Impact of COVID-19 on Sudanese Diaspora Communities in the UK/Sudanese Diaspora Mobilisation during COVID-19
Executive Summary

This policy brief identifies and outlines the impacts of the COVID-19 pandemic on Sudanese communities in the UK, whether in their day-to-day lives or connections with Sudan, and provides evidence of the need for better support and coordination between Sudanese communities. The recommendations laid out here are intended as practical guidance for national and local governments, Sudanese diaspora organisations and service providers.

Diaspora and other Black, Asian, and Ethnic Minority (BAME) communities have been disproportionately affected by the COVID-19 pandemic, both in terms of the health impacts and as a result of lockdowns, travel restrictions and related economic impacts. However, different diaspora communities have also been affected differently by the pandemic, each facing their own unique challenges that intersect with socio-economic conditions, gender, age and generation.

This briefing aims to highlight the specific experiences of Sudanese communities in the UK, identifying the institutional and community barriers they face in dealing with the challenges of the pandemic and associated restrictions.

The data for this report was collected in December 2020; however, shortly before the research was completed, the UK’s devolved governments instituted national restrictions to mitigate the rise in COVID-19 cases. Nonetheless, this survey revealed the interactions amongst communities in both the UK and Sudan in forging solutions to the crisis, as well as the levels and diversity of individual and community support. The findings enabled us to identify and categorise response and motivations, alongside gaps, and recommend pathways to a more integrated approach for cooperating towards an effective response.

The key recommendations include:

Policymakers (national and local government)

- Provision of timely and culturally appropriate and accessible information
- Enhanced direct coordination with communities and increased synergies and partnerships with relevant stakeholders
- Regular direct outreach to migrants, including workers and self-employed, regarding economic and employment support measures
- Ensure protection is extended to irregular migrants to access health and other services
Sudanese diaspora organisations

- Establish a UK-wide umbrella group for Sudanese migrant/diaspora organisations and groups that brings members and broader networks together to contribute to responses when a joint approach is needed
- Strong leadership and multi-sectoral coordination, preparedness and response to crises in all relevant areas – including health, education, and housing – as well as national and local government service connectivity is needed to reach communities in various parts of the UK, taking into consideration gender, age and disability

For local, national and international voluntary and community sector

- Value diaspora communities’ lived experience as critical stakeholders and equitable partners in the delivery of services
- Remove barriers, signpost and engage diaspora communities in the decision making of steering committees and policy implementation
- Provide flexible funding pots for Sudanese organisations and groups to develop and sustain COVID-19 responses and initiatives
Introduction

As we continue to come to grips with the impacts of the COVID-19 pandemic, it is apparent that Black, Asian and other minority ethnic communities in the UK have been disproportionality affected. In the early stages of the pandemic, studies found that a third of critically ill patients admitted to hospital came from ethnic minority backgrounds, even though they make up just 13 percent of the UK population (Booth, 2020). While the science, academic, and government sectors strive to identify why the coronavirus has so adversely impacted ethnic minority communities, we must also understand the short, medium and longer-term impacts on these communities. Only by looking at their responses and the challenges they face can we collectively formulate appropriate responses and, in the longer term, challenge the structural and intersectional causes of such disparities.

Structural inequalities that place Black, Asian and other minority ethnic groups at much higher risk of experiencing severe illness from COVID-19, including harsher economic conditions and more pronounced health inequalities, already go some way in explaining the disproportionate impact on these communities (Marmot, 2020). Higher rates of poverty, discrimination, and barriers in accessing employment and health services all feed into these inequalities. On average, poverty is twice as high among Black and minority ethnic groups and is
much higher in specific groups, making them especially vulnerable (Weekes-Bernard, 2017).

Black, Asian, and minority ethnic families also tend to be larger and more likely to live in multi-generational households, often in lower quality housing, which places additional strain on space, bills and finances. The UK government’s Race Disparity Audit showed that while employment rates have been improving overall, Black, Asian and other minority ethnic community groups are, on average, twice as likely to be unemployed than their white British counterparts. They are also much more likely to be in low paying and frontline occupations. Moreover, internal cultural dynamics within some diaspora and faith communities can mean increased suspicion of health measures, including vaccinations.

Within the NHS, Black, Asian, and minority ethnic staff make up 40 percent of doctors and 20 percent of nurses nationally (this rises to 50 percent in London). Black, Asian, and minority ethnic people also form 17 percent of the social care workforce, rising to 59 percent in London. Yet, Black and minority ethnic communities are also more likely to have language and interpreting needs that may limit their access to information and treatment. Poor communication limits the health services’ ability to treat and respond effectively to the pandemic.

However, not all Black, Asian and other minority ethnic communities are affected the same; each have their own unique challenges that intersect with socio-economic conditions, gender, age and generation. Thus, this briefing highlights the specific experiences of Sudanese communities in the UK, identifying the institutional and community barriers they face in dealing with the challenges of the pandemic and associated restrictions.

Note: For the purpose of this briefing paper project, the working definition of a ‘diaspora’ will include: those originating from outside the UK but have resided there for one year or more (first-generation), including students; those born to parents of non-UK heritage (second and subsequent generations); and those who have contributed or are interested in contributing to humanitarian relief efforts in specific countries outside the UK.
There is an estimated 33,000 people born in Sudan who are currently living in the UK. However, this number grossly underestimates the size of the UK's Sudanese diaspora, as this data does not include those with Sudanese heritage born in the UK, newly arrived refugees, students and others who have been in the UK for several generations. It should also be noted that this figure does not include South Sudanese diaspora.

Thus, this briefing is based on surveys completed by 63 community members in the East Midlands, East of England, Greater London, North East, North West, Scotland, South East, Wales, and the West Midlands. Respondents were 57 percent female and 41 percent male, mainly based in Greater London, and between 18 to 60+ years of age.
Policy Space

As previous research shows, diaspora associations and NGOs serve as the bridge between institutional responses and vulnerable or marginalised communities’ needs. The COVID-19 pandemic has challenged institutions’ capacity to effectively manage a global crisis with multiple facets, such as healthcare provision, financial loss, and social isolation. The pandemic has also tested the civic, community, and diasporic organisational capabilities groups that often act as first responders during periods of social and economic upheaval.

In the UK, the issues already faced by minority groups are only being further compounded by the pandemic, as more general socio-economic trends show rising unemployment, a sharp decline in household income, housing problems, increasing reports of domestic violence and a decline in mental health and well-being amongst the population.

The UK government has undertaken several reviews of the COVID-19 pandemic’s effects on the health of BAME communities and BAME NHS staff. In addition, the NHS published a report examining the pandemic’s disproportionate impact on BAME health workers, which resulted in the ‘Addressing the impact of COVID –19 on BAME staff in the NHS’ plan of action (NHS, 2020). The NHS also published a ‘Risk Reduction Framework’ for NHS staff at risk of contracting COVID-19 (Khunti, et al., 2020). Following the high-profile deaths of several Sudanese doctors and health workers from COVID-19, these are particularly relevant to the Sudanese community.

In June 2020, Public Health England (PHE) published its report on disparities in the risks and outcomes of COVID-19, which found that BAME communities were at higher risk of contracting and developing severe cases of the virus, although this report was widely criticised for ignoring systemic inequalities (Public Health England, 2020). A subsequent PHE review acknowledged that worse COVID-19 health outcomes for BAME communities were linked to existing patterns of inequality already affecting these communities (Public Health England, 2020a). Thus, current UK equalities legislation must be appropriately implemented and enforced to ensure that adequate action is taken to address the drivers of this disproportionate impact (UK Government, 2010). For diaspora communities like the Sudanese diaspora, this is compounded by the UK’s migration policy environment, which many have experienced as hostile (Hiam et al., 2018). This has fed lack of trust in government departments and engagement with government initiatives.

The UK government has acknowledged the considerable funding and sustainability challenges faced by the country’s voluntary sector, including diaspora organisations particularly vulnerable to grant and donation reductions during the economic shutdown. While the Treasury has announced a package of emergency funding support for the voluntary, community and social enterprise sectors, this is likely to be
inadequate in the medium-term (UK Government, 2020). Indeed, diaspora organisations face barriers in even accessing this support, as they tend to be smaller and less formalised.

After lobbying by diaspora groups, the UK government also recognised the importance of diaspora remittances in the fight against COVID-19 in countries of origin. Thus, on 21 April 2020, the UK government amended the Health Protection (Coronavirus, Restrictions) Regulations 2020 to include money transfer organisations as essential service providers, exempting them from restrictions during the lockdown period (AFFORD, 2020).

In Sudan, the transitional Sudanese government has also sought to mobilise the Sudanese diaspora in the fight against COVID-19. In April 2020, Prime Minister Hamdok launched the ‘Stand for Sudan’ campaign, calling on Sudanese nationals worldwide to contribute financially to support the country’s economy during a time of crisis. Sudan has also worked with the IOM and EU as part of the Joint Initiative for Migrant Protection and Reintegration of Returnees, which seeks to improve protections for migrant and diaspora returnees from the Gulf as a result of the COVID-19 pandemic.


**Survey Findings**

1. **Bearing the brunt of COVID-19’s socio-economic impact**

At the time of the survey – the period immediately following the second national lockdown in November 2020 – 23 percent of respondents indicated they had experienced impacts on their mental health, well-being and feelings of isolation and loneliness (British Red Cross, 2021). This suggests that, as we have lived under lockdown or restrictions for many months now, the number of people experiencing increased anxiety levels is growing.

There is evidence that socio-economically deprived ethnic minority communities are contending with a triple burden during the pandemic: not only are they bearing disproportionate mortality and morbidity rates, but they are also more heavily impacted by strategies to contain the virus and the subsequent economic fallout. The survey results corroborated this finding, as 11 percent of respondents had experienced a
I work on a project focused on COVID-19 in Sudan, this has occupied my time. I try to guide people regularly to trusted sources and update my family and friends regarding the situation. (female, 21-29 age group, South East)

Another critical layer is the impact of trauma, including intergenerational trauma. With large numbers having arrived in the UK as refugees, many are likely to have experienced symptoms that can undermine resilience:

I have been diagnosed with anxiety and depression since [year omitted]. Since May I have been locked with my family. (male, 21-29 age group, West Midlands)

There is also some frustration with the UK government’s response:

It is really the government’s shambolic response to COVID-19 that’s frustrating and confusing. (male, 40-49 age group, South East)
2. The limitation of multilingual COVID-19 information sources

The timely and effective dissemination of information is critical during a pandemic. At the start of the outbreak, most government, NHS and Public Health advice and information on COVID-19 was only available in English, with very few translations provided. Our research found that respondents accessed COVID-19 information through multiple channels, the top three being: TV, online news and social media. While there is evidence that users are employing multiple channels to access information, the data does not show whether this information is understandable to most of the community.

Research by Professor Rasmus Kleis Nielsen and colleagues (Nielsen et al., 2020) at the Reuters Institute for the Study of Journalism found that public health information and communications materials can be beyond many people’s comprehension. With the magnitude of this public health crisis, it is imperative this information be clear, consistent, and accessible to the average person and available in languages spoken by diaspora communities.

Given the UK’s diverse population, the reliance on online English-language information may hinder the level of understanding amongst some communities, regardless of the simplicity of the information. While some local authorities and National Health Service providers in England and Scotland provide basic COVID-19 information on their websites, this information is often out of date and does not reliably relate the details of changing government policies. However, we have seen a range of independent organisations stepping in to fill such information gaps; for example, Doctors of the World\(^1\) in association with the British Red Cross have coordinated the production of multilingual resource packs.

In addition to online communication, intermediaries such as local authorities and community-based organisations play an essential role in extending the reach of information from national governments. Local diaspora organisations tend to be better placed, more connected to community members and thus able to directly reach out to people in the local community, including those who are particularly isolated and hard to access through online communication channels.

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\(^1\) Doctors of the World: https://www.doctorsoftheworld.org.uk/coronavirus-information/
For example, local authorities in Reading\textsuperscript{2}, Brighton and Hove\textsuperscript{3}, and Camden\textsuperscript{4} have developed Arabic language information and guides. In addition, a group of doctors, medical students and volunteers have created infographics\textsuperscript{5} to help summarise key COVID-19 points in a variety of languages, including Arabic.

\textsuperscript{3} Brighton and Hove City Council: https://www.brighton-hove.gov.uk/translated-covid-19-weekly-statements
\textsuperscript{4} The London Borough of Camden: https://www.camden.gov.uk/coronavirus-information-in-other-languages
\textsuperscript{5} Doctors of the World: https://covid19graphics.info/
3. Mutual Aid, a critical part of the Sudanese community’s response to COVID-19

At its simplest, mutual aid can be described as people with similar experiences helping each other manage or overcome issues, i.e. a system whereby people build a network of support. Survey respondents who volunteered or made donations during the pandemic indicated that aid is most often given in support of children and young people (20 percent), health interventions (20 percent) and through donating supplies (13 percent) such as food and technology.

With regards to the motivation to participate in mutual aid activities, a significant number of respondents (43 percent) indicated they felt it was their duty to support others.

Q12. What motivated you to donate money or given time to support?
4. Support services widely accessed

Access to financial, practical, and emotional support is crucial to mitigating the effects of job or income loss, lack of access to education as well as the loss of usual social contacts and freedoms as a result of lockdown measures:

*Education hasn’t been the same, [you] lose the sense of working together. [It is] not the same experience as having to go there and learn. Studying from home is not easy or motivating, especially for those with mental health issues.* (male, 21-29 age group, West Midlands)

When reflecting on where they sought support to help assuage the impacts of COVID-19, respondents indicated a wide range of avenues, including networks of friends and health services such as GPs and pharmacies. A significant proportion also sought support from Community Based Organisations and council services. However, as has also been the case for other groups, accessing health services has its challenges:

*[I had] difficulty accessing health care for [non] COVID related issues.* (female, 30-39 age group, North West)

A smaller proportion of respondents indicated they accessed the support of food banks and local groups, perhaps reflecting Sudanese communities’ tendency to rely on pre-existing sources of support and trust during this time.

5. Pressure to remit to origin country

Drastic measures necessary to controlling this pandemic have created unique challenges for vulnerable sections of society across the world. In Sudan, multiple crises have further exasperated the challenges of COVID-19. In September 2020, Sudan experienced one of the worst floods in its history. The UNHCR estimated that over 100 people lost their lives, an additional 800,000 were affected, and at least 111,000 houses were completely destroyed or severely damaged by floodwater (Schönbauer, 2020). In response, Sudanese diaspora worldwide mobilised to provide support for both the pandemic and the flooding responses in Sudan. However, economic pressures linked to the lockdown in the UK...
have affected their ability to provide this support. One respondent stated she simply could not support the response in the UK or Sudan because, ‘[I] have debts to pay!’ (female, 21-29 age group, South East).

Community-based organisations and individuals have provided much-needed relief supplies and financial donations. When asked how they accessed information and what sources they trusted regarding the situation of communities in Sudan, respondents highlighted their trust in information provided by family, friends, community members, and the international media far more than UK news platforms (both print and TV). Social media was the fifth least trusted source.

When asked how they offered support to communities in Sudan, respondents reported their participation in various activities and actions, with the majority indicating primarily financial contributions. A significant portion were also actively sharing information and raising awareness using online and offline tools. The overall impact of these activities cannot be underestimated; for example, we know significant diaspora fundraising efforts took place during COVID-19 and the 2020 floods, with the Sadagaat-USA online flood response campaign raising £110,562 ($152,937 USD).

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7 Sudan Floods Crisis: https://www.facebook.com/donate/250127752812214/
Recommendations

For UK policymakers (national and local government)

Provision of timely, culturally appropriate and accessible public health information

- The lack of accessible information, especially in community languages, is particularly problematic for older people who are shielding. Those with family and wider community contacts have been informed of the shifting COVID-19 situation, but those who do not speak English and have few support networks are often left most isolated.

Targeted and adaptable support for refugees and asylum seekers

- Refugees and asylum seekers in the UK are experiencing the current crisis particularly acutely. Most migrant support centres have had to temporarily close in response to the outbreak and moved to providing reduced or remote assistance. Legitimate concerns related to access to legal support, housing and immigration status have taken on even greater urgency, especially for those whose status is impacted by the ‘no recourse to public funds’ policy, as they are prevented from accessing key benefits. The central government should work with diaspora entities to develop policies that ensure vulnerable refugees are provided access to vital health, legal, and financial support.

Enhanced direct coordination with communities

- It is important to enhance synergies and partnerships with relevant stakeholders; for example, community organisations, voluntary associations, and local government stakeholders coordinating support services for those most in need. This can start with engaging communities via community leaders or representatives and community groups.

Regular direct outreach around economic and employment support measures

- It is key to ensure that economic and employment support measures reach migrants, including both workers and the self-employed. This implies not only enabling formal access but also targeted information for these groups to ensure they are aware of the services and support available. Local and national government needs to ensure monitoring and mitigation of, where possible, the disproportionate impact of the pandemic and likely recession on Black, Asian and minority ethnic groups. One approach is to undertake an equality impact assessment of the barriers experienced by Black, Asian
and minority ethnic people in accessing financial support.

Emergency financial support for diaspora and community organisations

- Diaspora and community organisations in the UK typically operate on minimal resources, relying heavily on volunteer contributions and small donations. During the current pandemic and associated economic crisis, many diaspora organisations – like other small charities and NGOs – risk closure. Governments and philanthropic donors should allocate additional emergency funding to the sector to ensure vital services provided to diaspora communities are maintained.

For Sudanese diaspora organisations

Establish an umbrella group of Sudanese migrant/diaspora organisations and groups in the UK

- A UK-wide umbrella organisation can bring members and broader networks together to contribute to responses when a joint approach is needed. Sudanese organisations should develop such an umbrella group and bring representatives from Sudanese communities across the UK together to help coordinate efforts, highlight initiatives and have a stronger advocacy voice. It will be more effective to speak to government and policymakers in a unified voice around what Sudanese people and communities need to act more effectively in response to the pandemic and other crises in the UK and Sudan.

Share regular updates on services

- The coronavirus crisis is complex and linking those willing to help with those in need of support can be a logistical challenge. A key part of ensuring needs are met will be the linking between newer and more established groups. This not only ensures that resources are effectively distributed, but also that groups are not duplicating activities and the most in need are not being underserved. Bringing a range of groups together can help forge connections, bridge community divides, and support everyone.

- Strong leadership and multi-sectoral coordination and preparedness are required. The health, education and housing sectors, and national and local government services, must connect to reach communities across the UK. This is true in response to the ongoing challenges of the current pandemic and for enhancing preparedness for future challenges and sustaining the current planning and coordination momentum. Establishment of a high-level, multi-sectoral, transnational committee would facilitate and enhance coordination among diaspora organisations and entities working in various sectors to pool technical expertise when supporting communities in the UK and Sudan.
- Ensure engagement is not limited to the first-generation diaspora by considering the second and subsequent generations’ needs and ambitions. Thus, resources such as multilingual platforms and volunteering opportunities in different parts of the country are important.

Value diaspora communities’ lived experiences
- Organisations need to consider diasporas as critical stakeholders, actively involve them in consultations around service provision, and form equitable partnerships in service delivery. One approach is to establish joint delivery services with Sudanese migrant/diaspora groups already connected to the community but lacking the logistical and financial support to conduct outreach at scale.

For local, national and international voluntary and community sector

Removing barriers, signposting and connecting with diaspora communities
- There is a need to reach out to communities at the grassroots level in a culturally specific and personalised way by, for example, using culturally sensitive communications and working with community leaders who can directly impart important information and messages.
- Diaspora and migrants can participate in decision making on steering committees and in policy implementation, but work must be done to ensure that organisations identify, build trust and work directly with local community leaders to deliver effective programmes.
- There is an acute need for flexible funding pots for Sudanese organisations and groups to develop and sustain COVID-19 responses and initiatives. Core funding, which in the long term will ensure the sustainability and survival of micro and small frontline organisations, is essential to the further development of such responses.

For the Government of Sudan

Protection for vulnerable migrant and diaspora communities
- This became much more apparent during the COVID-19 pandemic, with those who lost their livelihoods and got stuck in different countries as borders closed.

Develop a diaspora policy
- Develop a cross-governmental policy that accounts for diaspora engagement and protection, and which looks beyond traditional financial remittances and development frameworks. Instead, focus on engagement in social and cultural remittances to build trust and relations; also, engagement should consider diaspora response to humanitarian crises.
References


Migration Yorkshire, Migrant information hub, https://migrantinfohub.org.uk/home


er_engagement_synthesis_beyond_the_data.pdf


Sudan Floods Crisis Fundraiser, Sadagaat-USA, https://www.facebook.com/donate/250127752812214/


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