

ACADEMIC PAPER

# REGULATORY IMPACT ASSESSMENT OF ILO C183 – MATERNITY PROTECTION CONVENTION



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The publication was prepared by the Caucasus Research Resource Center (CRRC-Armenia) and the Human Rights Research Center (HRRC) in the framework of the project “Women’s Economic Empowerment in the South Caucasus”, funded by the Swiss Agency for Development and Cooperation (SDC) and the Austrian Development Cooperation (ADC). Adaptation of the RIA process to the framework of ILO C183 and UN Women programmatic priorities, peer review and quality assurance was performed by Nani Bendeliani, Programme Analyst, UN Women. Additional quality assurance was provided by the ILO Decent Work Technical Support Team and Country Office for Eastern Europe and Central Asia.

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# REGULATORY IMPACT ASSESSMENT OF ILO C183 – MATERNITY PROTECTION CONVENTION



YEREVAN, ARMENIA  
OCTOBER 2022

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The assessment was authored by the teams at the Caucasus Research Resource Center (CRRCArmenia) and the Human Rights Research Center (HRRCArmenia), as well as by the international expert, Marjan Petreski (University American College Skopje, North Macedonia). In particular, Anahit Simonyan and Nvard Piliposyan from HRRCArmenia shaped the legislative and policy context of the assessment, elaborated the changes needed to harmonize Armenia’s legislation with ILO Convention No. 183, defined the problem and the objectives of the assessment, and developed intervention scenarios. In parallel, they developed the UN Women issue paper “Gaps in the Republic of Armenia’s current system ensuring healthy and safe working conditions for pregnant and breastfeeding women”.

Heghine Manasyan and Susanna Karapetyan from CRRCArmenia developed the socioeconomic context

and the analysis of the impacts of the intervention scenarios. Marjan Petreski revealed the trends in existing statistical data on maternity protection and associated issues in Armenia.

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We hope that this assessment will be taken into account by public officials while considering the adoption of Convention No. 183 by Armenia.

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# ACRONYMS AND ABBREVIATIONS

<b>AMD</b>	Armenian dram
<b>ARMSTAT</b>	Statistical Committee of the Republic of Armenia
<b>BBP</b>	Basic Benefit Package
<b>C183</b>	Maternity Protection Convention, 2000 (No. 183)
<b>CEPA</b>	European Union-Armenia Comprehensive and Enhanced Partnership Agreement
<b>CRRC</b>	Caucasus Research Resource Center
<b>EU</b>	European Union
<b>FGD</b>	Focus group discussion
<b>HLIB</b>	Health and Labour Inspection Body
<b>HRRC</b>	Human Rights Research Center
<b>ILO</b>	International Labour Organization
<b>IMF</b>	International Monetary Fund
<b>IT</b>	Information technology
<b>LC</b>	Labour Code
<b>LFS</b>	Labour Force Survey
<b>MLSA</b>	Ministry of Labour and Social Affairs
<b>MoH</b>	Ministry of Health
<b>NGO</b>	Non-governmental organization
<b>NPV</b>	Net present values
<b>R191</b>	Maternity Protection Recommendation, 2000 (No. 191)
<b>RA</b>	Republic of Armenia
<b>RIA</b>	Regulatory Impact Assessment
<b>SME</b>	Small and medium-sized enterprise
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>USAID</b>	United States Agency for International Development

# EXECUTIVE SUMMARY

The Caucasus Research Resource Center (CRRC)-Armenia Foundation and Human Rights Research Center (HRRC) NGO in collaboration with UN Women in the scope of the project “Women’s Economic Empowerment in the South Caucasus” (WEESC), funded by the Swiss Agency for Development and Cooperation (SDC) and the Austrian Development Cooperation (ADC) – has implemented a Regulatory Impact Assessment (RIA) to study the prospects and organize a policy dialogue towards the possible ratification of the Maternity Protection Convention, 2000 (No. 183)<sup>1</sup> by the Republic of Armenia (RA). The ILO Maternity Protection Convention (No. 183), hereinafter the Convention, was adopted in 2000 and entered into legal force in 2002 for the ILO member States that ratified it. The ratification of the Convention would be an important step towards bringing Armenian legislation in line with international practices in a fiscally sustainable way, promoting women’s equal access and right to employment, and ensuring economic sustainability for the well-being of families.

This Regulatory Impact Assessment (RIA) of Convention No. 183, Maternity Protection was conducted through six phases of research: (1) Problem definition and presentation of the baseline scenario (presentation of current legislative and policy context and socio-economic situation in relation to the subject matter of the convention); (2) Formulation of the objective(s) of the assessment and identification of the interventions needed in order to address the identified problem and change the baseline scenario; (3) Development of the intervention scenarios alternative to the baseline scenario; (4) Development of the specific objectives based on the identified interventions and stakeholder consultations; (5) Analysis of the impacts of each intervention scenario; (6) Comparison of the scenarios and recommendation of the preferred scenario based on the analysis of impacts and stakeholder consultations.

The importance of guaranteed access to maternal health care in safeguarding maternal and infant health is well recognized by the RA Government, and a number of healthcare programmes aim to address the issue. However, our research showed that protection of reproductive and maternal health is an area of concern in employment. The domestic legislative framework is insufficient for securing healthy and safe working conditions for pregnant and breastfeeding women due to inconsistencies in the sub-normative legal regulations and the core system issues in the occupational health and safety mechanisms.

Therefore, **this RIA focuses upon the challenges related to the lack of an effective national system for ensuring occupational risk assessments in the workplace for pregnant and breastfeeding women.** Based on the RIA analysis and findings, the general objective of the proposed government intervention is **to ensure safe and healthy working conditions for pregnant and breastfeeding women.** The specific objectives of the intervention are as follows:

1. Ensure that national standards of workplace risk assessment are modern (risk factor-based) and effective.
2. Provide the Health and Labour Inspection Body (HLIB) with effective mechanisms and resources to supervise the occupational risks and hazards for pregnant and breastfeeding women, and provide employers with assistance to conduct the assessment.
3. Increase the level of protection and awareness of women employees regarding occupational health and safety for pregnant and breastfeeding women, and empower them to use judicial and non-judicial mechanisms of rights protection.
4. Increase employees’ bargaining power, and address the issue of improving occupational health and safety in the scope of social dialogue.

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1 ILO 2000a.

The following policy options were considered in detail and their respective impacts were compared during the RIA process:

**Policy Option 0 or status quo:** According to this scenario, the acting legislation is not updated from its respective version, and pregnant and breastfeeding women do not benefit from the effective protection of their occupational health and safety.

**Policy Option 1:** This option assumes a number of

regulatory solutions to ensure occupational health and safety for pregnant and breastfeeding women, as well as the revision of the sub-normative legal regulation.

**Policy Option 2:** This option suggests a number of non-regulatory solutions to the issues identified, particularly advancement of national system on occupational health and safety of pregnant and breastfeeding women through stakeholder empowerment and awareness raising.

### Summary of the impact of the suggested policy options

Impact	Type of impact (direct/indirect)	Group(s) and/or relevant indicator affected	Expected direction (increase/decrease)	Expected alternatives influenced
<b>Legal/administrative</b>				
Enhanced and aligned with C183 and R191 requirements, a legal framework ensuring proper maternity protection and, to the extent possible, a risk-free environment for working pregnant and nursing/breastfeeding women	Direct	<ul style="list-style-type: none"> <li>HLIB</li> <li>Trade unions</li> <li>Employers and their associations</li> <li>Working pregnant women and breastfeeding mothers</li> </ul>	Increase / enhance	Option 1
Legal and administrative mechanisms/guidelines are adopted to ensure health and safety risk assessments and management for all and for pregnant and breastfeeding women specifically	Direct	<ul style="list-style-type: none"> <li>HLIB</li> <li>Trade unions</li> <li>Employers and their associations</li> <li>Working pregnant women and breastfeeding mothers</li> </ul>	Increase	Option 1
<b>Economic</b>				
Incentives to stay employed during pregnancy and to return after the childcare leave period or even earlier	Direct	Working pregnant women and breastfeeding mothers	Increase	Option 1 Option 2 (uncertain)
Income security	Indirect	Family	Increase	Option 1 Option 2 (uncertain)



Impact	Type of impact (direct/indirect)	Group(s) and/or relevant indicator affected	Expected direction (increase/decrease)	Expected alternatives influenced
<b>Social</b>				
Poverty	Indirect	Family	Decrease	Option 1
Health and safety outcomes for working pregnant women and breastfeeding mothers and their children	Direct	Working pregnant women and breastfeeding mothers	Increase	Option 1 Option 2 (uncertain)
Women's access to equality of opportunity and treatment in the workplace	Indirect	Working pregnant women and breastfeeding mothers	Increase	Option 1 and 2
Discriminatory hiring policies by employers	Indirect	Employees	Decrease	Option 1 (uncertain) Option 2
<b>Public finances</b>				
Tax revenue (income tax)	Direct	Working pregnant women and breastfeeding mothers	Increase	Option 1 Option 2
Awareness and advocacy campaign	Direct	<ul style="list-style-type: none"> <li>● HLIB</li> <li>● Trade unions and employees</li> <li>● Employers and their associations</li> <li>● Other relevant actors</li> </ul>	Increase	Option 1 Option 2

#### The net present values (NPV) over a four-year period (2022–2025) for the two policy options

	Policy Option 1 (revision of the relevant legislative and normative framework)	Policy Option 2 (only public awareness and advocacy campaign)	Combination of Policy Options 1 and 2
<b>Benefits (NPV)</b>	2,517.5	12.3	2,517.5
<b>Costs (NPV)</b>	861.6	65.0	865.5
<b>Benefits less costs (NPV)</b>	1,655.9	-52.7	1,652.0

Analysis of possible impacts of each of the policy options found that in respect to Policy Option 1 and rights protection, by gaining the legal power to make employers liable in case they fail to conduct an assessment of occupational risks and hazards, the HLIB will now have sufficient leverage as the key monitoring state actor to enhance the compliance rate among employers. From the perspective of Policy Option 2, state policy will specifically focus on the issue of multi-stakeholder cooperation and joint action for the purpose of ensuring safe working

conditions for pregnant and breastfeeding women. It was concluded that the two suggested policy options complement each other, and coordinated implementation can result in better outcomes. Even though the cost-benefit difference is higher in the case of Policy Option 1, the RIA team still suggests choosing the **combination of Policy Option 1 and 2**, as an awareness-raising and advocacy campaign is an indivisible part of any new or enhanced policy implementation.

# INTRODUCTION

The ILO Maternity Protection Convention is the most contemporary international labour standard that establishes a minimum duration for maternity leave, a minimum amount for benefits, the obligation to secure healthy working conditions for pregnant and breastfeeding women, the prohibition of discrimination on the basis of maternity, and the details of providing supplementary daily work breaks for breastfeeding women. The Convention concerns all employed women, including self-employed women and those in atypical forms of dependent work (which also includes hidden work without a written employment contract). So far, the Convention has been ratified by 39 ILO member countries.<sup>2</sup> Although Armenia has ratified 29 ILO Conventions,<sup>3</sup> among them eight out of ten fundamental Conventions, the country has not yet ratified Convention No. 183.

Improvement of the national system for ensuring occupational risk assessments in the workplace is a systemic challenge. Ensuring risk-based assessments is also an obligation taken up by the RA within the framework of the European Union-Armenia Comprehensive and Enhanced Partnership Agreement (CEPA). A more detailed analysis of the reforms required to ensure protection of occupational health and safety of pregnant and breastfeeding mothers, as required by modern risk assessment standards and requirements, and those of CEPA in particular, are presented in the UN Women 2022 issue paper “Gaps in the Republic of Armenia’s current system ensuring healthy and safe working conditions for pregnant and breastfeeding women”.

The various aspects related to maternity—pregnancy, childbirth and the period shortly after childbirth—impose a substantial burden on women’s health and time and significantly impact women’s ability to participate in the labour force. One of the important factors impacting women’s decision to participate in the labour market during pregnancy and breastfeeding is the risks in the workplace that could affect the health of the woman and her child. If not assessed and addressed properly, such workplace risks may have socioeconomic consequences as well:

women may quit their jobs, which in turn may impact the income security of women and their families during pregnancy and maternity.

While conducting the contextual analyses, as well as discussions and interviews with different stakeholders and beneficiary groups, the RIA team identified several legislative and practical issues that need to be addressed to ensure a higher level of maternity protection in Armenia. A review of the socioeconomic context was undertaken to identify the socioeconomic gaps and challenges in implementing the desired policy scenarios.

The core research techniques included a desk review, as well as a secondary data analysis with identification of the associated qualitative and quantitative data. The state response to issues highlighted by ILO Convention 183 were assessed via analysis of domestic socioeconomic policies, action plans, budgets and state programs. Supporting evidence was collected through a desk review of previously conducted qualitative and quantitative research, associated analytical papers, statistical data and other related materials. The scarcity of evidence was offset by three focus group discussions (FGD) conducted with target groups (women and men separately) and their employers.

Based on the findings and analysis, the RIA then presents the measures and interventions that need to be undertaken by the Republic of Armenia in case the Government decides to ratify ILO C 183 and specifically **ensure safe and healthy working conditions for pregnant and breastfeeding women.**

The proposed combination of policy options for state intervention supports the improvement of the means and mechanisms of protecting pregnant and breastfeeding women from harmful and hazardous work, i.e. enhancing their labour participation and income security without jeopardizing their health and safety.

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2 See [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO::P11300\\_INSTRUMENT\\_ID:312328](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:312328).

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3 See [https://www.ilo.org/dyn/normlex/en/f?p=1000:11200:0::NO:11200:P11200\\_COUNTRY\\_ID:102540](https://www.ilo.org/dyn/normlex/en/f?p=1000:11200:0::NO:11200:P11200_COUNTRY_ID:102540).

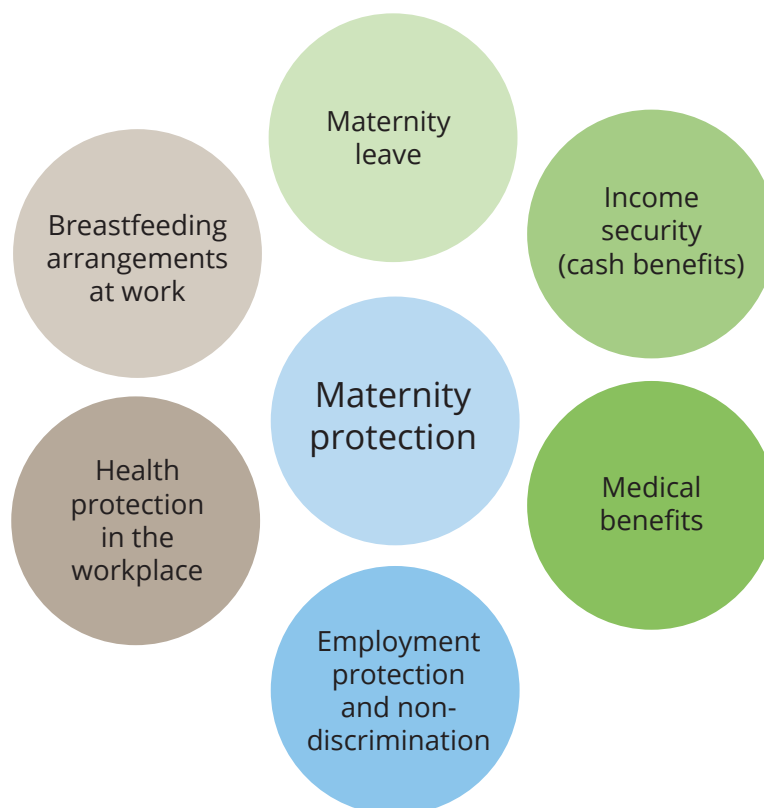


PROBLEM DEFINITION  
AND BASELINE SCENARIO

The ILO Maternity Protection Convention (No. 183),<sup>4</sup> hereinafter the Convention, was adopted in 2000 and entered into legal force in 2002 for the ILO member States that ratified it. Alongside the Convention, the Maternity Protection Recommendation, 2000 (No. 191),<sup>5</sup> hereinafter the Recommendation, was adopted, which has no binding force but interprets and sometimes provides more detailed guidance in the field of maternity protection regulation. The Convention is the most contemporary international labour standard that establishes a minimum duration for maternity leave, a minimum amount for benefits, the obligation to secure healthy working conditions for pregnant and breastfeeding women, the prohibition of discrimination on the basis of maternity, and the details of providing supplementary daily work breaks for breastfeeding women.

The Convention concerns all employed women, including self-employed women and those in atypical forms of dependent work (which also includes hidden work without a written employment contract). Atypical forms of work include temporary work, temporary agent work and other multilateral contracting agreements, part-time work, etc. The goal of maternity protection legislation is to enable women to combine their productive and reproductive roles successfully and to promote equal opportunities and treatment in employment and occupation.<sup>6</sup> Furthermore, the above-mentioned Convention and Recommendation define the key elements of maternity protection as illustrated in Figure 1.

**Figure 1:**  
Key elements of maternity protection covered by ILO C183 and R191



4 ILO 2000a.

5 ILO 2000b.

6 ILO 2014, p. 2.

## 2.1 Legal and policy context

Armenian legislation provides for most of the guarantees envisaged in the Convention. Thus, provisions on 20 weeks of paid maternity leave, maternity benefit (including for non-working), supplementary daily work breaks for breastfeeding women, and prohibition against terminating the employment of pregnant women and women in maternity and childcare leave are de jure in place. However, several amendments should be made to the Armenian legislation to ensure the effective protection of healthy and safe working conditions for pregnant and nursing women, non-discrimination and the effective use of maternity leave in compliance with the standards of Convention No. 183.

### 2.1.1 Changes Needed to Harmonize Armenian Legislation with C183

#### A) Healthy and safe conditions for pregnant and breastfeeding women

Maternity protection standards under Convention No. 183 stress the importance of protecting pregnant and breastfeeding women from occupational risks and hazards. Even though many women are able to continue working without problems until late in their pregnancies, workplace health protection is essential, as:

- The work may be hazardous.
- The woman may be more susceptible to some workplace hazards at this time and therefore may be harmed in different ways.
- There are particular risks to health at each stage of pregnancy and of the child's development
- The health needs of expectant mothers change:
  - As the pregnancy progresses.
  - Before and after delivery.
  - When breastfeeding.<sup>7</sup>

Article 3 of the Convention states that “each Member shall [...] adopt appropriate measures to ensure that

pregnant or breastfeeding women are not obliged to perform work which has been determined by the competent authority to be prejudicial to the health of the mother or the child, or where an assessment has established a significant risk to the mother's health or that of her child.”

Thus, the Convention requires member States to determine work that is prejudicial to the health of the mother or the child and to ensure that significant risk to the health of the latter is assessed by the employers.

Furthermore, Recommendation No. 191 proposes guidance to secure the health of pregnant and breastfeeding women, such as:

- Assessing any workplace risks related to the safety and health of the pregnant or nursing woman and her child.
- Making the results of the assessment available to the women concerned.
- Eliminating the risks by adapting the woman's working conditions.
- Transferring the woman to another post without loss of pay, when such adaptation is not feasible.
- Providing paid leave, when such a transfer is not feasible.
- Prohibiting night work, if a medical certificate declares such work to be incompatible with the woman's pregnancy or nursing.
- Ensuring the woman's right to leave her workplace for the purpose of undergoing medical examinations relating to her pregnancy.
- Ensuring the woman's right to return to her job or an equivalent job as soon as it is safe for her to do so.

Article 258 of the RA Labour Code, which is entitled “Protection of maternity”, contains most of the above-mentioned guarantees, including the following:

- Prohibiting engagement in heavy, harmful, especially heavy and especially harmful work.

7 Paul 2004, p. 9.

- Prohibiting engagement in night work without the woman's consent and without providing a medical certificate indicating the possibility of doing so.
- Ensuring the right of pregnant women to be absent from the workplace without loss of pay for the purpose of undergoing medical examinations relating to her pregnancy.
- Ensuring the obligation of the employer to determine the nature and duration of any hazardous effects and to undertake temporary measures to ensure the elimination of the risk of hazardous factors.
- Where it is impossible to eliminate such risks, undertaking measures to improve the workplace conditions so that the woman is not exposed to the impact of such factors.
- Where workplace improvements cannot be made, offering the woman another job.
- Where an alternative job is not available, sending the woman away on paid leave.

The only guarantees that are not in place are **the requirement to make the assessment available to the woman concerned and the directly stipulated right of a pregnant and breastfeeding woman to return to her job or an equivalent job as soon as it is safe for her to do so.**

At the same time, all of the guarantees are stipulated for pregnant women and women taking care of a child under the age of 1; hence, **they do not directly cover breastfeeding women** whose child is older than 1 year old.

Despite the fact that almost all of the guarantees stipulated in Article 3 of the Convention and those in the Recommendation are envisaged in Armenian legislation, **they are insufficient for securing healthy and safe working conditions for pregnant and breastfeeding women due to inconsistencies**

**in the sub-normative legal regulations and the core system issues in the occupational health and safety mechanisms**, as discussed below.

There are different sets of contradictory regulations containing lists of harmful, heavy jobs and hazardous factors and health and sanitary rules, which make the system too complicated and inconsistent. They are presented below and described in more details in the Issue paper on "Gaps in the Republic of Armenia's current system ensuring healthy and safe working conditions for pregnant and breastfeeding women".

RA Labor Code uses both the terms '*heavy, harmful, especially harmful, especially heavy jobs*' (Article 183, emphasis added) and '*harmful working conditions and hazardous factors*' (Article 183 and Article 258, emphasis added). Employees who are involved in heavy, harmful, especially harmful or especially heavy jobs are entitled to 'hazard pay'. This is an outdated approach, which has been used in most of the post-Soviet countries and is based on the lists of harmful or hazardous occupations, prescribed in legal acts by the State, and the methodology of compensation for work in hazardous working conditions ('hazard pay'). This system is not effective and does not encourage employers to improve working conditions. **RA Government Decision No. 1698-N**<sup>8</sup> contains such an occupation-based list<sup>9</sup>.

In contrary, the modern approach to OSH systems, based on the ILO and EU legal standards, is the risk-oriented approach, which means that a specific factor-based risk assessment of the workplace and further steps to eliminate the identified risks should be made by the employer with the assistance and guidance of the state bodies. **Government Decision No. 2308-N**,<sup>10</sup> which was adopted on the basis of Article 258 is factor-based regulation, which lists the physical, biological, chemical and other factors that occur in certain areas of work.

8 RA Government Decision No. 1698-N, available at <https://www.arlis.am/DocumentView.aspx?docID=140548>.

9 The importance of transition to the new system of OSH management, was mentioned several times by ILO experts regarding the legislation of Post-soviet countries,

Occupational safety and health in Eastern Europe and Central Asia, ILO <https://www.ilo.org/moscow/areas-of-work/occupational-safety-and-health/lang--en/index.htm>

10 RA Government Decision No. 2308-N, available at <https://www.arlis.am/DocumentView.aspx?DocID=21817>.

However, it does not specify which factors, listed in **the decision are specific to pregnant women, which to breastfeeding women and which to children under 18 years of age. It also does not reflect the issue of workplace adjustments that the employer can make to eliminate or reduce the risks if such factors are identified. Although it names a list of harmful factors, they are in fact too general and not specific to pregnant and breastfeeding women and are not sufficient for the employer to conduct a risk assessment of the workplace.**

**RA Government Decision No. 1089-N<sup>11</sup>** is one more regulation, which prescribes the list of harmful and dangerous factors in the production environment and work process, the nature of the work performed, and the volume of medical examinations and medical exemptions. The purpose of this list is to identify persons undergoing primary and regular medical examinations for health maintenance, as well as for the prevention of infectious and occupational diseases, and to draft a 'Hygienic Description of the Working Conditions'. According to this list, pregnancy and breastfeeding are considered general contraindications to involvement in work that is aligned with harmful and hazardous factors. However, the harmful and hazardous factors specifically for pregnant and breastfeeding women are not provided here, and the link with Government Decision No. 2308-N is not clearly indicated.

The diverse nature of the by-laws makes the enforcement of legislation by employers and the exercise of supervision by an inspection body difficult. There are also other systemic issues that health inspectorate face regarding occupational health and safety issues, which are presented in more details in the Issue paper on "Gaps in the Republic of Armenia's current system ensuring healthy and safe working conditions for pregnant and breastfeeding women".

At the same time, none of the regulations mentioned above provide guidelines on how employers should

assess the health risks, neither in general nor for pregnant women in particular. None of the regulations provide guidance for the employers on how to reduce hazardous risks and what kind of temporary measures to take in order to protect the health and safety of pregnant and breastfeeding women.

**Hence, while employers are obliged to assess the health risks, they are left without a clear regulatory guideline on how to perform such an assessment.**

Ensuring risk-based workplace assessment system is an obligation taken up by the RA within the framework of the European Union-Armenia Comprehensive and Enhanced Partnership Agreement (CEPA). According to Article 90 of CEPA Armenia should harmonize its legislation<sup>12</sup> with the requirements of EU Council Directive 91/383/EEC on the introduction of measures to encourage improvements in the safety and health at work of workers and EU Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding. Provisions of these Directives require Armenia to remedy the absence of a comprehensive and risk-based regulatory framework for the purpose of assessing the actual health risks (and specifically the risks to pregnant women).

**Hence, to harmonize its legislation with Article 3 of Convention No. 183, Armenia should:**

- Amend Article 258 of the Labour Code securing the application of protection mechanisms envisioned by it also for breastfeeding mothers irrespective of the child's age, when a medical certificate proving the fact of breastfeeding is presented.
- Ensure risk-based regulatory guidelines for the purpose of assessing the actual health risks and specifically the risks to pregnant women.

11 RA Government Decision No. 1089-N, available at <https://www.arlis.am/DocumentView.aspx?DocID=117803>.

12 Within five years from the date that the CEPA entered into force, therefore by 1 March 2026



- Stipulate a guarantee in the RA Labour Code providing the right of the women concerned to be informed about the results of their employer's workplace assessment.
- Stipulate a guarantee in the RA labour legislation allowing women to return to their previous work after the risks related to pregnancy and breastfeeding in the workplace are eliminated.

### 2.1.2 Maternity leave and cash benefits

Article 4 of the Convention provides for the entitlement of not less than 14 weeks of postnatal maternity leave for pregnant women, including a period of six weeks of compulsory leave after childbirth.

In Armenia, the right to pregnancy (prenatal) and childbirth (postnatal) paid leave for every working mother is guaranteed by the Constitution of Armenia (Article 57).

**Under Armenian legislation, maternity leave is not considered an optional entitlement; rather, it is a compulsory paid leave benefit for all working women for a period of 20 weeks**, including 10 weeks prior to the presumed date of childbirth and another 10 weeks afterwards (Labour Code, Article 172). Women are not entitled to shift the prenatal part of the leave to the postnatal period. This means that the 10-week postnatal leave period guaranteed by Armenian legislation is more than the six-week compulsory period legal standard.

Article 4 of the Convention also stipulates that “the prenatal portion of maternity leave shall be extended by any period elapsing between the presumed date of childbirth and the actual date of childbirth, without reduction in any compulsory portion of postnatal leave.”

According to Armenian legislation, in the event of early childbirth, the unused part of prenatal leave is added to the postnatal leave period. In the event of delayed childbirth, however, the law does not allow for an extension of the prenatal leave period without reducing the compulsory part of postnatal leave to employees during maternity and temporary incapacity.

In the case of difficult delivery and multiple deliveries, this period should be extended in accordance with Article 5 of the Convention and provisions of the Recommendation.

According to the requirements of C183:

- Cash benefits should be provided throughout the duration of maternity leave and no shorter than 14 weeks.
- Cash benefits should be at a level which ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living.
- Where cash benefits are based on previous earnings, the amount of such benefits should not be less than two thirds of the woman's previous earnings.
- Where other methods are used to determine the cash benefits, the amount of such benefits should be comparable.

In line with Armenian legislation, cash benefits are paid during maternity leave, as required by Article 6(1) of the Convention. Maternity benefits are paid to employees by employers, further the state offsets their tax obligations or returns the amount of the paid benefits to the employer in cash. Maternity benefits are paid to all working and non-working women. For working women maternity benefits are calculated on the basis of their salary.

More information on maternity benefits is provided in section 1.2 of the RIA.

According to the RA Law on Medical Aid and Medical Services to the Population, the 2004 RA Government Decree No. 318-N and the 2013 Ministry of Health Order No. 80-N, women's prenatal, childbirth and postnatal medical aid and services, as well as medical assistance to newborn children, are provided free of charge (paid by the State). Hospitalization care following postnatal care is mainly free of charge; however, some medical conditions can be subject to a co-payment.

Almost all types of medical support listed in Recommendation No. 191 are available in the RA,

except for qualified midwifery childbirth services or other types of maternal care services at home.

**Hence, to harmonize its legislation with Article 6 of Convention No. 183, Armenia should:**

Amend the Labour Code, stipulating that in case of delayed childbirth, the postnatal period of the leave (10 weeks) should not be reduced.

To be in compliance with the guidance of Recommendation No. 191, Armenia should introduce midwife-assisted childbirth and other maternal care services at home.

### **2.1.3 Employment protection and non-discrimination**

Article 8 of the Convention states the unlawfulness of terminating a woman's employment "during her pregnancy or absence on [maternity] leave [...] or during a period following her return to work [...], except on grounds unrelated to the pregnancy or birth of the child and its consequences or nursing. The burden of proving that the reasons for dismissal are unrelated to pregnancy or childbirth and its consequences or nursing shall rest on the employer. A woman is guaranteed the right to return to the same position or an equivalent position paid at the same rate at the end of her maternity leave."

Armenian legislation provides for the above-mentioned legal guarantees. Specifically, Article 57 of the RA Constitution prohibits dismissal from employment due to reasons related to maternity. According to Article 156 of the Criminal Code, ungrounded dismissal of a pregnant woman or a person with a child under 3 years of age on the basis of pregnancy or maternity constitutes a crime. Article 114 of the RA Labour Code directly prohibits the termination of an employment contract upon the initiative of the employer during a woman's pregnancy (from the day that a medical certificate confirming the pregnancy is submitted to the employer) or during maternity leave, as well as during non-paid parental leave (before the child is 3 years of age). This prohibition refers to such termination based on any grounds, except for cases of termination due to the liquidation of the employer/company.

Article 171 of the Labour Code directly stipulates that the employee's position shall be retained during pregnancy and maternity leave and the leave granted for taking care of a child under the age of 3, except for the cases when the employer has been liquidated.

Article 213 of the RA Civil Procedure Code stipulates that in labour disputes, the facts upon which the challenged disciplinary or dismissal acts had been adopted should be proved by the respondent (employer), so the burden of proof in these cases should be on the employer.

Article 9 of the Convention requires the states to "adopt appropriate measures to ensure that maternity does not constitute a source of discrimination in employment, including [...] access to employment. [These measures] shall include a prohibition from requiring a test for pregnancy or a certificate of such a test when a woman is applying for employment, except where required by national laws or regulations in respect of work that is: (a) prohibited or restricted for pregnant or nursing women under national laws or regulations; or (b) where there is a recognized or significant risk to the health of the woman and child."

The RA Labour Code prohibits an employer from demanding a pregnancy test (in line with Article 249 medical examinations can be requested only in cases and according to the procedure prescribed by Government decision, and the respective Government decision does not mention pregnancy test) or posing a question regarding an employee's health (pregnancy), except for cases when such information is directly required to evaluate the ability of the employee to carry out the work (according to Article 134, para. 6). This efficiently precludes the employer from requiring a pregnancy test in any situation and only allows requests for information on the pregnancy if the work to be done is not allowed for pregnant women because of health risks.

However, as the focus group discussions (FGD) organized by CRRC-Armenia suggested, employers are reluctant to hire pregnant women, women expected to get pregnant soon, or women who have young children—sometimes directly asking about it during the interview, asking for women's plans for

pregnancy and stating that they do not wish to hire a worker who will soon take leave.

“In the service sector, employers are generally discriminatory towards women; when hiring, they consider family/marital status and family responsibilities. For instance, in our community, women with infants wouldn’t be hired to work in a supermarket. Generally, there is no equality. If you have a young child, you are not getting hired. Even if the woman is pregnant, [employers] do not hire.”

—FGD woman participant, a municipality operator and caregiver of a spouse with disability

In this context, anti-discrimination regulations are becoming especially important. Article 3(1) of the RA Labour Code enshrines the prohibition of discrimination in labour relations on the grounds of a number of circumstances, including those of a personal nature. Maternity is not mentioned as a specific basis for discrimination. At the same time, it should be noted that there is no comprehensive anti-discrimination legislation in Armenia that would define types of discrimination and criteria for the purpose of determining personal circumstances. In this context, in legal practice, issues may arise with the clear assessment of personal circumstances and may or may not include maternity. Therefore, it is important for the article of the Labour Code prohibiting discrimination to specifically emphasize maternity as protected against discrimination.

**Hence, to harmonize its legislation with Article 9 of Convention No. 183, Armenia should add ‘maternity’ as a basis for the prohibition of discrimination under Article 3(1) of the Labour Code.**

### 2.1.4 Breastfeeding women

Article 10 of the Convention states that “a woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work

to breastfeed her child. [...] These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly.”

Article 258(5) of the Labour Code stipulates that in addition to general breaks for resting and meals, a breastfeeding woman shall be given an additional break of at least 30 minutes once every three hours to feed a child until the child is 18 months old. During the period of breaks prescribed to feed the child, the employee shall be paid in the amount of the average hourly salary.

Armenian legislation does not include provisions enshrining the requirements of flexibility and adaptation to the needs of breastfeeding women, as prescribed by Paragraphs 7–9 of the Recommendation. In particular, the employer is not obliged to adapt the frequency and length of nursing breaks to the particular needs of a breastfeeding woman even in cases of a submitted, applicable medical certificate, as proposed by Paragraph 7 of the Recommendation.

As to the possibility of combining the time allotted for daily nursing breaks to allow for a reduction of working hours at the beginning or at the end of the working day, which is proposed by paragraph 8 of the Recommendation, it is worth mentioning that although this is not directly stipulated by the Labour Code, it is nevertheless a relatively common practice for employers to agree with just a reduction in working hours. The recently published draft of amendments to the Labour Code also stipulates such a possibility.<sup>13</sup>

Paragraph 9 of the Recommendation stipulates that provisions should be adopted for the establishment of facilities for nursing under adequate, hygienic conditions at or near the workplace. In this regard, Article 258(1) of the RA Labour Code foresees an obligation for employers to furnish dedicated lactation rooms or separated places in accordance with the procedure, which should be prescribed by normative legal acts on ensuring the safety and health care of workers of the organization. Nevertheless,

13 See <https://www.e-draft.am/projects/3213/about>.

as sanitary and hygienic requirements for nursing facilities have not been adopted, this requirement still has a declarative nature and is currently not mandatory for employers.

**Hence, to align with the requirements of Article 10 of the Convention and the guidance of Paragraphs 7–9 of the Recommendation, the RA Labour Code shall foresee the requirements regarding flexibility and adaptation to the needs of breastfeeding women.**

### 2.1.5 Conclusion

Several amendments should be made to the Armenian legislation to ensure the effective protection of healthy and safe working conditions for pregnant and nursing women, non-discrimination and the effective use of maternity leave in compliance with the standards of Convention No. 183:

- Amend Article 258 of the Labour Code securing the application of protection mechanisms envisioned by it also for breastfeeding mothers irrespective of the child's age.
- Ensure risk-based regulatory guidelines for the purpose of assessing the actual health risks and specifically the risks to pregnant and breastfeeding women.
- Stipulate guarantees in the RA Labour Code providing the right of the women concerned to be informed about the results of their employer's assessment and allowing women to return to their previous work after the risks related to pregnancy and breastfeeding in the workplace are eliminated.
- Amend Article 172 of the Labour Code, stipulating that pregnant women are entitled to shift the prenatal part of their maternity leave to extend the postnatal part and in the case of delayed childbirth, the postnatal period of the leave (10 weeks) should not be reduced.
- Add 'maternity' as a basis for the prohibition of discrimination under Article 3(1) of the Labour Code.

## 2.2 Socioeconomic context of the baseline situation

The aim of the review of the **socioeconomic context** was to identify socioeconomic gaps and challenges. The core research techniques included a desk review, methodology and logic, as well as a secondary data analysis with identification of the associated qualitative and quantitative data. Respective domestic socioeconomic policies, action plans, budgets and state programs were analyzed from the perspective of the state response to the issues highlighted by the ILO Conventions studied for this socioeconomic research. The supporting evidence was collected through a desk review of the previously conducted qualitative and quantitative research, the associated analytical papers, statistical data and other related materials. The scarcity of evidence was offset by three FGDs conducted with target groups (women and men separately) and their employers.

**“Maternity protection is a fundamental labour right enshrined in key universal human rights instruments.** Maternity protection and work-family measures are essential to promoting the health and well-being of mothers and their children, achieving gender equality at work and advancing decent work for both women and men.”

Source: ILO 2014, p. 115.

### 2.2.1 Maternity leave

It is universally recognized that paid maternity leave is a core element of the health and economic protection of women workers and their children over the perinatal period. Hence, Armenia adopted the following statutory provisions for maternity leave:

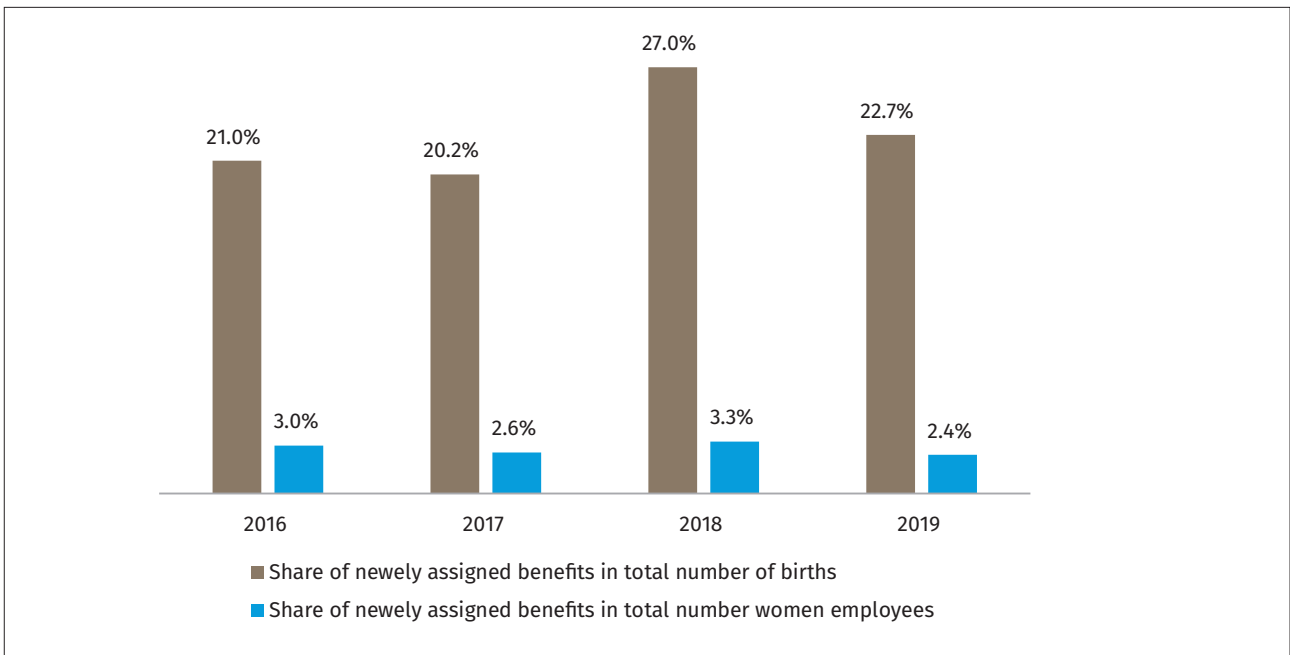
- 70 days of paid leave before birth,
- 70 days of paid leave after birth.

Although no data are publicly available on the number of women taking maternity leave, there are two ways of estimating it:

1. Based on the number of childcare benefit recipients: on average, between 2016 and 2019, about 8,500 women were newly registered for the childcare benefit annually,

amounting to less than 3 per cent of women employees and less than 30 per cent of newborns (Figure 2).

**Figure 2:**  
Share of newly assigned benefits in total number of births and women employees

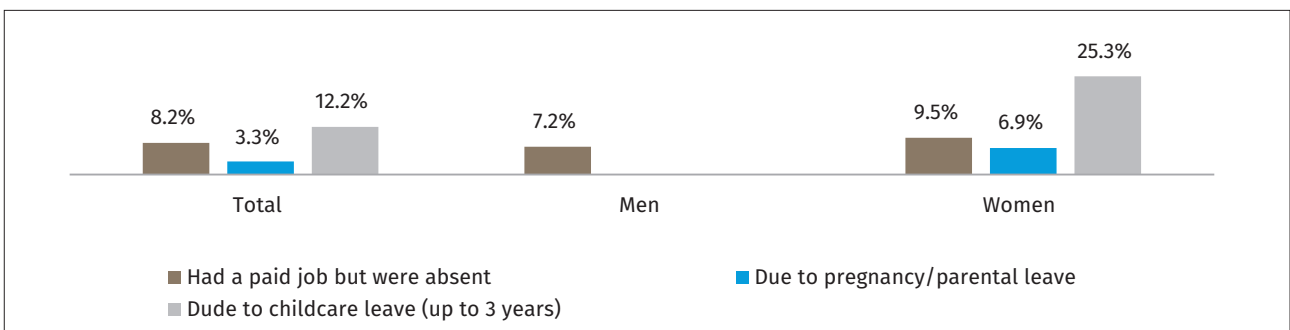


Source: ARMSTAT, n.d.-a, n.d.-b and n.d.-c, for corresponding years.

2. Based on the Armenian Labour Force Survey (LFS): according to 2019 data, 9.5 per cent of women with a job mentioned that they were absent at the moment of survey, 6.9 per

cent of whom were absent due to pregnancy or parental leave and 25.3 per cent due to childcare leave (Figure 3).<sup>14</sup>

**Figure 3:**  
Reasons for temporary absence, 2019



Source: ARMSTAT 2019 Labour Force Survey anonymized micro data database

## 2.2.2 Income security and the maternity benefit

From the social security perspective, maternity protection includes protection against suspension or loss of income during maternity leave, as well as access to maternal health care. The ILO Social Security (Minimum Standards) Convention, 1952 (No. 102),<sup>15</sup> defines the contingency creating the entitlement to maternity benefits as “pregnancy and confinement and their consequences”, including a resulting suspension of earnings.<sup>16</sup>

Hence, maternity leave supported with cash benefits to fully or partially replace women’s earnings during the final stages of pregnancy and after childbirth is of critical importance for the well-being of pregnant women, new mothers and their families. **The absence of income security during the final stages of pregnancy and after childbirth forces many women, especially those in the informal economy, to return to work prematurely, thereby putting their health and their children’s health at risk.**

According to the ILO World Social Protection Report 2017–19, maternity cash benefits are provided through collectively financed mechanisms—such as social insurance, universal benefits or social assistance schemes—anchored in national social

security legislation in 141 of the 192 countries for which information was available. Specifically:

- Social insurance schemes form the vast majority of these programmes, prevailing in 138 countries, of which seven also operate social assistance schemes.
- Fifty other countries—most of them in Africa or Asia—have provisions in their labour legislation setting out a mandatory period for maternity leave and establishing the employer’s liability for the payment of the woman’s salary (or a percentage thereof) during that period.
- Three countries allow women to take unpaid maternity leave without a provision in the law for the replacement of their earned income.<sup>17</sup>

The RA Law on Temporary Incapacity to Work and Maternity Benefits<sup>18</sup> (adopted in October 2010) states that individuals are eligible for cash benefits during the maternity leave period of 140 days. The benefit is contributory and covers women in formal employment and self-employed women. Women not in formal employment are also entitled to minimum cash benefits, which is not contributory.

### Box 1. Maternity protection

- Maternity protection ensures income security for pregnant women and mothers of newborn children and their families, as well as effective access to quality maternal and child health care. It also promotes equality in employment and occupation.
- Worldwide, 45 per cent of women in employment are covered by law under mandatory maternity cash benefit schemes, with large regional variation.
- Extending paid maternity leave provisions and non-contributory maternity cash benefits is an important means of improving income security and access to maternal and child health care for pregnant women and new mothers, particularly for women living in poverty.
- Ensuring universal access to quality maternal health care should be a priority, especially in countries where the informal economy accounts for a large proportion of employment.
- Adequate maternity protection as well as paid paternity and parental leave recognize that both mothers and fathers have responsibilities as breadwinners and caregivers and that both schemes contribute to achieving a more equitable sharing of care responsibilities.

Source: ILO 2017, p. 27.

15 ILO 1952.

16 ILO 2010, p. 69.

17 ILO 2017, p. 28.

18 Available at <http://www.irtek.am/views/act.aspx?aid=56921>.

Due to the scarcity of statistics on women taking maternity leave and maternity benefit recipients, the analysis of maternity benefits was conducted based on the legal coverage, and the overall structure of the labour market. According to the legislation in force, the level of maternity benefit for eligible working women is calculated as follows:

- Cash benefits for salaried and self-employed women are calculated from the average monthly wage; the average of the preceding 12 months (prior to the leave period) is considered. The benefit amount equals the average monthly income/wage divided by 30.4 (the average number of days in a month) and multiplied by 140 (the number of calendar days of the maternity leave period). A ceiling of 15 and 5 monthly minimum wages

is applied to the benefit for salaried and self-employed workers, respectively.

- A floor of 50 per cent of the minimum wage is also applied for both types of workers. If the worker was already on care leave during part of the preceding 12 months, then the benefit is calculated based on their latest monthly salary before the leave period. This is a problem given that benefits are not explicitly indexed, which means that if a woman takes two consecutive three-year leaves, her benefit will devaluate over six years.

Hence, the calculated minimum adequate maternity benefit levels for employees and self-employed women in terms of monthly values required by Convention No. 183 and Recommendation No. 191 are presented in Table 1. below.

**Table 1:**  
Maximum adequate maternity benefit level (AMD per month) in Armenia, by employment type, 2019

National benefit	Value of benefit defined by the national legislation (ceiling), AMD	Average monthly earnings, AMD	C183 standard: two thirds of previous earnings, AMD
<b>Women employees</b>	825,000	95,635	63,757
<b>Self-employed women</b>	275,000	105,888	70,592
<b>Non-working women</b>	27,500	n/a	36,667

Source: ARMSTAT 2020a, p. 94; Armenia legal requirements; ILO C183 standards.

According to Armenian legislation, maternity benefits are calculated based on average monthly wage in Armenia and cannot exceed 15 times the minimum wage for employed (including the self-employed) women<sup>19</sup>. For instance, in 2019, the minimum wage was 55,000 AMD, in 2022, the minimum wage is already 68,000 AMD<sup>20</sup>. For non-working women, the basis for maternity benefit calculation is the minimum wage – it is equal to 50% of defined minimum wage.

If comparing the benefit ceilings with the average monthly wage for women (AMD 141,975 in 2019),<sup>21</sup> it is clear that the ceilings are set high enough not to affect employees and self-employed women. However, the comparison is made between the benefit ceilings and the average wage, suggesting that the benefit level is capped at a sufficiently high level to compensate average women workers only; higher-earning women, particularly those earning

19 Government of RA Decree 1024-N (2011)

20 ARMSTAT, Statistical Yearbook of Armenia, 2021; p. 115

21 ARMSTAT 2020a, p. 187.

AMD 1.3 million or more (per month), could be at a disadvantage relative to international standards, if employers in Armenia do not top up the benefit offered by the government.

The adequacy of cash benefits provided during maternity leave to meet the needs of mothers and their babies can be assessed in terms of duration and amount.

### Box 2. Maternity cash benefits for workers in the informal economy

Because of economic pressures and the lack of income security, most women workers in the informal economy cannot afford to significantly reduce their workload, including unpaid household and care work, before and after childbirth. As a consequence, many continue engaging in work activities too far into pregnancy or start working too soon after childbirth, thereby exposing themselves and their children to significant health risks.

Source: ILO 2016, p. 1.

### Maternity benefit for non-working women

Already facing high economic risks, motherhood often poses additional threats to the health and economic security of women in the informal economy. To somehow address the issue, the Government of RA, like an increasing number of countries developing strategies to extend the coverage of maternity benefits to women in the informal economy,<sup>22</sup> in 2016 introduced a non-contributory maternity benefit for non-working pregnant women under social

assistance (which covers women working informally as well). Hence, working women who are informally employed—alongside unemployed women and those out of the labour force—are entitled to the maternity benefit for non-working women. In all, this represents 34 per cent of employed women and given the high rates of economic inactivity among women, almost three quarters of the female working-age population (see Box 3 and Table 2 below).

**Table 2:**  
Labor Status of Armenian Women, 2020

Share of employed women	100%
Formally employed	66%
Informally employed	34%
Share of the female labour force	100%
Formally employed	54%
Informally employed and unemployed	46%
Share of working-age women in labour resources	100%
Formally employed	27%
Informally employed, unemployed and those out of the labour force	73%

Source: ARMSTAT 2020a, pp. 25 and 84.

22 ILO 2016, p. 2.

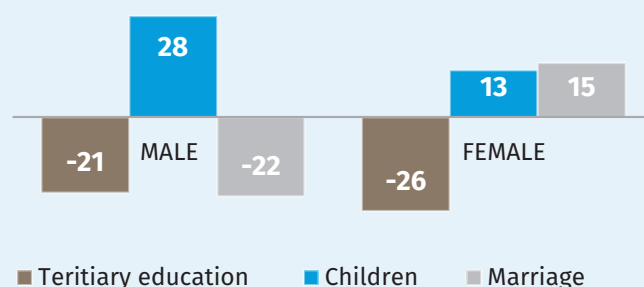


Non-working pregnant women receive maternity benefits for the same maternity leave period as working women—140 days. This benefit is regulated by the Law on Public Benefits<sup>23</sup> and by the Government Decree on the Procedures Appointing and Paying the Maternity Benefit to Non-working Persons.<sup>24</sup> According to key informants from the Ministry of Labour and Social Affairs (MLSA), the maternity benefit coverage extension is part of the demographic strategy and is seen as a measure to promote childbirth and encourage women to register with the maternity units of polyclinics and receive regular check-ups, as well as partially compensate a family or a woman for certain expenses after childbirth. Such an approach points out the overlap between social protection and population policy objectives.

Non-working pregnant women are provided a fixed amount linked to minimum wage calculated as follows: 50 per cent of the amount defined by the RA Law on Minimum Monthly Wage<sup>25</sup> shall be divided by 30.4 (the average number of days per month) and multiplied by 140 (the number of calendar days for the period of pregnancy and maternity leave). The benefit is a flat rate and is provided as a lump-sum amount. The coverage and the benefit size are provided in Table 3. Note that the UN Women study conducted by CRRC used “reported unemployment” which from methodological point of view is different from the definition of employment used by official statistics within the LFS.

### Box 3. Informal employment in Armenia

According to the results of a study commissioned by UN Women and carried out by CRRC-Armenia, 16 per cent of the population of Armenia is engaged in informal employment, corresponding to 35 per cent of the working population. Women are significantly less likely to be in informal employment, with 39 per cent of working men in informal employment compared to 28 per cent of women. However, it is worth mentioning that one of the factors predicting whether women enter informal employment or not is having children: it is associated with a higher rate of informal employment by 13 percentage points for women and 28 percentage points for men.



Source: UN Women 2018, p. 29.

23 Available at <http://www.irtek.am/views/act.aspx?aid=150118>.

24 Available at <http://www.irtek.am/views/act.aspx?aid=82339>.

22 Available at <https://www.arlis.am/DocumentView.aspx?docid=136979>.

**Table 3:**  
Maternity benefit for non-working pregnant women

	Number of beneficiaries	Size of minimum wage, AMD	C183 standard: two thirds of previous earnings, AMD
2017	26,335	55,000	$(55,000 \times 0.5) / 30.4 \times 140 = 126,645$
2018	24,720	55,000	$(55,000 \times 0.5) / 30.4 \times 140 = 126,645$
2019	27,426	55,000	$(55,000 \times 0.5) / 30.4 \times 140 = 126,645$
2020	26,335	68,000	$(68,000 \times 0.5) / 30.4 \times 140 = 156,579$

Source: Ministry of Finance, n.d., for corresponding years; ARMSTAT 2020b, p. 113; authors' calculations.

### Financing of maternity and childcare benefits

In 2019, to cover the maternity (pregnancy and childbirth) benefit, AMD 9.5 billion (2.1 per cent of the social protection budget) was allocated from the state budget (see Table 4 below). About 37 per cent of the

budget is directed towards financing the maternity benefit for non-working women. The average benefit for working women roughly amounts to AMD 700,000 for the entire maternity leave period<sup>26</sup> (140 days) and AMD 127,000 for non-working women (see Table 4).

**Table 4:**  
Financing of maternity benefits

	2016	2017	2018	2019
<b>Maternity (pregnancy and childbirth) benefit, including the benefit for non-working women</b>				
In billions of AMD	9.4	10.4	9.8	9.5
As a share of the total social protection budget	2.4%	2.5%	2.4%	2.1%

Source: Ministry of Finance, n.d., for corresponding years.

Until 2016, the financing of maternity leave benefits in Armenia was employment-based: the funding came from the state budget, but eligibility was linked to the fact of paying income tax, that is being employed in formal sector of economy. This meant that a large share of Armenian women working in the informal sector (according to ARMSTAT, 27% of employed

women in 2020<sup>27</sup>) were not entitled to maternity leave benefits. Starting in January 2016, as a result of public demand to support child delivery for non-working mothers, the government introduced and started paying a non-contributory lump sum cash transfer to non-working women, which in practice covers women working informally as well.

26 Authors' calculation based on available statistics.

27 ARMSTAT, Labour Market in Armenia 2021, p. 160

### 2.2.3 Employment protection and non-discrimination

In Armenia, legislation is currently in place to guarantee women's return to the labour market (see section 1.1).

However, according to the FGD participants (pregnant women and women taking childcare leave, as well as employers), **discriminatory practices against women due to pregnancy and maternity are generally prevalent in all areas of employment; in some cases, women are not hired because they are pregnant.**

"Violations on the grounds of discrimination are widespread; almost always, if all other conditions are equal, preference is not given to pregnant women because hiring a pregnant woman imposes certain risks—it is a headache for an employer. Coming from my own experience, when I was interviewed for a position I applied for, at the beginning, I was asked whether or not I am married and, if not, when I plan to get married—this is a problem."

—FGD participant, human resources manager

FGD participants generally agreed that **in the vast majority of cases, employers who are hiring consider the marital status of women, as well as their likelihood of having a child in the near future. Almost always, the preference is given to unmarried women and women who are free of family responsibilities.**

Furthermore, the FGDs reveal that although the legislation clearly prohibits employers from terminating the employment of a woman during her pregnancy or childcare leave, discriminatory practice linked to pregnancy and maternity exists and has been particularly linked to dismissal and **denial of the right to return to work after maternity leave.** According to discussion participants, the two main factors predefining discriminatory practices are the area of activity and the employer's individual position on the issue. Women sometimes have to quit their

jobs because, according to the FGD participants, employers generally do not conduct workplace health and safety risk assessments; furthermore, proper risk assessment mechanisms are also missing.

Legislative provisions for employment protection and non-discrimination are only effective if implemented in practice. Poor implementation can stem from a number of gaps, including both workers' and employers' lack of awareness of the legal requirements and workers' rights, among other factors (e.g., the lack of accessible, affordable, reliable and expeditious complaints mechanisms; the reluctance to claim or pursue their rights for fear of costs; the lack of monitoring and enforcement; etc.). Indeed, the FGD participants emphasized that women's rights are exercised to the extent that women are aware of their rights. The main problem and concern regarding the implementation of a number of guarantees for maternity protection is the low level of awareness, with one mother on maternity leave noting: "[Mothers in Armenia], not all of them are aware of their rights—unfortunately this is a fact. Look, we are participating in this discussion, and I realized I did not know that I could go for a 30-minute break every three hours as a breastfeeding mother. The increased awareness may help address the issue, and maybe the employers will also realize that they cannot bypass the law."

Awareness is an issue not only for women but also for employers, particularly in SMEs as evidenced by the FGD participants.

"In SMEs, employers themselves are not aware of their own rights, so they are quite vulnerable in this regard."

—FGD participant, NGO sector representative

"In my opinion, awareness-raising is very important, and it would be preferred that it is done by [the MLSA] because if it is done by employers, some bias may exist, definitely."

—FGD participant, human resources manager

## 2.2.4 Health protection and breastfeeding arrangements in the workplace

### Box 4. ILO key messages on health protection in the workplace

- Workplaces have to be safe for all workers, both women and men, at all stages of their life cycle. Gender-specific interventions, for pregnant and breastfeeding workers, are also needed.
- Protective measures should be strictly restricted to maternity and not based on stereotypes of women's professional abilities and roles in society.
- Workers should not be obliged to perform work that is hazardous, unhealthy or harmful to their health or that of their unborn or newborn child.
- **There are statutory measures on dangerous or unhealthy work affecting pregnant or nursing women in 111 out of 160 countries with available information.**
- The importance of workplace risk assessments in ensuring health protection is increasingly being recognized.
- Arrangement of working time as a means of health protection for pregnant or nursing workers is important. **Several ILO member States have provisions covering night work and overtime.**
- The ILO Committee of Experts has indicated that blanket bans on dangerous work as well as night work and overtime for all women, however laudable they may seem in terms of concern for health, are contrary to the principle of equality of opportunity and treatment in employment and occupation and contribute to gender-based discrimination at work.
- Time off for prenatal health care is vital for detecting and preventing complications in pregnancy and for ensuring that pregnant women know their HIV status. **Yet 116 out of 156 countries do not provide for time off for prenatal health care.**
- Recommendation No. 191 indicates that protective measures should be taken when a workplace risk is established. **Of the 160 countries with information, 84 provide some sort of alternative to dangerous work while 76 do not.**

Source: ILO 2014, p. 89.

According to the FGD participants (employers or their representatives), when talking about the health protection of pregnant and nursing women in their workplace, much depends on the social responsibility level of the employers. In some sectors (such as IT), they recognize the importance of ensuring a healthy and safe working environment for pregnant and nursing women. However, **employers generally do not conduct workplace risk assessments from a health protection perspective; furthermore, the assessment mechanisms and relevant legal regulations are not in place.**

According to the pregnant women and nursing mothers in the FGD, **employers in general do not ensure a favourable environment for them, and very often it is dependent on scarce resources—**

**both financial and human (e.g., knowledge, capacity, etc.).**

The FGD participants particularly emphasized the importance of ensuring and maintaining proper sanitary and hygienic conditions in the workplace for pregnant women.

### Length of working time

Working time is an important issue for the health of all workers and is even more important during maternity. Several ILO member States have enacted provisions to protect pregnant and nursing women from the fatigue associated with night work and overtime work. Some countries also afford time off for medical examinations during pregnancy.<sup>28</sup> Armenia is among the countries that has relevant legal provisions.

28 ILO 2014, p. 90.

One of the interviewed key informants stressed that although employers in Armenia generally follow the legal requirements regarding health protection in the workplace, the trade unions have to become more active and fulfil their functions. The FGD participants also referred to the trade unions, stating that they, as institutions called on to protect the rights of workers and to promote the full realization of those rights, including maternity protection, are generally not active. From the point of view of the FGD participants, despite the legal requirements, not only is the enforcement weak but also employers are not interested in bearing additional costs to create favourable conditions.

“A pregnant or nursing woman should not be obliged to do night work if a medical certificate declares such work to be incompatible with her pregnancy or nursing.”

*Source: ILO 2000b, Paragraph 6(4).*

### Night work

The adoption of Recommendation No. 191 reflects the change in policy in terms of the protection of pregnant or nursing women with regard to night work. Although the RA Labour Code prohibits engaging pregnant or nursing women in night work without their consent and without providing a medical certificate indicating the possibility of doing so, the FGDs revealed that in some cases, women have to provide their consent to work night shifts or have to quit their jobs. **For instance, for many women in the healthcare sector, combining their childcare and work responsibilities when working the night shift in hospitals is a challenge.**

“I work from 9 a.m. to 9 a.m. the next day. I cannot expect my night work hours to be reduced, as we have a certain number of doctors on duty and, due to my absence, the whole post-anesthesia care unit will suffer. For people with my profession [medical doctor], it is very hard to return to work. My colleagues normally come back to work after the child is 2 years old. This is a serious issue for professionals.”

—FGD participant, a nursing mother

The FGDs revealed that the most flexible working conditions for pregnant and nursing mothers are provided in the service and IT sectors, due to the nature of the activities—for example, the possibility of working remotely in the IT sector or rearranging the work shifts to fit the mother’s needs in the service sector. On the other hand, during the discussion, it was revealed that working in state institutions is quite challenging for pregnant women and nursing mothers due to the non-flexible working schedule.

### Breastfeeding arrangements

Convention No. 183 allows member States to choose whether breastfeeding women should be provided with a right to daily breaks or to a daily reduction in their working hours. **In several countries**, nursing breaks can be taken as paid breaks or converted into a reduction of working time to allow for late arrival to or early departure from the workplace. While most countries with breastfeeding breaks provide two 30-minute breaks, **a few countries (15) provide breaks totaling more than 60 minutes, namely Armenia, Austria, Bulgaria, Burkina Faso, Gabon, Hungary, Italy, Kuwait, Mongolia, North Macedonia, Portugal, Romania, the Russian Federation, Somalia and the United Republic of Tanzania.**<sup>29</sup>

Despite the fact that Armenian legislation is quite advanced in terms of entailing maternity protection and particularly providing a legal basis for breastfeeding mothers to take breaks or work shorter hours, according to the participants of the FGDs, employers in general do not provide nursing mothers with the opportunity to take advantage of the right to take extra breaks or work shorter hours to feed their child. One of the key informants said that he cannot point out any employer in Armenia who has arranged a special area for mothers to breastfeed their child in the workplace; and as for working shorter hours, it is practiced more often but is still challenging for both mothers and employers.

Hence, the FGD participants think that the State should pursue an encouraging policy towards employers with pregnant and breastfeeding women.

<sup>29</sup> Ibid., p. 113.

To that end, institutional-level reforms are required to improve relations between the State, employers and employees, as well to review the role and work of trade unions to activate them.

## 2.3 Definition of the problem and baseline scenario

The contextual analyses show that most of the core requirements of Convention No. 183 are reflected in Armenian legislation. However, the RIA team identified several legislative and practical issues that need to be addressed to ensure a higher level of maternity protection in Armenia. In particular, the lack of an effective national system for ensuring occupational risk assessments in the workplace for pregnant and breastfeeding women, the lack of maternity leave guarantees for women involved in informal employment, and discriminatory practices in the workplace on the basis of maternity are the issues that Armenia needs to address to be in full compliance with the standards of Convention No. 183 and Recommendation No. 191.

Noting that all of the above-mentioned issues have significant importance, **the RIA team decided to concentrate on the problem of the lack of an effective national system for ensuring occupational risk assessments in the workplace for pregnant and breastfeeding women**, due to the priority of safety and health issues and the current policy directions of the Armenian Government.

As discussed in more detail in the analyses, improvement of the national system for ensuring occupational risk assessments in the workplace, the lack of which is a systemic problem, is on the agenda of the Government and should be addressed within the next five years as it is a direct obligation of the State under the CEPA. Meanwhile, specific attention to the occupational risks and hazards for pregnant and breastfeeding women alongside a gender perspective of the assessment, which is one of the central issues of Convention No. 183, is not yet reflected in the policy documents of the Government.

Legal and policy analyses also show that Armenia lacks an effective national system for the assessment. Despite the fact that Armenian labour legislation stipulates the obligation of the employer to determine the nature and duration of the hazards for pregnant and breastfeeding women and to undertake temporary measures or measures to improve the workplace conditions, **this obligation is formal and non-effective due to inconsistencies in the sub-normative legal regulations and the absence of regulatory guidance for the assessment of hazards for pregnant and breastfeeding women. This makes it simply impossible for employers to assess the occupational risks and hazards for pregnant and breastfeeding women.**

### 2.3.1 Causes of the problem

The lack of a national system for the effective assessment of the actual occupational risks to pregnant and breastfeeding women could have different reasons, including the following:

- Inconsistencies in the sub-normative legal regulations and the absence of guidelines.
- Core system issues in the occupational health and safety mechanisms and state inspection mechanisms.
- The lack of overall awareness of the employees and employers and the lack of social dialogue on the occupational risks, specifically on the risks to pregnant and breastfeeding women.

#### **Inconsistencies in the sub-normative legal regulations and the absence of guidelines**

As mentioned in section 1.1, there are four different sets of contradictory regulations containing lists of harmful, heavy jobs and hazardous factors and health and sanitary rules, which makes the system too complicated and inconsistent.

At the same time, none of these regulations provide regulatory guidelines on how the employers should assess the health risks, neither in general nor for pregnant women in particular. The inability of the employers to make an assessment based on the current regulations is an issue mentioned also by the

FGD participants and in written information provided by the HLIB.<sup>30</sup>

### **Core system issues in the state inspection system**

In terms of ensuring working conditions and occupational safety, the responsible body is the Health and Labour Inspection Body of the Republic of Armenia (HLIB).<sup>31</sup> The powers of the HLIB in the field are stated by the RA Law on Inspections<sup>32</sup> and the HLIB Charter.<sup>33</sup> The activities of the HLIB involve control, including conducting inspections, as well as the implementation of awareness-raising activities, the development of guidelines, the maintenance of statistics and, if necessary, the submission of a request to the responsible body in order to recognize the license of economic entities as invalid.

Clear tools for the purpose of conducting inspections are not defined by any legal act, which is one of the most important criteria for the effectiveness of inspections. Although there are references to documentary and visual inspection methods in the checklist, it does not offer HLIB the option to use other tools (for example, private conversations with employees).

The human resources of the HLIB are quite small and are divided according to the administrative-territorial units. For example, in Kapan, where the largest mining companies are located, there are only six inspectors.<sup>34</sup>

The administrative liability for the involvement of pregnant women and women taking care of a child under 1 year of age is AMD 200,000 (approximately US\$400). There is no specific administrative liability for not making an assessment of the occupational

risks and hazards or not taking temporary measures to avoid the hazard. In the checklist<sup>35</sup> approved by the HLIB for the supervision of occupational health and security risks in the mining sector,<sup>36</sup> for example, the presence of documentation regarding the provision of the assessment of the occupational risks and hazards for pregnant and breastfeeding women is only valued with a score of 0.1. At the same time, the above-mentioned controversies in the list complicate the work of the HLIB, which has to take into account different regulations during the inspections.

### **Lack of overall awareness and social dialogue on the occupational risks**

As discussed in more detail in section 1.2, employees and employers are not aware of the occupational risks and hazards for pregnant and breastfeeding women. The non-active involvement of trade unions in awareness-raising is also one of the issues revealed by the FGD participants. The issue of improving the assessment of occupational risks and hazards for pregnant and breastfeeding women has not been on the agenda of social dialogue between social partners.

#### **2.3.2 Consequences of the problem**

The various aspects related to maternity—pregnancy, childbirth and the period shortly after childbirth—impose a substantial burden on women’s health and time and significantly impact women’s ability to participate in the labour force. One of the important factors impacting women’s decision to participate in the labour market during pregnancy and breastfeeding is the risks in the workplace that could affect the health of the woman and her child. If not assessed and addressed properly, such workplace risks may have socioeconomic consequences as well:

30 The information was officially requested by the Human Rights Research Center and provided by the HLIB on 18 June 2021.

31 See <https://www.hlib.am/>.

32 Available at <https://www.arlis.am/DocumentView.aspx?docid=95028>.

33 Available at <https://www.hlib.am/charter/>.

34 USAID, Transparency International and AUA Center for

Responsible Mining, n.d.

35 Available at <https://www.arlis.am/DocumentView.aspx?DocID=145652>.

36 The HLIB-approved checklist on the assessment of health and security risks proves that both lists approved by Government Decisions No. 2308-N and No. 1698-N are considered when inspecting the engagement of pregnant women in heavy and harmful work.

women may quit their jobs, which in turn may impact the income security of women and their families during pregnancy and maternity.

### 2.3.3 Conclusion

The importance of guaranteed access to maternal health care in safeguarding maternal and infant health is well recognized by the RA Government, and numbers of healthcare programmers are aimed at addressing the issue. Our investigation showed that all women in Armenia received antenatal care, including all key procedures and skilled assistance for delivery; and almost all (97 per cent) received appropriate postnatal care according to most recent data (after 2019).

Childbirth is of critical importance for the well-being of pregnant women, new mothers and their families. **The absence of income security during the final stages of pregnancy and after childbirth forces many women, especially those in the informal economy, to return to work prematurely, thereby putting their health and their children's health at risk.**

In Armenia, working women who are informally employed—alongside unemployed women and those out of the labour force—are entitled to the maternity benefit for non-working women. In all, this represents 34 per cent of employed women, and given the high rates of economic inactivity among women, almost three quarters of the female working-age population. The analysis showed that because of economic pressures and the lack of income security, most women workers in the informal economy cannot afford to significantly reduce their workload, including unpaid household and care work, before and after childbirth. As a consequence, many continue engaging in work activities too far into pregnancy or start working too soon after childbirth, thereby exposing themselves and their children to

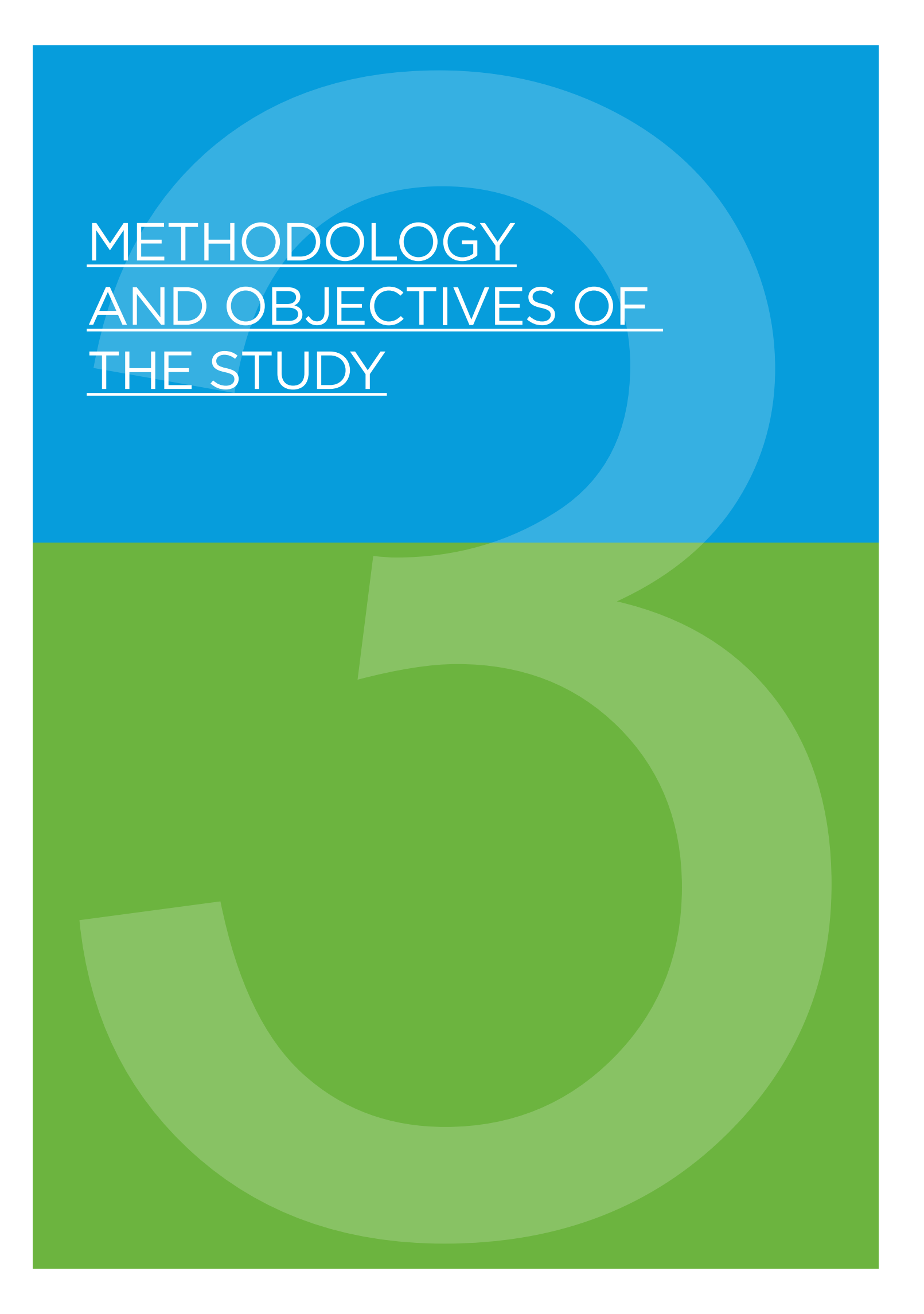
significant health risks. Furthermore, the higher-earning women in the formal economy, particularly those earning AMD 1.3 million or more (per month), could be at higher risk of a disadvantage relative to international standards, if employers in Armenia do not top up the benefit offered by the government.

**The research showed that discriminatory practices against women due to pregnancy and maternity are generally prevalent in all areas of employment; in some cases, women are not hired because they are pregnant.** The FGDs revealed that although the legislation clearly prohibits employers from terminating the employment of a woman during her pregnancy or childcare leave, the discriminatory practice linked to pregnancy and maternity exists and has been particularly linked to dismissal and **denial of the right to return to work after maternity leave.**

FGD participants emphasized that women's rights are exercised to the extent that women are aware of their rights. Awareness is an issue not only for women but also for employers, particularly in SMEs as evidenced by the FGD participants. **The employers generally do not conduct workplace risk assessments from the health protection perspective; furthermore, the assessment mechanisms and relevant legal regulations are not in place.**

**Henceforth, the RIA team decided to concentrate on the problem of the lack of an effective national system for ensuring occupational risk assessments in the workplace for pregnant and breastfeeding women.** Improvement of the national system for ensuring occupational risk assessments in the workplace, the lack of which is a systemic problem, is on the agenda of the Government and should be addressed within the next five years, as it is a direct obligation of the State under the CEPA agreement.





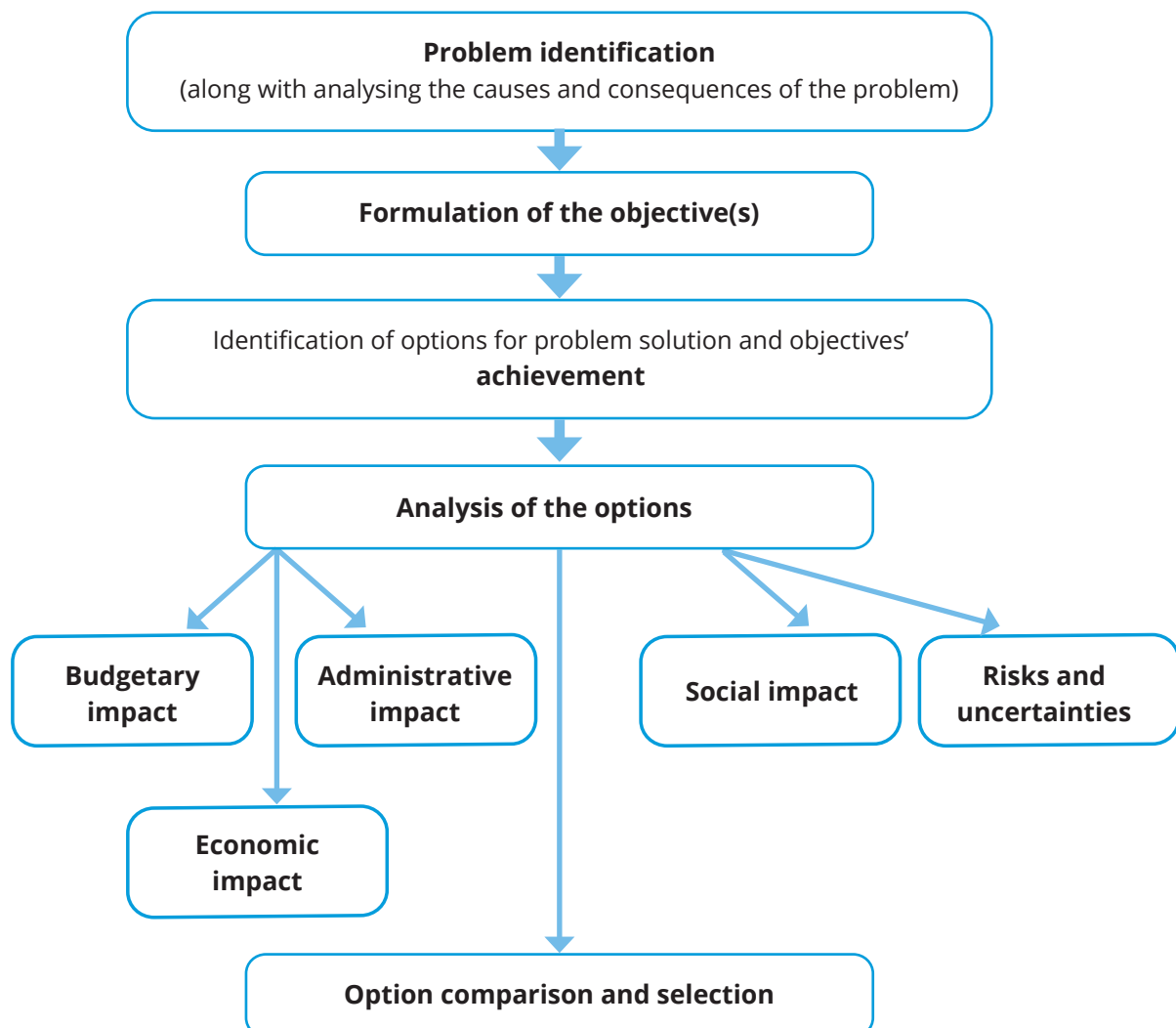
METHODOLOGY  
AND OBJECTIVES OF  
THE STUDY

### 3.1 Methodology of the RIA

The following steps were taken to fulfil the RIA (see also Figure 4):

- Phase 1 – Problem definition and presentation of the baseline scenario
- Phase 2 – Formulation of the objective(s) of the assessment and identification of the interventions needed in order to address the identified problem and change the baseline scenario
- Phase 3 – Development of the intervention scenarios alternative to the baseline scenario
- Phase 4 – Development of the specific objectives based on the identified interventions and stakeholder consultations
- Phase 5 – Analysis of the impacts of each intervention scenario
- Phase 6 – Comparison of the scenarios and recommendation of the preferred scenario based on the analysis of impacts and stakeholder consultations

**Figure 4:**  
Stages of a Regulatory Impact Assessment



It is assumed that once the selection of the particular option is made, meaning that it has been decided what action the Government is likely to take to address the problem at an acceptable cost (besides direct regulation, which policymakers often consider), the team suggests alternative policy tools for consideration in order to identify whether there are other non-regulatory approaches that better fit the specific solution and/or circumstances of the problem.

The meetings and interviews, as well as the group discussions, were conducted to obtain qualitative information on the following generalized questions:

- What is the question at hand, i.e., how do they see the problem (from the perspective of the Convention)?
- What should the objective of ratifying the Convention be, and what are the expected outcomes or effects that the principal interested parties expect?
- What are the actual/possible restrictions?
- Who are the interested parties, i.e., who will benefit from and who will bear the cost of introducing relevant regulations?
- How do the Convention and its ratification comply with the Government of RA priorities?
- What resources are available for the purpose of introducing new laws and regulations and/or enhancing the existing laws and regulations?
- What are the possible risks and barriers to succeeding in initiating such regulatory changes, and how can these obstacles be reduced?

Using a mixed-methods approach for data collection allowed the RIA team to assess such a complex intervention as the regulatory changes to harmonize the national legislation with the Convention's requirements. At the same time, it also allowed the team to validate the findings using quantitative and qualitative data sources by collecting quantitative and qualitative data, separately analyzing both types of data and comparing the results through procedures such as comparing these data in a discussion, transforming the qualitative data set into quantitative scores, and/or jointly displaying both forms of data.

### 3.2 General and specific objectives

While setting the general and specific objectives, the RIA team attempted to answer the following questions regarding the Convention:

1. What is/are the problem(s) to be addressed?
2. What is/are the specific policy objective(s) to be achieved through the identified interventions?
3. What are the different ways of achieving the objective(s) and the cost (such as the budgetary, administrative, economic and social implications of various modalities of the problem's solution) of those achievements?

Understandably, the assessment was supported by the relevant data collection and the analysis of alternative modalities to solve the problem and achieve the objective, as well as analysis of the effects or consequences of suggested policy and regulatory change options conducted.

The **general objective** of the current assessment was to present the measures and interventions that need to be undertaken by the Republic of Armenia in case the Government decides to ratify ILO C 183 and specifically **ensure safe and healthy working conditions for pregnant and breastfeeding women.**

The following specific objectives were further set by the RIA team:

- Ensure that national standards of workplace risk assessment are modern (risk factor-based) and effective.
- Provide the HLIB with effective mechanisms and resources to supervise the occupational risks and hazards for pregnant and breastfeeding women and provide the employees with assistance to conduct the assessment.
- Increase the level of protection and awareness of women employees regarding occupational health and safety for pregnant and breastfeeding women, and empower them to use judicial and non-judicial mechanisms of rights protection.
- Increase employees' bargaining power, and

address the issue of improving occupational health and safety in the scope of social dialogue.

Operational objectives were developed for each specific objective, alongside the indicators of implementation and references to key actors/responsible parties.

**Table 5:**  
Specific objectives and corresponding indicators to measure the progress

Operational objectives	Quantitative and qualitative indicators	Key actors/responsible parties	Timing
<b>Specific Objective 1</b> – Ensure that national standards of workplace risk assessment are modern (risk factor based) and effective			
1.1. Provide risk-based regulatory guidelines for assessing the actual health risks and specifically the risks to pregnant and breastfeeding women	<ul style="list-style-type: none"> <li>a. Government Decision No. 2308-N is amended and supplemented with guidelines on the assessment of occupational health risks to pregnant and breastfeeding women</li> <li>b. At least five occupational health risk assessments for pregnant and breastfeeding women by employers are in place</li> </ul>	HLIB, MLSA, MoH	Within two years
1.2. Ensure that there is no inconsistency in the sub-normative legal regulations on harmful, heavy jobs and hazardous factors and health and sanitary rules	<ul style="list-style-type: none"> <li>a. Government Decision No. 1698-N, Government Decision No. 2308-N and Government Decision No. 1089-N are amended</li> <li>b. Inconsistencies between the lists provided under the above-listed decisions are eliminated</li> </ul>	HLIB, MLSA	Within one year
1.3. Develop risk assessment tools	<ul style="list-style-type: none"> <li>a. User-friendly checklists for the employers on the risk assessment of healthy working conditions for pregnant and breastfeeding women are developed and adopted</li> </ul>	MLSA, HLIB, employers' associations, other relevant institutions	Within two years
<b>Specific Objective 2</b> – Provide the Health and Labour Inspection Body with effective mechanisms and resources to supervise the occupational risks and hazards for pregnant and breastfeeding women, and provide the employers with assistance to conduct the assessment			
1.1. Ensure that the HLIB has the legal power to make employers liable in case the latter fail to conduct an assessment of the occupational risks and hazards for pregnant and breastfeeding women	<ul style="list-style-type: none"> <li>a. RA Code on Administrative Offences is amended</li> <li>b. Employers' liability for failing to conduct an assessment of the occupational risks and hazards for pregnant and breastfeeding women is stipulated</li> <li>c. Number of administrative proceedings initiated by the HLIB</li> </ul>	HLIB, MLSA	Within two years.

Operational objectives	Quantitative and qualitative indicators	Key actors/ responsible parties	Timing
1.2. Enhance the capacity of the HLIB to effectively control the assessment of occupational risks and hazards for pregnant and breastfeeding women	<ul style="list-style-type: none"> <li>a. Additional financial resources are allocated for HLIB capacity-building</li> <li>b. Staff of the HLIB is increased by some percentage</li> <li>c. Respective technical means are provided</li> <li>d. Capacity-building trainings are delivered</li> </ul>	Government of Armenia	Within two years
1.3. Ensure that Employers' Union provides necessary guidance and support to employers on conducting the risk assessment of healthy working conditions for pregnant and breastfeeding women	<ul style="list-style-type: none"> <li>a. Number of capacity-building trainings provided Number of cases where Employers' Union staff guided employers in conducting an effective risk assessment of healthy working conditions for pregnant and breastfeeding women</li> </ul>	Employers' Union	Within two years
<b>Specific Objective 3</b> –Increase the level of protection and awareness of women employees regarding occupational health and safety for pregnant and breastfeeding women, and empower them to use judicial and non-judicial mechanisms of rights protection			
1.1. Regulate specific issues in the Labour Code (LC) arising from the need to ensure occupational health and safety for pregnant and breastfeeding women	<ul style="list-style-type: none"> <li>a. LC extends the application of maternity protection mechanisms envisioned for pregnant women and women taking care of a child under the age of 1, as well as for breastfeeding mothers irrespective of a child's age (when presenting a medical certificate on breastfeeding fact)</li> <li>b. LC guarantees the right for women to return to their previous work after the risks related to pregnancy and breastfeeding in the workplace are eliminated</li> <li>c. LC guarantees the right of the women concerned to be informed about the results of their employer's assessment</li> </ul>	MLSA	Within two years
1.2. Incorporate the promotion of safe working conditions for pregnant and breastfeeding women as a policy aim under the respective action plans and strategies, and ensure awareness-raising activities specifically targeting women employees	<ul style="list-style-type: none"> <li>a. The promotion of safe working conditions for pregnant and breastfeeding women is incorporated into the National Gender Strategy and the National Strategy for Human Rights Protection</li> </ul>	MLSA, MoH	Within two years (in parallel with operational objective 3.1)

Operational objectives	Quantitative and qualitative indicators	Key actors/ responsible parties	Timing
1.3. Raise the awareness of pregnant and breastfeeding women employees on their right to pursue the protection of their right to safe and healthy working conditions through judicial and non-judicial means	<ul style="list-style-type: none"> <li>a. Awareness-raising channels are identified</li> <li>b. Number of trainings conducted for women on the judicial and non-judicial means of protecting the occupational health and safety rights for pregnant and breastfeeding women</li> <li>c. Number of informative materials published and disseminated on the judicial and non-judicial means of protecting the occupational health and safety rights for pregnant and breastfeeding women</li> <li>d. Number of TV programmes covering the issues of safe and healthy working conditions and their protection through judicial and non-judicial means</li> <li>e. Number of cases initiated by pregnant or breastfeeding women about the protection of their occupational health and safety rights</li> <li>f. Number of complaints that the HLIB receives from pregnant or breastfeeding women about their occupational health and safety issues</li> </ul>	MLSA, MoH, HLIB, trade unions	Within two years
<b>Specific Objective 4</b> – Increase employees' bargaining power, and address the issue of improving occupational health and safety in the scope of social dialogue			
4.1. Ensure that the HLIB provides the necessary training for labour unions on the existing national mechanisms for the protection of occupational health and safety for pregnant and breastfeeding women	<ul style="list-style-type: none"> <li>a. Number of trainings provided to labour union representatives by the HLIB on the risk assessment of healthy working conditions for pregnant and breastfeeding women</li> </ul>	HLIB	Within one year
4.2. Bring the issue of occupational health and safety for pregnant and breastfeeding women into the agenda of social dialogue, and conduct effective discussions with social partners on the means of improving the national machinery	<ul style="list-style-type: none"> <li>a. Number of discussions held with social partners on the occupational health and safety of pregnant and breastfeeding women</li> <li>b. Number of collective agreements addressing the issue of the occupational health and safety of pregnant and breastfeeding women</li> </ul>	MLSA, Trade unions, employers' associations, relevant NGO sector players	Ongoing



# DEVELOPMENT OF THE INTERVENTION SCENARIOS

## 4.1 Status quo scenario

In the status quo scenario, pregnant and breastfeeding women do not benefit from the effective protection of their occupational health and safety. The status quo scenario **does not contain any opportunities**, whereas there are **numerous and considerable risks** associated with it. In particular:

- While employers are obliged to assess the health risks, they are left without a clear guideline on how to perform such an assessment, neither in general nor for pregnant women in particular.
- Although the Labour Code prohibits the engagement of pregnant and breastfeeding women in heavy and harmful work and requires the employer to determine the nature and duration of the hazards and to undertake temporary measures or measures to improve the workplace conditions, such obligation remains rather formal and non-effective due to inconsistencies in the sub-normative legal regulations, the existence of different lists of hazardous and harmful jobs and factors, and the absence of regulatory guidance for the assessment of occupational hazards for pregnant and breastfeeding women. This makes it simply impossible for employers to assess the occupational risks and hazards for pregnant and breastfeeding women.
- The protection and awareness of women employees regarding occupational health and safety for pregnant and breastfeeding women and their incentives to use judicial and non-judicial mechanisms of rights protection remain rather low.
- The labour inspectorate system and labour unions do not perform effectively under their mandates due to the lack of certain legal capacities, as well as the lack of technical and human resources and the insufficient prioritization of the issue of occupational health and safety among the Tripartite Unit (employers' associations, trade unions and government) and other key stakeholders.
- Because proper workplace risk assessments

are not being conducted, pregnant women and breastfeeding mothers are:

- Exposed to risks that can damage their health and the health of the fetus.
- Forced to quit their jobs with the following consequences: loss of income support during pregnancy and after delivery, no income support during the three-year childcare leave, difficulties in returning to the labour market, etc.

Notably, the status quo scenario could be observed as still having an opportunity from a regulatory perspective as the regulatory burden is lower, the public cost is lower, and the risk of women to become unemployed if their job is classified as a harmful or hazardous is lower. However, in this paper the compensation in case a woman is removed from the workplace due to occupational health and safety reasons is not considered as an opportunity because of the absence of relevant statistics that could shed light on this issue and serve as the bases for calculations. Generally, from focus group discussions, it was revealed that formally women are not removed from workplace, rather they quit by their own initiative (which informally can be promoted through their own disappointment with working conditions or if the working environment forces them to leave). Apart from this limited qualitative data, there is no formal evidence on this and separate research or data gathering initiatives are needed to reveal the issue, and to further understand the conditions that force women out of the marketplace in the first place and then what are the possible benefits of compensating women who are removed from the workplace due to occupational health and safety issues.

Policy Option 1: Revision of the domestic legislative and normative framework to ensure the availability of an effective regulatory system and guidance for the assessment of occupational risks and hazards for pregnant and breastfeeding women.

Policy Option 1 includes the following regulatory solutions:

- Regulate specific issues in the Labour Code arising from the need to ensure occupational



health and safety for pregnant and breastfeeding women, particularly:

- Amend Article 258 of the Labour Code to extend the application of maternity protection mechanisms envisioned for pregnant women and women taking care of a child under the age of 1, as well as for breastfeeding mothers irrespective of a child's age (when presenting a medical certificate on breastfeeding fact).
- Provide the right for women to return to their previous work after the risks related to pregnancy and breastfeeding in the workplace are eliminated.
- Provide the right of the women concerned to be informed about the results of their employer's assessment.
- Adopt risk-based regulatory guidelines for assessing the actual health risks and specifically the risks to pregnant and breastfeeding women.

- Revise the sub-normative legal regulations on harmful, heavy jobs and hazardous factors and health and sanitary rules, namely Government Decision No. 1698-N, Government Decision No. 2308-N and Government Decision No. 1089-N and eliminate inconsistencies between the lists provided under the aforementioned decisions.
- Adopt user-friendly checklists on the basis of regulations for the employers on the risk assessment of healthy working conditions for pregnant and breastfeeding women.
- Give the HLIB the power to make employers liable in case the latter fail to conduct an assessment of the occupational risks and hazards for pregnant and breastfeeding women, making the respective amendments to the RA Code on Administrative Offences.

**Table 6:**  
Risks and opportunities related to Option 1

<b>Policy Option 1</b> – Revision of the domestic legislative and normative framework to ensure the availability of an effective regulatory system and guidance for the assessment of occupational risks and hazards for pregnant and breastfeeding women	
<b>Opportunities</b>	<b>Risks</b>
<p>Due to the revision of the legal and normative framework, it is expected that some opportunities will emerge for both employees and employers:</p> <ol style="list-style-type: none"> <li>1. A proper workplace assessment may help control risks in the workplace and improve health protection.</li> <li>2. It will reduce the risk of occupational injuries and damage to health.</li> <li>3. Employees, including pregnant women and breastfeeding mothers, will not be forced to quit their jobs and face associated challenges.</li> <li>4. Employers will avoid losing their qualified workforce, etc.</li> </ol>	<p>The suggested policy option imposes some risks as well, including the following:</p> <ol style="list-style-type: none"> <li>1. If the workplace assessment/evaluation procedures and tools are not defined and regulated properly, the legal requirements may become an unaffordable burden for employers, particularly in the SME sector.</li> <li>2. The employer cannot afford the costs required to hire an employee or external services to conduct the assessment.</li> </ol>

## 4.2 Policy Option 2: Advancement of national system on occupational health and safety of pregnant and breastfeeding women through stakeholder empowerment and awareness raising

Policy Option 2 suggests the following non-regulatory solutions:

- Incorporate the promotion of safe working conditions for pregnant and breastfeeding women as a policy aim under the respective action plans and strategies and ensure awareness-raising activities specifically targeting employers and employees.
  - Ensure that Employers' Union provides necessary guidance and support to employers on conducting the assessment of occupational risks and hazards for pregnant and breastfeeding women.
  - Increase the human and technical resources
- of the HLIB to effectively have control over the assessment of occupational risks and hazards for pregnant and breastfeeding women.
  - Raise the awareness of pregnant and breastfeeding women employees on their right to pursue the protection of their right to safe and healthy working conditions through judicial means.
  - Raise the awareness of pregnant and breastfeeding women employees on their right to appeal to the HLIB on the matter of occupational health and safety. Ensure that the HLIB provides the necessary training for labour unions on the existing national mechanisms for the protection of occupational health and safety for pregnant and breastfeeding women.
  - Bring the issue of occupational health and safety for pregnant and breastfeeding women into the agenda of social dialogue and conduct effective discussions with social partners on the means of improving the national machinery.

**Table 7:**  
Risks and opportunities related to Option 2

Policy Option 2 – Advancement of national system on occupational health and safety of pregnant and breastfeeding women through stakeholder empowerment and awareness raising	
Opportunities	Risks
<p>The suggested policy option in fact assumes systemic awareness-raising and capacity-building of all parties, including state institutions, employees and employers, associations and trade unions. This may:</p> <ol style="list-style-type: none"> <li>1. Help avoid the health- and safety-related risks by adjusting the work to fit the pregnant and breastfeeding women</li> <li>2. Advocate for and promote equal participation in and responsibility-sharing among all interested parties in terms of improving health protection in the workplace for all, including pregnant and breastfeeding women</li> <li>3. Empower women to advocate for legislative and practical changes for the promotion of healthy and safe working condition for pregnant and breastfeeding women</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of well-coordinated and cooperative actions</li> <li>2. Lack of HLIB staff capacity to deliver proper trainings</li> </ol>

### 4.3. Conclusion

While stating that pregnant and breastfeeding women do not benefit from the effective protection of their occupational health and safety in accord to the status quo scenario, the development of policy options concluded that the current status quo of occupational health and safety in Armenia **provides few opportunities**, whereas there are **numerous and considerable risks** associated with it. The application of the RIA methodology resulted in formulation of two intervention scenarios against the

status quo: Policy Option 1) Revision of the domestic legislative and normative framework to ensure the availability of an effective regulatory system and guidance for the assessment of occupational risks and hazards for pregnant and breastfeeding women; and Policy Option 2) Advancement of national system on occupational health and safety of pregnant and breastfeeding women through stakeholder empowerment and awareness raising Both options contain more opportunities and risks and are further assessed in respect to their possible impact.

The background is split horizontally into a blue top half and a green bottom half. Overlapping these are several semi-transparent shapes: a large light blue circle in the upper right, a light green circle in the lower right, and a light blue polygonal shape in the upper left. The text is white and underlined.

# ANALYSIS OF THE IMPACTS OF THE INTERVENTION SCENARIOS

Both policy options assume improvement of the means and mechanisms of protecting pregnant and breastfeeding women from harmful and hazardous work. Improved protection means the enhancement of labour participation and income security of pregnant and breastfeeding women without jeopardizing their health and safety. Possible impacts of each of the policy options shall be approached from multiple perspectives, such as rights protection, the policy perspective, the gender equality perspective, the social and economic dimension, public finances and the like.

## 5.1. Identification of the possible impacts of Policy Option 1

### Rights protection

Regulatory interventions envisioned under Policy Option 1 will bring the national legislative and normative framework to a sufficient level to secure the health and safety of pregnant and breastfeeding women in labour relations. The key actors—i.e., the employers and the HLIB—will benefit from the new risk-based regulatory guidelines and user-friendly risk assessment tools, which will allow for the effective assessment of the actual health risks and specifically the risks to pregnant and breastfeeding women and subsequent monitoring of the assessment results. Since the inconsistencies in the sub-normative legal regulations on harmful, heavy jobs and hazardous factors and health and sanitary rules will be overcome by means of revising and amending the respective government decisions, employers will have clear guidance and normative grounds to fulfil the assessment requirements as enshrined in the Labour Code.

By gaining the legal power to make employers liable in case they fail to conduct an assessment of the occupational risks and hazards, the HLIB will now have sufficient leverage as the key monitoring state actor, which will enhance the compliance rate among employers. This will ensure the protection of occupational health and safety for pregnant and breastfeeding women in practice, rather than the establishment of declaratory norms and duties on the employers that are hard to enforce. And finally,

employees (particularly pregnant and breastfeeding employees) will get a clearer vision of the actual occupational risks in their workplace and will benefit from temporary measures on the elimination of such risks.

### Gender equality perspective

Regulatory interventions will also specifically target women as key actors. By means of becoming a concerned party to be informed about the results of their employer's assessment, women will have more power to influence employers and demand the provision of better health safeguards and workplace adjustments.

As a result of the revision of the Labour Code, all women, irrespective of their child's age and provided that a medical certificate of breastfeeding fact is presented, will now benefit from the requirements on the provision of occupational health and safety (and not only those taking care of a child under the age of one). Pregnant and breastfeeding women will also gain legal guarantees to return to their previous work once the risks related to pregnancy and breastfeeding in the workplace have been eliminated. This is an important determinant of the economic empowerment of women in terms of reducing gender imbalances in the labour market, raising women's employment opportunities and improving their chances for career growth after childbirth.

### Social and economic dimension

It is expected that having an effective regulatory system in place will ensure proper specification, assessment and management of the hazardous conditions (e.g., heavy lifting, exposure to certain chemicals, etc.) under which pregnant women should be reassigned or transferred to a different type of work, thereby encouraging many women who would have otherwise quit their jobs to stay in the labour force. Consequentially, if not forced to quit their jobs due to workplace health and safety risks, these women and their families would avoid losing their income during pregnancy and nursing.

Hence, it is expected that Policy Option 1 will contribute to reducing the health and socioeconomic

risks related to maternity, benefiting not only individual women but also society and the economy.

### Public finances

Compared to the status quo scenario, the implementation of Policy Option 1 will impact public finances and the state budget expenditures—which are assumed to increase, though not drastically—in the following directions:

- Development and implementation of workplace health- and safety-related risk assessment guides and tools.
- Costs associated with the training of trainers and development of a training package, as well as capacity development activities for relevant players: HLIB staff, trade unions and employers' associations, and employers. This is assumed to be a one-time cost.
- Increase in administrative costs associated with hiring additional staff in order to extend the preventive and supervisory powers of the HLIB regarding expenses on remuneration and on the co-financing of mandatory-funded pension fund contributions. As the control over the provision of legal guarantees on ensuring the health and safety of employees in the workplace is already part of the HLIB's mandate, it is assumed that there will be a slight increase in the number of employees, by 11 (one additional inspector per region).
- Increase in costs associated with the co-financing of mandatory-funded pension fund contributions for those pregnant women and breastfeeding mothers who did not quit their jobs due to workplace health and safety risk assessments and management.
- Some additional costs associated with complying with the health and working condition provisions for pregnant and nursing women. However, these costs are to be carried by employers and are likely to be offset by the fact that women will be more likely to stay with or return to their jobs during the pregnancy and after the leave period, leading to greater job satisfaction and resulting in productivity gains in the long run.
- In terms of public finance, a potential high

cost associated with this policy option could be the compensation for women temporarily removed from their job. However, this calculation was not fully undertaken in this report as the conditions of temporarily removal of women from the workplace has not been studied in Armenia and there is no statistical data on the bases of which a comprehensive and reliable analysis could be done.

Under Policy Option 1, it is assumed that there will be a modest state revenue increase due to the decline in the number of pregnant women and breastfeeding mothers quitting their jobs because of health and safety risks in the workplace. In other words, the improvement of health and safety protection in the workplace will prevent pregnant women and nursing mothers from quitting their jobs, thereby ensuring a higher flow of income tax revenue to the state budget. Due to the lack of relevant statistics and trends on both pregnant women and breastfeeding mothers working in hazardous, heavy and particularly heavy conditions, as well as women quitting their jobs due to workplace health and safety risks, we still made some assumptions that could be contested but are nonetheless very modest and reasonable given the lack of data on the matter.

However, the compilation and collection of relevant statistics should become one of the measures taken by the relevant institutions.

## 5.2. Identification of the possible impacts of Policy Option 2

### Policy perspective

State policy will specifically focus on the issue of multi-stakeholder cooperation and joint action for the purpose of ensuring safe working conditions for pregnant and breastfeeding women. Awareness-raising and promotional activities envisioned under the respective state strategies (such as the National Strategy for Human Rights Protection, the National Gender Strategy and/or the State Occupational Policy) will give employees agency in claiming better safeguards from their employers and ensure better oversight from the State.

The informed participation of employees will also keep decision makers accountable in the development of state policy, thus ensuring continuous improvement of the national machinery for the protection of occupational health and safety.

Training and familiarizing HLIB staff on international best practices will ensure, in its turn, better capacity of the HLIB to provide effective guidance and support to the employers on conducting the risk assessment of healthy working conditions for pregnant and breastfeeding women.

Further prioritization of the issue of strengthening the HLIB as one of the main vectors of state labour policy will result in the allocation of more funds for its operation, including enhanced technical means and human resources.

On the other hand, prioritization of the issue of occupational health and safety for pregnant and breastfeeding women through social dialogue will result in better cooperation and enhanced accountability of social partners in rapid action for the improvement of national policy and practice.

### **Gender equality perspective**

Awareness-raising and promotional activities under the respective state policies (especially the National Gender Strategy) will specifically target women employees, who, as a result, will be aware of the procedures to bring cases to court or to reach out to the HLIB in demanding occupational health and safety rights protection for pregnant and breastfeeding women.

The empowerment of women employees to demand safe and healthy working conditions and claim redress in the case of their non-provision through judicial and non-judicial means will ensure that the state machinery and policy will become more gender sensitive and stakeholder oriented.

### **Social and economic dimension**

Workplace health and safety risks may create an economic burden to society by negatively affecting the employment and income of pregnant women

and breastfeeding mothers and their families—and probably the social protection system as well, particularly social assistance schemes.

The long-term and systemic awareness-raising and advocacy for equal participation in and responsibility-sharing among all interested parties in terms of improving health and safety protection in the workplace for all, including pregnant and breastfeeding women, is fundamental not only from the perspective of creating and providing knowledge but also from the perspective of knowledge utilization—making collective efforts (by the Government, employers and workers) to build, implement and continuously strengthen a preventative safety and health culture.

Hence, it is expected that risk assessment and management mechanisms and procedures, along with targeted communication, information-sharing and capacity-building trainings, will result in the following:

- Improvement of the working conditions and prevention of health-related injuries of all employees, including working pregnant and breastfeeding women
- Prevention of income decline of those pregnant and nursing women who otherwise would have had to quit their jobs due to workplace health and safety risks

### **Public finances**

The implementation of Policy Option 2 assumes long-term measures and some increase in public spending in the following directions:

- Costs associated with conducting awareness-raising and advocacy campaigns to increase workers' awareness of their rights and promote social responsibility among employers. This is most likely to be a one-time negligible cost.
- Increase in administrative costs associated with hiring additional staff in order to extend the preventive and supervisory powers of the HLIB regarding expenses on remuneration and on the co-financing of mandatory-funded pension fund contributions (see also section 4.1).

### 5.3. Policy options: Scenarios and assumptions

The two suggested policy options complement each other, and coordinated implementation can result in better outcomes. The summary of the expected qualitative impact of the policy options is presented in Table 8 below.

**Table 8:**  
Summary of the impact of the suggested policy options

Impact	Type of impact (direct/indirect)	Group(s) and/or relevant indicator affected	Expected direction (increase/decrease)	Expected alternatives influenced
<b>Legal/administrative</b>				
Enhanced and aligned with C183 and R191 requirements, a legal framework ensuring proper maternity protection and, to the extent possible, a risk-free environment for working pregnant and nursing/breastfeeding women	Direct	<ul style="list-style-type: none"> <li>• HLIB</li> <li>• Trade unions</li> <li>• Employers and their associations</li> <li>• Working pregnant women and breastfeeding mothers</li> </ul>	Increase/enhance	Option 1
Legal and administrative mechanisms/guidelines are adopted to ensure health and safety risk assessments and management for all and for pregnant and breastfeeding women specifically	Direct	<ul style="list-style-type: none"> <li>• HLIB</li> <li>• Trade unions</li> <li>• Employers and their associations</li> <li>• Working pregnant women and breastfeeding mothers</li> </ul>	Increase	Option 1
<b>Economic</b>				
Incentives to stay employed during pregnancy and to return after the childcare leave period or even earlier	Direct	Working pregnant women and breastfeeding mothers	Increase	Option 1 Option 2 (uncertain)
Income security	Indirect	Family	Increase	Option 1 Option 2 (uncertain)
<b>Social</b>				
Poverty	Indirect	Family	Decrease	Option 1
Health and safety outcomes for working pregnant women and breastfeeding mothers and their children	Direct	Working pregnant women and breastfeeding mothers	Increase	Option 1 Option 2 (uncertain)
Women's access to equality of opportunity and treatment in the workplace	Indirect	Working pregnant women and breastfeeding mothers	Increase	Option 1 and 2



Impact	Type of impact (direct/indirect)	Group(s) and/or relevant indicator affected	Expected direction (increase/decrease)	Expected alternatives influenced
Discriminatory hiring policies by employers	Indirect	Employees	Decrease	Option 1 (uncertain) Options 2
<b>Public finances</b>				
Tax revenue (income tax)	Direct	Working pregnant women and breastfeeding mothers	Increase	Option 1 Option 2
Awareness and advocacy campaign	Direct	<ul style="list-style-type: none"> <li>• HLIB</li> <li>• Trade unions and employees</li> <li>• Employers and their associations</li> <li>• Other relevant players</li> </ul>	Increase	Option 1 Option 2

A cost-benefit analysis was conducted to quantify the expected outcomes of the suggested policy options. Note that no forecasts were made in terms of the main indicators; instead, a simple exercise was conducted to quantify the expected incremental costs and benefits associated with the suggested policy options. Although the suggested policy options impact working pregnant and breastfeeding women, the Government, employers, trade unions and other relevant institutions, due to a number of limitations

and uncertainties (such as data, resources, etc.), the current analysis refers only to the costs and benefits for the Government. The sources of information used for the analysis included ARMSTAT, the Ministry of Finance and the Central Bank of Armenia.

The assessment was conducted for a four-year period (2022–2025) and supported with sets of assumptions, which are presented in Table 9 below.

**Table 9:**  
Major assumptions and variables used for the calculations

Variable name	Lower bound	Middle bound	Upper bound
1. Increase in the number of HLIB staff	11 additional employees (one per region)		
2. Share of pregnant women and breastfeeding mothers who did not quit their jobs due to workplace health and safety risk assessments and management	The number of pregnant women and breastfeeding mothers quitting their jobs due to workplace health and safety risks will decline slightly compared to the status quo scenario; the decline is assumed to be negligible (only if Policy Option 2 is applied)	Gradual increase in the share of pregnant women and breastfeeding mothers not quitting their jobs as a result of workplace health and safety risk assessments and management (if Policy Option 1 is applied):	
		2022	2023
		2024	2025
		5%	10%
		15%	20%

Variable name	Lower bound	Middle bound	Upper bound
3. Income tax (for the rates, see the RA Tax Code <sup>37</sup> ):* a) Paid by newly hired HLIB employees (11 average wage employees) b) Paid by those women (pregnant and breastfeeding) who did not quit their jobs due to workplace health and safety risks	Income tax is paid only by newly hired HLIB employees (only if Policy Option 2 is applied)	Income tax is paid both by newly hired HLIB employees and by those women (pregnant and breastfeeding) who did not quit their jobs due to workplace health and safety risks	
			Tax rates: 23% in 2020 22% in 2021 21% in 2022 20% in 2023-2025
* Note that there are no relevant statistics and trends on both pregnant women and breastfeeding mothers working in hazardous, heavy and particularly heavy conditions, as well as women quitting their jobs due to workplace health and safety risks. The assumptions are made only to exercise and see how or when the revenue outpaces expenditures.			
4. Discount rate (percentage), taken equal to the weighted average interest rate of the RA Government debt (see the Ministry of Finance Report on Public Debt (2019 Annual) <sup>38</sup> )	4.8% as of 31 December 2019		
5. National average wage, according to the Consumer Price Index	The national average wage in 2020 was equal to AMD 189,797		
6. Inflation rate, average consumer prices: annual per cent change (according to the IMF <sup>39</sup> )	3.9%		
Associated additional expenses: N/A			
7. Development of the risk assessment guides and tools; risk assessment and management training package	Assumed one-time expense 2022-2023 after the legal amendments are done		
8. Capacity-building training delivery for HLIB staff, trade unions and employers/employers' associations	Assumed one-time expense 2023-2024 after the legal amendments are done		
9. Public awareness and advocacy campaign	Assumed one-time expense 2023-2024 after the legal amendments are done		

The number of women working under hazardous and harmful conditions is estimated based on the relevant statistics for 2018-2019: the share of women working under hazardous and harmful conditions for 2018-2019 is applied to the total estimated number of employed for 2020-2025. Then based on the available statistics the share of women aged 15-44 (reproductive age) working under

the hazardous and harmful conditions is calculated from the total number of women working under the same conditions. Further on this share is applied to the estimated number of women working under hazardous and harmful conditions in 2020-2025 to come up with the estimated number of pregnant women and breastfeeding mothers working under hazardous and harmful conditions (see Table 10 below).

37 Available at <http://www.irtek.am/views/act.aspx?aid=150068>.

38 Available at [https://www.minfin.am/en/page/annual\\_reports/](https://www.minfin.am/en/page/annual_reports/).

39 See also IMF 2020, p. 4.

**Table 10:**

Estimated number of women employed under hazardous and harmful conditions (thousands of people)

	2018	2019	2020	2021	2022	2023	2024	2025
<b>Employed, total</b>	<b>1,048.5</b>	<b>1,077.4</b>	<b>1,063</b>	<b>1,066</b>	<b>1,068</b>	<b>1,071</b>	<b>1,074</b>	<b>1,077</b>
of which women	447	472	459	461	462	463	464	466
<b>Employed under hazardous and harmful conditions, total</b>	<b>51</b>	<b>58</b>	<b>54</b>	<b>54</b>	<b>54</b>	<b>55</b>	<b>55</b>	<b>55</b>
Of which women	25	29	27	27	27	28	28	28
<b>Number of pregnant women and breastfeeding mothers who would not quit their jobs due to workplace health and safety risks (if the assessment and risk management mechanisms are implemented)</b>	-	-	-	-	1.4	2.8	4.1	5.5

Source: Authors' calculations based on ARMSTAT LFS 2018 and 2019 data and UN Population Projections.

To simplify the calculations, the following two assumptions are applied:

- The macro environment, business climate and regulatory framework (including labour regulation) in Armenia are conducive to preserving the existing jobs and the number of

working pregnant and breastfeeding women will not change over the next five years.

- The foreseen legal amendments are made with no cost to the State.

The costs associated with the policy options are presented in Table 11.

**Table 11:**

Summary of policy options' associated government costs

Associated costs	Policy Option 1 (revision of the relevant legislative and normative framework)	Policy Option 2 (only public awareness and advocacy campaign)	Combination of Policy Options 1 and 2
Development of the risk assessment guides and tools; risk assessment and management training package	✓	-	✓
Capacity-building training delivery for HLIB staff, trade unions and employers/employers' associations	✓	-	✓
Public awareness and advocacy campaign	-	✓	✓
Administrative costs associated with hiring additional staff in order to extend the preventive and supervisory powers of the HLIB	✓	✓	✓
Costs associated with the co-financing of mandatory-funded pension fund contributions for those pregnant women and breastfeeding mothers who did not quit their jobs due to workplace health and safety risk assessments and management	✓	-	✓

## 5.4. Summary of the scenarios

The net present values (NPV) over a four-year period (2022–2025) for the two policy options are presented in Table 12 below.

**Table 12:**  
Summary of benefits and costs (billions of AMD)

	Policy Option 1 (revision of the relevant legislative and normative framework)	Policy Option 2 (only public awareness and advocacy campaign)	Combination of Policy Options 1 and 2
Benefits (NPV)	2,517.5	12.3	2,517.5
Costs (NPV)	861.6	65.0	865.5
Benefits less costs (NPV)	1,655.9	-52.7	1,652.0

As one can see, in the case of Policy Option 2, the policy implementation cost outweighs the benefits received by AMD 52.7 billion, putting at question the viability of this policy option. In the case of Policy Option 1 and the simultaneous implementation of Policy Options 1 and 2, the benefits outweigh the costs of policy implementation; understandably, the greater positive outcome in terms of the cost-benefit difference is assured when combining the two policy options. Of course, this is an exercise based on a number of assumptions and the abstraction of many factors impacting labour market and employment outcomes, which could be understood from the viewpoint of 'breaking even'. For instance, if 10 per cent of the jobs held by pregnant/breastfeeding women that would have been otherwise lost are saved, the NPV is sufficiently large and positive to say that pursuing Option 1 is definitely a good choice for society and the economy. Even if Policy Option 1 saves less than 10 per cent of the jobs that would have otherwise been lost, we may count it as having served its objective. In reality, we may actually expect more than 10 per cent of the pregnant/breastfeeding women's jobs to be lost if not shielded by the reform proposed in Policy Option 1.

Hence, it is clear that policies and programmes that create a favourable environment for working or wanting-to-work pregnant women and breastfeeding

mothers positively impact their employment rates. Despite the fact that the cost-benefit difference is higher in the case of Policy Option 1, the RIA team still suggests choosing the **combination of Policy Option 1 and 2**, as an awareness-raising and advocacy campaign is an indivisible part of any new or enhanced policy implementation.

## 5.5. Conclusion

Both policy options suggested by the RIA team assumed improvement of the means and mechanisms of protecting pregnant and breastfeeding women from harmful and hazardous work. Improved protection means the enhancement of labour participation and income security of pregnant and breastfeeding women without jeopardizing their health and safety. Analysis of possible impacts of each of the policy options found that in respect to Policy Option 1 and rights protection, by gaining the legal power to make employers liable in case they fail to conduct an assessment of occupational risks and hazards, the HLIB will now have sufficient leverage as the key monitoring state actor to enhance the compliance rate among employers. In respect to gender equality, as a result of the revision of the Labour Code, all women, irrespective of their child's age and provided that a medical certificate of breastfeeding fact is

presented, will benefit from the requirements on the provision of occupational health and safety (and not only those taking care of a child under the age of one).

Pregnant and breastfeeding women will also gain legal guarantees to return to their previous work once the risks related to pregnancy and breastfeeding in the workplace have been eliminated. In respect to social and economic dimension, if not forced to quit their jobs due to workplace health and safety risks, women and their families will avoid losing their income during pregnancy and nursing. Hence, it is expected that Policy Option 1 will contribute to reducing the health and socioeconomic risks related to maternity, benefiting not only individual women but also society and the economy. In respect to public finances, under Policy Option 1, it is assumed that there will be a modest state revenue increase due to the decline in the number of pregnant women and breastfeeding mothers quitting their jobs because of health and safety risks in the workplace.

From the perspective of the policy option 2, state policy will specifically focus on the issue of multi-stakeholder cooperation and joint action for the purpose of ensuring safe working conditions for pregnant and breastfeeding women. Prioritization of the issue of occupational health and safety for pregnant and breastfeeding women through social dialogue will result in better cooperation and enhanced accountability of social partners and rapid action in the improvement of national policy and practice. From the gender equality perspective, Policy Option 2 will assure awareness-raising and promotional activities under the respective state policies (especially the National Gender Strategy)

that specifically target women employees, who, as a result, will be sufficiently aware of the procedures to bring cases to court or to reach out to the HLIB in demanding occupational health and safety rights protection for pregnant and breastfeeding women. In respect to public finances, the implementation of Policy Option 2 assumes long-term measures and some increase in public spending in the directions of awareness-raising and advocacy campaigns and in Increase in administrative costs associated with hiring additional staff in order to extend the preventive and supervisory powers of the HLIB.

It was concluded that the two suggested policy options complement each other, and coordinated implementation can result in better outcomes. A cost-benefit analysis was conducted to quantify the expected outcomes of the suggested policy options. The net present values (NPV) over a four-year period (2022–2025) for the two policy options were calculated through the cost-benefit analysis. In the case of Policy Option 2, the policy implementation cost outweighed the benefits received by AMD 52.7 billion, putting at question the viability of the policy option. In the case of Policy Option 1 and the simultaneous implementation of Policy Options 1 and 2, the benefits essentially outweighed the costs of policy implementation; understandably, the greater positive outcome in terms of the cost-benefit difference is assured when combining the two policy options. Despite the fact that the cost-benefit difference is higher in the case of Policy Option 1, the RIA team still suggests choosing the **combination of Policy Option 1 and 2**, as the awareness-raising and advocacy campaign is an indivisible part of any new or enhanced policy implementation.

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