Canadian Red Cross
Humanitarian Logistics

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by Olivier Trinh, Manager, Logistics Operations

This presentation is a personal account of the work with the Canadian Red Cross.
This is not an official Canadian Red Cross document.

Plan

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2. Logistics roles and processes

3. Logistics support to emergencies

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   o Case 2: Manitoba Wildfires, 2018

   o Case 3: Jacmel Hospital, Haiti

   o Case 4: Field Hospital

   o Case 5: Covid-19

4. Conclusion

1. What is the Red Cross?

International Red Cross and Red Crescent Movement

Created in 1863, the Movement is a global humanitarian network of 80 million people that helps those facing disaster, conflict and health and social problems.

- ICRC: International Committee of the Red Cross

- IFRC: International Federation of Red Cross and Red Crescent Societies

- **191** National Red Cross and Red Crescent Societies.

Among them is the **Canadian Red Cross** Society.

Canadian Red Cross

Created in 1896.

- Emergencies and disasters in Canada

- Health Services in Canada *(ex: equipment loan program)*

- Prevention and Safety *(ex: first-aid classes through training partners)*

- International Programs *(ex: 3PL for GAC)*

- Etc.

Emergency Management in Canada

In fiscal year 2018-2019, the Canadian Red Cross

- On average responded to **a disaster every 3 hours and assisted 158 Canadians daily**

- Responded to **12 large-scale disasters or emergencies** in Canada

- Provided more than **3,000 households** with assistance following a personal disaster

- Assisted over **57,000 Canadians** who experienced disaster

Canadian Red Cross

Examples in Canada

- 2016 – Syrian Refugees

- 2016 – Fort McMurray Fires

- 2017 – New Brunswick Ice storm

- 2017 – British Columbia Fires

- 2017 – Asylum Seekers

- 2018 – Northern Manitoba Fires

- 2018 – Ottawa and Gatineau Tornadoes

- 2019 – Spring floods in QC, ON and NB

- 2020 – Covid-19: Travellers in Trenton, returning Canadians in PHAC sites, support in CHSLDs, etc.

Canadian Red Cross

Examples abroad

- 2013 – Philippines typhoon Haiyan

- 2014 – Ebola

- 2015 – Nepal Earthquake

- 2016 – Ecuador Earthquake

- 2016 – Haiti Hurricane Matthew

- 2017 – Somaliland Cholera

- 2017 – Barbuda Hurricane Maria

- 2017 – Bangladesh Population Movement

- 2019 – Mozambique Cylcone Idai

- 2019 – Bahamas Hurricane Dorian

2. Logistics roles and processes

Logistics roles

Support function to Operations

• Procurement of goods and services

• Warehousing

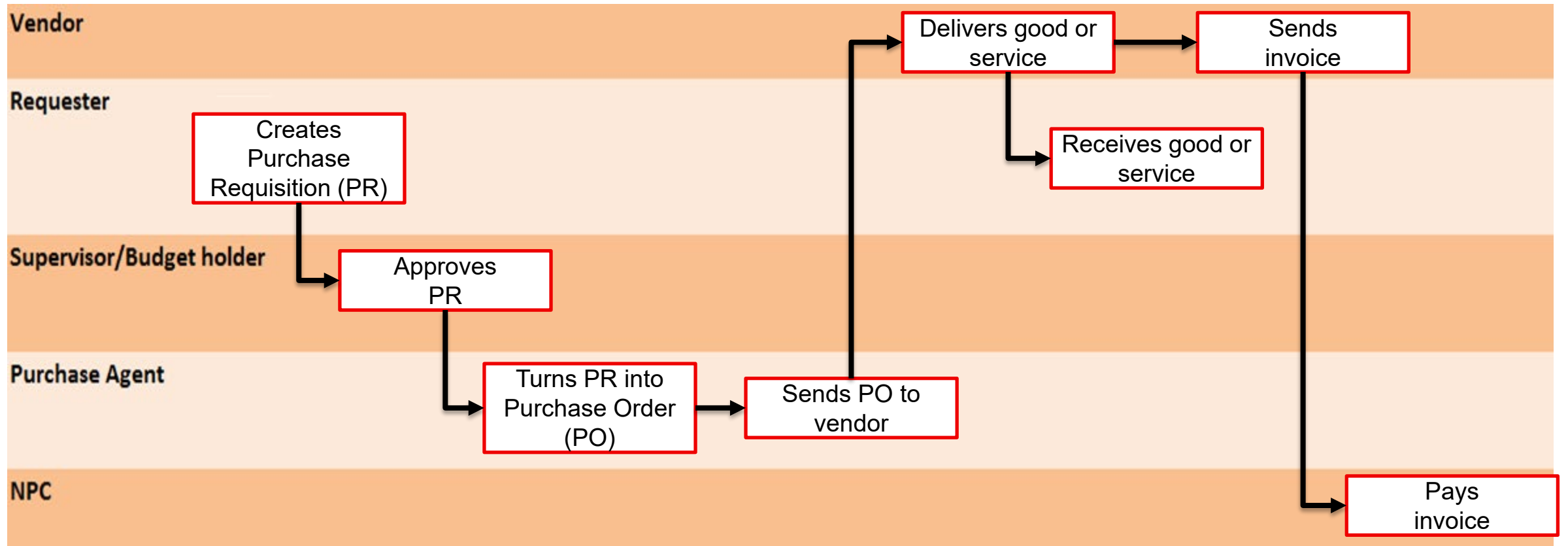• Transportation

24 hours: 2,000 evacuees

48 hours: 5,000 evacuees

1 week: 25,000 evacuees

BC – Disaster Response Vehicle & Shelter Trailer 2016

Procurement

Vendor				Delivers good or service	Sends invoice
Requester	Creates Purchase Requisition (PR)				Receives good or service
Supervisor/Budget holder		Approves PR			
Purchase Agent			Turns PR into Purchase Order (PO)	Sends PO to vendor	
NPC					Pays invoice

ERP: Microsoft Dynamics™

Standard relief items

- Clean-up kit

- After-the-Fire kit

- Hygiene kit

- Blanket

- Cot

- Teddy bear

Warehousing strategy

ERP: Microsoft Dynamics

→ (blue)	Stays in inventory
→ (red)	Leaves inventory=> $
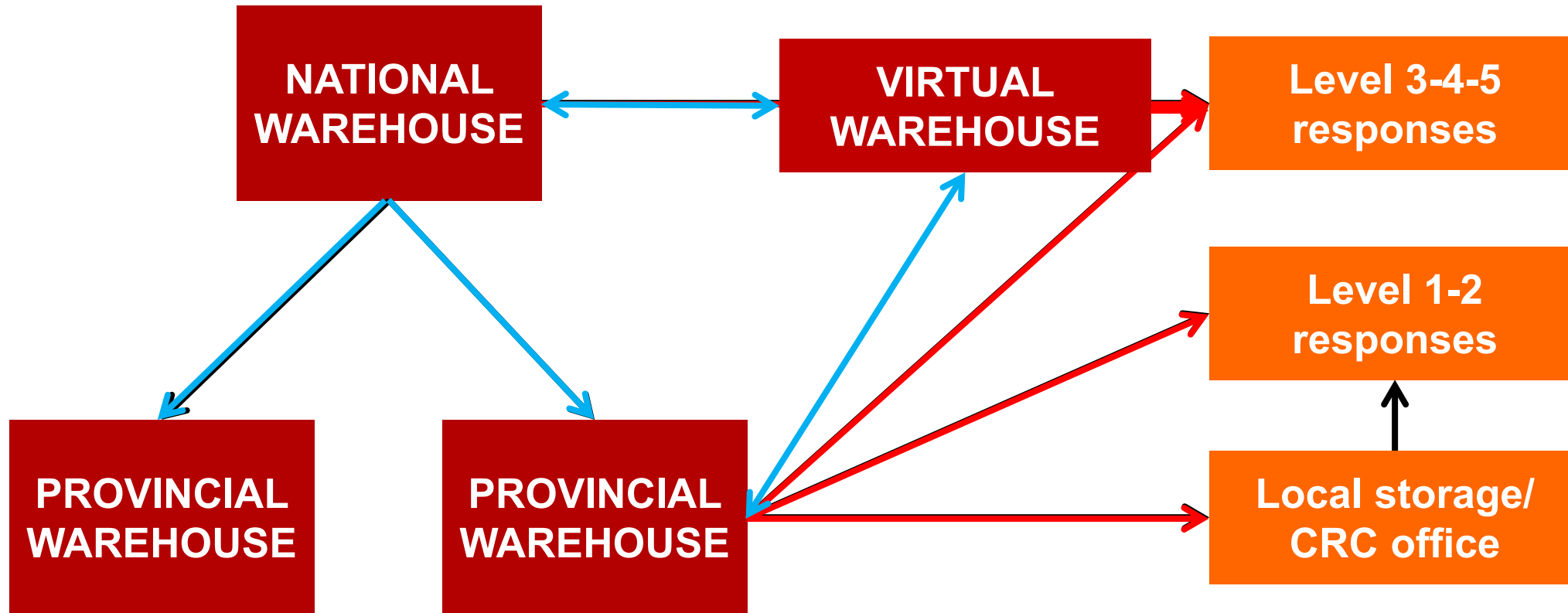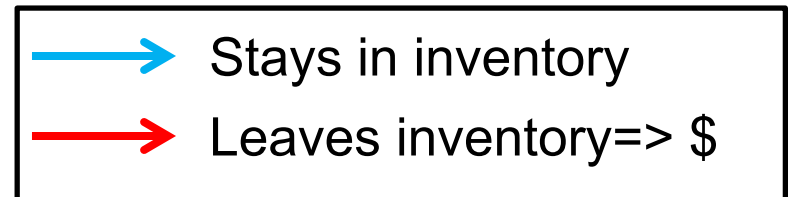
# 3. Logistics support to emergencies

Typical responses

Larger disasters are mostly due to floods and wildfires.

- CRC mandate differs depending on municipal, provincial and federal agreements

- CRC will likely provide registration services, lodging, feeding, personal services supplies

- CRC can arrange transportation for evacuees

CRC also supports other events such as arrivals of refugees or asylum seekers.

Case 1: **Fort McMurray Wildfires, 2016**
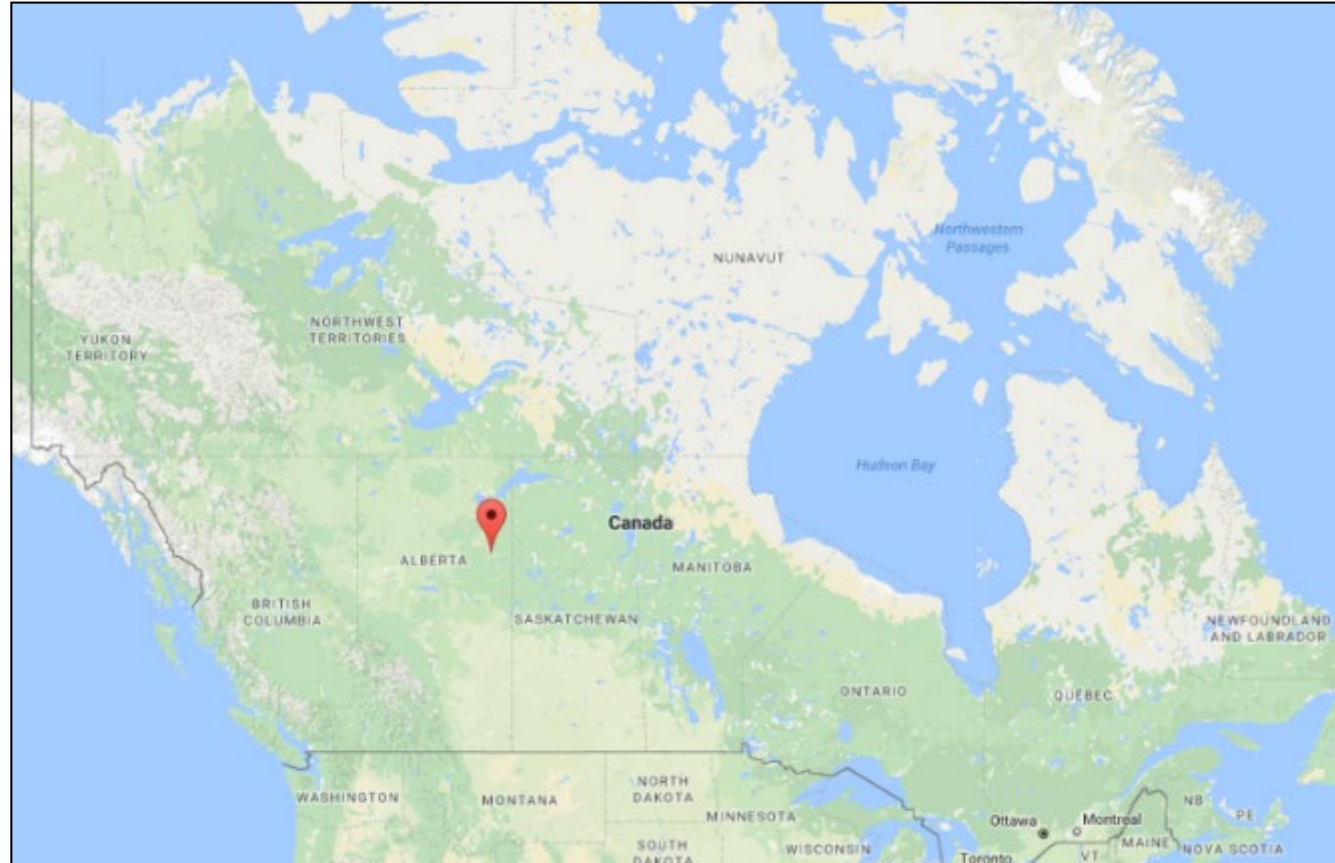
Fort McMurray, 2016

Context

- May 1st 2016: Fire starts

- May 3rd 2016: Evacuation order

- 80,000 evacuees in a little more than 24 hours

- 2,572 houses destroyed or damaged

- Evacuation order lasted for 28 days

Fort McMurray, 2016

- **Shipping of more than 45,000 blankets, clean-up kits, hygiene kits, teddy bears and cots:** mobilize stock in all provinces across the country, open warehouses in Edmonton, then in Fort McMurray

- **Deliveries of loaded cash cards:** secured transportation through Brinks

- **Transportation and lodging for staff and volunteers:** agreements with shuttle and taxi companies, local hotels, University of Alberta dorms, etc.

Fort McMurray, 2016 (3/6)
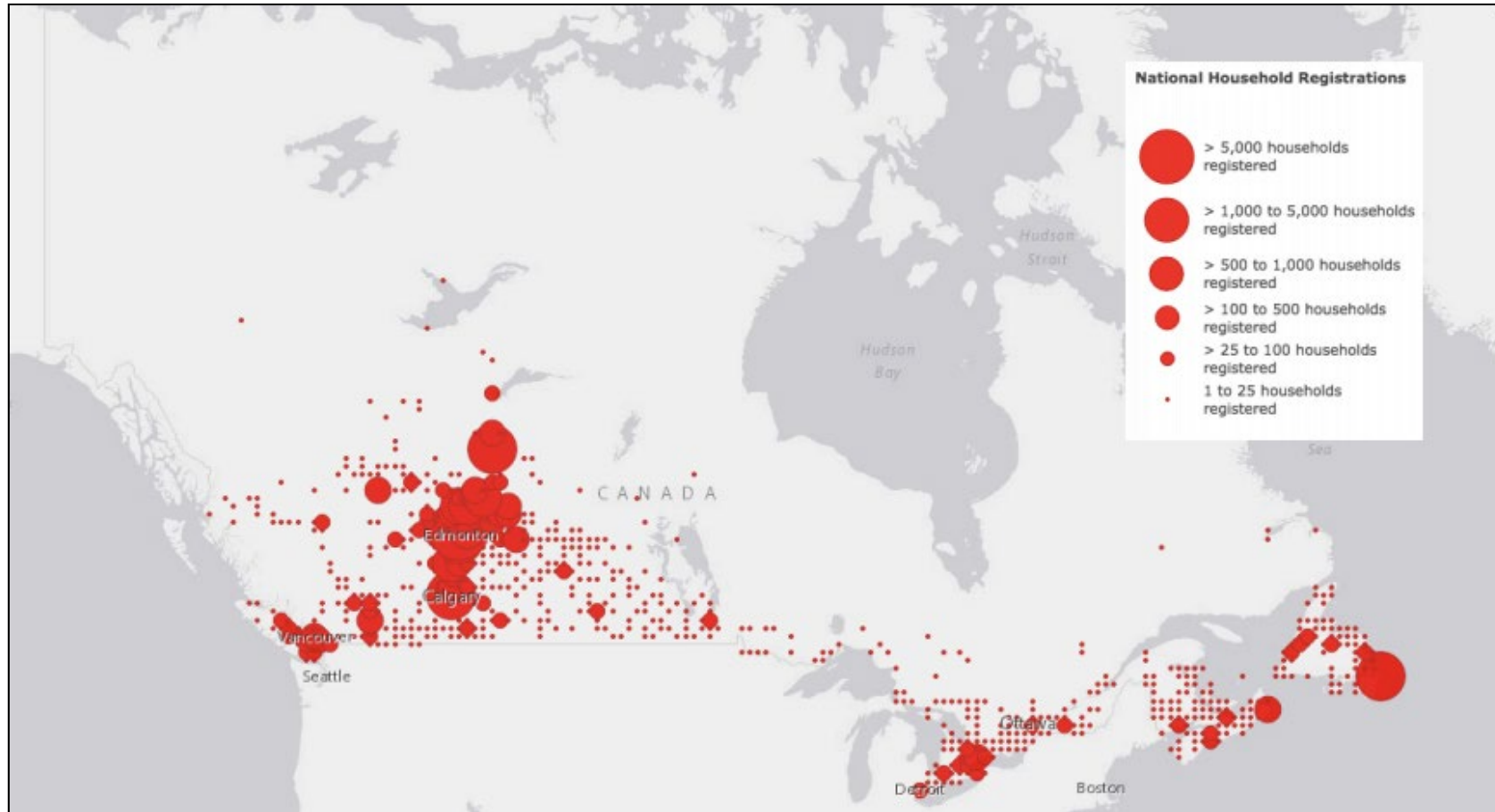
Fort McMurray, 2016 (4/6)

Bring evacuees home

- Return green-lighted by authorities on June 1st 2016

- Flights to Edmonton or Calgary, then buses to Fort McMurray

- Fort McMurray airport reopened on June 10th 2016

Fort McMurray, 2016 (5/6)

What was atypical?

- Scale of response, registration portal, mass EFT

- No agreements with Government of Alberta: roles unclear

- Donations matched by provincial and federal governments reached $299 million

- Media coverage, expectations and social media usage

Fort McMurray, 2016 (6/6)
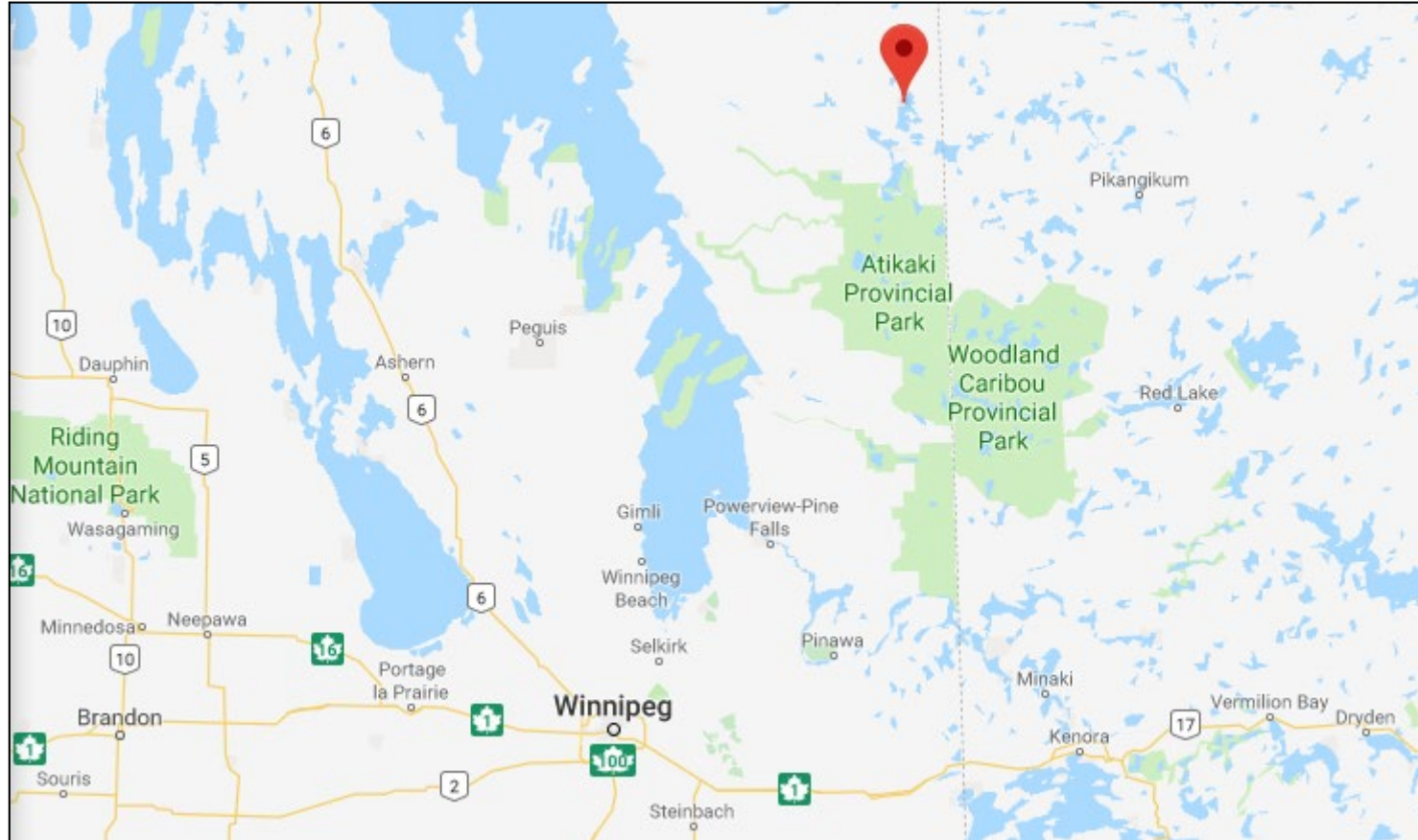
Recovery programs

- Supporting to local community organisations

- Supporting to small businesses

- Working alongside Indigenous Communities

- Etc.

"If Red Cross did not provide specialized Nation support, I know we would have lost a lot of people to suicide."

- Grand Chief Courtoreille

Case 2: Manitoba Wildfires, 2018

Manitoba Wildfires, 2018 (1/4)

Situation

- May 2018: several forest fires start in Northern Manitoba

- May 20th 2018: CRC is activated by Indigenous Services Canada

- 5 communities are evacuated: Sapotaweyak, Little Grand Rapids, Pauingassi, Kinonjeoshtegon, Marcel Colomb

- 2,609 evacuees

Manitoba Wildfires, 2018

Logistics regular role

- Coordinating air (121 flights) and ground transport for evacuees

- Lodging in 46 hotels

- Locating and leasing suitable space for reception centers

- Providing essential supplies

Additional challenges

- Sustained power outages caused food to spoil and chemicals to leak in refrigerators: replacement fridges and freezers for all eligible households

- 3 communities

- All units needed to be in place before repatriation could begin

Manitoba Wildfires, 2018 (3/4)

- 449 units delivered by road to Sapatoweyak FN: 8 trailers

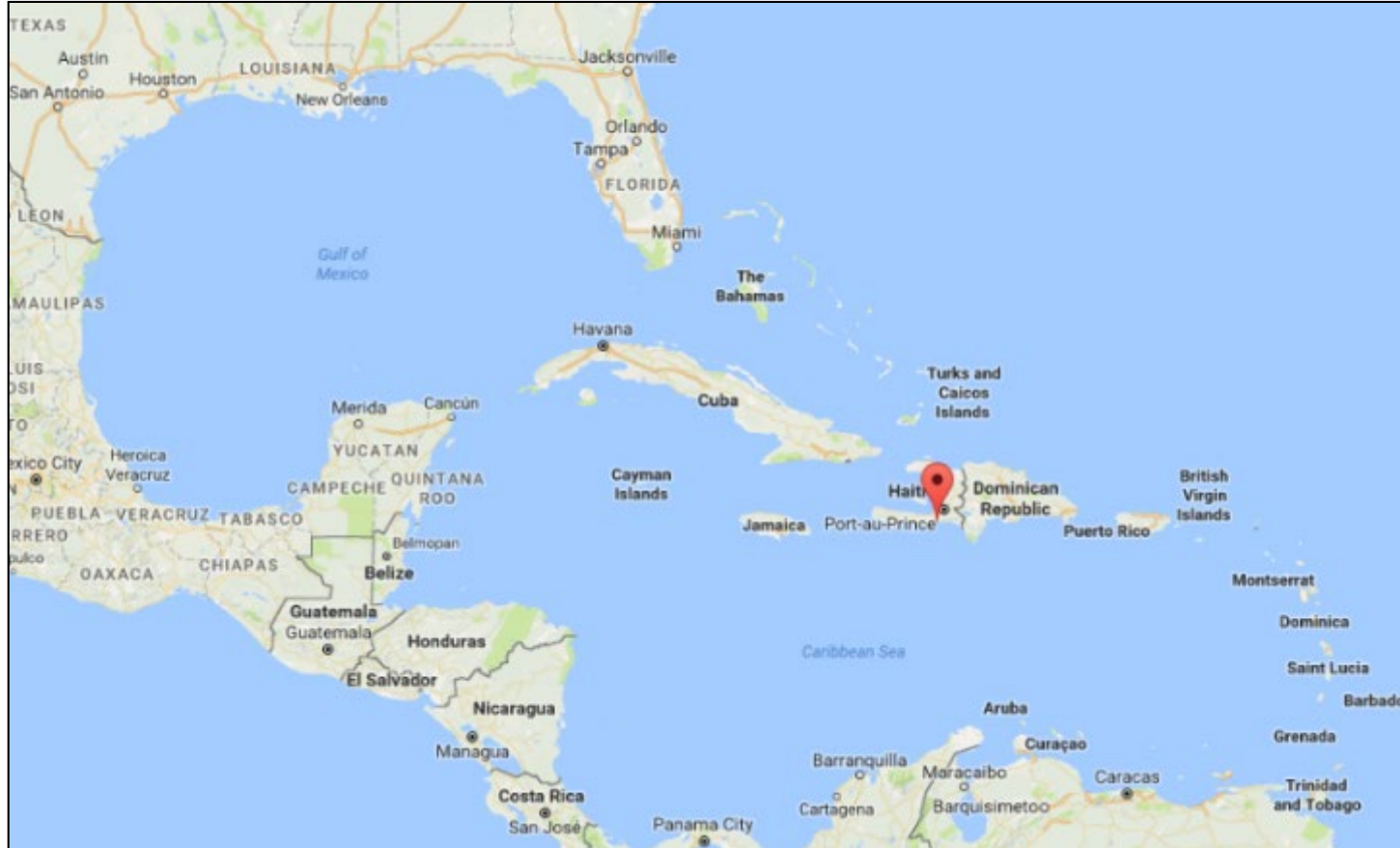- 768 units delivered to LGR and Pauingassi. By plane to LGR, ...

Manitoba Wildfires, 2018 (4/4)

… then by helicopter from LGR to Pauingassi.

4 helicopters flying back and forth for 3 days.

Case 3: Jacmel Hospital, Haiti

MSPP / DSSE

Jacmel Hospital, Haiti (1/5)

Context

- January 12th 2010: magnitude 7 earthquake

- After the emergency phase, rebuilding and long term development.

- In the South-East department, the Hôpital St-Michel in Jacmel was damaged

- Green light from *Ministère de la Santé Publique et de la Population* and from Haitian Red Cross: Canadian Red Cross to rebuild the hospital, in partnership with local experts, JICA (Japan International Cooperation Agency) and the American Red Cross

Jacmel Hospital, Haiti (2/5)

Medical equipment and furniture

- 2 stories

- 50 beds

- Outpatient ward

- Gynecology

- Dental care

- Ophthalmology

- Kitchen

- Laundry
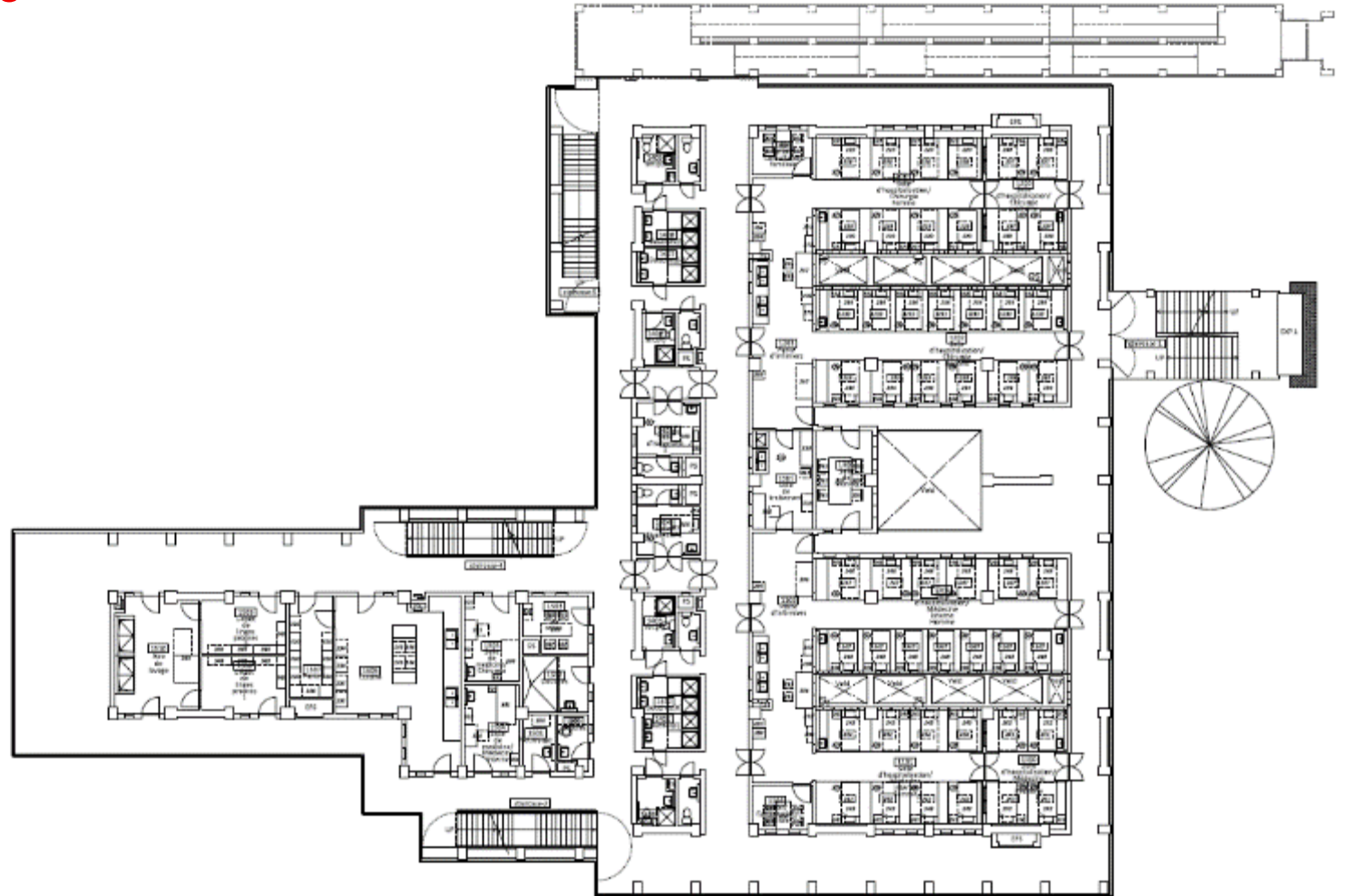
Jacmel Hospital, Haiti (3/5)

Validate the equipment list

- Meetings with a team from Hôpital Ste-Justine and with local staff from Jacmel Hospital

- List approved by *Ministère de la Santé Publique et de la Population*

Request for Quotation

- Preparing documents with Legal department

- Releasing international tender

- Comparing bids with evaluation team

- Selecting suppliers: international and local

- Purchasing the equipment

Jacmel Hospital, Haiti (4/5)

Storage, Transportation, Customs

- Storing equipment in Mississauga and at local suppliers' warehouses

- Identify each equipment and future location in the hospital

- Transportation to Port-au-Prince

- Long customs clearance process (CRH > MSPP > MEF > Administration générale des douanes)

- Transportation from Port-au-Prince to Jacmel

Jacmel Hospital, Haiti (5/5)

Delivery of equipement at the hospital

- Coordinate with construction site

- Coordinate delivery with local suppliers

- Hiring team of handlers

- Hiring team for installing equipment

Case 4: Field Hospital

Field Hospital (1/4)

Health ERU (Emergency Response Unit)

- Surgery

- Mass casualty triage

- Inpatient acute care

- Community health outreach

- X-ray

- Etc.

Modular configuration so that specific services can be deployed depending on health care needs in the most efficient manner possible.

Field Hospital (2/4)

- Ready for take-off in 48 hours

- Can treat 200 outpatients per day

- Capacity of 20-100 beds

- Designed to be self-sufficient in remote and low-resource environments for a minimum of one month

- Typically deployed for 4 months

- Accompanied by experts *(nurses, doctors, technician, logistics delegate, etc.)*

Field Hospital (3/4)

Preparing the kits

- Warehouse close to Toronto airport

- Purchase items in bulk through established framework agreements

- Kitting takes place regularly – modification from kits are made post deployment

- Expiry date management through CRC ERP Microsoft Dynamics AX.

- Regular Maintenance Schedule (generators, vehicles)

- Resupply to the field is done through mix of local, regional and international procurement

Field Hospital (4/4)

Pharmaceuticals

- IEHK – Interagency Emergency Health Kit

- Framework Agreement with Pharmaceutical Distributer based in Europe – pre-kitted pre-determined list of pharmaceuticals. Available to all National Societies that have a Health ERU. Distributer manages the expiry dates and provides CoO and CoA at time of deployments

- Canadian distributer for Canadian deployments

Case 5: Covid-19

Covid-19 (1/2)

Examples of Canadian Red Cross operations

- Request from GoC to ship PPE to China

- Assisting returning Canadians from Wuhan and cruise ships in Trenton, ON and Cornwall, ON. *Including deployment of ERU mini-clinic.*

- Provision of relief supplies to municipalities and communities

- Providing EPC (Epidemic Prevention and Control) services in Long Term Care homes

- Supporting travelers in isolation at PHAC Airport sites: Vancouver, Calgary, Toronto, Montreal, etc.

- Staffing CHSLDs in Québec

Covid-19 (2/2)

Impact on Supply Chain and Logistics

- Procurement of PPE: rush orders and RFQ in parallel

- **Red Cross Health and Safety Committee**

  o Identifying standards and specifications and deciding when and how PPE are given out

  o Operations procedures updated accordingly

  o Multiple working groups consulted: legal, scientific health team, finance etc.

- Innovative ways to deliver goods to beneficiaries

- Additional storage space

- Tracking with ERP

4. Conclusion

Conclusion

Trends

- More and more reliant on technology *(ex: centralized platform for beneficiaries' registration, needs assessments)*

- Electronic Fund Transfers, Prepaid loadable cash cards

Preparedness is key

- Even in emergencies, most requests can be anticipated

- Agreements must be in place in advance

- Preparedness gives us time to pivot quickly, stay flexible and agile when unexpected events happen

"IF YOU FAIL TO PLAN, YOU PLAN TO FAIL"

Questions?