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Navigation by Localisation: Queer(y)ing the Accessibility of Humanitarian Health Programmes: A qualitative study in the context of the Venezuelan displacement crisis

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Master's thesis

Navigation by Localisation: Queer(y)ing the Accessibility of Humanitarian Health Programmes

A qualitative study in the context of the
Venezuelan displacement crisis

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Abstract

Despite growing attention to marginalised populations in humanitarian settings, the specific health needs of LGBTQIA+ migrants and refugees remain largely overlooked in both practice and scholarship. International humanitarian organisations (IHOs) often struggle to provide accessible medical and mental health and psychosocial support (MHPSS) services to Queer communities due to operational limitations, socio-political sensitivities, and donor constraints. Therefore, this thesis investigates how IHOs navigate these barriers to provide accessible health assistance to LGBTQIA+ individuals in displacement settings. It introduces the novel theoretical framework of *Navigation by Localisation* to explain how IHOs adapt and respond to these challenges through judgment-based field practices and embedded, localised learning processes and partnerships. Drawing on 24 open-ended semi-structured interviews, this study explores how IHOs navigate barriers to health for LGBTQIA+ individuals in the context of the Venezuelan displacement crisis, focusing on Colombia and Brazil. The case study relies on a thematic comparative analysis to assess participants' perceptions of navigation strategies and health programming accessibility and sustainability. The thesis argues that variation in practising Navigation by Localisation helps explain differences in health programme accessibility. Findings show that IHOs fully practising Navigation by Localisation, through field-level strategic autonomy and localised learning and partnerships, were more successful in developing accessible health initiatives over time. Additionally, navigating by localisation enabled these organisations to transfer some projects to local partners following the 2025 US budget cuts to humanitarian aid, supporting their sustainability. By centring LGBTQIA+ needs and challenges, this thesis offers a context-grounded contribution to debates on inclusive humanitarian health programming. It underscores the value of adaptive, localised implementation to understand how IHOs mitigate political constraints while reinforcing local ownership and sustainability. These insights aim to inform more accessible, inclusive, and responsive approaches to humanitarian health assistance in crises.

Keywords: Health; LGBTQIA+; Navigation strategies; Localisation; Humanitarian organisations; Venezuelan displacement crisis

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