



2024

LGBTI

Inclusion Index

REPORT ON THE PILOT IMPLEMENTATION



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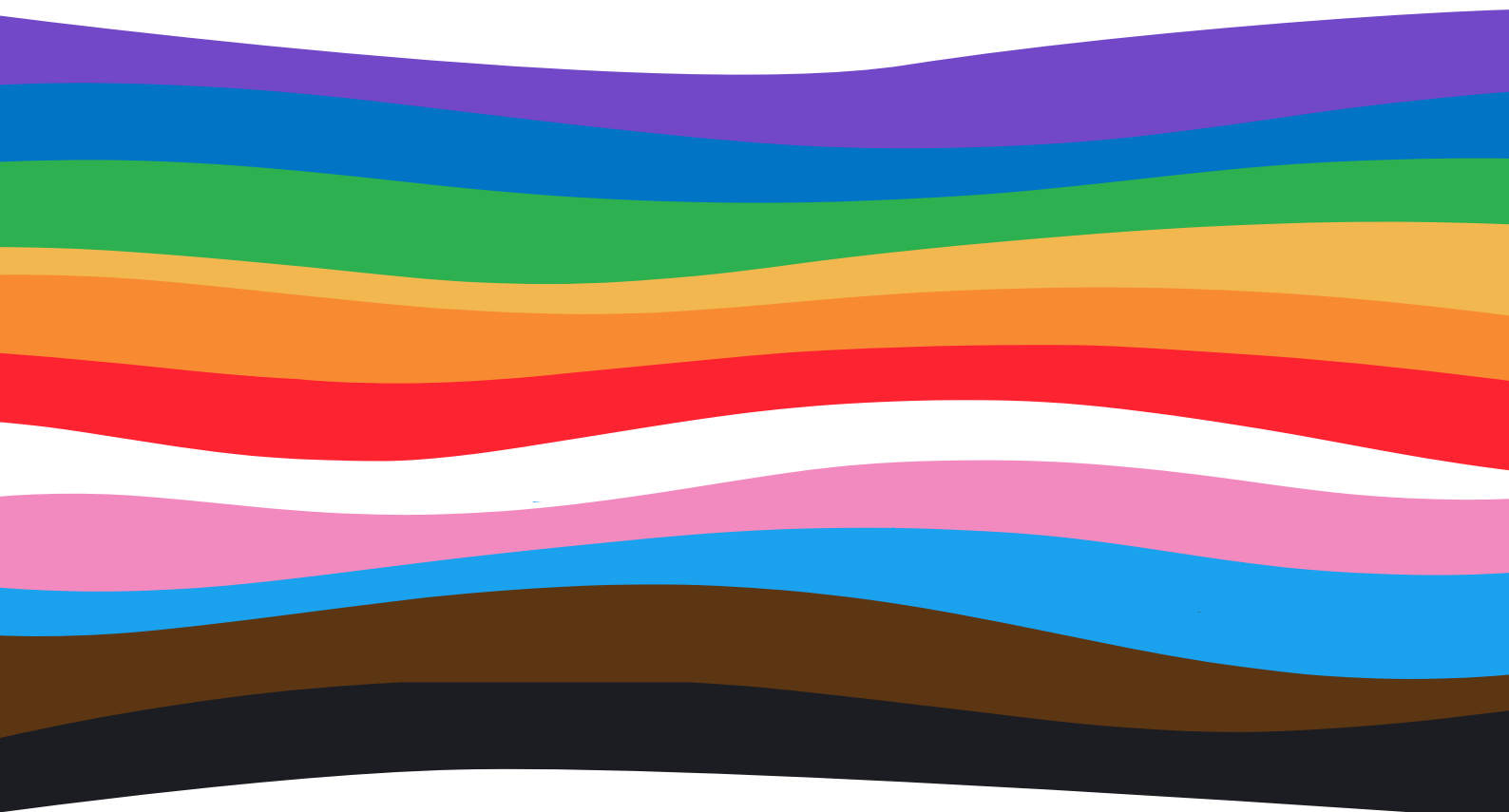
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SUMMARY

In 2015, the United Nations Development Programme (UNDP) began work on the *LGBTI Inclusion Index* to make challenges to the human rights and human development of LGBTI people visible and actionable.¹ This innovative tool serves as a guide and a global benchmark for countries to track their progress toward full inclusion of LGBTI people. It builds on the United Nation's 2030 Agenda for Sustainable Development, which includes Sustainable Development Goals (SDGs), the pledge to leave no one behind and specific measurable targets.

The first phases of the *LGBTI Inclusion Index* development process involved collaboration with many stakeholders, including governments, multilateral organizations, community representatives, civil society activists, academics and private sector representatives, to define inclusion and identify the life dimensions of most concern. Five dimensions were identified: political and civic participation; education; health; personal security and violence; and economic well-being. The second phase led to establishing 51 indicators that can help measure inclusion within those five dimensions. In the last two phases, a methodology for the index and a code of ethics focusing on safe data collection, storage and use were formulated.

In 2022, UNDP undertook an initial pilot phase of the index with a subset of indicators. The pilot phase included a set of training sessions on how to collect data and calculate the index for an individual country. A total of 128 people from 52 countries participated. Following the training, working groups were convened in the Dominican Republic, Georgia, Guyana, New Zealand, Pakistan and Viet Nam to create a pilot index.

Main conclusions from the pilot index

The piloting of the *LGBTI Inclusion Index* in 2022 successfully provided useful benchmarks for expanding inclusion of LGBTI people. Several conclusions emerged, including that no country is completely inclusive of LGBTI people, the degree of inclusion varies greatly between sectors and communities, and inclusion is lower for intersex and transgender people.

The six pilot countries produced an index value overall, with most of them falling around the middle range of the index (between zero and one), which indicates partial inclusion. Separate values for each of the five dimensions of inclusion showed that most countries were much more inclusive in health than in the

¹ In 2021, UNDP recruited economist M.V. Lee Badgett to develop and carry out training sessions for the index pilot. Dr. Badgett has been involved in the index development since the beginning and co-led the drafting process of the index indicators in 2018. Dr. Badgett was also recruited to oversee and provide expert advice to the working groups in pilot countries on collecting data and assigning values to produce the index.

other areas. Disaggregating data from two dimensions showed that inclusion of transgender and intersex people was lower than inclusion of LGBTI people more generally in five of six pilot countries.

Recommendations for future work

The next phase of the pilot process could be scaled up to include more countries, involving broader collaboration and adopting more indicators. It is essential to ensure greater engagement of national statistics offices and communities – especially transgender and intersex people and organizations.

The *LGBTI Inclusion Index* holds the potential to be an effective tool for expanding opportunities and equalizing outcomes for LGBTI people. Through its collaborative process, key stakeholders are empowered and strong networks are formed that can push for better data to inform inclusive policies and practices.



INTRODUCTION

Lesbian, gay, bisexual, transgender and intersex (LGBTI) people continue to face threats to their health, wellbeing, inclusion and lives in societies around the world. As the international community strives to achieve Agenda 2030 and its pledge to leave no one behind, it is crucial to address challenges faced by marginalized communities, including LGBTI individuals. However, progress towards this goal requires more and better data to inform policies and programmes that promote inclusion and protect the rights of all people.

To address this need, the United Nations Development Programme (UNDP) and its partners started in 2015 to develop an *LGBTI Inclusion Index*. This index aligns with the 17 Sustainable Development Goals and their 169 measurable targets, providing countries with a comprehensive guide and global benchmark to track their progress towards full inclusion of LGBTI people. As an innovative tool that advances diversity, gender equality and moves the needle on leaving no one behind, the *LGBTI Inclusion Index* is aligned with the directions of change, signature solutions and enablers of the UNDP Strategic Plan (2022-2025) and the priority to reduce inequalities and exclusion that affect health and drive epidemics in the UNDP HIV and Health Strategy (2022-2025).²

The *LGBTI Inclusion Index* has been developed in stages and has been a collaborative process involving LGBTI civil society, researchers, government agencies, human rights institutions, development agencies, businesses and other stakeholders.

During the first phase, inclusion was defined as: LGBTI people should have access to opportunities to participate in society, and they should be able to make choices that lead to outcomes that are consistent with human dignity. Stakeholders identified five life dimensions as being of most concern: political and civic participation; education; health; personal security and violence; and economic well-being. In the second phase, a large group of stakeholders developed 51 indicators to measure inclusion within those five dimensions.

² United Nations Development Programme (UNDP), Strategic Plan 2022-2025, www.undp.org/sites/g/files/zskgke326/files/2021-09/UNDP-Strategic-Plan-2022-2025_1.pdf. See also: UNDP, Connecting the Dots: Towards a More Equitable, Healthier, and Sustainable Future - HIV and Health Strategy (2022-2025), www.undp.org/publications/connecting-dots-towards-more-equitable-healthier-and-sustainable-future-undp-hiv-and-health-strategy-2022-2025.

Indicators that measure inclusion specifically for intersex people, transgender people and lesbian and bisexual women were defined. During the index pilot processes, a methodology for the index and a code of ethics were adopted.³

Compared to other indexes related to LGBTI people, the *LGBTI Inclusion Index* that emerged from this process is innovative both in its content and in its planned implementation. In terms of content, the index indicators include two kinds of measures. The first assesses opportunities open to LGBTI people, which are defined by the presence of laws that exist to promote equal access to education, jobs and health care, for example. While measures of legal rights are also used in some other indexes,⁴ the *LGBTI Inclusion Index* extends beyond rights to assess how LGBTI people live. This second set of measures focuses on outcomes that reflect the lived experience of LGBTI people in each dimension, such as levels of poverty and educational attainment. While a wide availability of statistics on LGBTI people that could be comparable across countries is still a goal for the future, the *LGBTI Inclusion Index* can help speed progress toward full statistical inclusion of LGBTI people by creating a demand for data. Statistical data on LGBTI people is itself an indicator of inclusion within the index.

The second innovative feature comes in the implementation of the index. The expectation is that country-level working groups will develop an index value in a collaborative process that includes LGBTI civil society alongside other stakeholders from government, academia and the private sector, much as the index itself was developed. A more broadly participative process has several important benefits. It can improve the quality of inputs, create networks that can later work toward improving LGBTI data, and increase knowledge about and use of the index. For example, spillover effects of collaboration emerged during the process of developing the indicators. Participants in the index development process have already intentionally used the indicators as measures for other research projects, including new data collection at the World Bank, in the Caribbean and in several African cities.⁵

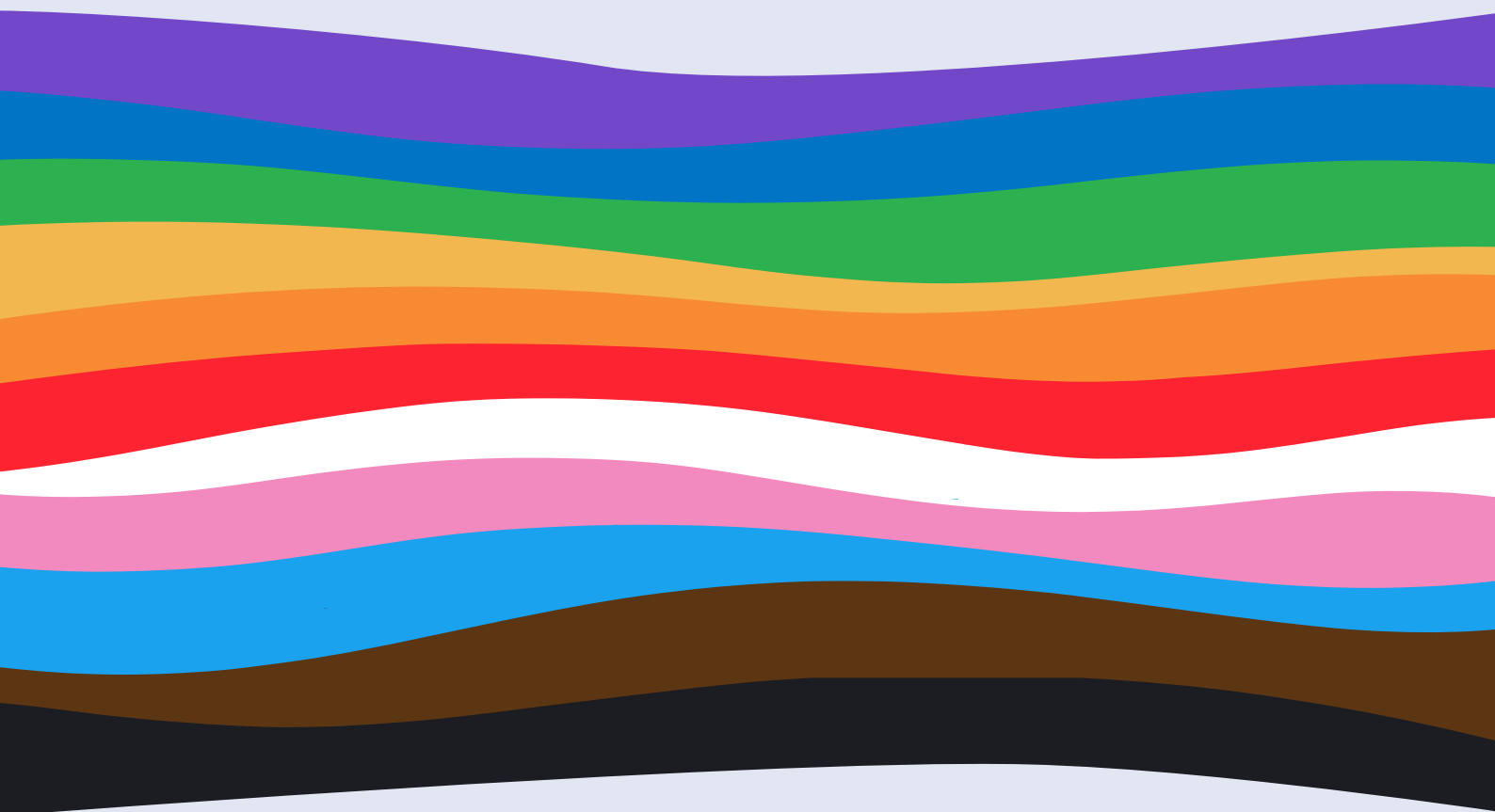
3 “Measuring LGBTI Inclusion: Increasing Access to Data and Building the Evidence Base,” UNDP Discussion paper, Working Draft, June 2016; M. V. L. Badgett and Randall Sell, (2018) “A Set of Proposed Indicators for the LGBTI Inclusion Index,” New York, UNDP, www.undp.org/sites/g/files/zskgke326/files/publications/ENGLISH_LGBTI_index_march2019.pdf. “LGBTI Inclusion Index Methodology,” UNDP Working Draft, 2019.

4 Some examples include the GILRHO in Badgett, M.V. Lee, Kees Waaldijk and Yana van der Meulen Rodgers. “The relationship between LGBT inclusion and economic development: Macro-level evidence;” *World Development* 120 (2019): 1-14; Dicklitch-Nelson, Susan, Scottie Thompson Buckland, Berwood Yost, and Danel Draguljić. «From persecutors to protectors: Human rights and the F&M Global Barometer of Gay Rights™ (GBGR);» *Journal of Human Rights* 18, no. 1 (2019): 1-18. The *Global Acceptance Index* is based on surveys of general public opinion about LGBTI people and issues across countries: Flores, Andrew R. «Social acceptance of LGBT people in 174 countries.» *University of California, Los Angeles School of Law Williams Institute* (2019).

5 Cortez, Clifton, John Arzinos, and Christian De la Medina Soto. *Equality of Opportunity for Sexual and Gender Minorities*. World Bank Publications, 2021; Daly, Felicity, Phil R. Crehan, and Micah Grzywnowicz. “The LGBTI Inclusion Index: An Innovative Tool to Incentivize Human Rights and Development Data;” *Journal of Human Rights Practice* 14, no. 2 (2022): 600-621.

These same strategies of collaboration continued into the pilot phase of the *LGBTI Inclusion Index* in 2022. This report presents a description, analysis and summary of this pilot phase, which involved 128 people from 52 countries. The report mainly addresses the process of implementation, with a more detailed focus on the six countries that completed the pilot process and produced a pilot index value. Each of those six countries had a working group that convened to conduct the data collection and calculations for the set of indicators chosen for this phase.

The report presents the different parts of the pilot phase in chronological order: creating a method for the pilot index; developing a training programme; setting up working groups in pilot countries; data collection and reporting; analysis of pilot data; and evaluation of the pilot process. The report ends with recommendations for future implementation efforts.



1. DEVELOPING THE LGBTI INCLUSION INDEX

a. Designing the index and the pilot version

By design, the *LGBTI Inclusion Index* is a single number that summarizes 51 indicators of whether a country is inclusive of LGBTI people. There are approximately ten indicators in each of the five dimensions of the index: education, health, economic well-being, political and civic participation, and personal safety and violence. (See Figure 1 for the five dimensions; see the Appendix for the 51 indicators).

FIGURE 1: FIVE LIFE DIMENSIONS OF MOST CONCERN, AS PER THE *LGBTI INCLUSION INDEX*

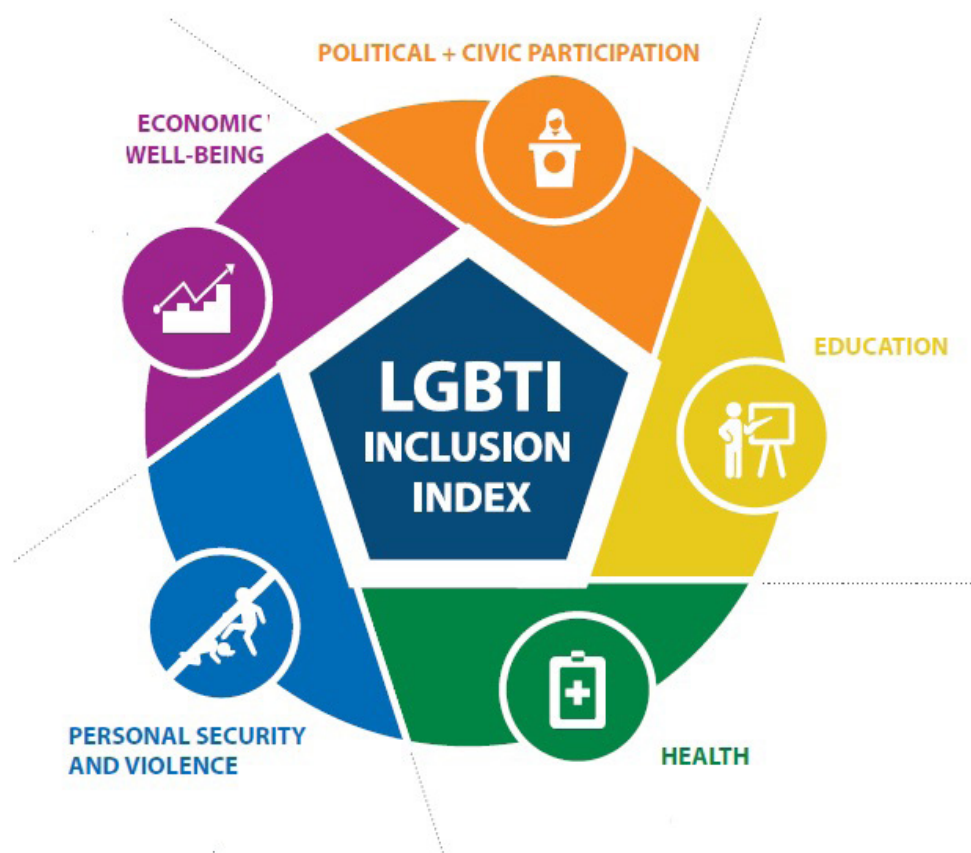
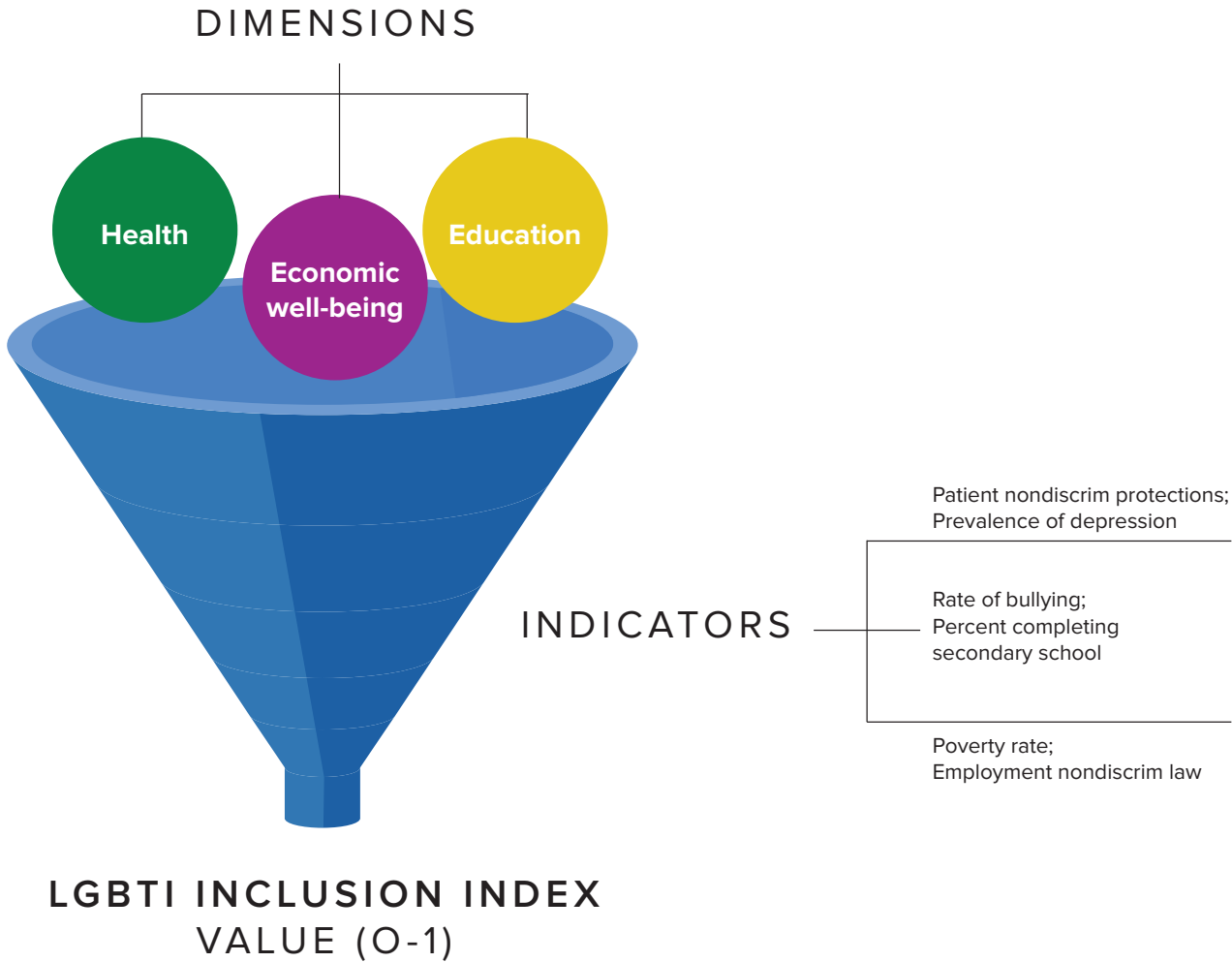


Figure 2 shows examples of indicators that measure inclusion in the health, education and economic well-being dimensions. To use many data points for one measure, the indicators for each dimension are averaged to create a single value of the pilot *LGBTI Inclusion Index*.

FIGURE 2: CONSTRUCTION OF THE INDEX



Each indicator is measured by a country’s laws, policies, practices, LGBTI organizations and data on LGBTI people. The scale used to measure each indicator runs from a value of zero, which reflects no inclusion of LGBTI people, to one, which reflects a high level of inclusion. Partial values were assigned when, for example, coverage of a protective law was uncertain or when a non-discrimination law only prohibited discrimination based on sexual orientation and gender identity but did not include sex characteristics.

The pilot index used 22 indicators of the full set of 51.6 The pilot subset included examples from across the three feasibility tiers for indicators. Tier 1 includes indicators measured by data that already exists and can be immediately used. Tier 2 measures indicators that already exist in practice (a law is present or not, for example) but might require some time to locate (for example, the laws

6 Some countries were able to collect more data and used additional indicators of the LGBTI Inclusion Index.

may not have been summarized by an international body). Tier 3 indicators are usually measures of lived experience that require representative survey data to obtain a value that is comparable across countries.

Because very few countries currently collect data on LGBTI people in this way, the Tier 3 indicators are likely to take more intensive time and resources to estimate for the index. For example, an appropriate measure of the poverty rate for LGBTI people that would be comparable across countries would require questions about being LGBTI to be placed on surveys that are used to calculate a national poverty rate. Or, to get an estimate of the percentage of LGBTI students who are bullied in school, studies of the degree of bullying in schools would need to include questions about students' sexual orientation, gender identity and expression or sex characteristics. Developing and testing this level of survey questions will require an investment in the process of LGBTI inclusion by statistical agencies.

For the pilot, the research team chose 22 indicators (mostly from Tiers 1 and 2) that were thought to be feasible for the countries to measure. The remaining four indicators were from Tier 3 and were included to assess the degree of availability of what we know are scarce data. The Tier 3 indicators included in the pilot were rate of bullying in schools, self-rated health, the rate of workplace discrimination for LGBTI people and general population-level measures of social acceptability of LGBTI people.

For the pilot index, each indicator is weighted equally. The overall value of the index is the average of the indicator scores (summing the scores of indicators that were measured and dividing by the number of indicators measured). Indicators that had missing values were not counted as zeroes and were not used to calculate the average.

b. Training stakeholders to use the pilot index

A set of training modules was created to teach individuals from stakeholder communities how to develop a pilot version of the index. These training modules were recorded, making them available at all times for use at the convenience of participants (known as an asynchronous online course). More specifically, to make the training available to the widest possible range of participants from many countries and time zones, UNDP decided to offer English language online training modules that could be made available easily and could be viewed at any time from a Microsoft Teams platform. Participants could watch videos and/or access slides and the script for each video.

In addition, resources containing data on some of the indicators were provided, as were the foundational documents for the construction of the index. A template for conducting the pilot was also available on the Teams site. The modules can be reused for future training with minor modifications.

The five online training modules covered a range of topics, which were:

1. Introduction: overview of dimensions, indicators and scales for the index;
2. How to measure inclusion using indicators of opportunities and outcomes relevant for all subgroups of the LGBTI community;
3. How to collect data on indicator measures;
4. Turning indicators and scales into a provisional index; and
5. Issues for expanding available data on outcomes to use in the index: ethical and practical issues for adding sexual orientation, gender identity and expression and sex characteristics (SOGIESC) questions to surveys.

Interested parties were invited by UNDP to conduct training in January 2022. Invitees were chosen from lists of participants from earlier phases of development of the *LGBTI Inclusion Index*. In addition, participants were recommended by three global civil society organizations with consultative status at the United Nations Economic and Social Council (ECOSOC) that have been partnering in index development since the beginning: the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), Outright International, and the Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Rights (RFSL). Multilateral partners, such as the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the European Union Agency for Fundamental Rights, the Council of Europe and others, also recommended participants. Academic institutions that previously participated in index development joined the training. Lastly, the UNDP regional LGBTI programmes (“Being LGBTI in...” for Asia and the Pacific and the Caribbean and #WeBelongAfrica) also recommended prospective trainees.

In January 2022, 128 trainees from 52 countries undertook the online training. Participants came from government agencies, national statistics offices, national human rights institutions, civil society, multilateral organizations, academics, philanthropy and business. After the online portion of the training, UNDP conducted two identical real-time webinars (to accommodate different time zones). After receiving a brief summary of the training modules, participants

spent the bulk of the time on small group exercises to work on actual data coding and calculation of scores for several indicators. A video recording of the webinar was posted on the Teams site for index training.

A post-training evaluation form sent to all participants received 27 responses. Of those responses, 74 percent had watched the online videos, 19 percent had read transcripts of the modules and 89 percent had attended at least one of the two real-time webinars. Overall, the responses indicated the training was useful. Several questions (see the results below) used a five-point scale to rate the course.

- > Helpfulness of the online training [from 1 (not at all helpful) to 5 (yes, very helpful)]:
- > 4.2 average score.
- > Content clear [from 1 (no, not very clear) to 5 (yes, very clear)]: 4.3 average score.
- > Overall quality rating [from 1 (poor) to 5 (excellent)]: 4.2 average score.
- > Have enough knowledge to participate in the index process for your country [from 1 (no, not enough knowledge) to 5 (yes, enough knowledge)]: 3.9 average score.

c. The pilot process in country

Following the training, UNDP received requests from 21 countries to participate in piloting the index. Requests came from civil society, national authorities, statistics offices, donors, multilaterals and academia. Initial expressions of interest came from stakeholders in Angola, Argentina, Brazil, China, Dominican Republic, Ecuador, Georgia, Germany, Guyana, India, Kenya, Mexico, Namibia, New Zealand, Pakistan, Serbia, South Africa, Thailand, United States, Uruguay and Viet Nam.

After some initial screening based on the stakeholder groups, it was decided that working groups would be convened and led either by UNDP staff from the country office or by a government agency. In the end, eight countries formed working groups for the index process, with six—Dominican Republic, Georgia, Guyana, New Zealand, Pakistan⁷ and Viet Nam—completing the pilot process in 2022. Five of the six working groups were convened by UNDP staff in the region or country and the sixth (New Zealand) was led by staff of Statistics New Zealand.

⁷ The report for Pakistan was prepared by independent experts.

After the participating countries were selected in the first quarter of 2022, four general steps of the pilot process took place at the country level: 1) convening a working group; 2) collecting data; 3) validating the data; and 4) reporting the results (these steps are described in more detail below). Throughout the second and third quarters of 2022, the core index team at UNDP met periodically with the working groups to orient them to the task, discuss progress on data collection and answer questions about creating the pilot index.

Step 1: Convening the working groups

The composition of the working groups varied across countries. The core UNDP index team encouraged countries to include LGBTI civil society and government actors in some way, preferably as part of the working group per se, and alternatively with them being consulted as part of the validation process. Volunteers from civil society, the private sector, the legal sector or academia were asked to join the working group leads to begin the pilot process. In addition, some countries hired short-term consultants, using local resources, to coordinate the working groups and to ensure the timely completion of the group's task.

Each country considered inviting government agencies to be part of the working group. One country initially planned to invite the national HIV/AIDS organization to take part but decided that the local climate was too difficult at the time and wanted to ensure that no harm was done to LGBTI people. New Zealand's working group was constituted with staff from the national statistics agency, and they recruited members of LGBTI civil society to be part of the validation process.⁸ Overall, most working groups took the alternative approach of gathering information and data through direct contact with government agencies relevant for the different index dimensions (for example, ministries of health or education) or involving them in the validation process.

Steps 2 and 3: Collecting and validating the data

UNDP used the Teams site from the training process to facilitate access to data and as a communication platform across working groups. Teams allowed participants to ask questions in between online meetings, however, most of the questions were raised and discussed in the online group meetings. Some teams also used emails and online discussions with UNDP personnel to discuss questions. The reporting tool used was a spreadsheet listing the subset of indicators used for this pilot process. During the data collection stage, some countries shared their draft spreadsheets on Teams with other working groups.

⁸ New Zealand participants found that LGBTI activists were highly sought after for collaborations with many government agencies, and the tight timeframe was not long enough to identify available and knowledgeable activists for the working group.

The value of the online training modules became apparent in this part of the pilot process. Very little one-on-one work on the details of calculating the index was necessary. Members of the working groups reported that the training and accompanying resources answered most of the questions that emerged. Here we note that this finding suggests that scaling up the number of future pilot countries will not likely require a large expansion of time or personnel for training due to the usefulness of the existing resources.

Working groups collected data for each of the pilot indicators, created a score for the indicators and entered the score and sources of data in the spreadsheet.⁹ When complete, groups sent the draft to UNDP for an initial review. After receiving comments and making revisions, the working groups submitted a final version to UNDP. At some point, either before submitting the draft or before submitting the final version, working groups engaged in a validation process that involved review by knowledgeable individuals and groups in civil society, government or academia. Some working groups also prepared a longer document with detailed notes about sources and analyses. A review of the final submission by UNDP involved resolving remaining questions from working groups and making a few adjustments to indicator values to better align with the data reported by other working groups.

Step 4: Analysing the pilot data

Can countries produce an index value?

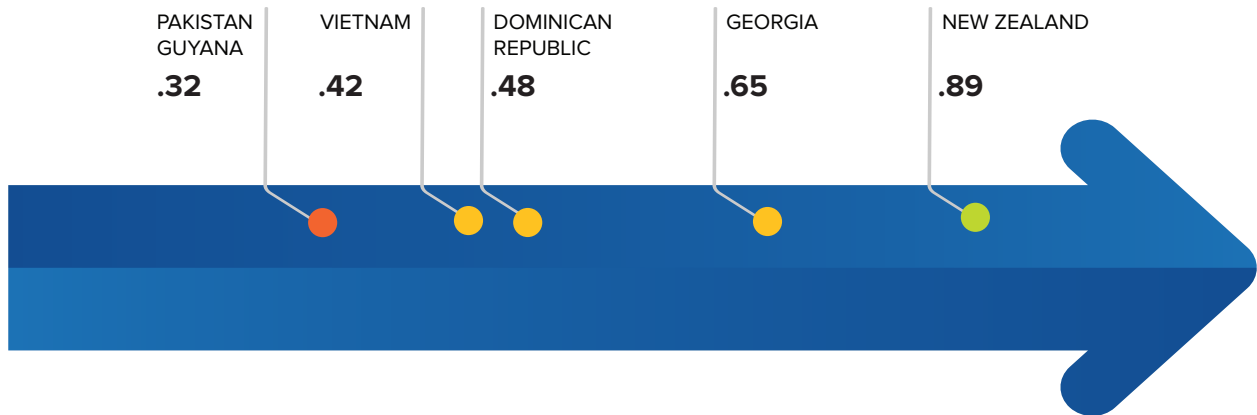
In this step, the research team analysed the data received by UNDP, including the final edits made by country focal points. One central question guiding the pilot process was whether countries had the capacity to produce an index value, which requires collecting data on the indicators that compose the index. Accordingly, the first analytical question of the data was this: Can countries produce an index value? The answer was a clear yes.

The pilot index values were calculated by each country as the average score for the indicators they were able to measure. In Figure 3, these country-level values are arrayed along a line representing the degree of inclusion. As noted earlier, zero reflects exclusion—either opportunities are not present or the life outcome for LGBTI people is highly unequal. A value of one means inclusion on a particular indicator. As shown by the pilot index values, no country is completely inclusive, so the index captures the general position that countries take between zero and one.

⁹ Some countries expanded their data collection to include many of the remaining indicators not officially included in the pilot index. Although we did not ask or expect working groups to collect new data on LGBTI people's outcomes, one country conducted a survey to generate very helpful data to use for test versions of some Tier 3 outcome indicators.

It is important to remember that this pilot value might look quite different with the more complete set of indicators. Therefore, we cannot yet draw conclusions about the relative degree of inclusion across countries.

FIGURE 3: OVERALL PILOT INDEX VALUES OF THE SIX PILOT COUNTRIES



Can countries measure indicators? Which ones?

Next, the research team looked more closely at the indicators that countries were able to measure and those that were not measurable. Table 1 shows that most countries were able to produce measures for Tier 1 and Tier 2 indicators. Only one country, Viet Nam, was able to measure a Tier 3 indicator. New Zealand had survey data that could have measured one Tier 3 variable on health status, but the published survey analysis reported a slightly different set of responses from our pilot measure so could not be used in that form.

Overall, the pilot data demonstrated that countries could measure the Tier 1 and 2 indicators, while Tier 3 variables were challenging or impossible to measure at this time. Most of the Tier 1 and 2 indicators are measures of opportunities, although at least two of the pilot indicators could be considered outcome measures: whether LGBTI NGOs are present and whether openly LGBTI people serve in parliament. Because of the lack of available statistics on the life outcomes of LGBTI people, it was expected that the Tier 3 variables would be difficult for countries to produce. However, even though New Zealand has a high degree of statistical inclusion (measured in indicator *2.5 Statistical inclusion*), their working group was not able to easily access unpublished data to calculate a score for the health status variable. That situation suggests that statistical inclusion *and* access to data for reanalysis are both important for producing measures of statistical indicators of LGBTI lived experience.

TABLE 1:
NUMBER OF INDICATORS REPORTED FROM THE PILOT SET OF 26

	Tier 1 and 2 (out of 22)	Tier 3 (out of 4)	Total (out of 26 possible)
Dominican Republic	21	0	21
Georgia	21	0	21
Guyana	22	0	22
New Zealand	22	0	22
Pakistan	22	0*	22
Viet Nam	22	1	23

* Pakistan reported results for some Tier 3 data from a community-based sample.

Can the data be disaggregated to promote inclusion?

The pilot index demonstrated ways that data can be analysed to provide useful insights to stakeholders who want to make their countries more inclusive. The data can be disaggregated in two ways.

First, the index can be used to identify particular dimensions, like health or education, which need more focused attention and perhaps more resources to achieve higher levels of inclusion. The overall index calculation can be broken down to get a separate measure of inclusion for each of the five dimensions.

Table 2 presents the individual components of the index for the pilot countries, with each column showing a different dimension. Looking across the rows for each country, it is immediately obvious that the degree of inclusion can vary greatly between sectors in a single country. For example, the highest level of inclusion in each country is in the health sector. In contrast, the personal safety and violence dimension tends to be on the low end.

TABLE 2:
DIMENSION-LEVEL INDEX VALUES

	Education	Political and civic participation	Economic well-being	Health	Safety/violence	Overall
Dominican Republic	0.50	0.61	0.22	0.67	0.25	0.48
Georgia	0.75	0.61	0.78	0.78	0.50	0.65
Guyana	0.00	0.43	0.00	0.78	0.00	0.32
New Zealand	0.67	0.87	1.00	1.00	0.88	0.89
Pakistan	0.33	0.41	0.11	0.44	0.13	0.32
Viet Nam	0.09	0.57	0.06	0.76	0.25	0.42

Another way to present the same data is shown in Figure 4, which allows us to visualize the degree of inclusion for five measures at one glance for the example of the Dominican Republic. To interpret this star graph, first note that each point of the pentagon reflects a value of one, and the middle of the pentagon is zero. The blue numbers show where different values of the education index would go for the education sub-index. The value of the Dominican Republic’s education sub-index can be read as the distance from the middle up toward the outer point—it is 0.5 in this example (the point on the yellow line) and is, therefore, halfway to the outer edge. For political and civic participation, the value is 0.61, much closer to the outer edge that reflects full inclusion. At a glance we can see that the Dominican Republic is more LGBTI inclusive in political and civic participation and health, and less inclusive for personal safety, education and economic well-being.

FIGURE 4: DEGREE OF INCLUSION FOR DOMINICAN REPUBLIC, BY DIMENSION

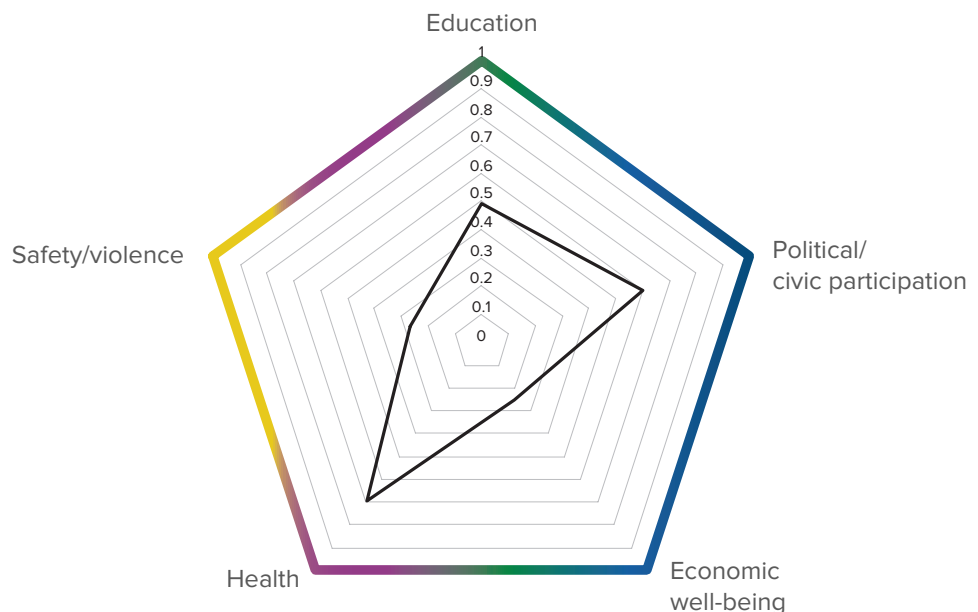
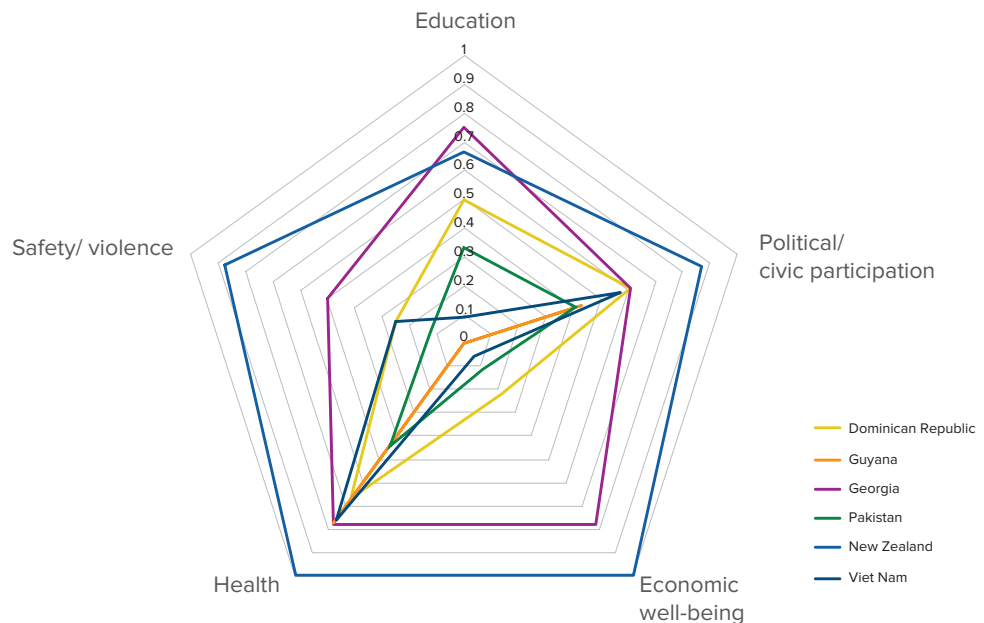


Figure 5 puts all six pilot countries into one star graph. The stars for New Zealand and Georgia are relatively even all around, showing that their levels of inclusion are relatively consistent for all five dimensions. The other countries' graphs have sharper points, showing that they are much more inclusive in some dimensions than in others.

FIGURE 5: DEGREE OF INCLUSION FOR PILOT COUNTRIES, BY DIMENSION



Both Table 2 and Figure 5 show variations in inclusion within countries according to the set of pilot indicators. This perspective allows country level stakeholders to identify areas that should get more attention and resources. It is also possible to see other countries that are doing better in those areas that provide a benchmark and perhaps helpful models for achieving more inclusion in a particular dimension. Finally, it may be useful to consider why inclusion is higher in some dimensions than others. Variation within a country might reflect different levels of knowledge about LGBTI people or activism that has been focused on one area more than others. For example, health appears to be a dimension with higher levels of inclusion, perhaps because policy and political action related to the HIV/AIDS pandemic involves working toward more LGBTI inclusion in health services in these countries.

A second possible disaggregation of the index is to focus on subgroups of the LGBTI community. By design, the index includes important indicators that relate to the needs of every group under the LGBTI umbrella, even if each indicator does not relate to other subgroups. For example, in the Personal Safety and Violence dimension, two indicators relate to bodily, physical and psychological integrity. For people with intersex traits, inclusion on indicator 5.1 means that a country has laws that protect children born with variations of sex characteristics against non-consensual “normalizing” medical interventions.

In contrast, indicator 5.2 asks if a country bans what is sometimes referred to as “conversion therapy.”¹⁰ such laws are only useful indicators of inclusion for LGBT people, not for people with intersex traits.

The set of indicators for the pilot index included four indicators that are designed to specifically measure inclusion for transgender and/or intersex people. These are:

- > Political and civic participation dimension
 - 2.2 Decriminalization of gender expression (the country has no laws that criminalize people on the basis of their gender expression)
 - 2.3 Legal gender recognition (people have self-determination for choosing their gender)
 - 2.4 Process for updating sex/gender in documents (centralized protocols are available to update sex/gender in official certifications)

- > Personal safety and violence dimension
 - 5.1 Non-consensual “normalizing” medical interventions are not allowed for children born with variations in sex characteristics

Those indicators allow to compare the degree of inclusion for transgender and intersex people with inclusion for LGBTI people in those two index dimensions. First, one calculates a sub-index of inclusion for transgender and intersex people with the four indicators above. Next, for comparison purposes, one calculates an LGBTI index with the remaining general indicators in political/civic participation (six others) and personal safety (two others).

Table 3 compares the two disaggregated indexes that can be calculated for each country for those two dimensions. In five countries, the overall inclusion sub-index is lower for intersex and transgender people than for the more general indicators that are relevant for some or all LGBTI people. Only in Pakistan is the value for transgender and intersex people higher than the more general indicators. As discussed in more detail in the next section, this finding is consistent with the report from working groups that the pilot index exercise made them more aware of the lack of protections and inclusion of intersex people, in particular.

¹⁰ Practices commonly known as “conversion therapy” falsely claim to alter the sexual orientation of lesbian, gay or bisexual people to heterosexual or the gender identity of transgender people to cisgender. These practices lack scientific support and frequently result in violations of human rights, causing significant physical and mental harm.

TABLE 3:
DISAGGREGATED SUB-INDEX FOR INTERSEX
AND TRANSGENDER INDICATORS

	Intersex/ transgender	LGBTI
Dominican Republic	0.38	0.56
Georgia	0.25	0.72
Guyana	0.25	0.31
New Zealand	0.63	0.98
Pakistan	0.88	0.07
Viet Nam	0.38	0.52

2. REVIEW OF THE PILOT PROCESS

After country working groups had turned in their final reports in September 2022, the research team conducted several follow-up meetings with working group representatives to discuss the next steps of the pilot process. In addition, the team asked participants for feedback on the value of the pilot index, insights about the working group process and suggestions for the future. Several themes emerged and are discussed below.

a. Immediate usefulness of the index and pilot data

Planning and funding were enhanced

The UNDP country office staff that convened the working groups reported that the data gathered were immediately helpful in several ways. In one country, the data “corroborated and consolidated much of the anecdotal information about key populations” that the office had accumulated and led to planning a “deepening and expansion” of UNDP work in that country.

Two countries were able to use the pilot index to gain external funding for LGBTI-related work. A fourth country invited a donor organization to take part in the national launch of the index pilot and the donor expressed interest in activities following the piloting process.

Valuable networks were built

In many countries, the working group pulled together people from many sectors with diverse perspectives. One UNDP country office decided to expand its working group and to continue to meet quarterly to share knowledge on LGBTI issues and to update index values when necessary. A member of another country’s working group also hopes to continue the work of the group.

Policy gaps became more visible

Many participants mentioned that certain gaps became very obvious to the working group during the pilot index process. In particular, working groups from several countries noted a lack of policies promoting the inclusion of people with intersex traits and the relative lack of advocacy for intersex inclusion. No working group reported having members from the intersex community.

Similarly, the disaggregation of population groups in the index highlighted the need for continued attention to transgender issues.

Several working groups pointed to visible gaps in policies and action related to school bullying and other education issues. Another country reported surprise in discovering that formal processes to report, and potentially resolve or adjudicate, cases of bullying in schools or discrimination in employment were not currently present.

Information gathering raised awareness

In some cases, the gaps were also noticed by government officials. For example, according to one participant, during a call to confirm policies with their country's ministry of education, the conversation "opened their eyes to the fact that gaps exist" in policy attention to bullying of LGBTI students. Working group members in more than one country reported that the process of talking with government officials to gather data generated more awareness of LGBTI issues among government agencies.

Gaps in statistical data were revealed

Finally, the unavailability of good statistics and disaggregated data about LGBTI people stood out in most of the pilot countries. Many participants reported that the index pilot process itself was a basis for revealing these gaps and the lack of a country-level plan for filling the gaps. Not all groups were able to fully engage their national statistics offices, however, showing that more work will be needed to raise the priority level of SOGIESC data collection.

In at least one country, the working group was surprised to find that the national statistics office was less than fully cooperative. That country's statistical agency was not working on SOGIESC data issues and showed little interest in expanding beyond the gender binary. New Zealand was the outlier here, with working group leadership from Stats New Zealand, existing data on sexual orientation and gender identity on important surveys and plans for an intersex question for the next census.

b. Process issues within working groups

Challenges in working with government

The research team asked working groups about the extent to which government agencies were involved in the pilot data collection and validation process. In one case (New Zealand), the convenors were from a government agency and reported an ease of working with other government agencies to obtain data on policies.

Working groups in other countries were convened by UNDP country offices, so they had to reach out to locate willing participants from government agencies. This was difficult in several countries, and in at least two countries concern about possible backlash shaped interactions with government agencies. Even though government officials agreed to be on the working groups, in one country they did not attend meetings and in another country, they provided only cursory feedback.

Challenges in working with civil society

As noted earlier, working groups were strongly encouraged to seek out participation from LGBTI civil society organizations. In practice, this involvement took different forms. In some countries, members of civil society played a lead role in collecting data and producing the pilot index.

In other countries, two very different challenges emerged related to recruiting civil society members for input. New Zealand, which worked through a government agency, reported having challenges finding civil society members who were available to work on this particular project because many other agencies were concurrently seeking LGBTI civil society organizational input. In another country, LGBTI civil society was initially reluctant to participate but later joined when a trusted member of the community was hired to lead the process.

Coordination and leadership by UNDP

UNDP's broad mandate and country-level presence gave them convening power in many places. The working groups were subsidized both by hiring consultants locally and through the efforts of UNDP staff. This coordination and leadership were essential for putting working groups together and for advancing the pilot process to a conclusion.

c. Shortcomings of the index

One country's working group suggested that the index process needed to include more consideration of nuances and contextual factors related to LGBTI group identities. They noted the need to consider the influence of security issues on advocacy and participation in knowledge sharing, especially when identities and culturally relevant terms might be in flux. A hostile political discourse also contributes to LGBTI exclusion, but the index does not directly capture that form of exclusion.

A second concern in at least two countries was that the index did not provide a way to note some important features of the legal landscape for LGBTI people. For example, two countries pointed out that some laws do not mention SOGIESC but are used to target LGBTI people, such as vagrancy laws that are used against transgender sex workers and cybercrime laws being used against human rights defenders. The index did not always allow countries to report more positive developments either, such as recent wins in court cases that were not tied to an index indicator.

The research team interpreted this feedback in two ways. First, some of these points demonstrate that an *LGBTI Inclusion Index* cannot capture all features of the social and legal situation of LGBTI people or sexual and gender minority groups more generally. During the development of the index, diverse stakeholders decided on a set of indicators that would be relevant for most countries and that covered many aspects of the social, legal, health and economic situation for LGBTI people at a point in time. The index was not designed to fully capture how that situation is being actively shaped by social discourse, advocacy processes, strategic litigation or social movement strategies, even though all of those factors could play important roles in improving inclusion of LGBTI people. Second, identifying concerns about cultural variation in terms and identities was a goal of the pilot process, and they are highly relevant for developing statistical inclusion, in particular. The research team will continue to work on guidance for country working groups so that they can use the most culturally appropriate identities for the index.

3.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The pilot process for the *LGBTI Inclusion Index* in 2022 provided an important proof of concept: a collaborative and diverse group of stakeholders can be trained to produce a value of the *LGBTI Inclusion Index* that will become a useful benchmark for expanding the inclusion of LGBTI people. Six countries produced values of the pilot index that provide useful insights into the degree of LGBTI inclusion and to areas of strength and weakness for future effort.

Several important conclusions about the index and the degree of inclusion emerged from this subset of indicators. These are described below.

- > No country is completely inclusive of LGBTI people according to the pilot index. The value of the pilot index varied across the six test countries, with the countries overall landing in the middle range, falling on either side of the “partial inclusion” midpoint.
- > The degree of inclusion varies greatly between sectors in most countries. The highest level of inclusion in each country was in the health sector. In contrast, the personal safety and violence dimension tended to be on the low end for most countries.
- > The design of the index allows for a comparison of the degree of inclusion specifically for transgender and intersex people. In the pilot index, four indicators in two dimensions (political/civic participation and personal safety) were related to intersex and transgender inclusion. Calculating a sub-index with those values showed that in five of the six countries, inclusion is lower for intersex and transgender people than for LGBTI people overall.
- > Statistical inclusion *and* access to data for reanalysis are both important for producing measures of statistical indicators of LGBTI lived experience. Very few countries currently have such data for LGBTI people. As countries make plans to collect more such data, they should be attentive to the need for analysis of that data to measure specific indicators.

The pilot countries reported several positive effects of being part of the index pilot process and having new indicator data to work with. Follow-up focus groups showed that the pilot process was extremely helpful in several ways, including in making a case for external funding, helping with programmatic

planning and building networks. The process of gathering data made policy gaps visible, particularly related to intersex people and in the education dimension. Several countries had difficulty achieving government engagement and some had problems achieving formal LGBTI civil society engagement in the working groups.

It is important to note two linked innovations (described below) of the index, in comparison to other similar efforts to characterize LGBTI inclusiveness of different countries.

- > First, the collaborative process of producing an index value involves LGBTI civil society, which meets an important ethical criterion for data collection. Civil society participation may also increase buy-in and knowledge of the index, potentially expanding its use.
- > Second, collaborations between civil society, national statistics offices and other key stakeholders will be important in fully implementing the other substantive innovation, which is the inclusion of indicators that measure the lived experiences of LGBTI people.

Currently, statistics in most countries are inadequate to measure whether LGBTI people have achieved key outcomes in education, health, economic and participation measures. To get the data needed, advocates for statistical inclusion will need a strong network, at the core of which could be the country-level index working group. Improvement in both areas is key to moving the *LGBTI Inclusion Index* forward.

Recommendations

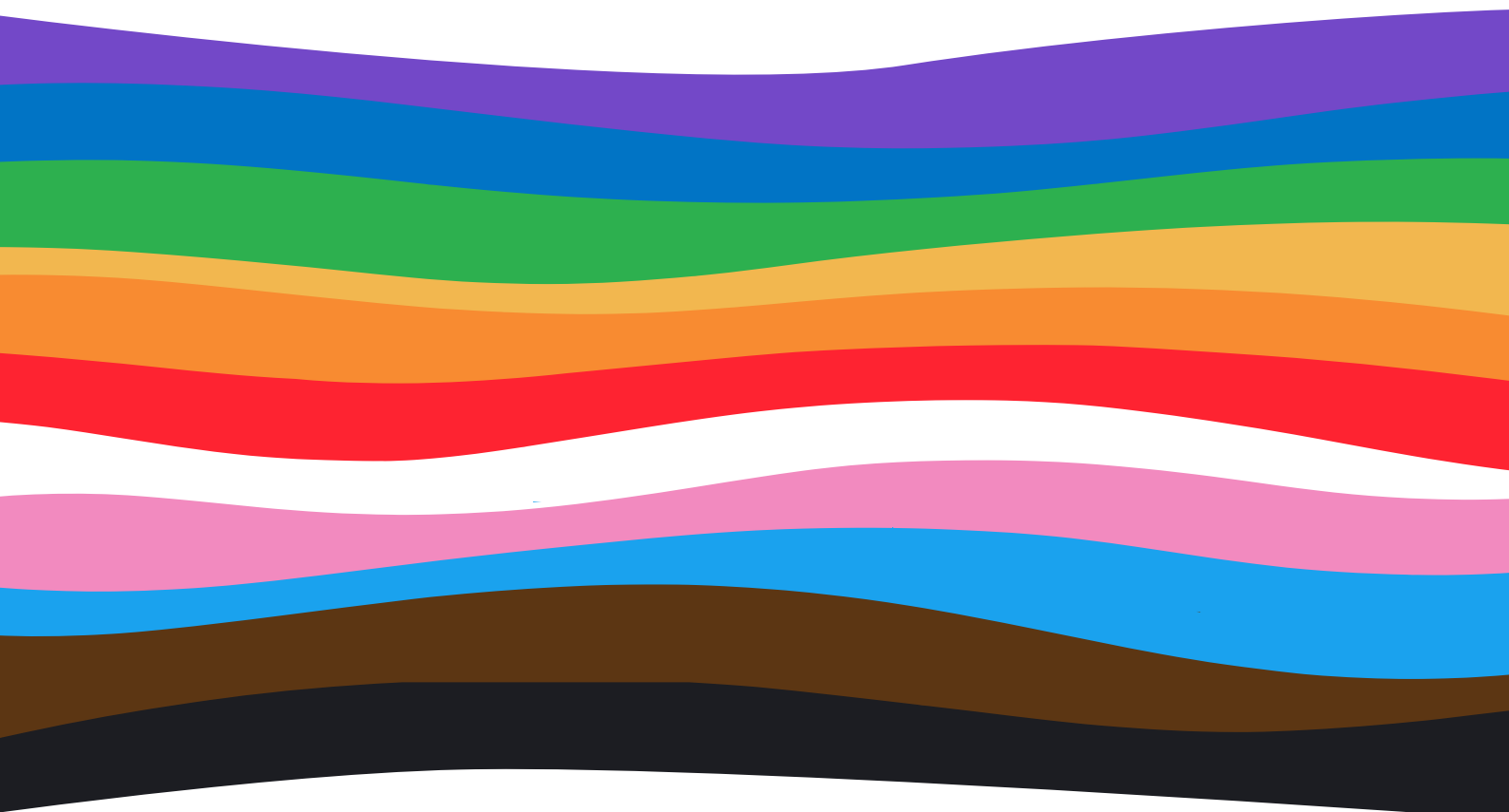
The pilot process should move to the next phase and be scaled up to include more countries, more collaboration and more indicators. Over 120 people in 52 countries have received initial training and are poised to participate in future stages of the *LGBTI Inclusion Index* process. Given the thoroughness and online accessibility of the training process, increasing the number of future pilot countries will not likely require a large expansion of time or personnel for training. UNDP was able to draw on its country offices and local connections to lead and coordinate the pilot effort in several different countries; this is another factor that can keep costs of expansion low.

The fact that some countries were willing and able to produce data for many other indicators that were not on the pilot list suggests that the next stage could involve the complete set of indicators.

A clear recommendation for the future of the pilot process is to encourage national statistics offices to be involved. National statistics offices should be persuaded to participate in working groups. These offices should be prompted to begin planning in more detail how to collect better data on LGBTI people.

Meaningful inclusion of civil society organizations and individuals from lesbian, gay, bisexual, transgender and especially from the intersex community will be essential to future iterations of the index.

As more countries join the pilot process, the *LGBTI Inclusion Index* can become a game-changing strategy for expanding opportunities and equalizing outcomes for LGBTI people. The value of the index and its indicators as benchmarks is clear from the history of developing the index and from the analysis of the pilot data. The index provides both a measure of progress and goals toward which to strive. The index's collaborative methodology empowers many key stakeholders to be involved which fosters strong networks that can push for better data to be developed in individual countries. With the solid empirical foundation provided by the *LGBTI Inclusion Index*, communities and countries will have the data they need to ensure that no one is left behind.



APPENDIX: INDICATORS FOR THE LGBTI INCLUSION INDEX AND PILOT PROCESS

Indicators shaded in green are in the pilot index. Indicators shaded in orange are in the pilot index but require statistical data. Indicators shaded in light grey text were not included in pilot index.

Aspect of inclusion	Name of indicator	Indicator
1. EDUCATION		
Safe learning environments	1.1 Rate of bullying	Percentage of LGBTI students who have experienced physical, psychological or sexual violence or bullying during the past 12 months.
	1.2 Anti-bullying policy	Presence of a law, constitutional provision, policy or regulation preventing and addressing bullying and harassment against students in the educational system that includes students based on actual or perceived SOGIESC.
	1.3 Implementation of anti-violence policy	Percentage of schools that have comprehensive school policies to prevent and address violence and bullying related to SOGIESC.
Access to education	1.4 Non-discrimination policy, students	Presence of a law, constitutional provision, policy or regulation that prohibits discrimination against students in educational settings based on SOGIESC.
	1.5 Implementation of non-discrimination policy, students	Existence of concrete mechanisms (national or local) for reporting cases of SOGIESC-related discrimination, violence and bullying toward students, including incidents perpetrated by representatives of the education sector, such as teachers and other school staff.
	1.6.a Educational attainment: secondary completion	Percentage of LGBTI people who have completed upper secondary education compared to percentage of total population who have completed upper secondary education.
	1.6.b Educational attainment: primary completion	Percentage of LGBTI people who have completed primary education compared to percentage of total population who have completed primary education.
Knowledge	1.7 Diversity-inclusive curricula	Existence of school curricula that include information on sexual orientation, gender identity, gender expression and sex characteristics.

Aspect of inclusion	Name of indicator	Indicator
2. POLITICAL AND CIVIC PARTICIPATION		
Recognition	2.1 Decriminalization of same-sex conduct	Private consensual same-sex activity between adults is not illegal.
	2.2 Decriminalization of gender expression	Country has no laws that criminalize people on the basis of their gender expression.
	2.3 Legal gender recognition	People have self-determination for choosing their gender.
	2.4 Process for updating sex/gender in documents	Availability of centralized protocols for updating sex/gender in official certifications.
	2.5 Statistical inclusion	Measures of SOGIESC are included in statistical reporting systems and allow calculation of index statistics on health, education, economic outcomes, violence and political participation.
Freedom of expression and association	2.6 Restrictive laws	Existence of laws that restrict freedom of expression, civic participation or association related to SOGIESC.
	2.7.a LGBTI NGOs allowed	NGOs that promote the interest of LGBTI individuals are legally allowed to register.
	2.7.b LGBTI NGOs present	Presence of at least one national organization related to: (1) LGB rights; (2) transgender rights; and (3) intersex rights that operates openly.
Political representation	2.8 LGBTI in parliament	Presence of members of parliament or other national, elected representative body who are openly LGBTI.
Public opinion	2.9.a/b/c/d Social acceptability of variations in SOGIESC	Percentage of individuals in a country who believe that - (a) homosexuality; (b) bisexuality; (c) transgender; (d) variation in sex characteristics - is socially acceptable.
3. ECONOMIC WELL-BEING		
Access to jobs	3.1 Employment non-discrimination law	Presence of a law, constitutional provision, policy or regulation prohibiting SOGIESC discrimination in public and private sector workplaces at the national level.
	3.2 Implementation of employment non-discrimination law	A national equality body or national human rights institution is responsible for handling charges of employment discrimination related to sexual orientation, gender identity and sex characteristics.
	3.3 Experiences of employment discrimination	Percentage of LGBTI people who report experiencing employment discrimination in the last 12 months.
	3.4 Relative unemployment rate	Percentage of LGBTI labour force that is unemployed compared to percentage of overall labour force that is unemployed.
	3.5 Women's economic autonomy	Use an existing index of legal restrictions on women's ownership of property, access to assets or freedom of movement.

Aspect of inclusion	Name of indicator	Indicator
Adequate income	3.6 Relative poverty rate	Percentage of LGBTI population below poverty threshold compared to the percentage of overall population below poverty threshold.
	3.7 Relative individual earnings	Average annual earnings for individual LGBTI people compared to average individual earnings for overall population.
Social security	3.8 Equal benefits	Pension system for civil servants provides the same benefits to same-sex partners provided to different-sex spouses.
Business climate	3.9 LGBTI-owned or LGBTI-led businesses	Number of LGBTI-owned or LGBTI-led businesses divided by country population (times 10,000).
4. HEALTH		
SOGIESC inclusive health legislation and policies	4.1 Patient non-discrimination protections	The presence of non-discrimination laws and policies by providers that specifically include SOGIESC (preventing denial of care and recognizing the right to care for all regardless of SOGIESC).
	4.2 Medical record protections	Protection of medical records and information exists.
	4.3 Informed consent	Patients have to provide informed and free consent before medical examinations (in particular anal examinations and HIV).
Access to SOGIESC sensitive healthcare	4.4 Patient discrimination/ stigma experience	Percentage of people that feel discriminated against on the basis of SOGIESC in health care settings.
	4.5 Variations in SOGIESC considered healthy	Variations in sex characteristics, sexual orientation and gender identity and expression are considered healthy in medical guidelines, protocols and classifications.
	4.6 Source of care	Percentage of persons who have a specific source of ongoing care.
	4.7 Gender-affirming care	Presence of gender-affirming care for LGBTI people.
	4.8 Cervical cancer screening	Percentage of LGBTI people with a cervix who are screened for cervical cancer according to most recent guidelines.
Sexual and reproductive health and rights	4.9 HIV prevalence	Prevalence of HIV Infections in LGBTI people.
	4.10 Access to SOGIESC-sensitive reproductive healthcare	Existence of SOGIESC-sensitive reproductive health care.
	4.11 Sterilizations	Presence of forced and coercive sterilizations affecting reproductive health and rights in LGBTI people.
Health status	4.12 Depression	Prevalence of depression.
	4.13 Self-rated health	In general, would you say your health is...excellent, very good, good, fair, poor? (WHO variation: "How is your health in general?" with response scale "It is very good/good/fair/bad/very bad.")

Aspect of inclusion	Name of indicator	Indicator
5. PERSONAL SAFETY AND VIOLENCE		
Bodily, physical and psychological Integrity	5.1 “Normalizing” medical interventions	Laws, regulations, judicial decisions protecting against non-consensual “normalizing” medical interventions for children born with variations of sex characteristics.
	5.2 “Conversion therapy”	Laws, regulations, judicial decisions and policies prohibiting/banning/protecting against sexual orientation and gender identity “conversion therapy.”
Hate crimes/incitement to violence	5.3 Hate crime legislation/incitement to violence	The inclusion of hate based on real or perceived SOGIESC as an aggravating factor in laws, regulations, judicial decisions and policies on hate crimes and incitement to violence legislation that includes real or perceived SOGIESC as a motive of hate crimes exists.
SOGIESC-related violence	5.4 Physical, psychological, sexual violence	Proportion of persons subjected to physical, psychological or sexual violence in previous 12 months on the basis of real or perceived SOGIESC.
	5.5 Violence against defenders	SOGIESC activists/human rights defenders subjected to violence in past 12 months.
SOGIESC asylum	5.6 Asylum protections	Asylum is granted to people who are persecuted or have a well-founded fear of persecution because of their real or perceived SOGIESC.
Access to justice for LGBTI people	5.7 Justice sector training	Mandatory training programmes for judicial, law-enforcement and correctional officials incorporates training on human rights and protection from violence concerning LGBTI and SOGIESC.
	5.8 Trust in justice sector	Percentage of LGBTI people who say they trust the justice system to take appropriate responses to violence on the basis of real or perceived SOGIESC.
	5.9 Monitoring violence against LGBTI	Domestic bodies monitor incidents of violence against people of diverse SOGIESC.
	5.10 Violence against LGBTI in institutional settings	Domestic bodies monitor incidents of violence against people of diverse SOGIESC in places of detention.
	5.11 Detention policies	Existence of official policy protections on SOGIESC in detention settings, including specific policies to respect the self-identified gender identity and expression of trans people.



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