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ARMENIA'S DISABILITY ASSESSMENT REFORM

Joint report of the **Center for Inclusive Policy** and the **Asian Development Bank**
With the support of the Ministry of Labor and Social Affairs of the Republic of Armenia, "Nork" Social Services Technology and Awareness Center Foundation, and Georgetown University's Global Human Development Program

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Under the guidance of Daniel Mont, CIP, together with ADB

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Executive Summary

This report evaluates Armenia's recent reform of its disability assessment system for the purposes of administering the country's disability benefits program. The reform had two main outcomes: replacing the traditional medical model with a rights-based approach using the World Health Organization's International Classification of Functioning, Disability and Health framework; and digitalizing the assessment process. The reform was developed and implemented by Armenia's Ministry of Labor and Social Affairs, "Nork" Social Services Technology and Awareness Center, international organizations, organizations for people with disabilities, and healthcare professionals.

The study draws on semi-structured interviews and focus group discussions with key stakeholders, including government representatives, organizations for people with disabilities, assessors, and people with disabilities, as well as background research on Armenia's reform.

The results show that the reform has provided Armenians with a more accessible and accurate disability assessment while lowering the risk of corruption. However, challenges remain with public awareness, assessor training, and regional disparities. If these issues are addressed, Armenia can become a global model for inclusive, digital disability assessment systems.

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Introduction

In February 2023, Armenia launched a nationwide digital functionality assessment system grounded in the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) framework. This reform marked a significant departure from the country's previous medical-model system, shifting toward a rights-based and person-centered approach to disability determination. However, publicly available information on the system's development, implementation, and early outcomes remains limited.

This report addresses that gap by synthesizing findings from official reports, legal and policy documents, and qualitative data collected through stakeholder interviews and focus groups. It seeks to better understand how the reform was implemented and its impact on people with disabilities in Armenia by evaluating the design and rollout of the new digital functionality assessment, its effectiveness in enhancing accessibility and transparency, and the remaining barriers to full implementation. It also aims to identify successes, challenges, and areas for improvement to inform the Armenian government and other countries' efforts to strengthen inclusive social protection systems. The report's practical recommendations provide lessons for other countries seeking to modernize their disability assessment frameworks.

Armenian Context

Representing around 6% of Armenia's population, people with disabilities suffer from chronic unemployment (Disability:IN) and inaccessible public spaces (Liakhov, 2018). For example, in 2021 only 40% of healthcare facilities in the country had accessible sanitation for those with limited mobility (United Nations, 2024).

Disability programs in Armenia were intended to mitigate the challenges faced by people with disabilities, but these attempts were limited by the country's former model for disability assessment that reflected a previous understanding of disabilities. Under the old Medical-Social Expertise System (MSES) assessment, a select panel of medical experts in a region would determine a person's disability classification based on their perceived ability to work, and only took into account their medical and physiological conditions (Martirosyan, 2023). The disability group classifications in this system were as follows:

- Group I was the most severe, meaning the individuals were deemed unable to work and required constant assistance.
- Group II comprised individuals considered unable to work but could carry out daily tasks with limited assistance.
- Group III individuals had a partial inability to work (Disability:IN).

- Children included anyone with a disability under the age of 18.

Figure 1 shows the classifications of people with disabilities in Armenia under the MSES system as of June 2024. This does not include people who have undergone the new assessment. Out of 173,856 people with disabilities classified under the MSES system, 8,654 people are classified under Group 1; 58,668 people are classified under Group 2; 98,892 people are classified under Group 3; and 7,642 are classified as children (Statistical Committee of the Republic of Armenia, 2024).

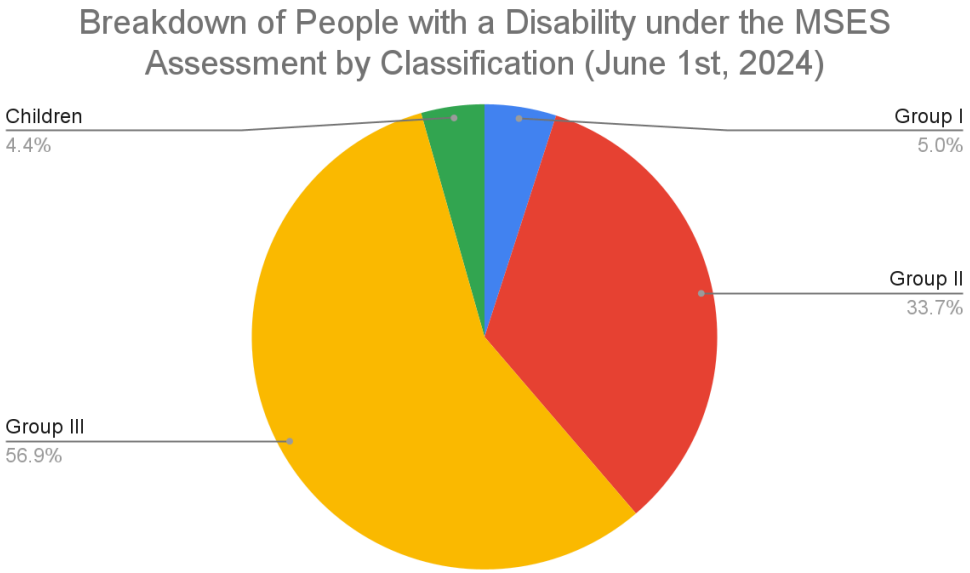

Figure 1: MSES system classification of people with disabilities (based on statistics from the Armenian government).

Pie chart titled "Breakdown of People with a Disability under the MSES Assessment by Classification (June 1st, 2024)." The chart has four slices: Group III: 56.9% (largest yellow slice); Group II: 33.7% (red slice); Group I: 5.0% (blue slice); Children: 4.4% (green slice).

People with disabilities in Armenia considered the MSES assessment to be an insufficient system for addressing their needs. It also reflected an older understanding of disabilities that needed to be updated to match advances in scientific research and discussions in human rights.

One issue is that the MSES system did not account for the vast heterogeneity that exists within the population of people with disabilities. For example, it did not take into account differences in disabilities, the barriers people with different types of disabilities face, or the differences in their support needs. The group classification was also the sole determinant of benefits and services. There was no variation in the amount of financial support and services provided within a disability group, even if the extra costs associated with living with a particular disability varied dramatically.

In that sense, disability benefits were seen as a replacement for wages, not as assistance to support a person's participation in society.

A second issue was with the process of obtaining benefits. The people with disabilities interviewed for this report claimed they had an uncomfortable experience with long queues and assessors who rushed through the process under the MSES assessment. The process was also likely to be the only time a determination was made. More than 80% of people with disabilities received an indefinite disability determination under the MSES system (JAM News, 2023), meaning any changes to their limitations that occurred through aging, progression of a disease, changes in environment, or other factors were not taken into account.

A third issue was the potential for corruption. Reports by journalists (JAM News, 2023) and the Armenian government (ARKA News Agency, 2019) (ARKA News Agency, 2020) suggested that systems needed to be put in place to monitor and prevent risks of corruption under the MSES assessment. For example, a 2012 report from the Armenian Prime Minister's office outlines how some members of the assessment panels would sometimes accept bribes for more favorable disability determinations (Government of Armenia, 2012).

The ICF Framework and Inclusive Social Protection Systems

Over the last two decades, research on disability assessments has undergone a fundamental shift from a purely medical understanding of disability to a more inclusive, human rights-based, and context-aware social model. This evolution reflects a broader recognition that disability is not merely a health condition, but the outcome of an interaction between individuals with impairments and societal and environmental barriers (United Nations, 2006; Wasserman et al., 2016). Central to this rethinking is the ICF framework, developed by the WHO in 2001 (WHO, 2001). The ICF framework emphasizes a biopsychosocial model of disability (shown in Figure 2) that incorporates not only physical or mental impairments and their associated impacts on body functions and structures, but also activity limitations and participation restrictions shaped by contextual factors. The framework has been instrumental in reshaping disability assessment policies and practices worldwide.

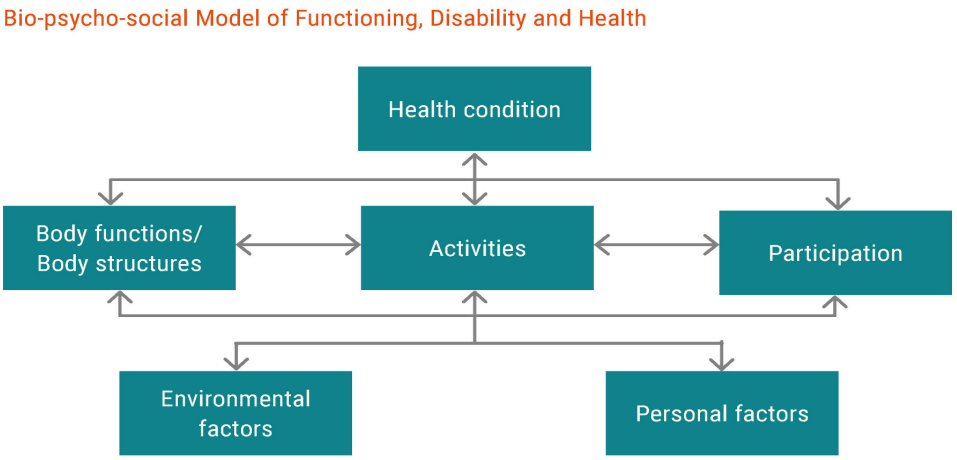

Figure 2: Bio-psycho-social model of the ICF (ICF Case Studies)

The diagram titled "Bio-psycho-social Model of Functioning, Disability and Health" shows a central box labeled "Activities" connected by arrows to three other boxes: "Body functions / Body structures" on the left, "Participation" on the right, and "Health condition" above. Additional arrows extend downward from "Activities" to two boxes labeled "Environmental factors" on the left and "Personal factors" on the right. All boxes are linked with bidirectional arrows, illustrating the interaction among the different components.

The ICF framework is a social model that differs significantly from the traditional medical model, which conceptualizes disability strictly as an individual's deficiency or illness. Under the medical model, assessments focused heavily on diagnosis and clinical expertise, often failing to account for environmental and social dimensions as well as the functional limitations that affect the lived experience of disability (Hoagland, 2019). This model was criticized for reinforcing exclusionary practices by prioritizing medical evidence over personal narratives and structural factors. By contrast, the ICF framework supports a holistic and person-centered approach. It evaluates functionality based on the full range of human functionality—for example, mobility, sensory, cognitive, behavioral—and how they impact one's self-care and community participation in light of existing environmental facilitators and barriers (WHO, 2001).

The ICF framework is well-suited for the growing development of inclusive social protection systems, or how governments are moving beyond wage replacement to maximizing the participation of people with disabilities. During the COVID-19 pandemic, the social safety nets that governments created were strained around the globe as the most vulnerable populations, especially people with disabilities, struggled to receive adequate benefits to survive. The pandemic exposed gaps in social protection systems, and citizens across the globe advocated for more equitable services moving forward. Now, following the pandemic, countries of all income levels are investing more of their budget in social protection policies, like

cash transfers to low-income households and improving healthcare for older people, children, and people with disabilities (World Bank, 2025). However, more funding for these projects does not mean that they will be more effective and help the most vulnerable. The International Labour Organization (ILO) and others are encouraging governments to develop inclusive social protection systems that account for the additional disability-related costs that people with disabilities accrue from completing everyday tasks to ensure they are given full socio-economic participation in society (International Labour Organization, et al., 2018).

Recent Reforms in Armenia

In 2010, the Armenian government ratified the UN's International Convention on the Rights of Persons with Disabilities (CRPD) to begin the process of reforming its services for people with disabilities (Disability:IN). The CRPD advocates for inclusive and participatory systems that empower people with disabilities and emphasize their rights to autonomy, dignity, and full societal participation (United Nations, 2006). This builds upon the Armenian Constitution, which underlines the government's responsibility to prevent discrimination and ensure the rehabilitation and inclusion of people with disabilities (Armenian Law, 1995).

According to Armenia's Ministry of Labor and Social Affairs (MLSA), there were several small-scale pilot programs to change the assessment following the ratification of the CRPD. Since 2013, they have been working on reforms to the assessment. One of the lessons learned through these efforts was the need to develop age-appropriate questionnaires, rather than using one version for all ages, to better assess youth at different stages of their development.

In 2014, the government approved the *"Action Plan and Methodology for Piloting the Holistic Approach of Disability Assessment Based on WHO ICF,"* which led to consultations and open dialogue with civil society, healthcare professionals, people with disabilities, and international experts to move the disability assessment away from the former medical model to the WHO's ICF framework (UNICEF, 2021). MLSA hosted an international conference in 2016 on implementing the CRPD that gathered experts and accelerated progress toward the reform.

Following Armenia's 2018 Velvet Revolution, disability rights activists raised their concerns about the state of disability rights in Armenia and began to organize for better government services and protections (Hetq, 2018) (Liakhov, 2018). The advocacy of leaders after the Velvet Revolution, advances in disability research, and the efforts of dedicated civil servants contributed to the Armenian parliament passing two laws:

- **The Law on the Rights of Persons with Disabilities**, which protects people with disabilities from discrimination, empowers OPDs, and codifies the transition from a medical model to a human rights-based definition of disabilities.
- **The Law on Functional Assessment of Persons** (ARKA News Agency, 2021), which tasked MLSA with developing a new disability assessment system incorporating the ICF framework. The reform process accelerated in 2022 due to the February 1, 2023 deadline set by this law.

These legal milestones better align Armenia with international standards, and they explicitly transition Armenia's national disability determination system from a medical to a social model and authorize the development of a digital disability assessment platform (Law on the Assessment of Personal Functionality, 2021). The digital platform is meant to standardize assessments, increase transparency, and improve access to social services (UNPRPD, 2022).

Methodology

This study used mostly qualitative research methods to evaluate the implementation and early outcomes of Armenia's disability assessment reform. To capture both the technical and human elements of change and achieve a holistic understanding of the reform, the study combined desk research, semi-structured interviews, focus group discussions, and stakeholder consultation. The research team conducted this work remotely between November 2024 and April 2025, with all interviews and focus groups held virtually via Zoom.

Desk Research and Literature Review

The initial phase of the study focused on desk research to build a foundational understanding of Armenia's disability policy environment. This included a review of national legislation (e.g., the Law on the Rights of Persons with Disabilities, Law on the Assessment of Personal Functionality), international human rights frameworks (e.g., the Convention on the Rights of Persons with Disabilities), and official reports from government agencies, multilateral organizations (e.g., United Nations Partnership on the Rights of Persons with Disabilities, ADB), and disability rights organizations. The literature review incorporated comparative cases of disability assessment reforms and digital health information systems in other countries. A particular emphasis was placed on the operationalization of the ICF framework in assessment tools, as well as previous evaluations of Armenia's disability system. To further enhance contextual understanding, the research team consulted with independent international experts in digital governance and disability assessments from various international organizations.

The research team used quantitative data, including statistics from government sources, primarily to supplement and contextualize the qualitative findings. This included basic descriptive data on the number of disability assessments conducted, percentage scores assigned, and regional disparities in coverage. Where available, the research team reviewed other documents shared by MLSA and other stakeholders to supplement initial research.

Interviews and Focus Groups

Data collection consisted of 14 stakeholder engagements: 11 semi-structured interviews and three focus group discussions. This sample of stakeholders was intended to encompass people involved in or affected by the reform. Participants included:

- **Current and former government officials** from MLSA and Nork Social Services Technology and Awareness Center (Nork), the developer of the e-disability platform.
- **Trainers of professional assessors**, responsible for teaching professionals how to conduct assessments under the new digital system and the ICF framework.
- **Representatives from organizations for people with disabilities (OPDs)**, working across age groups and disability types.
- **People with disabilities** from different age groups and with varying severity of disabilities who had undergone the new functionality assessment. These meetings were arranged through the research team's connections with OPDs.
- **International consultants and development practitioners**, including technical specialists who supported the reform process.

Both the interviews and focus groups followed a semi-structured format to provide a basis of comparison across meetings while providing flexibility for adjusting questions based on the interviewee and their responses. The interview guides emphasized the implementation process of the new reform, perceived impact, and recommendations for improvement. Independent disability and digital systems experts reviewed the initial questionnaires.

The research team conducted interviews and focus groups in Armenian and English, with simultaneous interpretation provided by professional interpreters when interviewees preferred to speak in Armenian. All interviews were recorded (with permission), transcribed, and thematically coded using a hybrid approach—manually and through the use of AI tools—which helped identify recurring themes, cross-cutting challenges, and sector-specific insights. The research team used Otter.ai, an AI tool that transcribes and summarizes online meetings, to draft transcripts and identify themes across interview and focus group transcripts. Use of this tool complemented the research team's manual coding and provided preliminary insights for later analysis. Transcripts were also compared against researcher notes to ensure data integrity. This hybrid approach enhanced efficiency without compromising qualitative rigor. After the interviews and focus groups, further research was conducted to verify information and assess new information. This included an additional desk review of relevant policy documents, government reports, and academic literature, as well as follow-up consultations with stakeholders to triangulate findings and ensure accuracy.

The majority of the interviewees and focus group participants were middle-aged women. Specifically, all of the representatives from OPDs, trainers of assessors, and international consultants were women. The OPD representatives were women of varying ages across Armenia. The people with disabilities interviewed were split, with two elderly women (referred by one OPD) and two young

men, one of them under 18 (referred by another OPD). The two women with disabilities were from Yerevan, the capital city, and the two young men were from other regions of Armenia. Each person with disabilities had a different disability profile.

Table 1 summarizes the study's stakeholder engagements.

Table 1: Summary of Stakeholder Engagements

Stakeholder Group	Consultation Format	Number of People Consulted
Current and former government officials and a representative of Nork	Interviews	3
Trainers of assessors	Interview, written testimony	2
OPD representatives	Focus groups, interview	10
People with disabilities	Interviews, focus group	4 (3 adults, 1 child)
International consultants/development practitioners	Interviews	4

Ethical Considerations

The research team completed the Collaborative Institutional Training Initiative (CITI) modules on human subjects research protection before beginning interviews and focus groups. The team obtained informed consent from all participants and maintained confidentiality throughout. All participants were informed of the voluntary nature of the research and were assured confidentiality in reporting. No personally identifiable data is presented in this report.

Overview of the New Assessment System

The purpose of the new reform is to make Armenia's disability assessments more accurate, accessible, and transparent by following a rights-based model and digitalizing the process, as shown in Figure 4.

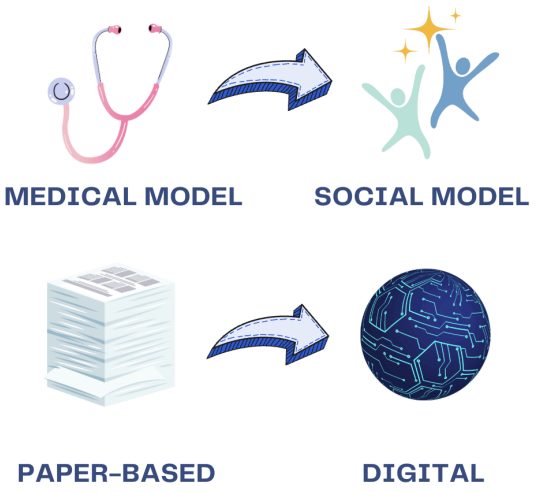

Figure 4: The two major shifts in Armenia's new disability assessment (designed by Ksenia Dubova)

The graphic shows two transitions. The top row displays an image of a stethoscope labeled "Medical model," followed by a right-pointing arrow leading to an image of two human figures labeled "Social model." The bottom row shows a stack of paper labeled "Paper-based," followed by a right-pointing arrow leading to an image of a digital circuit sphere labeled "Digital."

The reform involved several changes to the country's disability assessment system, including:

- **Transforming from a medical model to a social, functional model:** This aligns the process with the ICF framework and more accurately describes what the new assessment is looking for: functional limitations that could be associated with a disability.
- **Digitalizing the assessment:** The use of an online assessment platform instead of a paper-based system presents opportunities for greater efficiency and accessibility.
- **Moving from disability groups to functionality scores:** Rather than being put into one of the MSES system's four disability groups, every person assessed will receive a functionality score between 0% and 100% based on their unique circumstances and living conditions. This score is determined and further disaggregated by assessing an individual's limitations under the ICF framework through domains such as body structure, body functionality, and activity and participation in society, and subcategories like "structures

involving voice and speech" and "community, social, and civic life" (UNICEF, 2021).

- **Switching from a static panel of assessors to a pool of randomly assigned assessors:** The panel of assessors is no longer the largely static panel of medical professionals by region, and is instead a pool of medical and other professionals randomly assigned to each case. In this double-blind system, where neither the beneficiary nor the assessors know of each other until the day of the examination, assessors are randomly chosen by the e-disability platform.
- **Expanding the makeup of the assessor's pool:** Assessors now include both traditional medical physicians as well as professionals from other healthcare disciplines. Referred to as paramedical professionals by the Armenian government and across the interviews and focus groups conducted in this study, specialists such as occupational therapists, psychologists, speech therapists, educators for the hearing and visually impaired, and others are now included in the functionality assessment. These professionals test a person's ability to complete activities and participate in community life (Ghazaryan, T. et al, 2025). This change is meant to gather a more holistic understanding of an individual's everyday limitations that may not be identified by a traditional medical examination.

Figure 3 lists the specialists now included as functionality assessment assessors. Body Functions and Body Structure Appraisal Specialists are traditional medical specialists and Activities and Participation Evaluator Specialists are considered paramedical professionals (Ghazaryan, T. et al, 2025).

Body Functions and Body Structure Appraisal Specialists		Activities and Participation Evaluator Specialists
1. Orthopedist 2. Traumatologist 3. Ophthalmologist 4. Cardiologist 5. Ear, nose and throat specialist 6. Neurosurgeon 7. Psychiatrist 8. Endocrinologist 9. Surgeon 10. Neurologist 11. Therapist 12. Hematologist 13. Gastroenterologist 14. Nephrologist/kidney specialist 15. Oncologist 16. Dermatologist 17. Rheumatologist	18. Urologist 19. Pulmonologist 20. Phthisiologist 21. Family doctor 22. Pediatrician 23. Pediatric orthopedic-traumatologist 24. Pediatric ophthalmologist 25. Pediatric cardiologist 26. Pediatric neurologist 27. Pediatric otolaryngologist 28. Pediatric neurosurgeon 29. Child psychiatrist 30. Pediatric endocrinologist 31. Pediatric surgeon	1. Psychologist 2. Kinesiologist 3. Occupational therapist 4. Speech therapist 5. Educator for the visually impaired 6. Educator for the hearing impaired 7. Learning disabilities specialist 8. Social educator 9. Child psychologist 10. Special educator 11. Rehabilitation specialist 12. Pediatric rehabilitologist 13. Physiotherapist

Figure 3: Official list of specialists included in functionality assessment panels, translated using Google Translate (Deputy Prime Minister of the Republic of Armenia, 2023)

New Assessment Process

A flowchart summary of Armenia's new disability assessment process is shown in Figure 5, followed by a more detailed explanation.

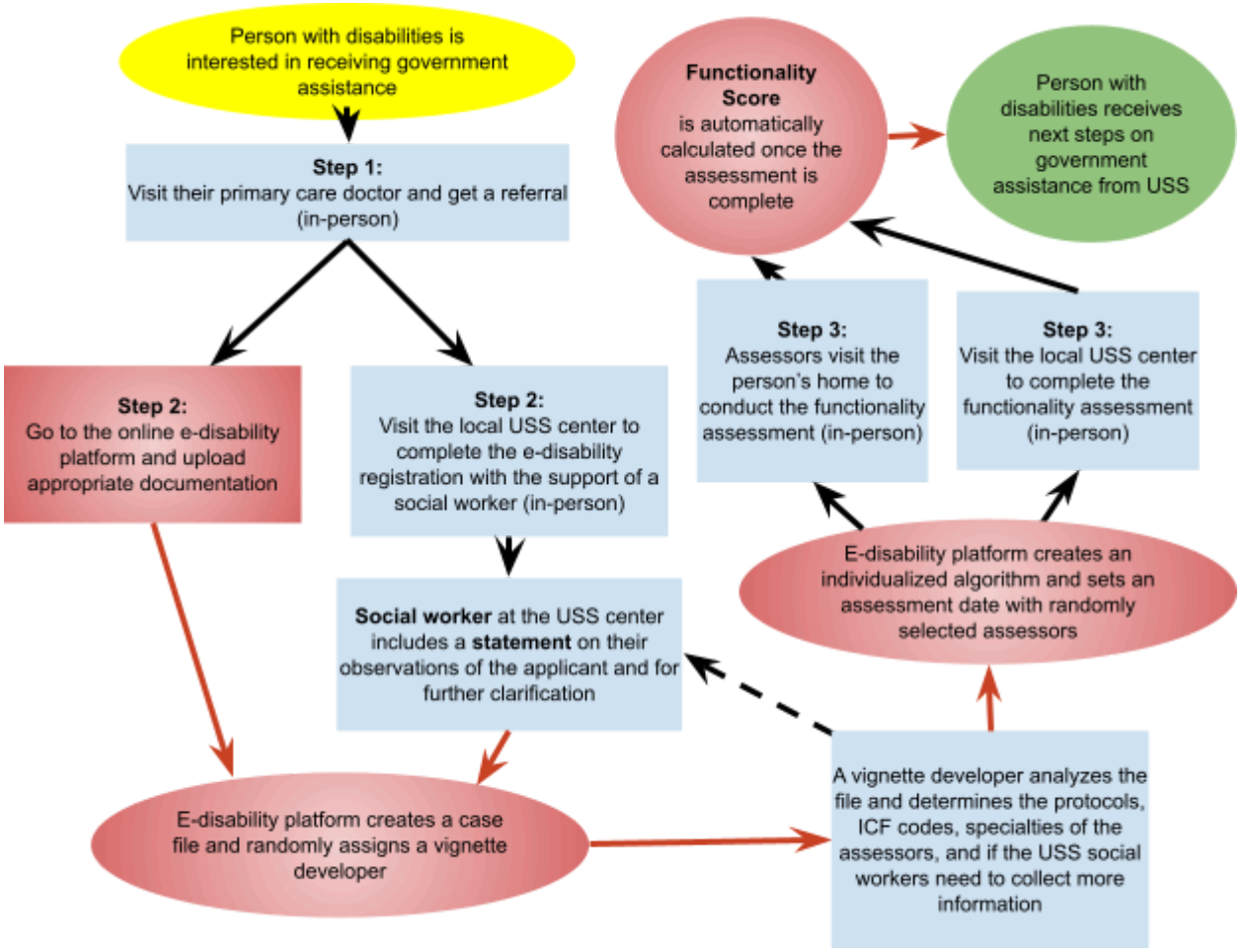

Figure 5: Flowchart outlining the steps for the new assessment (based on interviews with MLSA, former MLSA officials, Nork, and people with disabilities; designed by Joshua Elias)

The flowchart begins with a yellow oval that reads, "Person with disabilities is interested in receiving government assistance." A black arrow points down to a light-blue box labeled "Step 1: Visit their primary care doctor and get a referral (in-person)." From this box, two arrows branch out. The left arrow leads to a red box labeled "Step 2: Go to the online e-disability platform and upload appropriate documentation." The right arrow leads to another light-blue box labeled "Step 2: Visit the local USS center to complete the e-disability registration with the support of a social worker (in-person)." Below this right-side box, another light-blue box contains text explaining that the USS social worker includes a statement on their observations of the applicant for further clarification. Both Step-2 paths connect to a large red oval at the bottom that says "E-disability platform creates a case file and randomly assigns a vignette developer."

From this oval, an arrow points to a light-blue box on the right that reads, "A vignette developer analyzes the file and determines the protocols, ICF codes, specialties of the assessors, and if the USS social workers need to collect more information." An arrow from this box leads upward to a red oval that says, "E-disability platform creates an individualized algorithm and sets an assessment date with randomly selected assessors."

From this oval, two arrows branch into two light-blue Step-3 boxes: one reading "Step 3: Assessors visit the person's home to conduct the functionality assessment (in-person)" and the other reading "Step 3: Visit the local USS center to complete the functionality assessment (in-person)."

A black arrow from these Step-3 boxes leads to a large red circle labeled "Functionality Score is automatically calculated once the assessment is complete." Finally, a black arrow points to a green oval that reads, "Person with disabilities receives next steps on government assistance from USS."

Step 1: Armenians interested in undergoing the disability assessment process begin by visiting their primary care doctor for a physical examination and receiving a referral for further assessment. While the functionality assessment isn't only a medical assessment, having a medical condition is a prerequisite.

Step 2: From the comfort of their home, or at a local Unified Social Service (USS) center, the applicant will fill out a self-reporting questionnaire on the e-disability platform, developed by Nork and MLSA. (The USS was founded in 2021 by MLSA to provide centers across the country that serve as a one-stop shop for Armenians across the country to learn about and receive government resources.) During the assessment process, applicants can contact their local USS center, and social workers are available for support. If an applicant completes the questionnaire at a USS center, the social worker that assisted them will also add in a statement on their observations of the applicant and other information for further clarification. Due to other governmental reforms on digitizing information, applicants input their personal identification number to have relevant government documents, such as birth and marriage certificates, loaded directly into the e-disability platform.

Once the questionnaire is complete and all relevant documents are in the e-disability platform, a digital case file is created and sent to a randomly assigned vignette developer working with MLSA. The vignette developer then reviews the file, checks for discrepancies, determines which specialists should sit on the assessment panel, and assigns the appropriate protocols and ICF codes. According to a former MLSA employee, the vignette developer's choice of protocols and ICF codes determines the individualized algorithm for the functionality score. The vignette developer may also ask a USS social worker to follow up with an applicant for more information before making a final determination.

The e-disability platform then uses the information in the digital case file to 1) create an individualized algorithm for the applicant, and 2) schedule an in-person assessment with randomly selected assessors, either at the nearest USS center or at the applicant's home if it is too challenging for them to travel.

Step 3: The in-person assessment involves both medical and functional examinations. Three to five medical and paramedical professionals are assigned to

the assessment based on their availability and specialty, depending on the applicant's specific case. Each of the 49 USS centers has reportedly been updated with new furniture and tools to test the applicant's functionality, a change from the previous model where the applicant was briefly observed and asked to answer questions such as "Do you have trouble sitting down?" As part of the assessment, assessors use the protocols selected by the vignette developer but they are unaware of the ICF codes that were selected for the functionality score.

Once the assessment is completed, the team of assessors inputs their scores into the e-disability platform based on their observations and review of the applicant's medical documentation. The system automatically calculates a functionality score, which is sent electronically to the applicant along with next steps for receiving benefits, work opportunities, and a date when a follow-up functionality assessment is needed. Further assessments are scheduled based on the severity of the disability or disabilities and are intended to monitor the progression of current limitations and to identify any that could arise in the future. There is an appeal process if participants are not satisfied with their functionality score.

The overall functionality score determines certain overall benefits. For example, one person with disabilities mentioned that an overall score above 50% ensures the beneficiary receives free healthcare. However, the subscores based on different categories ensure people receive individualized benefits and resources. For example, a child with disabilities qualified to have their caregiver receive a training in Yerevan on assisting youth with disabilities, and for weekly visits from a social worker under the new assessment.

The Implementation of the Reform

Following the signing of the Law on Functional Assessment of Persons in 2021, MLSA immediately mobilized resources to ensure the effective implementation of the reform by February 1, 2023 (National Assembly of the Republic of Armenia, 2023). MLSA, in cooperation with Nork, began developing the digital e-disability platform for the new disability assessment. Nork is an Armenian technology organization that was established in 2011 by the Armenian government to digitize the country's social protection systems and was later reclassified as a foundation in 2016 (Nork Social Services Technology and Awareness Center Foundation). Despite the change in status, they are responsible for digital transformation initiatives across MLSA, such as a domestic violence case management system (UNFPA, 2025), an e-work government job platform (EU4Digital, 2024), a United Nations Development Programme-funded digital learning platform for MLSA's workforce (United Nations Development Programme, 2023) and other social protection and social development related platforms. To begin developing the reform, Nork and MLSA consulted politicians, experts, medical professionals, people with disabilities, and OPDs to understand the scope of the project. Nork used the ICF framework and other MLSA guidelines to code over a thousand protocols onto the digital e-disability platform to describe and assess different functional, social, environmental, and medical limitations.

Beginning in September 2022, MLSA collaborated with Nork and other stakeholders to finalize the questionnaires, gather data, and work with other ministries. Documents such as previous medical and school records needed to be readily available online in order for the professional assessors to conduct an accurate functionality assessment, so working with other ministries, especially Health and Education, was crucial to the success of the digitization process. To facilitate collaboration with other ministries, a governmental task force was created solely for this reform, according to MLSA. Nork continued to collect feedback from MLSA officials, paramedical professionals, and medical professionals ahead of the February 2023 deadline to ensure the digital system gathered the information they needed and was easy to use.

The e-disability platform debuted on February 1, 2023. Deputy Minister of MLSA Tatevik Stepanyan announced that any Armenian applying for their first assessment on or after February 1, 2023, would go through the new system (National Assembly of Armenia, 2022). MLSA led a public awareness campaign throughout the country and emphasized the role of the 49 USS centers, where social workers were trained on how to use the new system. OPDs also worked with MLSA to spread awareness about the new reform and convince people to sign up. Medical professionals were certified on how to use the new system, along with a new group of paramedical professionals who were now part of the assessment process.

After a year, MLSA opened the functionality assessment to people who had received a disability determination under the old MSES assessment and incorporated feedback from beneficiaries. In response to user feedback, Nork updated the user interface to make it more accessible, beginning with people with visual impairments. According to the Nork representative, the e-disability platform now has a Web Content Accessibility Guidelines (WCAG)[1] score of AA+, which means it is just below the highest level of accessibility standards for a website. OPDs also worked with Nork and MLSA to continue voicing feedback from beneficiaries and sharing recommendations for improving the new system. Further edits were made to the questionnaire and individualized algorithm after concerns that the assessment was not sensitive enough to recognize certain disabilities. According to the Nork representative, McKinsey surveyed people who used the new system and found that 86% were satisfied.

As of June 2024, 24,000 Armenians have undergone and received scores through the new functionality assessment (Statistical Committee of the Republic of Armenia, 2024). As shown in Figure 6, this represents about 12% of people with disabilities in Armenia. (Out of 198,342 people with disabilities who have been designated by Armenia, 173,856 people have a designation under the MSES assessment and 24,486 people have a score under the new functionality assessment (Statistical Committee of the Republic of Armenia, 2024).) MLSA has yet to make it a requirement for all people with disability determinations under the old MSES assessment to go through the new functionality assessment.

Nork and MLSA are continuing to adapt the system to changes in regulations and laws. For example, MLSA is planning to improve the effectiveness of assessors by giving monetary incentives for accepting more assessments and using an existing monitoring and evaluation system developed by Nork to rate assessors by the number of assessments they accept, among other factors. Further steps could place Armenia at the forefront of disability policy reform in the region and amongst countries with similar income levels. International organizations such as the UN, ADB, German Society for International Cooperation (GIZ), and others have also supported the development of the functionality assessment system at various stages.

[1] The WCAG are a set of international standards to ensure web content is accessible for people with disabilities.

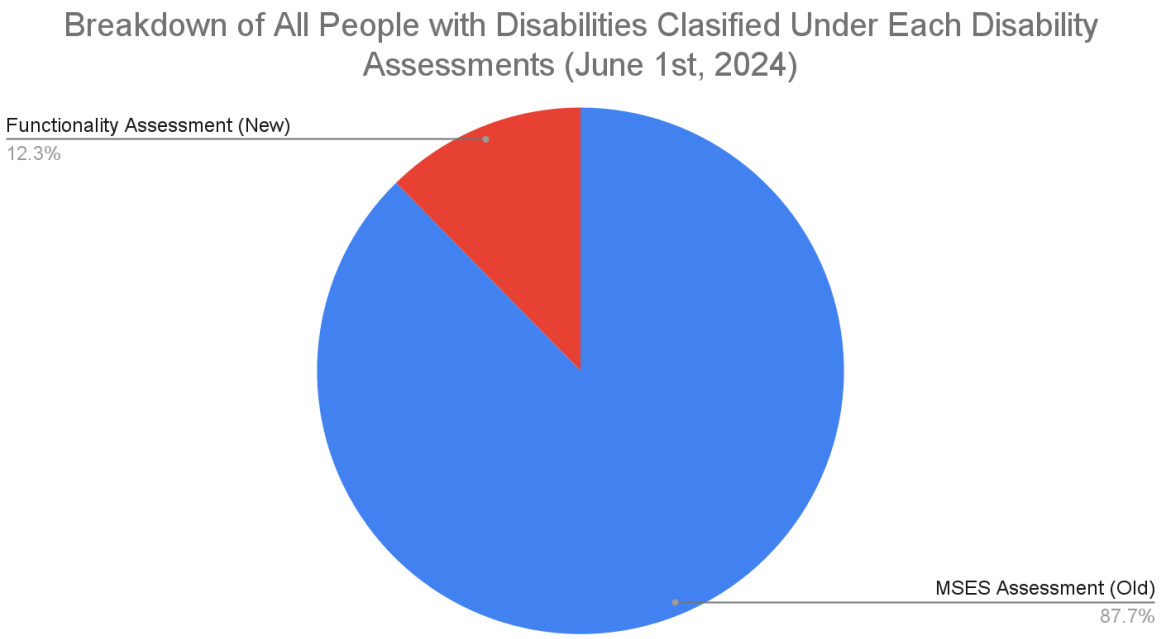

Figure 6: People with disabilities designated under the old MSES assessment system vs the new functionality assessment (based on data from the Armenian government)

The pie chart titled "Breakdown of All People with Disabilities Classified Under Each Disability Assessments (June 1st, 2024)" shows two segments: a small red slice labeled "Functionality Assessment (New) – 12.3%"; and a large blue slice labeled "MSES Assessment (Old) – 87.7%".

Findings

Through interviews and focus groups, respondents shared their perspective on Armenia's new disability assessment. The overall consensus was that most respondents felt the reform was a step in the right direction, although more changes are needed to ensure it improves the livelihoods of people with disabilities in Armenia.

Across stakeholder groups, there was a broad recognition that the new disability assessment system is a substantial improvement over the previous model. The transition from a paper-based, category-driven assessment toward a digital, functionality-driven process has made the system more transparent, consistent, and inclusive. Most groups agreed that it lays the foundation for better-targeted social services and closer alignment with human rights-based approaches to disability.

Scoring & International Standards

Government stakeholders emphasized the new system's alignment with international standards, including the CRPD. The updated legal framework and over 100 regulatory changes reflect this shift. Respondents also acknowledged that a multidisciplinary approach and the involvement of paramedical professionals in the assessment process have made evaluations more comprehensive. This was echoed by OPDs and assessors, who viewed the inclusion of psychologists, speech therapists, and social workers as critical for recognizing a broader range of functional limitations beyond physical impairments.

The new scoring system also came up often. According to the Nork representative, the new system incorporates over 1,500 protocols from the WHO to cover an individual's functionality as holistically as possible. Assessors are trained on both the e-disability system and the ICF framework, and they use a tablet to view reports on the people with disabilities they are assessing and input their scores, rather than reviewing and filling out various papers by hand. This shift has led to greater precision in assessments and has enhanced the government's ability to design and deliver services based on more reliable information. Nork is currently digitalizing the next steps after getting the assessment, using functionality scores to direct people to suitable jobs and vouchers for services or products for which they qualify.

However, some of the people with disabilities complained that their score under the new model didn't accurately represent their needs. One person with chronic health conditions recalled, "*They only focused on my legs and head. They didn't care about my heart or lungs.*" Despite appealing twice, their disability score remained just below the 50% threshold required for free medical care, leaving them

dependent on borrowing money from relatives for treatment. Some OPDs mentioned discrepancies between scores for people with identical conditions and a perceived bias against those who challenge their assessment results: "*We have seen two children with the same diagnosis get very different scores. When we asked why, no one could explain.*" An OPD representative mentioned a case where two people with almost identical visual impairments received significantly different scores.

One cause of these discrepancies could be the assessors themselves, who are adjusting to using tablets and are giving scores in categories in which they are still unsure. The mix of digitization and switching to a functionality model presents two distinct changes for assessors that could lead to different scores. An international expert pointed out that complaints over inconsistent scoring could be the product of confusion with the new system. They argued that although two people could have similar medical diagnoses, the new assessment may capture differing functional needs that may not be as clear to the beneficiaries or OPDs. This is the goal of the reform, and they emphasized more information needs to be shared rather than restructuring the scoring system. Representatives from MLSA and Nork both recognized that hurdles at the beginning of the reform were expected, but they also noted that changes were implemented quickly and that the majority of beneficiaries under the new system were satisfied with the process. Following the initial launch, Nork also needed to constantly adapt the algorithm to changes in laws and the questionnaire, which could have also caused discrepancies in scoring depending on when the assessment was conducted.

OPDs raised concerns about the development of the algorithm. Most agreed that they had a more substantial role in policy dialogue, public consultations, and post-assessment service delivery with the new system than they had under the previous system. Some noted that the reform itself contributed to greater coordination among disability-focused organizations across Armenia. However, they were reportedly not consulted regarding the functionality scoring algorithm and are seeking more information from MLSA and Nork.

Transparency and Corruption

"*With this new system, the team of assessors changes with each case. They do not see the contact information of the applicant… It is a way to decrease as much as possible the human factor.*" *- Former MLSA advisor*

"*The system is more transparent now. Before, you had to know someone or pay something. That's no longer the case…*" *- Representative of an OPD*

One of the most frequently cited improvements with the new system was the reduced risk of corruption. Multiple respondents, including OPDs, multilateral actors,

and assessment professionals, stated that the digitalization and anonymity of the process have limited the scope for human manipulation and improved accountability. The implementation of a functionality score based on standardized criteria, rather than broad disability categories, was also seen as a major step toward objectivity and fairness. The Nork representative highlighted how the new system has virtually eliminated concerns of corruption due to the double-blind system for assessment panels, where neither the assessors nor the beneficiary knows each other until the day of the examination.

Despite these reduced risks, a news report noted that the new assessment system could still carry corruption concerns if the pool of specialists is small and panels are not rotated frequently with follow-up assessments (JAM News, 2023). Professional assessors and representatives from MLSA and Nork highlighted the need to recruit greater numbers of qualified professionals to conduct more assessments, but a larger, more regionally diverse pool of assessors could also further reduce corruption risks.

Digitalization

"*We have fewer people involved in processing. We have more automated things, and people are… satisfied, and everything is clear for them.*" *- Representative of Nork*

The Nork representative shared that their team is proud of its work to make a more efficient, transparent, and accessible system for Armenians with disabilities. The digital e-disability platform they built improved efficiency, transparency, and access to data. It represents a step forward in modernizing Armenia's government services, moving away from paper-based processes.

A common complaint people have about the new system is how digitalizing the process has made it uncomfortable for those who are used to working on paper. Representatives from international organizations and Nork mentioned that many people still tried to fill out the new forms by hand since they didn't initially feel comfortable using the e-disability platform. Many people with disabilities were also worried that their privacy could be breached by putting their personal information online. The e-disability platform has been tweaked to ensure the user interface is as accessible and clear as possible for people unfamiliar with technology or with a limitation that makes using digital platforms challenging. The system was updated after the initial launch to automatically fill in more information based on government records, shortening the time it takes for people to register.

International consultants, assessors, MLSA, and the OPDs described the new system as more efficient and less intimidating when functioning correctly. The e-disability platform reduced the number of in-person visits to USS centers and

allowed for quicker responses. One beneficiary explained, "*This year, it was very quick. I got decent treatment, a cane, and assistive tools—everything in one visit.*"

For those living in areas with reportedly well-trained social workers and helpful USS staff, people with disabilities described their experience with the new system as smoother and more respectful than before. However, this was not the case everywhere. In several interviews, stakeholders emphasized that the quality of the experience depends heavily on local implementation.

"*They [people with disabilities] can go there [USS] and fill out their applications in the office, very often, the staff of the Unified Social Service is still not skilled enough [referring to the new assessment]. They make mistakes in filling out the applications. They don't know the full list of documents to be submitted, and when they reach us [OPDs] at that time, they're already disappointed. They say we don't want to proceed with this anymore.*" *– Representative of an OPD*

An issue that many interviewees mentioned, with different degrees of concern, is that the new assessment is not necessarily faster or simpler than the old one. One person with disabilities said the MSES assessment (medical assessment only) didn't last longer than 10 minutes, once they were called after a long wait time. In contrast, the new system (medical and functionality assessment) requires individuals to complete several online and in-person steps. These additional steps can be challenging to navigate for many people with disabilities, and even USS staff have struggled in some cases to provide consistent support. Some of these challenges arise from the way different systems are linked, which can complicate processing. This underscores the need for further awareness building among beneficiaries and other stakeholders on the e-disability process flow and required steps.

Accessibility and MLSA Support

"*In villages, people don't even know the reform happened. They hear rumors that they'll lose their benefits and don't even try.*" *- Representative of an OPD*

OPDs stressed unequal services for people living outside Yerevan and those with severe and multiple disabilities. They pointed out that both beneficiaries and frontline staff, such as primary care doctors and USS center workers, are often not trained to support individuals through the new assessment process. The issue was more pronounced outside of Yerevan. In one region, a person with disabilities described USS staff as rude or uninformed about the new system. However, in another region, social workers were described as supportive and essential in helping people complete online applications and access assistive services. One person with

disabilities shared that they received their cane and assistive tools in just one visit, something that would have taken much longer under the old system.

One person with disabilities who spoke positively of the new system also mentioned that the USS social worker had to call MLSA four times with questions regarding registration and filing documents. OPDs again played a pivotal role in helping people through the new process and advocated on behalf of beneficiaries to ensure they were not turned away for incomplete documentation. However, some OPDs mentioned frustration with needing to resolve all of these technical issues and even being more knowledgeable on the new process than some USS staff: "*We have to guide every person through each step. The social workers at USS are also confused—some even discourage people from applying.*" The people with disabilities interviewed stressed that without NGO support, they would not have known how to apply.

International consultants also pointed out initial accessibility challenges for the e-disability platform, especially for people with visual impairments. The Nork representative reports that these issues have been addressed in the second phase of the project, following a year of adjustments and collecting feedback from users.

Annual and bi-annual reassessments were another source of frustration. Individuals with long-term or worsening conditions have been required to repeat the complex assessments each year until they turn 65, even when improvement was unlikely. One participant noted, *"It just gets worse, but they still make me go through it again and again.*" While the participant had not conducted a second functionality assessment, they were anxious about needing to go through the process every one to two years. Under the previous MSES assessment, the majority of people with disabilities (over 80%) received indefinite disability classifications (JAM News, 2023), which limited the number of visits for people with disabilities as well as the administrative burden for MLSA.

Interviewees repeatedly emphasized the importance of respectful treatment, access to reliable information, and assessments that consider the full range of a person's health, functionality, and environment. The new assessment is a positive step forward, but there is room for improvement in this area. As one person with disabilities concluded: "*Make it easier for the disabled, not harder.*"

Public Awareness

A challenge mentioned by every stakeholder was insufficient awareness and understanding of the e-disability system and the functionality assessment among people with disabilities. For example, one mother of a person with disabilities said, "*....I do not know anything about anything. I took my child for this assessment, and then*

we came back home. I don't know anything else. We have not benefited from anything." Others commented that they knew about it but felt there was some misinformation about the new system. One OPD representative commented, "*They [people with disabilities] are scared. They're concerned because they don't trust the system, so they think that the status they have by the time they went for the new assessment could be lost. That's a consequence of unawareness.*"

During a focus group with people with disabilities, one participant revealed that they had never gone through the new system and didn't know anything about it. They underwent the MSES assessment for a second time after turning 18 in 2023—after the February 1, 2023, rollout of the functionality assessment. They did not qualify during the initial phase of the new system, where only people conducting a disability assessment for the first time were allowed to go through the new functionality assessment. This person with disabilities received a disability certification under the MSES classification, but they claimed to be unaware of how to register for the new assessment and whether they even qualified. This participant may have participated in the study due to a miscommunication with an OPD, who arranged the meeting, but it nonetheless demonstrates a gap in outreach from potentially MLSA and the OPDs on sharing clear information on the new reform.

The burden of raising awareness about the assessment often fell on the OPDs. One person with disabilities interviewed said a USS staff member called them to let them know about the assessment, but they mentioned that the quality and services provided by USS centers vary, especially outside of Yerevan. MLSA's public awareness campaign for the new functionality assessment was mentioned by OPDs, MLSA, and international organizations, but each of them later commented that more needed to be done.

"*They will have to go through the new assessment, and most of them are afraid.*" *- Representative of an OPD*

"*… most of the people were just afraid that they would not get the support, lose their rights, lose their preferences, benefits they would get every month. And we had serious resistance to the change. People with disabilities in the first place did not want to change the system.*" *- Representative of MLSA*

People being misinformed about the functionality assessment may be the biggest barrier preventing people from starting the process, and could be affecting the results. Every interview and focus group had similar stories of people who are afraid of doing the new assessment because they think they will lose their benefits. MLSA and Nork are working to address these concerns through informational videos and even getting data privacy certifications, with the hope of dispelling confidentiality concerns. OPDs mentioned and echoed concerns from people with disabilities that an algorithm, not a human being, was deciding their functionality

score. Assessors, at times, struggled with people undergoing the assessment who push back on questions. One trainer of assessors mentioned that a beneficiary was confused and became frustrated when they were asked to complete basic tasks like sitting down and walking as part of the assessment; previously, they were only asked to answer “Yes” or “No” if they could complete those tasks without difficulty.

MLSA is still grappling with misinformation and distrust regarding the new reform. They shared information about a public awareness campaign they launched, but they believed that more could be done. Nonetheless, MLSA is confident that as more people get assessed under the new system, they will encourage others to do the same. Since 87.7% of people with disabilities who are recognized by the government have still not gone through the new system, it will take time for these concerns to resolve (see Figure 6, Statistical Committee of the Republic of Armenia, 2024).

Professional Assessors

“*6 days is not enough time for training.*” *- Trainer of paramedical assessors*

Medical and other professionals play a crucial role in this new reform. Under the old MSES assessment, a static panel of medical professionals by region conducted the assessment exclusively based on medical qualities. Now, a pool of medical and paramedical professionals is randomly assigned to a case based on their availability and the individual being assessed. The assessment also follows a new model and questionnaire based on the ICF framework. The group of assessors directly inputs their scores and answers to a tablet during the assessment. According to one assessor, assessments in the old model would last around 12 minutes. Now they can go more than 30 minutes as medical professionals conduct physicals, occupational therapists test fine motor skills and balance, physical therapists conduct around 12 exercises, and, depending on the individual, further tests are done by other professionals. To prepare for this new system, all professionals undergo a six-day training where they learn about the ICF framework, conduct a live assessment, and have to pass a written and oral exam testing their understanding of the new process to become certified.

Although this new process presents considerably more work and training than under the previous assessment, the assessors were pleased that a more holistic system was in place. The flexibility of choosing your schedule and which assessments to attend is also a bonus for assessors. However, despite the advancements this reform has made for Armenia as a whole, assessors also encounter challenges, including insufficient paramedical professionals, poor pay, conflict between professionals, not enough training, and confused beneficiaries.

The inclusion of a range of professionals from different disciplines in the pool is a necessary step to ensure people are receiving holistic assessments, but there are simply not enough of them in Armenia. Outside of psychology, only one university in all of Armenia has programs for occupational therapists, speech language pathologists, special education instructors, and other occupations necessary for assessing and supporting people with disabilities. These programs are all housed in Yerevan, and many are focused on pediatric care, further limiting the pool of qualified professionals to assess people of all ages. One OPD representative noted that there are only a dozen occupational therapists in the entire country, and many must travel long distances to reach assessment centers. This shortage increases delays and puts a strain on the professionals involved. With almost 200,000 people with disabilities in Armenia, there are not enough qualified paramedical professionals to meet the demand.

Another challenge is that many professionals are reluctant to leave higher-paying jobs in a private practice that offers full-time employment. Assessors under the new system had relatively low salaries, and although representatives of MLSA and Nork mentioned that efforts are underway to improve pay for assessors, that may not be enough to convince people to learn a new system and frequently travel around the country. Many of the professional assessors also shared that they feared losing their jobs, reflecting uncertainty about how roles and responsibilities would evolve under the new system.

Conflict between medical and paramedical professionals was mentioned as a challenge during interviews with assessors, as well as with the MLSA and Nork representatives. Both sides seem to know little about what the other does and this is reinforced by the separate training they receive, until the final day when they do live assessments. Several interviewees mentioned that medical professionals who worked under the old system were reluctant to learn the new system and to work with paramedical professionals. This was exemplified by a representative of an international development organization who was helping develop digital training modules for new assessors working within the ICF framework. They shared that the rollout of the digital training faced resistance, particularly from older medical professionals who were hesitant to adopt the new model. One of the trainers of assessors believed that more dialogue and concerted efforts to promote collaboration between both groups are a necessary next step to retain assessors and ensure the assessment is completed accurately.

Lack of training is another challenge, with assessors sharing that they are not ready to implement this new complex system after six days and an exam. Some paramedical professionals don’t even get the opportunity to conduct a full assessment within their specialty before being certified. Discussions are underway

to change the certification process and to require a new examination at least every three years.

Lastly, assessors face the challenge of dealing with beneficiaries who are confused or upset by the new assessment system. Both of the trainers of assessors who were interviewed recommended raising public awareness of the reform and the changes to the assessment to avoid these uncomfortable situations that could hurt the efficacy of the assessment.

Figure 7 shows the certification and training process for new assessors.

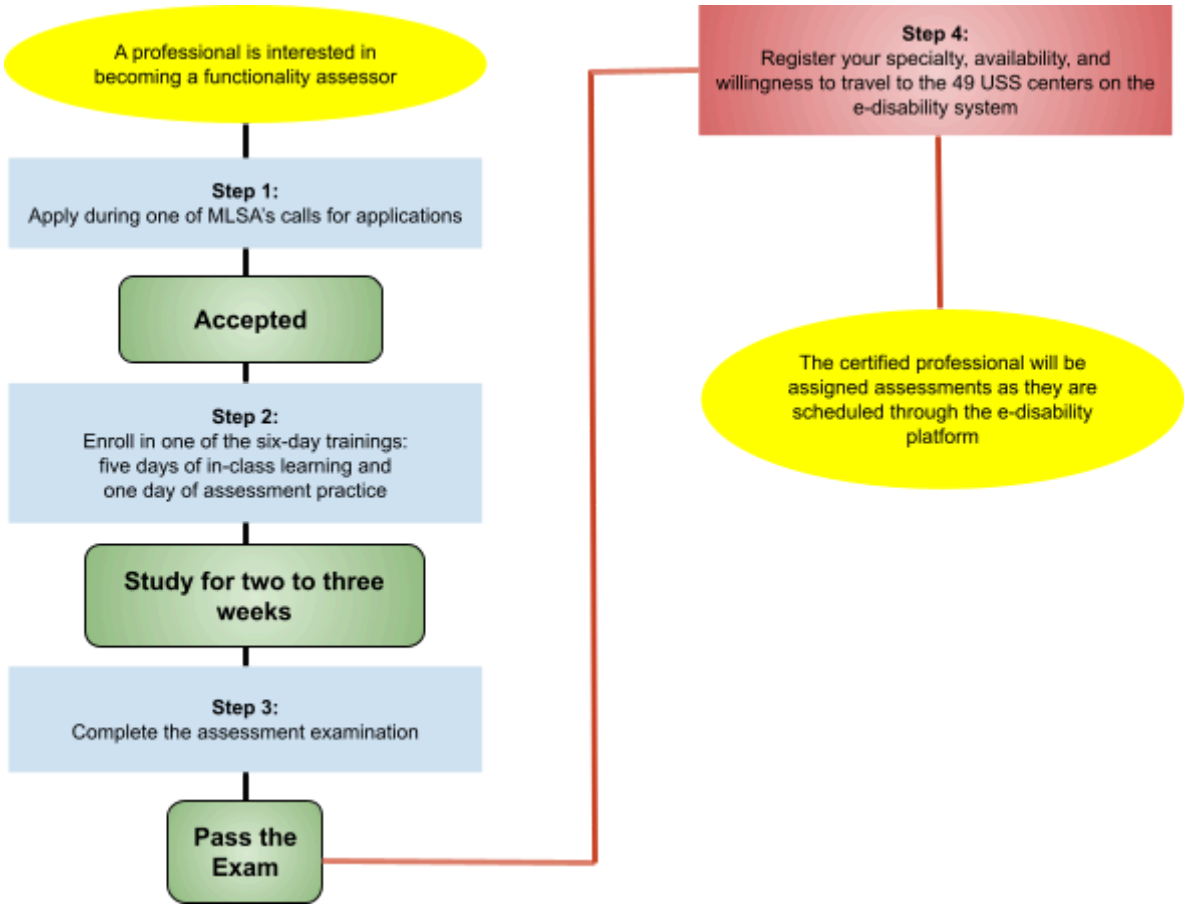

Figure 7: Flowchart detailing the certification process and training for professional assessors under the disability assessment system (based on interviews with professional assessors; designed by Joshua Elias.)

The flowchart begins with a yellow oval that reads, "A professional is interested in becoming a functionality assessor." A black arrow leads down to a light-blue box labeled "Step 1: Apply during one of MLSA's calls for applications," followed by a green box labeled "Accepted." Below this, a light-blue box labeled "Step 2: Enroll in one of the six-day trainings: five days of in-class learning and one day of assessment practice" connects to a green box that reads, "Study for two to three weeks." A black arrow continues to a light-blue box labeled "Step 3: Complete the assessment examination," followed by a green box labeled "Pass the Exam."

From the "Pass the Exam" box, a red line connects to a red box on the right labeled "Step 4: Register your specialty, availability, and willingness to travel to the 49 USS centers on the e-disability system" connects with a red line to a yellow oval that reads, "The certified professional will be assigned assessments as they are scheduled through the e-disability platform."

Inter-Agency Collaboration and Community Consultation

"*....ultimately, we will work with all the agencies with all this data to perform targeted programs for people with disabilities.*" *- Representative of MLSA*

The MLSA representatives were proud of the work that went into making the reform possible. It took more than 10 years following the approval of the UN CRPD to actualize the shift from a medical assessment model to a social, human-rights-based system. They also emphasized the importance of getting as many people involved in its development as possible, including through intergovernmental task forces with representatives of the Health, Education, and other Ministries. It also meant creating spaces for civil society, community members, and people with disabilities to have a seat at the table as major decisions were taking place. Also, over 100 new laws and regulations have been enacted to make sure other sectors are aligned with the changes in Armenia's Law on the Rights of Persons with Disabilities, which has encouraged greater collaboration across sectors. This inclusive policy development process came from political shifts within Armenia and with the recommendations of international experts. It also reflects the Armenian government's commitment to institutionalizing reform through a collaborative, people-centered approach that engaged diverse stakeholders across sectors.

Despite the perceived positive outcomes, MLSA representatives and former employees noted that engaging other ministries in the system's development was at times challenging. The Nork representative added that digitizing supporting documentation in areas such as health and education is crucial for smoother processes.

Nork, in conjunction with the technical expert supporting the government, worked with the Information Systems Agency of Armenia (ISAA), which helped align system compliance, usability, and technical architecture, using the WCAG standards. Despite this collaboration, the consultant mentioned that there is still room for improvement in tightening the alignment of the e-disability platform with WCAG standards. Nonetheless, Armenia is in the process of developing national web accessibility standards, using the WCAG standards as a starting point. These accessibility standards are not yet compulsory.

Most OPDs were involved in the implementation through MLSA-led consultations or public hearings, particularly during the development of the legal framework and piloting of the ICF-based assessment. Many played a role in the early development stages, participated in pilot programs, referred beneficiaries, and provided post-assessment support. Yet, they noted that their contributions were limited in critical areas such as the creation of the algorithm or the design of the e-disability platform. Despite concerns, OPDs expressed hope that the system would continue to evolve. They appreciated the opportunity to be heard and remain eager to work as partners in delivering a fair and inclusive disability assessment system.

UNICEF Armenia advocated and helped with multisectoral collaboration, especially with the Ministry of Education. Their team emphasized that disability assessment cannot be treated as a purely medical process, particularly for children. A representative explained that the real challenge begins after the assessment, ensuring that children can access the support services for which they qualify. They emphasized that collaboration with the Ministries of Health and Education are crucial to ensure the assessment and subsequent services effectively capture the needs of children.

The tight deadline for the reform's launch required close cooperation between MLSA and Nork. The Nork representative noted that beginning in September 2022, a few months before the launch, they held weekly meetings with the MLSA Deputy Minister to address issues promptly. However, an international consultant observed that some technical capacity limitations may persist. Implementation is also affected by the detailed reviews and consultations required for any adjustments.

Data Quality, Monitoring and Evaluation

Representatives from Nork and MLSA highlighted the importance of data collection under the e-disability platform. Datasets now show far more detailed information about the specific challenges and services people need compared to the MSES system, and the difference is clear when seeing the reports of the Statistical Committee of the Republic of Armenia. The report for a person with disabilities under the MSES system covers three pages with basic information on their group classification, age range, medical diagnosis, and service provided. The report for the functionality assessment is 30 pages with disaggregated data on functional limitations, urban or rural settings, child age groups, and more. MLSA officials and international experts agreed that the considerably improved and more precise data collected under the functionality assessment will lead to improvements in policymaking and service delivery.

Data about professional assessors is also collected. The Nork representative referenced a monitoring system to track the number of assessments each assessor

signs up for, how long they spend during the assessment, whether they review certain documents, and assessors are given ratings. It is not clear how often feedback from beneficiaries results in system and usability updates.

During the interviews, a former USAID staff member who worked extensively on MLSA-related projects noted ongoing challenges in monitoring and evaluation (M&E). They advocated for automated, real-time data reporting to MLSA rather than manual data requests from the system administrator. There is also a need to track the quality of both assessments and service provision, including whether services like speech therapy lead to measurable improvements over time. Their recommendations included embedding M&E templates directly into the e-disability system, developing follow-up mechanisms to assess service outcomes, and collaborating with universities to analyze system performance and address gaps. The USAID respondent also flagged the issue of separate datasets for individuals assessed under the old and new systems, recommending that both should be merged to inform better decision-making. The Nork representative noted that system updates have since incorporated many of these recommendations, including real-time data visualizations for MLSA and other stakeholders, as well as the integration of data from both the old and new systems for more efficient data management.

Table 2 summarizes the study findings.

Table 2: Armenia Disability Assessment Findings Summary

Theme	Positives	Challenges	Areas for Improvement
Scoring & International Standards	Transition to digital, functionality-based scoring; alignment with CRPD; multidisciplinary evaluations.	Inconsistent scoring or insufficient explanation of scores; beneficiaries feel their needs are not fully captured.	Clarify and raise awareness on scoring criteria; enhance assessor training; improve appeals process.
Transparency & Corruption	Double-blind assessments, reduction in corruption risk, and scoring based on the WHO protocols.	Previous bias and corruption concerns; full trust is still building.	Continue building trust; ensure consistent implementation of double-blind practices.
Digitalization	More efficient and transparent; reduced paperwork; automatic data filling; user feedback integrated; inclusive.	Digital divide, resistance to change, and accessibility issues for some users.	Enhance e-disability platform usability; increase digital support; reduce beneficiaries' burden.

Accessibility & MLSA Support	Some social workers and OPDs provided major support during the assessment.	Unequal services outside Yerevan, undertrained USS staff; reassessments could burden people with severe or chronic conditions.	Improve staff training; simplify reassessment procedures; expand OPDs' support role.
Public Awareness	Most people with disabilities and OPDs in Armenia have heard about the reform.	Misinformation and fear, low outreach outside Yerevan; some people with disabilities are still unaware of the new process.	Expand outreach in rural areas; dispel misinformation; strengthen communication.
Professional Assessors	Holistic assessment model adopted; paramedical professionals involved; flexible scheduling for assessors.	Shortage of qualified professionals, low pay, and tension between medical and paramedical staff.	Improve pay and working conditions; build, unify, and lengthen training programs; foster collaboration; partner with universities to expand paramedical courses.
Inter-agency Collaboration and Community Consultation	Inclusive consultation process; collaboration with various ministries and international experts.	Digitalization across ministries at varying stages of progress; better alignment and prioritization required.	Incentivize better inter-agency cooperation; prioritize relevant services and processes.
Data Quality, Monitoring & Evaluation	Improved and more disaggregated data collection on people with disabilities.	Limited feedback from users; manual reporting is still used; datasets remain isolated.	Embed real-time M&E tools in the e-disability platform; track service outcomes.

Limitations and Further Research

While this study offers a comprehensive view of Armenia's disability assessment reform, several methodological and logistical limitations may affect the scope of its findings and suggest pathways for further research.

The first constraint was a lack of medical professional perspectives. Although the study incorporated insights from the trainers of paramedical assessors, government officials, and OPD representatives, no practicing medical assessors were interviewed. It would also have been important to understand their perspective on concerns regarding limited interprofessional collaboration. Representatives of MLSA, trainers of paramedical assessors, and Nork mentioned challenges between medical and paramedical professionals during joint assessments, such as medical professionals leaving assessments early and being dismissive of the exercises conducted by paramedical professionals. Their perspective on the transition from a medical to a social disability assessment model is crucial for further evaluating the reform.

Another limitation was that all interviews, focus groups, and research were conducted remotely. As a result, the research team was unable to conduct direct observations of assessment centers or interact with stakeholders in person. The virtual interviews and focus groups may have prevented more candid responses from participants who may have felt less comfortable discussing the reform online. This also means that the researchers could not directly observe or confirm aspects mentioned in the evaluation, such as all 49 USS centers being outfitted with space and tools for the functionality assessment.

Engagement with people with disabilities who had undergone the new functionality assessment was limited in number and scope. The sample included three direct beneficiaries of the new system and one who had recently undergone the MSES assessment. Interviews with people with disabilities were referred and arranged by two of the OPDs that had previously been included in a focus group. This creates the concern that the people with disabilities may have been chosen to advance a specific narrative or out of convenience by the OPDs, rather than to showcase the average experience for people who went through the assessment. As such, the perspectives of individuals without strong institutional support or digital access, particularly in marginalized communities, are likely underrepresented.

Interviews with trained assessors were not conducted. While the trainers of assessors provided valuable insight into the content and structure of the certification process, the absence of perspectives from currently active assessors constrained the research team's ability to assess the application of the ICF framework and challenges they encountered.

The role of vignette developers is also an area for further research. Their position as the individual selecting the ICF codes and which types of assessors are used provides them with a great deal of power over an individual's final functionality score. Interviews and further questions for MLSA are warranted on how vignette developers are selected, trained, and operate.

In the literature, reports raise concerns about the lack of transparency in the algorithm used by the new e-disability system, as highlighted by a lawsuit filed by a local disability rights group over the government's refusal to disclose the algorithm's details (Human Rights Watch, 2024). Additional concerns include reports of inaccessible procedures and dissatisfaction with how assessments are carried out under the new system (JAM News, 2023). These issues underscore the need for continued stakeholder engagement, transparency, and iterative policy design. Nonetheless, Armenia's reform offers valuable lessons.

Collectively, these limitations highlight clear areas for further research, including:

- Future studies should include interviews with practicing medical assessors to capture their perspectives on the shift to a social model and interprofessional collaboration.
- Case studies should be conducted on cases that went through the appeal process to better understand how consistently and appropriately the assessment is being applied.
- On-site fieldwork, especially in rural areas, is needed to assess how the reform works in practice at USS centers.
- More input from people with disabilities who are not connected to OPDs or lack digital access would help ensure broader representation.
- A technical demonstration for OPDs and more publicly available information regarding the algorithm for the functionality score could address concerns about transparency.

Follow-up research should go beyond the assessment process itself to examine what happens after the assessment, particularly the availability, accessibility, and quality of the services which individuals receive. As emphasized by the UNICEF representative, the system's success ultimately depends not only on assessing needs accurately but also on whether health, education, and social service providers are prepared to deliver the appropriate support. This is especially important outside of Yerevan, where gaps in service coverage may prevent the realization of the reform's intended outcomes.

Recommendations

1. **Strengthen Public Awareness and Outreach**

Increase efforts to educate people with disabilities, their families, primary care physicians, and social workers about the new system through targeted campaigns, especially in rural areas. Some beneficiaries still do not understand how to access the new system, fear losing their benefits, or mistakenly undergo the old process. Efforts to increase awareness should include how the information collected during the assessment will be used to better tailor service packages and support, to address negative attitudes toward a more involved process.

2. **Improve Training and Certification for Assessors**

Revisit the current assessor training model to focus on quality, relevance, and delivery methods. Multiple stakeholders noted that the existing six-day training is not enough to prepare assessors to confidently apply the ICF framework or evaluate complex and less common disabilities. Given budgetary constraints and competing reform priorities, a first step could be a comprehensive review of the current training and certification process, supported by development partners and external experts. OPDs should also be involved in developing and delivering the curriculum to ensure that it reflects the lived experiences of people with disabilities.

3. **Workforce Development of Qualified Paramedical Professionals**

Invest in the education and recruitment of paramedical specialists such as occupational therapists, speech therapists, and kinesiologists, especially outside Yerevan. Without more trained professionals, holistic assessments and individualized services cannot be implemented at scale.

4. **Promote Collaboration Between Medical and Paramedical Staff**

Facilitate joint training and regular coordination to improve joint, inter-disciplinary working and communication between assessors with different professional backgrounds. Collaboration is essential for delivering multidisciplinary and accurate evaluations.

5. **Standardize and Monitor Assessment Scoring**

Create clearer guidelines and quality checks to ensure consistent scoring across regions and assessors, especially during appeals. Interviewees reported people with identical conditions receiving different scores, undermining trust in the system.

6. **Make Annual Reassessment a Requirement Only for Children**

Remove the requirement for yearly reassessments for most adults, especially people with permanent conditions and older adults. Reassessments can be determined over a wider frequency (2 to 10 years) depending on the determination of the assessment panel or through voluntary reassessments if people feel their condition has changed. However, according to international consultants, children need annual assessments to ensure they are receiving the resources they need as they age. This reduces stress and administrative burden on both beneficiaries and the system.

7. **Fully Integrate and Digitize Medical Records**

Ensure all medical institutions are connected to the e-disability platform and records can be accessed electronically. Currently, delays in uploading paper medical documents slow down the process, cause errors, and discourage people with disabilities from undergoing the functionality assessment.

8. **Institutionalize OPD Engagement and Feedback**

Formalize the role of OPDs in training, monitoring, awareness, and service delivery. OPDs are currently filling key gaps informally and should receive consistent public information, recognition, and financial support.

9. **Strengthen Monitoring and Evaluation Systems**

Develop a robust and independent M&E framework to assess system performance, beneficiary satisfaction, and data quality. Without strong monitoring, systemic issues such as inconsistent scoring can go undetected.

10. **Improve Inter-Ministerial Coordination**

Expand cross-sectoral collaboration with the Ministries of Health, Education, and Territorial Administration and Infrastructure to ensure the system is linked with healthcare, schools, and inclusive infrastructure. Full reform requires coordinated services beyond MLSA.

Conclusion

Armenia's disability assessment reform is a step toward an inclusive social protection system where the government is invested in understanding the diverse needs of its citizens and is committed to providing them services in a dignified way. The transition from a medical model to a rights-based, functionality-focused disability assessment system, the introduction of the e-disability platform, and the adoption of the WHO's ICF framework have reshaped how disability is understood, assessed, and addressed, placing the individual's lived experience, individual needs, and functional limitations at the center of a more holistic disability assessment process. This reform not only brings Armenia closer in alignment with international standards such as the UN CRPD, but also modernizes service delivery in a way that aims to be more transparent and effective for its citizens.

Across stakeholder groups, there was broad consensus that the new system has improved transparency, reduced corruption, and enabled more nuanced evaluations through multidisciplinary teams. Trainers of assessors, OPDs, and the beneficiaries consulted for this study reported that the new system is more equitable and person-centered than the previous model. Government agencies now have access to better data to allocate services and monitor outcomes, while international organizations have applauded Armenia's efforts to build a reform grounded in inclusion and accountability.

However, Armenia's experience shows the complexities of implementation. There are still challenges, ranging from low public awareness to insufficient assessor and USS staff training. Building an inclusive system is not a one-time event, but an ongoing process. To realize the full potential of this reform, Armenia must now focus on scaling training and outreach, building the workforce, and embedding feedback loops and an M&E system. If the end result is similar to the old system in terms of services received, beneficiaries may view the added steps as burdensome. However, if the new data enables more tailored and meaningful support, the system is more likely to be accepted and valued over time.

What Armenia has accomplished is not just a technical upgrade, but an institutional shift in how disability is perceived and addressed. The reform demonstrates that meaningful change is possible when governments, civil society, international partners, and people with disabilities work collaboratively. Reforms of this scale require sustained political will, sufficient resources, and long-term commitment to equity.

Armenia's disability assessment reform can serve as a model for other countries. It shows that even with limited resources, countries can innovate,

digitalize, and democratize access to services if they center human rights and work across sectors.

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List of Acronyms

ADB – Asian Development Bank

AI – Artificial Intelligence

CIP – Center for Inclusive Policy

CRPD – Convention on the Rights of Persons with Disabilities

GIZ – German Society for International Cooperation

ICF – International Classification of Functioning, Disability and Health

ILO – International Labour Organization

ISAA – Information Systems Agency of Armenia

MLSA – Ministry of Labor and Social Affairs (Republic of Armenia)

MSES – Medical-Social Expertise System

M&E – Monitoring and Evaluation

NGO – Non-Governmental Organization

Nork – Nork Social Services Technology and Awareness Center Foundation

OPD(s) – Organization(s) of Persons with Disabilities

UN – United Nations

UNDP – United Nations Development Programme

UNICEF – United Nations Children's Fund

UNPRPD – United Nations Partnership on the Rights of Persons with Disabilities

USS – Unified Social Service

WCAG – Web Content Accessibility Guidelines

WHO – World Health Organization

WHODAS 2.0 – WHO Disability Assessment Schedule, Version 2.0