The PRIDE Centre's submission to the Independent Expert on SOGI's thematic report to GA81:

Violence and discrimination based on sexual orientation and gender identity in humanitarian contexts

Organisation: The PRIDE Centre (Protection, Rights, Inclusion in Displacement and Emergencies); an NGO focused on inclusion of LGBTQIA+ communities in humanitarian responses
Country/region of focus: East, Central, and West Africa (Kenya, Uganda, Democratic Republic of the Congo (DRC), Burundi, Nigeria, South Sudan, and Ethiopia
Contact name and email: Clare Brown, clarebrown@pridecentre.org
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Introduction

The PRIDE Centre is pleased to contribute to the Independent Expert's report on violence and discrimination based on SOGI in humanitarian contexts. The PRIDE Centre is an Africa-based initiative focused on LGBTQIA+ inclusion in humanitarian programming. In 2025 and 2026, we conducted research with 567 participants across Nigeria, Uganda, Malawi, Kenya, DRC and Burundi to identify needs and challenges for SOGIESC[1] minorities in humanitarian settings. This submission is based on the qualitative findings of that research, as well as the initial quantitative findings from a survey conducted with 64 displaced queer people in the same countries between February and April 2026. The submission covers the experiences of LGBTQIA+ people in displacement, in conflict, and in urban humanitarian settings, as well as the gaps in the humanitarian infrastructure relevant to these populations.

Displacement[2]

Experiences of violence
Displaced LGBTQIA+ people interviewed by the PRIDE Centre describe lives dominated by the fear of violence. 92% of survey respondents said they had experienced violence since becoming displaced. A trans refugee in Uganda told our team he had been attacked so many times, and was so recognisable in the refugee settlement, that *"There is nowhere that is allowing me to stay, because it is an insecurity to have me there. Right now, I am homeless."* He added, *"I am tired of being attacked and raped and discriminated against every day."* In Kenya, though people seeking asylum on the basis of their SOGIESC are generally issued documentation requiring them to live in Kakuma refugee camp, most queer refugees choose to live outside the camp for their own safety – even though doing this severs them from access to humanitarian services. When asked about this, one Nairobi-based refugee explained, "*I tried to stay in Kakuma, and it was much worse. My friend was recently killed there. You feel like you are living in a lion's den."* The most common perpetrator of violence against survey respondents were members of the general population (80% of people had experienced this),

[1] Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
[2] The PRIDE Centre's research has focused on two overall categories of people in displacement: those who fled their country or area due to SOGIESC-related persecution; and those from SOGIESC minorities who have become displaced for other reasons. Most people interviewed by the PRIDE Centre have been from the former category. People in this category represent a fraction of the overall number of queer people in displacement, but tend to face the highest protection risks and levels of exclusion from humanitarian services. Those who are displaced for other reasons are more likely to be trying to conceal their SOGIESC. This does not always protect them from speculation, discrimination, and violence – and makes them more vulnerable to isolation, invisibility, mental health crises, inappropriate medical care, and the constant fear of being discovered.

followed by family members (50%) and government actors (45%). 19% of people reported having experienced this violence from employees of NGO and UN agencies.

Sexual violence against queer people in displacement is pervasive. This is exacerbated by a heavily reliance on sex work, which 61% of survey participants report having engaged in since becoming displaced. Community leaders estimate this to be higher, at 85-90%. This unregulated work exposes individuals to multidimensional harms. A Uganda refugee living in Kenya explained, *"A form of survival is sex work. After you've done it, a lot of the clients will attack you, not pay you, and even extort money out of you."* A Burundian refugee in Malawi told us, *"When you don't have money, and the customer wants to do it without the condom, then you do it."* Amongst LGBTQIA+ refugees interviewed by the PRIDE Centre, the number of people indicating they had HIV was extremely high.

Humanitarian assistance

68% of survey respondents said they had experienced discrimination when trying to access services. Interviewees commonly described discrimination in medical settings as being their most pressing concern: 78% of survey respondents had been refused services by a healthcare provider, and 36% had experienced such a refusal by an NGO or UN agency. Accounts of being mocked, lectured, abused, and denied services by medical actors were common across countries – though some contexts were worse than others. In Kenya, for example, though mistreatment persists in government hospitals, the healthcare offered by humanitarian actors was generally described as respectful. By contrast, in the first three months of 2026, in just one INGO-run refugee hospital in Uganda, The PRIDE Centre documented seven instances of individuals being refused services because of their SOGIESC. Four of these were turned away after being violently attacked, having gone to the hospital to seek emergency medical care. One of these individuals recalled, *"I was raped by six men at once. … When I arrived at the hospital, I was refused entry three times. On the fourth attempt, I was finally admitted, but they refused to treat me because of my gender and sexual orientation, hurling insults at me."* Other commonly reported instances of discrimination by humanitarian actors include being ignored when calling protection helplines for assistance, excluded from livelihoods programmes, and denied legal assistance.

A frequent complaint by LGBTQIA+ refugees across countries is that they are not prioritised as being in need of food aid by UNHCR and WFP. Funding cuts have forced many agencies to drastically reduce the number of people targeted with assistance and protection, using a criteria that takes into account a person's existing needs and vulnerabilities. These specific criteria are not made public – but it is known that they do not account for SOGIESC in the same way that they account for disability, age, etc. In Uganda, The PRIDE Centre was told[3] refugees who had been in the country for five years or more would generally not be prioritised, as they would be assumed to have established their own income generating activities. For queer refugees, however – and especially for TGNC people – finding employment is often near impossible. Interviewees described the dangers of taking ARVs for HIV management without having enough food to eat: in Uganda, the Director of a queer refugee-led organisation (RLO) said members of her group had stopped taking their ARVs, which were making them sick; in Kenya, a resident of an LGBTQIA+ refugee shelter visited by our team had recently died as a result of these complications. Refugees also report stopping treatment because of the unavailability of the medication, now needing to pay for it, and due to an overall sense of hopelessness and despair.

Armed conflict

Experiences of violence

[3] This was stated in a confidential KII with an INGO on 5 March 2026.

Our research in DRC and Nigeria shed light on the disproportionate violence faced by LGBTQIA+ populations in conflict.

In the DRC, the UN Human Rights Council's Fact-Finding Mission found that the March 23 Movement (M23) has been systematically carrying out gang rapes of civilians in areas under its occupation, and that these campaigns have targeted LGBTQIA+ individuals.[4] Queer CSOs in East DRC confirmed that these attacks have been disproportionately used against the community – particularly LBQ and TGNC individuals. In November 2025, one organisation in Goma and one organisation in Bukavu each said they were responding to 5 – 6 cases of rape against LGBTQIA+ people per day. These organisations also reported that targeted killings of LGBTQIA+ individuals, and even their family members, are increasing in the region – an assertion that was corroborated by queer Congolese refugees interviewed in Uganda.

In Nigeria, of the 77 people our team engaged with, we were only able to identify one working with LGBTQIA+ communities in conflict-affected northeastern Nigeria, who said that queer individuals in the region were disproportionately subjected to sexual and extremist violence. These trends are severely under-reported.

Humanitarian assistance

Interviews conducted by the PRIDE Centre in DRC and Nigeria indicate that the exclusion of SOGIESC minorities by humanitarian actors is exacerbated by conflict.

In 2025, M23 forcibly evicted more than 400,000 people from IDP camps in Goma.[5] Mainstream organisations had provided food and medical assistance in these camps – though Goma-based interviewees reported that discrimination and denial of services to LGBTQIA+ beneficiaries had been common, especially against trans people. For this reason, queer CSOs had begun undertaking food distributions themselves, focused predominantly on the trans community. Since their disbandment, as reported by the Director of a Goma-based organisations, *"All these LGBTQ+ people were driven out of war displacement camps without any support measures."* Two Goma-based organisations said queer individuals who sought medical treatment in local hospitals after being subjected to sexual violence were often refused assistance: *"Often, when we have cases of rape, rape victims are rejected from healthcare facilities, who don't want to provide medical support, saying, they deserve it."*

In Nigeria, we were unable to identify any programmes specifically set up to support LGBTQIA+ people displaced by the conflict in the north. Many of the CSOs based in the central and southern parts of the country were concerned about the likely high numbers of LGBTQIA+ people either trapped in conflict-affected regions, or fleeing them, who lacked access to support. As noted by one Lagos-based actor, *"Within the IDP camps, queer people find it extremely difficult. Those people have been fleeing the north. They will always come to this part of the country. But we do not have enough resources to serve them. … I don't think organisations like ours and many others are doing enough to cater for the challenges of this population. Because we are already stretched thin serving the population who live here."*

Urban humanitarian crises

In our field research, in addition to speaking to displaced LGBTQIA+ populations, we spoke to queer organisations and individuals based in urban and more stable areas. Across countries, many members of these communities are experiencing needs and vulnerabilities that would accurately be described as being humanitarian in nature – including forced displacement, targeted violence, extreme food insecurity, lack of access to basic medical care, and an absence of livelihoods options – as a result of their SOGIESC. Many had been

[4] UN HRC (2025) 'Report of the Independent International Fact-Finding Mission on the Democratic Republic of the Congo', available at https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/ffmk-drc/a-hrc-60-80-auv-en.pdf, para 50.
[5] ActionAid International (2025) 'Women Evicted from DRC Camps Face Widespread Sexual Violence and Forced Marriage', available at: https://actionaid.org/news/2025/women-evicted-drc-camps-face-widespread-sexual-violence-and-forced-marriage-actionaid

displaced within their own country numerous times, fleeing localised persecution, threats, and violence. It was common to speak to interviewees who had not eaten in days. These communities have no access to mainstream humanitarian services, and are heavily reliant on LGBTQIA+ CSOs – who, as described further below, have been decimated by recent funding cuts, and cannot meet the increasingly complex needs of this population.

Lack of support for LGBTQIA+ CSOs

LGBTQIA+ populations in humanitarian settings rely primarily on their peers and queer CSOs for support. When asked who they rely on for access to services, 83% of survey respondents said they relied on LGBTQIA+ community members; 80% on queer refugee-led organizations (RLOs), and 71% on queer CSOs from the host community. 42% said they relied on other CSOs, NGOs, or UN agencies.

LGBTQIA+ CSOs – especially those operating in urban and development contexts – may not consider themselves humanitarian actors; they are usually registered as human rights or public health organisations. In many contexts, however, queer CSOs provide services that are inherently humanitarian, including food assistance, healthcare, GBV response, and emergency shelter. Communication and collaboration between these CSOs and traditional humanitarian actors, however, is minimal. Most of the Protection Clusters we have engaged with, for example, do not include the queer national and/or refugee-led CSOs that LGBTQIA+ communities trust to provide them with multisectoral services, including after experiences of GBV. LGBTQIA+ organisations who serve refugees and crisis-affected populations are not included in humanitarian response funding structures. Humanitarian agencies rarely consult LGBTQIA+ groups when designing their programmes or setting up feedback and complaints mechanisms.

Many LGBTQIA+ CSOs have historically relied on HIV funding streams to support their operations, and have been devastated by the funding cuts to this sector. During our research process, it was common to speak to previously-stable CSOs who had lost up to 90% of their funding. Smaller and more marginalised organisations – including LBQ and TGNC-led groups – had sometimes lost everything. These cuts have left many crisis-affected queer people struggling to survive.

Gaps in the humanitarian infrastructure

Despite the extreme and increasing vulnerability of LGBTQIA+ people in conflict, crisis and displacement, none of the 13 Humanitarian Needs and Response Plans (HNRPs)[6] nor the two active refugee Regional Response Plans (RRPs)[7] in place across Africa mention SOGIESC minorities. Proactive decisions appear to have been made to exclude these populations: LGBTQIA+ individuals were previously identified in the Mozambique HNRP and the Sudan RRP as having heightened vulnerability to gender-based violence (GBV)[8] – but in the 2026 iteration of these documents, these references have been removed.[9]

A common perception amongst humanitarian actors interviewed by the PRIDE Centre is that their aid is delivered in accordance with the humanitarian principles and Do No Harm, and therefore reaches all those in the most acute humanitarian need – including SOGIESC

[6] Sudan, Nigeria, Somalia, Mozambique, DRC, South Sudan, Mali, Burkina Faso, Chad, Cameroon, Nigeria, Central African Republic (CAR), Ethiopia.
[7] Horn of Africa and Yemen, and Sudan. The DRC and South Sudan RRPs expired at the end of 2025, and no new plan for either country has been made public. The RRPs for the two countries expiring at the end of 2025 both referenced SOGIESC minorities.
[8] Available for download at ReliefWeb (2025) 'Mozambique: Humanitarian Needs and Response Plan 2025 (December 2024)', available at https://reliefweb.int/report/mozambique/mozambique-humanitarian-needs-and-response-plan-2025-december-2024, p 68.
[9] Available for download at UN OCHA (2026) 'Mozambique: Humanitarian Needs and Response Plan - Humanitarian Programme Cycle 2026 (Issued on 29 December 2025) [EN/PT]', available at www.unocha.org/publications/report/mozambique/mozambique-humanitarian-needs-and-response-plan-humanitarian-programme-cycle-2026-issued-29-december-2025-enpt

minorities. Our research strongly indicates that this is not the case. Aid agencies who do not have strategies in place to support queer individuals in navigating the barriers they face, inadvertently exclude these populations; contribute to the invisibility of their specific needs and vulnerabilities; and risk sanctioning the discrimination they may be exposed to by frontline service providers.

Recommendations

To UN agencies:

1. Explicitly include SOGIESC minorities in HNRPs and RRPs.
2. Find ways to safely involve LGBTQIA+ organisations in Protection Clusters and other humanitarian coordination structures.
3. Make SEA complaints mechanisms safe and accessible for LGBTQIA+ complainants.
4. Take into account the specific risks and vulnerabilities faced by LGBTQIA+ populations when developing eligibility and targeting criteria for food/cash assistance.

To states:

5. Prosecute perpetrators of SOGIESC-based violence, including violence perpetrated by government and humanitarian actors.
6. Take proactive measures to ensure access to public healthcare for all, without discrimination on the basis of SOGIESC.
7. Prioritise LGBTQIA+ asylum seekers — particularly those who fled SOGIESC-related persecution — as facing heightened vulnerability for the purposes of refugee status determination, resettlement prioritisation, and access to services.

To donors:

8. Fund queer-led CSOs operating in humanitarian settings.
9. Require grantees to demonstrate consideration of SOGIESC minorities as a condition of funding, and monitor compliance.
10. Hold grantees who exclude or discriminate against these populations to account.