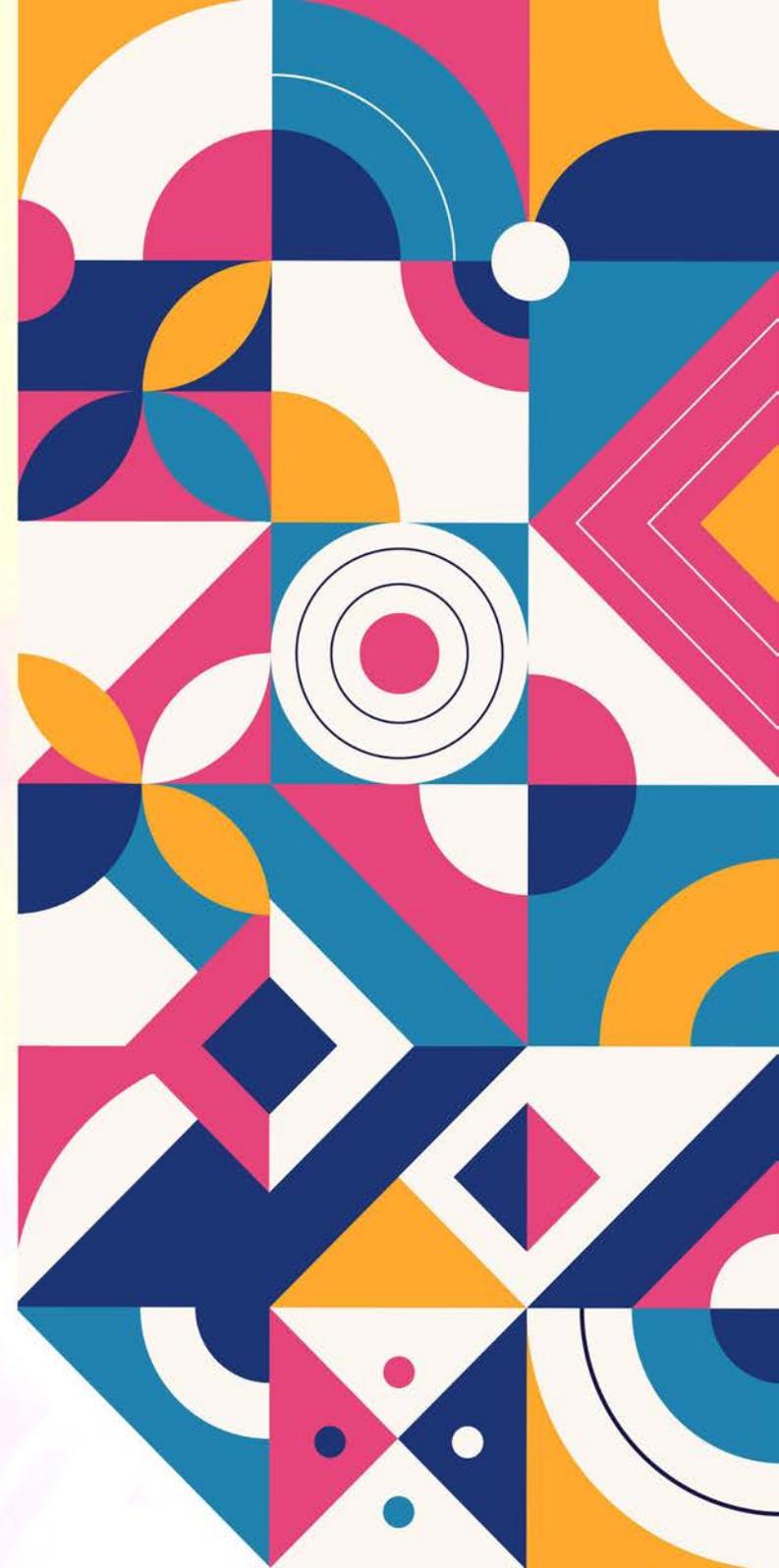


# Needs Assessment Report 2020

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**LGBTQI+ in Sudan**



# Executive summary

This is a research-based report that explores primarily the needs of queer community in Sudan. The research was conducted between October and December 2020. This report could be useful for all stakeholders and donors who are currently working, or are planning to work, with LGBTQI+ community in Sudan.

The objectives of the report and the study is to identify needs of the LGBTQI+ community in Sudan. The report aims to bring authentic data from the LGBTQI+ community to provide their perspective and evaluation. The study helps in identifying potential areas of work and services provision for the queer community.

The study used qualitative and quantitative data collection methods to provide a comprehensive understanding. It used an online survey that included 36 closed and open-ended questions. 169 queer individuals completed the surveys. This data was complemented with five semi-structured interviews, as well as two focus group discussions with trans persons and activists. The questions and information collected included details on health, legal and mental/psychological needs. The study concluded that main areas of need for the LGBTQI+ community are health services including SRHR and psychological support. These needs are urgent and require both short-term and long-term interventions. The need for legal aid and legal awareness is also great and invites intervention. There is a challenge with information about services providers and general knowledge on health and legal issues. Many informants expressed a need for awareness raising among the queer community, society in general and services providers in particular.

# Introduction

“Because of your sexual orientation or gender identity, you risk being denied access to health services and education, to lose your job and being subject to hate crimes. This is part of your everyday life as an LGBTQI+ persons in Sudan.” Hamada<sup>1</sup>CMI blog

This report explores the needs and services gaps of the queer community in Sudan, it is based on a needs assessments research conducted between July and December 2020. This report aims to explore and understand the various needs of SOGI groups in Sudan. It serves as a roadmap to shed light on services gaps and present stakeholders (services providers, LGBTQI+ organizations and funders) with information, as well as areas for support. Services in this report refer to any sort of social, legal, medical, and psychological services. It includes provision of information as well as provision of direct advice.

The importance of such a study comes from the fact that it targets a group that is rarely consulted on what they need, how they need it and what they aspire for. LGBTQI+ organizations in Sudan have been working inconspicuously for decades. This limited the ability of consultations and research on the topic. Sudan is in a political transitional period after 30 years of dictatorship which is an unprecedented opportunity for change and dialogue.

The report first exhibits the methodology of data collection and the limitations of the data itself. Then it goes on to put the social and political context of Sudan to provide the reader with a broad perspective. It briefly presents explains how the culture in most Sudanese societies is conservative and does not welcome queer politics. Then the report provides the reader with the health and legal background against which stakeholders function. After putting ahead, the context of Sudan, the report brings in the data analysis and findings. The survey data is presented as the qualitative component of the report, it is followed by the interviews data and then the trans focus group discussion. The report is finalized with a set of recommendations based on the focus group discussion with queer activists and allies.

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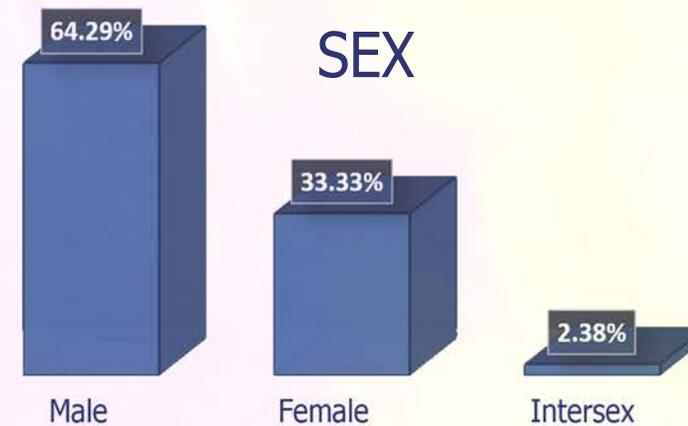
<sup>1</sup> <https://www.cmi.no/publications/7200-blog-from-sudan-the-sudanese-revolution-a-fight-for-lgbtqi-rights>



# 1 . Methodology

This report has collected data through various methods to capture the needs of LGBTQI+ in Sudan. The data was collected from individuals after their consent, both verbally and in written format, was given. Bedayaa adopts a vision of inclusion and ethical practice, as such, all names mentioned in this report are fictitious to protect the privacy of the participants. Also, the information is protected through Bedayaa's regulations and the universal data protection laws. In this report Bedayaa followed the research ethics of protection of participants, consent, and secrecy of identities.

Semi-structured interviews were conducted to gather data from five queer women while encountering and thinking about services. Two focus group discussions were facilitated with activists on the area to highlight their experiences and viewpoints. Additionally, four trans-persons were interviewed as a distinct category that is less represented. The qualitative data was complemented with quantitative information, gathered through an online survey where 169 questionnaires were filled. The data and analysis presented in this report is relevant as a source of information from the community members and it provides an entry point to this field.



The data and analysis presented in this report is relevant as a source of information from the community members and it provides an entry point to this field.

This is an action-oriented study and as such questions and interviews were purposive ones. The original plan was to hand in questionnaires to the queer community in Sudan, targeting about 100 individuals. Due to the Covid-19 lockdown the questionnaires could not be distributed, therefore an online survey was conducted. After sharing the survey online, there was a gap in the number of women who filled the survey, as well as trans individuals. This gap was filled using qualitative data collection methods. The online survey has its limitations in terms of outreach and depth of answers. The questionnaire included closed questions and open-ended questions to address some of these limitations. When answering an online survey, respondents are separate from the 'interviewer'; they cannot share experiences or clarify questions if they need. Thus, the survey was designed in a basic everyday Arabic language to make it as clear as possible. The survey offered a space for queer community to participate freely without fear. In a society that largely discriminates and criminalizes LGBTQ+ individuals, the participants felt more secure to fill an online survey without exposing their identity. This is evident in the number of questionnaires that were filled, the target was 100 surveys, but 169 were filled.

The individuals who participated in the in-depth interviews conducted were purposely selected as mentioned earlier. For safety reasons we used a snowballing method to contact the participants. Each participant gave their verbal consent to share the information of the interviews without sharing real names or occupation. We followed the same method with the two focus- group-discussion (FGD) with trans individuals and with activists and services providers. It is important to note that the information presented here reflects only the groups that were interviewed and those who filled the survey. Most of the participants were upper-middle-class and middle-class persons which leaves us with a gap on information about the rest of the queer community; the queer community who live outside Khartoum or those who live in the economic and social margins of the society. In Sudan accessing quality education is challenging for many people, as such those who get to learn English for example are mostly middle-class individuals (Mann, 2014 ).<sup>2</sup> By extension, those individuals get more access to jobs in the civil society. Hence, the local civil society networks are limited especially in sexuality issues that are highly risky and led quietly. This fact leaves a gap in reaching out to people from other socio-economic backgrounds and it needs a strategy to be filled.

The survey data was analyzed using the online survey tool; however, we contextualized this data using answers for open-ended questions, interviews and FGD. The quantitative data we collected was rich in terms of quality and depth. Thus, we analyzed it thematically borrowing from 'grounded theory' analysis methods. This means we generate the information on a certain theme from various interviews and put it together for a clearer understanding. We solidify this analysis with narrations from our interlocutors using their own words. The interviews and FGDs were conducted in Arabic, thus we translated them as much as it could be reflective and representative.

Additionally, it is worth mentioning that the combination of quantitative and qualitative data collection methods influenced the writing of this report. One would notice that some sections are dense with narrations while others are less dense. Also, some sections are longer and reflects more personal stories



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<sup>2</sup>Mann, Laura. "Wasta! The long-term implications of education expansion and economic liberalisation on politics in Sudan." *Review of African Political Economy* 41, no. 142 (2014): 561-578.

and experiences. This is expected when a combination of quantitative and qualitative approach is followed. In aiming to balance the voices reflected in the report, Bedayaa interviewed more women and trans people. The interview offers more in-depth data as well as more elaborative personal opinions. This takes larger parts of the report however, the quantitative data also represents bigger numbers of participants.

The study is action oriented as mentioned above, thus, the main aim is to get information that will inspire various stakeholders. Having this in mind, this report is original, and the data collected is informative and rich. The report is composed to give an overview of the LGBTQI+ needs and challenges against the backdrop of the socio-political context.



# Sudan's context and the queer community

## Socio-political background:

This section gives an overview of Sudan in terms of political and cultural context. It is important to understand the general circumstances under which the queer community live and struggle.

Shawgi Badri, a Sudanese journalist and writer shed a light about LGBTQI+community historically in Omdurman and elsewhere<sup>3</sup>In a series of articles, he titled 'Almaskot Anho' or the silent topics, Badri narrated from his own experiences how queer people lived in a pre-Islamist Sudan (Badri, 2007). Despite that Badri speaks from a place of 'fixing', and 'phenomenon', he provides a historical context.

In 2015 he wrote in Arabic, "it looks like establishing LGBTQI+organizations has shocked Sudanese... in Omdurman there was an area for gay prostitution extended between two neighborhoods and various small houses here and there. Queer community did exist in almost all Sudanese cities". He goes on in this article to speak about his own colleagues who had their lovers in public and in social gatherings. As he clarifies, in Sudan men do not feel ashamed for practicing gay sex if they are givers, i.e. have control. He even goes further to explain that same sex between women was even favorable at some point in history because it helps keep women chaste for marriage (Badri 2007).

Badri mentioned few books that talked about the queer community such as 'Qadar Jeel' or Destiny of a Generation wrote by Yousif Badri published in 1996.

Politically, Sudan has experienced a long period of political turbulence with a subsequent weak state, with a long period of Islamists government. However, a few years before the Islamists regime fell, the country entered a phase of restoration of civil activism. These civil movements included the birth of Sudanese Professionals Union (SPA) which took the lead during the 2018 uprisings. The uprisings resulted in overthrowing the former president Omer al Bashir in April 11th 2019. As a result, the country is now in a transitional period aiming at preparing the country for free elections. This political change brought about great hope for young generations, from different backgrounds, for freedom, equality, and peace.

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<sup>3</sup> [https://sudaneseonline.com/ar/article\\_12045.shtml](https://sudaneseonline.com/ar/article_12045.shtml)



Similarly, the participants expressed hope in the political change to open spaces for LGBTQI+ recognition and advocacy in a relatively safe environment. The transitional period Sudan is currently going through aims to bring about political change which offers a window for legal reforms. Many of our interlocutors participated in the uprisings, they mostly have hope that a new era of equality can happen. As Lola (interview 1) puts it "when I participated in the uprising I did so for the same reasons of freedom, peace and justice -the revolution slogan- I wanted justice, not only legal but also social, as a queer person I do not live in freedom or justice"<sup>4</sup>.

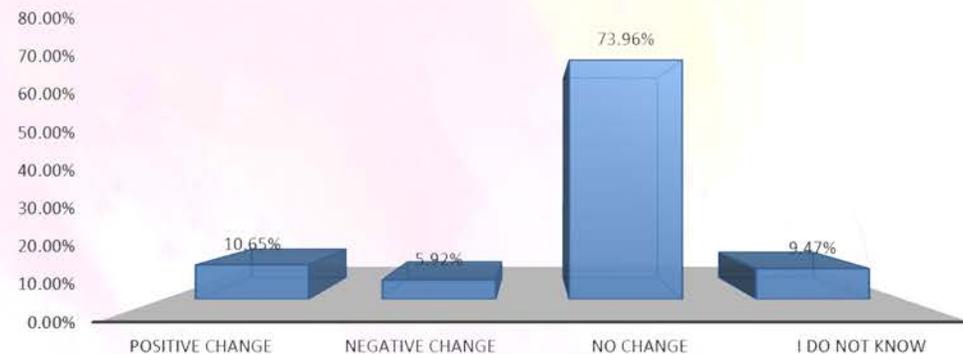
The uprisings offered hope for many Sudanese, however after some time, queer community did not feel included. Lola said that she lost hope to get a place in this society where she will be accepted as she is.

Hamada, wrote for the CMI Sudan blog, "The LGBTQI+ community has never been recognized in Sudan and is still to a great extent denied any form of rights to freedom, peace and justice."

Few months after signing an agreement between the Military Transitional Council (MTC) and the opposition political parties coalition, represented as Forces for Freedom and Change (FFC), many Sudanese started to lose hope in a serious change. These bodies that signed the agreement belong to a conservative segment of the society (see Hale, 2018)<sup>5</sup>. The society is described as religious and governed by norms and notions of shame. To better understand what is meant by conservative one might look at women's situation for reference. Here the example of women is brought as an insight because there is a people in Sudan. However, looking at another 'unempowered' group will provide an understanding on how society looks at them, and what sort of spaces are dedicated to less empowered individuals generally. This is best understood against the image of who is a good citizen, this image is connected to dress codes and lifestyle choices.

The public order act of 1991 controls many aspects of Khartoum (Fadlalla, 2011)<sup>6</sup>. Chief among these aspects is women's dress codes, movements, and socialization. The law gets its legitimacy from the society as well as it claims Islamic premises of protecting Sharia. Under the public order act, women and LGBTQI+ persons can be punished for indecent clothing by lashing, paying fines, or both. Any man can report a woman to the police for indecent clothing in the street. Usually, this does not happen, it is policemen who use the law to control women and open cases against them. The law affects middle-class persons, as well as labourers, women in the informal sector and beggars. For a long time, this law threatened people in public domains and activists. Many queer people we met mentioned that they do not feel comfortable in public spaces because of this article. Those who choose to dress differently for example can be targeted under such law and particularly trans individuals.

**Uprising changes**  
How do you see the change after the uprising?



<sup>4</sup> CMI (Chr. Michelsen Institute) is an independent development research institute in Norway.

<sup>5</sup> <https://www.cmi.no/publications/7200-blog-from-sudan-the-sudanese-revolution-a-fight-for-lgbtqi-rights>

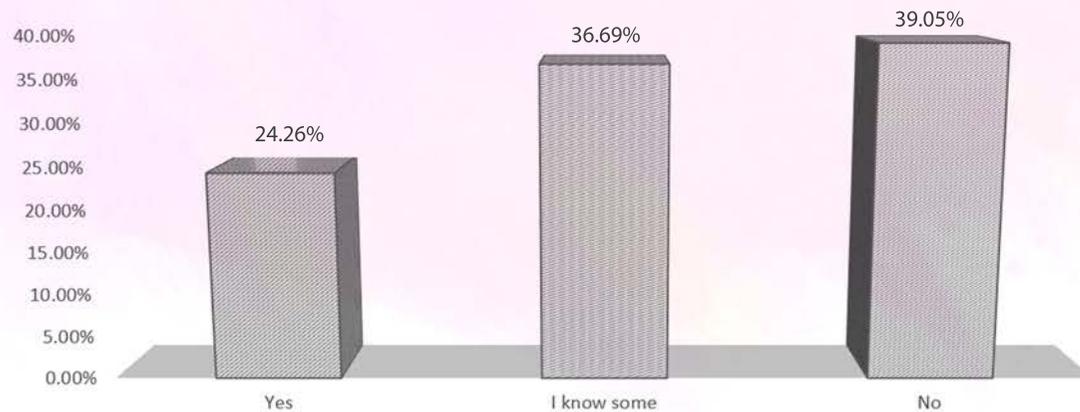
Hale, Sondra. Gender politics in Sudan: Islamism, socialism, and the state. Routledge, 2018

<sup>6</sup> Fadlalla, Amal Hassan. "State of vulnerability and humanitarian visibility on the Verge of Sudan's secession: Lubna's pants and the transnational politics of rights and dissent." Signs: Journal of Women in Culture and Society 37, no. 1 (2011): 159-184.

## Legal background:

For the past decade Sudan had a legal framework where sodomy was a crime worth death penalty. [Article 148<sup>7</sup>](https://www.refugeelaidinformation.org/sudan-lgbti-resources) of the penal code 1991 forbids sodomy. [Sodomy<sup>8</sup>](https://www.refugeelaidinformation.org/sudan-lgbti-resources) is defined in the text as “anal penetration” between two men or a man and a woman. The sentence for such an act is a hundred lashes or/and five years in prison for the first time. If the person is caught for a second time, they might face both penalties and for a third time they might face lifetime imprisonment or a death sentence. Furthermore, the penal code in article 151 speaks about public ‘indecenty’ which is translated to any act that could offend the public and disturb the order. This act as mentioned in the legal framework is anything that stands against society’s norms and religion. Indecency is not a standard measure; it rather depends on subjective standards of law enforcement. The queer community in Sudan is then subjected to a direct discriminatory legal framework that forbids ‘sodomy’ as well as article 151. The removal of the death penalty from articles 148 and 151 is a positive change. However, the criminalization of homosexuality and the stigma is still there. Even after changing the law, there are people who were flogged based on ‘scandalous acts’ which raises questions on the implementation of the new legal framework.

### LEGAL KNOWLEDGE ON LGBTQI+ SITUATION DO YOU KNOW THE LEGAL FRAMEWORK REGARDING LGBTQI+?



<sup>7</sup> <https://www.refugeelaidinformation.org/sudan-lgbti-resources>

<sup>8</sup> <https://www.refugeelaidinformation.org/sudan-lgbti-resources>



The implementation of the law partially depends on the cultural values of the law prosecutors and their personal views. Implementing the law can be delayed, neglected, or ignored in the local police stations and other legal facilities. This has to be seen against the backdrop of bureaucracy which by default can be a challenge, as well as the nature of executive entities that are trained on 'masculine normativity'.

The latest amendments are fragile and do not tackle the roots, for example the life imprisonment is still valid for men who have sex with men. The article that allows enforcement to act on suspicion is vague and gives more power to the police officer against the citizens. A policeman can suspend someone based on 'suspicion' for 24 hours (Article 67 from the criminal law). Generally, the legal practices and the challenges that could face LGBTQI+ community are similar to what many women face on a daily basis, including harassment, abuse, and discrimination while in police control.

Recently the death penalty was removed from the legal code however the criminalization of the same sex relations is still present.<sup>9</sup> On top of this, there are seldom laws that protect LGBTQI+ rights or safety. Furthermore, Sudan was part of a statement presented to the UN in 2008 against the decriminalization of homosexuality.<sup>10</sup> This is against the initial signatory of Sudan in the international agreement on economic, social, and cultural rights. This obliges Sudan to the articles of the agreement on banning of all discrimination based on sex, religion, or sexual orientation. The agreement also emphasizes in article 9 the liberty and personal security.<sup>11</sup>

Furthermore, the legal framework gets its legitimacy from the mainstream culture that rejects people with different sexual orientations. The law is in dialogue with the social norms, and these norms are unwritten laws. Societies in general organize their coexistence based on norms and violations of these norms means isolations and discrimination. In the interviews people spoke about their fears and uncertainties regarding the social norms of patriarchy and exclusion. One cannot separate the two levels of law, i.e., constitutional, and social.

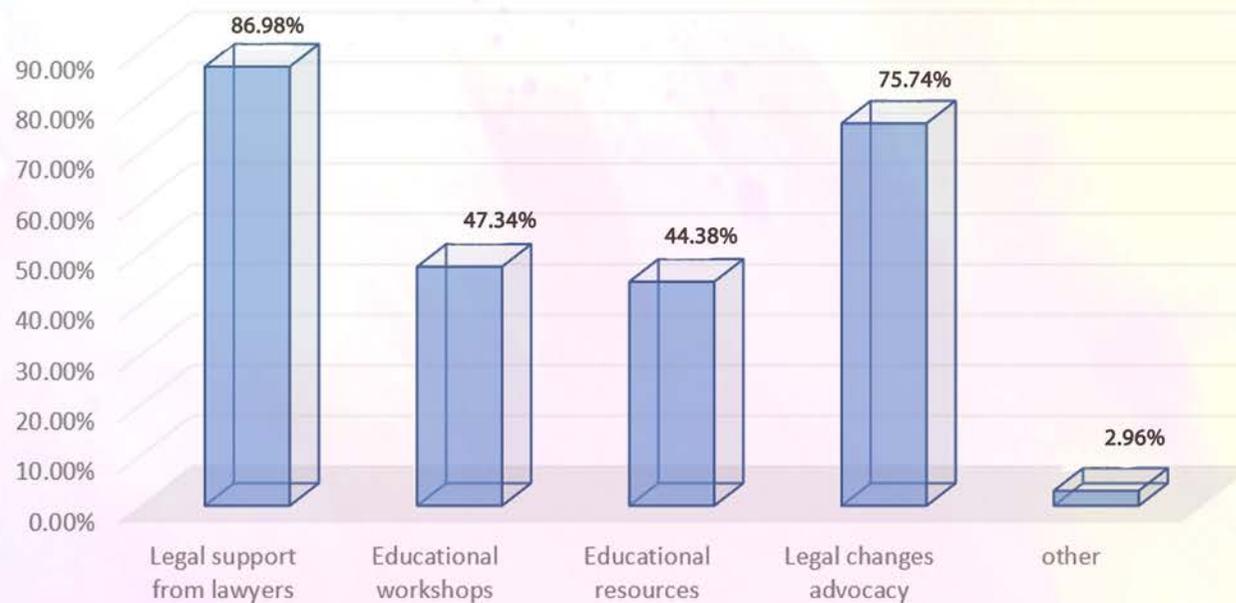


<sup>9</sup> <https://www.reuters.com/article/us-sudan-lgbt-rights-trfn-idUSKCN24H30J>

<sup>10</sup> <https://www.refugeelegalaidinformation.org/sudan-lgbti-resources>

<sup>11</sup> <https://www.refugeelegalaidinformation.org/sudan-lgbti-resources>

## LGBTQI+ Legal Needs



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Having this background in mind, the structure of Sudanese society including the institutions that organize people's living, are mostly built on patriarchal heteronormativity, including institutions that provide basic rights such as health and education.

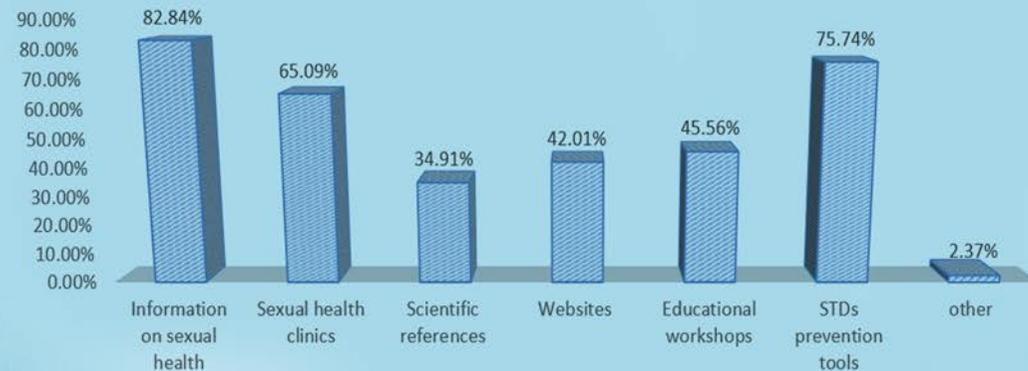
## Health System:



Sudan's health system is governed through the Federal and state Ministries of Health policies and regulations. The federal ministry of health is the main body that puts national legislation and policies including the policies for SOGI groups.

The services are offered through three main levels that are public and fall under the Federal Ministry of Health (FMOH). Then the state ministries of health that are responsible for service provision in each state as well as planning according to the national strategies. The direct delivery of health services falls under the responsibility of localities/municipalities particularly the primary health care, prevention, and **health promotion**<sup>12</sup>. Additionally health services are also provided through private hospitals/clinics, military, and police hospitals as well as private health care units in districts.

### LGBTQI+ HEALTH NEEDS

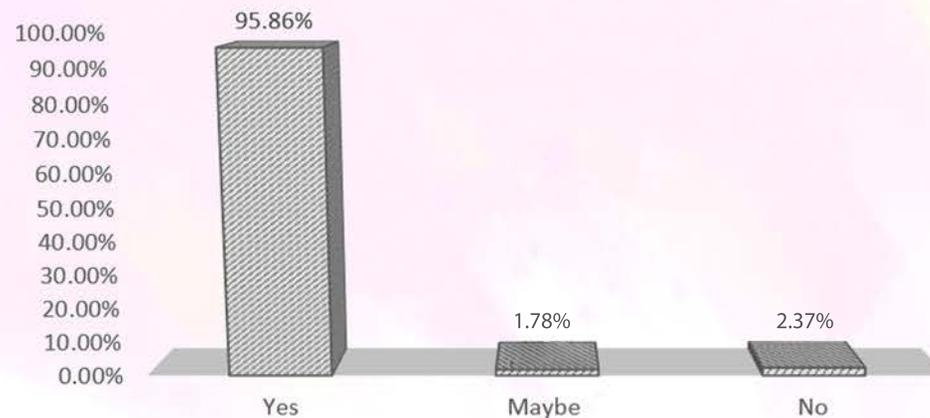


<sup>12</sup> Desk review documents chapter 3

The economic and political situation of Sudan affects to a great extent the health services provision and policies. A great shift towards privatization of health services took place a few years before the regime fell in relation to South Sudan independence and the economic deterioration. This left most of the population in the margins of accessing public health services.

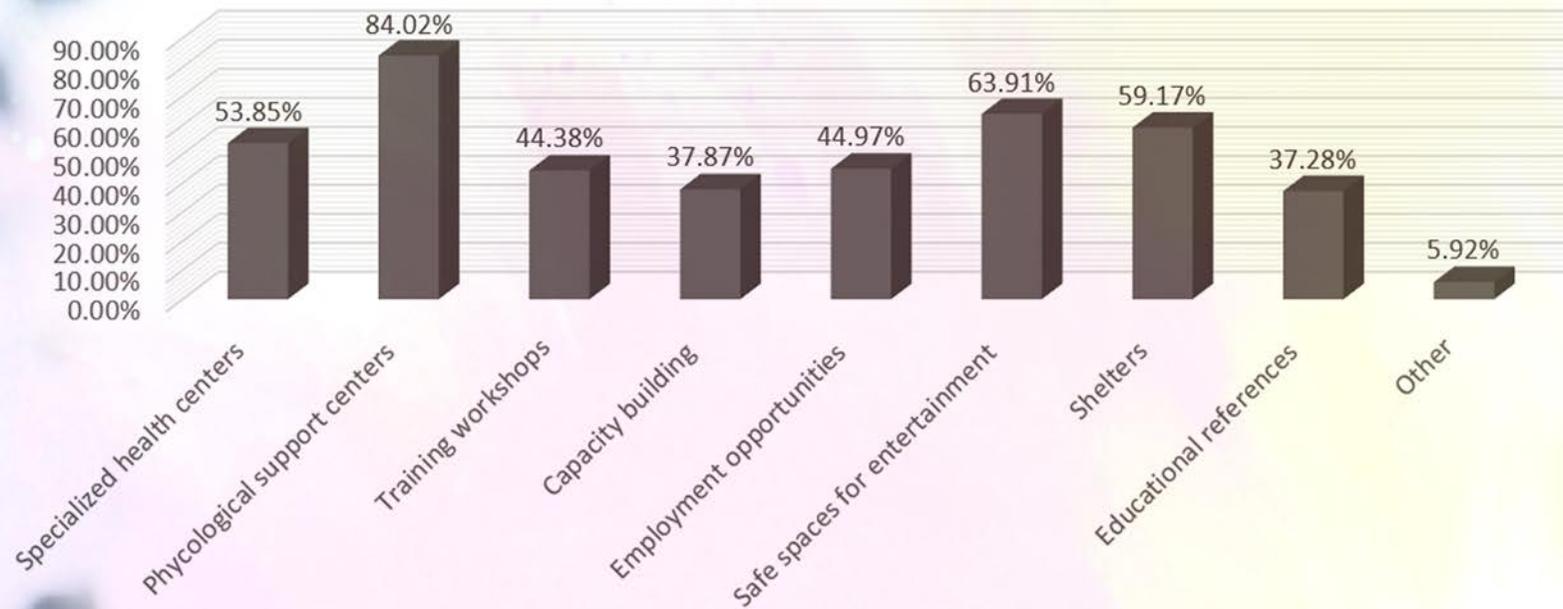
Issues of sexuality and sexual reproductive health and rights are treated under the umbrella of safe motherhood, HIV/AIDS, and RH in general. The health system and the training of medical personnel is 'poor' when it comes to sexual and reproductive health and rights. On top of this mental and psychological health services provision needs to be **developed**<sup>13</sup> ( WHO-AMIS report 2009 ). According to the same report there is barely any training for primary health care providers on mental health care. It also stated that none of the mental health providers receive training on human rights. Having mentioned this, Sudan has a mental health policy that was updated in 2008 to include the development of mental health components in primary health units.

### NEED FOR PSYCHOLOGICAL SERVICES PROVISION



<sup>13</sup> [https://www.who.int/mental\\_health/who\\_aims\\_report\\_sudan.pdf?ua=1](https://www.who.int/mental_health/who_aims_report_sudan.pdf?ua=1)

## LGBTQI+ Needs



The visibility of queer in Sudan is a debatable topic among activists. Even though Sudan lives in an era of political change which may provide an opportunity for work, it is still risky. The visibility of some LGBTQI+ individuals is desirable because it opens spaces for dialogue and provides a wider view on how the society thinks and where it stands. According to some of the activists there has been recently some discussions on social media that proves several allies and a shift in perspective. Even violent cases such as the Abu-Hamad14 incident can help in visibility, nonetheless its sadness and the fear it provokes in people. Visibility might provide a window for social change which is essential.

Nonetheless, visibility must be guided and planned, "the recent visibility that happened intentionally was aggressive and caused more fear among some LGBTQI+ people" said one of the interlocutors. Exposure can lead to more harassments and bullying especially after the uprisings. Nevertheless, the hate speech is visible, and the negative voices are louder, there is a need for awareness raising activities against such voices.

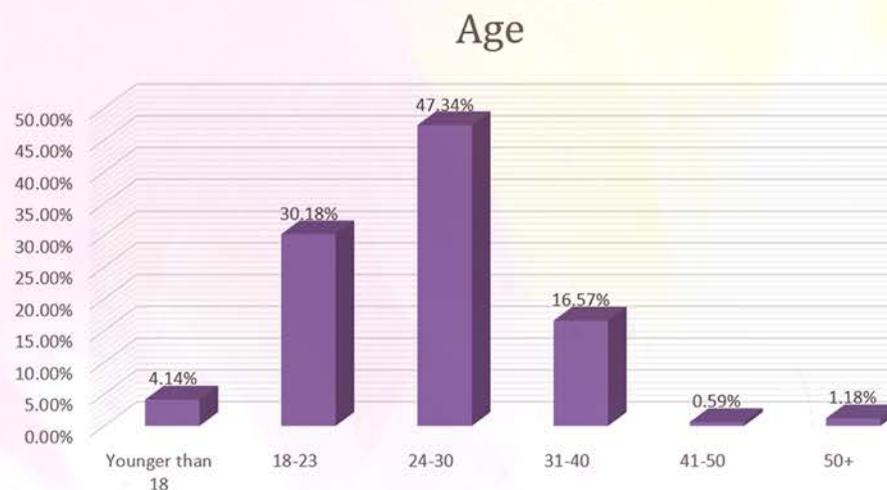
# Research Findings and presentation

## Survey Findings:

This section of the report explores the online survey data that was collected from 169 queer people. Each subtitle is a question or more than one question that falls under a similar category. The answers are presented in a format of diagrams as well as narrations. The survey included 50 questions that captured the backgrounds of the participants in terms of age, education, identity, and place of residence. The questions also covered the health needs, SRHR needs, legal needs, and information and knowledge needs. Some questions were dedicated to experiences and reasons for these needs. Other questions clarified the best methods to provide these needs, such as online, workshops, etc.

### Social backgrounds:

Most of the participants are between 24-30 years old (47%) followed by the age group 18-23 years old (30.81%). Few participants aged between 31-40 years old (16.57%) and fewer were younger than 18 years old. We believe that there is a generational aspect that shapes people access to media and online platforms. Since this survey took place online and was displayed mostly on social media, only people with regular access and knowledge of social media participated. This explains, for example, that the majority of the contributors were aged between 24-30 and 31-40 which signifies a young generation. The generational aspect also contributes to the dissemination of information between networks of queer people. Meaning people would tell their networks about the survey and share the link between themselves, these networks of friends are commonly from similar generations.



## Survey Findings:

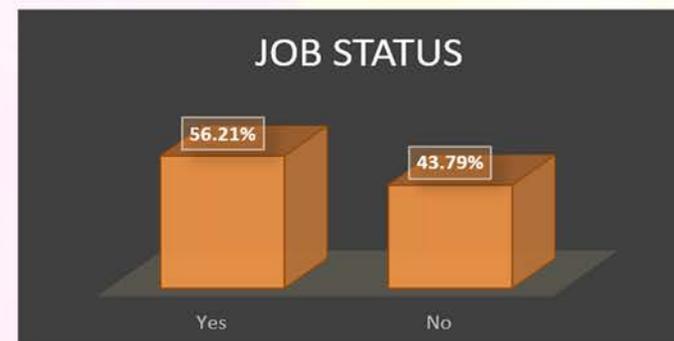
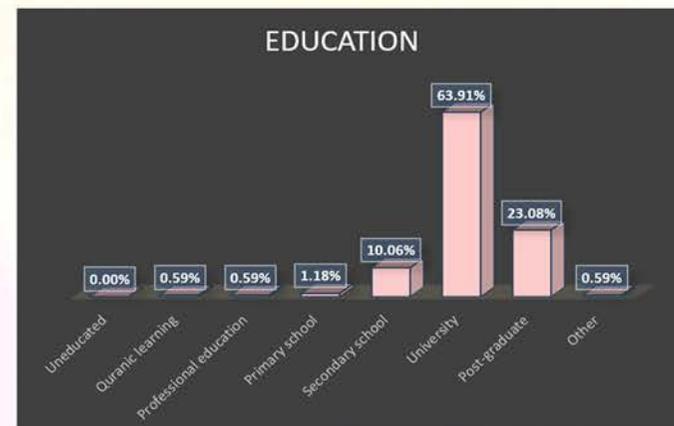
Most of the people who filled the survey are from Khartoum (total population of Khartoum about 5300 persons). This is due to regular access to the internet in Khartoum compared with other states. It is also a result of the networks for information exchange that are mostly based in Khartoum. Khartoum, as the capital city, attracts people from all over Sudan who would migrate and become urban citizens. It might be the case that some of the participants' families were originally from other states in Sudan but they were born and raised in Khartoum. Nonetheless, some of the participants come from greater Darfur, Port Sudan, Madani, Kassla, Gezera and Gadaref.

Many of the respondents are university graduates (63.9%) while 23% are postgraduates. 10% have only completed secondary school and 1.1% only completed elementary school

In country with high rates of unemployment 56.3% answered as employed, and 43.8% unemployed or without jobs.

The employed respondents held various positions, such as doctors, engineers, civil society employees and teachers, etc. The information exhibited here is not enough for general claims, however, from the answers on employment and level of education, most of the participants come from middle-class backgrounds. We put this claim with consideration that the middle-class in Sudan can be often characterized with higher levels of education and employment. Ethnic, familial, and regional backgrounds also play a role in marking someone as a middle-class.

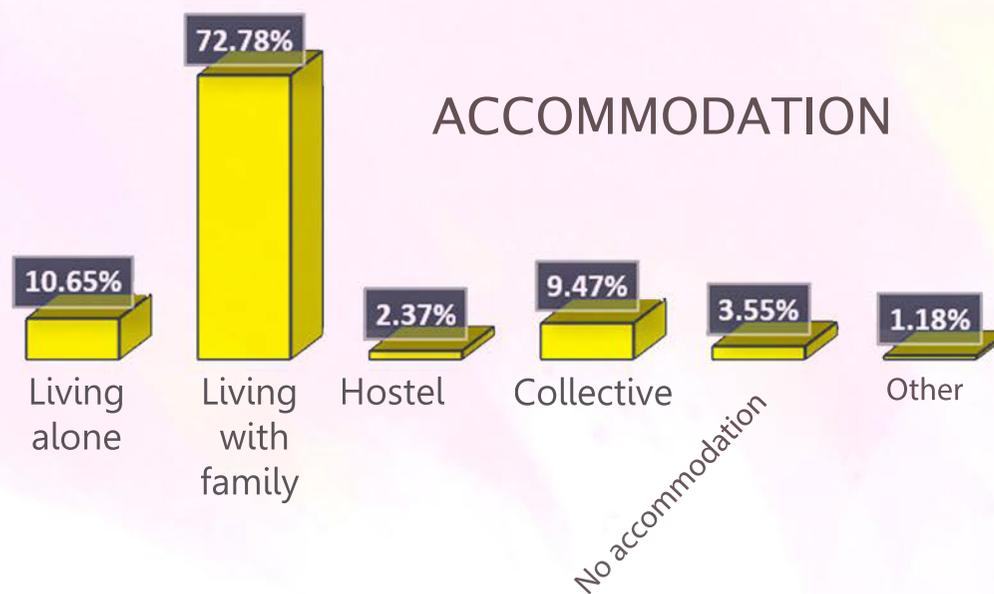
With the legal and social restrictions, as well as age information it does not come as a surprise that 73.9% are single. Only 22.5% answered that they are in a relationship, and 1.8% are married.



## Survey Findings:

### Social backgrounds:

Most people who answered live with their families (72.7%) only 10% live separately and 9.5% share houses with others . This is understandable as Sudan suffers from fluctuating high inflation rates, and consequently exorbitant living expenses.



# Survey Findings:

## Personal backgrounds:

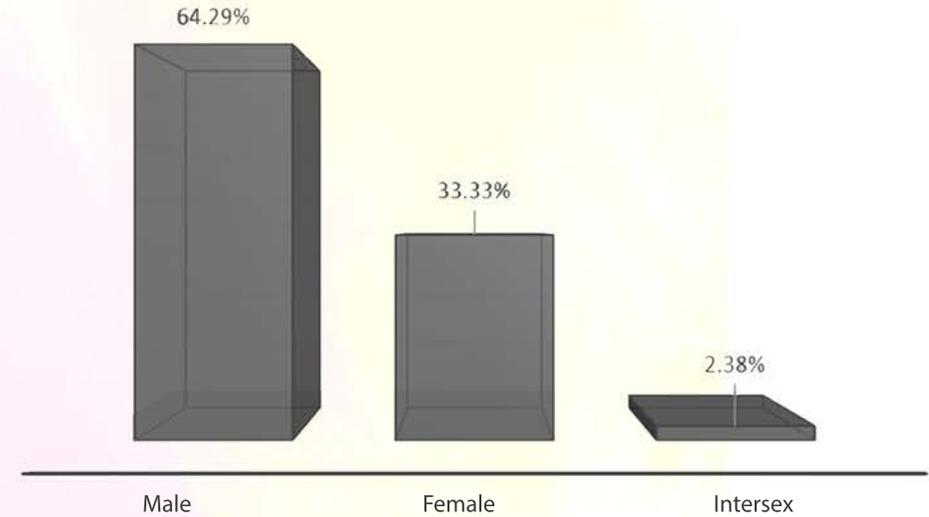
### Sexual and gender orientations:

The survey reached out to more men than women. 64.29% of the participants identifies as men while only 33.33% identifies as women and 2.38% of the respondents identifies as intersex. This variation between genders might be attributed to the fact that men are more visible to each other, and more outgoing than women as noted by one of the activists interviewed. Generally speaking, and from the interviews it is understood that queer women are fearful of communicating and reaching out to others. An expert (Sama) in the field mentioned that queer women networks are smaller than men, and women are more secretive and private.

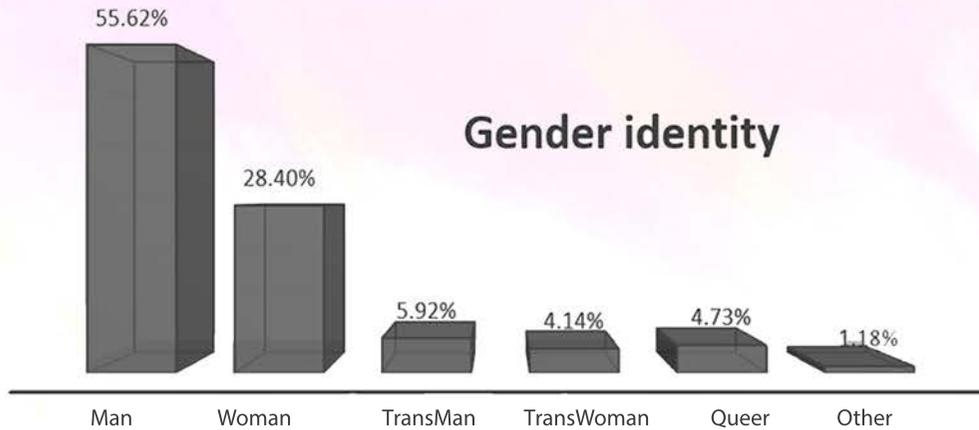
Out of the men respondents, 43.2% identified as gay men and 10% as bisexual, and 2.9% as pansexual. 10% know themselves as gay women, 13.6% bisexual women and 5.3% are pansexual women and 9.5% preferred to call themselves queer.

Our participants chose various gender identities as follows, 55.2% men, 28.4% women, 5.9% transmen, 4.2% transwoman, and 4.7% queer.

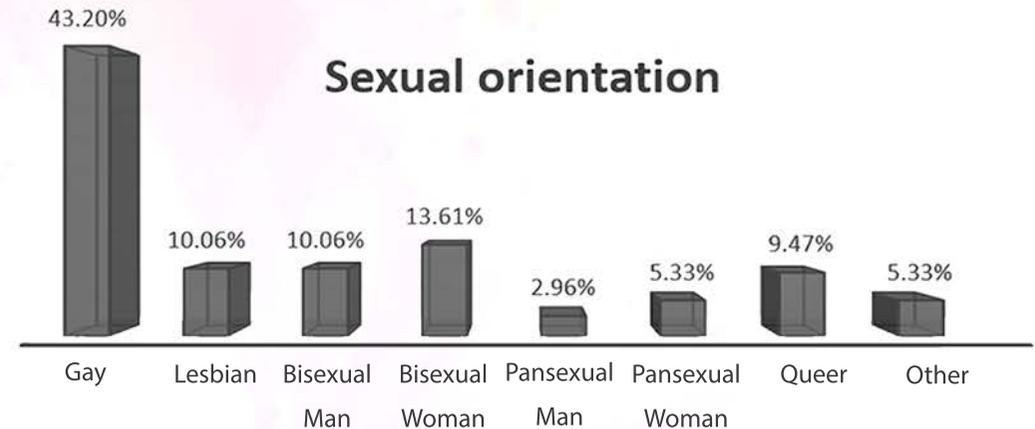
### Sex



### Gender identity



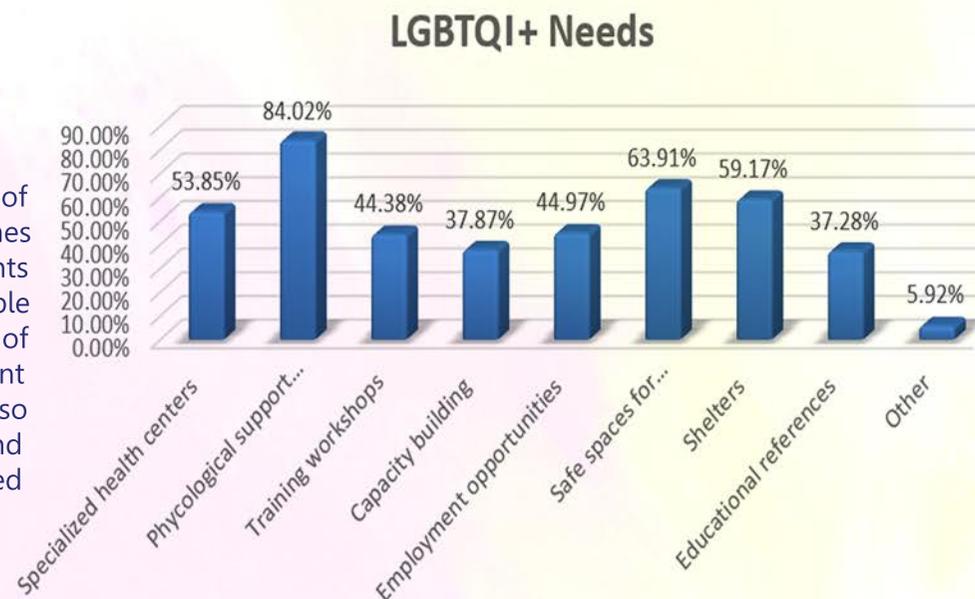
### Sexual orientation



## Survey Findings:

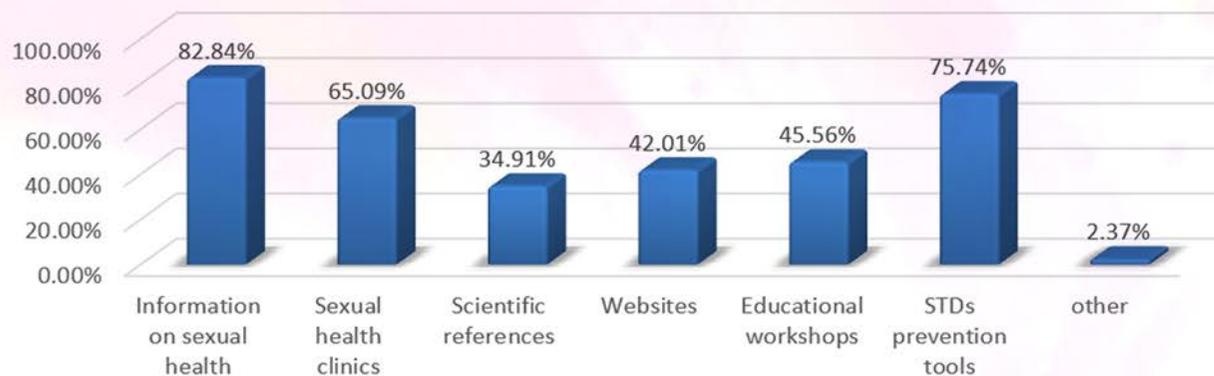
### Queer community needs:

Psychological support appears to be one of the most important areas of need, 84% of the answers indicated this need. Following this need comes the necessity for entertainment safe spaces, with 63.9% of the respondents stating so. 59.2% mentioned the need of housing shelters for people without housing and protection. Then 53.8% ticked the importance of specialized health centers for the queer community. Employment opportunities are also essential, 44.9% designated it as a need. Others also mentioned the need for training workshops and sessions (44.4%) and 37.8% emphasized the need for capacity building. Also, 37.3% wanted academic references, meaning reading material and the like.



When it comes to health services, people identified different areas of need. 82.8% need information on sexual health, and 75.7% need protection methods from sexually transmitted diseases. 65% required centers for sexual health and 45.6% showed the urgency for education workshops. This was followed by a percentage of 42% who need websites and online platforms. In addition, 34.9% of the people who ticked a need for academic references.

### LGBTQI+ Health Needs

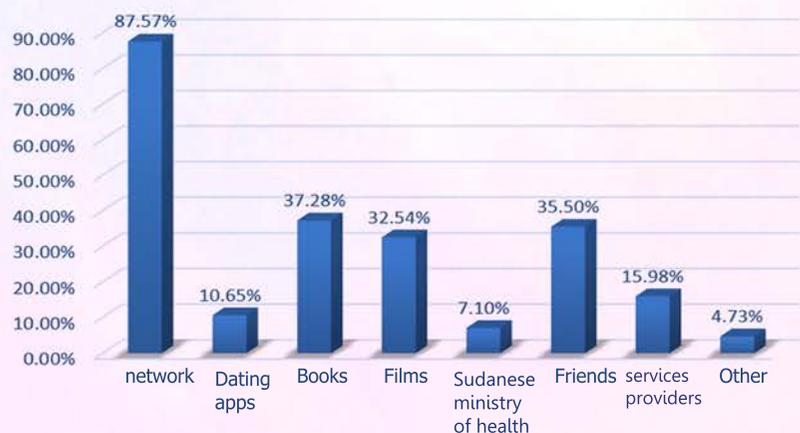


## Survey Findings:

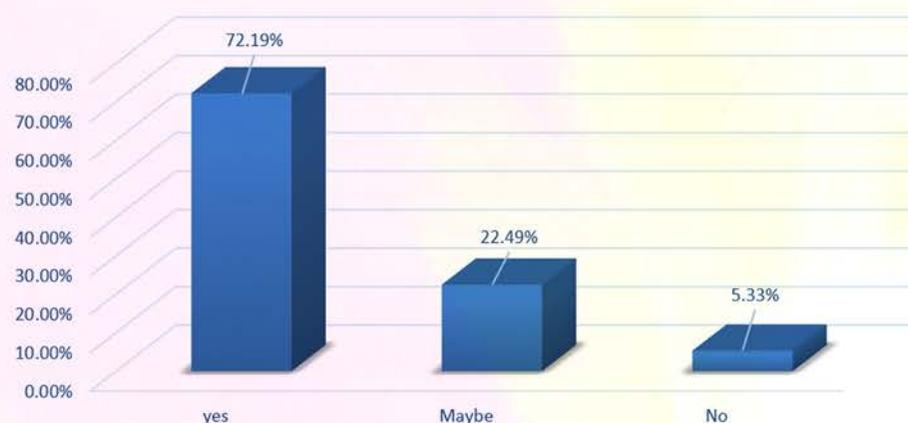
### Need for information:

Most of our informants (80.5%) have some knowledge about STDs and safe sex. While 14.3% were not sure if they have all the information and as such responded with maybe and 5.4% said clearly, they do not know about STDs and safe sex. 87.5% get their information from online resources, 37.3% received this information from books. Also, many get answers from their friends, networks and acquaintances (35.5%), while the rest get it from movies, services providers, dating apps and ministry of health

Where do you get your information regarding sexually transmitted diseases and safe sex?

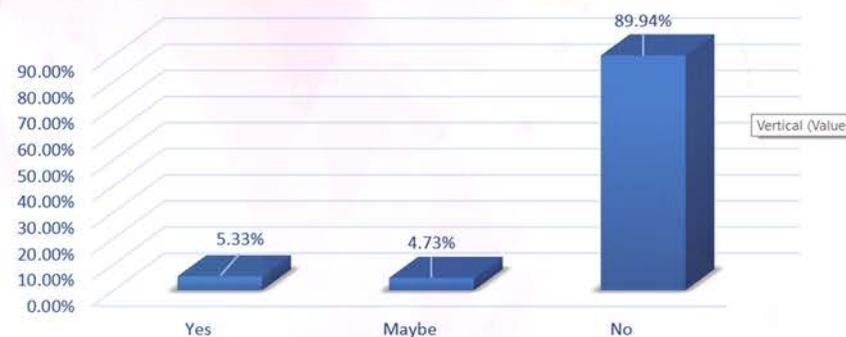


Do you have any information about sexual health ?



There is no information available about centers or organizations that provide sexual health services for LGBTQI+. Only 5.4% said they know about such organizations, and 4.7% said maybe, while 89.9% did not have information. Out of those who know services providers, 58.8% know about NGOs and 41.2% know about INGOs. On top of this, 29.4% said that governmental hospitals provide services, and 29.4% said private hospitals. 17.6% know about Sudanese People Living with HIV/AIDS Care Association.

Knowledge of LGBTQI+ sexual health services providers



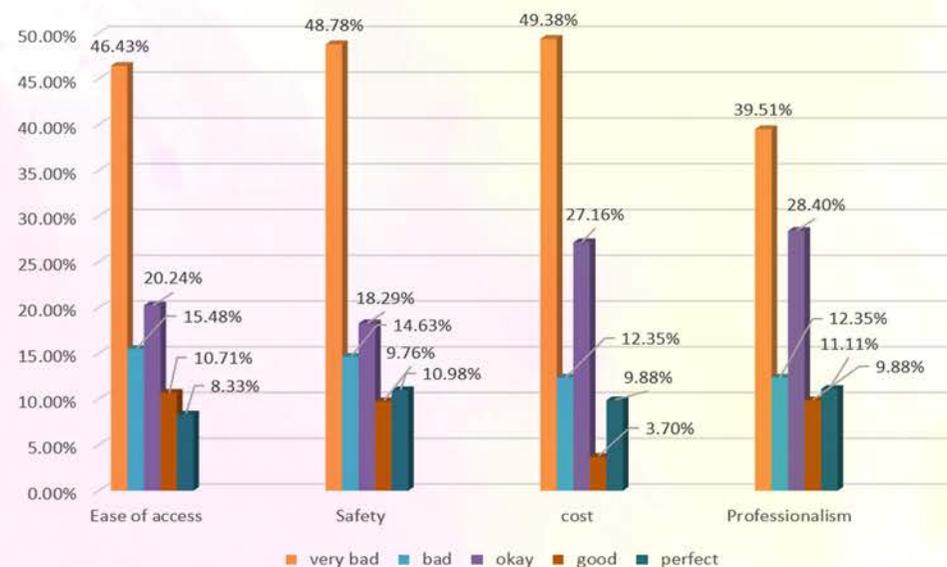
## Survey Findings:

Additionally, few people know about associations and agencies that work on LGBTQI+ issues (17.2%). While 75.7% and 7.2% said they do not know or maybe respectively.

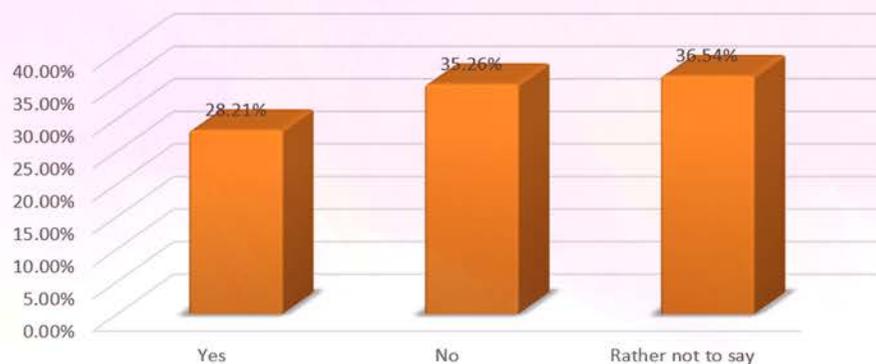
Our participants rated the services provided according to accessibility, safety, cost, and professionalism. The majority agreed on the difficulty of accessing the services (46.4%), insecurity (48.7%), high cost (49.4%), and unprofessionalism (39.5%).

28.1% mentioned that they were discriminated against because of their sexual orientation when asking for services. 36.5% preferred not to answer and 35.3% did not mention any discrimination. Great number of the informants mentioned that they were exposed to verbal abuse (68.5%), 66.6% were bullied and 24.5% faced physical assaults. 35% faced sexual abuse, 10.5% were sexually harassed and 33.4% were harassed. Then 35% did not get the services as expected and got delays or rejection of services.

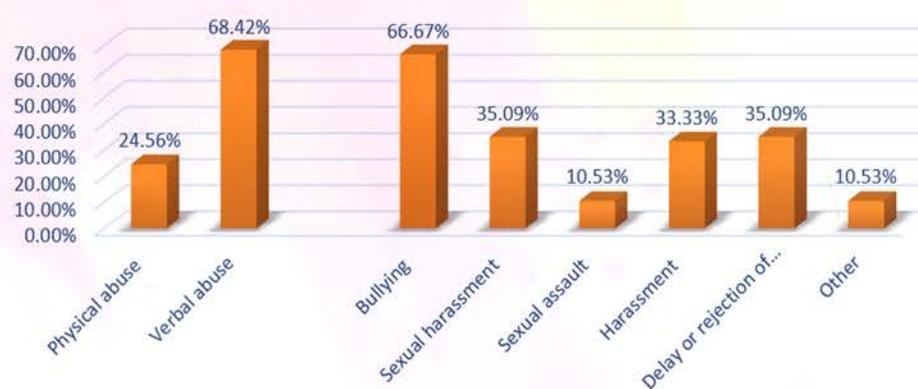
### Quality of services



### Stigmatization from services providers



### Type of stigma/assault

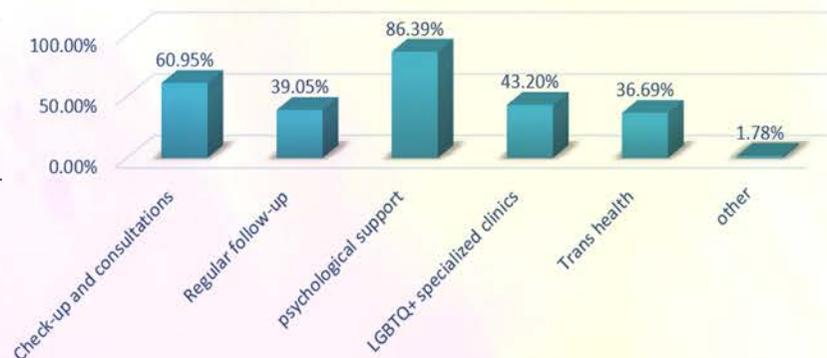


## Survey Findings:

### Health needs :

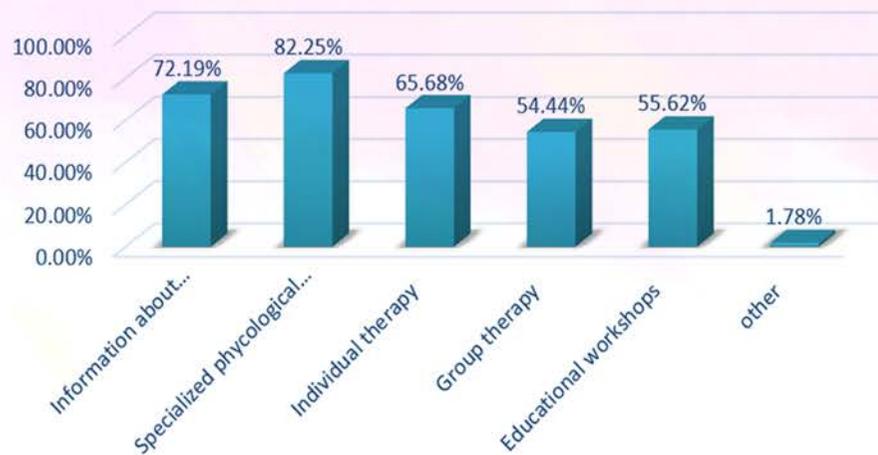
When it comes to sexual health needs, 60.9% require medical checks and consultations, while 39% ask for regular check-ups and follow up. Then more people require psychological care (86.4%) and specialized clinics for LGBTQI+ (43.2%). A percentage of 36.6% indicated the urgency for trans health including hormonal and surgical treatment.

### Sexual health needs

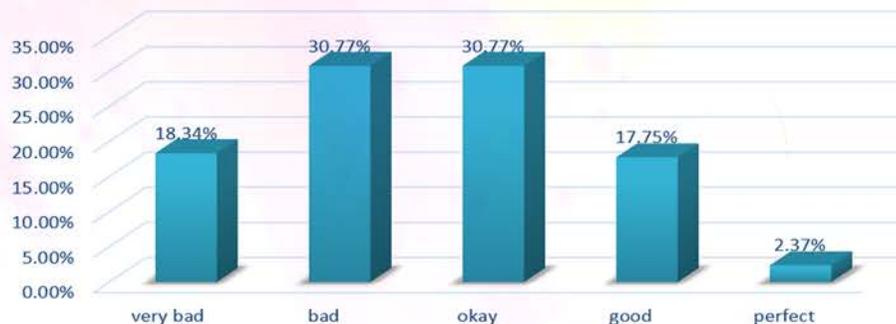


Psychological help came as a very substantial issue throughout the survey, 82.3% of our participants mentioned a lack of specialized clinics and centers for such services. Moreover, 72% emphasized lack of information and knowledge on psychological health. A percentage of 65.6% noted a gap in individual psychological therapy, 54.5% referred to group therapy and 55.6% stated a need for trainings and workshops. All people provided information on their own psychological health from very bad to excellent. In the extremes 18.5% said they are in a very bad state and 2.4% are excellent. In between this most people believe they are in somewhat bad state (30.7%), similarly 30.7% are in an acceptable state and only 17.7% enjoy a good psychological health.

### Psychological needs



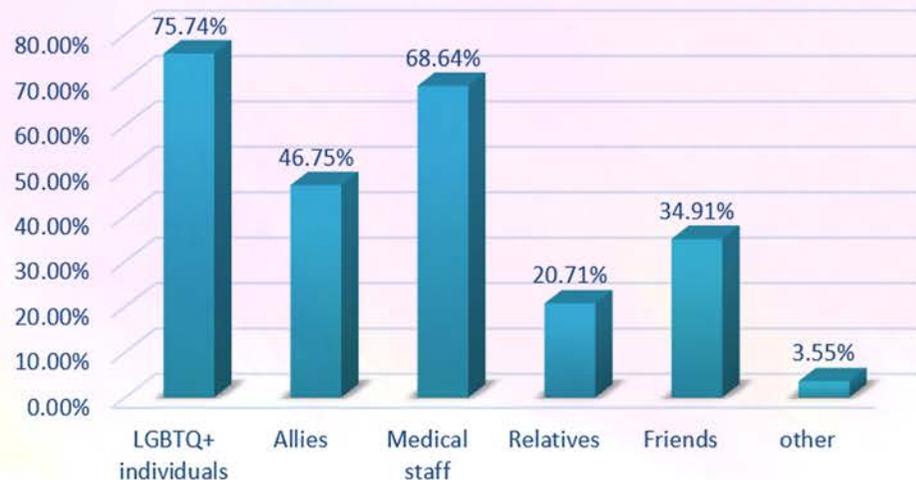
### Individual psychological health status



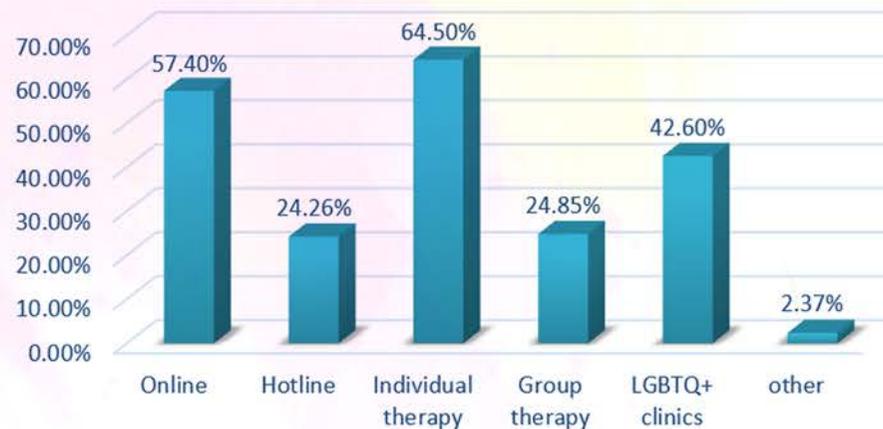
## Survey Findings:

When asked about preferable methods for psychological aid provision, 64.5% signified individual therapy, whereas 57.5% favored online therapy. In between there were 24.6% and 24.8% who preferred hotline services and group therapy, respectively. 42.6% chose provision of specialized clinics for LGBTQ+. Since mental and psychological support is essential, we asked our informants about their preferred supporters. They answered as follows, 75.7% desire that individuals from the community to provide the support. 68.6% wanted doctors and 46.7% agreed to allies as providers. 34.9% chose their friends and 20.7% chose their relatives for support.

### Entities who should provide support



### Preferable methods for psychological health provision



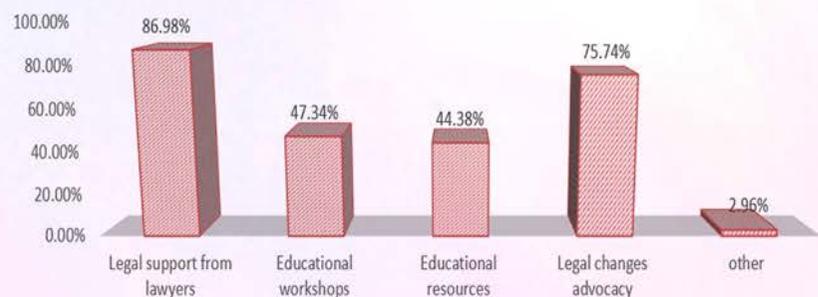
## Survey Findings:

### Legal situation:

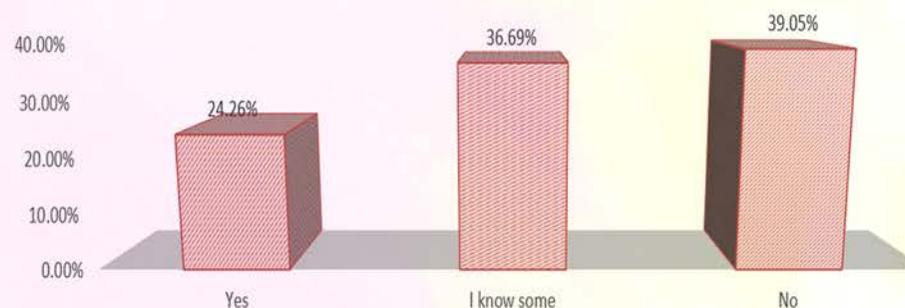
The legal framework in Sudan is somewhat unclear for many queer people. Only 24.3% know about laws that discriminate against LGBTQI+ and 39% do not know at all, while 36.6% know of some laws. There is a clear gap in terms of legal awareness and knowledge.

In addition to this, 86.9% mentioned that they need legal aid from lawyers, also 75.7% asked for campaigns for legal reforms. Others identified a need for information such as training workshops and educating resources 47.4% and 44.4% respectively.

#### LGBTQI+ LEGAL NEEDS



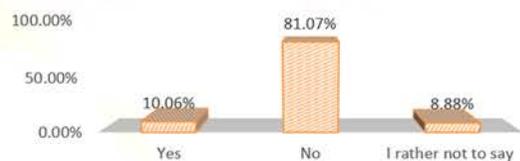
#### LEGAL KNOWLEDGE ON LGBTQI+ SITUATION



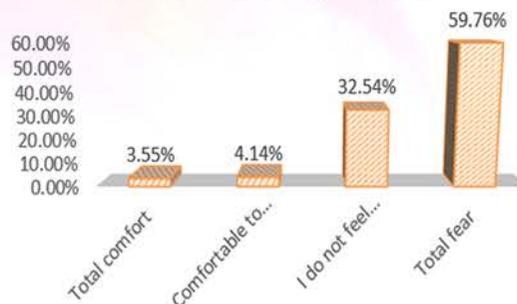
Despite the lack of knowledge, only few people said they have been arrested or discriminated against (10%). The rest of the respondents said they were not arrested (81%) and 8.8% preferred not to share an answer. Here also the socio-economic backgrounds of the participants plays a role in terms of protection from police.

Most of the people (59.7%) do not feel comfortable and safe to ask for help from police even when they are at risk. This explains that most people live in a state of avoidance by not getting themselves in any trouble. Since more people have not been arrested, few (30.7%) were harassed while in police premises.

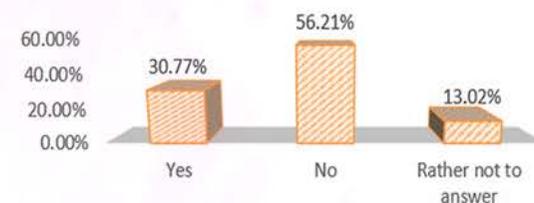
#### SEXUAL/GENDER ORIENTATION BASED ARREST



#### COMFORT IN ASKING FOR POLICE HELP



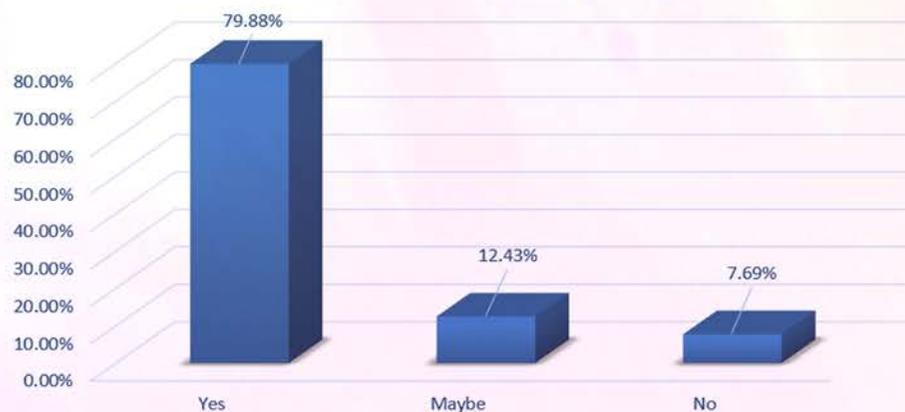
#### HARASSMENT/ABUSE FROM POLICE AND LAW ENFORCERS



## Survey Findings:

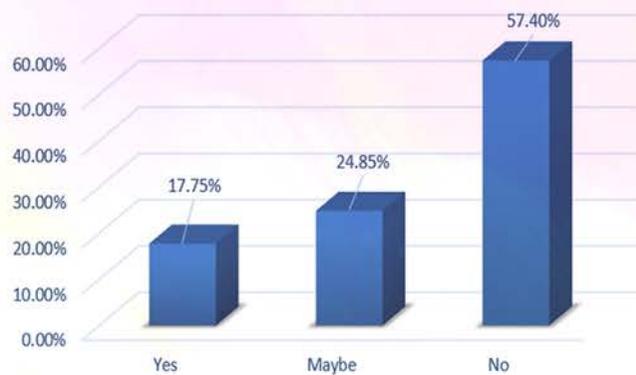
People mentioned various types of abuse by the police such as sexual harassment, sexual abuse, physical assaults, bullying and rape. There is a need for legal support from agencies and organizations as indicated by 79.8% of the informants..

### Need for specialized LGBTQI+ legal support entities

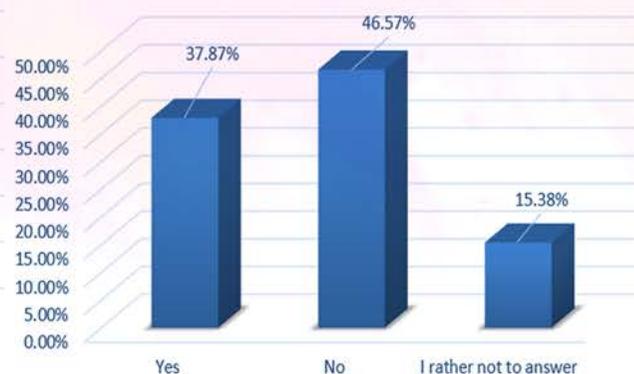


When it comes to the labor act, only few people know of its articles (17.7%) while 57.4% do not know of them, and 24.8% know some of it. A considerable number of people faced discrimination based on their sexual orientation in their workplace (37.8%) and 46.7% did not have such experiences. Most of those who went through discrimination said it was verbal harassment (41.5%). Then others (24.6%) experienced work unease and complications. 15.4% went through sexual harassment and 3.8% lived sexual assaults. 13.8% were not accepted at jobs.

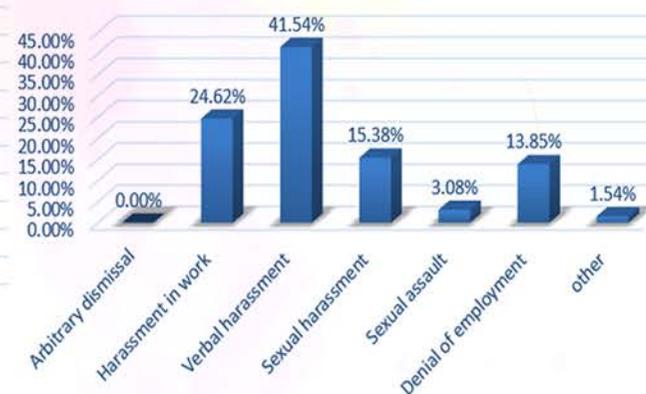
### Knowledge of Sudanese labour act



### Harassment/abuse in workplace



### Type of harassment/abuse

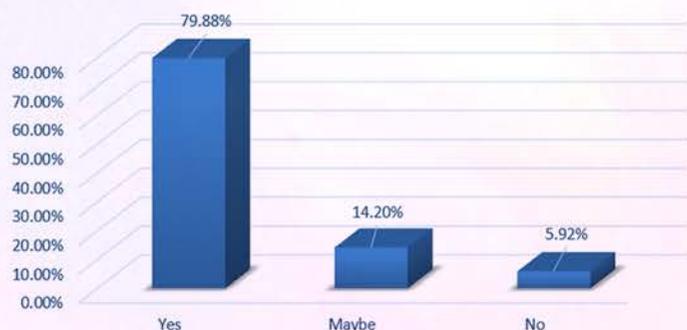


## Survey Findings:

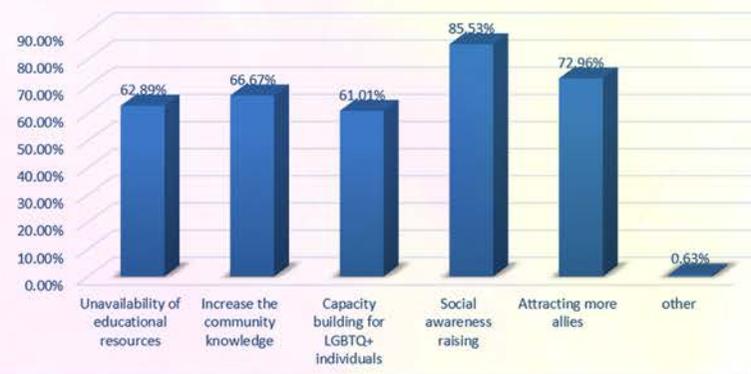
LGBTQI+ community members agreed on the need for capacity building programs by 79.8%, many people believe that there is a scarcity of information and educational programs (62.8%).

Others (85.5%) believe it is important to raise awareness on sexual minorities rights. About 72.9% think it is essential to strengthen social support networks and build community alliances. It is equally important to raise the capacity of LGBTQI+ individuals (61%) and to raise their knowledge (66.6%).

### Need for workshops and training for LGBTQ+ community members



### Reasons for training



Legal awareness and support appear to be one of the significant topics that people need information on (77.5%), followed by sexual health and rights (74.5%). 64.5% consider gender and sexuality topics to be significant and 62.2% referred to awareness and advocacy. On top of this about 40% of the respondents signified feminism as a topic for learning. Majority showed interest in getting the programs online (78.7%) and training workshops (63.4%). Others (45.5%) mentioned movies as a source for this knowledge and books (44.9%) as another source.

### Training topics



### Preferable methods for getting information

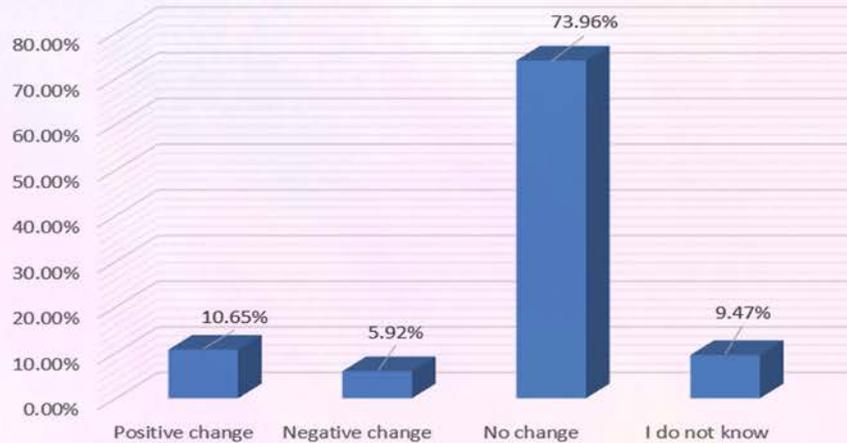


## Survey Findings:

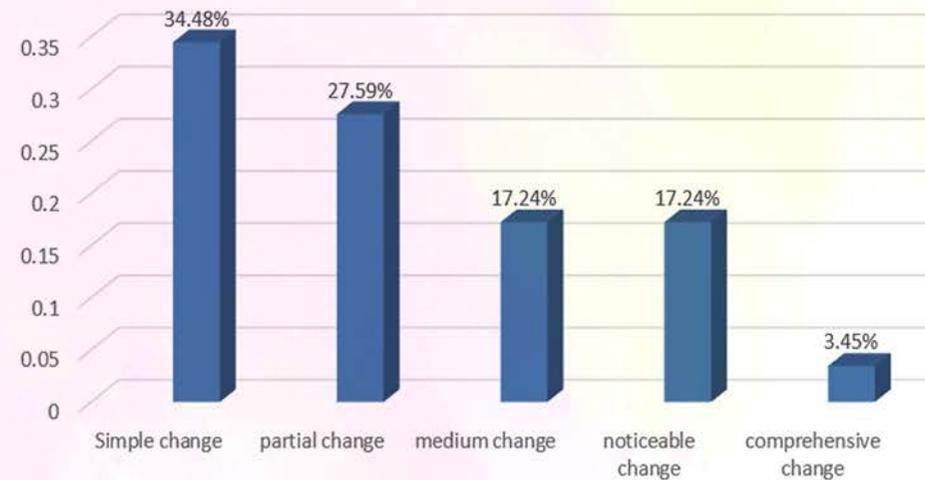
### Political change and queer in Sudan:

Great number of our participants do not feel a significant change in the LGBTQI+ situation after the uprisings (73.9%). 10.6% think there is a positive change and 5.9% believe it is a negative change. On the personal level, our participants think there was a minor and unnoticeable change in their lives (34.5%). Then 27.5% mentioned there was partial change, 17.3% said it was a noticeable change, and 17.3% declared an average change. Only one person said this was a comprehensive change for themselves.

#### Uprising changes



#### Uprising and legal change personal influence



# Queer women interviews





Women in Sudan, with all their diversity and multiple identities, face similar challenges in varying degrees. Queer women face double stigma and fear, while maneuvering their lives in Sudan. Openly queer women, as well as unopenly queer women, share similar fears and unease. From the interviews we conducted with five women, we can see that service provision, and in particular health care, sexual and reproductive services, psychological support are all very difficult for women to access. The social, cultural, and economic backgrounds of women have a significant influence on their practices and existence. Within a controlling social network, queer women navigate their everyday lives and activities. The processes that surround their being and their attempts to get various sorts of support was clear in the interviews that we discuss in the coming section.

## Queer women maneuvering sexual and reproductive health systems:

One of the main challenges queer women face is the discrimination against single women when they visit a gynecologist. Here single, queer women hesitate and fear asking for help regarding sexual and reproductive health. Some interlocutors mentioned that having sexual intercourse as an unmarried woman and visiting a gynecologist is risky. The society is conservative and as such it is rarely acceptable for women to have sexual intercourse outside a marriage. Many doctors may represent such moral stands against sexual freedoms, and they become a source of fear for patients. For a queer woman this is a risk not only because of her sexual "state" i.e. intercourse without marriage, but also because of her sexual identity. As one of our interlocutors mentioned "I wanted to check STDs, so I went to a doctor with my friend. My friend knows that I am pansexual. I went to a female gynecologist who asked me if I have ever had sexual activity, I said yes, I have done it with a few people. The doctor was shocked and told me this is **haram**. I<sup>15</sup> knew that she lacked knowledge and I was not angry, but this is verbal abuse and I had to leave without getting the check." (Interview 4)

Such lack of what is known as 'bedside manner' is not limited to one doctor. There is a tendency from some doctors to impose their moral standards and judge patients accordingly. Only a few universities in Sudan train medical students on cultural issues, human rights, and diversity.

Another queer woman mentioned that she faced challenges from her family trying to get medical help. In her words "a year ago I had a cyst in my ovary. I struggled with pain in my pelvic region for years, but I needed my family's money to go to a gynaecologist. They did not say no directly, but they were not enthusiastic. I did not go at the end. I got an ultrasound for a back pain check and then the doctor recommended that I see a gynaecologist for the cyst. I fear visiting a doctor because I have heard many stories about unmarried women badly treated by gynaecologists because they have had sexual experiences. I had sexual encounters and I do not want to see a doctor and lie about it. I also do not want to get discriminated against for my sexual experiences".

The participants expressed their fear and anxiety from getting and thinking about medical help in different ways. Their fear comes from two main points, first, being unmarried women seeking help from gynecologists. Second being queer women. Here the problem is that women in general in Sudan are subjected to inequalities. Single women are stigmatized if they seek gynecologists' services. Visiting a doctor for STDs or infections signifies that a woman is sexually active outside the marriage institution. Such understanding for women's sexual activities is embedded in the socio-cultural norms about women's bodies. Bodies in many parts of Sudan are communal in terms of ownership and control. Most people have a secondary relationship to their bodies. The community, extended family, village, or neighborhood members are all observers and guardians of one's body. They observe and monitor women's movements and dress codes. The community normally controls people's morality by attaching it to one's family and honor. Meaning a woman's sexual and moral behavior does not only give her bad reputation but it also gives her extended family bad reputation. Bad reputation might negatively affect a family's network and economic state. Accordingly, many women are very careful to keep their private activities as 'private' as possible. To avoid risky situations, then our interlocutors try not to visit gynecologists especially that all of them are unmarried.

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<sup>15</sup> Haram is the word used to describe a forbidden act in Islam.



Many of them expressed the lack of information when it comes to sexual and reproductive health . This makes it even more complicated for them to know what part of their body needs medical attention. Furthermore, our interlocutors spoke about the challenges they face while getting condoms, contraception pills and other safe sex tools. As Lola mentioned “one time I needed condoms and I went to the pharmacy to get them, I stood there about half an hour while the pharmacists asked me why do I need them -she looks unmarried and does not wear a ring- at the end I had to makeup a story and when I was walking away I could hear one of the pharmacist saying look at this *sharmota*<sup>16</sup>” The pressure queer women go through in Sudan is not only about getting health services. Many queer women live in a state of fear from the society and their family’s expectations. As Meme the participant puts it “the situation is scary and tiring, since you wake up you start thinking about what you should do to avoid problems, you cannot be in a romantic relationship and if you decide to have one, you need to calculate and think million times, then you have to lie the whole time, all this, while you are still in the closet, if you are out it becomes even scarier”. Meme and the other women suffer from various issues for which they expressed a need for psychosocial support. When they encountered talking to a psychotherapist it was not always possible to speak about sexuality. In fact, some interlocutors mentioned that they have issues such as anxiety and depression. They all agreed on the need for psychological support. Overall, the health services available for queer women is surrounded by inaccessibility, fear, and potential stigma. As we mentioned earlier in this section, queer women face similar challenges as do other single women, but they also live in a state of further fear. They struggle for being who they are, for being women in a conservative society and sometimes for choosing to be sexually active.

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<sup>16</sup> Sharmota is a woman who is sexually active outside a marriage institution, this is an insult word that emphasizes a dimming social status for women who challenge the status-quo and do not follow the social rules.



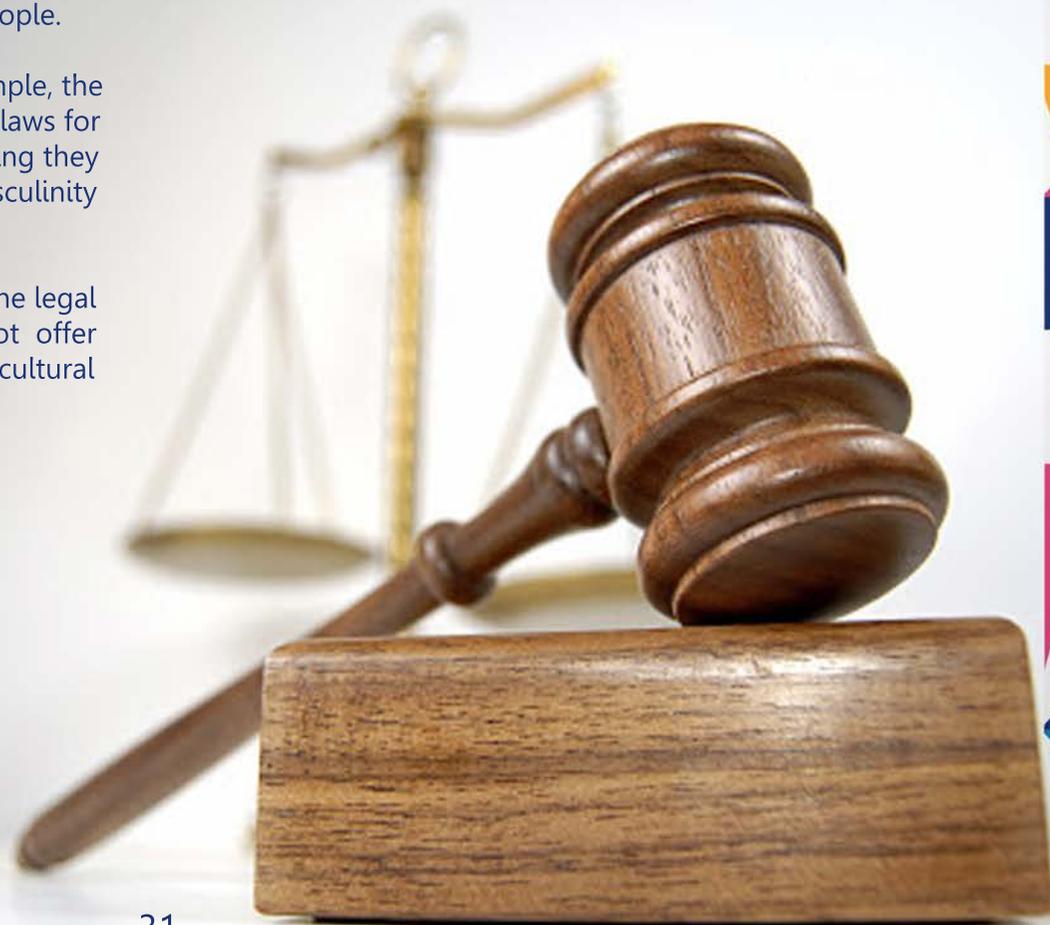
## Queer women inputs on the social laws and legal framework:

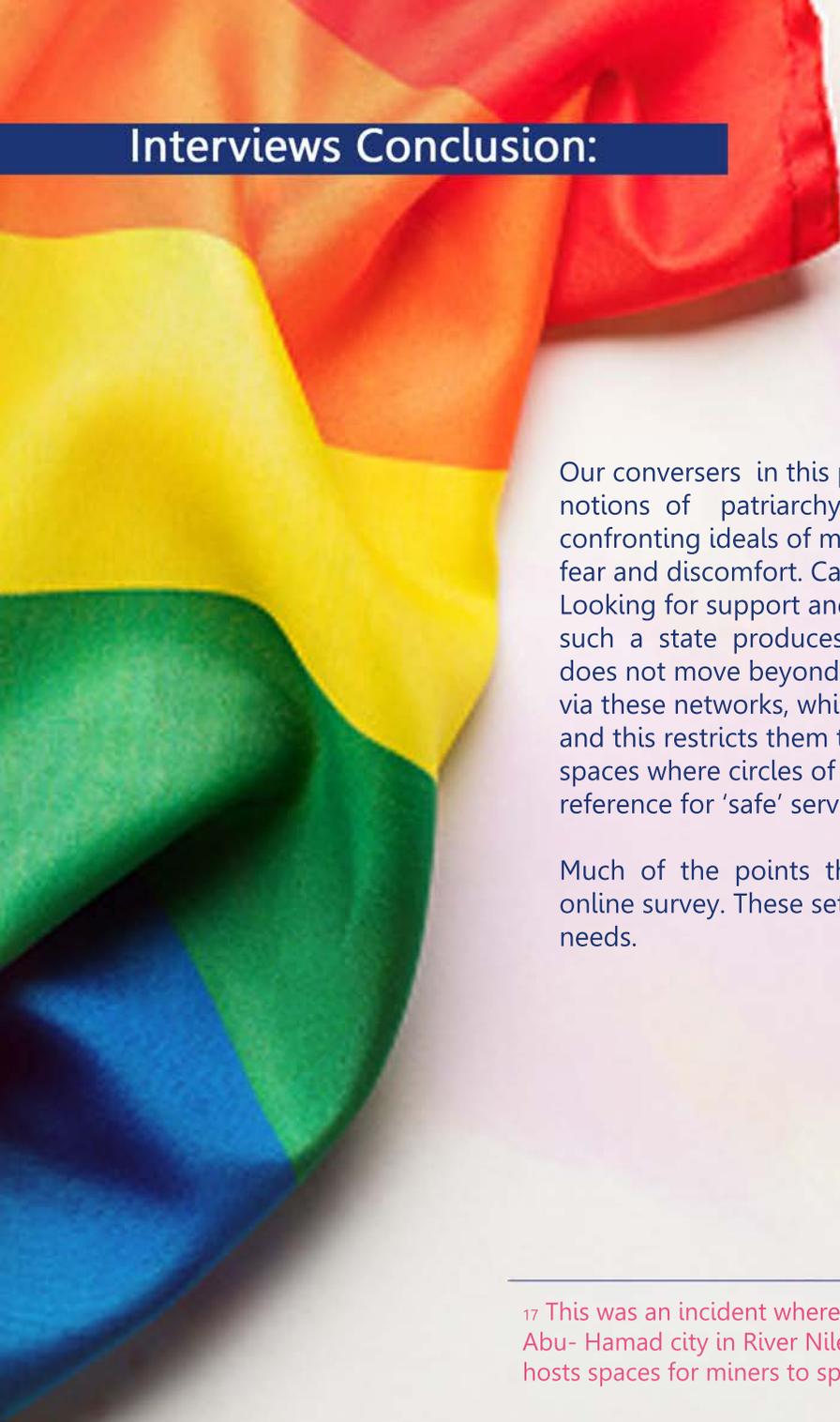
Our interviewees expressed their frustration with the legal framework in different ways. For example, Lola (interview 1) said that there is no legal act that clearly forbids a sexual relationship between two women, however, they could be treated under article 151 as an indecent act. Similarly, Yoyo (interview 4) stated "queer women could be criminalized based on scandalous acts – i.e. article 151- but the law is clear about gay men". The women we interviewed for this report agreed that the law is more about gay men rather than women. Yoyo believes that this is about masculinity and a patriarchal culture and that the society is intolerant of perceived feminine behaviour by men and by not following society's expectations and behaviors.

Nonetheless, queer women in this report emphasized a sense of vulnerability in front of the social laws. Meaning that the society is harder on women than the legal framework. Vovo (interview 5) said "I know people who were judged according to how they look, and they were kicked out of the police facility". Yoyo spoke also about the influence of social norms and expectations on the law enforcement, she said "laws did not judge people, what judged people are other people.

There is no legal framework to protect queer people. For example, the Abu-Hamad incident<sup>17</sup>, they killed two people and there are no laws for protection. People do not turn to the law when they see something they do not like; they only saw that queer people hurt the social masculinity ideals".

From the interviews on the legal aspects, it was clear that the legal framework in Sudan is hostile against gay men. Laws do not offer protection for queer people and it is influenced by the social and cultural codes.





## Interviews Conclusion:

Our conversers in this part emphasized that queer women challenges can hardly be seen outside notions of patriarchy that face most Sudanese women. Nonetheless, they have the burden of confronting ideals of masculinity, femininity, as well as patriarchy. Their experiences are marked by fear and discomfort. Carrying everyday activities is not an easy task for many queer women in Sudan. Looking for support and services is risky; it carries the burden of discrimination and distress. Living in such a state produces more social anxieties and plays an exclusionary role for these women. One does not move beyond their safety nets, only socializes in limited circles and as such get services via these networks, which is limited. Many queer women rely on information from their trusted friends and this restricts them to a small circle of services providers when available. They do not have safe spaces where circles of trust can grow or where they can get a wider set of information. There is no reference for 'safe' services providers and thus, queer women fear seeking these services randomly.

Much of the points that were mentioned by our conversers came in a quantitative method in the online survey. These sets of information complement each other and give a wider perspective on the needs.

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<sup>17</sup> This was an incident where one queer man was killed and two others injured by the local community in Abu- Hamad city in River Nile state, North Sudan, March 2020. The area is known for gold mining and it hosts spaces for miners to spend time and socialize. <https://www.alnilin.com/13116179.htm>

# Trans community challenges



For the purpose of this report, we facilitated a focus group discussion (FGD) among four trans people. The FGD aimed at filling a data gap in the survey, as well as in the interviews. In the following section we discuss this FGD and the challenges of trans people.

Trans people have very limited access to medical treatments in Sudan. Most of them need to travel abroad for surgeries, hormonal therapy, and even medical prescriptions. There is no information on centres or clinics that provide trans people health services. The journey of transition/correction is an uneasy one starting from finding a psychiatrist as a first step. Ibrahim told his story as follows "at the beginning I looked the information online and I knew I needed to find a psychiatrist, also through the internet I communicated with a doctor who happened to be in Saudi Arabia, but he referred me to another doctor in Sudan. The doctors are understanding but they fear writing you a report. They say this is a responsibility, because some people change their minds after the transition, and they may commit suicide. After I found Dr. A, she worked with me for about one year. She asked me to get a report from Taha Bashar hospital where I used to see a doctor and then she wrote me a final report. In that hospital they fear that the condition may be only psychological, and it might change over time, so they do not want to take this responsibility". Dr. A provided the service as an individual and this is a private service which cost a considerable amount of money, only middle-class and upper middle-class individuals could afford it.

Ibrahim continues "after that I travelled to Egypt, I have heard about a doctor through my Egyptian friends on social media, where most of the Egyptian trans follow up with him. I went and he recommended surgery first and then hormonal therapy. The cost was high for me, so I decided to get hormonal therapy for six months until I get the money for a surgery. I came back to Sudan after three months to start the treatment. The medicine is available in one place and since I had my prescription from Egypt, I got the medicine. At the beginning I wore Hijab and I used to tell the pharmacists that I take it for my brother. After some time when my voice started to change, I talked to one of the pharmacists openly about my situation."

Alaa started the journey in a slightly different way; they went to Dr. A who provided the support. Alaa narrated part of his journey as follows "I went to a psychiatrist who was very old, the doctor wanted to convince me that I am a female. He asked me to take off my clothes and I followed his directions. I knew what he was trying to do, he was not harassing me but he thought I would be shy in front of him as a 'female'. When I sat with my underwear, the doctor got irritated. After long discussions with him, he proposed to have a hypnosis session next time, I never went back to see him. After a while I got the information from our social media networks about the doctor in Egypt". The participants shared their emotional experiences on how they were able to know they were trans. One common aspect, they got to understand and know about 'trans' only online. They also got to know each other through online platforms. Along the journey, some doctors did not know about trans at all, others tried to convince them they were wrong, others were influenced by religious ideas, and some could not provide support for trans younger than 18 years old.

While encountering the trans medical services, people got stereotyped based on feminine and masculine ideals. How a person looks can help them or can be a barrier from getting a service. Fear of society stands between trans people and between getting the information of even how to take the medicine or where to get a hormonal injection. Currently the people we spoke to, are not getting any medical follow up. They lost contact with the Egyptian doctor, and in Sudan they fear visiting any doctor for hormonal check and follow up.

Generally, there are three known surgical treatments for trans in Egypt. The doctors recommend a break of 6 months between each surgery. There is one top surgery for the chest area, one bottom surgery divided into two steps and the final is the plastic surgery. The plastic surgery as the participants mentioned, is sensitive because it has to do with self esteem and appearance. The cost of these surgeries without the plastic surgery part is about 200 thousand US dollars.



## Trans and legal recognition:

Legally our interlocutors do not find themselves under any umbrella. The laws that are available are only for intersex. Intersex people are legally protected, and their medical needs are provided free of charge. Trans people however are not recognized, and as such they face more challenges.

There are no laws that prevent them from changing their gender, but also no laws that recognize them. Basically, unseen under the legal framework.

The most challenging issue becomes changing their identity documents. Alaa for example has completed his journey with changing the documents. Here we narrate this part of his journey "I got help from an organization that normally helps women in legal aid. They gave me a contact of a lawyer that helped me. The whole thing starts by finding a lawyer who would write a statement for the case. It is like changing one's name, but we also change the gender. We need a stamped surgical report explaining the gender change and other details of the case.

Then a 'jurat decree' from the court that you take to the civil registry. We also need a statement from the police, like a criminality check so they know you have not committed a crime and want to run away with it. I had a problem with the steps because I missed one stamp while I was in Egypt. I should have gotten a stamp from Sudanese embassy in Cairo, but I ran out of money and came back to Sudan. When I wanted to change my documents, it was difficult for me to travel again because my looks have started to change already in a way that does not match my travel documents information. So, I went to the court to get my legal statement approved but the judge refused to do it, they deal with our cases on an individual basis. I then took my papers to another court and the judge there finalized the papers for me, I knew from my network that this court/judge is more flexible"

The interlocutors also agreed that the process of transition/corrections is easier for transmen than for trans women socially speaking. The social and cultural issue is a real burden because it influences how authorities and employees treat trans people. It is very random, meaning there are no regulations that support trans people through their journey. This 'randomity' makes them vulnerable to the cultural values of the employees and their ethical or religious stands. Not only the employees but some formal procedures such as having a new birth certificate can not be done without family involvements. Involving family members for testimony and oath is common in Sudan. In the trans people cases, when applying for new birth certificates they need to bring their mothers or one of their direct relatives from the father's side for testimony. In cases where a trans person is not in agreement with their families, they can not get their documents done.

There is a need for lawyers and legal advisers to support the trans community especially during the transition/correction journey while bodies and voices are changing. Our conversers expressed their experiences and anxiety in various situations with policemen and other citizens. They try to avoid conflicts so that they do not end up in a cell, beaten or raped. Sometimes they face challenges while dealing with authorities, mostly from individuals who do not understand their cases. They get embarrassed or are asked to clarify their genders out loud which puts a trans person in a difficult situation; it invades their privacy even if the regulations are correct. In the civil registry and throughout all governmental procedures there must be a place and space for trans people so they could get their papers in privacy and respect.



## Social burdens for trans:

Most of the Sudanese communities live in a network of tied social relations in which there are economic, cultural, and religious factors involved. These close ties mean for some people an invasion of privacy and imposing of extended families' rules. For trans people it is a serious challenge to face their families and their extended families. They can not express themselves and they rather live in isolation from their communities to avoid people's opinions. Normally after getting the surgeries trans people and their immediate families need to see a psychiatrist for sessions. Families do not accept to see doctors and refuse to allow such space which then becomes another burden for trans people who might end up in depression. Alaa for example told that he avoids completely meeting his relatives from his mother's side, he only meets with a few people that he trusts. He heard many opinions on his 'perfect' feminine body and how he looks like a female. They choose sometimes to tell people that they are intersex rather than trans because of the fear. Most people do not understand what trans means and as such they put it in the category of intersex because it is legally recognized. Even while getting government services and papers, it is easier to say they were intersex to avoid complications. Soso a transwoman told her encounter with the family as follows "When I first told my family I spoke with my sister first who understood me and helped me to talk with my parents. They did not understand and kept talking for days to me, my mother hit me and my father said he will kill me if I ever speak about this topic again, until I told them that I will not change and I will live as a male, then they left me in peace". The parents of Soso and the rest of the group are in between fearing to lose their kids to suicide and the unacceptance of their child being trans. Some people were taken to traditional healers as they were accused of having spirit possession, some were boycotted from extended family and others were beaten.

However, the family's stand remains legally important and significant particularly if there is an inheritance issue. Alaa had an experience with his brother who refused and threatened him with a court case if he gets a share of a male in their inheritance. Islamic laws states that women inherit half of what a male gets.

It is worth mentioning that families and parents are also emotional about their kids and they fear for them. Sometimes the legal recognition of trans helps families understand, or as Alaa puts it "legal documents mean by default, religious and medical approval". The families also live within a community for which they feel accountable. This community includes neighbors and friends. Through the correction journey some of our interlocutors had to think about these networks and consider whom to tell the truth and with whom they will endure gossip and rudeness.

During their studies and university years, before starting the correction process our conversers suffered from gossip and isolation. This is particularly relevant for the ones who had romantic relationships with the same 'gender'. Soso had a challenging experience as a transwoman during her school and university years. Her colleagues in school bullied her and she became an introvert to avoid them. People commented on the way she walks and how she speaks.

Trans group we interviewed live in a state of avoidance, they minimize their socializing activities. During familial occasions such as funerals and weddings they try not to go because these occasions are normally gender divided, people maintain and strengthen gender stereotypes during such gatherings.



The psychological effects of such day-to-day experiences varies from depression to suicidal attempts and body harming. These experiences are limiting for trans people, they also limit their aspirations for change under the current social and political conditions. Our interlocutors believe that advocating for trans rights on a national scale is not advisable now. Alaa said that advocacy

for trans needs the state involvement, however even the intersex who are recognized legally, politically, and socially are discriminated against. For their personal aspirations, our informants are fearful of society. They fear that when they want to settle in a marriage institution their future partners' families might not accept them. The fear that their own families might not accompany them during the marriage process. They get anxious from telling their story repeatedly to people, there is always the shadow of unacceptance and rejection.



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## Trans community needs:

- Legal recognition in universities, places of employment and in various governmental and private institutions.
- An organization that sponsors, supports, and represents transgender people to provide protection and facilitate the various legal procedures.
- Educational and awareness-raising workshops for the society about Trans people and for trans people themselves.
- Psychological support through voluntary and collective meetings and workshops for trans.
- Courses on how to deal with the trans families and with the professional and academic community.
- Trainings for trans people on self-development, self-esteem, and character building.
- Transgender treatment centers before, during and after surgeries. These centers must include different medical specializations such as psychological, surgical and endocrinology.
- Provision of hormonal therapy at subsidized prices.
- Facilitation of surgical treatment inside and outside Sudan in accredited centers.
- Financial support for surgical treatments.

# Recommendations



## Health:

As mentioned earlier, we conducted a focus group discussion with activists in the field. From this discussion we came with a set of recommendations using their suggestions and inputs.

There is a serious challenge when it comes to health services. The challenge is part of a whole, meaning, the health system in Sudan is generally weak. The former regime started a privatization process in almost all social services sectors including the health sector. This meant that large numbers of people cannot access health services free of charge. The quality of the services provided in the public sector is a serious challenge. As mentioned in the FGD LGBTQ+ people face similar general challenges as the rest of the population, i.e., access, affordability, and quality. Then on top of this the community faces a challenge of stigma. For example, mentioned one activist, while receiving STIs services, the service providers might ask the patients about sexual activity, which may result in a stigmatization of the patient. Then such questions are typically asked during every sexual and reproductive health services provision. Health services providers may then refuse to give the service, call the police, or tell the person to leave, especially regarding trans population. On top of this, many LGBTQI+ do not know where the service is provided in a safe space.

Particular health services for LGBTQI+ includes hormonal therapy for trans people, regular medical testing, and special treatment of the intersex population. In Sudan people are known as only males or females even among the medical staff which puts intersex in a challenging position This is related to the overall situation of sexuality and sex education that is scarce and unavailable for people and for medical staff.



The challenges here are, structural in terms of a health system crisis country wide, particular in terms of availability of information for LGBTQI+ and culturally particular in terms of stigma and the fear of stigma. The FGD suggested the following:

1.Raising awareness among LGBTQI+ about the importance of health services via apps such as Grindr. This recommendation needs further analysis in terms of the targeted group, meaning using mobile apps can be a challenge for Sudanese outside Khartoum and from different age groups. It is helpful however it needs to be complemented with other ways of knowledge dissemination such as radio programs, local communities' outreach to midwives and other services providers, brochures, etc.

2.Communicating with doctors who would be willing to provide services for LGBTQI+ publicly. There are several ways to communicate with medical associations and medical facilities, such as the Gynecologists Association, to open dialogues and exchange opinions on best ways for service delivery that would protect patients as well as medical staff. These ways could vary from defining specific hours for private consultation to having a different medical form for LGBTQ+ patients without using their real identities for example.

3.Partnerships of clinics and services providers who are allies. The outreach for such clinics is best done through snowballing methods.

4.Creation of a dictionary/ network for information about health providers. Local NGOs can invest in creating a "yellow book" for such information and make it available for LGBTQI+ individuals.

5.To make the clinical guidelines available for patients so they can know their rights. The Ministry of Health provides a policy on ethical practices, stakeholders can build on this policy as well as nondiscrimination policies and treaties signed by Sudan, to ensure legal accountability of services providers. This can be done directly with the Federal Ministry of Health as well as State Ministries of Health.

6.Follow up clinics for trans people after starting their hormonal therapy or surgical treatment.

7.Network with agencies and centers abroad to provide hormones and medicine for trans individuals as a short-term emergency support. This could be viable through fertility centers in Khartoum, and elsewhere, where hormonal treatments are provided for other citizens.



## Psychological Health Services:

When it comes to mental and psychological services there is a scarcity of practitioners who can deal with LGBTQI+ in a professional method. There is still a belief that being a member of the LGBTQ+ community is a disease and needs treatment. Although there are professionals with high

technical abilities, the ethical part of treatment, commitment and referral is missing. The following is suggested:

1. Start working with junior staff who are ethically committed however they might lack the work experiences. Some NGOs have conducted trainings with psychiatrists and psychologists on LGBTQI+ specific services.
1. To open dialogues with faculties so that awareness and knowledge about LGBTQI+ issues can be inserted with the curriculum. Currently there are several faculties that offer psychiatric teaching ( about 32 faculties, 18 of them are in Khartoum and 14 in other states<sup>18</sup>) and about 16<sup>19</sup> departments of psychology in Khartoum and outside Khartoum . Sudan has approved the latest ICPD (International Conference on Population and Development Program) action program and approved sex education/sensitization.
2. To communicate with the Sudanese psychiatrist's association and work on LGBTQI+ issue with them.
3. To provide primary health care providers training on basic psychiatric and mental health issues, particularly in other states not only Khartoum.

<sup>18</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6357528/>

<sup>19</sup> <https://www.apa.org/international/pi/2010/10/sudan#>



## Sexual and Reproductive Health and Rights (SRHR):



There is a lack of contraception tools and information. For example, the emergency pills are only available in conflict zones such as Darfur, however elsewhere it is limited. Also, female condoms are rare to find in Sudan.

One of the biggest challenges is the stigma for both the service provider and the patient. The following recommendations are suggested:

1. Mapping for available services in terms of quantity as well as quality.
2. To evaluate the state of Sudanese HIV/AIDS association in terms of services provision, as well as LGBTQ+ matters for collaboration. The Ministry of health has an HIV/AIDS national policy, and this offers a space for including other SRHR issues, bearing in mind that Sudan has ratified the SRHR protocol two years ago.
3. Identify LGBTQ+ friendly clinics and centres to build networks with them for testing and other SRHR related issues. There is a potential to work with HIV/AIDS testing clinics and expand their services to include other SRHR needs.
4. Youth centres can provide a safe space for SRHR services, currently there are several 'youth centres' scattered in neighborhoods. These centres are under the jurisdiction of the Ministry of Youth and Sports and they are meant to offer spaces for youth for socialization, sports, music, etc. Many of these centres need to be rehabilitated physically and to improve on their human resources.
5. To join the current policies committees. The transitional government is working to prepare the country for elections, as such they aim to create a democratic atmosphere where inclusion is expected. With the international community support, LGBTQI+ organizations can reach out to various ministries and start channels of communication as well sensitization.

## Legal Framework:

Despite the recent changes on the criminal law that lifted the death penalty from same-sex relations, further revisions are needed.

- 1.Reach out to the Ministry of Justice and advocate for legal changes that protect and decriminalize LGBTQI+.There are laws that can be umbrellas for short-term protection, such as the law against insult, as well as the law against hate crimes. However, for long-term protection there is a need for special laws that clearly mention LGBTQI+ persons.
- 2.Work with police institutions on the gender desk, which mainly tackles GBV against women, however gender-based violence also includes some LGBTQI+ members.
- 3.A wide advocacy outreach to stakeholders and policy makers to include queer community needs in planning and policies.
- 4.Access to information about lawyers who could help LGBTQI+community. This can be done through NGOs in Sudan after a mapping exercise about LGBTQI+ community lawyers and allies.
- 5.Raise the queer community's awareness on laws that support them and laws that criminalize them. Raising awareness campaigns can be challenging under the current situation in Sudan, however, making the information available online and in booklets is an advisable task.
- 6.Lobbying with international bodies to put pressure on the transitional government is important for inclusion in policies as well as visibility.
- 7.Amend the cyber/information crimes laws so it does not invade privacy.
- 8.Provision of basic legal aid services and paralegals for LGBTQI+ individuals.
- 9.Advocate for legal recognition beyond male/female dichotomy in public and private institutions.



# Concluding remarks

This report explored three aspects of queer community in Sudan. First it provided information on queer community various needs that included health, law, information, and safe spaces. This type of data was collected from an online survey that provided numerical analysis of the needs. Secondly, the report shed light on emotional aspects of being queer in Sudan that was clear from the qualitative data provided by queer women. Thirdly, the report illuminated the challenges and needs trans individuals encountered in their lives while pursuing their correction journeys in Sudan and abroad.

The three sets of data then provide a generic overview and understanding of being queer in a country that is socially and politically conservative, economically in a challenging situation, and politically unstable. The study concluded that areas of need for LGBTQI+ are health services including SRHR and psychological support. These needs are urgent and require both short-term and long-term interventions. The need for legal aid and legal awareness is also great and invites intervention. There is a challenge with information about services providers and general knowledge on health and legal issues. Many informants expressed a need for awareness raising among the queer community, society in general and services providers in particular.

Additionally, there is an urgent need to provide trans individuals with psychological therapy as well as hormonal therapy. This needs to be done alongside working with policy makers so that trans persons can have a legal recognition.

The participants in this study expressed their needs and recommendations for future engagement with LGBTQI+ in Sudan. The research offered a space for expression and generating recommendations from a bottom-up approach. This is an added value for any organization that wishes to offer LGBTQI+ services. Stakeholders such as non-governmental organizations both national and international, services providers, researchers, policy makers and donors will find bottom-up recommendations as well as queer experiences and the context.

The information available in this report can be useful in terms of building a queer movement in Sudan, advocate for policy change, and opening spaces of acknowledgment. Having mentioned this, from the data collected, one must understand the situation of queer individuals not only against the Sudan context, but also against a global one. When the informants were asked why they need these services the answers revolved around personal reasons. Some mentioned that they want to get the information so they could protect themselves and others and to get to know their rights. Some mentioned a lack of awareness among the queer community as well as within

the society in general. Other individuals found it important for protection from STDs and other diseases. Many people indicated the psychological part from the self-discovery to coming out and the social acceptance or rejection. These needs are real everyday challenges that queer people must tackle. Despite that no one mentioned explicitly a need for a queer movement, or that advocacy and awareness campaigns will initially create a movement.

The individualistic approach of many youth can be seen under the umbrella of the current neo-liberalization wave. In an interview with Achille Mbembe<sup>19</sup> (2019), he suggested that current youth mobilization groups and ways of thinking are directed towards action rather than structures. In his words, "...Striking in this regard is the apparent shift from a politics of reason to a politics of experience" (Mbembe 2019). What is at stake

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<sup>20</sup> <https://www.newframe.com/thoughts-on-the-planetary-an-interview-with-achille-mbembe/>



stake here is the shift in moods of thinking from communal and pluralistic, to individual experiences. This shift is happening to youth in different spots of the world and with various social, economic and sexual backgrounds. It is a product of the technology and movement, not only movement in physical bodies, but rather in thoughts and networks. The age we live in encourages fastness as a model for a ction. Meaning, we think about knowledge, achievements, and being in terms of fastness. Youth are under the pressure of results and actions, more than structures. It is essential to have action and to offer people what they need, but it is equally essential to build structures.

It is not enough to provide services and information for queer individuals in Sudan but rather to invest in building a movement with inclusivity, knowledge and critical thinking.





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