



4th Quarter 2018

# ICRC Bulletin

## Celebrating

# 1



'Warehouse-in-a-Box' (WIB) – a case study of PPP in social infrastructure



Brainstorming the Challenges in African PPPs



'Build and Operate' Increasingly Common in Social Infrastructure





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## INSIDE THIS ISSUE

01

Message from the Editor-in-Chief

02

Director General's Desk

05

Creating a sustainable environment  
for PPP Projects

09

Warehouse-in-a-Box: a case study of PPP  
in social infrastructure

13

Brainstorming the challenges in African PPPs

16

"Build and Operate" Increasingly common  
in social infrastructure

18

Delivering social infrastructure through PPPs

22

4th Quarter 3PUCF

23

*A sneak peak* in ICRC's robust ICT Department

25

Workshop | Trainings | Summits | Conferences

29

Health & Wellbeing





# Message

from the *Editor-in-Chief*

Dear reader,

**O**n behalf of the ICRC Bulletin Editorial Team, we are happy to present the last edition

for the year 2018.

2018 was indeed a milestone year for the Commission as among other things, we clocked 10 years since the inauguration of the first Board of the Commission. Therefore in this edition, we have taken the time to give a stewardship report of the Commission at ten including achievements, challenges, successes, etc.

We realize the importance of social infrastructure to citizens of any country, so our feature story highlights a major PPP project in this sector the - Warehouse-in-a-Box (WIB) project of the Federal Ministry of Health done under the guidance of ICRC. The WIB provides the physical infrastructure as well as the fittings and operating components/equipments for the effective maintenance of donated pharmaceutical products. We have also included two articles that emphasize the importance of PPPs in delivering social infrastructure.

Our knowledge management is on “Brainstorming the Challenges in African PPPs”. Some of the identified challenges include

corruption, unsteady political support, lack of a long-term infrastructure plan, pushing forward projects without adequate preparation, etc. These factors were shared during a high-level forum co-hosted by the ICRC and the Global Infrastructure Hub, Australia. The Forum had nearly 100 government representatives from 9 different African countries discussing Risk Allocation in PPPs.

This quarter, two ICRC staff received merit awards for excellence from the Office of the Secretary to the Government of the Federation (OSGF) in recognition of their exemplary and outstanding service to the Commission. We congratulate these staff and appreciate the OSGF for the laudable maiden initiative.

Overall, 2018 witnessed significant progress in the PPP space as clearly seen by the Twenty Two (22) Outline Business Case Certificates and Ten (10) Full Business Case Compliance Certificates given to various projects in different sectors of the economy.

We wish to thank all those that have read the bulletin this year, contributed by sending write-ups and providing feedback for the editorial team to do better. We look forward to a more fruitful year in 2019.

Mrs. Manji Yarling  
Editor-in-Chief



# Director General's Desk

2018 has been an incredible year for us. Not only did we occupy the PPP infrastructure space, but we did so despite all financial constraints and challenges.

During the year under review, the Federal Executive Council (FEC) granted approvals for five Full Business Case Compliance Certificates given by the Commission. These include the Grain Storage Silos projects of Federal Ministry of Agriculture and Rural Development; the Abuja-Kaduna-Kano pipeline project of the Federal Ministry of Petroleum Resources; the Solar Rooftop project of the Federal Ministry of Power, Works and Housing; the Warehouse in a Box project of the Federal Ministry of Health; and the ECOWAS Biometric project of the Federal Ministry of Interior.

By the end of November, the Commission had granted a total of Twenty Two (22) Outline Business Case Certificates and Ten (10) Full Business Case Compliance Certificates for the year 2018.

In keeping with our mandate, the Commission in collaboration with the World Bank Group undertook monitoring visitations to various pre-contract and post-contract PPP project sites in the month of April 2018. The aim was to see firsthand the status of the projects and how to improve on them and to also enhance transparency and accountability in the concession process.

During the year, the Commission partnered with Sustainable Infrastructure Foundation (SIF) of Switzerland to deliver the global SOURCE Training on PPP project management on 14th and 15th March, 2018; with the CEO, Mr. Christophe Dossarps, as the Resource Person. This was sponsored by the Islamic Development Fund. We are working to ensure that the program will be implemented on a larger scale for the country in 2019.

The Commission also partnered with the



International Monetary Fund for trainings to some Ministries Departments & Agencies (MDAs) on PPP Fiscal Risk Assessment Model (PFRAM) in April. The Commission, in collaboration with the Institute of Public Private Partnership (IP3) organized its first in a series of PPP Cycle Certification training titled ***“PPP Fundamentals: Strategies, Methods and Project Structuring Techniques”*** on 16th – 20th July, 2018. This training was a firsthand knowledge sharing experience from experts that have been in the PPP field for decades both in practice and theory, which many individuals from ICRC and various MDA's were privileged to be part of.

In October, the Commission in collaboration with the Global Infrastructure Hub hosted the PPP Risk Allocation and Contract Management Tool workshop in Abuja; first of its kind within the African continent. This was declared open by His Excellency, the Vice President, Prof. Yemi Osinbajo GCON, SAN.

In 2018, the Commission's Capacity Building programmes also witnessed a new innovation



with the invitation of expert Nigerians in the Diaspora to come and share their PPP experiences with Nigerian practitioners, of which several ICRC staff and other MDA staff participated in. One of such took place on 9th August 2018 by Dr. Abdullahi Umar and another on 28th August, 2018 by Dr. Dozie Uzoma.

The Commission facilitated four 3PUCF meetings during the year, which were hosted by the Federal Ministry of Mines and Steel Development; Nigeria Shippers Council; Federal Ministry of Agriculture & Rural Development; and the Federal Ministry of Budget & National Planning, in that order. Several of the projects which received regulatory guidance were presented and include the Grain Storage Silos project, the Ibom Deep Water Project, the Warehouse-in-a-Box project and the Small and Medium Hydropower Dam projects. In addition, external resource persons were invited which included the International Monetary Fund (IMF), International Finance Corporation (IFC), the World Bank and the Australian PPP programme. These added in no small measure to the PPP skills and knowledge of members.

The Commission worked in partnership with the Nigeria Governors' Forum to reactivate the Nigerian Public Private Partnership Network (NPPPN) which was established in 2011 to create a platform for all Heads of PPP Units Nationwide, across all states. It was designed to serve as a knowledge and experience sharing forum to upscale the learning curve of Public officers at the sub-national level of government as well as provide standardization of PPP practice and enhance collaboration within and among sub-national PPP entities nationwide. The network re-launch meeting took place on September 27, 2018, and was attended by over 30 States of the Federation and other key stakeholders. The next one is to be hosted by one of the states.

Also in the year under review, the Commission was named the Africa Infrastructure Regulator of the Year at the African Infrastructure (Ai) Investment Awards in Mauritius in June. This is in

addition to receiving two Nigerian awards - the first was in respect to transparency amongst public institution on Freedom of Information Transparency & Compliance ranking undertaken by Public Private Partnership Development Center (PPDC). The second was the Public Service Innovation Award for the ICRC PPP Disclosure Web Portal by the PPDC.

Our project disclosure web portal which is the first in the world, remains very active. It may interest you to note that over 65% traffic on the portal are from outside our shores.

I encourage us to remain steadfast and dedicated, let's work together to ensure we exceed the 2018 results. We owe it to our country particularly the coming generation to revamp the country's ailing infrastructure through PPP. Let us redouble our efforts and build on the successes achieved in 2018.

Compliments of the season to you and yours, and I wish you all fruitful holidays and a more prosperous 2019.

**Engr. Chidi Izuwah,**  
Ag. Director General

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# ICRC *is* 10

## Creating a Sustainable Environment For PPP Projects

**T**he Infrastructure Concession Regulatory Commission (ICRC) officially marks ten years of its existence in the nation's economic sphere.

The pioneer Governing Board of the ICRC was inaugurated on 27 November, 2008 by the late President Umaru Musa Yar'adua, GCFR, with a former Nigerian Head of State, Chief Ernest Shonekan, (GCFR) as its pioneer Chairman and Engr. Mansur Ahmed its pioneer Director General.

The Commission also enjoyed the privilege of having the former President of the Senate, His Excellency, Senator Ken Nnamani (GCON) as second Chairman of its Governing Board between August 2013 and August 2017 while the Commission had Dr. Ghaji Bello as Acting Director General between November 2012 and June 2013 and Mr. Aminu Diko as the second substantive Director General between July 2013 and July 2017. It is noteworthy that the foundation laid by these eminent Nigerians formed the bedrock for the successes

recorded by the Commission so far.

The ICRC was established under the Infrastructure Concession Regulatory Commission (establishment, etc) Act 2005 with the strategic objective of accelerating private sector investments in national infrastructure by enabling the Federal Government of Nigeria through her Ministries, Departments, and Agencies (MDAs) to establish and implement effective Public Private Partnerships (PPPs).

The ICRC Act, 2005 bestows on the Commission functions and powers to:

- Provide general policy guidelines, rules and regulations;
- Take custody of every concession agreement;
- Monitor and inspect PPP projects; and
- Ensure efficient execution of any concession agreement or contract entered into by the Federal Government.

In the last ten years of the Commission's existence, it has attained appreciable

mileage in delivery of its mandate within the broader context of steering the nation away from total dependence on budgetary allocation by deepening and promoting the concept of PPP in the delivery of critical infrastructure.

Suffice it to outline just a few projects out of the over 110 projects on the notional development and procurement phase National PPP pipeline regulated by the ICRC.

■ **Lekki Deep Seaport:** The port will serve as a modern facility that can handle 1.5 million twenty-foot equivalent units (TEUs) per year. To provide berthing for larger vessels, which is the growing global trend in the transport sector, Lekki Port will be equipped with the best infrastructure and terminal services to attract and maintain large-volume shipping line customers. Facilities at the port will include well-designed marine infrastructure, container, dry bulk, and liquid terminals, making it a truly multi-purpose port.

■ **Ibom Deep Seaport (IDSP):** IDSP is located in

# ICRC is 10

Akwa Ibom State. It is an integrated multi-purpose deep seaport which is to be developed jointly by the Federal Government of Nigeria (Federal Ministry of Transportation/Nigerian Ports Authority) and Akwa Ibom State Government (AKSG) through a PPP. IDSP is a 2, 565 hectares greenfield port area, integrated within the Ibom Industrial City (IIC) a Free Trade Zone replete with fiscal incentives, it is designed to berth New Panamax Class vessels with channel depth (18.24m); turning basin and berth depth (16.72m); and quay length of about 7.5 km upon completion.

IDSP is going to bring smart, world class port and cargo handling capacity not just to Akwa Ibom State but other States in the South-South as well as South East regions of Nigeria. Its circle of economic influence is expected to extend radially to the North Central, North Eastern and North Western zones.

A preferred bidder, Bolloré Power China Consortium has emerged for this project and extensive negotiations will soon commence including due diligence on the preferred proponent.

■ **Warehouse-in-a-Box (WIB) Project:** This Project seeks to provide an adequately-sized and effectively-maintained pharmaceutical grade central storage hub for donated public health commodities in Lagos and Abuja. These warehouses are prefabricated and identical,

with a combined total 6,530m<sup>2</sup> of floor space and the capacity to hold 7,680 pallet spaces. They provide the physical infrastructure an insulated warehouse, made up of pre-engineered modular components as well as the fittings and operating components, including offices, furnishings, racking, kitting, security and office equipment used for storage.

This project is owned by the Federal Ministry of Health (FMH) and is being handled through an operations and maintenance (O&M) PPP management contract for a fixed contract term. ICRC has issued a Full Business Case (FBC) Compliance Certificate to FMH for the project.

## ■ Ajaokuta- Kaduna-Kano (AKK) Pipeline:

This is a "Trans-Nigeria Gas Transmission Pipeline Project", a segment of the "Trans-Saharan Gas Transmission Infrastructure Project" traversing Niger and Algeria enroute to Europe. The objectives of the AKK project include diversification of export route for marketing Nigerian natural gas, boosting domestic gas supply, integrating economies, strengthening regional cooperation and assisting in the fight against desertification through sustainable and reliable gas supply.

The project involves the construction and operation a 614km Ajaokuta-Abuja-Kaduna-Kano Natural Gas Pipeline Project. The states that bestride the pipeline corridor are Kogi, Federal Capital Territory (FCT Abuja), Niger, Kaduna, and Kano.

The project will be delivered through a Build and Transfer (BT) PPP model with 100% Private Sector Financing. The PPP Compliance Certificate of

*“IDSP is going to bring smart, world class port and cargo handling capacity not just to Akwa Ibom State but other States in the South-South as well as South East regions of Nigeria”.*

the project in line with the ICRC Act and the National Policy on Public Private Partnership was issued by the Infrastructure Concession Regulatory Commission (ICRC).

■ **Silos Concession:** The Federal Ministry of Agriculture and Rural Development (FMA&RD) has received Federal Executive Council's (FEC) approval to concession the Operation & Maintenance of 20 silo facilities across the country for better efficiency. These





silos are located in Ekiti, Akwa Ibom, Bauchi, Gombe, Kaduna, Niger, Ondo, Oyo, Plateau, Sokoto, Federal Capital Territory, Anambra, Ebonyi, Kano, Ogun, Zamfara, Cross River, Kwara, Benue, Edo, Imo, Jigawa, Kebbi and Taraba States. The silos will provide efficient post harvest services to farmers in Nigeria.

■ **Federal Ministry of Power, Works and Housing (FMWPH) Rooftop Solar PPP:** Under the regulatory guidance of ICRC, the FMWPH procured a private investor to develop, install and operate photovoltaic solar power at the Ministry's office known as Power House in Maitama through PPP. The project has been approved by the Federal Executive Council (FEC).

Also as part of stock taking, it is important to point out some notable milestones achieved by the commission over the review period:

■ Following Federal Executive Council approval in 2009, the ICRC issued the National Policy on Public Private Partnership (N4P). The N4P sets out the policy objectives of federal government and outlines government's commitment to the creation of an enabling environment for PPPs to thrive in Nigeria.

■ The ICRC has continued to collaborate with

the Office of the Head of Civil Service of the Federation (OHCSF) to establish PPP Units in Ministries, Departments & Agencies (MDAs) principally to facilitate infrastructure service delivery through well-prepared and viable PPP projects. The PPP Units were formally inaugurated in MDAs in March 2013 and a host of MDAs now have their PPP units manned by experienced professionals in the field of PPP, courtesy of the Commission.

■ As part of its hand-holding efforts with MDAs, ICRC inaugurated the Public

transactions in Nigeria.

■ The Commission championed the formation and establishment of the Nigerian Public Private Partnership Network (NPPPN) in 2011. This Network has as its members, all Heads of PPP units in the states. The NPPPN was established as a collaborative platform for knowledge and experience sharing amongst PPP agencies at the Federal and sub-national level. In September 2018, in collaboration with the Nigerian Governor's Forum, ICRC relaunched the NPPN in Abuja.

■ In a bid to give additional push to the Ease of Doing Business in Nigeria policy of the President Muhammadu

*The Commission championed the formation and establishment of the Nigerian Public Private Partnership Network (NPPPN) in 2011. This Network has as its members, all Heads of PPP units in the states.*

Private Partnership Unit Consultative Forum (3PUCF) in 2013. The 3PUCF is a Forum initiated by the Commission to provide a knowledge and experience sharing platform for Heads of PPP Units in the Federal MDAs.

■ ICRC launched the first ever PPP Contracts Information Disclosure Web Portal on 22nd September 2017 in Abuja. One of the key objectives of the disclosure among others is to entrench accountability, integrity and transparency in PPP

Buhari administration, the ICRC initiated steps aimed at mitigating the bottlenecks that impede the successful conclusion of PPP projects. It therefore sought and got approval from the Federal Government to discontinue the collection of Outline Business Case and Full Business Case Compliance Certification fees starting from October 2017.

■ The Commission was named the Africa Infrastructure Regulator of the Year at the African Infrastructure (Ai) Investment

Awards ceremony, hosted in conjunction with the Ai/Africa 50 CEO Infrastructure Project Developers Summit held in June 2018 in Mauritius.

■ In 2018, ICRC came first for the second time running in the Freedom of Information compliance ranking of the Public & Private Development Centre (PPDC) in recognition of its leadership in proactive disclosure of public finance expenditure information on its website. ICRC came 1st out of 187 Nigerian public service institutions assessed by the PPDC.

■ Also in September 2018, ICRC won the Public Service Innovation Award for the globally acclaimed ICRC PPP Disclosure Web Portal. This

award was given by the Public & Private Development Centre (PPDC).

■ In October 2018, the ICRC in collaboration with the Global Infrastructure Hub hosted the first Public Private Partnership (PPP) Risk Allocation and Contract Management Tool workshop in Abuja. The event, the first of its kind within the African continent, had in attendance, His Excellency, the Vice President, Prof. Yemi Osinbajo.

■ Currently, ICRC has about one hundred and eleven (111) projects in either development or procurement (pre-contract) stages covering various sectors and sub-sectors of the economy including agriculture, energy, trade/investment, urban

development, ports, security, health, ICT, culture, aviation, rail, etc.

There are 51 PPP projects under the Commission's post contract custody, covering about 13 sectors of the economy. These concessions are valued at over N3.2 trillion, representing private sector capital investment in the provision of public infrastructure. ICRC is constantly monitoring these projects to ensure efficient execution.

For more information on these projects, please visit ICRC's website

**[www.icrc.gov.ng](http://www.icrc.gov.ng)**

and/or ICRC's PPP contracts disclosure web portal

**<http://ppp.icrc.gov.ng/>**.





# 'Warehouse-in-a-Box' (WIB) a case study of PPP in social infrastructure

Odili Onu, *FNIQS Head, Social Infrastructure Unit, ICRC*

## Background

The requirement for donor-funded health commodities to be stored in government-owned facilities places particular importance on the adequate supply and functionality of pharmaceutical-grade

the physical infrastructure an insulated warehouse, made up of pre-engineered modular components (prefabricated insulated expanded polystyrene sandwiched panels) as well as the fittings and operating components, including offices, furnishings, racking,

contractor for the installation of both facilities in Abuja and Oshodi, Lagos. Messrs CPCS was engaged as Transaction Advisers (TAs) for the Project.

**Needs/Option Analyses**  
A significant gap exists in the



Federal warehousing. The overall objective of Warehouse-in-a-Box (WIB) project is to increase Federal warehouse capacity for central storage and to ensure effective maintenance of pharmaceutical goods.

The WIB concept was developed by Imperial Health Sciences, a South African healthcare logistics firm specialized in pharmaceutical warehousing and distribution. It provides

kitting, security and office equipment. Construction time does not normally exceed 6 months and the facility has been commissioned in Cote d'Ivoire, Tanzania and Rwanda.

The project was sponsored by the USAID, Global Fund and Federal Ministry of Health (FMoH). USAID/Nigeria engaged Partnership for Supply Chain Management (PFSCM) as a

availability of adequately sized and effectively maintained pharmaceutical grade central storage hubs in Nigeria. Despite recent investments in Federal Medical Store (FMS) Oshodi, current total capacity is estimated at 1,700 pallet spaces.

As part of the WIB Project implementation, a five-year Preliminary Needs Analysis was conducted in 2011 to estimate the storage space

forecast requirement for health commodities stored at the FMS Oshodi Warehouse. The results of the Preliminary Needs Analysis demonstrate that the average

Under the model, the ownership of the facilities will remain with the government; however, a private sector partner would be contracted to operate and

paid a predetermined rate for operating costs plus an agreed management fee.

In order to provide an incentive for improved operational performance, the private partner could also be paid an additional amount for achieving pre-specified performance targets. Alternatively, the management fee could be pro-rated based on a achievement of predetermined performance levels. Minimum Key Performance Indicators (KPIs) were assigned to the private partner to ensure performance.

| Health Programs | Warehouse Pallet Space Required 2017 | Warehouse Pallet Space Required 2018 | Warehouse Pallet Space Required 2019 | Warehouse Pallet Space Required 2020 | Warehouse Pallet Space Required 2021 | Warehouse Pallet Space Required 2022 |
|-----------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Primary Health  | 981                                  | 1,063                                | 1,078                                | 1,117                                | 1,166                                | 1,234                                |
| Malaria         | 2,269                                | 2,470                                | 2,626                                | 2,788                                | 3,091                                | 3,426                                |
| Family Planning | 593                                  | 831                                  | 1,173                                | 1,667                                | 1,847                                | 2,048                                |
| HIV/AIDS        | 1,121                                | 1,331                                | 1,443                                | 1,556                                | 1,725                                | 1,912                                |
| Cold Storage    | 1,164                                | 1,257                                | 1,339                                | 1,378                                | 1,461                                | 1,499                                |
| <b>Total</b>    | <b>6,128</b>                         | <b>6,952</b>                         | <b>7,659</b>                         | <b>8,506</b>                         | <b>9,290</b>                         | <b>10,119</b>                        |

warehouse capacity required at FMS Oshodi in 2011 was approximately 3,097 pallet spaces.

Assuming a 5% annual growth rate for most of the commodities, it was estimated that the average warehouse requirement would increase to 4,728 pallet spaces by 2016.

Various PPP options like Management Contract, Lease, Concessions, BoT, etc were analyzed with their advantages & disadvantages adequately noted. Based on the analysis presented in the OBC, a Management Contract was considered to be the most suitable PPP option for WIB operations.



maintain the infrastructure for a fixed contract term. The private partner would have the technical know-how, managerial expertise and related experience to operate this type of facility. The private partner would be

## Procurement Phase

ICRC Issued Outline Business Case (OBC) Certificate of Compliance and Federal Ministry of Health secured Federal Executive Council (FEC) approval of the OBC on March 10th, 2017.

The Procurement Stage commenced with a two-stage process of Request for Qualification (RFQ) and Request for Proposal (RFP) including Draft PPP Agreement.

## Request for Qualification

The RFQ advert was published in Daily Trust, The Guardian, The Nation and Federal Tenders Journal. It was equally published in the international press- Devex



and CPCS website. Upon the deadline, a total of 12 bids were received.

Evaluation of RFQ of the 12 pre-qualification submissions received:

- Five achieved an aggregate average score over the pass mark of 75 points;
- Three received a score lower than 75 points;
- Three bids were not evaluated on account of not meeting the basic compliance criteria; and
- One bid was deemed ineligible to bid and therefore disqualified from the evaluation process.

### Request for Proposal

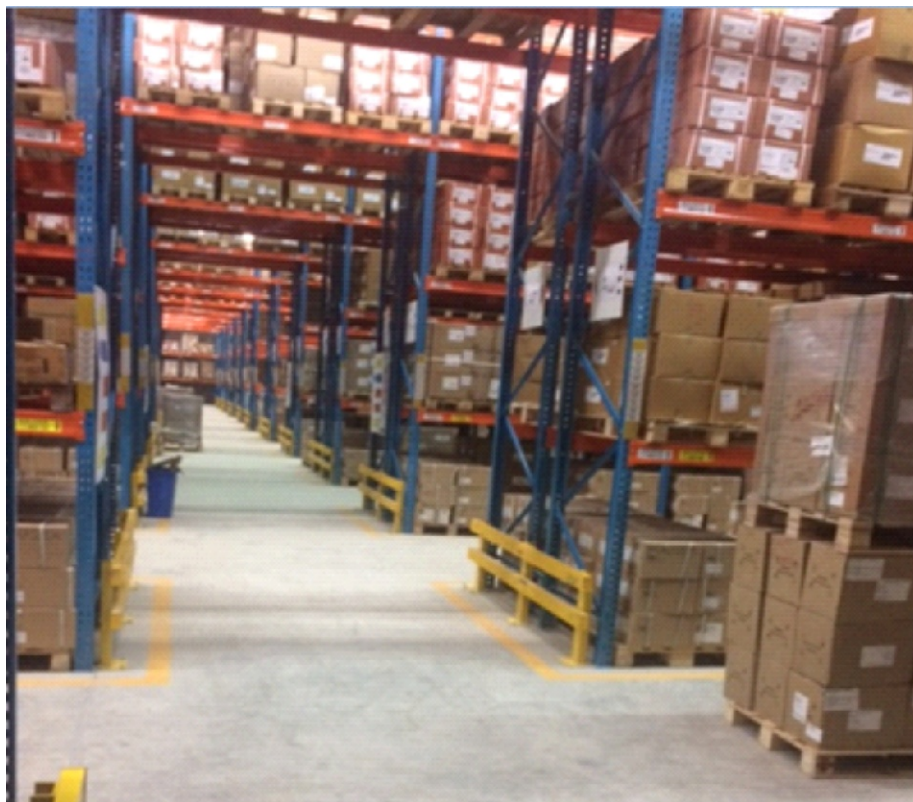
Shortlisted bidders were provided with the RFP and draft Management Contract through the Virtual Data Room (VDR) during the week of May 4th, 2018, upon return of the signed confidentiality agreement.

Bidders were provided with approximately seven weeks to respond to the bid documents package, with a submission deadline of June 19th, 2018 at 15:00 hours local time (GMT + 1).

The Bidders' Conference held on July 4th, 2018, provided Bidders with an opportunity to raise any comments or questions for clarification in response to the bid documents and any other relevant issues.

At the deadline for bid submission, a total of four bids were received out of the five shortlisted Bidders.

### Evaluation of RFP



#### Technical

- The overall pass mark for qualification was set at 60 points in the RFP.
- Of the four proposals received, three were deemed to be responsive bids;
- Non-responsive bid submission was not evaluated on account of not meeting the basic compliance criteria.
- Of the responsive bids, two achieved an aggregate

average score over 60 points.

#### Financial

- Bidders were expected to prepare three budgets, assuming three levels of warehouse utilization;
- 50% warehouse capacity utilization, 75% warehouse capacity utilization and 100% warehouse capacity utilization.

Also the following would be provided:

1. A budget for total fixed costs,
2. A budget for average variable costs, to be further broken into the following activities:
  - a) Variable cost per pallet for receiving, picking-and-packing, and dispatching commodities
  - b) Variable cost per pallet per day of storage

The Financial Bid Opening was held on July 4th, 2018 and after the evaluation, a

***“This project will increase central storage space needed for donor funded health commodities and ensure maintenance of potency requirement of the drugs”.***

preferred bidder emerged followed by the 2nd ranked bidder.

### **Negotiations**

Negotiations were held on July 5th, 2018 with July 6th reserved for finalizing the negotiation minutes and getting all parties to consent. The discussion items raised by the Preferred Bidder included:

1. Payment cycle: It was agreed that all submitted invoices should be paid within 30 days.
2. Key Performance Indicators (KPIs): Set KPIs were considered to be within the normal industry standard
3. Clarification on major overhauls and repairs: This can only occur if the routine maintenance schedules are ignored.
4. Clarification on FMOH's expectation on training: This must be within the agreed scope as submitted by FMOH during RFP stage.
5. Clarification on the Gain sharing mechanism and how it impacts operator's working capital: The Operator is at liberty to draw on its 30% share of the gain from designated bank anytime it pleases.
6. Clarification on the Gain sharing mechanism and offsetting of amounts payable by FMOH: Gain or Pain sharing will be computed quarterly and it will be used to pay for FMOH storage.



First ranked Bidder was asked to provide the Preferred Bidder's Bank Guarantee by start of business on July 6, 2018 as stated in the RFP document. This requirement was met by the Preferred Bidder.

### **Full Business Case (FBC)**

- FBC prepared by the TA was sent to ICRC through FMOH for review.
- ICRC reviewed and Issued FBC certificate of Compliance on the 6th of September 2018
- Presentation to the Honourable Minister of Health took place on the 11th September 2018.

■ Presentation and approval by FEC took place on 28th November 2018.

■ Signing of the PPP Management Agreement will follow and the warehouses handed over to the Private Partner.

This project will increase central storage space needed for donor funded health commodities and ensure maintenance of potency requirement of the drugs. Successful operations of the warehouses will lead to replication of the facilities in other parts of the country.



## Knowledge Management

# Brainstorming the Challenges in African PPPs

Andrew Buisson, Ikenna Emehelu

On 16 October 2018 in Abuja, the Nigerian Infrastructure Concession Regulatory Commission (ICRC) and the Global Infrastructure Hub (GI Hub) played host to nearly 100 government representatives from 9 different countries including about 70 delegates from 30 Nigerian ministries, states and parastatal agencies to discuss risk allocation in Public Private Partnerships (PPPs).

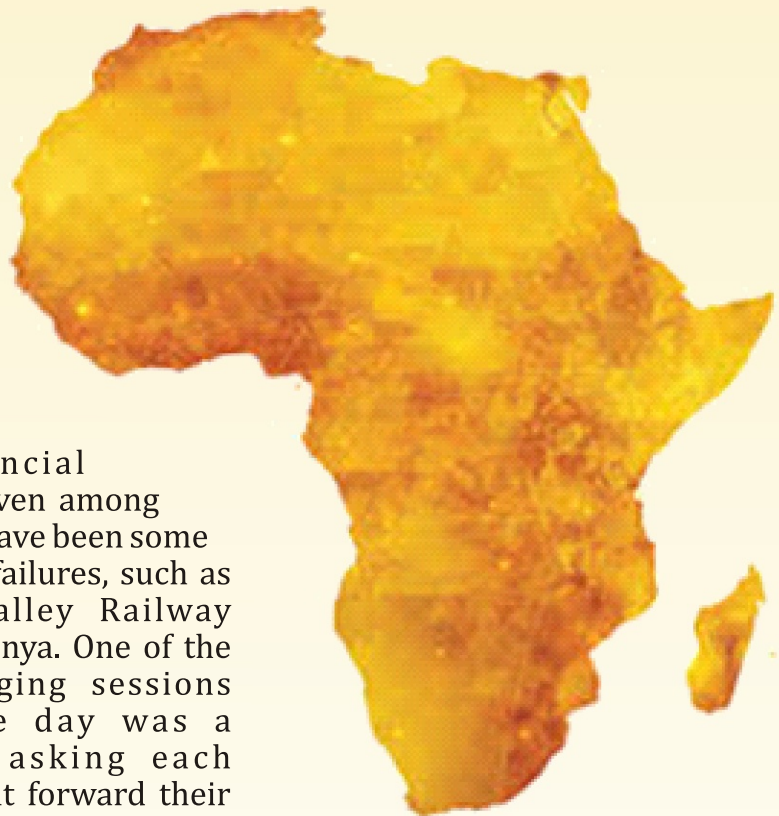
Proceedings were opened by insightful speeches from Vice President Yemi Osinbajo SAN, and the Director-General of the ICRC, Engr. Chidi Izuwah, both focussing on the importance of well-designed PPP models in helping to accelerate infrastructure developments in Nigeria. International law firm Norton Rose Fulbright and leading Nigerian law firm Olaniwun Ajayi then led proceedings for the rest of the day, delivering a series of lectures, workshops and negotiation exercises, with the aim of highlighting some key challenges in PPP project structures and how these could be approached by both private and public sector bodies.

It is clear that successful PPP

deals are thin on the ground in Africa it has been said that only 8% of initiated projects reach financial close and even among those there have been some high profile failures, such as the Rift Valley Railway project in Kenya. One of the more engaging sessions during the day was a workshop asking each agency to put forward their key challenges and solutions for delivering PPPs. This gave rise to a lively debate and a number of useful observations by the attendees, showing the benefit of having a regional workshop.

## Reduction of corruption

Corruption was universally acknowledged to be major problem holding back the procurement of major projects, but given the broad and endemic nature of the issue across society as a whole, there was no clear way forward to address this. Narrower solutions would need to be found to address specific issues in a PPP context, such as ensuring



that there is greater transparency in bidding processes and grievance mechanisms for dissatisfied parties.

## Steady political support

Closely linked to this were political considerations. Steady and firm political support for PPP projects is essential, but the development cycle for PPP projects is usually quite long with 4 years or longer from project inception to first drawdown of funds being common and political support may waver when politicians can see elections coming, against the fear that

the next administration will be able to cut the tape on the new project and take political credit.

### **Having a long-term infrastructure plan**

One solution that was offered to this was to have a clear, public long-term infrastructure plan that remained stable from administration to administration, which would allow incoming officials to choose from a menu of suitable projects to promote, and for outgoing politicians to be given credit for projects that were pushed forward in their term but delivered subsequently.

Other attendees also stressed the value that a project pipeline could bring, noting that IPPs and other energy projects were typically developed before other infrastructure sectors, and that this has helped build up investor confidence in the jurisdiction.

### **Dealing with political “input”**

Most of the attendees acknowledged, regretfully, the flip-side of political support: political interference, although the euphemism “*political input*” appeared to be the less-provocative term employed by some attendees. It was noted that all projects had their own political hurdles along their way.

Another common problem was the “*PO Box 1 issue*”; namely, projects being pushed directly to the

President for support or resolution, sometimes resulting in a political push to deliver projects that have not shown a bankable business case.

### **The need for adequate project preparation**

Pushing forward projects without adequate preparation dramatically reduces the chance of the project being successful. The ICRC Director-General noted that a lack of human capital was part of the problem, and that funding and engaging suitable transaction advisers early in the process was recommended, and where this does not happen international development banks could also be used to impress upon the government the importance of project preparation in developing successful projects. Poorly structured projects may also find themselves cut off from the mechanisms they need to ensure project delivery, as has been seen where political risk insurers have decided not to provide coverage to projects where they see an unsustainable risk allocation.

One agency noted that they had systematically looked at best practice across other African countries to ensure they were comfortable that the outcome of the project preparation process would give a satisfactory result.

### **Dealing with unsolicited proposals**

A number of attendees noted that agencies could be

inundated with unsolicited proposals, but lacked in guidance on whether to accept them, or how to deal with them. The same scrutiny and preparation that goes into a tendered project process should go into dealing with an unsolicited proposal. Some countries, such as Nigeria, have a very detailed procedure dealing with unsolicited proposals, which takes on board international guidance, but even where such procedures formally exist, political pressure can cause important safeguarding steps to be cut.

### **Improving understanding of PPP**

Attendees agreed on the need to improve public understanding of how PPPs work (such as their role in helping to fund public services and sensitising citizens' willingness to pay), but there was also a call for a greater level of capacity building at government level, with attendees seeing a greater level of scrutiny coming from parliamentary members in particular. In addition, there was a feeling that the local private sector market needed to be educated in the same way, as otherwise there was a perception that PPP was just for foreign investors, contractors and advisers.

### **Ongoing review of signed projects**

The South African delegation stressed the importance of ongoing review of signed PPPs, noting that they would review all PPP contracts on a 5-yearly basis so as to be able

to keep the politicians properly informed. Recent studies by the GI Hub have shown the importance of active management of signed contracts by government bodies, noting that over 25% of signed PPP projects end up being extra-contractually renegotiated within the first 5 years. Circumstances change, and contracts cannot always predict and deal with such changes; the GI Hub's research shows it makes sense for government agencies to remain adequately skilled and prepared to renegotiate their positions if that is in their best interests.

### **Other solutions the NSIA approach**

Against the backdrop of these

challenges, it may be instructive to look at the approach being taken by the Nigerian Sovereign Investment Authority (NSIA), who have been granted a significant level of independence and stability to support and develop a infrastructure projects in Nigeria. NSIA is creating new opportunities to fund and support projects, through vehicles like the Presidential Infrastructure Development Fund (which will allow state governments to take an economic interest in the project companies developed by NSIA) and InfraCredit (to provide credit support to investors and banks on infrastructure transactions, in association with the multinational

guarantee provider GuarantCo). In addition, NSIA is also looking at a range of innovative PPP models. These include smaller sized projects, setting up linked projects which have a cross-subsidy element, and adopting risk-structuring approaches to share some "traditional" PPP risks (such as demand risk) with the government party. The relative independence of the NSIA has allowed projects to be pushed forward despite political changes, and there have been some early successes, such as a \$10m healthcare equipment project at the Lagos University Teaching Hospital and reforestation and land restoration projects in Ogun State.

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<https://www.insideafricalaw.com/blog/brainstorming-the-challenges-in-african-ppps>



# 'Build and Operate' Increasingly Common in Social Infrastructure

Simile Karasavidis



The way that social infrastructure is being built and paid for is changing. New healthcare facilities, prisons, and public housing have long been constructed under public-private partnerships (PPPs), but the PPP model is now stretching into the operation of the facilities.

Called “**operator-led PPPs**”, this approach puts the private sector in charge not just of the construction of infrastructure but of the operation of services afterwards for a defined period. For instance, in a hospital PPP the private company would provide clinical services such as x-rays as well as the building. This is also known as an outcomes-based PPP.

This approach transfers operational risks from the state body to the private partner, but the state still retains oversight of the quality of service through key performance indicators, service criteria, and performance standards. Financial penalties are put in place for failure to meet the required standards.

The Wiri Prison in New Zealand is an operator-led PPP, with Serco winning a 25-year contract. Its performance is assessed on criteria such as recidivism rates, prisoner management, and escape numbers. This model is also used in a number of Australian jurisdictions in the prison sector, including the Acacia Prison in Western Australia and the Ravenhall Prison in Victoria.

The model has been embraced by the United Kingdom's National Health Service and, more recently, Australia's New South Wales (NSW) government for the new Northern Beaches Hospital. Under that PPP agreement, Healthscope will operate the hospital providing both public and private clinical and non-clinical services for an initial period of 20 years. After the initial period, it may hand back the public portion of the hospital at no cost to the NSW government. Healthscope will continue to provide private services in the hospital for another 20-year period, before handing back the rest of the facility to the state.

The main advantage of an operator-led PPP is that it forces the private partner to take a long-term view right from the outset of the project. It encourages a focus at the design and build stage on how well infrastructure works in the long term.

Another benefit of operator-led PPPs is that they broaden the pool of potential private partners to include those who have the skills to operate a facility. Credible operators such as not-for-profit healthcare organizations that might not have the financial clout to compete for PPP contracts will be better placed if significant weight is placed on service delivery.

The transfer of operational risk to the private sector should also generate better value for money for government, and encourage operational innovation. This should ultimately drive significant social and economic benefits. By putting the operator in the driving seat from the very beginning of the asset's life, the contractual terms of the PPP should be able to foster innovation and efficiency by enabling the operator to think flexibly about how to meet targets, while ensuring that performance standards and quality remain high.

Additionally, where the government is looking at improved outcomes and the private

sector is paid or incentivized to deliver the outcomes, a closer alignment between the interests and focuses of government and private sector can be achieved. This enables the parties to maximize the “partnership” element of the PPP, and strengthens the private sector's incentive to make long-term investments in the facility to meet evolving operational standards and community service needs.

However, operator-led PPPs are not without their critics, who have highlighted uncertainty about the ability of some experienced operators to successfully operate within a rigid and complicated contractual regime that is focused on performance, and involves significant and complex performance schemes and penalties. Measurement of public policy outcomes can be highly subjective and complex in a live operational piece of social infrastructure.

This means there is still some resistance to operator-led PPPs by governments and the public, particularly in relation to healthcare. However, in a context of tightening public budgets and a growing demand for services, operator-led PPPs provide an opportunity for innovative and collaborative service delivery in social infrastructure that should not be overlooked.

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<https://blogs.worldbank.org/ppps/build-and-operate-increasingly-common-social-infrastructure>



# “Delivering Social Infrastructure through Public Private Partnerships”

Odili Onu, Aminu Salihi, and Zubaida Gummi

**I**nfrastucture refers to physical structures that facilitate the production of goods and services, without themselves being part of the production process. It forms the foundation of all development in a country. The lack of or inadequacy of modern infrastructure as in the case with our country Nigeria, stifles economic growth and development. It also restricts productivity and limits competitiveness.

For a country to develop, its economic and social infrastructures are supposed to be developed simultaneously. This means that both the economic and social infrastructures are interconnected and interdependent and as such are crucial elements for development of an economy and even growth of a country. Social Infrastructure refers to facilities in the form of buildings that accommodates social services like:

- Hospitals
- Schools, Poly techniques and universities, etc
- Prisons
- Social Housing
- Law courts
- Sports centres
- Fire Stations
- Police Stations

## ■ Government offices

Most social infrastructure projects are characterised as generally being smaller in scale than economic infrastructure projects (motorways, bridges, tunnels, etc.) and, by their very nature, also tend to be complex, particularly in terms of ongoing involvement with the community. They generally do not generate user payments and where they do, are usually marginal and collateral (that is ancillary revenues).

This is because:

- i. The infrastructure may be provided to users free of charge
- ii. A charge may be levied for use and collected and retained by the developer of the infrastructure
- iii. A charge may be levied for use, but collected and retained by another public or private entity.

Several jurisdictions across the world are increasingly adopting PPPs to deliver social infrastructure projects. The long-term partnerships with the private sector are addressing the ever- growing demand for services such as: health, education, social housing,

corrections and justice.

Some of the benefits of using PPPs as procurement option

for Social Infrastructure projects include:

- i. PPPs transfer the responsibility for infrastructure delivery, maintenance and support services to the private sector thereby providing confidence that facilities are being monitored and maintained to a high standard. This allows government employees to focus on delivering their core services.
- ii. New infrastructure and facilities will be delivered as planned, on time and to budget requirements.
- iii. Payment and abatement regimes are an effective commercial incentive for private sector to perform to a high standard (contract based on output requirements and monitored with key performance indicators).
- iv. Value for money for projects is achieved through time and cost efficiencies. There is greater certainty of expected financial outcomes, innovation, efficiency and whole-of-life cost projects.
- v. Risks are adequately allocated to parties that are most suitable to manage them.

## Case Studies

Success Stories of PPPs

- i. Health Sector



In Nigeria, multiple models are being utilised but the most common is the arrangement in which government solely finances

Hospital (UCH) Ibadan. The Cardiovascular Centre was designed, built and equipped by a medical equipment provider while the operational activities are

studies two PPP projects in Germany and Australia.

The 'PPP schools Frankfurt' is a package of three schools and an educational and cultural centre for a total number of 5,250 pupils. Although the project was planned as refurbishment the concept changed to new construction of buildings and facilities as well as the refurbishment of some buildings and facilities. Including also financing, operation and maintenance of buildings and facilities, the whole value-chain of the assets is transferred to private sector partners.



Garki Hospital Abuja

the infrastructure and contracts a private entity to operate the facility. This is the case for the Cardiac and Renal Centre, Lagos, which is a five year concession agreement between the Lagos State Government and a private sector entity. Another project with the same arrangement is the Garki Hospital, Abuja. In 2007, the Federal Capital Development Agency (FCDA) signed a concession agreement with a private hospital operator for the management and operations of the hospital.

The Akwa Ibom Specialist Hospital was built by the state government but is being managed and operated by private sector players. However, the PPP arrangement is different at the University College



Monitoring visit to Garki Hospital 12th July 2018

being conducted by the UCH personnel. This has led to several successful treatments of cardiovascular diseases including open heart surgeries.

#### i. Education Sector

The Nigerian Education system has not experienced much of PPP projects, even though the system is in dire need of private intervention. The country can use as case

The first Australian schools PPP project reached financial close in March 2003. The project has delivered nine new public schools in Sydney, Wollongong, Shell Harbour and on the Central Coast. The project was awarded to Axiom Education consortium (comprising ABN Amro, St Hilliers, Hansen Yuncken and SSL Facilities Management), who will also provide non-core services for the 30 year life of the project.

#### ii. Public Buildings

##### a) *Mt Barker Police Station image*

The South Australian Police & Courts Regional Facilities PPP project was designed to construct four new



courthouses and five police stations in six sites to replace old facilities well past their useful economic life. The \$70 million project reached financial close in June 2005 and was awarded to the Plenary Justice Consortium (comprising Plenary Group, Deutsche Bank, Hansen Yuncken, Advanced Building Technologies, Walter Brooke and Associates and Connell Mott Macdonald). Plenary Group is responsible for maintaining buildings and landscaped areas and providing facilities management services for 25 years.

***b) Victorian County Court image provided by Victorian Department of Justice***



The need for County Court accommodation arose mainly as a result of long waiting times for court appearances. The project reached financial close in

June 2000 and was awarded to the Liberty Group Consortium (comprising ABN Amro, Multiplex Constructions, N.M. Rothschild & Sons, Sinclair Knight Merz, Daryl Jackson & Lyon Architects, Corrections Corporation and Interform). Under the 20 year service contract, the Liberty Group



time and on budget. The Liberty Group took on the design, construction and commissioning risk, except where the State had specific design requirements. The project is the first major social infrastructure project under the Partnerships Victoria policy and delivered the largest court complex in Australia.

***c) Royal Melbourne Showgrounds image***

The \$101 million Royal Melbourne Showgrounds Redevelopment project

reached financial close in June 2005. The objective of the project was to restore key historic buildings and build new facilities to create a multi-purpose venue that could be used year-round. The Victorian Government considers the Royal Melbourne Show, which has been held in Victoria since 1853, to be a vital link between urban and rural Victoria. The project was awarded to PPP solutions (comprising Babcock & Brown, Multiplex Constructions and Multiplex Facilities Management). The project was completed on

would provide accommodation and essential services including security, maintenance and IT.

The \$195 million project was completed in May 2002 on



time, with commercial acceptance achieved in August 2006. This meant the Royal Melbourne Show in 2006 was not disrupted.

Evidence supports Public Private Partnerships (PPP) as a strategy for improving availability and management of social infrastructure projects. PPPs involve long term partnership between the public institutions and private sector participants

and are characterised by the sharing of risks, responsibilities and rewards.

Unlike economic infrastructure, social infrastructure does not generally generate user payments and if at all it does, it is marginal since the infrastructure maybe provided to users free of charge. To augment the developmental strides in the economic infrastructure, social infrastructure projects

should ideally be developed using availability payment PPP model. Availability PPPs are balanced transactions where the private sector is responsible for upfront capital expenditure with operations and maintenance. The private partner recovers her investment via periodic payment by the government backed by appropriate guarantees. The Model has been used in different parts of the world to deliver social infrastructure projects.

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#### SUMMARY OF OBC CERTIFICATE OF COMPLIANCE ISSUED IN Q4

|   |   |  |                   |
|---|---|--|-------------------|
| 1 | Federal Ministry of Industry Trade and Investment | Small & Medium Enterprise (SME) Portal Project   | 24th October 2018 |
| 2 | Office of Head of Civil Service of the Federation | Development of Ground floor Block A and Multi Level Car Parking lots of the Federal Secretariat complex phase II | 24th October 2018 |
| 3 | Nigerian Shippers' Council                        | The Development of Ibadan Inland Dry Port, Oyo State   | 24th October 2018 |
| 4 | Nigerian Shippers' Council                        | Concession of Truck Transit Park Lokoja  | 24th October 2018 |

#### SUMMARY OF FBC CERTIFICATE OF COMPLIANCE ISSUED IN Q4

|   |                                      |  |                                |
|---|--------------------------------------|--|--------------------------------|
| 1 | Federal Radio Corporation of Nigeria | Development of 10 hectares of land into a mixed-use facility   | 24 <sup>th</sup> October 2018  |
| 2 | Federal Ministry of Transportation   | (i) Development of Abuja-Warri Railway Line with Branch Line and Extensions from Jakura-Lokoja and Agbarho-Warri (ii) Warri New Sea Port | 27 <sup>th</sup> November 2018 |
| 3 | Ministry of Interior (MoI)           | Provision of Contingent Owned Equipment for Armed Formed Police Units (FPUS) for the Nigerian Police Force in Peace Support Operations   | 14 <sup>th</sup> December 2018 |

The fourth quarter Public Private Partnership Units Consultative forum (3PUCF) meeting, a body which comprises of PPP unit heads across Ministries, Departments and Agencies of the Federal government took place on Thursday 6th December 2018 at the boardroom of the Ministry of National Planning, Abuja.

In his address at the event, Director General of the ICRC, Engr. Chidi Izuwah commended participants for their continuous efforts in developing the forum. He informed the forum of the Federal Executive Council (FEC) approval of two PPP projects namely the Warehouse in a Box project of the Federal Ministry of Health and the ECOWAS Biometric Passport project of the Federal Ministry of Interior.

Speaking further, he disclosed that the Commission has issued a total of 22 Outline Business Cases and 10 Full Business Case Compliance Certificates for the year 2018. The Commission also hosted a regional PPP programme with Global Infrastructure Hub of Australia, which was attended by the Vice President, Prof. Yemi Osinbajo, as well hosted / participated in other local and international workshops. He expressed gratitude on behalf of the ICRC management and staff, to the MDAs who have hosted and sponsored previous 3PUCF meetings

# 4<sup>th</sup> QUARTER 3PUCF



In his response, Permanent Secretary, Ministry of Budget and Planning Mr. Odewale emphasized that Public-Private Partnerships in Infrastructure delivery is in line with the current administration's priority of building a competitive economy by increasing public investment and improving the business environment for more private investments in

infrastructure development. He further stressed that the National Integrated Infrastructure Master Plan (NIIMP) which is the approved long term blueprint for infrastructure development in the country, envisages increased participation of the private sector in infrastructural development in Nigeria. He thereafter wished the forum fruitful deliberations.



# A Sneak Peak in ICRC's robust ICT Department

**T**oday's technology is a booming market full of exciting and innovative products and new learning opportunities. Albert Einstein once said that **"It has become appallingly obvious that our technology has exceeded our humanity."**

In recent years, the world has witnessed rapid growth and ever-increasing importance of information communications technology. It is hard to imagine an organization operating successfully in the 21st century without a strong information technological infrastructure. The role of information technology has evolved over the past decades from a supporting, back-office function to a key function, enabler and driving force for organizations. It has become a dynamic and strategic asset of an organization for the successful achievement of its mission and goals. It is essential to managing transactions, information and knowledge necessary to

achieve and sustain an organization's mandate and goals. Hence, organizations are becoming increasingly dependent on a well-functioning ICT infrastructure of which ICRC is not an exception. ICRC through its ICT unit provides access to vast information communications technology resources to assist both employees and consultants to perform their duties proficiently. The facilities to provide such services represent a considerable commitment of ICRC's resources from computer hardware, software, networking, printing, storage, etc. In line with the Commission's goal of building a robust and world class ICT driven environment, the data center incorporates the latest, cutting edge technology as far as ICT systems are concerned. The Commission's ICT bouquet comprises the following:

## ■ Storage Area Network (SAN):

Information has become a

***"Information technology and business are becoming inextricably interwoven. I don't think anybody can talk meaningfully about one without the talking about the other".***

*Bill Gates*

vital and invaluable resource in today's world: it is the underlying resource on which all computing processes are based; it is every company's asset. Information is stored on storage media, and is accessed by applications executing on a server. This media is called the Storage Area Network (SAN). This is a unique company asset, and is created as a response to the needs of the Commission. The primary purpose is the transfer of data between computer systems and storage elements.

■ Firewall is a necessary component of network infrastructure. It is primarily for protection via data

***In simple terms, a SAN is a specialized, high-speed network attaching servers and storage devices and, for this reason, it is sometimes referred to as the network behind the servers. A SAN allows any-to-any connection across the network, using interconnect elements such as routers, gateways, hubs, and switches. - Mr. Jobson Ewalefoh***

analysis. It is a bridge of sort, linking an organization's assumed secure and trusted internal network to external networks (the internet).

■ **Servers:** The data center hosts several servers whose functions are crucial for the day to day running of the commission which includes the mail server (sorting and distribution of e-mails to their respective recipients); file server (storage for shared files and folders and each department has its own shared drive, unique to only staff of the department, where common files can be backed up and retrieved easily); active directory server (authenticates and authorizes all users and computers in a windows domain type network assigning and enforcing security policies for all computers and installing or updating software); HR

server (hosts the Human Resource software for employee management);

Commission's Lotus notes application); quick-R server



accounts server (tally accounting software used by the Commission's Finance and Accounts Unit); files server (active directory); scan server (stores scanned copies of documents across all the shared folders); sametime server (handles the chat feature of the

(handles shared folders for the Lotus notes Domino application).

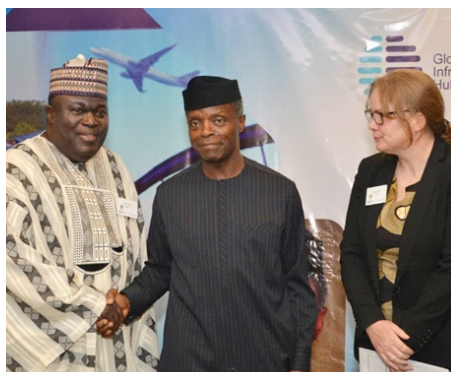
The unit is the technical hub of the Commission ensuring safety of information and communication technology that is in line with world's best standard.



# WORKSHOPS TRAININGS

# SUMMITS

# CONFERENCES SYMPOSIUMS



The Global Infrastructure Hub (GIH) and Infrastructure Concession Regulatory Commission (ICRC) Public Private Partnership Workshop On 17th October 2018



The Infrastructure Concession Regulatory Commission attended and Exhibited at the Nigeria-Canada Investment Summit on 5th November 2018



The Infrastructure Concession Regulatory Commission Meeting with the Committee on Special Duties on 27th November





The Australian Awards Delegates with the Infrastructure Concession Regulatory Commission Pay Visit to Garki Hospital 28th November 2018



The Australian Awards Delegates Pay Institutional Visit to the Infrastructure Concession Regulatory Commission 28th November 2018





The Enyimba Economic City Memorandum of Understanding Signing, 7th December 2018



The Infrastructure Concession Regulatory Commission 10th Year Anniversary / End Of The Year Party  
10th December 2018





Staff of the Infrastructure Concession Regulatory Commission Honoured with the Public Service Award of Excellence by The Secretary to the Government of The Federation On The 18th Of December 2018



*“Raising awareness versus raising alarm; the public can't be better informed if the information isn't better.”  
— T.K. Naliaka*



# Health & Wellbeing

## YELLOW FEVER

**N**igeria has recorded over 1,640 suspected cases of Yellow fever with 41 confirmed cases according to the World Health Organization (WHO) Regional Reference Laboratory in Dakar, Senegal, National Primary Healthcare Development Agency (NPHCDA) has said.

Meanwhile, about seven states in the country have reported the outbreak of Yellow fever and the states include: FCT, Kogi, Anambra, Nasarawa, Zamfara, Edo and Benue.

■ Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. The "yellow" in the name refers to the jaundice that affects some patients.

■ Symptoms of yellow fever include fever, headache, jaundice, muscle pain, nausea, vomiting and fatigue.

■ A small proportion of patients who contract the virus develop severe symptoms and approximately half of those die within 7 to 10 days.

■ The virus is endemic in tropical areas of Africa and Central and South America.

■ Large epidemics of yellow fever occur when infected people introduce the virus into heavily populated areas with high mosquito density and where most people have little or no immunity, due to lack of vaccination. In these conditions, infected mosquitoes of the *Aedes aegypti* specie transmit the virus from person to person.

■ Yellow fever is prevented by an extremely effective vaccine, which is safe and affordable. A single dose of yellow fever vaccine is sufficient to confer sustained



immunity and life-long protection against yellow fever disease. A booster dose of the vaccine is not needed. The vaccine provides effective immunity within 10 days for 80-100% of people vaccinated, and within 30 days for more than 99% of people vaccinated.

■ Good supportive treatment in hospitals improves survival rates. There is currently no specific anti-viral drug for yellow fever.

■ The Eliminate Yellow Fever Epidemics (EYE) Strategy launched in 2017 is an unprecedented initiative. With more than 50 partners involved, the EYE partnership supports 40 at-risk countries in Africa and the Americas to prevent, detect, and respond to yellow fever suspected cases and outbreaks. The partnership aims at protecting at-risk populations, preventing international spread, and containing outbreaks rapidly. By 2026, it is expected that more than 1 billion people will be protected against the disease.

### Signs and symptoms

Once contracted, the yellow fever virus incubates in the body for 3 to 6 days. Many

people do not experience symptoms, but when these do occur, the most common are fever, muscle pain with prominent backache, headache, loss of appetite, and nausea or vomiting. In most cases, symptoms disappear after 3 to 4 days.

A small percentage of patients, however, enter a second, more toxic phase within 24 hours of recovering from initial symptoms. High fever returns and several body systems are affected, usually the liver and the kidneys. In this phase people are likely to develop jaundice (yellowing of the skin and eyes, hence the name 'yellow fever'), dark urine and abdominal pain with vomiting. Bleeding can occur from the mouth, nose, eyes or stomach. Half of the patients who enter the toxic phase die within 7 - 10 days.



### Diagnosis

Yellow fever is difficult to diagnose, especially during the early stages. A more severe case can be confused with severe malaria, leptospirosis, viral hepatitis (especially fulminant forms), other haemorrhagic fevers, infection with other flaviviruses (such as dengue haemorrhagic fever), and poisoning.

Polymerase chain reaction (PCR) testing in blood and urine can sometimes detect the virus in early stages of the disease. In later stages, testing to identify antibodies is needed (ELISA and PRNT).

### Populations at risk

Forty seven countries in Africa (34) and Central and South America (13) are either endemic for, or have regions that are endemic for, yellow fever. A modeling study based on African data sources estimated the burden of yellow fever during 2013 was 84 000 170 000 severe cases and 29 000 60 000 deaths.

Occasionally travelers who visit yellow fever endemic countries may bring the disease to countries free from yellow fever. In order to prevent such importation of the disease,

many countries require proof of vaccination against yellow fever before they will issue a visa, particularly if travelers come from, or have visited yellow fever endemic areas.

In past centuries (17th to 19th), yellow fever was transported to North America and Europe, causing large outbreaks that disrupted economies, development and in some cases decimated populations.

### Transmission

The yellow fever virus is an arbovirus of the flavivirus genus and is transmitted by mosquitoes, belonging to the *Aedes* and

*Haemagogus* species. The different mosquito species live in different habitats - some breed around houses (domestic), others in the jungle (wild), and some in both

habitats (semi-domestic). There are 3 types of transmission cycles:

- Sylvatic (or jungle) yellow fever: In tropical rainforests, monkeys, which are the primary reservoir of yellow fever, are bitten by wild mosquitoes of the *Aedes* and *Haemagogus* species, which pass the virus on to other monkeys. Occasionally humans working or travelling in the forest are bitten by infected mosquitoes and develop yellow fever.

- Intermediate yellow fever: In this type of transmission, semi-domestic mosquitoes (those that breed both in the wild and around households) infect both monkeys and people. Increased contact between people and infected mosquitoes leads to increased transmission and many separate villages in an area can develop outbreaks at the same time. This is the most common type of outbreak in Africa.

- Urban yellow fever: Large epidemics occur when infected people introduce the virus into heavily populated areas with high density of *Aedes aegypti* mosquitoes and where most people have little or no immunity, due to lack of vaccination or prior exposure to yellow fever. In these conditions, infected mosquitoes



transmit the virus from person to person.

## **Treatment**

Good and early supportive treatment in hospitals improves survival rates. There is currently no specific anti-viral drug for yellow fever but specific care to treat dehydration, liver and kidney failure, and fever improves outcomes. Associated bacterial infections can be treated with antibiotics.

## **Prevention**

### **1. Vaccination**

Vaccination is the most important means of preventing yellow fever.

The yellow fever vaccine is safe, affordable and a single dose provides life-long protection against yellow fever disease. A booster dose of yellow fever vaccine is not needed.

Several vaccination strategies are used to prevent yellow fever disease and transmission: routine infant immunization; mass vaccination campaigns designed to increase coverage in countries at risk; and vaccination of travelers going to yellow fever endemic areas.

In high-risk areas where vaccination coverage is low, prompt recognition and control of outbreaks using mass immunization is critical. It is important to vaccinate most (80% or more) of the population at risk to prevent transmission in a region with a yellow fever outbreak.

There have been rare reports of serious side-effects from the yellow fever vaccine. The rates for these severe 'adverse events following immunization' (AEFI), when the vaccine provokes an attack on the liver, the kidneys or on the nervous system are between 0 and 0.21 cases per 10 000 doses in regions where yellow fever is endemic, and from 0.09 to 0.4 cases per 10 000 doses in populations not exposed to the virus (1).

The risk of AEFI is higher for people over 60 years of age and anyone with severe immunodeficiency due to symptomatic

HIV/AIDS or other causes, or who have a thymus disorder. People over 60 years of age should be given the vaccine after a careful risk-benefit assessment.

People who are usually excluded from vaccination include:

- Infants aged less than 9 months;
- Pregnant women except during a yellow fever outbreak when the risk of infection is high;
- People with severe allergies to egg protein; and
- People with severe immunodeficiency due to symptomatic hiv/aids or other causes, or who have a thymus disorder.

In accordance with the International Health Regulations (IHR), countries have the right to require travelers to provide a certificate of yellow fever vaccination. If there are medical grounds for not getting vaccinated, this must be certified by the appropriate authorities. The IHR are a legally binding framework to stop the spread of infectious diseases and other health threats. Requiring the certificate of vaccination from travelers is at the discretion of each State Party, and it is not currently required by all countries.

### **2. Vector control**

The risk of yellow fever transmission in urban areas can be reduced by eliminating potential mosquito breeding sites, including by applying larvicides to water storage containers and other places where standing water collects.

Both vector surveillance and control are components of the prevention and control of vector-borne diseases, especially for transmission control in epidemic situations. For yellow fever, vector surveillance targeting *Aedes aegypti* and other *Aedes* species will help inform where there is a risk of an urban outbreak.

Understanding the distribution of these mosquitoes within a country can allow a country to prioritize areas to strengthen their human disease surveillance and testing, and consider vector control activities. There is currently a limited public health arsenal of safe, efficient and cost-effective insecticides

that can be used against adult vectors. This is mainly due to the resistance of major vectors to common insecticides and the withdrawal or abandonment of certain pesticides for reasons of safety or the high cost of re-registration.

Historically, mosquito control campaigns successfully eliminated *Aedes aegypti*, the urban yellow fever vector, from most of Central and South America. However, *Aedes aegypti* has re-colonized urban areas in the region, raising a renewed risk of urban yellow fever. Mosquito control programmes targeting wild mosquitoes in forested areas are not practical for preventing jungle (or sylvatic) yellow fever transmission.

Personal preventive measures such as clothing minimizing skin exposure and repellents are recommended to avoid mosquito bites. The use of insecticide-treated

bed nets is limited by the fact that *Aedes* mosquitoes bite during the daytime.

### **3. Epidemic preparedness and response**

Prompt detection of yellow fever and rapid response through emergency vaccination campaigns are essential for controlling outbreaks. However, underreporting is a concern the true number of cases is estimated to be 10 to 250 times what is now being reported.

WHO recommends that every at-risk country have at least one national laboratory where basic yellow fever blood tests can be performed. A confirmed case of yellow fever in an unvaccinated population is considered an outbreak. A confirmed case in any context must be fully investigated. Investigation teams must assess and respond to the outbreak with both emergency measures and longer-term immunization plans.

<http://www.who.int/news-room/fact-sheets/detail/yellow-fever>

<http://saharareporters.com/2018/11/27/yellow-fever-spreads-7-states-1640-cases-recorded>



# Lighter



# Note

**Lost my Nokia in 2005  
Fully charged**



**Found it last week.  
Still 50% Charge left.**

## About The Publication

**ICRC-Bulletin** is a quarterly newsletter of the Infrastructure Concession Regulatory Commission under the Presidency of the Federal Republic of Nigeria. This newsletter is a useful tool for communication and is part of the Commission's thrust to engage staff and stakeholders by providing timely, accurate and knowledgeable information on its activities.

We value your views, contributions and opinion. For enquiries, comments and suggestions on this issue, you may email us at **[info@icrc.gov.ng](mailto:info@icrc.gov.ng)**

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## ICRC Strategic Objective

**To mobilize and accelerate private investments in national infrastructure by enabling the Federal Government of Nigeria through her Ministries, Departments, and Agencies (MDAs) to establish and implement effective Public Private Partnerships (PPPs).**

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