

GOVERNANCE UNCOVERED EPISODE 54 TRANSCRIPT

The Civil War in Sudan: History and Current Political and Humanitarian Crisis

I was in Sudan actually, when the war started. I was there for two months. I experienced it first hand in Khartoum, and then my family and I managed to go to Port Sudan and from there I left to Norway because I have some work here to do. And felt I'll be more useful by coming here, instead of being incarcerated, there where conditions are quite difficult for an academic to do any kind work. My family is now in the USA. They're fine, they're safe and I'm here. I am an anthropologist and actually my major work was on refugees. I did my PhD years back in Norway on Sudanese and Somali refugees while living here. And in that research, I was just trying to answer 3 basic questions why people come to Norway. How do they get there and what plans do they have for the future? I was done with that. I was back to Sudan, teaching anthropology and following what was happening in the country. For this currently devastating war, I think we need to have a bit of a background of the country. It's one of the very complex countries in Africa. Sudan got its independence from Britain in 1956, and much of its post-Colonial history is actually dominated by the military because we had long military dictatorships. And very short, multi-party Democratic governments that were, you know, not sustainable for a number of reasons. Of course, the last dictator of Sudan had was one of the Islamists that came to power through a military coup in 2013 and it was overthrown by a popular uprising that started in 2018, and the government was overthrown in April 2019. Now what followed since April 2019 was a very difficult transition, where the military and civilians share power. That the agreement was broken by the African Union and they got and the idea was to have a short transition period for this transition that would be followed by, you know, transparent democracy and that we will have a civilian government. But due to the fact that the military was so entrenched in Sudan in strong politics that power sharing didn't work. And what made it worse, was that in Sudan, since 2013, we have two military bodies in the country. We have the regular Sudan armed forces. But you also have a paramilitary force that's called rebel support forces, which was created by the former regime and was part of the atrocities that happened in that fall from 2003. Actually up to the present time. The current war started in the 15th of April this year. It started in Khartoum. Because that was heavy concentration of the Sudanese Armed Forces and the militia. And then it spread into other parts of the country. Now the key factor that led to the war was the disagreement over security sector reform. The civilian government was saying that there should be one army that's professional. And that shouldn't be part of running the country. Initially, the Sudan Armed Forces agreed. But then at the final stage of the agreement that was to be signed, the political framework agreement, the army suddenly pulled out and just a week later. The war started. But you know, there were signals since 2021 that a war is coming, because in 2021, in October, the military sacked the civilian government, arrested the Prime Minister and his ministers, and they just took power, you know, but to the extent that they were faced with fierce resistance by these people, and particularly the young women and men. They failed to form a government actually until the beginning of the war, Sudan was having no government. There was no Prime Minister. They were just caretaker people. And when the war started, the situation was actually quite bad, because after the military coup, the international financial institutions rescinded their decision to help Sudan. There were prospects of debt relief. Those were scrapped after the military coup. Sudan was back to the circle of international isolation. The economy was doing bad and the war actually was the final blow to whatever coup that was there in the country. Now the war, as I said, is started in Khartoum, but it then spilled over and Darfour was actually the battle of the war. And one of the things that we need to put in the consideration was that Darfur has always been at war. Since 2003, it has never

been peaceful and this war devastated it again. And one thing that also makes that force the situation quite unique and difficult. But that there were local level dynamics that were part and parcel of the macro level political quarrels that that have been taking place for a long time. In Sudan, communities are already pitted against. You have farmers against farmers, farmers against pass releases and pass releases against pass releases, the so-called Arabs versus those who are non Arabic groups, and all of that and the. Both the Sudan Armed Forces and and the rapid Support Forces roll their soldiers from those communities, but at the same time, the rapid support forces seems to be having the upper hand in Darfour , as we speak, because it succeeded to drive the army from three major towns in the region. Neala which is state capital ,Daeen which is capital and Genena which is state capital. And the fear was that the atrocities that were committed 20 years ago are now being repeated. Unfortunately, under our watch. And there seems to be very little that can be done to stop the atrocities, especially in Western Darfur state. And just a few days back, we read reports about massacres in a place called Adamanta, which is not far from the state capital From the state capital. So there are variations, of course. Well in Khartoum, the war was just concentrated on the street. Twin Cities, Khartoum, Um Durman, and Khartoum north where looting, you know, and ransacking and pellets, you know, occupying peoples homes, kicking people out, stealing cars. But of course also the the bombardment by the Sudan Armed forces, air strikes and the artillery shelling is actually breaking a lot of havoc, killing people, destroying public and private and all of that, And all of that and in the serial base of the country has been brought to rubles. You know, it was simply destroyed and people lost everything. People got killed. And as I started this podcast personally, I was subjected to a lot of serious situations I had at one point gun at my head. So the world is really ravaging the country and the serious thing in that the longer it continues, the more protracted it becomes, the more complex it becomes and the danger of the country descending into a civil war. It's actually becoming quite eminent.

Thank you. This is an incredibly helpful overview and I just have a couple of questions to ask you. So when we're thinking about the Sudanese armed forces on the one hand and the rapid support forces on the other, do they map at all onto these other cleavages that you were talking about within Darfur? You said that the rapid support forces have tended to have more support in this area, but should we think about these in terms? Of ethnic cleavages between Arab and non-Arab groups, or between different tribes or families, should we think about them in terms of economic cleavages? Because you'd mentioned pastoralists and farmers, how should we understand the relationship between these two main groups and those in these outlying areas that get swept up into this? And even though the relationships across those areas. Like what matters?

Well, you know, historically the Western Sudan in general and Darfur in particular has been the the area from where this Sudan armed forces draw its soldiers. The rank and file of the Sudan Armed Forces is actually from Eastern Sudan and therefore in particular, now the rapid support forces was created by soldiers from Darfur. When it started, you know, in 2008 as a part of the Sudan Armed Forces, counterinsurgency, you know, strategies because. The Tehran in Darfur was very difficult. The army cannot maneuver and that was why they created these militias. They thought it was the so-called Border Guards, which was a regular division of Sudan armed forces and then gradually they got into this rapid support forces. Which is actually when it started, it was basically composed of soldiers from the Arabic speaking pastoral groups, but to the extent that the privileges and the money are getting was quite Lucrative. everyone actually wanted to get into the rebel support forces, including those is the groups that were apparently having problems with the Arabic speaking

groups, so at one point in time the rapid support forces included everybody. Not only Western Sudan and Darfur, but even from the all parts of the country, from Eastern Sudan, from the northern part of the country, from Khartoum area, and I think even now. You've got a lot of soldiers from the rapid support forces and their officers who are from all over the country. But in Darfur, because of the of the war that started 2003 and the atrocities that happened, you get the sense that the rapid support forces, man body is actually made-up of soldiers from Arab speaking, which is true, more or less. But this doesn't mean that other groups were non-Arabic. We are not part of the support, they are part of the rapid support forces.

When we're looking locally, say we're looking within Darfur, to what extent should we think of this as being about the political economy of the sort of grievances of pastoralists versus farmers? Or should we thinking about it as ethnic, like, what's the main tensions at the local level within Darfur that then get sort of promoted? And exercise through this.

Well, I think I think there are two key issues here. One of them is unequal development. Darfour , if compared to other parts of the country, especially the central and northern part of the country is less privileged in terms of development project. The only paved way from Darfour with the rest of the country was completed in 2013. You know. That is the first thing. The second thing that explains a lot of what's happening is the central government policy of divide and rule. The center has really been very instrumental and good, although in a very bad way of pitting the different groups together. It has been supporting the Arab speaking groups at certain point of time it has been supporting the non-Arab Speaking groups at other point in time. And when this war started, actually one of the factors that led to the atrocities in West Darfur state was the deliberate policy by the Sudan Armed Forces of Army. Some of the non-Arab speaking groups, to stand against the rapid support forces and their allied militias, of course. So on the one hand you have lack of development. That meant that there were not enough options for people. Because in a situation whereby people can only have two key options of either being pastoral so far. They are bound to come into clashes with each other because in areas where we have environmental problems, lack of pastures, lack of water, those who have animals, we have to look for areas where they can breed their heads and those areas are the ones that are used by the farmers. So, you you've got these clashes. And on the other hand, on top of this, you have the central governments middling with local variations and differences by adopting policies of divide and rule, sometimes they create divisions even within the same ethnic group you know, by creating rival political positions within the native administration.

Thank you. This is again extremely helpful. I'm very sorry for the state of of Sudan. I mean, it's had a very acknowledged and and noted a very long and hard history. It's been sad to see it coming back to to war. Essentially. I'm very glad you're safe and that your family is, but for the many people who aren't, I feel very sorry for them so. Appreciate your taking time though, to join us and to give us some insights into the state of affairs in in Sudan today.

No problem. Thank you very much.

Thank you.

Dr. Iman, thank you for joining us. I'm particularly excited to have you with us because you both got your degree at the University of Khartoum in Medical Science, as a doctor, and also have been working with doctors and with the medical system and individuals in the diaspora. And with groups like Sudan Doctors Abroad Network. First, I just want to thank you again for joining us and to ask you to give us just a brief background in terms of your experience both in Sudan and then in the diaspora.

Thank you very much for the opportunity and it's a pleasure to be with you today as well. It's true that I got my medical degree in Sudan and then my graduate studies outside of Sudan, I did a Masters in migration refugee studies at the American University in Cairo. And my master of Public health from University College Cork. In terms of my practice, once I left Sudan life has taken me into a an interesting path, I would say. I've always had an interest in public health and that's the path I have gotten, and I also started working with refugees immediately there after in Egypt, and once I moved to Canada again. And then continue to work with the United Nations. I worked for many years with the United Nations High Commissioner for Refugees and that took a lot of trouble and working in war zones and uh public health emergency. And later, with WHO since 2010, I continued working in countries of humanitarian emergencies around the world, supporting the health system, and always at the forefront, outbreak control. So I worked a lot with the displaced communities both internally and externally as refugees, those who crossed international borders and in very complex humanitarian emergencies. As you said right now I am the Secretary of External Affairs of the Sudan Doctors Union in Canada, which is a not-for-profit that we have established. We came together around 2018 out of a need to support our home country, Sudan, and to unify our voices and to have more impact. For all the support that each individual, each one of us was doing towards the home country and in support of our colleagues and in solidarity with our other diaspora doctors groups around the world. So that's how it started and we continue our work in support of Sudan. Thank you.

Thank you. I want to come back to the work that you're doing with the communities on the ground in Sudan. But can you give us a sense of the challenges and the particular challenges both that your colleagues who are doctors in Sudan are facing and that the people of Sudan are facing in the current civil war?

Absolutely. It's it's very unfortunate for our people in Sudan that this civil war broke out at a time when the health system itself was already almost destroyed, because that destruction was the result of years of eroding all the basics of the health system in terms of health financing, in terms of service delivery as well for remote areas of Sudan, and not only remote, but it started, as I always call it, or describe it: the system has shrunken from its periphery. The services became very centralized. And they became also, following a model of fee-for-service, so privatized, centralized, very much, I would say dysfunctional, because it it's not as we used to have in the 1980s and 90s until the Amir Bashir

regime came, we had a proper model of Primary Health Care, where not everybody had to come to the capital all the way or to the big cities in order to receive some basic treatments where not everybody had to take their child and travel abroad to neighbouring countries to receive treatment for malaria, for example. So the system was already eroding. When this war hit, many hospitals became non-functional immediately and I think that was a major hit from the beginning. Pardon me.

Just to clarify, when we're talking about the centralization of the healthcare system, I mean, there's two ways of thinking about it, right. There's the way of thinking about the control, but at the same time, the medical facilities in more outlying areas remain strong. But what I'm hearing you say is that it wasn't just about where in the healthcare administration it was being centralized, but rather that really the outlying and peripheral areas were losing medical capacity at the same time, is that correct?

Yes, indeed. And if I may explain it a little bit, maybe the word centralized has the double-edged sword, we may say, but Sudan is a vast country, the model of centralization is the antidote or the opposite of decentralized services, which we believe is the model that suits a vast country like Sudan with various peoples, cultures, terrain and so on. That centralization eroded the primary healthcare infrastructure in terms of all the health systems building blocks that covers financing, health, workforce and service delivery in addition to the other areas. So denying their remote areas of Sudan these services meant people sought service immediately at the secondary care level, so for very basic service, and that created an extreme overload. But yet to a government that wanted to charge fee-for-service, it guaranteed that that money is pooled at a more centralized level in the hands of those in power.

And then when you're combining that with the fee-for-service, I mean, it also strikes me that we're talking about the poor and those who are basically already marginalized as now being also unable to get access, right? So that we're looking at the periphery in terms of the geographic locations, but also looking at a set of a class that's unable to get healthcare as much as it had before. And I just want to know, double check that that's also a fair characterization of what the healthcare system looked like before the war?

That's absolutely right. Because as you noted, it was a multi-layered impact both on the geographically remote areas and not very remote but not the big city. And the policies were definitely not pro-poor at all. The policies were meant for those who have money and could afford to travel to those big cities in order to receive the services that are charged for higher ever increasing fees. That's practically the case, yes.

And then when you're looking at the local and peripheral areas, their response to this, were there the establishment of NGO's or the establishment of other organizations or were groups like yours working with the marginalized people before? In other words, were there associations and groups trying to fill in these gaps before we had the current civil war?

I must admit that even though these groups existed and were expanding, their support and groups like ours in the diaspora were lending tremendous support to our colleagues on the ground. As a public health physician, I have to be honest that no NGO's, no civil society group, no diaspora group, can replace the government health system. Why? Because Sudan is a country in the heart of Africa. We are still dealing with lots of outbreaks. Just a simple thing, the surveillance system to detect outbreaks, to flag alerts and to trigger response is something that sits with the government. So no matter what we do, somehow we relied on the government system. Another issue is also to mobilize action. Sometimes you can do as much, yet at a point in time you will have to come face to face with the government interface while trying to support our colleagues, we have to find some solutions for that. We had to establish dialogue and encourage our colleagues on the government side to work together. We have succeeded to a large extent, yet there are areas that remain tremendously problematic in terms of difficulty. For example, our colleagues on the ground have not received their salaries. These are the doctors inside Sudan, while working at the forefront of the war response, risking their lives every day they haven't received their salaries. They live in quarters where they are housed because not always are they from the same city where they work. So the basics of living conditions, having their salaries, they're now under really challenging living conditions because of their doctors living quarters. And this is one of the areas we're trying to respond to as well.

I was just going to ask what do you do as an organization to alleviate these problems?

Thank you. Our model of support, basically, I would like to mention that we believe in localization of the health response and we are also very happy that very recently, right before the war broke in Sudan, that our partners, our colleagues in Sudan have elected a a first committee of Sudan's doctors unions and that's a reestablishment of a an organization that existed long before the war deep into the history of Sudan, but was banned by the Omar Bashir government and this is the first elected grassroots doctors union to reestablish itself after nearly 40 years. Now, the doctor's union is our main counterpart inside Sudan as well.

And the doctor's union has representatives from all of the different areas, or how is that?

Instructed, absolutely, and we are very happy to share that it is represented around the Sudan and the elections came from the very, it's a very much a grassroots organization in terms of representing the doctors around the world. So each region elected its representatives and these people were then promoted to the mid-level and so on up to the level of the committee that has been selected right now.

Excellent. Excellent. Now of course, I mean wars unfortunately are divisive, right? So I'm curious to hear if there are ways in which the war itself has not only worsened conditions on the ground and made it both the demand obviously increased, but also made it harder to do their job. But has it also created difficulties to organize and coordinate the medical docs?

I think our colleagues on the ground have faced challenges and difficulties and the good thing is that when it comes to healthcare issues, when it comes to rejecting and standing against the attacks on healthcare, conditions of service for doctors, for all the health professionals, we can very much say we have a unified voice around these subjects. However, of course there are some divisions on who is supporting whom and who wants this stone to be ameliorated and not condemning this group. And I must say this is one of the areas where everybody is learning by practice. I happen to have a solid background in human rights since the war started, we've been working closely with our colleagues to very much ground and route the principles of medical neutrality. We did a lot of work around that. What impartiality means we have held some webinars and talks bringing experts from Canada, from the UK, and colleagues who have been working basically in the juncture of Health and human rights to really explain these concepts, and even lawyers who are also partners and members of our organisations. I'm also a member of the Sudan Doctors for Human Rights organization, so we are also working around these areas. And it is a challenge, but I think it's a long path of learning while practicing and respond.

It's fascinating, right, because when we think about the kinds of challenges that you would be facing, you know, it's easy to focus on, like I said, the increasing numbers of injured and the medical crisis part of it, right. But that's a different thing than also trying to think about how to work in the context of conflict like this. So that's great work. Can you tell us a little bit about the other projects that you have or the other ways in which you're engaging with local doctors or the medical establishment more generally?

Well, sure. First of all, please allow me to salute my colleagues who are at the forefront and on the ground throughout this war. I think they have been really showing an example of bravery, of selflessness, risking their lives on a daily basis. They have their families also that they need to cater for, yet still they continue to deliver. Our work has many aspects. One of these aspects is providing Technical Support, remote Technical Support. I think we do have a good experience from the time of the pandemic, the COVID-19 pandemic, where our colleagues around the world have provided remote support, but on a on a direct basis, sometimes providing live technical advising to people who are resuscitating a patient. For example, we set up some systems to enable that in various countries in the US and the UK from Australia, and that is ologists came together to provide support, radiologists were receiving those X-rays of of patients in the COVID-19 isolation center, for example, and providing their technical review and then bouncing it back. So we also held multiple lectures around the various topics. The same is happening now because, number one, the collapse of the service and the focus on trauma and injuries has come at the expense of other services for people with chronic diseases for children seeking services and so on. So we are trying to help our colleagues by covering that gap, not only by advising our colleagues, but by providing direct consultations so in multiple countries our teams of doctors in diaspora. We've set up some confidential lines of communication and they are providing direct consultation. It's really been very useful. Some of this is being quantified, but some of it is just happening as a very organic response to the war and lack of services. Thanks.

That's fabulous, really fantastic and excellent work. It's heartening to hear proactive and constructive response. I'm wondering, for listeners who are interested in in being supportive, either

of Sudan doctors abroad and more specifically or just generally saying to themselves, what can I do? What do you think people can do, who are not well placed like you, to provide this kind of support?

We do have a donations campaign and through that campaign we have at the Sudan Doctors Union in Canada, we've been successful in supporting Algarve Hospital with trauma, emergency response, intensive care unit, and more recently, with break response. They needed simple things like fixing the toilets, for example. Resuming water supply to them, and we have contributed to that right now, the same campaign is on and I can share the link if you would share it with your audiences, we'll be very happy to receive donations on that link. It's on a global campaigning website that enables donations from around the world basically. Our focus now is to support our colleagues with their living conditions just like basic support that goes directly, that pays the cost of their food and accommodation and so on, and to continue our support to the hospitals that are delivering care to help with reopening some centers where lots of internally displaced persons have moved outside of Khartoum, and then they dispersed to China, India and Marawi and Western Sudan and the ... and all of these places didn't have the capacity to respond to these numbers of people. So these are some of the areas, of course, outbreak response, supporting our colleagues with this and that. Helping with supplies as well, we have generated donations from around the world, not only us in Canada, but our colleagues are also generating donations and mobilizing in kind donations. There have been some difficulties with custom clearance and so on, but some of these initiatives have been successful for us in Canada. We have found that providing the funds directly to our colleagues in Sudan and working with them with on the financial systems and monitoring and so on to make sure that these funds benefit the end user have been the most cost-effective mode. Thank you.

Thank you. We'll share that link in the episode notes. And again, I just want to thank you for taking time to discuss your work and the conditions and situation in Sudan with us. Thank you so much.

Thank you and thanks for the opportunity and let's hope the wars just ends and our people regain their peace prospect. Thank you.

Thank you so much, Dr. Khalid, for being a guest in the podcast. So first of all, I would like to ask you to kindly introduce yourself to our audience.

Yes. Well, thank you very much for having me on this podcast. It's a real honor. My name is Khalid Mustafa Medani, and I am associate professor of political science and Islamic studies at McGill University, where I'm also the chair of the African Studies program. And I'm the director of the Institute of Islamic Studies. My research interest has been historically on the political economy of Islamist movements in the Middle East and Africa, with a special focus actually on Egypt, Sudan and Somalia. And my other research interest that I'm currently working on now is on civil conflict, particularly in the Horn of Africa and, in this case I'm working on a project on Sudan and the war in Sudan.

Thank you so much, Dr. Khalid. My first question is about the challenges facing the humanitarian aid delivery in Sudan for the affected displaced population in Sudan at the moment. So what are the challenges facing the humanitarian aid delivery? And maybe you can give us a brief description of the humanitarian situation at the moment?

Yes. Well, thank you for that question. Let me first of all give a brief kind of overview of the humanitarian situation, because that will give your listeners an idea of the challenges of humanitarian relief. Without understanding the consequence of the war, it's difficult to talk about the challenges. Over the last seven months since the war began in Sudan on April 15, what we've seen is an unprecedented humanitarian catastrophe, really, the doctors Without Borders, in a recent report on the humanitarian situation has called it a failure of humanity for a number of reasons. One of them is that the nature of the war has spread from Khartoum, the capital city, on April 15th, very quickly throughout the country, and particularly in the Darfur region, which now really is witnessing some of the most horrific, not only humanitarian situation, but human rights violation, verging on not only ethnic cleansing but genocidal kind of violence. So that is really important to really keep in mind. With that, of course, has become a humanitarian crisis that is really difficult to describe. We have now 6,000,000 displaced persons within Sudan, a 1.2 million or more refugees in the borders in the bordering countries. And the vast majority of those who have been killed and are in danger of starvation are women and children. And so that gives you kind of the depth of the crisis. In addition to that, there is urban warfare in one of Africa's largest cities, Khartoum, over 8 million people reside in Khartoum. And basically it has become a war zone that is a combination of aerial bombardments on the part of the the Sudan army, battling paramilitary militias called the Rapid Support Forces, in the capital city itself. So that urban warfare has led to a huge humanitarian crisis. The infrastructure of Khartoum, the capital city, has been completely basically destroyed. The healthcare system has been completely destroyed, leading to not only deaths, but even as a result of extrajudicial killings and the bombing, but also death from what are communicable diseases, including malaria, other forms of diseases that could be cured, such as diabetes. So you're having 70% of the hospitals and healthcare clinics and services have been destroyed. And so the challenge for humanitarian agencies and relief is, of course, the severity of the war and the fact that it is very difficult to assure the safety of healthcare providers in the capital and throughout the country. And that, of course, has also led to the kind of lack of intervention on the part of international aid workers, doctors Without Borders is one of the few international organizations that is actually delivering healthcare services. And that

is really important. In addition to that, there has been, if you don't mind me saying, a lack of attention to this grave humanitarian crisis because of what's going on in the Middle East and, of course, in Ukraine and elsewhere. And that has led to essentially a lack of funding for humanitarian agencies such as the United Nations Commission for Refugees and other humanitarian organizations. The promised funding coming from the international organizations and the international community has simply not arrived. In addition to that, I want to kind of emphasize another form of challenge, and that is the political one. As the doctors Without Borders has also articulated in their reporting, we have basically aid being used as a weapon on the part of the warring parties. That, of course, is very common in the context of what we call complex emergencies, but this includes a variety of different challenges, including the restriction on movement of healthcare providers and aid providers. It includes in the case of, let's say, the armed forces banning certain supplies that may be going to hospitals in areas controlled in Khartoum by the militia. So you have administrative blockages, you have the redirecting of aid and you have the refusal to give even travel permits for aid agencies, not only international ones, but but those on the ground. In addition to that, what has kept the situation, or many Sudanese alive has been the voluntary ethic of local organizations. Since April 15th, Sudanese in Khartoum and elsewhere have relied on themselves. The first responders have been young people who previously, before the war, had led the Pro Democracy movement in terms of grassroots organisations. Those have been transformed in essentially into aid delivery organizations, based on volunteerism, and that is really essential. Now, those people, young people who have been delivering medical supplies, providing first aid, all sorts of basic services and necessities to the injured population, are facing a great security healthy risks. And many of them have now had to flee Khartoum to go to outlying areas. Just to give you an example of the displacement and why there are both challenges and opportunities, 66% of the displaced persons that I mentioned have returned to their region of origin for safety. What that has meant is that the Khartoum, Greater Khartoum area, is woefully lacking in personnel in order to deal with this grave humanitarian emergency. On the flip side of that, with 66% of displaced people going outside of Khartoum, there are certain areas, outlying areas, where aid is being delivered, not only by the doctors Without Borders, but a variety of local aid delivery agencies. And here is a capacity that we need to speak about in terms of how the international community can actually provide a delivery that can be very effective, and I mentioned that because there is a great deal of discussion among international, the international community and international organization that, well, there's very little that can be done, and that is not true. There is much more to be done with respect to providing aid outside of Khartoum, and not only in Khartoum, but outside in areas with relative safety, that becomes really important. There's a great deal that can be done in helping refugees who are, you know, languishing in Chad or Ethiopia, Egypt, South Sudan, even the Central African Republic and and South Sudan, of course. And there is a great deal of aid that can be delivered effectively to these areas, so that understanding the geography and the nature of the war can also help us understand the challenges of humanitarian delivery, but also it can open up a discussion about the opportunity. So I want to kind of punctuate this in conclusion to the answer by noting that in Cairo, just beginning on between the 18th until today, as you may know, a very large humanitarian conference that was organized by international organizations such as the Norwegian Refugee Council. But also a host of Sudanese civil society organizations based in Sudan, but also in the diaspora. And the positive element of this very important conference in Cairo is that it looks at the different sectors that can be looked at in terms of intervening and offering humanitarian assistance, ranging from logistics, from issues having to do with the health sector but also human rights such as the violence meted out against women, for example. A variety of different issues where the Sudanese civil society organizations who organize this are coming up and they will in a few days, a blueprint, a road map, if for lack of better terms, in terms of what the situation is in Sudan, what sectors are most affected

and how the international community can assist Sudanese inside and, in coordination with the Sudanese diaspora outside, to intervene effectively in this conflict in Sudan. And so it's very important for us to highlight that because this is a great, kind of network, an initiative, that can be easily assisted. They're awaiting and they will be of course asking for financial assistance from international organisations and I think it's a great opportunity for the international community to provide effective aid and increase aid to save the lives of Sudanese.

Thank you so much, Dr. Kahlid, for this overview and outlining the challenges facing the humanitarian aid in Sudan. You mentioned the diaspora and the engagement of the Sudanese diaspora, whether in Egypt or elsewhere, how do you see the engagement of the Sudanese diaspora? And maybe, can you give us some examples of the Sudanese diaspora initiatives to support the community back home in Sudan seven months after the crisis? You mentioned the conference in Cairo, which is a great example, but also what are other examples of the diaspora organizations and initiatives and groups working in different countries to support Sudan?

Yes, thank you for that question, it's extremely important. There are approximately 4.5 million Sudanese in the diaspora, whether it's in the Gulf or Europe or the United States and elsewhere. And historically, the Sudanese diaspora has always helped through the sending of of remittances, sending of funds, primarily to family. And so it was really a kind of an assistance of the diaspora in terms of daily living for their Sudanese families. But ever since the war, the diaspora has really kind of transformed in terms of their role vis a vis Sudan. Initially, as the war began, the diaspora was really engaged in providing emergency fund to families, and the idea was of course, as you can imagine, among many in the diaspora that this war hopefully would end in due time in, or in short period of time. But what has happened recently, at least over the last four months or so, is that there has been a realization among groups abroad that the war is not only very severe, but will continue for some time. And what you see now is a great initiatives on the part of the Sudanese diaspora in terms of for not only raising funds but coordinating within Sudan as much as possible to actually get those funds to institutions like healthcare institutions and to provide as much assistance as possible. One example is this conference that we just spoke about, which has a whole kind of group of Sudanese organizations that are trying to make up one of the weaknesses, historically of the diaspora, even with this war, and that is a lack of coordination among diaspora groups. And what we see now in a very positive way is that different diaspora groups who had been kind of separately raising funds and helping families have now realized that they have to be helping Sudan in the long term. And the best way to do that, given the severity of the conflict, is to actually establish a network of groups in the diaspora. The majority who assist actually are in the United States. You know, we have about 450 groups worldwide who are active diaspora groups and over 50% are in the US. Others are in Europe, in the UK in particular, and a number in the Gulf countries, but it's in North America where they are most active. I mentioned that because, you know, as the Sudanese, I'm also signaling to Sudanese in the Gulf in the Gulf countries that they can actually meet the challenge that is being met by Sudanese organizations in North America and in the UK, which is really important. Another very important example that I think you had a member, a very prominent member of the Sudan Doctors Union, that also spoke in your podcast, and that is a phenomenal example of the diaspora working in tandem, not only with each other abroad, but with the Sudan Doctors Union personnel in Sudan itself. And they are working on a number of things, number one coordinating in Sudan, Doctors

Union in Sudan. But also coordinating with each other abroad, there are about 6 branches in Canada, the United States, and in Ireland in London that are working to expand the kind of funding that can be sent. But they've worked as I think, hopefully, my colleagues from the Sudan Doctors Union informed you, to revive the healthcare system, reopen hospitals and emergency rooms, restore primary healthcare, prevent communicable diseases and also really deal with some of the diseases such as diabetes and cancer. Those kind of diseases that are not being attended to in the context of this conflict. And so the Sudan Doctor's Union is a great example, another very important group is the resistance committees themselves, the grassroots organizations. And I spoke to some of them, for example, who are based in Cairo now, when I was there last, I had long discussions with them and they have an elaborate network, very sophisticated, that allows the Sudanese and the diaspora to send funding and not only send it to different regions, they give people like me in the diaspora a choice, whether we want our funding to go to, let's say, our home neighborhood or city, or if we would prefer it to go to a larger fund that is controlled or organized by these grassroots organizations resistance committees. In addition to that, they actually, believe it or not, even in the context of war, they give you a report, a short report through WhatsApp and or through your e-mail that shows you where that money has gone. And so here you have once again the Pro-Democracy grassroots movement that had been fighting for accountability and democracy for so many years. Also continue to understand that the diaspora want to have accountability in terms of where their funds are going. That has to do with the politicization of aid in Sudan. And now you can understand the context of what I'm saying. And we have also organization, wonderful one that supports female tea sellers. In Sudan, selling tea is a great source of income for working class Sudanese women in the urban areas throughout the country. And we have, there's a wonderful organization in the diaspora that sends money directly to these women to help them with, with respect to even buying supplies in order to generate income, because in this context, you know, the majority of Sudanese, including women, cannot afford not to work, despite the severity of the conflict. And so there are a variety of different organizations, some of them large ones like Sudan, you know, doctors union, some of them micro-enterprise-oriented ones like the Tea sellers Association in Sudan. And then of course, you have the grassroots young people, who have long been the mainstay of aid delivery to local population in Sudan.

Thank you, Dr. Khalid, for sharing this with us. I know also first hand that tea is a very important part of the Sudanese culture, so I can imagine, and I understand how important it is to be a tea seller. So thank you for sharing this with us. My next question is about the mobilization and how those organizations and groups work to mobilize support in the diaspora. You mentioned that they also coordinate with local networks and local organizations back home in Sudan. But how are they organizing themselves in terms of raising funds or support from the diaspora members abroad? And maybe you can also tell us more about the challenges facing them. What would you recommend for them to do to better mobilize and to better organize their work?

Thank you very much. The reason I gave the kind of a little bit of history of the Sudanese diaspora is that, historically, they have been very much based on really helping family and kin, but not in terms of providing funding for healthcare institutions in and those kind of sustainable, or rather long term kind of aid. Very few Sudanese expected to witness this kind of devastation. And so that requires and has required the Sudanese diaspora to change their thinking to understand that it's not only about helping your family and kin, which is very, very important. But now really it's about, essentially, saving the country and saving your communities and looking to the future for the

younger generation. And so This is why the funding campaigns have changed. Rather than going to your family or even your, let's say, neighborhood or kinship group that occurred in the past, now we have Sudanese diaspora, including, of course, Sudan doctors Union that are having larger campaigns that invite all Sudanese of all stripes to provide this campaign. So all of the organization I mentioned and the approximately 45 large ones have websites where you can donate so that is a very important aspect. That they are still banking institutions, believe it or not, outside of Khartoum, and there's a great deal of focus in terms of sending the funds to other regions outside of the capital because the capital is devastated. So places like North Kordofan in Port Sudan on the eastern side, it's very, very important. And as I said, there are networks of local aid workers that decide how to distribute those funds. Now in terms of the challenges, and I can say this is Sudanese, is that we're still underdeveloped. This war is relatively new, seven months, there's a learning curve as the Americans likes to say, and that is that there is still a need to expand and coordinate much better. There is a real big problem with respect to Sudanese diaspora groups and their relationship to international organizations. There has been real a lack of coordination on the part of Sudanese diaspora and the international organizations, there are some international aid organizations that is chewed or refrained from actually supporting Sudanese diaspora because they feel that they need to support the local Sudanese and not to worry about the diaspora, which may be outside. I think that's the wrong way to go. I think now there is a great realization thanks to your podcast and others, that it's very important in this instance to increase and help to increase the capacity of Sudanese diaspora groups with the funding and the expertise of international organizations, and to work in tandem with each other in order to deliver this aid effectively on the ground. And number one there is a change in the mindset of the Sudanese diaspora. The Sudanese diaspora has not been used to helping in this kind of civil conflict, and so now there is a change of thinking. There's a need to expand the campaigns for donors and not to work in silos. Sudanese historically have been very politicized community, and I think that now there is a consensus growing that we need to really coordinate across different political ideologies across different ethnic groups across the gender divide. All of that is really happening very quickly, I have to say. Remember, seven months is not that long, but what I think this these kind of podcasts can help us with is to also signal to the international aid agencies, not only MSF but the UNHCR and WHO and WFP that they have to engage much more with the Sudanese diaspora because otherwise their effectiveness in terms of aid delivery is not possible in the way that they would like to be effective and that's where the impetus of the Conference on humanitarian delivery in Cairo was really about. That's kind of a culmination of what I'm saying right now. It's supposed to meet these challenges. And make this relationship between the international agencies and the diaspora, Sudanese diaspora more effective in coordinating with local Sudanese to deliver aid effectively.

Thank you, Dr. Khalid. Is there anything else you'd like to add before we end this interview?

Yes, thank you, Ghadeer. What I'd like to add is that all of these crises cannot be solved militarily, and there requires a political solution. And that is something that also international agents should really participate in. I am not saying that they should take a position, that's up to Sudanese, but I do think it's vital that there is an understanding that the given the severity of the crisis, that there must be a much more energetic international attention to resolving the political crisis. So as you know, just a few days ago, UN Secretary General appointed a special envoy from Algeria to Sudan that came on the heel of the ending of the mandate of the international mission in Sudan, the UN mission in Sudan, I think that's what the UN Secretary General is suggesting, and that is by

appointing a special envoy to Sudan. This gives much more profile not only to the humanitarian situation on the ground, but also to the future of Sudan, which is very, very important. And that must be based on a political solution. Already, the civil society groups outside of Sudan and inside are working towards a dispensation that would help to resolve the conflict, and I want to mention the importance of that because I believe that attention on the humanitarian front must be accompanied by attention on the political front. This is a conflict that is affecting the stability of the entire region. And finally, of course, we want to highlight the severity of the violence in Darfur, that is devastating. It is conflict that is not only a result of local actors, but also regional and international actors, and that is really important to emphasize, so if we put all that together, the necessity to see the challenges and opportunities of humanitarianism in Sudan, that must be accompanied with a discussion that goes hand in hand around resolving this crisis politically.

Thank you, Dr. Khalid. It's indeed very devastating time in Sudan, but we wish all the efforts from the Sudanese diaspora and international organizations, actually help people, make things a little bit better for people who are suffering from this conflict, whether being displaced or affected in any other way. But thank you so much for your insights and we appreciate your time. Thank you for coming to the podcast.

Thank you very much and for your coverage of Sudan. We appreciate it very much.