



END OF PROJECT REPORT

Introduction

The purpose of this report – which is consistent with the UNDG Standard Progress Report format – is to provide information on the progress made by the project towards the realization of its stated objectives. In keeping with the UN system on-going efforts to strengthen result-orientation, the report should focus on systemic, structural transformation rather than process, highlighting how the different elements of the result chain described in the approved project document contributed to advance disability rights in keeping with the Convention on the Rights of Persons with Disabilities.¹

Reporting teams are encouraged to attach annexes containing additional relevant information (including assessments, evaluations and studies undertaken or published) and share videos, photographs or other multi-media materials illustrating the work and results of the project. It is recommended, however, that all annexes be clearly referenced, using footnotes or endnotes within the body of the narrative.

¹ The following definitions, which are based on the UN Development Group Harmonized RBM Terminology, were used in the “Template for Programme Proposals”, utilized by UN Country teams to develop the approved project documents:

- Impact: Positive and negative long-term effects on identifiable population groups produced by a development intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, environmental, technological or of other types.
- Outcome: The intended or achieved short-term and medium-term effects of an intervention’s outputs, usually requiring the collective effort of partners. Outcomes represent changes in development conditions which occur between the completion of outputs and the achievement of impact.
- Outputs: The products and services which result from the completion of activities within a development intervention.

1. Variations in impact and outcome indicators

Table 1. Variation in impact indicators

Impact
Persons with disabilities are receiving social services and support in accordance with their needs; their participation in the social and economic life of the country is increased.

Impact Indicators

Indicator*	Start level (Beginning of the project implementation period)*	End level (End of the project implementation period)*
% increase in the number and quality of services and the number of their beneficiaries.	Not available	<p>In 2016, 67 801 beneficiaries received services linked with disability certification, out of them:</p> <ul style="list-style-type: none"> - Women: 34 352 <li style="padding-left: 20px;">- Up to 18: 565 - Men: 33 449 <li style="padding-left: 20px;">- Up to 18: 601 <p>Currently the Individual Service Plans (ISP) consists of three parts: services related to health, occupational/professional rehabilitation and education and employment.</p> <p>According to the new draft Law on Protection of Rights and Social Inclusion of Persons with Disabilities the ISP for children will also involve access to educational opportunities promoting individual development².</p> <p>The number of assistive devices provided increased by more than 900% in comparison with 2015.</p> <p>While in 2015, the total number of assistive products provided was 338 (191 prosthesis, 129 orthosis, 15 hearing devices, 2 canes and 1 eye prosthesis), in 2016, 3115 assistive devices were provided to persons with disabilities, particularly:</p> <ul style="list-style-type: none"> - 839 prosthesis and orthopedic devices, from which 256 to women. - 2276 assistive devices (canes, crutches, wheelchairs, hearing devices, eye prosthesis, speech generating devices and others.), from which 1193 were received by women. <p>Note: The Technical commission responsible for monitoring of implementation and efficiency of measures stipulating provision of prosthetic and orthopedic devices, rehabilitation and other technical support included in the rehabilitation plans of ISPs³ was established in 2015, during project implementation. Therefore feedback on implementation of the ISP is available only for 2015 and</p>

² Draft Law of the Republic of Armenia on Rights Protection and Social Inclusion of Persons with Disabilities

³ Government Decree 1035-N (10.09.2015) on Defining Procedures and Conditions for Provision of Rehabilitation Assistance and Recognizing Invalid the Decision N 1369-N of 22 Sep 2006 and N 453-N of 12 April 2007 of the Government of the Republic of Armenia (Ref. [http: www.arlis.am](http://www.arlis.am))

Indicator*	Start level (Beginning of the project implementation period)*	End level (End of the project implementation period)*
		2016 years, and it is related only to the number and quality of provided assistive products.* *Means of verification: <ul style="list-style-type: none"> • “Pyunik” database of Medical social expert agency • Medical-technical commission of the MLSA, Republic of Armenia
% and number of persons with disabilities engaged in the job market as a result of targeted interventions based on ISP	<10% (sex disaggregation data was not available)	28.3% or 37,700 persons with disabilities (from which 14,800 women) of age 18-63 were employed. In the framework of the project, monitoring mechanisms were developed to evaluate the results of targeted interventions based on the proposed ISPs , including the participation of persons with disabilities in work . *Means of verification: “Labour market in the Republic of Armenia, 2016”, Labour market in the Republic of Armenia, 2016 Statistics

* Please provide sex disaggregation here.

Table 2. Variation in outcome indicators

Outcome 1
The model of disability determination is revised to reflect the UNCRPD and ICF definition of disability.

Outcome 1 Indicators

Indicator*	Start level (Beginning of the project implementation period)*	End level (End of the project implementation period)*
There is a full scale model of disability determination developed, tested and finalized.	A concept note is developed.	The disability assessment model /based on a medical approach/ was revised and aligned with rights-based UNCRPD and ICF definition of disability . The new model was tested and piloted in three regions of Armenia with 1,269 people , instead of the initially planned one region and was integrated into the social service system . *Means of verification: <ul style="list-style-type: none"> • Policy documents, Government Action Plan for 2017 • Expert opinion (Expert Report is attached as Annex 1) • Report with analysis of the pilot and recommendations • Beneficiary satisfaction survey

Outcome 2
Social service system is strengthened to better meet the needs of persons with disabilities

Outcome 2 Indicators

Indicator*	Start level (Beginning of the project implementation period)*	End level (End of the project implementation period)*
N and % of healthcare staff trained	0	<p>Overall 149 (29 male and 120 female) representatives of 86% of primary health care institutions (120 out of 140 institutions) have been trained.</p> <p>The intense capacity development exercises led to increased knowledge of the social model of disability and the ICF-CY philosophy, tools and guidelines among the healthcare personnel thus facilitating a slow but steadily growing process of shift in attitudes and understanding among this group.</p> <p>*Means of verification:</p> <ul style="list-style-type: none"> • <i>Training Reports and Lists of participants</i> • <i>Health and Health Care System: Statistical yearbook, http://moh.am/?section=static_pages/index&id=237&subID=29,719</i>
N and % of medical-social commission experts trained	0	<p>All 170 professionals of the Medical and Social Expertise (MSE) commissions and the MSE Agency, responsible for supervision, monitoring, mentoring of commissions, data collection and re-examination of disputable cases vis a vis disability assessment have increased capacities on ICF-CY principles, tools and guidelines.</p> <p>Capacity of heads of the MSEs and selected social workers in applying ICF based model was strengthened including through Training of Trainers aiming for a cascade training and knowledge sharing with their staff.</p> <p>Experts from Jonkoping University/ Sweden, Portugal and North Carolina University facilitated the ToT ensuring a good balance of theory and practice. Before and after theoretical workshops heads of MSE commissions transmitted information to their respective staff and as part of practical practice used new forms and eligibility criteria.</p> <p>*Means of verification:</p> <ul style="list-style-type: none"> • <i>Training reports</i> • <i>List of participants</i> • <i>Expert Mission Report (Annex 1)</i>
N of case managers trained	0	<p>Overall 77 professionals, from which 63 case managers and social workers (43 women) and 14 occupational-therapists (14 women) applied their skills and knowledge of ICF-CY principles and tools during testing and piloting.</p> <p>Some of them have been invited to share their practical experience on application of the newly piloted ICF based model for service provision during the final ToT workshop. This was also great example of replication of the model by other partners in the field.</p> <p>*Means of verification:</p> <ul style="list-style-type: none"> • <i>Training report</i> • <i>List of participants</i>
N of DPO representatives trained on ICF	0	<p>45 (26 women) representatives of DPOs and Organizations of Parents of Children with Disabilities have participated in trainings together with MSEC staff and social workers. They have actively facilitated the practical sessions</p>

Indicator*	Start level (Beginning of the project implementation period)*	End level (End of the project implementation period)*
		<p>by advising (also through <i>role plays</i>) training participants on how to ask specific questions during the testing and home visits.</p> <p>Representatives of DPOs and Organizations of Parents of Children with Disabilities actively participated in plenary and parallel sessions during the two-day International Conference on CRPD and ICF-CY to exchange knowledge about ICF-CY principles. Representatives of DPOs chaired and facilitated targeted sessions at the conference.</p> <p>*Means of verification:</p> <ul style="list-style-type: none"> • <i>Training report</i> • <i>List of participants</i> • <i>Coverage of a two day “International Conference “A World without Barriers”</i>

Outcome 3

A methodology is prepared for developing gender-sensitive individual support plans (ISPs) responding to the needs of persons with disabilities (emphasizing age and gender specificity), including a training and job market engagement component.

Outcome 3 Indicators

Indicator*	Start level (Beginning of the project implementation period)*	End level (End of the project implementation period)*
Existence of the Methodology.	No Methodology	<p>The initial package of Government Decrees and Ministry’s Orders on the development, planning, implementation, and monitoring of the ISP has been approved in 2016 (however, due to restructuring of the system the package is in revision to be improved in 2017).</p> <p>List of developed legislative documents includes:</p> <ul style="list-style-type: none"> • Government Decrees: <ul style="list-style-type: none"> - “Defining Procedures and Conditions for ISP”, - “Planning and Implementation of ISP for Persons with Disabilities”, - Strategy on Social Inclusion of Persons with Disabilities 2016-21, • Orders of the Minister of Labour and Social Affairs: <ul style="list-style-type: none"> - “ISP Form and MSEC Decision Form”, - Draft order on the composition of the ISP. <p>In addition, the Draft Law on Protection of Rights and Social Inclusion of Persons with Disabilities, was revised based on comments and</p>

Indicator*	Start level	End level
	(Beginning of the project implementation period)*	(End of the project implementation period)*
		<p>recommendations of international experts facilitated by UNICEF/UNDP team. (With certain level of revision, the Draft still needs to be brought in full compliance with CRPD).</p> <p>The package of documents was reviewed from gender perspective and recommendations made for application of gender-sensitive approach.</p> <p>*Means of verification:</p> <ul style="list-style-type: none"> • <i>Documents review</i>
Quality of the Methodology and compliance with UNCRPD and ICF conceptual framework.	N/A	<p>Regulatory documents: Government Decrees and Minister's Orders have been revised based on comments on improvement of gender issues and age specificity, including training and job market component by UNIDO, UNFPA, UNDP and UNICEF experts. With certain level of revision, all documents still have room to be brought in full compliance with CRPD and broader UN Human Rights framework, including CEDAW requirements.</p> <p>*Means of verification:</p> <ul style="list-style-type: none"> • <i>Consultancy Report (Annex 1)</i> • <i>Comparative analysis conducted by UNDP/UNICEF teams</i>

Outcome 4

Capacity of the national system is improved to support persons with disabilities to enter into the job market.

Outcome 4 Indicators

Indicator*	Start level	End level
	(Beginning of the project implementation period)*	(End of the project implementation period)*
A national strategic plan is revised to support work participation of persons with disabilities	State employment agencies are institutionally quite weak in general. However, Save the Children and ILO have been providing them training on some tools to assess working capacity for persons with disabilities.	<p>A national strategic plan was revised to support work participation of persons with disabilities, through</p> <ul style="list-style-type: none"> • Establishment of the Labour Engagement Working Group (LEWG) • Conducting survey on perceived barriers to employment scale for persons with disabilities (with 158 responses) • Conducting Survey on perceived barriers to self-employment success for persons with disabilities conducted (with 31 responses) • Organizing training on best practices to engage institutions and companies to support equal employment opportunities for persons with disabilities for 40 representatives from NGOs, DPOs and public and private sectors • Developing strategic recommendations for equitable employment for persons with disabilities.

Indicator*	Start level (Beginning of the project implementation period)*	End level (End of the project implementation period)*
		<p>*Means of verification:</p> <ul style="list-style-type: none"> • <i>Focus group discussions with beneficiaries</i> • <i>Training report</i> • <i>Lists of participants</i> • <i>System capacity evaluation survey</i>

* Please provide sex disaggregation here.

2. Overall progress

Ratification of the Convention on the Rights of Persons with Disabilities (CRPD) has created an important momentum for the Republic of Armenia to move positively in the direction of promoting the rights of persons with disabilities to live to their full potential in the community and contribute to the resource pool of the broader society.

UNPRPD afforded a unique opportunity to support social reforms oriented to social inclusion, protection and promotion of the rights of persons with disabilities, and initiated serious thinking on how to address the different needs of persons with disabilities. The UNPRPD project “Improving access to services and participation of persons with disabilities on the conceptual framework of UNCRPD and ICF” in Armenia was a collaborative effort among four UN agencies (UNICEF, UNDP, UNIDO and UNFPA), aiming to contribute to the progressive fulfilment of the rights of persons with disabilities through comprehensive assessment and development of the individual rehabilitation plan for provision of services and support based on individual needs.

The UNCT Strategic Action supporting CRPD implementation marked a revolutionary shift in the paradigm from the medical model towards a human rights based understanding of disability. Strong normative commitments under the new paradigm have been made – and to some extent acted upon to secure enjoyment of rights as guaranteed under CRPD, nevertheless, a lot of work in terms of major transformation still remains ahead.

The main tangible achievements directly related to the implementation of the project, can be described as follows:

- The WHO ICF based new model for disability determination, including measurement tools, methodological guidelines, new procedures for disability determination and eligibility criteria allowing comprehensive assessment of disability, have been developed and tested. The evaluation of the newly developed measurement tools by international experts provided evidence for high reliability and validity. Reliability was measured in terms of internal consistency and validity was estimated in three ways: face validity, construct validity and criterion validity. (Annex 1 Consultancy Report).
- For the first time for determining disability of children the assessment information was gathered from the education sector, particularly psycho-pedagogical center. The attempt was made to have information sharing opportunity aiming at collaboration of different sectors and allowing objective and multidimensional data collection for fulfillment of the rights of children with disabilities (UNCRPD, Article 7).

- Social protection system actors, such as experts of medical social commissions involved in the decision making process, social workers and case managers, and medical staff responsible for referral of applicants to the disability determination have increased understanding of the disability issues, philosophy and guidance of the ICF-CY, and principles and importance of universal design.
- Persons with disabilities and members of their representative organizations have increased understanding of WHO ICF and measures directed to the fulfillment of the rights of persons with disabilities. Participation of persons with disabilities and their representative organizations at the different levels of the reform process was ensured.
- Mass Media representatives have increased knowledge on multidimensional nature and rights based approach of disability, on how to raise public awareness on the rights of persons with disabilities, and influence media decision makers in covering disability topic (UNCRPD, Article 8).
- For the first time, legislative documents, measurement tools and the individual plan methodology have been reviewed and commented from gender perspective (UNCRPD, Article 6).
- The individual rehabilitation plan consisting of health rehabilitation (UNCRPD, Article 25 and 26) was complemented by education, job engagement and social support components (UNCRPD, Article 24, 27 and 28). For the first time the legislative documents related to the individual rehabilitation plan emphasizing mechanisms to monitor implementation and evaluate the effectiveness of services and support were put in place.
- Provision of health rehabilitation services and some specific assistive devices (such as hearing device) regardless the disability status of the applicant was discussed and included in the legislation.
- An accessible updated website on organizations providing services and support to persons with disabilities and their families have been created to assist analysis of available resources, identification of gaps in terms of types and geographical distribution; and to facilitate referral process of applicants for receiving the rehabilitation services and required support (draft web-site available at: <http://91.103.31.45/>).
- According to the draft Law on Social Inclusion of Persons with Disabilities the monitoring of provision of accessible conditions and equal opportunities for social inclusion of persons with disabilities will be conducted by the Human Rights Defender office in Armenia with active involvement of DPOs and NGOs representing persons with disabilities (UNCRPD, Article 33).
- The norms for accessibility of public building are under revision, the buildings of ministries including the MLSA are gradually improving accessibility and reasonable accommodation, as well as equipping with elevators to be accessible for people using wheelchairs (UNCRPD, Article 9).

3. Progress towards specific outcomes

Outcome 1: The model of disability determination is revised to reflect the UNCRPD and ICF definition of disability.

Output 1.1 Develop the model of disability determination

The project supported the development of a new model of disability assessment and certification based on ICF framework, in-line with CRPD principles. **The multidimensional approach to assessment methodology resulted in complete restructuring of the system and inclusion of social dimension in the assessment process**, as well as **set-up of multifunctional teams**. Participation of the applicant for disability status in the assessment process through a self-assessment, is accepted as high priority already by the respective sector officials and makes part of the assessment process and the new organogram of the system and its procedures. This is a significant achievement, as previously applicants were passive recipients of the outcome of the assessment process and had no say in the overall process. According to the revised procedures and Ministerial decree, applicants have a right to come to disability assessment with his/her doctor and a DPO (Disabled persons' organizations) representative can also

participate during the assessment process as an observer.

The **ICF based reform process led to radical changes** in the overall **system of disability assessment and determination. Transformation** of the system **started even earlier than anticipated**. In December 2016, the **Prime Minister ordered** a radical **restructuring of the disability determination system** bringing it to a **multidimensional assessment process** (which is also in line with ICF based model approach), **strengthening the individual's role** in the assessment process and **reducing the citizen-decision making body interaction** to allow an **objective decision making process**. (The schematic structure of the model on disability determination is presented in Annex 5).

With this radical restructuring process the Government comes one step closer to the nationwide application of the new model. Nonetheless, the transition to the ICF based model application will be implemented gradually to avoid social tensions and potential overburdening other social support and services schemes. It should be noted, that though the restructuring of the system is creating a strong basis for ICF based model application, it also causes delay to the start of the application date.

Thus, the ICF based model application will start summer 2017 and will include 17,000 people (new applicants to the system) in the first year of its implementation, expected to expand to 72,000 in the next year, including also those who are already on disability certification scheme and re-assessed periodically.

In line with UNCRPD principles the new developed model brings a paradigm shift in the system considering the possible limitations of activity and participation of the person in close interaction with environmental barriers as outlined in Article 1 of the CRPD. For the first time the decision makers view the person not from narrow angle of what s/he cannot, but rather from an opening perspective of what s/he can do if the enabling environment is provided.

The multidimensional assessment brings in various actors and such multiparty assessment builds grounds for dialogue and collective decision making, leading to important societal shifts from the legacy of treating disability as a disease. The model itself leads to quality inclusive social services including respect of rights, person-centeredness, comprehensiveness, and self-assessment.

The set of new measurement tools includes information on body functions (b codes), body structure (s codes), activities and participation (d codes), as well as environment factors (e codes) and consists of the following package (Annex 3):

1. Self-assessment form to be filled by the applicant or in some cases by the applicant's representative,
2. Doctor's Form to be filled based on medical observation and health history,
3. Case manager/ Social worker's form to be filled through observation and interview in home settings and provide information on activity, participation and environmental factors,
4. Administrative Form to be filled by Medical-Social Expert Commission (MSEC) Form including collective information of all mentioned form,
5. Administrative Act to be used for summarizing the data and decision making.

Validity (face, construct and criterion) and reliability (internal consistency) of developed disability measurement tools have been evaluated by international experts (Annex 1).

Methodological guidelines for doctors on body functions and body structure, providing information on correspondence of ICF-CY and ICD codes, as well as methodological guidelines with guiding questions for case managers/ social workers on activity, participation and environmental factors have been developed to standardize the process of data collection and to ensure objectivity of collected information. (List of developed guidelines is presented in Annex 4).

Output 1.2 Retrospective testing and revision

The retrospective testing of persons recognized as having disability status was conducted **with an overall group of thirty nine participants of various age groups and disability types**. The first testing day was conducted as a pre-test with persons with disabilities trained on the ICF-CY to test the tools to check how understandable and relevant there are, and to ensure active involvement of persons with disabilities in the reform process.

Right **after the pre-test** some **forms** have been **revised** both **in terms of questions and scaling of answers**. The revised Application/self-assessment tool proved more convenient for individuals to complete independently.

In terms of Doctor's Form, the questions relating to the domains d (Activity and Participation) and e (Environmental Factors) were removed. From those domains only the questions that helped the doctor to suggest necessary rehabilitation services, treatment, medication and supportive devices/equipment to people were left.

After the pretest a new Form with the domains d (Activity and Participation) and e (Environmental Factors) was developed to be filled by social worker, occupational-therapist, special teacher, psychologist, or rehabilitation professional. Testing showed that filling the form at the same assessment day was tedious for applicants and it was deemed purposeful that social worker fill in the form in advance of visiting the applicant at home (through interview and observation).

The Administrative/MSEC form, also underwent changes and response scale was changed from nominal to 0 to 4 response scale with introduction of qualifiers.

The retrospective testing was carried out by professionals of the Ministry of Labour and Social Affairs (MSLA), experts of Medical Social Expertise Agency (MSE Agency), doctor from Yerevan Health Institutions, representatives from different departments of the Ministry of Health, project experts from the UNDP, UNICEF and USAID PRIP project as well as active participation of DPO representatives both as beneficiaries and experts. Assessment of children on activity, participation and environmental factors was organized by Psycho-Pedagogical Assessment Center of the Ministry of Education - Child development assessment tools developed based on ICF-CY in the framework of a previous UNICEF project were applied.

Involvement of wide variety of actors from different sectors gave opportunity to broadly understand how the process should be continued and to evaluate the possible collaboration among line ministries. (A demographic profile of participants in retrospective testing is attached as Annex 6).

Output 1.3 Prospective testing

Before the next testing all professionals (of medical social expert commissions and social workers/ case managers) have been trained on ICF CY, methodological guidelines, measurement tools and the procedures. Senior students/ occupational-therapists from the Armenian State Pedagogical University also participated trainings and were part of Prospective testing as a volunteers.

Total **number of participants of the Prospective testing was 198 in three regions of Armenia, with every fifth applicant** in the targeted MSECs participating in the testing.

Results revealed that the 2/3 of applicants are people with mild disability – current disability group 3, and only few participants have profound disabilities. Majority of applicants have chronic illnesses, such as hypertension (high blood pressure) or diabetes mellitus and in most cases the reason for applying to disability status was access to free or partially free medication. (The Summary Analysis Report of Prospective testing, attached as Annex 7).

Despite organized intensive trainings case managers still had difficulty collecting information by using the measurement tools, and therefore, detailed Methodological guidelines with guiding questions for Activity and Participation (D codes) and environmental factors (E codes) were developed.

One of the challenges of prospective testing was to decide the method for summarizing information collected from different sources, and to convert the assessment results into the decision for eligibility. For summarizing the data two methods: proportional index and numeric profile were suggested by international experts (More information included in Annex 8).

Output 1.4 Piloting

Piloting was conducted in three regions of Armenia for three months. The results showed that again only few applicants have profound disabilities, additional 30 participants with severe disabilities (current disability group 1) have been involved for validity assessment of the tools. Thus the **total number of participants made 1032 (536 women, and 496 men), from which 34 children below 18 years old.**

Prior to the pilot, massive trainings were conducted. Training modules were discussed with DPO's representatives, who provided both their feedback and allowed practical implementation of the tools where persons with disabilities (DPO staff) actively participated at trainings and role play exercises.

Output 1.5 Analysis of pilot results

Piloting data was analyzed, however discussions on the best method for summarizing personal information and for converting the assessment results into the eligibility decision took quite long time. Number of approaches through diverse analysis and algorithms for calculating eligibility were developed and applied for summarizing the data from pilot. The algorithm selected for nationwide pilot application of ICF based model (presented in the Annex 9) will be evaluated and amended at the end of pilot as need be.

Output 1.6 Development of transition plan/ road map for national replication of the new model

This Project was much about learning-through-doing due to the amount of generated data, knowledge, new opportunities and pathways, and lessons learnt. One of the pathways though made it clear that the integration of the ICF based model will have huge implication on the overall social system and policy making, as well as will expand further to other sectors. A need for comprehensive assessment of the possible implications that the national replication of the new model could have on all related sectors (i.e. education, health care, employment, construction and etc.), as well as a parallel assessment of the capacity of those sectors to integrate the new model was required. A team of national experts carried out the assessment and developed a transition plan/road-map for national replication of the new model in mid-2016. However, moving forward with the new model and at the current stage of implementation, it became clear that much more data and information still need to be added with broader vision on how such systems should work and made operational.

The Project should definitely revisit the current road-map in the next Phase (if funds secured) with an outreach to top-notch international expertise and best practices to enrich the plan and add a broader perspective and vision.

Output 1.7 Organize public discussions and finalize the model for national replication

The model for national replication was discussed with the Minister of Labour and Social Affairs and DPOs. The letter with UN view and suggestions on both structural change and its implications on the application of the new model was sent on behalf of the RC to the Minister of Labour and Social Affairs and presented to Prime Minister Office (See Annex 5).

Based on broad-based consultations including with DPOs, the Ministry is discussing several options of the restructuring process. A multi-sectoral meeting is planned by the Prime Minister to discuss proposed models and finalize for the introduction of the ICF based model for national application in mid-2017.

Outcome 2: Social service system is strengthened to better meet the needs of persons with disabilities.

Output 2.1 Develop customized modules

Customized modules on ICF with measurement tools and guidelines including a module on communication skills (quite weak in the system now) was added to the training package.

Based on the results from piloting the training manual and materials for Training of trainers were developed by experts' group from Jonkoping University. (Training of Trainers module, Annex 1). In order to facilitate inter sectoral collaboration experts of medical social commissions, case managers and occupational-therapists have been trained together.

Output 2.2 Conduct trainings for health care staff

Multiple sensitization meetings and trainings were organized for decision makers and representatives of different ministries and regional authorities from health and social sectors, representatives of key institutions to present ICF-CY and raise awareness on UNCRPD and disability issues. Incorporation of ICF-CY into the educational materials for doctors was discussed with the representatives of the Ministry of Health and the Yerevan State Medical University.

Health staff from 120 out of 140 medical institutions (out-patient clinics or medical centers) have been trained to share newly received knowledge with their coworkers.

Representatives of health care system participated at the Conference (Annex 2) and meetings to discuss the collaboration and information sharing mechanisms between health and social protection sectors.

Output 2.3 Conduct trainings for medical-social commission experts

All staff of the medical social expert commissions responsible for disability assessment, making decision on disability status and preparing the ISP, as well as the Medical Social Expert Agency were trained on ICF-CY and UNCRPD. Total number of all staff trained was 170, but it should be mentioned that for most of them several rounds of trainings were organized to provide in-depth knowledge and practical skills, and to ensure strong mentoring skills during the application of the new model. Thanks to the active participation of persons with disabilities during the trainings, data collection process was resembling real life situations.

Training of Trainers for leaders of all 27 MSECs and 10 professionals of the MSE Agency was organized with experts from Jonkoping University/ Sweden, Porto University/Portugal and University of North Carolina/USA. (TOT manual attached as Annex 1).

The last workshop planned in January 2017 was conducted in April 2017 because of structural changes mentioned above.

Positive shift in behavioral patterns of MSEC staff observed as a result of those trainings, testing of the new disability determination model and sensitization meetings.

Output 2.4 Conduct trainings for case managers/ social workers

As a first step the awareness raising training on ICF ideology and disability with participation of international experts was organized for social workers, decision makers and local authorities of the social protection sector.

Overall 77 social workers/ case managers have been trained. From which 63 case managers and social workers (43 women and 20 men) and 14 occupational-therapists/occupational therapists (14 women) participated at testing and piloting. Some of them also participated at the training of trainers' workshop to share their practical experience from being involved in the testing of the model and become trainers.

Output 2.5 Conduct trainings for DPOs (45 persons)

Trainings on ICF-CY have been organized for 45 representatives DPOs, Organizations of Parents of Children with Disabilities, and organizations representing persons with disabilities. Persons with disabilities involved in the trainings of social workers and professionals of the medical social expert commissions had a great impact on the quality and outcome of the trainings. Effective using of verbal and non-verbal communication skills for data collection have been discussed and applied.

Outcome 3: A methodology is prepared for developing gender-responsive individual rehabilitation plans responding to the needs of persons with disabilities, including a training and job market engagement component.

Legislation was reviewed on the availability of rules and regulations for development of the ISP, and Government Decrees on "Preparation and Implementation of Individual Rehabilitation Plans for Persons with Disabilities" (Annex 10) and "Defining Procedures and Conditions for Provision of Rehabilitation Assistance" (Annex 11), and the Order of the Minister of Labour and Social Affairs on "The Individual Rehabilitation Form" were developed. The Technical commission responsible to carry out oversight of development, implementation and efficiency of measures stipulating provision of assistive devices, and other technical means included in the medical rehabilitation schemes of the ISP was established by the Government Decree during the UNPRPD project implementation.

The draft Order of the Minister of Labour and Social Affairs on the ISP highlighting health, education, employment, social protection, and personal assistance and community life components is developed.

Output 3.2 Review individual rehabilitation planning methodology from gender perspective, and ensure gender mainstreaming and gender-responsiveness of the methodology

A gender-responsive Methodology for Individual Rehabilitation Planning was developed and linked with disability assessment, including a training and job market engagement component. Assessment of the current ISPs from a gender lens was conducted and ISPs were improved based on the assessment results and the gender-responsive methodology. According to the revised methodology the MSECs will receive feedback on the status and results of the rehabilitation process from rehabilitation-providing organizations, which was not done before.

Documents were reviewed from Gender results effectiveness scale perspectives⁴. Trainings of the ISP planners complemented with gender related topics and some specific codes of the ICF-CY will be initiated as part of the new structure reforms to facilitate development of needs based assistance specific for women as recommended by the UNFPA expert.

This process also proved the lack of awareness and information on gender and disability perspective among the sector representatives and broader gender community at local level. The Project team plans special trainings on gender and disability issues in the next Phase of the Project, followed by strengthened gender responsive policy and strategy packages.

Output 3.3 Develop methodology on integrating work engagement component in the ISP

Mechanisms for building the systemic capacity to increase the opportunities for economic participation of persons with disabilities were assessed and will be incorporated into the relevant policy frameworks (draft Law, Social Inclusion Strategy) with support from UNIDO.

With a view of integrating the participatory survey (aiming to assess the limitation of participation of people with disability in work activities) findings into the Individual rehabilitation plan, a special session was organized during the workshop on “Entrepreneurship, Employment and Persons with disabilities” to consider the current social reforms and policies in the area of disability in Armenia and review the draft ISPs. Participants (representatives of DPOs, NGOs, relevant department of the MLSA, state and private employers, employees – persons with disabilities, professionals of MSECS) suggested a number of improvements for the development and delivery of medical, vocational and social rehabilitation measures. The final package of recommendations was presented to the relevant department of the MLSA (Annex 12).

Outcome 4: Capacity of the system is improved to support persons with disabilities to enter into the job market

Output 4.1 Conduct needs assessment and participatory survey among persons with disabilities, families, employers, vocational institutions, communities and social protection agencies to assess the limitation of participation of people with disability in work activities

To direct development of strategic initiatives to enhance employment opportunities for persons with disabilities in Armenia, two self-report surveys were designed and administered to members of the Armenian employer community to measure attitudes towards the employment of persons with disabilities (Persona Business Ethics Scores (PBES) Scale) and to self-employed persons with disabilities to measure their perceptions of the barriers and benefits associated with self-employment.

The data revealed that the issue of attitude remains the central challenge to success of persons with disabilities in the job market, whether as entrepreneurs or employees. Labour Engagement Working Group – LEWG was established and trained accordingly. (List of WG members presented in Annex 12).

Core elements of a strategic plan to enhance the labour market engagement of persons with disabilities were identified with stakeholders compiled with analysis of the survey data and key strategic recommendations for further consideration among the members of the LEWG and the stakeholders.

⁴ *Gender results effectiveness scale - Evaluation of UNDP Contribution to Gender Equality and Women's Empowerment*. New York: UNDP IEO, 2015, p. XV <https://erc.undp.org/evaluation/documents/download/8794>

Two strategic workshops were organized: i) Employing Persons with disabilities and ii) Entrepreneurship, Employment and Disabled Persons.

The impact of the trainings still to be observed in the long run, and possibly built on in the next Phase of the Project.

4. Other results

- **Spin-off effects.**

The intense discussions of the reform process supported by UNPRPD and the rights of persons with disabilities resulted in new interventions supported by UN agencies either individually or in partnership with other members of the UN family. At least six new projects with targeted disability components have been designed and are currently being implemented.

One of those project is early identification and early intervention, which accelerate identification of children with disabilities and developmental delays and facilitate collaboration of professionals from different sectors: health, education and social protection.

Nex is introduction of the Community-based rehabilitation services (with involvement of narrow professionals, such as physiotherapist, speech therapist, occupational-therapist, psychologist and etc.) in the educational institutions (kindergarten and school). The model provides opportunity for children with severe disabilities to be engaged in the preschool and school live with their peers and simultaneously have opportunity to receive required services for individual development.

Deinstitutionalization of children and transformation of special schools into the regional medical psychological support centers was set on the government agenda and supported by UNICEF and USAID.

Measures conducted for contributing to the advancement of inclusive education for all children in Armenia (including children with disabilities) (<https://ici.umn.edu/news/ici-partners-armenian-university-new-unicef-funded-project>).

A **mobile application on accessibility of public places of the country for persons with disabilities** – “Matcheli Vayrer”/Accessible Places was created (<http://matcheli.am/matcheliutyan-qartez/hashmandamutyun-uncocx-andzanc-matcheli-vayrer>). On UN Day the UN staff volunteered for a social action to carry out a mapathon of Accessible Places with participation of RC and the Minister of LSA was conducted. In 2016 UN House hosted an exhibition-sale of handicrafts of persons with disabilities to raise public awareness on disability issues and to also showcase the abilities of PERSONS WITH DISABILITIESs when equal opportunities and environment are in place (<http://un.am/en/news/526>).

“Communities for Persons with Disabilities” Project was implemented with support of UNDP Catalytic Fund, resulting in a number of inclusive community events and development of three knowledge products:

- How to communicate to PERSONS WITH DISABILITIESs for wider use: http://un.am/up/library/Disability_in_Armenia_Arm.pdf;
- Rights of persons with disabilities for PERSONS WITH DISABILITIESs: http://un.am/up/library/Disability_Rights_Guidelines_Arm.pdf
- How to conduct an inclusive event: http://un.am/up/library/Inclusive_Meetings_Guidelines_Arm.pdf

Legislative documents emphasizing inclusiveness and accessibility have been developed with the UN support.

UN is striving to be leading by example and therefore the common UNCT premises have been made accessible for persons with disabilities with explicit reference to accessibility and reasonable accommodation have been incorporated into the Greening and Accessibility project. Particularly disability friendly elevator will be constructed to make the UN building fully accessible. Increased participation of civil society, in particular persons with disabilities and their representative organizations into the decision making processes carried out at the level of the UN Disability working group.

In addition 2016 year was declared as a Year of Equal Opportunities for Persons with Disabilities by the Prime Minister of the Republic of Armenia, to facilitate and strengthen measures directed to accessibility and social inclusion of persons with disabilities.

- **Participation and partnership-building.**

Partnership with the Government and state institutions was given in this Project, however the philosophy the Project followed through CRPD and ICF framework brought the partnership from a technical to a new level of shared values and principles.

The partnership with DPOs went beyond anticipated collaboration on the project and created possibilities for new and unexpected joint initiatives and long-term planning.

The project has contributed to support and strengthen participation of persons with disabilities in the reform process both in the decision-making and at the technical level. Persons with disabilities actively participated as members of the National Steering Committee on Disability Issues and the Steering multi-sectoral working group coordinating implementation of projects related to disability.

One of the disability focussed NGOs (with a financial support from Save the Children Armenia) went further and used ICF d/e codes not only to assess activity/participation and environmental barriers for their beneficiaries but also to develop and implement their ISPs.

With the aim to build and provide a platform to discuss the issues affecting persons with disabilities and emphasize the importance of comprehensive and multi-sectoral approach for addressing them, Armenia hosted an international conference “A World without Barriers,” dedicated to the implementation of the UN Convention on the Rights of Persons with Disabilities. The event brought together an impressive list of high level panelists and partners committed towards promoting, protecting and ensuring the rights of persons with disabilities (Annex 2, Conference Report).

(More info on the Conference at: <http://un.am/en/news/509#sthash.VokS4cas.dpuf>;

<http://www.am.undp.org/content/armenia/en/home/presscenter/pressreleases/2016/10/20/armenia-advances-to-promote-protect-and-ensure-the-rights-of-persons-with-disabilities.html>)

- **UN system-wide coherence.**

UNPRPD increased UN system capacity and collaboration on the rights of persons with disabilities across and consolidated engagement with the national counterparts in Armenia. The programme brought together four UN entities (UNDP, UNICEF, UNIDO and UNFPA), three ministries (Labour and Social Affairs, Education and Sciences, Health), organizations of persons with disabilities and engagement with the other key constituencies, such as civil society and international organizations, which joined their efforts for the creation of the new approach to disability and establishment of the new system for disability assessment.

Synergies of the work were mainly ensured due to the strong support of the RC. General secretarial assistance was ensured by the assigned staff at UNICEF and UNDP which facilitated dialogue amongst the implementing partners and liaising with the UNPRPD technical secretariat.

The UN implementing team has benefited a lot from the consultation on the actions with the headquarters, such as for example the involvement of the UNICEF expert consultant on Inclusive Education for CEE/CIS, UNIDO international expert, UNDP Social Inclusion Advisor, Special Rapporteur on the rights of persons with disabilities and took direction from the recommendations on the measures to improve the legislation and intervention's outcomes by the Int experts and colleagues: of ILO, WHO, OHCHR and others. As well as the External Consultant of the International Disability Alliance, and international consultants of UNDP, UNICEF and UNIDO.

- **Knowledge creation.**

The project contributed to generating new knowledge on how best to promote the rights of persons with disabilities through a human rights based and inclusive model. The Project generated knowledge not only among the local counterparts, but created beyond expectation a wealth of data, knowledge and expertise within the UN itself and the Project implementing team in particular.

The UNPRPD project placed Armenia amongst the global pioneers in operationalizing the conceptual model of ICF, developing ICF based new measurement tools and methodological guidelines for disability and eligibility determination, and for development of the needs-based individual service plan.

- **Leveraging effect.**

The UNPRPD project became a catalyst for mobilizing additional resources from the government and the international community. During the project implementation the USAID Pension Reform Implementation Program co-sponsored organization of the conference and provided human resources contributing into the realization of activities.

The WHO country office expressed interest in supporting further measures facilitating disability related reform process. USAID provided support for physical adjustment and equipping regional pedagogical-psychological centers.

The public discussion of the draft Law on Rights Protection and Social Inclusion of Rights of Persons with Disabilities was organized by the Human Rights Defender office. As stipulated in the draft Law the monitoring of the implementation of measures directed towards social inclusion and protection of rights of persons with disabilities will be implemented by the special group of stakeholders with Human Rights Defender leadership.

According to the Education reform plan, it is envisioned that by 2025, 21 psycho-pedagogical centers will be established countrywide (currently there are three) conducting assessment of educational and developmental needs of all children. Those centers will provide support to mainstream schools and families with children with disabilities.

The process of ICF based model integration is gradually expanding on and engaging new sectors, as well as triggering interest with new donors for potential support to the broader reform agenda.

5. Life stories and testimonies

Some photos of the project activities presented in Annex 2 Conference Report and Annex 13.

“As a mother of a child with disability and direct beneficiary of services from my point of view for today, in Armenia the UN is the organization that stands between children with disabilities and their complex reality, and helps fundamentally change the situation and attitudes of governmental agencies, the public and beneficiaries towards the problem.

During the conference I had the opportunity to receive knowledge and information directly from experts of different countries, on the methods of disability assessment and their advantages, on available various forms of services and supports, innovations, community attitudes, and lessons learnt.

For me the importance of the project was the opportunity to finally gather all the stakeholders around the table, including state, non-governmental organizations providing services, DPOs and international organizations, to collaboratively identify and analyze problems, and discuss possible solutions with support of international experts.

...we had the opportunity to jointly evaluate the shortcomings and successes in our country, define and plan the next steps on the sequencing and prioritizing of projects”.

Mrs. Marina Parazyan, Mother of child with disability and Director of the “SOURCE” foundation supporting children with disabilities and their families

“We emphasize the importance of the UNPRPD project, it is indeed a serious reform in the system. The ideology of the new disability determination model is very important, when we are switching to a social and human rights based model of disability assessment, which is based not only on the health status of an individual, but takes into consideration participation of the individual and a variety of environmental factors which have never been considered before. As a consequence of comprehensive assessment we'll be able to develop and provide more targeted services and support to ensure the rights of persons with disabilities and to promote their inclusion.”

Mr. Artem Asatryan, Minister of Labour and Social Affairs of the Republic of Armenia

“It was great pleasure for me to be part of the Working Group and jointly with the teams from UNDP, UNICEF, Ministry and DPO's representatives develop the new model and approach for disability determination and eligibility definition. Support from the UNPRPD through local agencies was tremendous not only in the form of funding, which was a huge support to Ministry in pushing this fundamental reform, but also in terms of direct communication and professional support received on a daily basis. Support of our international experts was essential for us to understand the concept and philosophy of ICF and developing the new tools for disability assessment. I am so happy that the international team could push the Ministry to consider the opinion of individuals in decision making chain through self-assessment forms, helped us to make it more user friendly, and directed us to understand the desired flow of information necessary for eligibility definition. Without this support and assistance we will not be able to conduct the vital phases for the reform such as testing and piloting in 3 marzes of Armenia. The international conference was very important platform for us to share with our achievements and challenges and learn new approaches from different countries and professionals.

We are now in a mid of the reform implementation and I wish the project will have continuation to support with institutionalizing the tested approach and developing public awareness campaigns nationwide.”

**Mrs. Hasmik Ghukasyan, HICD Team Leader Chemonics Inc,
USAID Funded pensions Reform implementation Program**

6. Challenges and unforeseen events

Project implementation has slowed down as a consequence of changes in the government apparatus and the line ministries in 2016, particularly due to assignment of new Prime Minister, Minister of Education and Sciences, and Minister of Health. One of the major unexpected challenges that happened during the project implementation was the Prime Minister’s assignment in December 2016 to restructure the disability certification system, dissolve medical social expert commissions and suggest a complete new structure of disability determination.

This transition directly impacted the activities planned in the frame of the project for January 2017, and were postponed to April 2017 with a second no-cost extension request till mid-May 2017.

At the same time, this is a unique opportunity to advocate for design of the possibly best model for disability determination system and the establishment of services required for persons with disabilities. An official letter from UN RC emphasizing the UN vision was shared with the Minister of Labour and Social Affairs and the Prime Minister. The letter and schematic structure of suggested model are attached (Annex 5).

7. Project follow up

UNPRPD Phase 2 seeks to advance knowledge on CRPD and evidence on practical implementation across sectors, to provide tools and facilitate redistribution of resources, to forge a stronger political will and incite the transformation needed to address key challenges impeding persons with disabilities to enjoy equal rights. Every actor, including politicians/legislators, decision makers, family members, disability service providers, frontline staff, healthcare and education professionals, academics and researchers will be enabled to learn how they can become together involved in ways that best promote, ensure respect for, fulfill and protect the rights of persons with disabilities. The vision of the project is to support a well-planned, well-trained and well-supported transition towards a human rights oriented legislation and policy on disability, including gender mainstreaming and gender responsiveness, and CRPD compliant service delivery to improve the lives of persons with disabilities.

A joint vision and approach for the key actors will be supported and in place including enabling mechanisms to make such collaboration and joint implementation to the utmost efficient to deepen and strengthen the systemic shifts facilitated by Phase 1.

Nationwide piloting of the newly developed ICF-based disability determination model is included in the Government Programme of 2017 and will start in summer 2017.

UNIDO and UNICEF will request UNPRPD support for Phase 2 of the Project to sustain and strengthen key results and take the reform process further with the rights-based approach and gender mainstreaming at the core of the process.

The complexity of both the systemic change and the paradigm shift in the mindsets mean that the implementation of the reform will not be easy. Overall, the results are too nascent to secure sustainability without further support

and investment from the UN and other partners. The next phase aims to strengthen the achievements in advancement of multiple rights of persons with disabilities - education, health, habilitation and rehabilitation, work and employment, adequate standards of living and social protection (articles 24, 25, 26, 27 and 28).

The ongoing restructuring process and the Government actions prove the strong ownership and commitment, however, the diversity of key actors and fragility attest that UN presence is critical to ensure further policy changes are in line with UNCRPD and the broader UN Human Rights Framework.