

Report Round table 1

Sudan's Humanitarian Crisis: Rethinking Pathways for Emergency Response

This roundtable discussion with Sudanese diaspora and Austrian stakeholders took place on the morning of October 25, 2024, as part of the "Sudan Reconstruction" conference at the Bruno Kreisky Forum in Vienna. The event was organized by Mendy for Peace Culture and Diversity Management, the Vienna Institute for International Dialogue and Cooperation (VIDC), and the Bruno Kreisky Forum. The roundtable participants were welcomed by the facilitators **Franz Schmidjell (VIDC) and Ishraga Hamid (Mendy)**. The Sudanese diaspora network first met in Germany in 2023.

The moderators asked people to start with small groups, talking about what their expectations:

- humanitarian work and peace engagement,
- learn from and exchange of experiences,
- diaspora engagement,
- cooperation with Austrian and EU institutions,
- civilian and media outreach,
- networking and uniting.

Samah Osman Alsedegg from the Sudanese Swedish Association opened the interventions. She launched a campaign in April 2023 that delivers solar-powered energy to health centres, which has helped sustain these centres and keep them running. Currently, 19 other associations in Sweden are involved in this campaign, and recently they provided energy to the health centre in Al Fashir. Outreach for these projects has been challenging, and they try to raise awareness through cultural events. Samah added that regarding coordination with other associations, they have been in contact with the Sudanese Physician Association in the USA and the Sudanese Doctors Committee. She emphasized that her campaign is the only one focused on solar energy as their specialty and that they receive many requests from associations seeking help in this area.

Another presenter was **Marcus Bachmann from Doctors Without Borders (MSF)**, who provided an extensive perspective on the humanitarian crisis and shared his personal experiences at Al Janena Hospital in Darfur. He focused on the high maternal and child mortality rates, which exceed the WHO emergency threshold as a consequence of acute malnutrition in Sudan. MSF is working with a mixed team of local health workers and doctors. Sudan has well-educated and committed health workers, but the biggest obstacle is the blockage of supply distributions, including food and medicine. He highlighted other challenges such as insecurity, the disregard for humanitarian law by conflict parties, the collapse of the health system due to the belligerent actors in the conflict, and environmental-logistical factors like heavy rain and destroyed bridges.

Marcus Bachmann also mentioned that MSF is responding to refugee displacement in various countries. He noted that many doctors have fled Darfur into neighbouring countries and are now assisting local populations. He commented on the incredible social cohesion within the refugee communities, which allows MSF to channel healthcare, water, and sanitation assistance. MSF has switched to cash assistance but also noted the limitations, specifically the remoteness of the refugee camps and their distance from markets.

Key points of discussion:

- Security is an additional concern when bringing supplies into the country, there is not a secure route for it. A way for cross-border humanitarian aid was found along with the assistance of UN organisations and transportation of supplies through Chad.
- Grassroot movements are left alone as international stakeholder go to the highest level of communication related to the government. Other questions referred to fundraising and the possibility of training and education, and coordination between the different initiatives. Another comments about how difficult it is to run clinics for a small group of people, and that they are also suffering under the authorities of Chad.
- Lack of international assistance: the UN system is very slow, and the lifeline from Kenya to then Sudan, now South Sudan, can't be replicated. Actions and agreements for funding and aid have not translated well to actions on the ground. In several states, hospitals are overcrowded and access to hospitals is limited. The EU has pledged 300 million Euros but have difficulties to spend it.
- Another dimension that is discussed is that Sudan is diverse with different contexts. A comment that there exist many Sudan should be understood that the context and situation is very diverse in the different states of Sudan and they have different needs in different severities which is important to know for external actors. It is important to negotiate and work with other states from all levels, from the grassroots level to the high governmental levels.
- One enormous asset of Sudan is the highly qualified and loyal medical staffs who often risk their life on their way to work and get irregular payments. They need our assistance to help their people because they are working with very limited supplies and patients are dying from very simple causes. While they keep the out-patient services running, the in-patient services are very limited.

Abdullah Aldayib explained the activities of the Relief and Development Organisation FAL, meaning hope in Arabic. They organise cultural events like bazaars and cooperate with the Islamic Centre during religious holidays. They support registered organisation in Sudan which focus mainly in food aid through soup kitchens in major cities or for displaced people. They have started providing shelter for displaced people. FAL do mostly volunteer work and Abdullah Aldayib hopes to receive funding from other institutions in Austria to save lives in Sudan. Ishraga Hamid added that FAL assisted in the majority of states in Sudan and she specifically cited their transparency as a big factor in creating trust between the donors and the organisation.

Nemat Abdelrameh Mohamed from the Sudanese Association in Switzerland summarised her experiences which was founded in late 2018. The association has since been involved in various activities such as the sit-in at the military headquarters and protests in front of the UN headquarter. They provide protective aid for hospitals in Sudan during the Covid-19 Pandemic, supporting the treatment of patients. Since the outbreak of the war, the association has submitted seven Memoranda to UN organisations, highlighting the various human rights violations during the conflicts, especially arrests, torture, and even murder in the emergency rooms. The recent demonstration on 14th August has asked the international community to step in to take action against the war. Mohamed came up with a proposal to deliver humanitarian aid, outlining the most urgent needs including food, medicine, medical supplies. Currently there is no care for chronic diseases, have difficulty mitigating disease outbreak, and are lacking water. The Sudanese Association in Switzerland

are facing challenges bringing in the medication into Sudan due to strict laws, smuggling and military operations.

Access to funding and collaboration

The moderator Franz Schmidjell underlined the high commitment of diaspora-led organisations but funding remains a crucial point. He asked to expand this conversation to experiences in other European countries.

Saifalyazal Saad Omer shared his experience with the Swedish Development Cooperation and its implementation. He has worked with many diaspora groups like Somalis, Iraqis, Egyptians, Ethiopians, and Sudanese. Transparency is one of the most important pillars when establishing an organisation. He mentioned that people forget is developing and investing in organisational capacities, especially in managing the finance, monitoring a report writing. This provides not only safeguards but is necessary when applying for funding. Internal democracy and weaknesses therein are also important. It is also necessary to develop partnership with other communities. He added that Sudanese associations not so well organised and we have a lot of internal governance challenges like to manage conflicts. Money can also lead to new frictions.

The moderator calls back to the comment on the EU which has pledged 300 million Euros. **Irene Horejs, a former diplomat** and director of the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), clarified that pledges do not mean the funds really exist. She recalled her experience with prepositioned humanitarian contracts, saying there are existing framework contracts, listing the international organisations working with ECHO. In case of emergencies, the funds are allocated to these organisations, based on their projects and programs, and the organisations must proof their accounting systems for it. These organisations work with local organisations which have the necessary systems. She asked if diaspora associations have the accounting systems and how they can justify or proof the spending of public funds. There are local partners and refugee councils with specific diaspora programs, and that grants are more likely to be given to local and civil societies as they are more flexible.

Georg Lennkh, former director of the Austrian Development Cooperation, added that small contributions have always been difficult because of the enormous administrative work for both sides. Funding instruments are there but with high access barriers. In Germany participants have knocked on many doors but they were told that the focus is in Ukraine or Gaza.

The moderator closes this session of the round table, adding that despite the terrible situation in Sudan there were some positive aspects: the social cohesion who is keeping the country and society alive, the importance of women and civilian networks, the highly qualified medical staff, the high motivation within diaspora organisations. Concerning funding there is a need for trainings and capacity building, and grant pots for small-scale funding with low entry barriers.

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