# LONGITUDINAL EVALUATION OF THE IMPLEMENTATION OF UNHCR'S AGE, GENDER AND DIVERSITY (AGD) POLICY: Final Report





**ANNEXES TO THE FINAL REPORT** 

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# Annex 2: Findings related to AGD outcomes in the context of the Covid-19 pandemic, organised by core action

#### AGD-inclusive programming

In response to the additional burdens during the pandemic borne by groups at heightened protection risks among the people with and for whom UNHCR works, the evaluation team found several instances of new programming targeting people covered by the AGD policy. In Thailand, UNHCR provided extra support to extremely groups at heightened protection risks in camps to cover for the additional costs related to the Covid-19 response incurred by the Royal Thai Government. In Chad, adapted learning programmes allowed children to continue their education when schools closed through distance learning modules. For youth, higher education scholarships were maintained despite university closures to prevent sudden financial burdens for refugee students. In Kenya, UNHCR supported the roll-out of distance learning modules through daily five-hour broadcasts of radio lessons in Turkana West, Dadaab and Fafi sub-counties. With support from partner organisations, UNHCR also procured and distributed solar-powered radios for children who needed them to access distance learning. Also in Kenya, some special needs education teachers were able to carry out home visits to children with disabilities, although this proved extremely challenging. There was no specific support for older persons who were shielding in their homes during the pandemic. In Mexico, however, older persons' needs became more visible to UNHCR as they were able to use helpdesk phone lines to express their needs, while younger people shifted to social media channels. While UNHCR has targeted groups at heightened protection risks - especially women and LGBTIQ+ asylum-seekers with dedicated spaces and mental health services many shelters either closed or reduced their intake, limiting options for those still in search of a safe place to stay during the pandemic.

#### Participation and inclusion

Staff at HQ emphasised that the pandemic had highlighted the critical role that communities play as first responders, and that this had helped cement the value UNHCR places on participation of the people with and for whom the organisation works in its programming. In Thailand, both in the camps and the urban setting, UNHCR has put in place systems to stay in contact with the people with and for whom it works so that the organisation was aware of any additional vulnerabilities and challenges those people were facing due to Covid-19. In Chad, UNHCR provided and expanded use of telephones for refugee leaders to convey their needs in N'Djamena and the south, where connectivity allowed for it. In Mexico, communication via WhatsApp with networks of the people with and for whom UNHCR works provided a way to stay in touch and mobilise persons in the community to provide information and overall outreach.

#### Communication and transparency

UNHCR was able to innovate to address the communications problems created by pandemicrelated lockdowns. In camps in Thailand, it provided new ICT equipment and SIM cards for mobile phones, invested in building the capacity of women's organisations, as well as the creative use of loudspeakers. In Chad, it used community radio, printed information material and multimedia to maintain information and communication flows to the people with and for whom the organisation works. In Kenya, it organised a series of (Covid-compliant) in-person meetings with community leaders, strengthening communication channels through WhatsApp trees and community radio, and setting up a dedicated email address as a channel for the people with and for whom the organisation works to communicate directly with the UNHCR operation.

#### Feedback and response

In Thailand, UNHCR has invested time and resources to understand the livelihood and other impacts of Covid-19 on the specific vulnerabilities of the people with and for whom UNHCR works in order to adapt support accordingly. The Covid-19 Rapid Needs Assessments conducted in 2020 and 2021 in the urban operation addressed 'Accountability to affected persons (UNHCR, 2021c). This is an example of specific reporting on how the people with and for whom UNHCR works have experienced the organisation's cash-based intervention response to Covid-19. In Mexico, during the pandemic, helpdesks were supplemented by a shift to social media-based communication to collect feedback and inform responses to the needs of the most people at heightened protection risks with and for whom UNHCR works.

In Kenya, a number of initiatives have been undertaken to assess the impacts of the pandemic. One involves the National Bureau of Statistics, the World Bank, UNHCR and the University of California, Berkeley, collaborating on a joint telephone survey (with multiple rounds over a short period), reaching more than 25,000 of the people with and for whom UNHCR works by the end of 2020. The survey results were expected to inform programming for 2021. In Nairobi, also with the World Bank, a socioeconomic survey was conducted to assess the impact of the pandemic on refugee households, aiming to provide comparable poverty and welfare profiles for refugees and host communities.

#### Organisational learning and adaptation

In the five case study countries, resources have been redirected to adapt to the changing needs of groups at heightened protection risks. This has included dedicating new resources for remote working, investing in protection through the distribution of masks, and distributing sanitary towels to women and girls. In Chad, UNHCR provided additional spaces for health consultations to facilitate social distancing and used different techniques for growth monitoring (brachial measurements rather than weighing sessions) to reduce physical contact. In Kenya, the people with and for whom UNHCR works received additional support, including donations of soap, buckets and masks. It was reported that WFP's cash-based food assistance (bamba chakula) was increased from 500 Kenyan shillings (KES) to 600 (approximately US\$5.50). In Mexico, eligibility criteria were adjusted and the period for provision was extended, making it easier for the people with and for whom UNHCR works to obtain cash grants during the pandemic. Additionally, the Contingency Protection Top-Up was established to provide support for persons with Covid-19 and other heightened-risk groups such as older persons and persons with chronic illness.

#### Advancing gender equality

In Kenya, UNHCR offices proposed alternative mechanisms to support females, such as telephone counselling (sometimes in small groups), virtual meetings, or the use of existing helplines to allow for greater confidentiality, particularly where spouses may be monitoring

contacts. Given the increase in domestic violence during the pandemic, messages for GBV prevention and response were customised, including through production of graphic materials with subtitles and sign language interpretation. In Mexico, communication platforms set up by UNHCR – such as the El Jaguar Facebook page, email, WhatsApp group and feedback from partner institutions – were used more frequently during the pandemic and became useful data sources. This was particularly the case for groups facing the greatest Covid-related vulnerabilities, such as older women, women experiencing domestic violence, single-headed households and single caregivers.

## Annex 3: Key evaluation questions

Proposed evaluation question and sub-question	Revised evaluation question and sub-question	Rationale
KEQ 1: Based on the five case studies, how is the AGD policy understood and implemented in country operations? How consistently are all aspects of AGD operationalised?	KEQ 1: To what degree is the AGD policy understood and implemented in country operations/HQ-level policies? How consistently are all aspects of AGD operationalised?	Need to bring in the HQ perspective. Accountability framework looks at directors reflecting AGD into planning and programming, which applies to the HQ level.
This KEQ will also seek to answ	ver the following sub-questions:	
1.1 How have the AGD policy <i>core actions</i> been localised and contextualised, and how appropriate and coherent is the practice of the AGD policy in case study countries?	1.1 How effectively have the AGD policy <i>core actions</i> been localised and contextualised, and how appropriate and coherent is the implementation of the AGD policy in case study countries?	Aims to assess if the AGD policy is understood consistently in the different country operations. If not, what are some of the differences and why is it interpreted differently?  E.g. investments in capacity strengthening, technical assistance, guidance notes.
	1.2 Is the AGD policy understood and implemented consistently in the different country operations? If not, what are some of the differences and why is it interpreted differently?	This is part of the original 1.1 but is, in effect, a different question. Have added reference to application (not just understanding).
1.2 In the case study countries, to what extent are the minimum standards set out in the <i>core actions</i> being met?	1.3 To what extent are the minimum standards set out in the <i>core actions</i> being met? (note, this will be done overall for the country not for each area of engagement)	All KEQs apply to the five case study countries, the HQ assessment, as well as a review of existing data, information systems and processes.  We will consider as part of this how far these core minimum standards are sensitive to required adaptations to ensure equity and accessibility for the different groups of people with and for whom UNHCR works.

1.3 What practices are in place to identify and include persons with disabilities in planning and programming implementation?	1.4 What good practices are in place and what lessons can be identified from how the different aspects have been implemented and operationalised, including for identifying and including persons of concern under the policy (different age groups, people with different disabilities, people with different sexual orientation, gender identity and gender expression, ethnic or	It does not make sense to focus only on persons with disabilities; proposed question would allow evaluation team to identify good practices for the different aspects and different groups of people with and for whom UNHCR works, as appropriate.
	religious minorities) in planning	

	and programming implementation?	
1.4 In what ways does the practical application of the AGD policy reflect the IASC Gender policy and IASC revised UNHCR Gender Equality Marker?	policy reflect the IASC Gender	
	1.6 What are some of the key challenges to the implementation and operationalisation of the AGD policy?	
	1.7 How consistently is the AGD policy understood at HQ level?  What role has HQ played in shaping a consistent understanding and implementation of the AGD policy? What modalities have been used? What has worked well? What has worked less well? What are some possible ways forward?	The questions are only focused on the country level; it is important to look at the linkages.
WEQ. 0. D.	1/50 0 7	All 1650
KEQ 2: Based on the five country case studies as well as reviews of data, information systems and processes, to what extent is AGD data systematically and appropriately collected, used and integrated into the operations management cycle (OMC) and into global AGD reporting and analysis?	KEQ 2: To what extent is AGD data systematically and appropriately collected, used and integrated into the OMC and into global AGD reporting and analysis?	All KEQs apply to the five country case studies, the HQ assessment, as well as a review of existing data, information systems and processes.

This KEQ will also seek to answ	ver the following sub-questions:	
routinely collected and how appropriate are the data	2.1 To what extent is AGD data routinely collected for all the people with and for whom UNHCR works, and what steps are country operations taking to ensure that AGD- appropriate data disaggregation and analysis is available?	Questions 2.1 and 2.2 have been restructured.
2.2 What steps are country operations taking to ensure that AGD-appropriate data disaggregation and analysis is available for all persons of concern?	2.2 How appropriate are the data systems and tools used for AGD data collection?	This has been separated from KEQ 2.1.

2.3 Related to KEQ 1, to what extent is AGD data used to inform the design, implementation and monitoring of programmes and in decisionmaking more generally?	<ul> <li>2.3 To what extent is AGD data analysed and used to inform the design, planning, implementation and monitoring of programmes and in decision-making more generally?</li> <li>2.4 Does data collected at country level inform planning and policy-making at HQ level?</li> </ul>	Expanded to highlight link with HQ.
2.4 How effectively are global, regional and country operations' AGD data and reporting integrated?	2.5 How effectively are global, regional and country operations' AGD data and reporting integrated?	view to understanding the
2.5 How is AGD data collated, shared and used to inform coordination with other agencies?	2.6 How is AGD data collated, shared and used to inform coordination with other UN agencies and partners? What are some of the challenges encountered?	
<b>KEQ 3:</b> From the five country case studies as well as reviews of HQ, how effective are the systems and processes that support the implementation of the AGD policy?	<b>KEQ 3:</b> How effective are the systems and processes that support the implementation of the AGD policy?	
This KEO will also sack to answ	or the following cub guestions:	

3.1 To what extent does UNHCR have the institutional and financial capacity to plan, advocate for, achieve, monitor and report on AGD at HQ and field levels?	3.1 To what extent does UNHCR have the institutional and financial capacity to plan, advocate for, achieve, monitor and report on AGD at HQ and field levels?	
3.2 How are responsibilities for reaching the core actions delineated in country operations and HQ, and how are resources allocated to meet AGD priorities?	3.2 How effectively are the accountability mechanisms around the AGD policy being operationalised at country and HQ levels?	
3.3 To what extent are UNHCR staff equipped and supported to deliver the AGD policy? What actions should UNHCR prioritise to capacitate staff?	3.3 To what extent are UNHCR staff equipped and supported to deliver the AGD policy? How effective are the human resources allocated? What actions should UNHCR prioritise to enhance staff capacities?	Added note to see effective use as well as looking into seniority of AGD resources.
3.4 What factors enable progress towards the AGD	3.4 What are the key enabling and limiting factors in progress	This will look at the extent to which processes are

policy realisation, including the core actions?	towards effective application of the AGD policy (including the core actions)?	institutionalised or dependent on staff.
3.5 What factors limit progress toward the AGD policy realisation, including the core actions?		Merged into 3.4.
3.6 In the context of UNHCR's regionalisation and decentralisation, what opportunities are there to strengthen regional and country operations' capacity to apply the AGD policy?	3.5 How does UNHCR's regionalisation and decentralisation affect the implementation of the policy? Do these processes present opportunities to strengthen UNHCR's capacity to apply the AGD policy (at HQ, regional or country level)?	Integrating HQ level. Will investigate to what extent the AGD knowledge and processes are actually institutionalised in Country Offices where there is likely to be a high rate of staff turnover over time.
KEQ 4: Considering changes including the Global Compact and CRRF, UN Reform and the Grand Bargain, to what extent is the AGD policy implementation increasing dialogue, engagement and action on AGD with partner organisations and governments?	KEQ 4: To what extent is the AGD policy implementation increasing dialogue, engagement and action on AGD in UNHCR's interactions with partner organisations and governments (considering contextual changes including the Global Compact and CRRF, UN Reform and the Grand Bargain)?	To a great extent, this KEQ considers the criteria of sustainability through advocacy, mainstreaming, linkage to development, and alignment.
This KEQ will also seek to answ	ver the following sub-questions:	

4.4	(sustainability nexus)  How aligned is UNHCR	refugee inclusion and self- reliance? (sustainability nexus)  4.4 How aligned is UNHCR	It is important to start by looking
4.3	To what extent is AGD considered when engaging in longer-term planning in areas such as refugee inclusion and self-reliance?	4.3 How effectively do UNHCR staff incorporate the different aspects of the AGD policy when engaging in longer-term planning in areas such as	
4.2	How is UNHCR working with governments and sister agencies on shared approaches to AGD?	4.2 How effectively do UNHCR staff advocate for, coordinate with, and support implementing partners to reflect the principles of the AGD policy in their frontline work? What is working well? What are the challenges?	This is to better reflect accountability under the framework.
4.1	What steps are being taken to mainstream the AGD policy with partners as part of UNHCR's coordination function globally and in the case study countries?	4.1 What steps are being taken to mainstream the AGD policy with partners as part of UNHCR's coordination function globally and in the case study countries?	Here we include UNHCR's operational partners, other humanitarian partners linked through the Cluster system, government agencies responsible for refugees and internally displaced persons, and local-level actors (such as community leaders) as appropriate to the context and feasible within the scope of the field missions.

to relevant inter-agency standards and practice? (sustainability)	to relevant inter-agency standards and practice? (sustainability)	and then the practice. Both need to be considered, and at global and country levels.
	<b>KEQ 5:</b> To what extent is the implementation of the AGD policy achieving – or likely to achieve – the intended objectives?	This question has been added to assess whether the AGD policy, as it is being rolled out, is having (or likely to be having) the intended results.
This KEQ will also seek to answ	ver the following sub-questions:	
	5.1 Has implementation of the policy led to increased diversity in the participation of the people with and for whom UNHCR works?	
	5.2 Has implementation of the policy led to increased participation in meaningful decision-making on the part of diverse groups (based on gender, age, ethnicity, religion, etc. as relevant)?	

KEQ 6: What lessons learnt and examples of promising practice are emerging from the AGD policy implementation in case study countries, at HQ, and in UNHCR as a whole?  This KEQ will also seek to answ	var the following sub-guestions:	More than UN Ethical Guidelines for Evaluation criteria, this KEQ seeks to identify best practices and lessons learnt.
6.1 What examples of innovative and promising new AGD practices are emerging from the case study countries?	6.1 What examples of innovative and promising new AGD practices are emerging from the case study countries?	
6.2 To what extent are country operations able to capture, reflect and demonstrate best practice and innovative AGD practices? What opportunities are there to improve AGD-relevant knowledge-sharing with other country operations and with HQ and Regional Bureaus?	<ul> <li>6.2 To what extent are country operations able to capture, reflect and demonstrate best practice and innovative AGD practices?</li> <li>6.3 What opportunities are there to improve AGD-relevant knowledge-sharing with other country operations and with HQ and Regional Bureaus?</li> </ul>	
6.3  What lessons are emerging from the AGD policy implementation that can be applied to other similar UNHCR policy implementation and roll- outs?	6.4 What lessons are emerging from the AGD policy implementation that can be applied to other similar UNHCR policy implementation and roll-	

#### Annex 4: Total instruments

Year 1

Total number of participants and in-depth interviews (IDIs) and focus group discussions (FGDs) (NB: due to the pandemic, only in Greece were these conducted in person).

Stakeholder	Chad	Greece	Kenya	Mexico	Thailand	HQ	Total
UNHCR	22	47	8	22	8	13	120
UN agencies		2		1	0	0	3
Government	5	7	4	8	0	0	24
partners							
Donors		2	2	0	2	0	6
NGO partners	22	32	6	15	9	0	84
TOTAL	49	90	20	46	19	13	237

Total number of interviews with the people with and for whom UNHCR works

	Chad	Greece	Kenya	Mexico	Thailand	Total
Women	9	83	11	6	24	133
Men	9	44	16	0	20	89
Children		29	0	0	0	29
TOTAL	18	156	27	6	44	251

#### Year 1 survey responses

Survey	Total
language	responses
English	56
Spanish	50
French	13
TOTAL	119

#### Year 2

	UNHCR staff, donors, government and partners	People with and for whom UNHCR works	Total interviews
Chad	68	89	157
Kenya	43	13	56
Mexico	49	31	80
Greece	36	22	58
Thailand	20	34	54
Total	216	189	405

#### Year 3

Stakeholder	Chad	Greece	Kenya	Mexico	Thailand	HQ + Regional Bureaus	Total
UNHCR	26	27	39	45	9	29	175

Partners	34	20	12	9	11	0	86
Government	13	5	9	7	0	0	34
partners							
Donors	0	1	3	0	2	0	6
Others					1		1
TOTAL	73	51	63	61	23	19	302

People with and for whom UNHCR works	Chad	Greece	Kenya	Mexico	Thailand	Total
Women	162	13	11	32	18	236
Men	146	34	14	0	20	214
Non-binary					1	1
TOTAL	308	47	25	32	39	451

Survey language	Total responses
English	63
French	19
TOTAL	82

#### Annex 5: Case study country contexts

The following is a brief overview of the displacement crisis in the five case study countries. All population statistics are drawn from the UNHCR Global Focus database as of April 2023, and may have changed since the time of writing.

#### Five case study countries

**Chad:** The UNHCR operation was reopened in Chad in 2003 to accommodate the sudden and dramatic influx of refugees from Darfur; it has remained in operation since then, with a chronic caseload of 20 years continuously expanding through new influxes. In 2022, prior to the most recent influxes from Sudan, the country hosted more than 1 million forcibly displaced persons, including some 400,000 internally displaced Chadians and 600,000 refugees and asylum-seekers, along with Chadian returnees from neighbouring countries. Refugees are primarily from Sudan, Central African Republic, and Nigeria – none of which currently have viable prospects for voluntary repatriation – as well as from Cameroon.

Chad is one of the poorest countries in the world: humanitarian funding has been steadily declining over the years (see Table A1) and more resources are required for both humanitarian assistance and development if the challenge of durable solutions for local integration are to be met. A National Asylum Law was adopted in late 2020 and Chad is also party to the Kampala Convention on Internally Displaced Populations. UNHCR's 2022–2024 strategy for Chad aims to ensure that by 2024, the people with and for whom UNHCR works enjoy rights that include access to asylum, freedom of movement, documentation and justice. The Multisectoral Refugee Response Plan for 2022 (set out within and integrated into the current Humanitarian Response Plan) is coordinated by UNHCR and includes 16 partners working through 13 projects across the country.

Table 1 Chad funding figures and population statistics (funding, US\$ millions)

Chad	2019	2020	2021	2022	
Funding,					
US\$ millions					
Funded	69	73.3	83.426	78.596	
Unfunded	61.4	51.3	57.974	81.804	
Total	130.4	124.6	141.4	160.4	
Populations					% change
Total population		919,112	1,073,980	1,080,568	+17.6%
in forced					
displacement *					
Total refugees*		478,651	555,787	592,769	+23.8
Total asylum- seekers*		4,572	4,707	4,959	+8.5
Total internally		336,124	406,573	381,289	+13.4
displaced					
populations*					

Total Chadian	99,763	106,913	101,551	+1.8
returnees*				
			•	
Total estimated in	5.3 million	5.5 million	6.1 million	+15.1%
need of				
emergency				
assistance **				

**Greece:** UNHCR operations began in 2015 after Greece was declared a level 2 emergency following sharp increases in migration over the Mediterranean Sea from the Middle East and North Africa (MENA) region and Central Asia. The populations of refugees and asylum-seekers are extremely diverse, requiring a breadth of linguistic and cultural fluency. Since 2019, the Greece operation has seen its funding scaled back even as it began to be significantly impacted by the consequences of the war in Ukraine, due to geopolitical forces in Europe driving migration control and containment policies. The Greek New Democracy administration is focused on deterring migrant arrivals from land and sea.

Table 2 Greece funding figures and population statistics (funding, US\$ millions)

Greece	2019	2020	2021	2022
Funded	253.2	272.5	124.7	26,445
Unfunded	18.6	11.9	25,636	35,055
Total	271.8	284.4	150.8	61.5
Populations				
Stateless	0			4,275
Refugees	80,454	103,101	119,650	70,000
Asylum-seekers	105,684	60,873	37,047	21,100
Other persons of conc	ern0	4,705	3,653	3,645
Total	186,138	186,679	160,350	95,375

**Kenya:** UNHCR has been operational in Kenya at the invitation of the government for more than 50 years. As of March 2023, UNHCR Kenya was hosting 592,072 refugees and asylum-seekers in three camp locations: 40% in Dadaab, 44% in Kakuma and 16% in urban areas.

Three-quarters (75%) of the people with and for whom UNHCR works are women and children, and half come from Somalia, with another 26% from South Sudan. Political developments and the humanitarian situation in the region will continue to impact the Kenya operation, mainly due to the situation in Somalia, Sudan, South Sudan, and the ongoing conflict in the Democratic Republic of the Congo (DRC). A new Refugee Act was passed in 2021 containing several progressive provisions, including increased freedom of work and movement; however, this remains theoretical until guidance is released at an unknown future date. Registration of refugees and asylum-seekers is significantly backlogged, restricting their access to services and livelihood opportunities. During 2020, the Kenyan government issued a statement that it planned to close all refugee camps. At the time of writing, it had produced a draft 'Marshall Plan' (later renamed Shirika Plan) which aims to aims to transform the refugee camps into integrated settlements for both refugees and host communities through access into

national services and programmes aimed at facilitating self-reliance, community-led economic development, and peaceful co-existence.

Table 3 Kenya funding figures and population statistics (funding, US\$ millions)

Kenya	2019	2020	2021	2022
Funding,				
<b>US\$</b> millions				
Funded	96.9	93,822	92,752	77,115
Unfunded	73.1	70,778	56,848	68,385
Total	170	164.6	149.6	145.5
Populations				
Stateless	18,500	16,820	16,779	16,779
Refugees	438,899	452,916	481,048	491,662
Asylum-seekers	50,829	51,916	59,001	63,500
Other persons of	f			
concern				
Total	508,228	521,652	556,828	571,941

**Mexico:** UNHCR has been operational in Mexico since 1984, when it repatriated more than 40,000 Guatemalan refugees.

Over recent years, Mexico has evolved from being a country almost exclusively of origin and transit for many refugees, asylum-seekers and migrants, to also being a country of destination for thousands of individuals seeking international protection from within the region and beyond. Following a decrease in the number of asylum applications in 2020 due to the restriction of movements due to Covid-19, the number of arrivals increased in 2021 and 2022, including a large trend of mixed movements of Haitian nationals arriving from the southern cone, mostly from Brazil and Chile.

Currently, Mexico has become a destination country for people in need of international protection. It ranked third for individual registration of new asylum-seekers in the Americas during 2022, accounting for 10% of all new asylum applications in the region. Mexico has also become a transit country for thousands of people engaged in north-bound mixed movements. However, border restrictions and summary expulsions from the United States under a Covid-19 health order, referred to as Title 42, persisted until 11 May 2023. Many were expelled to Mexico's northern border where migrants, refugees, asylum-seekers and internally displaced persons continue to be at risk of violence.

The concentration of migrants and refugees in the northern border has been exacerbated by these events and the new asylum legislation in the US will cause an ever larger backlog at the border, with more people staying on the Mexican side either waiting for appointments in the US, or seeking asylum in Mexico..

Table 4 Mexico funding figures and population statistics (funding, US\$ millions)

Mexico	2019	2020	2021	2022
Funding,				
US\$ millions				
Funded	55.5	42.7	71.3	60.7
Unfunded	5.1	22.5	4.73	35.9
Total	60.6	65.2	75.6	96.6
Populations				

Stateless	13	13	13	13
Refugees	28,517	45,434	73,448	95,579
Asylum-seekers	69,451	83,792	157,150	210,609
Other persons of	140,710	73,635	165,218	451,532
concern				
Others needing	1			
international				
protection				
(Venezuela				
situation)	52,982	81,847	63,179	53,027
Total	291,673	284,721	459,008	810,953.2
Internally displaced				262,411
persons (in Mexico,	,			
2022 was the first	t			
year reporting	)			
internally displaced	l			
persons)				
Total including	1			1,073,364.2
internally displaced	1			
persons				

**Thailand:** UNHCR has had a presence in Thailand since 1975, with ongoing operations to support stateless persons – the largest group of people with and for whom UNHCR works in the country. Approximately 91,000 refugees from Myanmar – fleeing conflict since the mid-1980s – constitute the second largest group, living in nine temporary shelters run by the Thai government. There are 4,836 urban asylum-seekers and refugees.

The legal context for refugees in Thailand remains challenging. Thailand is not a signatory to the 1951 United Nations Convention relating to the Status of Refugees (UN, 1954) or the 1967 Protocol (UN, 1967). It also does not have a national asylum system. Thailand operates under the 1979 Immigration Act, which considers asylum-seekers and refugees as illegal immigrants, which means they are vulnerable to arbitrary arrest, detention and deportation. There is an exception clause for refugees in the nine border camps, which are considered as 'temporary shelters' so that their status is exceptional.

The Myanmar crisis, which started in February 2021, has placed new pressures on UNHCR and partners. This has led to an updated Refugee Preparedness and Response Plan. This interagency strategic response framework has worked at the national level and in the provinces to support the Royal Thai government in responding to the humanitarian needs of newly arrived refugees.

Table 5 Thailand funding figures and population statistics

Thailand	2019	2020	2021	2022
Funding,				
US\$ millions				
Funded	11.8	12.2	15.1	13.4
Unfunded	7.8	6.9	8.5	11.4
Total	19.6	19.1	23.6	24.8
Populations				
Stateless	474,888	479,943	553,969	566,686
Refugees	93,333	91,777	91,479	90,617
Urban refugee	S			
and asylum-	5,070	5,223	5,253	4,836
seekers				
Other persons	of227	165	180	
concern				
Total	573,518	577,108	650,881	662,139

#### Annex 6: AGD 10 core actions

#### AGD-inclusive programming

1. At a minimum, all data collected by UNHCR will be disaggregated by age and sex and by other diversity considerations, as contextually appropriate and possible, for purposes of analysis and programming.

#### Participation and inclusion

2. At a minimum, country operations will employ participatory methodologies at each stage of the operations management cycle, to incorporate the capacities and priorities of women, men, girls and boys of diverse backgrounds into protection, assistance, and solutions programmes.

#### Communication and transparency

 At a minimum, all country-level protection and solutions strategies will detail the operation's approach to communicating with women, men, girls and boys of diverse backgrounds, through means that are appropriate and accessible to all groups in a community.

#### Feedback and response

4. At a minimum, all UNHCR operations will establish and promote feedback and response systems, including for confidential complaints.

#### Organisational learning and adaptation

5. At a minimum, UNHCR operations will adapt programmes and strategies in response to input from the people with and for whom UNHCR works, and document this in country operations plans and annual reporting.

#### Advancing gender equality

- 6. Women and girls participate equally and meaningfully in all decision-making, community management and leadership structures, and committees of the people with and for whom UNHCR works.
- 7. Women and girls are provided with individual registration and documentation, directly or through support provided by UNHCR.
- 8. Women and girls have equal access to and control over management and provision of food, core-relief items, and cash-based interventions.
- 9. Women and girls have equal access to economic opportunities, including decent work and quality education and health services.
- 10. Women and girls have access to comprehensive GBV prevention and response services.

# 1.1 Annex 7: Budget figures per focal country

		% of		% of		% of		% of total
Chad	2019	total	2020	total	2021	total	2022	
Funding,								
<b>US\$</b> millions								
Funded	69	52.9	73.3	58.8	83.4	59.0	78.6	49.0
Unfunded	61.4	47.1	51.3	41.2	58.0	41.0	81.8	51.0
Total	130.4		124.6		141.4		160.4	
Greece	2019		2020		2021		2022	
Funded	253.2	93.1	272.5	95.8	124.7	82.7	26.44	43.0
Unfunded	18.6	6.9	11.9	4.2	25,636	17.3	35.055	67.0
Total	271.8		284.4		150.8		61.5	
Kenya	2019		2020		2021		2022	
Funded	96.9	57.0	93,822	57.0	92,752	62.0	77,115	53.0
Unfunded	73.1	43.0	70,778	43.0	56,848	38.0	68,385	47.0
	170		164.6		149.6		145.5	
Mexico	2019		2020		2021		2022	
Funded	55.5	91.6	42.7	65.5	71.3	93.8	60.7	62.8
Unfunded	5.1	8.4	22.5	34.5	4.73	6.2	35.9	37.2
	60.6		65.2		75.6		96.6	
Thailand	2019		2020		2021		2022	
Funded	11.8	60.2	12.2	63.9	15.1	64.0	13.4	54.0
Unfunded	7.8	39.8	6.9	36.3	8.5	36.0	11.4	46.0
	19.6		19.1		23.6		24.8	



