

How LGBTQIA+ civil society can unlock community-led protection in conflict settings

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Key messages

Lesbian, gay, bisexual, queer/questioning, transgender, intersex and asexual/ace (LGBTQIA+) people face acute risks in everyday life, which are compounded by the onset of armed violence and intersect with other forms of marginalisation.

In contexts of conflict, LGBTQIA+ organisations frequently meet humanitarian needs by relying on informal mutual aid, trusted peer networks, discreet referrals and solidarity to deliver protection and other services. These activities are not a substitute for formal humanitarian action, but they are often the only viable delivery channel for people who face barriers to mainstream assistance including criminalisation and stigma.

This work is often invisible to (and therefore unsupported by) the formal system, and as a result there remain major gaps in the protection of LGBTQIA+ people in conflict settings – gaps that are widening in the face of significant fiscal and political pressure.

The risks of working with LGBTQIA+ organisations in restrictive settings are often over-estimated and assumed. Humanitarians should engage in contextual analysis and consultation with LGBTQIA+ organisations to understand the actual risks and find solutions to mitigate and overcome them, as they already do in other contexts and with other actors.

International humanitarian actors are often unaware that LGBTQIA+ organisations exist at all in the settings where they work. These organisations are generally excluded from humanitarian needs assessment, response planning, vulnerability-based targeting and other decision-making. LGBTQIA+ organisations must be included in humanitarian coordination structures – and any risks assessed, mitigated and overcome, as before.

International humanitarian actors can work hand-in-hand with LGBTQIA+ organisations in conflict settings by resourcing organisations appropriately, integrating them into coordination mechanisms and platforms, acknowledging the acute risks faced by LGBTQIA+ people in conflict, and undertaking contextualised and consultative risk analyses. Humanitarian organisations must become more inclusive and speak openly, whenever safe to do so, about their efforts and the key role of LGBTQIA+ organisations in achieving effective, community-led protection.

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Acronyms

DRC	Democratic Republic of the Congo
GBV	gender-based violence
HNRP	Humanitarian Needs and Response Plan
IASC	Inter-Agency Standing Committee
LGBTQIA+	lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual/ace (plus)
MSM	men who have sex with men
RRP	Refugee Response Plan
SOGIESC	sexual orientations, gender identities/expressions, and sex characteristics

1 Introduction

Harms against lesbian, gay, bisexual, queer/questioning, transgender, intersex and asexual/ace people (LGBTQIA+) people happen before, during and after conflict.¹ They are not purely the product of conflict itself, but they are not independent from it either. Evidence is accumulating that LGBTQIA+ people face acute risks in everyday life and that these risks are compounded and exacerbated by the onset of armed violence (Margalit, 2018; Reid, 2022; ICRC and NRC, 2022; Vigneswaran et al., 2025). These harms also intersect with other forms of marginalisation on the basis of socioeconomic background, age, migration status, racialisation, disability and other axes of oppression.

Humanitarian and protection actors should therefore assume that violence against LGBTQIA+ people is increasing in conflict, much as they do with gender-based violence (GBV) and risks to women and girls.² Responses should not wait for evidence of risks to LGBTQIA+ people and should instead be set up pre-emptively. In keeping with commitments to the centrality of protection, the responsibility to bring about effective, inclusive and community-led protection for LGBTQIA+ populations sits with **all** humanitarians. However, major gaps and failures characterise the international sector's efforts to date – gaps that could be eased if LGBTQIA+ civil society organisations (CSOs) were treated as true partners in terms of programme design, humanitarian access, funding, coordination and decision-making power. In the face of significant cuts and attacks on diversity and inclusion since early 2025, these gaps are only widening – and addressing them is more important than it has ever been before.

This briefing note draws on primary research undertaken in 2025 and 2026 by The PRIDE Centre: Protection, Rights, Inclusion in Displacement & Emergencies, which took place in the Democratic Republic of Congo (DRC), Ethiopia and Nigeria, and by the Humanitarian Policy Group (HPG) in Haiti and Syria.³ Across these contexts, our research reveals diversity as well as synchronicity – that is, while important common threads can be found across the settings under study, they also show profound diversity and specificity, which serves as a further argument for consultation and coordination with place-based actors as experts.

1 In this paper, we use the term 'LGBTQIA+ people' and will also refer to 'people with diverse sexual orientations, gender identities/expressions, and sex characteristics [SOGIESC]', and 'queer' people and organisations. In doing so, we intend to capture the diversity of human identities and expressions. When we quote a source, whether a publication or one of our interviewees, we use the specific terminology used by that source.

2 From the Inter-Agency Standing Committee (IASC) guidelines on GBV: 'GBV is happening everywhere. [...] Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on sector recommendations in these Guidelines, regardless of the presence or absence of concrete "evidence"' (IASC, 2015: 2).

3 HPG's research on Haiti and Syria is forthcoming in 2026. The PRIDE Centre's reports on DRC, Ethiopia and Nigeria are available here: <https://pridecentre.org/legal-analysis-and-recommendations/>.

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Here, we first tackle the perceived risks that come with working with LGBTQIA+ populations and partnering with organisations that represent them – both for humanitarian actors and for LGBTQIA+ people themselves. Then we offer evidence for how LGBTQIA+ civil society is already present and active in pursuing community-led protection, and how this work can be better supported, resourced and integrated into humanitarian coordination and decision-making.

2 Risks can and should be mitigated

If you, or the government, have a problem with anyone's same-sex sexual activities, or public displays of affection, or with anyone entering into a same-sex marriage, then by all means, commence legal action over that. However, LGBTQI persons who want to access basic legal and health services provided by charitable organisations have a right to do so. This is protected by law. (Director of an LGBTQIA+ legal rights organisation, Nigeria)

Our research indicates that across regions, humanitarian actors avoid explicitly targeting people with diverse SOGIESC in their programming due to concerns about the risks this could pose to their organisations, staff and programme participants. In all of the countries considered by this research – the DRC, Ethiopia, Haiti, Nigeria and Syria – it was common for humanitarians to believe that these risks were insurmountable, which therefore made the proactive inclusion of LGBTQIA+ people nearly impossible. The concerns raised by aid workers in interviews tended to relate to one or more of the following categories:

- risks of breaking, and being held accountable under, local laws;
- risks of being targeted, shut down or expelled;
- risks of exposing LGBTQIA+ beneficiaries or staff;
- in especially volatile settings, risks of physical danger to staff.

Each of the above categories is unpacked in more detail below. In most contexts, we found that respondents over-estimated the scale and significance of these risks, often basing their assessments on assumptions and misconceptions rather than actual analysis of the social, legal and political contexts in which they were operating (see Box 1). Of the countries considered by our research, we found Ethiopia to represent the highest risk profile – but even there, inclusive programming is not an impossibility (see Box 2). Given that humanitarian actors confront and mitigate risks at every step of responses, this should be no different – that is, a careful and well-informed assessment of risks and what can be done about them.

2.1 Risks of breaking the law

Amongst interviewees based in aid agencies, the perceived illegality of providing services was the most common reason given for why organisations did not proactively target LGBTQIA+ individuals. This illegality is, in the vast majority of contexts, a misconception: most anti-homosexuality laws globally do not criminalise the provision of aid or services to LGBTQIA+ communities. Legal provisions targeting homosexuality are most often found in penal codes deriving from the era of western colonialism, which criminalise the act of being sexually intimate with a person of the same sex, as well as often vague offences such as ‘vagrancy’, ‘indecentcy’ or ‘immorality’ (Han and O’Mahoney, 2014). These provisions have historically been disproportionately used to target queer individuals, but they do not apply to the activities of humanitarian actors, nor is there a history of these laws being weaponised against them (Wong, 2021; Reid, 2025).

Box 1 Myths in Nigeria and the DRC

Nigeria

Perception of aid worker: *Under the Nigerian law, it is not permissible to identify as LGBTQI. That is a huge barrier. [...] There would be legal repercussions for doing this work*

Reality: The Nigerian Same Sex Marriage (Prohibition) Act criminalises same-sex intimacy and even public displays of affection, but does not criminalise identifying as LGBTQIA+. Nigerian courts have confirmed that identifying as a member of the community is not illegal, and have also upheld the right of LGBTQIA+ organisations to register and operate. Hundreds of LGBTQIA+ organisations exist in Nigeria, many of which report actively working with parts of the government (The PRIDE Centre, 2025a). Nigeria's national HIV strategy recognises men who have sex with men (MSM) and transgender people as 'key populations' of concern, and directives released by the country's National Agency for the Control of AIDS names 'internalized homophobia' as a contributing factor to the spread of HIV (NACA, 2020).

The DRC

Perception of UN employee: *Amongst our beneficiaries, there might be people who are members of the LGBTQIA+ community. But they will not declare it, because in DRC, it is not legally allowed. [...] They cannot expose themselves. You cannot have data about it.*

Reality: Same-sex intimacy is not criminalised in the DRC. Though there are many challenges, some LGBTQIA+ organisations in Kinshasa have been permitted to register, and many carry out their work openly. These organisations regularly collect data about the populations they serve (The PRIDE Centre, 2025b).

In interviews with The PRIDE Centre, Kinshasa-based CSOs sought to reassure international agencies that the risks involved in this work are low and manageable. 'Today, a lot of LGBTQIA+ organisations have alliances in the government,' one director explained. 'This sensitisation has been done with the police, the prosecutors, the magistrates, everyone. Today, doing this work is not risky.'

In Africa, a new wave of anti-LGBTQIA+ laws, championed by the global anti-gender movement, has been introduced across the continent. These laws have come into effect in a small but growing number of countries, including Uganda, Burkina Faso, Mali and Senegal. These laws criminalise the 'promotion of homosexuality', and they often explicitly apply to non-governmental organisations (NGOs) and civil society by prohibiting operations or the provision of funding to an organisation considered to 'promote homosexuality' by the authorities of that state. In May 2026, Ghana's parliament passed a more extreme bill seeking to criminalise the act of identifying as LGBTQIA+ (Sekulich and Naadi, 2026). Even these new and dangerous pieces of legislation, however, do not generally criminalise the provision of aid and services to LGBTQIA+ populations. This is made clear in the case of Uganda, in which the draconian

Anti-Homosexuality Act remains in place – but where government directives have confirmed that healthcare providers are prohibited from discriminating against patients on the basis of their sexual orientation, and where government HIV programming continues to recognise MSM and transgender people as populations of concern.

This is not to say that risks are non-existent: in contexts affected by conflict and crisis, the rule of law is weakened, lessening the importance of the terms of the relevant legislation. This is also true of repressive states, as often highlighted by the participants in our research. ‘They don’t need a law to throw you in prison,’ one interviewee from Ethiopia explained. The practical implications of this can be seen in both Nigeria and the DRC, where LGBTQIA+ organisations based in urban centres not affected by conflict have had significant success relying on the law to challenge the arbitrary arrest of individuals on the basis of their SOGIESC. In neither country have these successes been replicated by groups in conflict-affected regions, who have less recourse to the legal system in general.

2.2 Risk of being targeted, shut down or expelled

Globally, evidence of humanitarian organisations being targeted, shut down or expelled for providing services to LGBTQIA+ populations is extremely scarce. Where human rights actors have come to see the risks of government pushback, refusals to cooperate, and even expulsion from the country as an expected part of working in a repressive state, these risks are significantly lower for humanitarian service providers – who do not have a primary focus on raising human rights violations, and who often play an essential role in delivering services that the state is unable to provide. For example, while the Ugandan government declined to renew the mandate of the United Nations (UN) Office of the High Commissioner of Human Rights (OHCHR) after it called attention to a range of human rights abuses in the country, including those related to the passage of the Anti-Homosexuality Act in 2023, humanitarian actors have not been subject to the same concerning levels of restrictions (FIDH, 2023).

Evidence of the international community’s ability to engage in service provision to LGBTQIA+ communities can be seen in health programming globally. International medical organisations systematically lobby governments to include MSM and transgender populations in their national HIV strategies and programming – efforts which, in the majority of sub-Saharan African contexts, have been successful. Our research shows that local LGBTQIA+ organisations often engage with at least some parts of the government, usually on healthcare access for high-risk members of the community. The descriptions of these relationships provided by local LGBTQIA+ groups generally stood out in sharp contrast to the perceptions of humanitarian workers, many of whom believed that even raising the existence of SOGIESC minorities with government counterparts would lead to negative consequences for their own organisations. Our research in Syria shows that GBV case management may also provide a similar avenue for addressing harms to individuals with diverse SOGIESC without necessarily declaring a focus on them.

These relationships tend to be formed by groups based in urban centres, not regions affected by conflict or crisis. In the DRC’s conflict-affected east, LGBTQIA+ organisations described how their

cooperation with the government had ended with the military takeover of Goma and Bukavu by the March 23 Movement (M23) in 2025. In such contexts, the question for aid agencies becomes whether the group in control of an area will allow them access to populations in need, and whether engaging in the active provision of services to LGBTQIA+ communities will challenge that access. These are questions which can only be determined on a case-by-case basis, guided by the principle of neutrality and an approach to risk tolerance thresholds that accounts for both LGBTQIA+ organisations and humanitarian actors. These are assessments that organisations working in conflict are used to making; we see no reason that the delivery of aid to LGBTQIA+ communities should be considered outside of or separate to this process.

2.3 Risk of exposing LGBTQIA+ people

When asked about the possibility of providing services to LGBTQIA+ populations, many humanitarian actors expressed concern about targeting strategies that required members of the community to ‘out’ themselves in environments where it was unsafe to do so. These fears are well-founded – in many contexts, queer individuals rely on invisibility for survival. When individuals are highly vulnerable, however, their invisibility within humanitarian and protection structures can leave them without life-saving support. Additionally, for many people, invisibility is not possible – in all countries subject to this research, interviewees describe being targeted, outed, discriminated against and attacked, whether or not they outwardly identified as a member of the community. Two gay men interviewed in Ethiopia spoke to these challenges in the context of access to medical care, including in response to conflict-related sexual violence:

If you go to the hospital from something that you got from having sex with another man, people would judge and maybe even not treat you, if they suspect you are part of this community. If I had an issue like that, I don't think I would get medical treatment. Even if they treated me, it would be with disrespect and hate. And they might even expose me afterwards.

Hospitals that were treating people during the conflict [in Tigray] would discriminate against any man who was raped. You would never go. I would never, ever go to the hospital if this happened to me.

In all countries, formal or informal LGBTQIA+ groups are already working with at-risk queer minority populations and are carefully navigating the divide between the invisible and the visible. Our research suggests that LGBTQIA+ people in need of aid or services should be identified in partnership with these local groups – the work of whom is explored in more detail in Chapter 3. The section below includes more detail on the potential strategies that can be adopted in response to this perceived risk.

2.4 Risk of physical danger to staff

In many countries, simply identifying and living as a member of the LGBTQIA+ community exposes individuals to risk of arrest, harassment, extortion and physical danger. This is also true for queer staff members of humanitarian organisations, though many LGBTQIA+ members of staff may hope

that working with an international organisation provides them with a level of protection. In all cases, international staff members enjoy a greater degree of protection than national staff. These risks highlight the necessity for organisations to adopt their own internal processes and strategies for keeping queer staff members safe.

The risks faced by humanitarian workers for simply providing services to LGBTQIA+ people are much lower. Criminality and violence from anti-LGBTQIA+ elements in society could conceivably target service providers in any context – but in most cases, these risks can be assessed and managed.

Box 2 The PRIDE Centre’s research in Ethiopia

Ethiopia is a context where inclusive humanitarian programming is genuinely high-risk. One employee of an LGBTQIA+ organisation warned researchers:

Human rights work in general is not accepted in the country. If you even talk about human rights, you are under close watch.

The government has demonstrated that it is not afraid to act against international organisations perceived to be working against its priorities. During the conflict in Tigray, Médecins Sans Frontières (MSF) Netherlands and the Norwegian Refugee Council, which were leading medical and humanitarian operations in the region, had their operations suspended (Ahmed, 2021). Three MSF staff were killed in Tigray by members of the Ethiopian military, despite being clearly marked as aid workers (MSF, 2026). The government also expelled seven senior officials from the UN Office for the Coordination of Humanitarian Affairs (OCHA), OHCHR and UNICEF, accusing them of ‘meddling in the internal affairs’ of Ethiopia, and declaring them persona non grata (UN News, 2021).

Though the government has not publicly targeted international organisations for issues relating to LGBTQIA+ rights, participants described at least one instance of a public health programme being shut down after trying to explicitly target MSM. Ethiopia is one of only a handful of countries in sub-Saharan Africa that does not recognise MSM as an important population to address in its national HIV strategy (Ethiopian Ministry of Health, 2023). There are also many examples of crackdowns against LGBTQIA+ populations by government bodies (Dailey, 2023; Stewart, 2023).

The high levels of government repression and social hostility towards people with diverse SOGIESC in Ethiopia also means that the LGBTQIA+ community and its vulnerabilities are barely visible to external audiences. This was a notable difference from other hostile settings, where many activists still publicly identify as being part of the community. None of the activists or civil society members to whom the research team spoke in Ethiopia were ‘out’, and all had extensive strategies in place to ensure this remained the case.

Even in this unusually constrained and high-risk environment, undertaking programming for LGBTQIA+ communities – including in the areas of protection, health, shelter, and livelihoods – is not only possible, but is already being carried out by LGBTQIA+ networks operating in Addis Ababa. These groups and individuals are intimately familiar with the risks involved in doing this work and have put in place a range of strategies to limit their visibility, rapidly respond to security incidents, and safely reach people in need. The conclusion of The PRIDE Centre’s research is that international actors should not turn away from LGBTQIA+ communities requiring humanitarian assistance, but should work through and learn from local LGBTQIA+ groups to ensure that their assistance can be delivered safely in accordance with the principle of ‘do no harm’.

Box source: The PRIDE Centre (2026a)

3 LGBTQIA+ civil society is meeting humanitarian and protection needs

We usually depend on one another, seek advice and support within the LGBTQI+ community itself, and we do not typically turn to external parties except in very exceptional circumstances. (Trans woman, Syria)

SOGIESC minorities exist in all conflicts and crises – and so do formal or informal structures that provide these communities with assistance and support. Queer CSOs operate in all of the countries covered by this research, and often include displaced or refugee populations. LGBTQIA+ civil society frequently meets humanitarian needs in ways that are invisible to formal systems. In contexts of criminalisation, stigma or armed conflict, many groups cannot safely register or operate publicly, so they rely on informal mutual aid, trusted peer networks, discreet referrals and solidarity to deliver protection, food, shelter, support, health access and psychological care.

These activities are not a substitute for formal humanitarian action, but they are often the only viable delivery channel for people who face barriers to mainstream aid without risk. Community members act as health navigators, protection actors, counsellors, emergency shelter providers and providers of financial assistance, roles that closely mirror those of humanitarian actors and government services. Their effectiveness depends not on legal registration, funding levels or institutional visibility but on trust, shared lived experience and deep contextual knowledge.

Stigma creates tremendous risks, but in conflict settings especially, these risks are falling on the people most vulnerable: LGBTQIA+ people themselves and local groups supporting them. There is therefore an obligation to support these organisations that are absorbing risks that humanitarian actors cannot (or will not) take on.

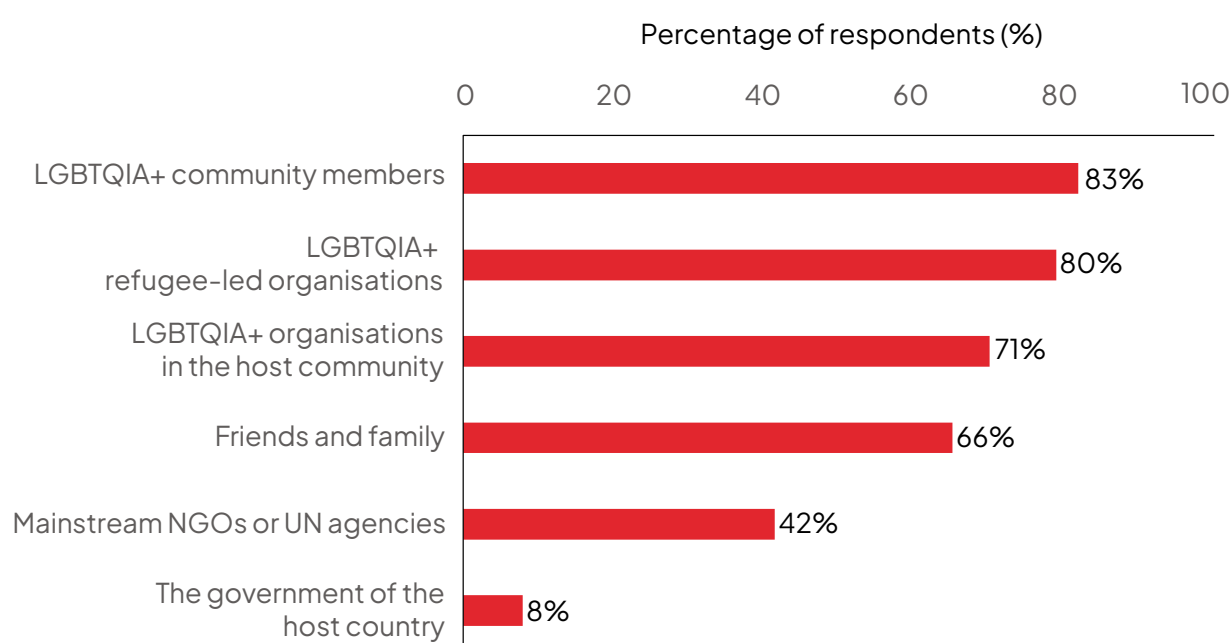
These groups may not see themselves as humanitarian or protection actors: they may be registered as public health organisations – a common entry point – or describe themselves as human rights advocates, or simply as community members coming together to support their peers. Similarly, humanitarian aid organisations operating alongside these groups may not recognise them as providers of humanitarian aid. In some contexts, our research found that humanitarian actors were unaware that these organisations exist at all.

3.1 LGBTQIA+ organisations are reaching where international actors can't (or won't)

When it comes to sharing information, accessing aid, or receiving services, queer communities rely on their own community structures to a far greater extent than they rely on mainstream aid providers. In a survey conducted by The PRIDE Centre with 64 queer people in displacement across east, west and

central Africa, when asked who they would rely on if they were in need of information or assistance, 83% said they would turn to fellow members of the LGBTQIA+ community, 80% to queer refugee-led organisations, and 71% to LGBTQIA+ organisations in the host community – compared to 42% who would turn to mainstream NGOs or UN agencies (see Figure 1). Additionally, 47% of respondents had never accessed aid from the UN or a mainstream NGO at all. Similar findings have emerged in Syria where participants in the research cited members of the queer community as the first, and often the only, port of call when it comes to accessing support (See section 3.2).

Figure 1 Who displaced LGBTQIA+ people turn to when they need information or assistance



Source: The PRIDE Centre quantitative survey of displaced LGBTQIA+ people in east, central and west Africa (n= 64)

LGBTQIA+ organisations interviewed for this research described relying on national, regional and international queer civil society for support in times of conflict and crisis. National and regional organisations often respond to movements of populations within and across borders, while international LGBTQIA+ groups and donors provide funds for emergency protection needs and support with relocation and resettlement. The response to the outbreak of conflict in the DRC in 2025 provides an illustrative example of this cooperation.

In the DRC, LGBTQIA+ organisations in Goma and Bukavu have responded to the complex and protracted crises they face by carrying out food distributions with displaced members of the community, providing post-rape care to those targeted with sexual violence, and offering safe shelter to those most at risk – though many of these programmes have had to be pared down or closed due to funding cuts. HIV tests and treatments are no longer reaching the region through government or humanitarian supply routes, so LGBTQIA+ groups report turning to their counterparts in Rwanda, who have helped them to access some of these supplies from across the border. Through the establishment

of a coordination network, LGBTQIA+ organisations in Kinshasa have made efforts to increase their support to individuals in Goma – a city more than 1,500 kilometres away and not connected by road. Congolese LGBTQIA+ groups are also connected to organisations in Burundi and Uganda – countries to which many community members have fled (The PRIDE Centre, 2025b).

In all of these countries, queer groups depend predominantly on international LGBTQIA+ organisations for funding and support – especially since the 2025 foreign aid cuts, which removed much of the support they previously received through public health and HIV funding streams.⁴

3.2 Informal networks act as a lifeline

In contexts of criminalisation, stigma, political targeting or armed conflict, it is frequently only informal networks that are able to meet the humanitarian needs of those with diverse SOGIESC. For LGBTQIA+ Syrians, support often depends on discreet community networks operating below the threshold of public visibility because visibility itself can create serious protection risks (Saleh, 2020; Alojaili et al., 2023).

Interviews with LGBTQIA+ Syrians suggest that informal networks function as a critical source of humanitarian support, particularly where safe and inclusive services are unavailable. Rather than relying on formal institutions, participants described turning first to other LGBTQIA+ people for assistance:

We usually depend on one another, seek advice and support within the LGBTQIA+ community itself, and we do not typically turn to external parties except in very exceptional circumstances. (Trans woman, Syria)

Others described systems of mutual aid through which community members share practical information, resources and direct assistance. In the absence of accessible healthcare, one participant explained that LGBTQIA+ people collectively build informal knowledge about safe providers:

Many of us rely on exchanging experiences among ourselves. For instance, we say that we went to a specific doctor and that the experience was good, that the doctor did not react in an aggressive or hostile way... In this way, a kind of informal collective knowledge is formed about healthcare providers. (Trans woman, Syria)

Participants also described individuals within the community assuming functions typically associated with humanitarian actors. One interviewee recounted how an older gay doctor regularly provides free medical care, financial assistance and temporary accommodation to LGBTQIA+ Syrians in need, helping others avoid unsafe healthcare providers and offering emergency support where formal systems fail.

4 Notable funders that are continuing to support LGBTQIA+ inclusion in humanitarian action for organisations in the DRC are COC Netherlands, Astraea Lesbian Foundation for Justice, Arcus Foundation, Black Trans Fund, UHAI, ORAM, All Out and Urgent Africa Fund.

3.3 LGBTQIA+ civil society is under threat

Across all regions, LGBTQIA+ organisations that provide humanitarian services have been decimated by the 2025 funding cuts. Our research finds consistent evidence of the efficacy of funding these groups – who are already connected to and trusted by at-risk members of the community, but lack the means to comprehensively meet their demand for services. Providing resources and support to these organisations is in line with the commitment to localisation made in the Grand Bargain, and is the simplest and most efficient way to reach those in most urgent humanitarian need.

4 LGBTQIA+ civil society must be included in humanitarian responses

I would like international and local organisations to consult LGBTQI+ communities before designing projects. We know what we need. We need protection, but we also need access to decent work, healthcare, and safe spaces where we can live without fear of humiliation or discrimination. (Trans woman, Haiti)

4.1 Exclusion from humanitarian needs and response plans

Despite the extreme and increasing vulnerability of LGBTQIA+ people in conflict, crisis and displacement, these populations are almost entirely absent from global humanitarian planning. Across the Humanitarian Needs and Response Plans (HNRPs) and Refugee Response Plans (RRPs) in place worldwide, only a handful acknowledge SOGIESC minorities in any form: the Ukraine HNRP and the Ukraine Situation Regional Refugee Response Plan (led by the UN Refugee Agency (UNHCR)) name LGBTQIA+ people among groups at heightened risk (OCHA, 2026), and the Regional Refugee Migrant and Response Plan for Venezuela requires partners to address protection risks facing LGBTQIA+ people (R4V, 2026). None of the 11 HNRPs or 3 active RRP across Africa contain any references to SOGIESC minorities at all.

While recent ‘hyper-prioritisation’ processes mean that all people potentially covered by an HNRP are receiving less support than in previous years, this cannot be used as an excuse to exclude LGBTQIA+ people from aid assessment processes because of perceived risks that, as has been shown here, do not always match the reality. Nonetheless, recent active decisions appear to have been made to exclude these populations: LGBTQIA+ individuals were previously identified in the Mozambique HNRP and the DRC and Sudan RRP as having heightened vulnerability to GBV (OCHA, 2024; UNHCR, 2025a; 2025b), and ‘gender minorities’ were acknowledged in the Rohingya Joint Response Plan as having specific health risks (ISCG, 2025) – but in the 2026 iterations of these documents, these references have been removed (OCHA, 2025; IOM, 2026; UNHCR, 2026).

4.2 Exclusion from vulnerability-based targeting criteria

Where food aid and cash are being distributed, LGBTQIA+ communities report that they are not categorised as having high levels of need in the vulnerability-based targeting that determine who will be reached with this assistance. The criteria used for these assessments are typically built around factors such as household composition, disability, and households headed by women, older people or children. Criteria related to SOGIESC are absent (ICRC and NRC, 2022). In one refugee setting, an interviewee noted that anyone who had been in the country for five years or more would generally not be prioritised for food assistance, as they would be assumed to have established their own income-generating activities. For queer refugees, however – and especially for transgender people – finding

employment is often near impossible. Just attending a food distribution is often extremely dangerous. The outcomes of the exclusion of LGBTQIA+ people from both vulnerability targeting and from livelihoods opportunities include extremely high levels of poverty and food insecurity, leading to a high levels of dependence on negative coping strategies, including sex work.

LGBTQIA+ populations should be considered across all clusters and sectors – in terms of their access to health services, shelter or food security, for example. The acute protection risks faced by these communities make the protection clusters a particularly relevant forum for considering and responding to their needs. A key role played by this body is to oversee and coordinate responses to GBV, including by establishing referral pathways and ensuring compliance with GBV Minimum Standards.

Our research could not find evidence of LGBTQIA+ organisations being included in protection clusters in any of the countries of focus – nor could we find evidence of their inclusion in the GBV referral pathways that these clusters oversee. In Nigeria, an interviewee from an international NGO involved in these coordination structures spoke about receiving cases of SOGIESC-based violence through the organisation's case-management system and feeling that she had nowhere to refer them to. In one instance, she said the survivors of such violence were eventually referred to a psychosocial care provider – which made her 'worried they were referred there because they wanted to transform who they are', a reference to forced conversion practices common in the region. Her team's uncertainty about what to do with these cases prompted her to do her own research into local LGBTQIA+ groups that may be able to accept referrals. The PRIDE Centre interviewed several of these groups, who confirmed that they offer medical, legal and psychosocial support to queer survivors of GBV. However, the recommendation to include these organisations in the GBV referral pathway was not taken up. 'They said to me that any organisation would take these cases,' the staff member recounted. 'But I don't think that's true.'

Including LGBTQIA+ organisations in humanitarian coordination structures will not always be straightforward – in some countries, openly participating in such mechanisms would expose LGBTQIA+ organisations to unacceptable exposure and risk. It should not be assumed that this is always the case – organisations in the DRC, for example, indicated that they would be comfortable joining such platforms. Even in contexts where this is not possible, however, our research found that LGBTQIA+ organisations wanted international aid actors to do more to involve them in the design of humanitarian programmes, to ensure the needs of their community were being met.

5 Lessons for humanitarians and protection actors

I would like international organisations to understand that security is not only about protecting people from weapons. It is also about protecting their dignity. Our communities' people should be able to access the same services as everyone else without fearing that they will be judged, rejected or forced to hide who they are. (Lesbian woman, Haiti)

Despite the fiscal and political challenges facing inclusion of people with diverse SOGIESC, within the humanitarian sector and beyond, the evidence is clear that these groups face acute risks in the context of armed conflict. Around the world, LGBTQIA+ CSOs understand those dangers and how best to respond to them – and, most importantly, they hold the trust of communities that might otherwise be rendered unreachable by stigma and exclusion. Recognising and supporting LGBTQIA+ civil society is therefore key to effective and meaningful community-led protection.

With this in mind, we offer lessons for international humanitarian actors and funders, in the interest of achieving LGBTQIA+ inclusion as a key component of high-quality, effective responses to conflict-related risks and needs.

Resource LGBTQIA+ civil society

Recognise community-led and LGBTQIA+-focused organisations as essential humanitarian partners by providing sustained and flexible funding, training, security support and meaningful participation in planning, implementation and monitoring.

Build long-term, equitable partnerships with local organisations that serve groups with diverse SOGIESC, including through consortium models and flexible funding arrangements that strengthen local capacity.

Advocate to make pooled funding mechanisms more accessible to small, grassroots and informal organisations that are actively responding to crises – and especially those that are led by marginalised groups, including LGBTQIA+ people.

Integrate LGBTQIA+ civil society into humanitarian coordination decision-making

In consultation with LGBTQIA+ organisations and where desired by them, identify safe modalities to involve them meaningfully in humanitarian decision-making, potentially including participation in protection clusters and other humanitarian coordination structures. This participation should come with opportunities for training and accompaniment to support safe engagement.

In doing so, be mindful to move beyond transactional inclusion of LGBTQIA+ organisations and instead establish sustained, equitable partnerships in which LGBTQIA+ people can define needs and have meaningful influence over humanitarian priorities, programme design and decision-making.

Assume specific and disproportionate risks are faced by SOGIESC minorities in times of conflict and crisis

Integrate SOGIESC into protection analyses, needs assessments and risk monitoring.

Design assistance on the presumption that LGBTQIA+ people are already present among affected populations and caseloads, and are likely to have increased vulnerability and need. Explicitly include SOGIESC minorities as a population of heightened vulnerability in HNRPs, RRP and other strategic humanitarian planning instruments.

Revise eligibility and targeting criteria for food and cash assistance to include and account for the specific risks and vulnerabilities faced by LGBTQIA+ populations, including exclusion from household-based eligibility models and heightened barriers to livelihoods.

Recognise that local LGBTQIA+ organisations and networks are already working with these populations and are best positioned to respond to their needs, but nonetheless still require support and resourcing.

For donors, require grantees to demonstrate analysis of SOGIESC minority vulnerabilities alongside other specific vulnerabilities as a condition of funding; monitor compliance with this requirement on an ongoing basis; and hold grantees who exclude or discriminate against LGBTQIA+ populations to account.

Make your support explicit

Amidst the humanitarian reset and widespread backlash, avoid regression on language and programming content, particularly in international and regional documents and strategies. Emphasise LGBTQIA+ inclusive, accessible and participatory humanitarian action as key to high-quality, effective responses.

Especially in the context of the United States' Global Gag Rule⁵, make clear statements of support from the most senior levels within UN agencies, international NGOs and coordination spaces. Make clear that partners, grantees and employees are not only permitted but encouraged to work with LGBTQIA+ populations and organisations, and that management is committed to mitigating associated risks.

At the country level, in accordance with context-specific risk assessments and guidance from LGBTQIA+ communities, organisations may need to adopt specific terms (such as 'key populations' or 'marginalised groups'), especially in external-facing communications, to keep communities safe.

Undertake risk assessments and mitigation exercises, rather than treating risks to programming as hard stops

Conduct legal and security risk assessments for working with LGBTQIA+ populations in each context, in partnership with LGBTQIA+ organisations, who are best placed to advise on the nature and likelihood of the risks as well as workable mitigation measures.

Reconsider risk aversion in relation to engaging with these communities. Continued oversight of the existence and experiences of LGBTQIA+ people in humanitarian settings places these organisations at risk of violating the humanitarian principles, as well as the central tenet of do no harm. Assistance to this community is life-saving assistance; their invisibility does not negate the extreme levels of need.

Do the work internally to become more inclusive

Ensure that internal mechanisms, policies and ways of working are non-discriminatory and inclusive, and take the safety, security and dignity of all affected people, partners and staff into account, regardless of their SOGIESC. Provide training at all levels, from director-level to drivers and security guards.

Review policies, assessment tools, registration systems and operational practices to identify and remove barriers affecting LGBTQIA+ people, and provide staff with appropriate training and guidance.

Provide ongoing, mandatory annual training for staff, partners, contractors and suppliers on the recognition of and appropriate response to SOGIESC-related humanitarian need and protection risk.

⁵ The Global Gag Rule is a US policy governing its international assistance funding. Its most recent iteration, which came into force in February 2026, prohibits recipients of US funding from providing services, counselling or advocacy relating to abortion, diversity and inclusion work, and so-called 'gender ideology'. It directly targets any efforts to recognise and support gender diversity or to understand gender as anything other than strictly binary and biologically ordained. This will have a particular impact on transgender, non-binary and gender-diverse populations and the organisations that seek to offer them services. See The PRIDE Centre (2026b) as well as Daigle and Michalko (2026).

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