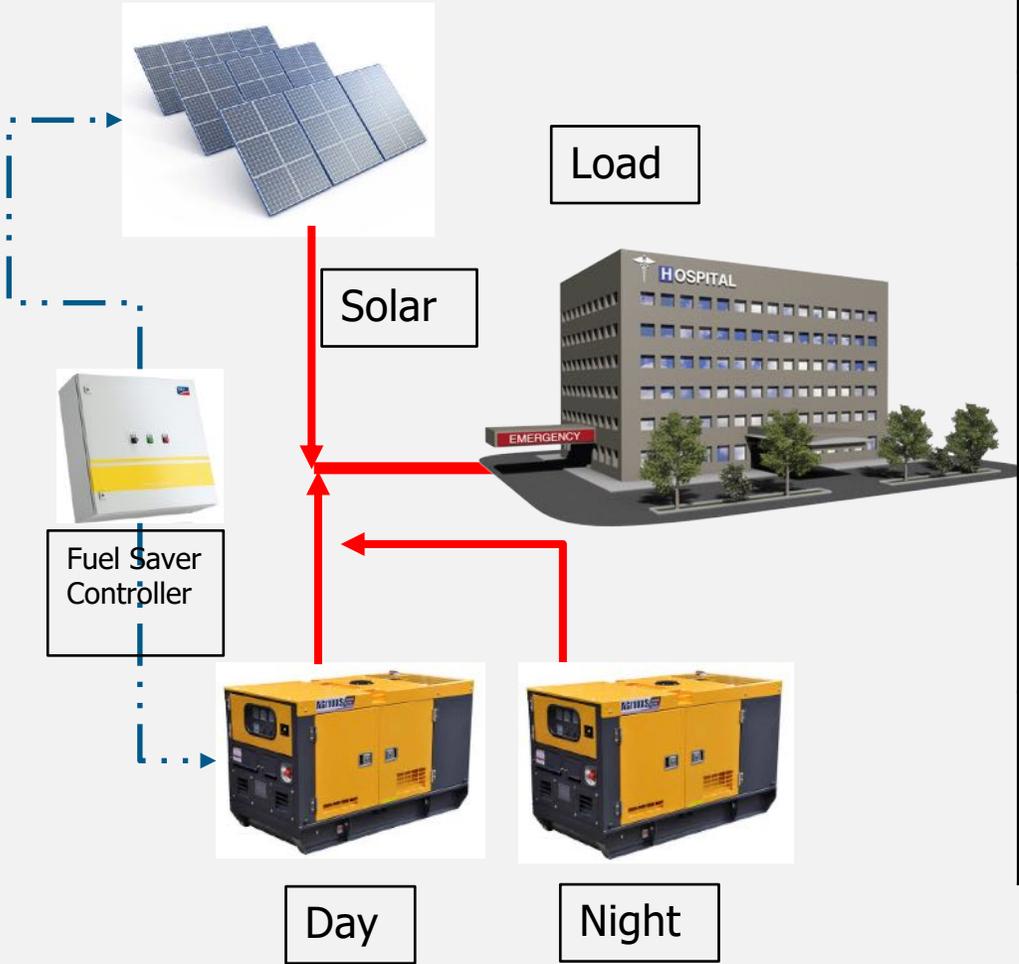
	100 bed facility	50 bed facility	25 bed facility
Estimated daily Load	763.24 kWh	503.56 kWh	379.15 kWh
Proposed solution	2 x 150 kW Gen sets	2 x 100 kW Gen sets	2 x 50 kW Gen sets
CAPEX*	\$75,025.76	\$52,548.58	\$29,936.96
OPEX/ yr*	\$148,799.39	\$89,006.34	\$43,245.45
Break-even Point (Years)	N/A	N/A	N/A

*Detailed breakdown available upon request



Energy Solutions

OPTION 2 – Solar hybrid



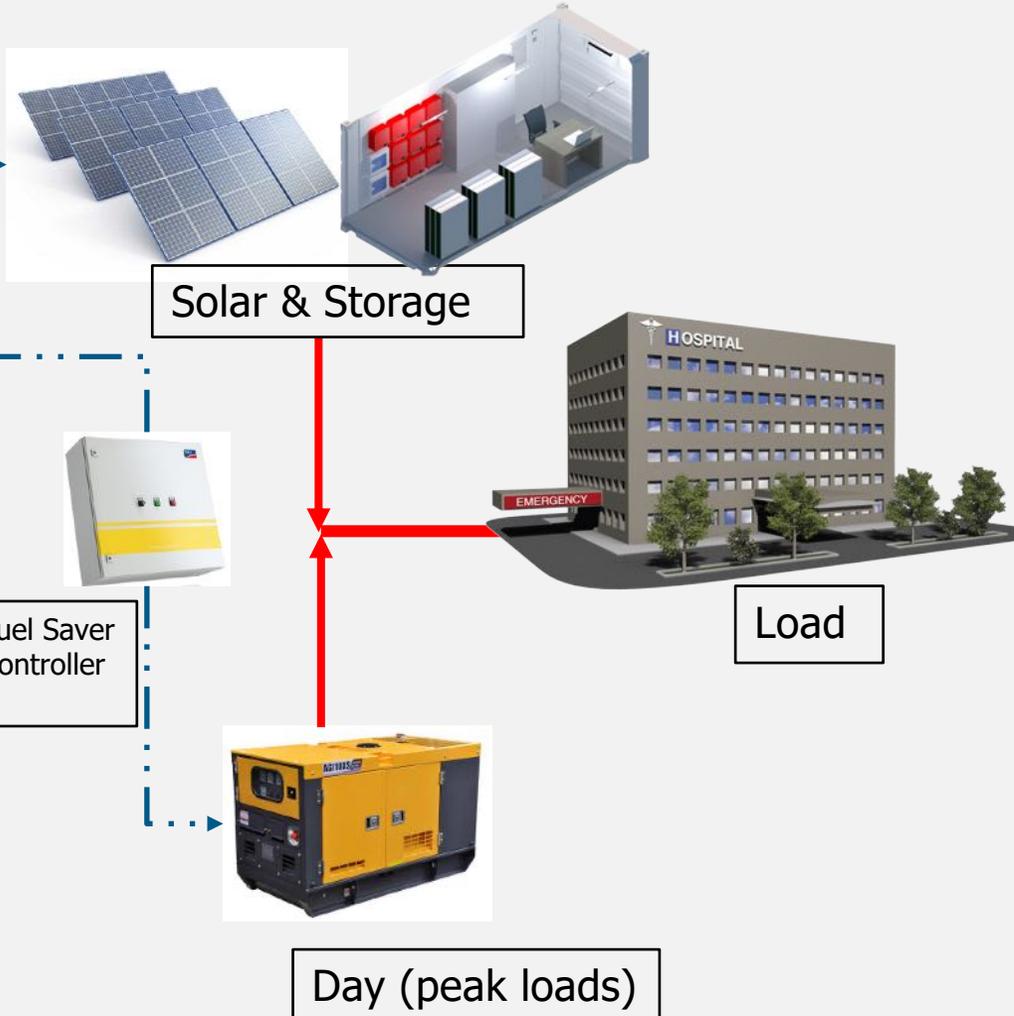
	100 bed facility	50 bed facility	25 bed facility
Estimated daily Load	763.24 kWh	503.56 kWh	379.15 kWh
Proposed solution	100kWp + 1x150kW + 1x100kW Solar Hybrid + Gen sets	60kWp + 2x100kW Solar Hybrid + Gen sets	40kWp + 2x50kW Solar Hybrid + Gen sets
CAPEX*	\$278,623.28	\$190,062.11	\$141,780.73
OPEX/ yr*	\$92,785.04	\$60,260.06	\$21,755.75
Break-even Point (Years)	3.63	4.78	5.2

*Detailed breakdown available upon request



Energy Solutions

OPTION 3 – Solar hybrid with Storage
(preferred option)



	100 bed facility	50 bed facility	25 bed facility
Estimated daily Load	763.24 kWh	503.56 kWh	379.15 kWh
Proposed solution	150kWp + 750 kWh + 1x150kW Solar Hybrid + Storage + Gen set	100 kWp + 500 kWh + 1x100 kW Solar Hybrid + Storage + Gen set	60 kWp + 300 kWh + 1x50kW Solar Hybrid + Storage + Gen set
CAPEX*	\$504,135.87	\$352,133.13	\$ 231,985.77
OPEX/ yr*	\$73,945.54	\$43,849.32	\$17,344.65
Break-even Point (Years)	5.73	6.63	7.8

*Detailed breakdown available upon request



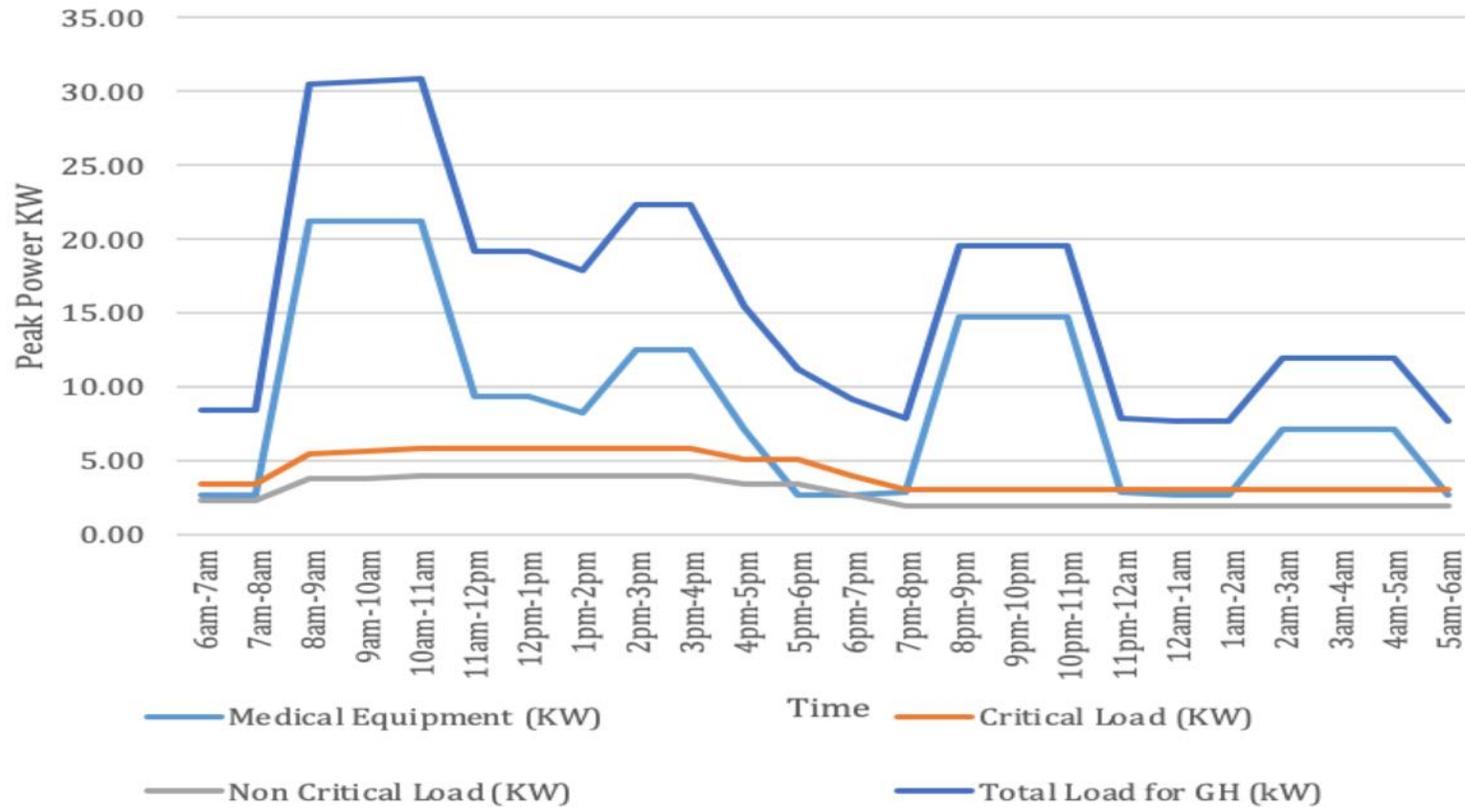
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Load Profile

25 bed Isolation centre/ healthcare facilities

25 bed Isolation centre Load Profile

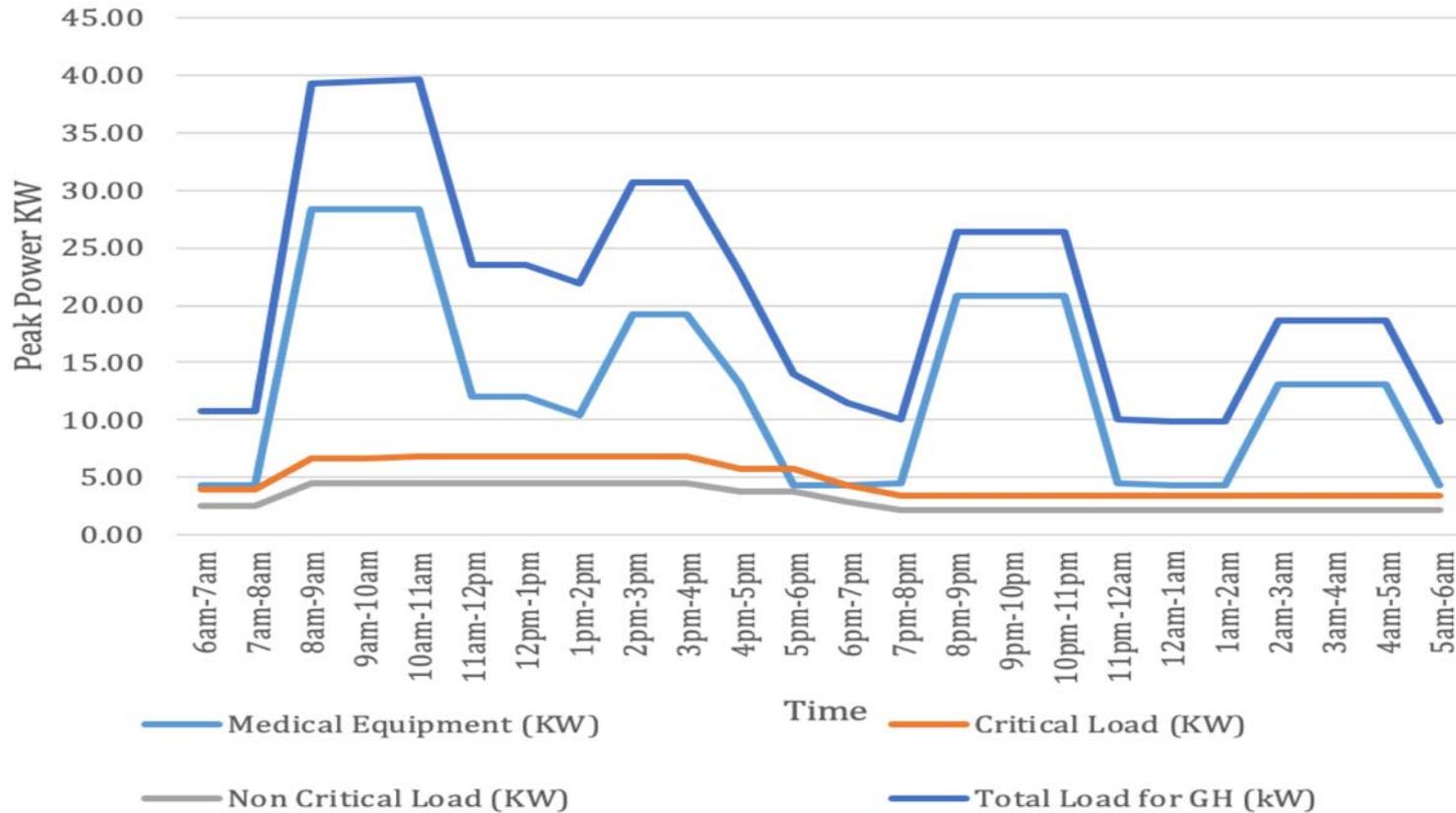


Period	Peak Power KW			Total Load for GH
	Medical Equipment	Main Hospital		
		Critical Load	Non-Critical Load	
Peak Power Day (kW)	21.2335	5.85	3.9	30.9835
Peak Power Night (kW)	14.7275	3.888	2.592	19.6375
Day Load (kWh)	130.98	63.462	42.308	236.75
Night Load (kWh)	81.91	36.294	24.196	142.4
Total Daily Load (kWh)	212.89	99.756	66.504	379.15
Load Usage (%)	56.15%	26.31%	17.54%	100%

Load Profile

50 bed Isolation centre/ healthcare facilities

50 bed Isolation centre Load Profile

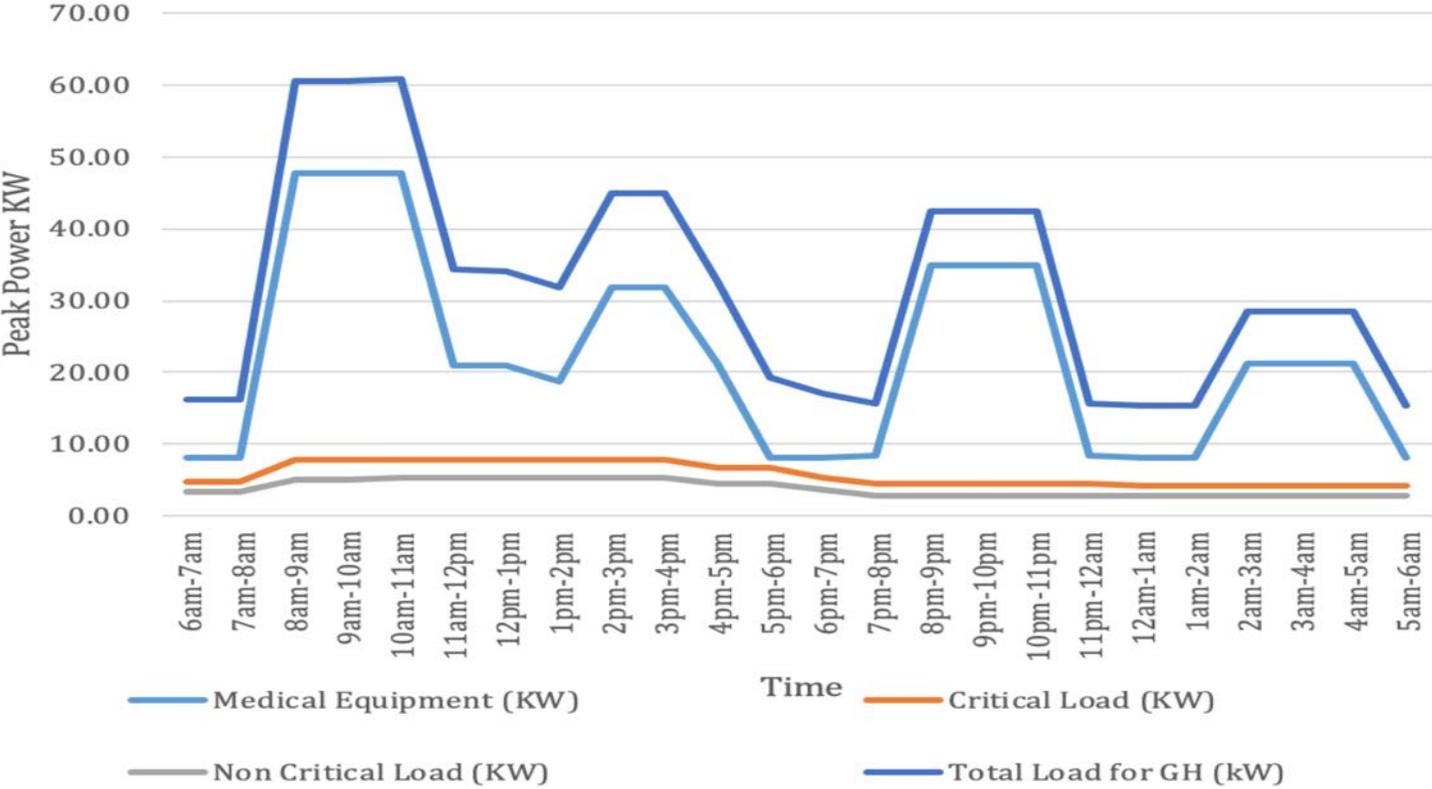


Period	Peak Power KW			Total Load for GH
	Medical Equipment	Main Hospital		
		Critical Load	Non-Critical Load	
Peak Power Day (kW)	28.271	6.852	4.568	39.691
Peak Power Night (kW)	20.755	4.317	2.878	26.38
Day Load (kWh)	183.76	73.77	49.18	306.71
Night Load (kWh)	127.78	41.442	27.628	196.85
Total Daily Load (kWh)	311.54	115.212	76.808	503.56
Load Usage (%)	61.87%	22.88%	15.25%	100%

Load Profile

100 bed Isolation centre/ healthcare facilities

100 bed Isolation centre Load Profile



Period	Peak Power KW			Total Load for GH
	Medical Equipment	Main Hospital		
		Critical Load	Non-Critical Load	
Peak Power Day (kW)	47.6535	7.914	5.276	60.8435
Peak Power Night (kW)	34.9575	5.415	3.61	42.3125
Day Load (kWh)	312.83	86.25	57.5	456.58
Night Load (kWh)	217.75	53.346	35.564	306.66
Total Daily Load (kWh)	530.58	139.596	93.064	763.24
Load Usage (%)	69.52%	18.29%	12.19%	100%



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Implementation Approach



Stage:	Preliminary site visit	Preliminary design	Detailed site audit	Detailed design	Handover for construction
Activities:	<ul style="list-style-type: none"> • Energy audit • Interconnection Survey • PV Survey 	<ul style="list-style-type: none"> • Preliminary layout/ SLD • Capacity estimation • Energy simulation • Preliminary system sizing 	<ul style="list-style-type: none"> • Detailed energy audit • Detailed site audit • Detailed PV survey • Geotechnical investigation 	<ul style="list-style-type: none"> • Detailed electrical designs and calculations • Detailed civil and mechanical designs & calculations • Detailed distribution network designs and calculations • Final contract specifications • Final vendor Specifications 	<ul style="list-style-type: none"> • Civil and mechanical construction and installation • Installation of PV plant • Installation of LV line • Retrofit (if applicable) • Test and commissioning

Limitations

- Estimated loads assumes availability and use of energy-efficient appliances in line with global analyses and recommendations* ; additional load prioritization assessment is recommended
- Estimated loads based on existing centres in only one African country
- Estimated costs based on local procurement and increase of 20 to 25% should be put for importation
- Fastrack Air cargo & sea freight options to be explored
- Expedited clearing required at sea-port and air-port for sea- and air-cargo respectively
- Government support required for movement to site
- Implementation timeline on the response required to allow detailing the project plan

* WHO/WB (2014): *Access to modern energy services for health facilities in resource-constrained settings*

