Research Report

Impact of Coronavirus Pandemic on Female Employees

ARMENIA 2022

Content

A Word of Gratitude

Advanced Public Research Group (APR Group) NGO expresses its deep gratitude to all persons and structures that have participated in the study on the impact of the Coronavirus pandemic on female employees.

We would like to express a separate gratitude to Solidarity Center, namely the staff of the Armenian branch for financial and consultative support.

We are also grateful to representatives of the RA NA Standing Committee for Labor and Social Affairs, RA Ministry of Labor and Social Affairs, RA Health and Labor Inspection Body, Confederation of Trade Unions of Armenia and branch trade unions, as well as sectorial experts and employers for participation and expression of their positions.

The research became possible due to the dedicated work of the project staff – analysts, gender expert, interviewers, focus group moderators and other persons in the project, as well as readiness and sincere engagement of respondents.

This research report was developed with the financial support by Solidarity Center. Opinions expressed in the report are the responsibility of the author and may not reflect official viewpoints of the donor.

Abbreviations

RA NA SCLSA	RA NA Standing Committee for Labor and Social Affairs
HH MLSA	RA Ministry of Labor and Social Affairs
RA HLIB	RA Health and Labor Inspection Body
CTUA	Confederation of Trade Unions of Armenia
BTU	Branch Trade Union
FGD	Focus Group Discussion

Introduction

In February-May 2022 with the financial support by the American Solidarity Center, Advanced Public Research Group carried out comprehensive research aiming at identification of the impact of Coronavirus pandemic on female employees, their economic activity and employment, as well as development of recommendations based on the research findings to overcome that impact.

The research was conducted through combined utilization of several methods, including qualitative and quantitative data collection, face-to-face quantitative standardized interviews, in-depth interviews with sectorial experts, key informants and focus group discussions with female employees, as well as secondary analysis of available study reports.

This report summarizes detailed description of study methods and their use, main findings of the study, as well as conclusions and main recommendations.

The report contains annexes that include information on the studied literature, used tools – questionnaires – etc.

Executive Summary

In February-May 2022 Advanced Public Research Group NGO carried out research aiming at identification of the COVID-19 impact on female employees. The research utilized a number of methods, analysis of primary and secondary data was conducted. Brief description of main findings is presented below.

Coronavirus pandemic unveiled in a pronounced way all system issues related to discrimination against women and issues of inequality that existed in the Armenian public and family relations (including family violence), as well as healthcare, economic and employment sectors.

Taking into account that women are employed with low salary (food production and textile) and non-formal employment sectors (service delivery, nannies and housekeepers), as well as in such sectors that imply intensive communication with people (healthcare, education), in fact women became more vulnerable during restrictions imposed as a result of the pandemic. On one side, the risk of getting infected accompanied with work overload and income reduction (in some cases also loss of income) on the other side, conditioned with a number of psychological complications, made the state of women even more complicated.

The COVID-19 impact on women depends on their employment sectors, as well as labor conditions, level of awareness etc. Thus, the research findings showed that in state sector and large private companies, women have labor contract which lack in small companies and non-formal sectors. Availability of contract highly impacts on the awareness on their own rights and responsibilities. Awareness on rights is the most important precondition for protection of employee. If employee has contract and is aware of its provisions that doesn't only allow to avoid violations by employee, but also undertake activities to restore rights in case of violations by companies. In this context it's necessary to undertake all steps to uncover "hidden" employees to increase their awareness on their rights, as well as strengthening the importance of awareness.

Rights and responsibilities of employees don't only lie within employee-employer relations, but also public perceptions. That sometimes leads to a situation when the public demands more from professionals than defined in their labor contracts (for instance, in case of doctors). Thus, it's necessary to form adequate attitude and expectations from a number of professions.

The negative impact of the pandemic on women was obvious from psychological, physical, financial and social aspects. During the pandemic, in the context of change of labor conditions and health risks, people engaged in healthcare, education and food production sectors became the most vulnerable. In terms of temporary or permanent loss of job women engaged in textile, service delivery and housekeeping were the most vulnerable. For the first case work time and responsibilities increased and for the second case the issue of unemployment came up.

During the pandemic safety rules in duty stations were mostly preserved in an appropriate manner. In cases when public employees appeared in forced downtime situation, they were fully compensated.

Adaptation to pandemic conditions was stressful particularly for women employees. Women engaged in sectors which continued employment during the spread of pandemic, experienced stress as a result of combination of work and family affairs, as well as unreadiness to work with new methods, unawareness on and fear (both because of getting infected and infecting someone else) of pandemic and shortage of knowledge on vaccination and requirement of mandatory vaccination by employers in the context of anti-vaccination movement. Women engaged in sectors that face forced downtime experienced stress connected with unclarity of employment, lack of finances in family etc.

Although women were overloaded in their duty stations (nurses, teachers) and ensured care of family members in parallel to work (in case when all family members were at home), no redistribution of roles was done, which is considered normal both by women and other members of family. It's interesting that the negative impact on family relations was conditioned with loss (no matter whether temporary or permanent) of men's work more than work overload of women. In many cases this became a reason for family conflicts.

Economic impact of the pandemic on family affairs mostly depends on employment sector and availability of contract. People employed in state sectors (where almost all have labor contract), received compensation during the entire period of the pandemic, even in cases when they appeared in forced downtime conditions or worked remotely. In private sector, particularly employees engaged in textile sector went into forced downtime because of restrictions and didn't receive any compensation from their companies (or even in case of compensation, that was an expression of good will by employer). During that period the state provided compensation in the amount of the minimum wage to contracted employees.

Housekeepers had to settle their issues on their own. If “employers” decided not to use their services during quarantine, those employees didn’t receive any compensation. Thus, families of employees in private and non-formal (not registered) sectors suffered more as a result of the pandemic.

In general efforts by employers to overcome negative impact of coronavirus received positive feedback. Steps undertaken by state authorities to recover from or prevent negative consequences of the pandemic didn’t receive negative feedback. Steps to mitigate social-economic consequences of the pandemic initiated by the state weren’t gender sensitive, thus the most vulnerable female groups were left outside of over two dozens of projects to neutralize COVID-19 economic and social consequences developed by the RA Government.

Research Methodology

The main **goal** of the study is to identify the impact of coronavirus pandemic on female employees, their economic activity and employment, as well as develop actionable recommendations to overcome the impact.

The **objectives** of the study are to uncover:

- Analyze women employment data pre-pandemic and during the COVID 19 pandemic
- Analyze impact of COVID 19 on women workers, such as access to workplace; gender based discrimination; maternity protection; increased care work and (if any) incompatibility of family and work responsibilities due to it; remote work; labor contract; working hours and overtime work; wages; health and safety issues at work during the pandemic; suspension (leave, sick leave etc.); termination of labor relations; freedom of association and collective bargaining to ensure gender equality at workplaces.
- Analyze legislative provisions and Court Cases related to violation of labor rights of women caused due to the COVID 19 pandemic.
- Analyze state provided policies aiming to mitigate impact of COVID 19 with gender lenses and identify how gender-responsive these policies were/are;
- Study the role of trade unions in protecting rights of employees, particularly women during COVID-19 pandemic.
- Identify whether there were any trainings on collective labor rights protection processes, movements during COVID-19 restrictions.
- Identify gaps in legislation that was the most prevalent during the COVID 19 pandemic and made disadvantaged groups even more vulnerable and exposed.
- Collect and analyze information about the increased violence at work (GBHV) during the pandemic.
- Study best practices of different countries which adopted the most practical and meaningful gender-responsive policies during the pandemic to mitigate harm caused by COVID19.
- Based on the analysis of the collected data and on key findings:
    - Develop concrete, result-oriented recommendations for government, employers and trade unions aiming to mitigate impact of COVID 19 on women economic activity and employment in short-, medium- and long-term perspective;

- Develop an advocacy plan for fulfilment of elaborated recommendations and suggestions with close consultation of union partners and larger civils society groups.

The subject of the study are women engaged in a number of sectors, who worked and received income before and at the initial stage of spread of the pandemic, as well as women who lost, found or preserved their work during spread of the pandemic. From the study perspective the sectors of interest are:

- Education (women engaged in pre-school, school and vocational education facilities),
- Healthcare (women engaged in all tiers of healthcare facilities),
- Textile and food production (women engaged in textile sector who were engaged in sewing activities, as well as women engaged in food production such as bakery and agricultural work),
- Housekeeping (nannies, assistants, cleaners etc.).

The study was conducted between February-March 2022. Preparational work, including finalization of the methodology, development and approval of questionnaires by the donor, arrangements for interviews etc. were accomplished in February. Document analysis was launched in March. The data collection process was implemented in April-March followed by the analysis of research findings and development of this report.

Description of Data Collection Methods

The information was collected using 2 main methods – ***document/secondary data analysis and primary data collection.***

Secondary data analysis. More than 20 reports and materials covering women rights were studied. The complete list of studied materials is described in the Annex 1. Official statistics, documents and state programs and activities aiming at neutralization of COVID-19 impact were studied. The study reviewed issues that referred to women's economic activity and labor rights impacted by the pandemic, particularly overtime work, labor contracts, jobs requiring care, incompatibility of job duties with remote work, maternity protection, non-payment or partial payment of salaries, termination of labor relations, as well as issues of ensuring health right and safety at duty station.

State programs aiming at mitigation of COVID-19 impact were reviewed and analyzed through gender lens to assess to what extent those policies were gender sensitive.

Focus group discussions. To collect primary data from female employees the method of Focus Group Discussions (FGD) was utilized. The FGD guidelines that served as a tool for the research is presented in the Annex 2. Following the development of the guidelines it was piloted, revised and applied for the research. The average duration of FGD was **70 minutes.**

The total number of FGDs is 10. The number of participants in groups varied from 7 to 9. The research participant **sampling** was developed taking into account following criteria:

1) **Geography:** women from all RA marzes were involved,
2) **Profession/employment sectors:** The selected sectors include education, healthcare, textile, and food production, housekeeping (including nannies and assistants). During the data collection it was decided to include one additional sector – service delivery,
3) **Gender:** Participants of the research were solely women,
4) **Availability/loss of work during the pandemic**: For FGDs the project invited women who work currently, have worked for at least two years and/or lost their work as a result of the pandemic in 2020.

During the field work the FGD sampling was slightly changed, as the information collected through other methods showed that it was important to review the service delivery sector in terms of availability of issues. Additionally, the information collected on selected sectors was complete. Distribution of the FGD sampling is presented in the Table 1.

Table 1: Distribution of the sampling of focus group discussions

<table>
<tr><th></th><th>Yerevan</th><th>Marz city</th><th>Village</th></tr>
<tr><td>Education sector</td><td>1</td><td>1</td><td rowspan="2">1</td></tr>
<tr><td>Healthcare</td><td>1</td><td>1</td></tr>
<tr><td>Service Delivery</td><td colspan="3">1</td></tr>
<tr><td>Textile</td><td rowspan="2">1</td><td colspan="2" rowspan="2">1</td></tr>
<tr><td>Food Production</td></tr>
<tr><td>Housekeeping (nanny, assistant)</td><td>1</td><td colspan="2">1</td></tr>
</table>

For each FGD, in addition to the main list of participants, 2-3 additional participants were engaged who could replace main participants in case of technical problems.

Interviews and focus groups were organized in a way to ensure secrecy and respect towards participants. The main method of interviews and focus groups was online Zoom platform taking

into account COVID-19 pandemic risks, cost efficiency, flexibility for participants and higher level of comfort and geographical issues. Due to this method, it became possible to bring together female employees residing in different RA marzes.

Data collected from FGDs was analyzed in several phases, particularly.

- Responses by participants were sorted according to similar statements, relationship among variables, patterns, recurring topics, specific differences between sub-topics and general sequence.
- Gradual generalizations were developed which include conclusions detected in collected data.

In depth interviews with key informants. In-depth interviews were organized with representatives of following structures and groups:

- Policy development and implementation body – 5 representatives (RA NA Standing Committee on Labor and Social Affairs – 1 representative, RA Ministry of Labor and Social Affairs – 2 representatives, RA Healthcare and Labor Inspection Body – 2 representatives),
- Employers and union of employers – 10 representatives (textile, education, food production, healthcare and service delivery),
- Trade Unions – 5 representatives (Independent education trade union, Branch republican union of trade unions of healthcare employees of Armenia, Branch republican union of trade unions of employees of Agricultural Industry sector, Branch republican trade union of education and science, Standing committee on equal rights and opportunities of men and women of the Confederation of Trade Unions of Armenia),
- Experts from gender and labor rights sectors – 2 representatives,
- Employees – 6 representatives (teachers, emergency physicians, sewers, bakers, hairdressers, nannies).

In total 28 in-depth interviews were conducted. Interviews were mainly conducted through face-to-face meetings. Interviews lasted in average 60 minutes. Results of interviews were transcribed and analyzed. Analysis was done in 2 main phases: categorization, when all responses were sorted in accordance to similar provisions, patterns, recurring and varying topics were identified which became basis for generalizations in the 2nd phase.

The guidelines became a basis for in-depth interviews which provide directions for questions however, depending on the situation, they could be adapted and questions were asked in accordance with each case. The guidelines are in presented in the Annex 3.

Face-to-Face quantitative interviews with female employees. For quantitative interviews a questionnaire was developed (for more details please see the Annex 4) which was piloted and finalized. A research sampling was developed to launch survey. The sampling included all RA marzes and sectors selected for the study. For the purpose of comparative analysis for sectors, a cluster sampling was developed. Each sector was viewed as 1 cluster which included equal number of respondents (40 female employees). Taking into account that women employment is the highest in education and healthcare (out of selected) sectors, the number of respondents from these sectors was twice more. The field work was monitored by quality coordinators who ensured literate and proper implementation of interviews, as well as following sampling requirements.

The distribution of quantitative interviews in accordance with sectors and marzes is presented in the Table 2 below.

Table 2. Distribution of quantitative respondents in accordance with marzes and sector		**Education**	**Healthcare**	**Textile**	**Food production**	**Nannies/assistant**	**Total**
Yerevan		10	10	10	10	20	**60**
Aragatsotn	**Marz city**	5	5		2	1	**13**
	Village	2	2		1	1	**6**
Ararat	**Marz city**	5	5		2	1	**13**
	Village	2	2		1	1	**6**
Armavir	**Marz city**	5	5		2	1	**13**
	Village	2	2		1	1	**6**
Gegharkunik	**Marz city**	5	5		2	1	**13**
	Village	2	2		1	1	**6**
Kotayk	**Marz city**	5	5		2	1	**13**
	Village	2	2		1	1	**6**

Lori	**Marz city**	5	5	8	2	1	**21**
	Village	2	2	2	1	1	**8**
Shirak	**Marz city**	5	5	8	2	1	**21**
	Village	2	2	2	1	1	**8**
Vayots Dzor	**Marz city**	5	5		2	1	**13**
	Village	2	2		1	1	**6**
Syunik	**Marz city**	5	5	8	2	1	**21**
	Village	2	2	2	1	1	**8**
Tavush	**Marz city**	5	5		2	1	**13**
	Village	2	2		1	1	**6**
Total		**80**	**80**	**40**	**40**	**40**	**280**

Interviews were conducted through face-to-face meetings. Responses received from respondents were input into questionnaires, which were checked, processes and input into SPSS statistical analysis database. Information was analyzed through SPSS software to uncover patterns and mutual connections; single factor and cross analysis was undertaken.

All methods used during the study were combined and as a result of triangulation of received data the final report of main research findings was developed.

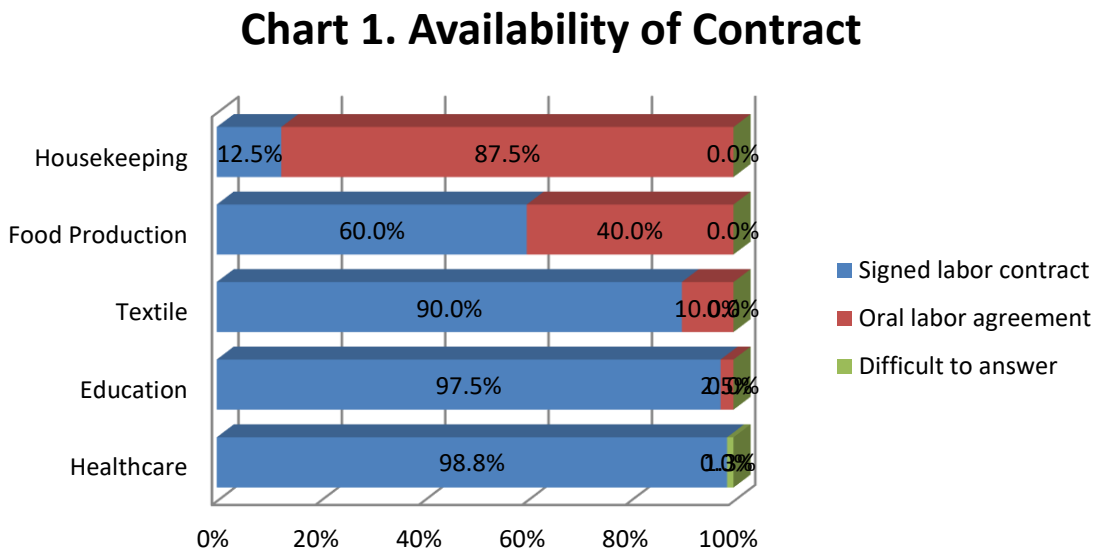
Research Findings from the Field Work

The Methodology section already described that face-to-face, individual in-depth and focus group interviews were organized with female employees. This section summarizes the information collected directly from female employees.

Employment and work conditions of female employees

Before coming to the essence of the research topic, it is important to provide description of working conditions for women in selected sectors, which will become a basis for further generalizations and conclusions.

The study revealed that almost all women engaged in state sector (healthcare and education) have labor contracts with their employers. However, there is no such clarity in private sector. As the Chart 1 shows, in the textile industry 90% and in the food production sector 60% of women that participated in quantitative interviews had signed labor contact. As for housekeepers and nannies, only 12.5% had labor contract.



The picture was the same also for focus group and individual in-depth interviews. Thus, **employees in the state sector and large private companies have labor contracts, which are absent in small private companies,** as well as in case of majority of housekeepers and employees of some service delivery companies. Latters mostly work on daily wage and without signed contract. It is worth mentioning that, according to the survey, in case of both signed contracts and oral

agreements they mostly didn't have specific terms (73.9% of signed contracts and 100% of oral agreements).

The availability of contract highly affects the level of employee's awareness on one's rights and responsibilities. Awareness on own rights is the most important precondition for employee's protection. Based on quantitative study results, the majority of respondents (approx. 80%) with signed contracts also had the 2nd copy, however approximately 70% is familiar with contract provisions. Focus group discussions also revealed that the majority of employees with labor contract are not fully aware of their working conditions, rights and responsibilities. In terms of rights and responsibilities related to working conditions, participants of group discussions mostly outline a number of rights, namely working hours, week-ends, sick leave opportunities, vacation opportunities and break hours. The right for extra payment for overtime work was rarely outlined. Respondents themselves stated that violation of employee's rights occurs more because of unawareness of employees, however it is interesting, that **there is no aspiration to get aware of it**, independent of the fact that employees realize the essence of the issue.

> *«…In terms of rights no one tries to voice them. We should be also able to protect our rights. When supervisors know that we are aware of our rights, they approach more carefully …» (Healthcare, Yerevan)*

The quantitative research data shows that **respondents with signed labor contract (82.2%) tend to voice working conditions related complaints more often. In cases when signed contract is not available, employees mostly avoid speaking of issues,** and in case of voicing they don't achieve any essential results. Such justification was raised by respondents who stated that in case of issues they avoid speaking up.

Thus, in case of issues approximately 20% of all respondents stated that they spoke up, and 84.6% that didn't voice issues, as a justification selected "I was sure that nothing would change" option.

According to female participants focus groups engaged in private sector, they mostly don't fight for their rights, as there are no much vacancies and alternatives, so they get adapted not to lose their job.

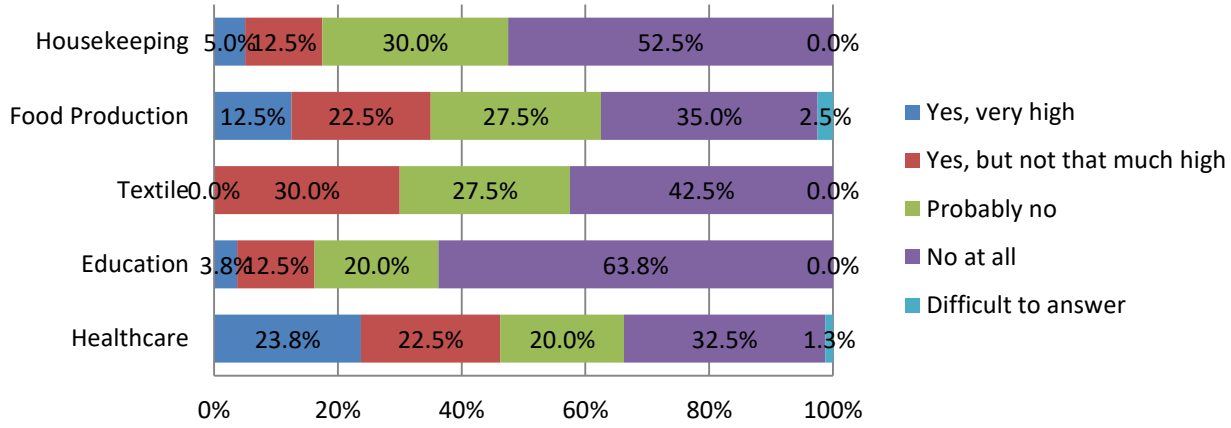
> *«…Our salary is very low, even lower than the minimum wage. But whatever you bring to your family, is a benefit, but again it's too low for 8-hour work …» (Textile, marz city)*

Definition of employee's rights and responsibilities are not only available in employee-employer relations, but are also engrained in public perceptions. Thus, representatives of healthcare sector state that doctors have mostly duties and their rights are pushed to the background.

> *«…The Doctor's Code of Ethics developed by the Ministry of Healthcare, when you read it, there is an impression that we are slaves. Duties are there but no word about rights …» (Healthcare, marz cities),*
>
> *«Everybody thinks that if you are a doctor, you should work hard. But responsibilities of patients should be defined as well » (Healthcare, rural communities),*
>
> *«…Nowhere doctors are protected, when you speak to lawyers, you see that you are very vulnerable. Because we don't have secured medicine, patients may arrive at any time and you are obliged to serve them all on time …» (Healthcare, marz cities).*

When looking at working conditions of employees along with rights and responsibilities, it becomes obvious that the level of vulnerability is highly conditioned with the employment sector.

Chart 2. Perception on health risk levels in working conditions according to sector



As shown in the Chart 2, according to the quantitative survey, healthcare sector has the highest level of risk. Among the most unsafe sectors are education and housekeeping. Moreover, among respondents who mentioned that their duty station has risks for health or harm, only 3.6% had received full compensation and only 2.4% received partial compensation. Thus 92.8% of

employees working in risk conditions didn't receive any compensation. It is worth mentioning that such provisions are stated only in case of 7.2% of employees working in risk containing conditions. In case of 21.7% the issue was discussed orally, but in the remaining cases they are not discussed at all.

Salaries, according to participants of focus group discussions, in the state sector are fixed, but extra payment and compensation for overtime work are almost absent. Thus, healthcare sector, which is the most vulnerable in terms of health risks, has fixed salaries and extra payments for overtime work and work containing risks defined by the Labor Code are mostly not paid. The issue is less sensitive in large companies, such as food production. In a number of private companies with risk containing work conditions employees receive extra payment for overtime work.

The main conclusion is that **availability of labor contract and employee's awareness on its content can become a guarantee for better protection of employees' labor rights.**

Impact of Coronavirus Pandemic on Work Schedule and Conditions

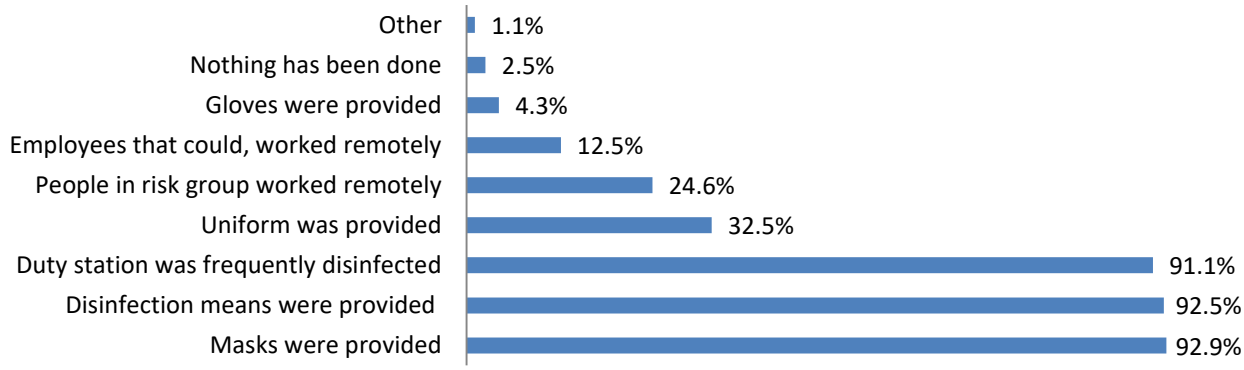
Coronavirus pandemic had its impact on the population, economies and different sectors of public life all around the world. It had also impact on Armenia's economy, employment and working conditions of employees. As the study shows, the impact on women working in different sectors had different expressions.

According to interviews with experts, coronavirus had impact on all sectors and had a unique effect on each one. Thus, **in terms of changes of main working conditions and health risks women engaged in healthcare, education and food production sectors, while in terms of temporary or permanent loss of job women engaged in textile, service delivery and housekeeping were the most vulnerable. In the first case working hours were increased and certain extra duties were introduced, while for the second case the issue of downtime came up.**

According to participants of group discussions, **safety rules at duty stations during the pandemic were mainly preserved properly.** Disinfection liquids, masks and gloves were provided. During quantitative interviews respondents were asked what their employer had done to prevent the spread of coronavirus.

Respondents were able to choose among several options. As a result, 991 responses were received. The picture is presented in the Chart 3.

Chart 3. What preventive measures have your employer undertaken?



There were rare cases when employees had to ensure their safety on their own, for instance, masks. Participants from healthcare sector, that hadn't worked in special COVID facilities, stated that safety conditions were not fully preserved in their medical centers to prevent employees from being infected.

> *«…We didn't have masks, disinfectants, gloves. We bought them at our own expense, the state didn't support …» (Healthcare, rural communities).*

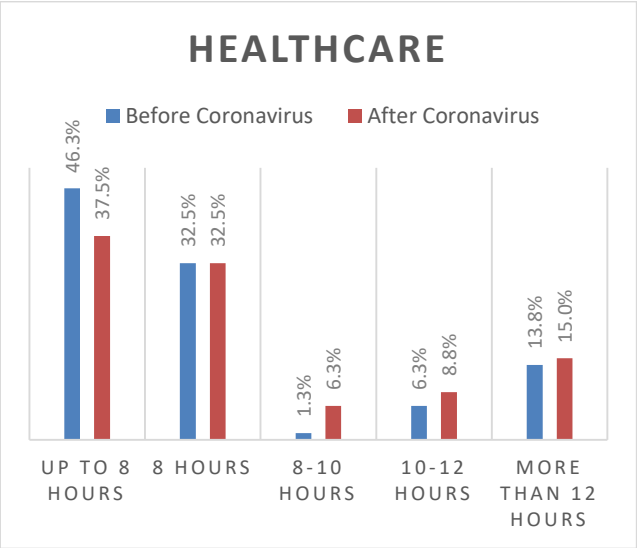
According to expert interviews, the pandemic affected all tiers of employees, however from the perspective of responsibility, representatives of executive staff was more vulnerable. Their responsibility including ensuring safety conditions for employees.

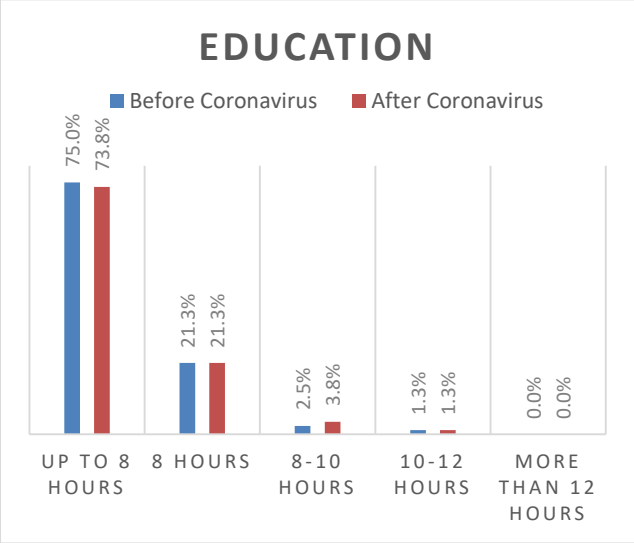
> *«…In our sector the responsibility of supervisor was higher and that was the main reason that impact was quite high, but at the same time we had and knew nurses, ambulance staff, who had selflessly worked and were the most suffered people among all …» (Healthcare sector employer, marz city).*

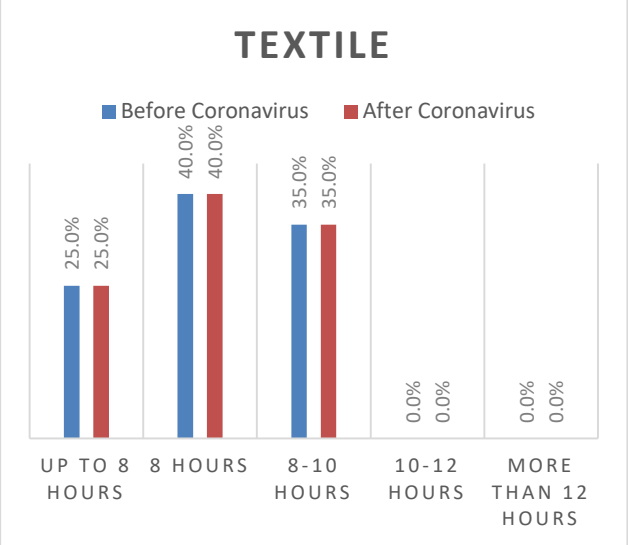
Quantitative research data provided quite an interesting picture. To the question on what the working day duration was before and after the pandemic answers are different. Respondents that continued working during restrictions, to questions on the period "after pandemic" answered having in mind the period of restrictions, and those hadn't worked for some time during the pandemic, considered the period after restrictions as after pandemic, namely restart of normal work process including also the present time. Thus, employees, engaged in healthcare, education and food production sectors mentioned that their workload after the pandemic had increased, for

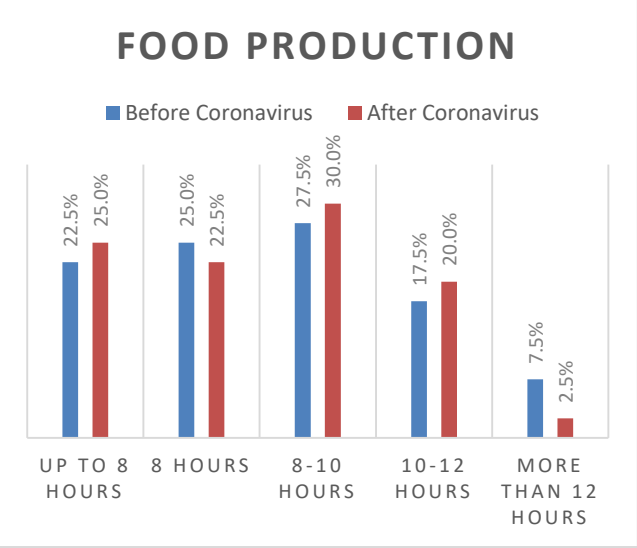
housekeepers it had to some extent decreased and nothing had changed for people engaged in textile industry.

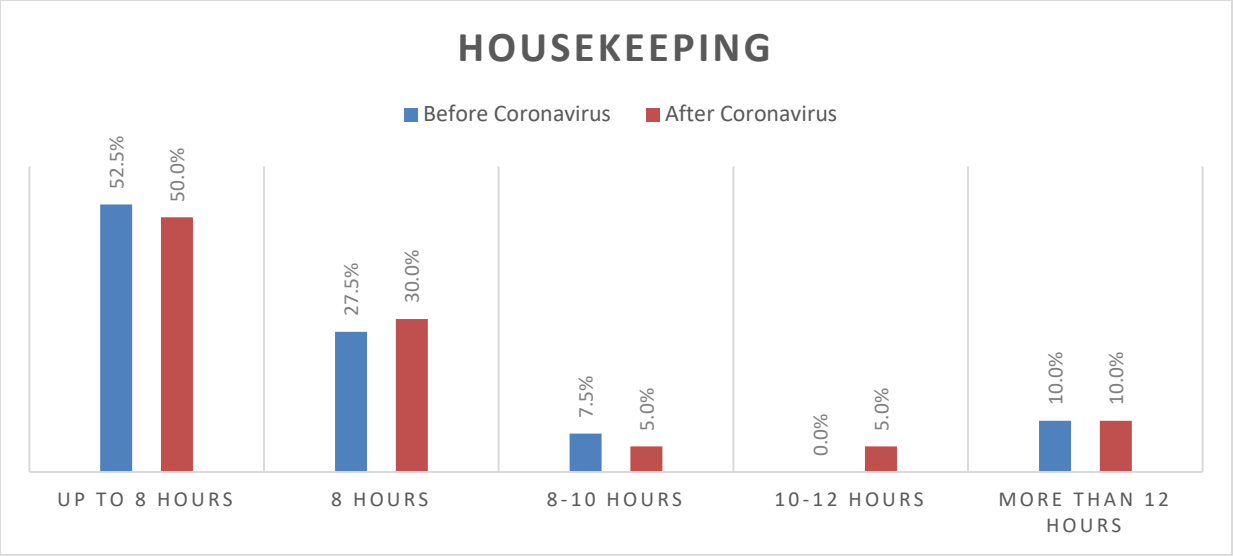
Chart 4. Working hours before and after the pandemic according to sectors











When even being infected, teachers and doctors had to work because of lack of substitutes. According to FGD participants the workload of teachers had increased because they weren't able to teach using modern technologies (software such as Word, Power Point etc.), couldn't use computers, were unaware of Zoom platform etc. In addition to that, both teachers and students (particularly in marz cities) experienced technical issues (lack of appropriate devices, slow internet connection etc.). For students that couldn't join classes, teachers developed and individually sent separate tasks, which required additional working time. Cases of work until midnight were highlighted.

> *«…Teachers weren't prepared to teach remotely both from methodological and technical aspects. There was a lack of tools. …» (Education, marz cities)*
>
> *«…I was receiving calls till 2 o'clock at night, Ms. Ispiryan how we should do this. Teachers were overloaded for ten times more…» (Education, marz cities)*

As for doctors, their workload, compared to pre-pandemic period, increased not only because of increased number of infected patients, but also increase of additional administrative work. Particularly, they had to register in the electronic system patients infected with COVID and with positive COVID tests, and later registration of vaccinated citizens. In some cases, inclusion of night shifts in duties were stated, even if night shift wasn't a part of doctor's duties.

> *«…Anyway, we are overloaded. We do a lot of additional work, detecting patients, examination, invitations for vaccination …» (Healthcare, rural communities)*

«…We have treated 50 patients, monitoring contact persons was difficult, temperature measurements should have been registered, input into computer …» (Healthcare, marz cities)

«…I have never worked in night shift. I haven't worked in night shift after university. Family members haven't seen me sleeping at home. But they understood that of I'm a doctor, I should do that…» (Healthcare, Yerevan)

The workload of healthcare sector employees increased even more as a result of 2020 war when hospitals were overloaded with wounded people.

Representatives of all private sector companies selected by the research stated that their working schedule had considerably reduced conditioned with decreased consumption of their services. Some participants appeared in forced downtime for the period of up to 1 year.

«…We haven't had visitors in the hotel for 2-3 months. We have only provided rooms to those who have stuck on the road, we were afraid but provided rooms. The rest of the time we were at home…» (Service delivery, marz city)

«…since the start of the pandemic we have stayed at home. We only served the closest clients with fear. We were closing the salon door to create impression that we don't work and worked that way…» (Hairdresser, Yerevan)

«…we haven't worked for a year, as roads were closed and our industry was working with Germans, we couldn't import fabric for sewing…» (Textile, marz city)

The above-mentioned tendency was outlined also by interviewed sectorial experts (the Confederation of trade unions and branch trade unions, RA Health and Labor Inspection Body, NA Standing Committee Labor and Social Affairs). This proves their well awareness on the issue, as well as applications by employees with similar complaints.

For the question on what the situation was in regard to overtime work before coronavirus, during restrictions and after pandemic, the research separated responses when respondents mentioned that they had worked overtime almost every day and 1-2 days per week.

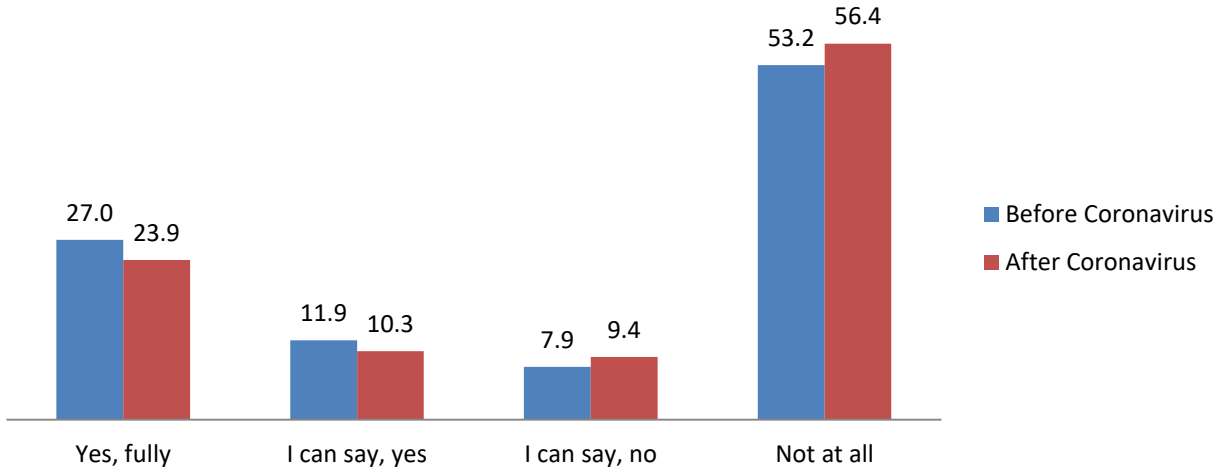
Table 3. Overtime work before coronavirus, during restrictions and presently		**Almost every day**	**1-2 days per week**
Before coronavirus	Healthcare	8.8%	11.3%
	Education	0.0%	5.0%
	Textile	2.5%	10.0%

	Food production	5.1%	25.6%
	Housekeeper (nanny, assistant)	10.0%	15.0%
During restrictions	Healthcare	28.8%	16.3%
	Education	3.8%	3.8%
	Textile	0.0%	5.0%
	Food production	5.0%	7.5%
	Housekeeper (nanny, assistant)	10.3%	5.1%
Presently	Healthcare	6.3%	11.3%
	Education	0.0%	6.3%
	Textile	5.0%	5.0%
	Food production	2.5%	17.5%
	Housekeeper (nanny, assistant)	5.0%	7.5%

As seen from the Table 3, overtime work during COVID restrictions increased in healthcare and education sectors and decreased in textile, food production and housekeeping sectors. After restrictions till the present period, compared to the period before the spread of COVID, overtime work has been preserved or reduced a bit in all currently studied sectors.

Very few have received compensation for overtime work. Moreover, they received more before the pandemic.

Chart 5. Extra payment for overtime before and after pandemic



A similar picture was formed also from FGD participants. None of employees in state sector had received **extra payment** and/or premium. **In cases when state sector employees appeared in forced downtime, they were fully compensated.** However, there were cases when having a positive coronavirus test, employees were automatically moved to 14-day quarantine (issuing sick

leave bulletin) and independent of the fact that they did their work remotely, their salaries were deducted.

> *«…when I got infected, I didn't leave my home for 14 days. During that time classes were remote, I worked but my salary was deducted because of being sick…» (Education, marz city)*

As for private sector, here salaries are mostly negotiable and no compensation is implied for non-working days. There were cases when private sector employees were forced not to work, compensation initiatives were launched by the state.

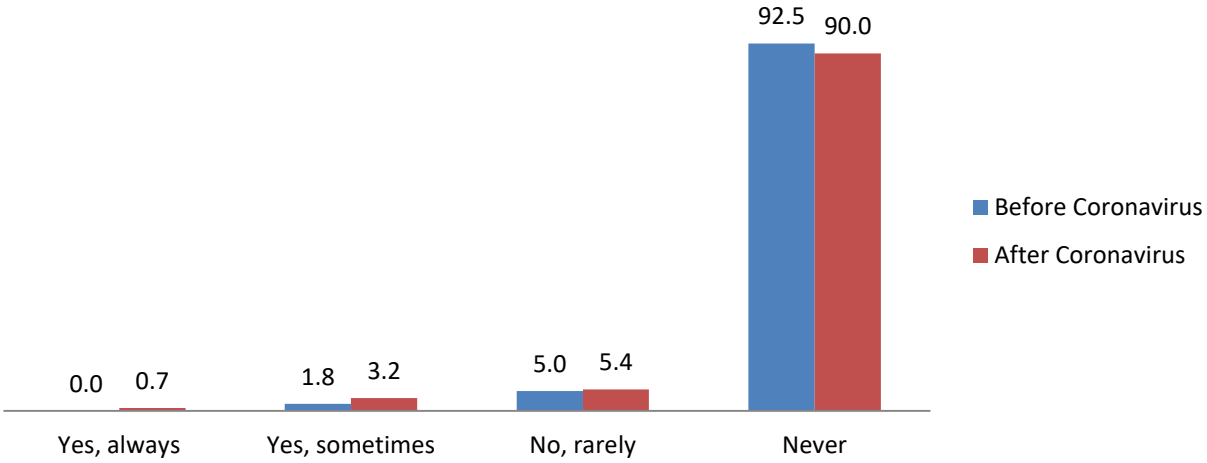
> *«…work is negotiable, if you don't work you are not paid …» (Textile, Yerevan)*
>
> *«…I went and saw 68.000 drams on may account and got amused, then I realized that it was a compensation by the state …» (service delivery, marz)*

For labor rights protections (including salary delays, partial payment or failure to pay salaries) employees could apply Health and Labor Inspection Body or court. According to HLIB representative, during the coronavirus pandemic wide spread violations were late payments of salaries. In general, over 700 complaints were submitted.

> *«We have received over 700 applications, labor rights violations came from trade and public food sectors, and mostly related to timely payment of salaries, in some cases employees themselves terminated their contracts, but employer didn't make final calculations and payments correctly and on time…» (Expert, inspection body)*

According to quantitative survey data **late payment of salaries became frequent after the spread of coronavirus** (see Chart 6).

Chart 6. Salary payment delays before and after Coronavirus



FGD participants didn't outline salary delay cases both in healthcare and education sectors. Salary payment delays (mostly for a few days) in private sector, according to participants, occurred occasionally, but they didn't have essential impact on their family budget or expenditures.

As for cases of **dismissals,** experts note that there was no case when the pandemic was mentioned as reason. Conditioned with COVID the changes made to the Labor Code define that termination of labor agreement by employer is prohibited during the period of prevention or elimination of consequences of pandemics and situations having emergency nature. That's the reason that even if dismissals occurred, pandemic was never mentioned as a reason.

> *«… violations in regards to dismissal, never happen in a visible manner. They send you to a downtime, which was reasonable during COVID and then notify that they fire employee because of lack of work» (Branch trade union, Yerevan)*

During and immediately after restrictions no dismissals occurred in state sectors, while in private sector they were mostly conditioned with reduced production volumes. But this wasn't wide spread. There were cases, when forced vaccination against COVID became a reason for dismissal, when employees had to get vaccinated or submit a negative test certificate to employer once per week.

> *«…We haven't fired our employees, just the opposite, we told them to wait till we call them…» (Employer, Textile, Yerevan)*
>
> *«Dismissal was conditioned with the vaccination against Coronavirus when employee said that that he/she won't be vaccinated and submitted resignation*

application. That issue wasn't solved in any way… After that several employees were dismissed as well » (Employer, Textile, marz).

FDG participants didn't outline dismissal cases in state sectors either. According to participants, dismissals in private sector were conditioned with reduction of business volumes, but not with gender and/or age factors. Moreover, people with chronic diseases, pregnant women and senior age employees were able to stay at home at 100% salary rate.

«…the pension age staff stayed at home, but was compensated …» (Healthcare, Yerevan)

«…there were people with diabetes whom we didn't allow to come not to have complications. We had a doctor who had problems but was coming and we were sending him back. No one's rights were ever violated…» (Healthcare, Yerevan)

FGD participants from both private and state sectors stated that the requirement to get vaccinated or submit negative test certificate to employer indeed existed. But that requirement is perceived by discussion participants as a general requirement which was important not only in Armenia, but the entire world. Therefore, people perceived this demand as a "law" and undertook necessary steps. Thus, employees working on contractual basis mostly preferred vaccination to avoid paid tests.

«…I had to get vaccinated but if I had a choice wouldn't get vaccinated as my son hasn't got the half of the vaccine and I'm generally against vaccinations …» (Education, Yerevan)

«…I was vaccinated because of work. If I wasn't vaccinated problems would occur so I preferred vaccination …» (Healthcare, Yerevan)

The majority of FGD participants who preferred tests instead of vaccination paid from their own budgets. In fewer cases participants from private sector stated that test related costs were covered by employer.

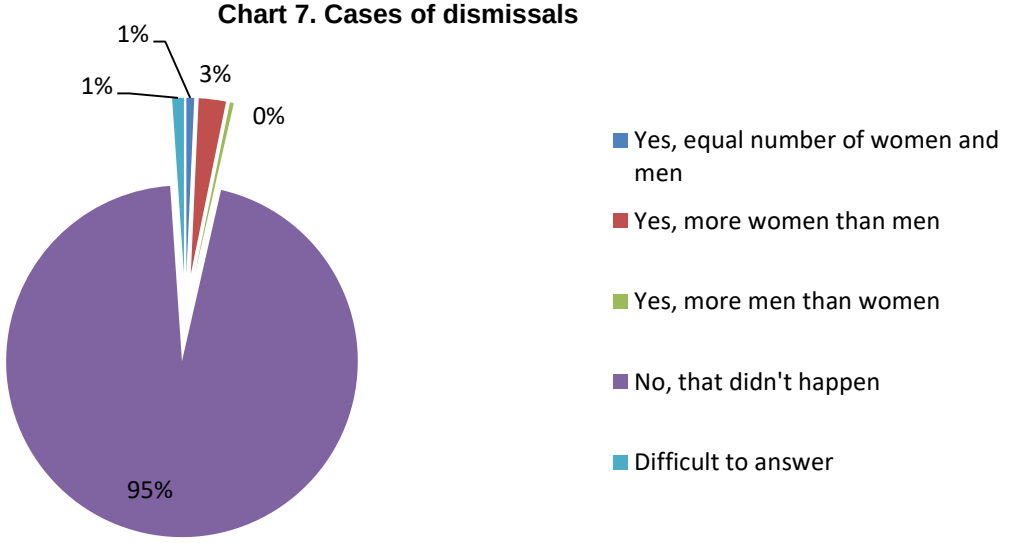
«…In terms of money tests were awful. We had to take test once per 15 days at the beginning and then every 7 days. Employer couldn't compensate so we paid for tests from our budget. But employees couldn't take tests with their own budget, so that brought a ground for vaccination…» (Service delivery, marz city)

«…Our employer didn't force us to take PCR tests or get vaccinated. They told us to decide on our own. There was a case when employer was fined and company

paid it and said that he/she can't force employee, no matter whether they want to get vaccinated or take a test, as employees don't get enough to pay 7000-8000 drams per week…» (Food production, marz city)

During quantitative interviews 95% also stated that during the spread of Coronavirus there were no dismissal cases. 2.5% of respondents stated that more women than men were fired. Those cases occurred mostly in private companies.

Chart 7. Cases of dismissals



According to expert opinions the distribution of proportion in regard to dismissals conditioned with gender was almost the same. **The majority thinks that dismissals and Coronavirus in general were equally expressed in case of both men and women.**

«I wouldn't outline man or women, but that more depends on sectors…» (Trade Union, Yerevan),

«I haven't heard of cases when breast feeding or child caring women were fired …» (Trade Union, Yerevan)

«Dismissals conditioned with gender are excluded, in business no employee is unnecessary… I don't see that issue that much serious, just the opposite, here women are more respected. But it is another case, unfortunately, when certain stereotyped during recruitment exist, pregnant women are not hired, they don't understand that if you wish your employee to be dedicated you need to show attitude» (Labor rights exper, Yerevan).

«It has affected women more, as the sector engaged mostly women, for instance, more than 90% of nurses and 73% of doctors are women, men are mostly engaged in executive tiers and have less communication with patients. Women had the most intensive communication which they combined with their family affairs. I don't say that it didn't affect men, there were male doctors who had stayed at hospital for several days, but from quantitative aspect women were more » (Trade Union, Yerevan).

As for dismissal of pregnant and breast-feeding women, participants of both quantitative and qualitative interviews also stated that they didn't witness any such case and were not aware of it.

According to experts, gender related difference in working conditions during the spread of Coronavirus was not high. The issue had higher impact on people with healthcare issues and disability. During the pandemic many employers made concessions for employees with such issues, but there were cases as well when employees themselves didn't wish to work because of Coronavirus and/or fear of getting infected. According to FGD participants in both state and private sectors working conditions were not adapted for people with special needs. The maximum that employer could do, was to place offices for such employees on the ground floor and to allow to work from home during the spread or peaks of Coronavirus pandemic.

Impact of Pandemic on Family Relations

Psychological stress is among the most negative impacts of Coronavirus. Data collected through all methods prove that adaptation to general conditions of pandemic was stressful particularly for female employees. Women engaged in sectors that continued to work during the spread of pandemic had experienced stress as a result of combination of work and family affairs, unreadiness to work with new methods, unfamiliarity with the infection and fear of getting infected (both infecting and getting infected), as well as further shortage of awareness on coronavirus vaccination and anti-vaccination movement as a result of employer's demand for vaccination. Women engaged in sectors which faced downtime during the spread of pandemic and restrictions experienced stress because of unclarity of future, lack of finances within family etc.

In spite of overloaded work of women at duty stations, particularly in healthcare and education sectors, FGD participants, however, considered psychological stress as heavier burden than

physical overload. It was conditioned mostly with unfamiliarity with the infection which created additional tension within family and relatives. Particularly in case of positive COVID-19 family members were avoiding any communication, even for cases of food purchase both neighbors and relatives were holding avoiding position. FGD participants stated also about cases when healthcare sector representatives didn't visit patients in need.

> *«…We had an issue of bread, as no one was communicating with us. If we went outside, everyone would run from us. I went for voluntary vaccination so we are not treated that way. We were telling to bring and put the bread in front of our door, they even weren't taking money from our hands…» (Education, rural communities)*
>
> *«…Nurses weren't coming to get a line for my mom, I had to take the risk go to my mom who is an oncology patient, I said it'd be better to die together…» (Healthcare, Yerevan).*

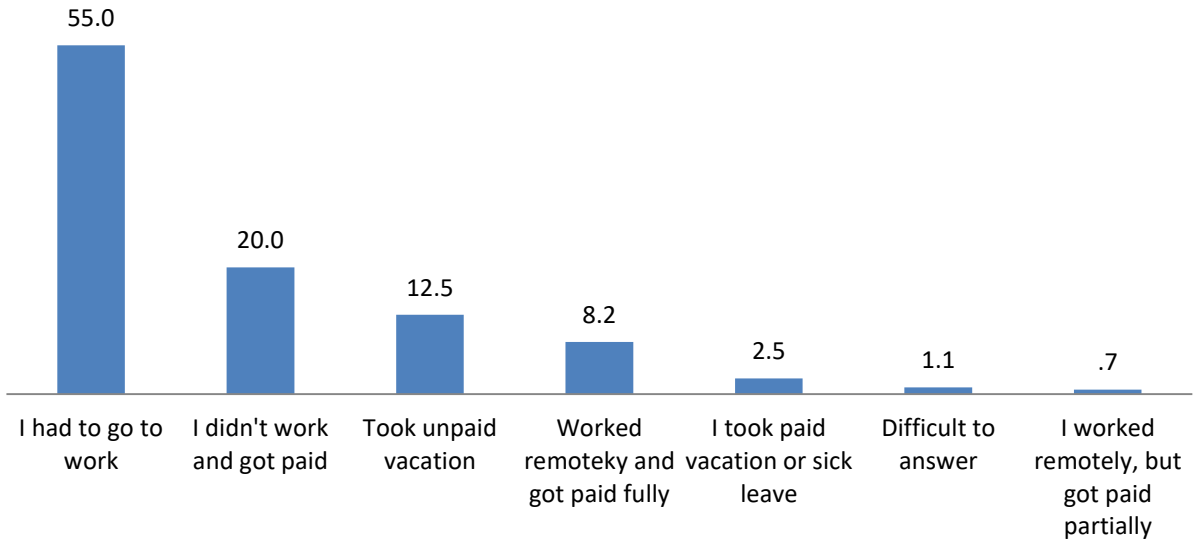
On the other hand, the stress was particularly conditioned with a fear to infect family members that are in risk group. This is more observed in healthcare sector groups. Here the reason for stress was the unawareness on clinics of the infection and treatment methods, aggressive attitude of patients' relatives towards doctors, particularly if treatment had negative outcome.

> *«…More sense of fear not to infect family members as we were in constant communication with patients …» (Healthcare, Yerevan)*
>
> *«…the state focused on hospital employees, polyclinic staff appeared in the shadow. We appeared there and had to get out on our own, we didn't know treatment methods, that was put on polyclinic …» (Healthcare, marz cities)*
>
> *«…patient was calling and saying I'm chocking and there was no place at 12 o'clock to accommodate him/her. Relatives were calling and terrorizing to accommodate …» (Healthcare, marz cities)*

For participants from private sector psychological stress was to stay at home for uncertain period of time, to get deprived from income, particularly if other family members had also lost their jobs. To the question whether they had to stop working because of Coronavirus, almost half of participants of quantitative interviews said "Yes". Namely, as a period of not working and not receiving income, 46.8% stated "up to 1 month", 35.1% - 1-3 months, 5.3% - 3-6 months, 9.6% - 6-12 months and 3.2% - more than 1 year.

Responses to the question whether respondents worked or received income are presented in the Chart 8. As the chart shows, almost half of employees had to go to work, 20% didn't work and got paid, 12.5% took unpaid vacation, 8.2% worked remotely and got paid and 2.5% took paid vacation. 0.7% were women who worked remotely but weren't paid fully.

Chart 8. Did you work during Coronavirus restrictions and earn income?



According to some experts, Coronavirus had some negative impact on family relations as all family members were experiencing stress. During the period of restrictions many families re-evaluated family relations. To the question how the pandemic impacted on family relations only 40.2% of women interviewed during the quantitative survey stated that it had no impact. 13.2% stated that psychological stress and tension occurred, 18.6% outlined that tension occurred because of technical issues and 19.2% stated that warmer relations were formed.

During FGDs almost no cases of redistribution of family roles was voiced. Even if the workload of women increased during the pandemic (for instance, doctors, teachers) and husband lost his job, homework, care for family members, cooking and other issues were covered by women. Only in families with adult women or 13-14 years old girls/daughters, responsibilities of housekeeping were partially shared with them.

> *«…My senior daughter helped as she was coming home early. Whenever she was late, I was cooking meal, washing and then leaving to work…» (Textile, marz cities).*

It should be mentioned that in this regard female participants of the research didn't have any other expectations and fulfilled the mentioned responsibilities without any complaint.

Thus, **from one side, although women were overloaded at duty stations (nurses, teachers) and ensured parallel care for family members (in case when almost all family members were at home), but from the other side, there was no redistribution of roles, which is normally perceived by both other family members and women themselves.**

Women had more difficulties related to child care issues which were mostly conditioned with education process. Female employees with 2 or more student age children experienced more difficulties. In this case the challenge was to ensure technical means for online classes, as well as noise, if there were no enough rooms to work separately. In such situation children's education process mostly suffered.

Women are mostly silent about cases of family violence. Such issues were not addressed to state structures or trade unions but they can sometimes tell organizations dealing with women affairs.

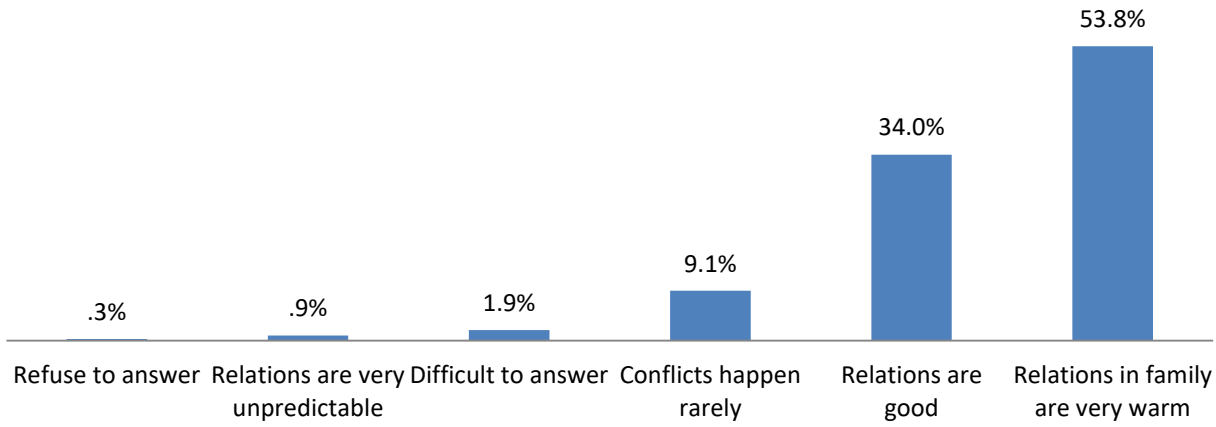
> *«In 2020 we had many cases …, we suppose that COVID has promoted these cases, as men who were expected to leave for out-of-country work, stayed and issues within families increased. Many were not working, housework increased and regardless of everything, if previously husbands were leaving for Russia for work and pressing psychologically via phone and terrorizing wives, now they could do that also physically…, according to our observation the reason was they couldn't address their material needs and that transformed into violence» (Human rights organization, marz).*

Female participants of FGDs as well as in-depth interviews didn't voice about family violence. Moreover, they mostly stated about improvement of relations and warming relations conditioned with more frequent communication. Family conflicts were highlighted rarely which mostly had an oral fight nature. Conflicts mainly related to financial issues.

> *«…We had a fight at our home. I was telling my husband more to get another job to ensure food for children. The whole burden was on my shoulders and we hardly overcame …» (Housekeeper, assistant, marz cities).*
>
> *«…We became closer to each other, discovered each other…» (Education, Yerevan)*

During the quantitative research the tendency for the question on the nature of family relations was almost the same as during qualitative interviews. The majority mentioned that they have good or warm relations within family. 9.1% stated that sometimes conflicts had occurred and 0.9% characterized relations as unpredictable. It is interesting that there are still women (2.2%) who couldn't or refused to answer the question.

Chart 9. What is the nature of relations in your family?



According to sectorial observations, it should be mentioned that issues could have occurred in case of nurses and women engaged in education sector conditioned with their work overload. Nurses that participated in FGD discussions stated that their family behaved with understanding and no conflicts had occurred in this regard. Moreover, husbands supported their wives, for instance, through accompanying them with car when visiting patients, answering phone calls if women were busy with other issues.

> *«…It wasn't only us; it was in the whole world. They knew by heart that we were helping and they were supporting, even were taking us to patient's home with car to get a line …» (Healthcare, marz cities)*

The challenge was hard for children who faced difficulties with mother's absence or overload and even work from home. This factor became a basis for inner conflict among female participants who had tried to find "a window" to spend some time with children.

Based on the research results the conclusion is that female work load didn't have that much negative impact on family relations as men's loss of job, no matter whether temporary or permanent. Moreover, in the Armenian culture loss of job by men in family was considered more depressive than in case of women taking into account existing social norms that "man is family's primary breadwinner". Women mostly treated husbands with understanding in case of difficult

psychological situation connected with job loss and supported them as much as possible to overcome stress. It is interesting that during both quantitative and qualitative interviews women outline that although during the pandemic women were more overloaded connected with family feeding, caring, housekeeping and combining them with intense work, they, however, consider that as their responsibility and did that with love.

Economic Impact of Pandemic on Family

The economic impact of the pandemic on family mostly depends on employment sector and availability of contract. In state sectors employees (where almost everyone has labor contracts) were fully paid during the entire course of the pandemic, even in cases when they appeared in downtime or worked remotely. In private sector, particularly employees engaged in textile sector appeared in forced downtime during restriction period and weren't paid (if they received some compensation, that was due to employer's good will). During that period a state compensation in the amount of the minimum wage was provided to contracted employees. Thus, if this sector engaged people who had no income for a certain period of time, they simply didn't have contracts and weren't taxpayers. Employees engaged in private sectors, particularly food production, who had contracts also received some support from the state. **In case of housekeepers, they had to deal with their issues on their own. If their "employers" decided not to use their services, those employees didn't receive any income either.** This didn't refer to housekeepers who had contracts or acted as individual entrepreneurs, as they were also included in state programs.

According to FGD participants **families of women engaged in private sector suffered economically more as a result of the pandemic.** Thus, representatives of education and healthcare sectors stated that no matter whether they had worked or no, they received their salaries without any delays. While private sector was paid on negotiable basis, or worked with part-time load. In some cases, private enterprises tried to keep job positions at their own expense to provide financial support to employees.

«…COVID had a negative impact on our family's incomes. Our debts doubled during that period and we still haven't covered them…» (Housekeeper, assistant)

«…There were no major debts so we could overcome very quickly…» (Education, Yerevan)

«…Our director oppressed himself and solved issues of our salaries. At that time, he suffered more but didn't let us suffer …» (Textile, Yerevan)

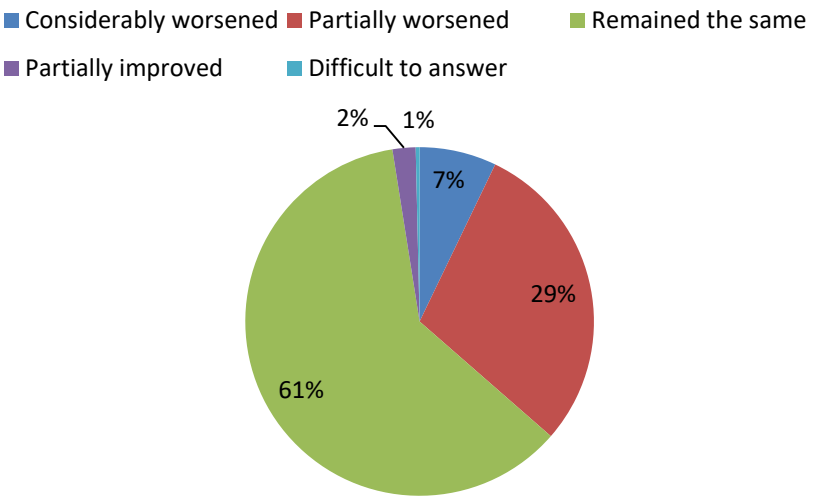
Additional financial issues occurred particularly when family members got infected with COVID and it was necessary to cover treatment costs, if the treatment was done within family. Financial difficulties were mostly solved through staying at home, defining priorities for expenditures and spending savings. In this regard loan vacation opportunity provided by banks to borrowers was of great help.

Only participants from private sector who had signed contract received support from state programs. Not registered employees received no support. This group mostly includes service delivery sector employees (waiters, hairdressers, manicurists etc.) and housekeepers/assistants. State provided support was assessed positively by participants, as it partially helped to solve financial issues during the pandemic. Some dissatisfaction was expressed by participants that hadn't received any support. Those participants thought that support should have been provided also to not registered employees.

«… I was working at bank and when I saw who was receiving support, I became surprised. And as I was registered in bank, they didn't give me money. Those who didn't have contracts didn't get money from state either, but they also needed support during that time…» (Housekeepers, assistants, marz city)

According to the quantitative research, **1.9% of respondents lost their job during the pandemic, in case of 5% their family members lost job, 91% didn't lose job and 2.1% stated their family member found a job during that time. To the question how the economic situation changed as a result of pandemic, 7% of respondents stated that it had considerably deteriorated, 29% mentioned that it had partially deteriorated and for 61% it remained the same.**

Chart 10. How did the economic situation of your family change as a result of Coronavirus?



During quantitative interviews respondents were asked to elaborate ho the pandemic had impacted on a number of livelihood sectors, including financial situation. Responses are presented in the Table 4 below.

Table 4: How has the pandemic impacted on…	**Has improved**	**Remained the same**	**Has deteriorated**	**Difficult to answer**	**Not applicable**
Your personal financial situation	3.6%	58.9%	37.5%	0.0%	0.0%
Quality of your work	5.0%	81.8%	12.9%	0.4%	0.0%
Your engagement in family affairs	10.4%	77.9%	11.8%	0.0%	0.0%
Your health	0.0%	63.9%	35.7%	0.4%	0.0%
Your psychological state	1.1%	71.8%	27.1%	0.0%	0.0%
Relations with spouse	9.3%	64.6%	1.4%	0.7%	23.9%
Relations with other members of the family	9.4%	85.6%	0.7%	0.4%	4.0%
Relations with colleagues	10.0%	87.9%	0.7%	0.7%	0.7%
Relations with friends	8.9%	87.5%	3.2%	0.4%	0.0%

From this question it's worth looking at responses that relate to deterioration according to sectors. Table 5 shows only cases when the number of respondents with "has deteriorated" option was sufficient.

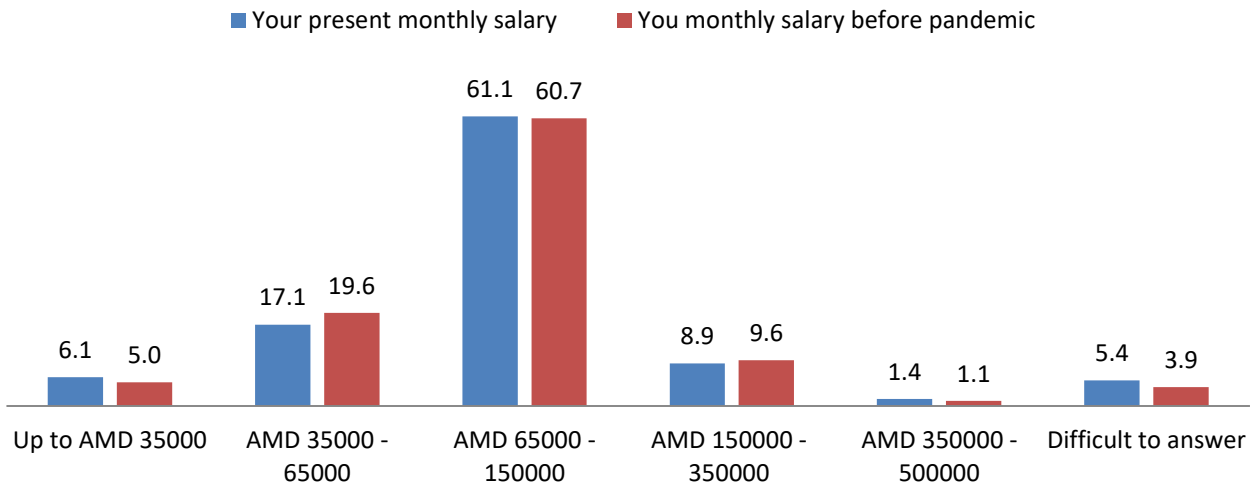
Table 5: Has deteriorated…	**Healthcare**	**Education**	**Textile**	**Food Production**	**Housekeeping / nanny, assistant**
Your personal financial situation	19.0%	17.1%	23.8%	20.0%	20.0%
Quality of your work	19.4%	38.9%	11.1%	13.9%	16.7%
Your engagement in family affairs	51.5%	21.2%	9.1%	12.1%	6.1%
Your health conditions	31.0%	34.0%	13.0%	14.0%	8.0%
Your mental state	32.9%	26.3%	11.8%	15.8%	13.2%

As can be seen from the Table 6, from financial perspective the most negative impact was highlighted by textile sector employees, negative impact on the quality of work - by education sector employees, low engagement in family affairs - by healthcare sector employees, deterioration of health conditions – by education and healthcare employees and deterioration of mental health – by healthcare and education sector employees.

According to the quantitative research data, majority of respondents overcame negative consequences of the pandemic. Thus, 91.4% of respondents mentioned that they had overcome or mostly overcome negative consequences of the pandemic, 7.2% mostly hadn't overcome and 1.4% couldn't answer.

To assess the financial impact of the pandemic, respondents were asked questions to find out their incomes before and after the pandemic. Results are presented in the Chart 11 below.

Chart 11. Salary before and after pandemic



The Chart 12 shows the size of monthly family income before and after the pandemic.

As the Chart 11 and 12 show, respondents mostly retained their pre-pandemic income, however, in terms of the question what expenses they could cover, 20.4% stated that money was enough to buy food, clothes and other goods, while for 31.8% money was enough to buy only food and clothes, 36.4% could buy only food, but not clothes and for 11.4% money wasn't enough to buy food. Here not only incomes, but also economic inflations resulted by the Coronavirus pandemic all over the world should be taken into account.

Table 6 shows whether respondents had financial loans, deposits or state support (pension etc.) before and after the pandemic. As seen from the Table, after the pandemic loans and state support has increased and deposits have decreased.

Table 6. Do you have …	**Loan**	**Debt**	**Deposit**	**State support**	**Pension**	**None of the above-mentioned**
Before pandemic	42.0%	20.5%	3.2%	3.9%	23.5%	6.9%
After pandemic	41.3%	20.1%	2.0%	5.9%	23.6%	7.1%

It's worth mentioning that the impact of pandemic is conditioned with both economic state of the country and all activities undertaken to mitigate negative impact, no matter whether at the level of state or employers.

Expectations from Employers and State

In order to understand expectations of female employees from employers, first of all employer-employee relations should be analyzed. Women interviewed during the quantitative research were able to characterize their attitude with several indicators. In total 341 responses were received, where 22.5% characterized relations with employers as friendly, 74.6% - respectful, practical, 2% - neutral/indifferent and 0.3% - humiliating. As can be seen in Table 6, humiliating behavior is only expressed in housekeeping sector.

Table 6. Employer's attitude according to sectors	**Healthcare**	**Education**	**Textile**	**Food Production**	**Housekeeping (nany, assistant)**	**Number of responses**
Friendly	16.9%	27.3%	16.9%	11.7%	27.3%	77
Respectful, practical	32.0%	31.0%	12.0%	15.0%	11.0%	255
Neutral, indifferent	14.3%	42.9%	0.0%	42.9%	0.0%	7
Humiliating	0.0%	0.0%	0.0%	0.0%	100.0%	2

In general efforts of employers to overcome Coronavirus were assessed positively by female employees. Only 12.5% had dissatisfaction with working conditions during the Coronavirus pandemic. According to the data from qualitative interviews, during the pandemic following sanitary and hygiene norms was the most important which was mostly covered by their employers. In general, their main expectations from employers in terms of improvement of work conditions was to increases salaries and get extra payment for overtime work.

Besides employers, expectations from Trade unions were discussed during the study as well. According to the data of the quantitative research, trade unions are available in 30.4% of organizations/companies with 81.2% membership rate, which makes up 24.6% of total respondents. To the question what trade union gives to employee, 73.4% of respondents stated material and psychological support, 10.1% - protection of rights, if necessary, 6.3% - feeling of not being lonely, 6.3% - opportunity for more accessible leisure and 1.3% - opportunity for promotion. To the question on what trade union had done during the spread of Coronavirus, majority of respondents mentioned that nothing had been done or they were unaware what had been done and only 1.4% mentioned about financial or material support. This question was more covered by representatives of trade unions during expert interviews. Main activities included

awareness raising through active members, information videos and posters as well as legal counseling.

Among initiatives by the Government to overcome Coronavirus, legislative amendments were outlined as priority. Changes were made to the Labor Code and Code of Administrative Offenses (unanimously adopted by the RA NA on April 29, 2020) conditioned with the announcement of state of emergency in the Republic of Armenia starting from March 16, 2020. Particularly the code:

- defines that during the period of prevention or elimination of consequences of natural disasters, technological accidents, epidemics, accidents, fires and other extraordinary circumstances not showing up at work or partial work, or unplanned movement of vacations at educational facilities (including preschool) or not showing up for work or partial work conditioned with organization of case of child of up to twelve years old are not considered as a violation of labor discipline. The code also stipulates a ban for dismissal of employees based on above-mentioned cases.
- defines the term of remote work and procedures for organization of remote work, as well as requirement that in case of organization of remote work employees should not appear in downtime and their salaries should be fully retained.
- clarifies regulations for compensation to employees in case of downtime occurred during the period of force majeure defined by the RA Labor Cide.
- stipulates until July 1, 2021 during the period of prevention or elimination of consequences of natural disasters, technological accidents, epidemics, accidents, fires and other extraordinary circumstances, in case of availability of complaint or application on violations, the RA Health and Labor Inspection Body will implement state oversight over the labor legislation and apply liability means for cases defined by the low, as well as impose administrative fines.

Both quantitative and qualitative research data show that trade unions exist mostly in state sector and private and housekeeping sector mostly lack trade unions. This is also closely connected with the availability of signed labor contract. Trade unions operate in sectors which have formal labor relations.

As for expectations of respondents from state, they mostly refer to financial support. Particularly, they expected that during the pandemic the state should restrain down on inflation, create

conditions so banks can decrease interest rates for loans, assign allowances to unemployed families to overcome the situation more smoothly.

In terms of state activities to eliminate or prevent negative consequences of pandemic, FGD participants thought that the state had undertaken necessary actions, namely isolation of infected people, mapping contacted persons, publication of preventive rules via Mass Media (hand disinfection, air conditioning, movement restrictions etc.) and organization of vaccination. Healthcare sector representatives, however, though that the state failed in organizing proper vaccination campaign which had made their work with citizens more complicated. Additional efforts were required for healthcare workers to organize vaccination of citizens.

As for viewpoints of interviewed experts on state activities, they also assessed state activities positively, but outlined that those programs didn't have clear disaggregation addressing men and women needs. They mostly didn't address needs of employed women. At the initial stage of the pandemic and introduction of restrictions, both employers and state applied approach according to which women with children of pre-school and school age had certain advantage at work place in terms of working hours and remote work. Later the Government programs introduced a number of activities that referred to parents with children of up to 14 years old, who had lost their job, pregnant women whose husband didn't have a job during that period of time etc. However, those activities didn't target female employees. **In relation to the state-initiated activities, experts outlined that major shortcomings occurred in awareness raising processes.** [1]

Almost all respondents – both female employees and experts - were aware of the role of the Health and Labor Inspection Body in the issues of protection of labor rights during the spread of Coronavirus. Everyone appreciates the work done by the inspectorate during the pandemic and restrictions. According to some experts, the body has been newly formed and still has vacancies and an issue of low salary which, however, hasn't led to serious shortcomings. Both employers and experts outlined the factor of inspection visits of the inspection body during restrictions.

> «*The inspection body is undertaking oversight over different sectors, during inspection visits huge work has been done on wearing masks and keeping social distance. In connection to rights of employees, proceedings based on applications are launched and consistent work is being done on everyday regime…*» (expert, representative of HLIB).

[1] More information on the Government initiated activities is available in "Results of Document Analysis" section.

«*I'd say that they were paying intensive visits and doing their work properly …*» (expert, head of Hills sport complex).

Awareness raising and cooperation with different stakeholders was outlined when asked what could be changed to ensure more effective processes. According to experts, it was necessary to have a strategy for unexpected situations that would engage multi-sectoral professionals. Periodical awareness raising should be initiated, for instance, round table discussions, TV shows, ads etc. Female respondents were less active in terms of expressing recommendations.

Data Received from Secondary Sources

Desk Research Results

The study of Coronavirus impact on female employees was conducted through review of both previously accomplished studies, as well as official documents and other secondary data. The analysis of studied publications done within the framework of the research come to prove that COVID-19 impact on women rights is quite multilayered. **During the pandemic systemic issues related to discrimination against women and display of inequality, existing in Armenian public and family relations, became more pronounced, including healthcare, economic and employment sectors.**

During restrictions conditioned with the pandemic NGOs in Armenia dealing with women rights recorded 50% increase of calls to hotlines[2], which proves the increase of gender violence.

International human rights organizations also expressed concerns regarding disproportional impact of COVID-19 stating that the pandemic had certain negative impact on women and girls, which was direct and more dangerous thus making gender and other cross-cutting inequalities more

[2] Calls to family violence hotlines has increased for 50% https://bit.ly/3KQOBNu

apparent. This crisis revealed structural and systemic discrimination which women and girls had been facing for a long time[3].

Although in parallel to restrictions in many countries around the world, many Governments developed and applied certain programs mitigating social and economic consequences of COVID-19[4], however the research came to the conclusion that those activities mostly were not gender sensitive and didn't respond to needs of vulnerable groups[5].

Taking into account the fact that female employment involves mostly low salary and non-formal sectors, in fact women became more vulnerable during imposed restrictions, when food outlets, hotels, service delivery and trade centers were closed.[6] Thus, women temporarily and sometimes permanently lost their only source of income, as many were employed only on daily wage and were non-registered employees, which included women that suffered from family violence, overcame many challenges, underwent psychological rehabilitation process and very often tried to find a place in labor market in spite of lack of work experience.[7]

Women became more vulnerable because of temporary closure of kindergartens, schools and day care centers, which increased the level of unpaid parental care work conditioned with discriminatory gender norms. During the entire duration of the pandemic women were mostly overloaded with the work requiring care.[8] They took additional responsibilities often combining them with remote work.[9] However, insufficiency of technical means for remote work conditioned

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[3] A Guide for Europe: Protecting the rights of women and girls in times of COVID-19 pandemic and its aftermath https://www.amnesty.org/en/documents/eur01/2360/2020/en/

[4] Information on international experience, as well RA state programs is presented in relevant sections of this report.

[5] COVID-19 Global Gender Response Tracker https://data.undp.org/wp-content/uploads/2021/11/COVID-19-Global-Tracker-Methodological-Note-11-15-2021.pdf

[6] For example, in the US, 62% of minimum-wage and lower-wage workers are female, and this does not even reflect the majority of women in unpaid work, https://www.pewresearch.org/fact-tank/2014/05/05/more-women-than-men-earn-the-federal-minimum-wage/

[7] Calls to family violence hotlines has increased for 50% https://bit.ly/3KQOBNu

[8] A gender-responsive employment recovery: Building back fairer https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_751785.pdf

[9] COVID-19: the gendered impacts of the outbreak https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext

with gender gap, created obstacles for women whose number in the world is for 327 million less than men equipped with technical means. As for internet accessibility, in some states it's for up to 31% less for women than men.[10]

Loss of female incomes had a considerable impact particularly on single mothers, women with disabilities, migrant women and other vulnerable groups.

As for the Armenian context, the RA Government declared a state of emergency on March 16 2020, prolonged it for 5 times and retained restrictions for another 6 months. In parallel to the state of emergency, the Government developed and launched more than twenty programs aiming at neutralization of social and economic consequences of Coronavirus, particularly 13 social support programs (4the, 6th, 7th, 8th, 9th, 11th, 12th, 13th, 14th, 15th, 16th, 20th, 22th program)[11] and 11 economic support programs (1st, 2nd, 3rd, 5th, 10th, 17th, 18th, 19th, 21st, 23rd and 24th programs).[12] The only program that related to women was the 7th one covering maternity protection. Beneficiaries of the program are pregnant women who didn't have work as of March 30 and whose husband also didn't have work as of March 30 or who didn't have any husband. The support included one-time payment amounting 100,000 drams. In fact, according to the research data obtained within the framework of "Public Awareness Campaign Aiming at Safety and Health Protection of Employees from Negative Consequences of COVID-19 in RA" project implemented by the Confederation of Trade Unions of Armenia (CTUA) and International Labor Organization (ILO), 9475 women became beneficiaries of this program, however some pregnant women weren't included in the program because of defined limitations (maximum ceiling for pregnancy period and registered marriage).[13]

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[10] Human Rights Dimensions of COVID-19 Response
https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response

[11] Programs aiming at neutralization of social consequences of Coronavirus
https://www.gov.am/am/covid-19-cragrer./

[12] Programs aiming at neutralization of economic consequences of Coronavirus
https://www.gov.am/am/covid19./

[13] Analysis on Efficiency of COVID-19 Prevention Activities and Administration of Implementation of Activities for Health and Safety Protection of Employees at Duty Station
https://arhmiutyun.org/wp-content/uploads/2020/11/ILO-CTUA-survey-Arm.pdf

The remaining 12 programs aiming at neutralization of social consequences of coronavirus implemented by the Government of RA didn't target women at all, moreover, because of number of restrictions the number of beneficiaries reduced, as included people without labor agreement or individual recruitment legal act on for at least 85 calendar days in the period from January 1 to March 30 2020. The Government provided one-time payment to private companies, that had more than two employees during the state of emergency taking the data of registered employees from the State Revenue Committee as a basis for calculating and enlisting program beneficiaries. In the list majority were women without labor contract.[14]

Thus, both in many states and Armenia experts claim that most of programs aiming at neutralization of social consequences of coronavirus lacked gender sensitivity and inclusiveness, as well as didn't address specifics of vulnerable groups.[15] Taking into account that the female proportion in COVID-19 infected people was much higher (64.3%) than male (35.7%), while gender distribution of mandatory examined patients is almost equal[16], it appears that, indeed, women weren't paid any attention from the perspective of programs aiming at neutralization of economic and social consequences, although they were more vulnerable to infection and impact on them was much higher. If we look at the picture of the labor market of the Republic of Armenia, as of 2021 56% of men and 41% of women were employed.[17] Women are mostly engaged in hotel and public food, education, healthcare and social, as well as other services. The share of women in non-formal sector is quite high. The percentage ratio of women in hired employees is 76% while men's ratio is 61%.[18] The majority of part-time employees are women (63%). The net monthly

[14] Ibid

[15] COVID-19 Global Gender Response Tracker
https://data.undp.org/gendertracker/

[16] Research Report on the State of Labor Rights Protection
http://aprgroup.org/images/Library/Decent_work/report_labour%20rights_apr%20group_eu_arm.pdf

[17] Man and Women of Armenia, 2021
https://armstat.am/file/article/gender_2021.pdf

[18] Ibid

salary and income of women are relatively low than that of men. In 2020 the average female salary made 64.9% of men's salary, so the gender gap in salaries made up 35%[19].

"COVID-19 Impact on Women's Rights in Armenia" sociological and legal research conducted by the Coalition to Stop Violence Against women shows that during the study period female participants of focus groups residing in Yerevan and marzes were mostly employed in service delivery and agricultural sectors. Most of them weren't registered as employees and lost their jobs as a result of the pandemic.[20]

Issues caused by the COVID-19 pandemic led several cases of violation of female labor rights. Those violations referred to non-payment or partial payment of full salary, dismissal or cuts without any grounds, failure to conduct final calculations and to cover paid vacation.[21] In particular "Violation of Female labor and other rights in the conditions of the COVID-19 pandemic" research conducted in Shirak marz shows that during the pandemic following cases were detected as a result of dismissals of women:

- Cases of not registered employees or illegal employment
- Cases of forced paid or non-paid vacation
- Violation of defined norms of working hours
- Violation of terms of salary payment
- Cases of non-payment of fines for violation of salary payment terms
- Cases of rejecting vacation,
- Cases of rejecting compensation for overtime work,
- Cases of rejecting time for rest or break or opportunity for that,
- Violation of vacation payment terms,
- Cases of labor exploitation,
- Failure to ensure health and safe working conditions, safety rules etc.[22]

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[19] Ibid

[20] «COVID-19 impact on women's rights in Armenia»
https://bit.ly/3soN5LY

[21] Ibid

[22] "Violation fo female labor and other rights in the conditions of COVID-19 pandemic"
https://drive.google.com/drive/u/0/folders/1uB8zhwwTq141mPPEXUKfFmS3WeV0ix2G?fbclid=IwAR2BhD6fHiLQ6gT8-txb06HDcYrEMkQ_yh64-5h2zjDD7A71DLfbg0rZUzM

In the context of violation of safety rules and change of working conditions it is important to also focus on 2 professional groups – employees engaged in education and healthcare sectors with high number of COVID-19 infections.

According to the research report on the State of Protection of Labor Rights published by Advanced Public Research (APR) Group NGO in 2022, positive response to the question on getting infected with COVID-19 was more received from employees engaged in education (33.5%), healthcare (8.9%), trade (6.7%) and state/public administration (6.2%) sectors.[23]

Thus, it could be concluded that in sectors that have higher engagement and employment of women, the volume of unpaid work for women has increased conditioned with violation of labor rights and change of working conditions.

According to the data of the Education Governance Information System, there are about 32,000 teachers in Armenia where majority – 90% - are women.[24] Changes conditioned with the pandemic when education became remote considerably affected the routine of the sector. The RA Government alarmed about demand for more than 21 thousand devices to make remote education accessible.[25] In addition to insufficiency of technical means the work load of teachers increased because of job, as well as from daily family care perspectives. In fact, female teachers were forced to work with double load.[26]

According to the study among teachers, during the organization of remote education teachers had to provide remote classes without necessary tools, preparation and professional support. High need for cooperation, professional knowledge and sharing tools, as well as psychological support was highlighted to overcome challenges, as well as to provide support to students and colleagues etc.[27]

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[23] Տես՝ նույն տեղում

[24] Education Management Information System https://emis.am/

[25] RA Government, official newsfeed, https://www.gov.am/am/news/item/14199/

[26] Challenges of female teachers as a result of COVID-19: https://womenfundarmenia.org/wp-content/uploads/2021/03/%D4%B1%D5%B6%D5%AB-D4%B3%D6%80%D5%AB%D5%A3%D5%B8%D6%80%D5%B5%D5%A1%D5%B6-report-converted.pdf

[27]Supporting teachers and education personnel during times of crisis https://unesdoc.unesco.org/ark:/48223/pf0000373338

Female teachers had to not only work with double load, but also faced home care burden particularly during the quarantine period when all family members were at home. In parallel to this, they were forced to become self-organized and self-educated to ensure remote classes, undertake psychological work with students, purchase technical means and in parallel solve other issues related to remote classes.[28]

Thus, women who had to combine remote work during COVID-19 conditions with increased home care work, faced serious challenges. The pandemic in Armenia made more visible and deeper the gender inequality, as well as increased the load of women related to care, unpaid and livelihood work.

In healthcare sector women are also vulnerable as according to the world statistics, women engagement in healthcare and social care sectors is almost 70%.[29] During the pandemic they faced serious challenges such as working with long shifts, lack of rest and vacation right, insufficiency of protective means, higher vulnerability to infection and increase of family health concerns, as well as additional home care issues. Women engagement in healthcare sector in Armenia is even higher. According to the data provided by the RA Ministry of Healthcare 5132 medical workers were engaged in the fight against coronavirus, out of which 1266 were doctors, 121 – medical interns, 1617 – nurses and 733 - junior medical workers, 211 - laboratory workers, 248 – volunteers etc.[30] Most of them were women and according to the data of the RA State Statistical Committee women engagement in healthcare and population social service delivery sectors is almost 85%.[31] Such high women engagement rate means that women involved in the frontline of the healthcare system were more endangered and the pandemic showed again the high-risk women are taking in

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[28] Challenges of female teachers as a result of COVID-19: https://womenfundarmenia.org/wp-content/uploads/2021/03/%D4%B1%D5%B6%D5%AB-%D4%B3%D6%80%D5%AB%D5%A3%D5%B8%D6%80%D5%B5%D5%A1%D5%B6-report-converted.pdf

[29] Women health workers: Working relentlessly in hospitals and at home https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.htm

[30] Women in the frontline of fight against pandemic\ https://havasar-infohub.am/covid/page13703033.html

[31] RA Statistical Committee https://armstat.am/file/article/trud_2020_4.2.pdf

healthcare and social care sectors. Within the framework of "Impact of Coronavirus on Female Medical Employees" research medical workers state that they had worked with high overload, 7 days per week and up to 20 hours per day as they had to monitor all patients, transport them to relevant hospitals and make numerous calls.[32]

Thus, female medical workers that appeared in the front line of fight against the pandemic faced challenges connected higher infection risks without having enough protective means and opportunities for rest, as well as worked twice more without weekends without having an opportunity to meet and take care of their family members and children.

Overload of the healthcare system, as well as restrictions applied during the state of emergency violated the right of access to healthcare services for several social groups. Overloaded healthcare system had a disproportional impact particularly on women living in unfavorable social conditions, with disabilities and chronic diseases, sexual and reproductive health and rights of women and girl had been endangered.[33]

COVID-19 related legislative changes in Armenia

The given subsection summarizes results of expert interviews and document analysis on COVID-19 related legislative changes that were initiated by the state. During the course of legislative changes state authorities ensured cooperation with trade unions, unions of employers, as well as sectorial experts and NGOs.

On April 29, 2020 COVID-19 related changes were made to the Labor Code aiming at introduction of norms regulating labor relations in the state of pandemic that would consider rights of both employees and employers. Particularly:

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[32] Impact of coronavirus on female medical workers
https://womenfundarmenia.org/wp-content/uploads/2021/03/Lilit-Gevorgyan-Research-arm.pdf?fbclid=IwAR0-LsQ5GTCAqoBEASsYVfrYBtLsu_HjSrtRN0bTBz1_3MQ68XHUqk9Q3JM

[33] "COVID-19 impact on women rights in Armneia"
https://bit.ly/3soN5LY

1. "remote work" term has defined stating that in case of organizing work remotely employees do not appear in downtime and **salary is preserved fully.**
2. a mandatory requirement has been defined for employers to provide **unused vacations** to employee upon demand, if employee has unused vacation and it is impossible to continue work during the period of the state of emergency (including remote work). For unused annual vacation, in general, employee is paid on the basis of average daily salary.
3. during downtime employee is paid **in the amount of at least two third** ***(thus, the norm is not imperative and employer is free to pay more)*** of average hourly salary used before downtime, but not less than the minimum hourly salary defined by the law (this regulation has retroactive force and is applied for labor relations formed both as of March 16, 2020 and after that).
4. during the period of immediate prevention or elimination of consequences of pandemics and other emergency situations **temporary restriction of rights and freedoms of physical and legal entities,** when fulfilment of labor responsibilities is not impossible, is **considered as force majeure.** It was also defined that in the event of downtime caused by force majeure employee **may not be** paid.

Thus, in difference to the previous version which was imperative and didn't provide any opportunity to employer to avoid payment, with the amended version employer has an opportunity to pay for that period, if there is a such capacity.

At the same time in case **when employer has no opportunity to continue economic activity,** employer is obliged to pay for downtime in the amount of **at least two third** of the average hourly salary that existed before downtime, but not less that minimum hourly rate defined by the legislation. This regulation also allowed employer to pay more than two third of the average hourly salary to employee.

5. in cases when employee hasn't come to work or has come for part-time work conditioned with cases occurred during the period of immediate prevention or elimination of consequences of pandemics and other emergency situations, salary is paid for at least factual time worked or factual work accomplished.

In order to prevent as much as possible violations of labor rights of employees taking into account the state of emergency in the country conditioned with COVID-19, certain changes were made to the Labor Code and Code on Administrative Offenses. As a result, in case of submitted **written**

application Health and Labor Inspection Body initiated (regulation on control based on mandatory written application was in force until July 1, 2021, after which the inspection body fulfils overall control) state oversight over other norms of labor rights and following labor legislation through applying measures of liability. As a result of definition of legal mechanisms, on April 29, 2020 cases were specified when employer may not pay salary to employee or cases when salaries should be paid, including opportunity for organization of work remotely to ensure own economic activity and livelihood of employees.

On April 29, 2020 changes made to the Labor Code defined a number of guarantees for employees overloaded with family responsibilities, for instance:

- in cases when employee hasn't come to work or has come for part-time work conditioned with cases occurred during the period of immediate prevention or elimination of consequences of pandemics and other emergency situations, salary is paid for at least factual time worked or factual work accomplished. Being absent from work or coming for part-time work conditioned with cases occurred during the period of immediate prevention or elimination of consequences of pandemics and other emergency situations is not considered as a violation of labor rules.

- in case of part-time work **to organize child care of up to twelve years old during change of or unpredicted vacations for educational (including pre-school) facilities**, the salary is preserved in full size if employee has been absent for up to two hours. In cases of absence for more than two hours, as well as full business day the work is paid in accordance with the factual working hours or factual work accomplished.

Thus, state authorities initiated legislative amendments. During development of changes state authorities ensured cooperation with social partners. Thus, trade unions submitted questions and objections to the Ministry of Labor and Social Affairs on protection of labor rights during the period of overcoming and preventing COVID-19 consequences which were considered during legislative amendments. Trade unions were involved during all phases of public discussions of draft legislation, including participation in different format meetings.

Efforts by International Community and Civil Society to Decrease Disproportional Impact of COVID-19 on Women

As mentioned in different sections of the report, COVID-19 had disproportional impact on social-economic, labor, family and other rights of women. To mitigate negative consequences, both international organizations and local non-governmental organizations[34] merged their efforts, provided social support packages, monetary compensations for utility payments[35]. However, Government implemented programs targeting mitigation of social and economic consequences mostly didn't target women as a more vulnerable group particularly from the perspective of labor rights. And here Armenia wasn't an exclusion.

As other research initiatives show, in 2020 only 13 out of 181 observed countries to some extent referred to women and tried to mitigate disproportional impact on women.[36] Reports state that response by Governments to states of emergency was gender neutral. Some examples below are more an exclusion, than a consistent principle.[37]

Particularly:

- COVID-19 response programs partially addressed needs of special group – pregnant women or women receiving maternity allowances – by Governments of Armenia, Argentina, Salvador, Hungary, Russia and Shri Lanka.
- COVID-19 response programs targeted particularly more vulnerable women, including singles, women under the risk of malnutrition and other groups, by Governments of Argentina, Brazil, Colombia, Egypt, India and Italy.
- Not registered or non-formal employees including disproportionally high number of women were provided with training on new skills, as well as work equipment/tools in Indonesia. Salary subsidies for the same group were provided by the Government of Australia and Vietnam allocated subsidies for utility services.

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[34] Response to COVID-19, https://armenia.un.org/hy/132572-arjagank-kovid-19

[35] Lratert 2021, Response to the pandemic conditioned with COVID-19, p. 6-9 https://bit.ly/3bbBDgX

[36] Women's Economic Empowerment during the COVID-19 Pandemic: a Rapid Review of Impacts and Responses for Economic Relief and Recovery – June 2020 https://bit.ly/3HASia3

[37] Women's Economic Empowerment during the COVID-19 Pandemic: a Rapid Review of Impacts and Responses for Economic Relief and Recovery – June 2020 https://bit.ly/3HASia3

- In Philippines projects in social employment sector were initiated and in Jordan food vouchers were distributed. In a number of states cash transfers were made (Argentina, Australia, Cabo Verde, Colombia, Ecuador, Morocco, Namibia, Northern Macedonia, Peru, Philippines, Tunisia).

From the gender sensitivity perspective, activities implemented by the Government of the Republic of Togo should be outlined, which launched grant transfers to each employee in the amount of 30% of the minimum salary. Allocated funds allowed higher monthly payment to women (USD 21) than men (USD 17). As a result, 65% of project beneficiaries were women.[38]

Monetary transfers in Burkina Faso targeted especially women who were not registered employees in the sector of fruit and vegetable trade.

Uganda developed "Girls empower Girls" project for urban monetary transfers and training which targeted adolescent girls.

Brazil, Egypt and Mauritania carried out projects targeting vulnerable households and the size of monetary compensations was increased if the head of household was a woman.

Colombia provided food support packages to single mothers.

Thus, as COVID-19 had disproportional impact on economic life of women, and particularly violations were recorded in labor market, some states initiated targeted activities to ensure gender equality in labor market and introduced separate tools to ease social and economic burden of women that appeared in vulnerable situation.

[38] Women's Economic Empowerment during the COVID-19 Pandemic: a Rapid Review of Impacts and Responses for Economic Relief and Recovery – June 2020
https://bit.ly/3HASia3

Conclusion

To conclude the results of the study, it should be mentioned that during the field work phase of this study female employees had more or less overcome negative consequences of COVID-19 and participated in the study with retrospect. As a part of secondary data analysis documents that referred to the period of the spread of pandemic and restrictions were studies and therefore issues were expressed in a more acute manner.

As a result of document analysis, it should be mentioned that COVID-19 had considerable impact on social, family, labor and other rights of women in Armenia.

- The availability of contract highly affects the level of employee's awareness on one's rights and responsibilities. Awareness on own rights is the most important precondition for employee's protection.
- Respondents themselves stated that violation of employee's rights occurs more because of unawareness of employees, however it is interesting, that there is no aspiration to get aware of it, independent of the fact that employees realize the essence of the issue.
- respondents with signed labor contract (82.2%) tend to voice working conditions related complaints more often. In cases when signed contract is not available, employees mostly avoid speaking of issues,
- 84.6% that didn't voice issues, as a justification selected "I was sure that nothing would change" option.
- 92.8% of employees working in risk conditions didn't receive any compensation. It is worth mentioning that such provisions are stated only in case of 7.2% of employees working in risk containing conditions. In case of 21.7% the issue was discussed orally, but in the remaining cases they are not discussed at all.
- availability of labor contract and employee's awareness on its content can become a guarantee for better protection of employees' labor rights.
- in terms of changes of main working conditions and health risks women engaged in healthcare, education and food production sectors, while in terms of temporary or permanent loss of job women engaged in textile, service delivery and housekeeping were the most vulnerable. In the first case working hours were increased and certain extra duties were introduced, while for the second case the issue of downtime came up.
- safety rules at duty stations during the pandemic were mainly preserved properly.

- Participants from healthcare sector, that hadn't worked in special COVID facilities, stated that safety conditions were not fully preserved in their medical centers to prevent employees from being infected.
- Very few have received compensation for overtime work. Moreover, they received more before the pandemic.
- In cases when state sector employees appeared in forced downtime, they were fully compensated.
- As for private sector, here salaries are mostly negotiable and no compensation is implied for non-working days.
- late payment of salaries became frequent after the spread of coronavirus
- During and immediately after restrictions no dismissals occurred in state sectors, while in private sector they were mostly conditioned with reduced production volumes.
- The majority thinks that dismissals and Coronavirus in general were equally expressed in case of both men and women.
- Psychological stress is among the most negative impacts of Coronavirus. Data collected through all methods prove that adaptation to general conditions of pandemic was stressful particularly for female employees. Women engaged in sectors that continued to work during the spread of pandemic had experienced stress as a result of combination of work and family affairs, unreadiness to work with new methods, unfamiliarity with the infection and fear of getting infected (both infecting and getting infected), as well as further shortage of awareness on coronavirus vaccination and anti-vaccination movement as a result of employer's demand for vaccination. Women engaged in sectors which faced downtime during the spread of pandemic and restrictions experienced stress because of unclarity of future, lack of finances within family etc.
- This is more observed in healthcare sector groups. Here the reason for stress was the unawareness on clinics of the infection and treatment methods, aggressive attitude of patients' relatives towards doctors, particularly if treatment had negative outcome.
- Coronavirus had some negative impact on family relations as all family members were experiencing stress.
- From one side, although women were overloaded at duty stations (nurses, teachers) and ensured parallel care for family members (in case when almost all family members were at

home), but from the other side, there was no redistribution of roles, which is normally perceived by both other family members and women themselves.

- Women had more difficulties related to child care issues which were mostly conditioned with education process.
- Women are mostly silent about cases of family violence. Such issues were not addressed to state structures or trade unions but they can sometimes tell organizations dealing with women affairs.
- Female work load didn't have that much negative impact on family relations as men's loss of job, no matter whether temporary or permanent.
- The economic impact of the pandemic on family mostly depends on employment sector and availability of contract. In state sectors employees (where almost everyone has labor contracts) were fully paid during the entire course of the pandemic, even in cases when they appeared in downtime or worked remotely. In private sector, particularly employees engaged in textile sector appeared in forced downtime during restriction period and weren't paid (if they received some compensation, that was due to employer's good will). During that period a state compensation in the amount of the minimum wage was provided to contracted employees.
- In case of housekeepers, they had to deal with their issues on their own. If their "employers" decided not to use their services, those employees didn't receive any income either.
- Families of women engaged in private sector suffered economically more as a result of the pandemic.
- From financial perspective the most negative impact was highlighted by textile sector employees, negative impact on the quality of work - by education sector employees, low engagement in family affairs - by healthcare sector employees, deterioration of health conditions – by education and healthcare employees and deterioration of mental health – by healthcare and education sector employees.
- During the pandemic following sanitary and hygiene norms was the most important which was mostly covered by their employers.
- As for viewpoints of interviewed experts on state activities, they also assessed state activities positively, but outlined that those programs didn't have clear disaggregation addressing men and women needs.

- In relation to the state-initiated activities, experts outlined that major shortcomings occurred in awareness raising processes.
- According to experts, it was necessary to have a strategy for unexpected situations that would engage multi-sectoral professionals.
- Majority of contracted employees are not fully aware of contract conditions, rights and responsibilities which often becomes a basis for unconscious violation of labor rights.
- Restrictions conditioned with the pandemic had considerable impact on women employed in food and service delivery sectors, as most of them were not registered and were employed on daily payment basis which made them more vulnerable from the perspective of labor rights.
- The state response to mitigation of social and economic consequences of the pandemic were not gender sensitive, and therefore the most vulnerable female groups were left out of more than twenty Government programs aiming at neutralization of economic and social consequences of COVID-19.
- Women employed in education sector were more vulnerable who had to more remotely, purchase necessary equipment as soon as possible and adapt themselves to new technical means at their expense, as well as do double work in both professional field and at home.
- In Armenia women spend more time on care related work, particularly house issues, care of children, senior age people, and family members with disabilities or different diseases, thus becoming more vulnerable during the pandemic and thus increasing existing tendencies in gender inequality.
- The size of unpaid and care work for women increases conditioned with the fact that family members were at home which required new approaches and more efforts to solve family care, child education and leisure time issues.
- As a result of the pandemic, women working remotely combined family care related activities with their job duties which increased their load thus endangering their health.
- Healthcare sector employees with the majority being women, were in the front line in the fight against infection. Very often they didn't have an opportunity to go home, endangered their health and members of their families.

Recommendations

General recommendations (to Government, trade unions, employers, unions of employers etc.):

- Taking into account challenges and issues that arose during COVID-19, as well as lessons learnt, it is necessary to develop at the levels of the Government, trade unions and private sector effective human resource management mechanisms/strategies for states of emergency/crisis situations, which would allow to prevent, reduce and/or mitigate negative impact on women.
- In parallel to human resource planning in crisis situations, new procedures should be developed that would consider needs of women, as well as vulnerable groups (for instance, people with disabilities, chronic diseases etc.).
- Initiate periodical awareness raising campaign on code of conduct, work culture and social responsibility during crisis situations.
- Develop capacities of staff and executive tier on effective management tools in states of emergency/ crisis situations (e.g., remote work tools, education methods etc.).
- When initiating activities targeting protection of women rights and particularly labor rights work with organizations dealing with women rights would be activated. It's necessary to develop and implement a strategy on educational and informational activities on gender roles of men and women (including Mass Media, public advertisement etc.) which would engage experts from different sectors as well as broad range of topics (outlining gender roles in educational facilities, trainings, cultural events, TV programs and show or any other event).
- It's necessary to apply best international practice for similar situations to consider vulnerable women groups (single mothers, people with disabilities, migrants etc.) in state programs.

Recommendations to state bodies

- Initiate targeted awareness raising campaigns among employers on their rights and responsibilities, as well as availability of contract. Taking into account lessons learnt from the pandemic, it's necessary to put special emphasis on consequences connected with the

lack of contract, such as impossibility to include in state support programs, as well as benefits of contracts, such social pension fund, opportunity to return income, calculation of work experience etc.

- Promote active behavior of employees in voicing cases of violations of labor rights using existing public participation platforms (e-request, hotline, ongoing inquiries etc.).
- Strengthen labor rights protection oversight mechanisms. This can take place both at the legislative (for instance, improve the role and tools of trade unions in collective labor rights protection, increase the range of HLIB power) and practical (for instance, detecting not registered employees through cross checking mechanisms of existing databases (e.g., State revenue Committee)).
- Ensure permanent oversight by HLIB over secure working conditions through using both punishment and promotion mechanisms, that should be outlined in HLIB range of responsibilities.
- Within the framework of social partnership organize periodical meetings/discussions with private sector employers and trad unions to reveal concerns and challenges on labor rights protection. Similar discussions should be organized also with civil society organizations (e.g., NGOs dealing with women rights etc.).
- Through using potential of different structures (trade union, NGOs, state structures etc.), as well as awareness raising tools (advertisement, posters, Mass Media discussions or TV programs) increase awareness of employees on labor rights focusing on rights of women, people with disabilities and other groups.

Recommendations to trade unions

- Improve capacities of trade unions on labor rights protection in states of emergencies / crisis situations which should include needs of different vulnerable groups (women, people with disabilities, chronic diseases, elderly employees etc.).
- Undertake periodical surveys/meetings with members to assess trends in violation of labor rights and initiate preventive and mitigating actions in possible crisis situations. Needs assessment and studies should be done not only in states of emergencies, but it also should become a permanent practice to be ready to address possible risks.

- Initiate awareness raising and advocacy actions to promote collective labor rights protection, as well as increase visibility of trade unions. Campaigns should be conducted not only among members of trade unions, but also general public, different social groups and employees engage in different sectors.
- Increase the range of cooperation through engaging civil society organizations (human rights NGOs, organizations dealing with women rights etc.). Such cooperation would promote uncovering violations and situations of concern, as well as make advocacy campaigns more effective and evidence based for the sake of further reforms.
- Actively cooperate with Mass Media to publicize not only own work, but also other issues related to rights of employees.

Recommendations to Employees

- Taking into account lessons learnt during COVID-19, improve awareness of employees, particularly women and vulnerable groups on labor rights, financial management, financial turnover mechanisms and other relevant issues to make sure that during states of emergencies employees have relevant knowledge on management of own resources as well as realistic expectations.
- Organize periodical meetings with employees through HR specialists and/or relevant departments to clarify existing issues in duty stations and solution means. Thus, would help to form a culture of corporative settlement of issues.
- Safe working conditions for employees should be ensured not only during states of emergencies, but also should become a permanent practice.
- Increase awareness on safe working conditions, make it a part of culture so employees follow rules without any punishment (wearing mask in case of fever, uniform during construction works and other safety rules).

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