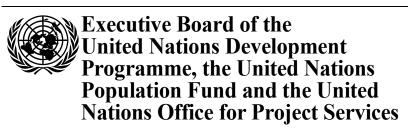
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United Nations Population Fund

Country programme document for Turkmenistan

Proposed indicative UNFPA assistance: \$5.0 million: \$2.2 million from regular resources and

\$2.8 million through co-financing modalities and/or

other resources, including regular resources

Programme period: Five years (2021-2025)

Cycle of assistance: Fifth

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle United Nations Sustainable Development

Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	\$1.0	\$1.0	\$2.0
Outcome 3	Gender equality and empowerment of women	\$0.2	\$0.8	\$1.0
Outcome 4	Population dynamics	\$0.7	\$1.0	\$1.7
Programme coordination and assistance		\$0.3	-	\$0.3
Total		\$2.2	\$2.8	\$5.0

I. Programme rationale

- 1. Turkmenistan is an upper-middle-income country with an emerging market economy mainly driven by hydrocarbon revenues. The gross domestic product annual growth rate was estimated at 6.2 per cent (2018). The country's Human Development Index value for 2018 was 0.710 (0.575 when discounted for inequality), ranking Turkmenistan (108 out of 189 countries) in the high human development category. The health spending is 9 per cent of the state budget, or 1.6 per cent of gross domestic product. Reducing the negative impact of the global crisis on the socio-economic situation in the country is a priority on the government agenda. Increasing investments in health and social protection will be key to safeguard achievements and ensure continuous progress in the realization of SDGs.
- 2. The population size is more than 6.2 million. The birth rate is 3.0 children per woman as per the Multiple Indicator Cluster Survey (MICS) 2019. Adolescents and youth aged 10-24 years make up to a quarter of the population.
- 3. Average birth spacing has seen a reduction from 2.5 years to 1.8 years. Among young women aged 19-24 years, the figure was 1.7 years, and for women with low income, it has shrunk to 1.2 years. The reduced spacing between birth increases the risk for maternal and child health. Overall, 95 public health institutions offer family planning services but access and quality of services is uneven, especially leaving women with disabilities and young people in rural areas behind. One in eight women aged 15-49 years has an unmet need for family planning. For women in the low wealth quintile, the unmet need reaches 17 per cent.
- 4. The maternal mortality ratio, as per the latest United Nations estimates, dropped to 7 per 100,000 live births. Haemorrhage and anaemia remain among the main contributing factors to maternal mortality. Two thirds of maternal deaths are occurring among women in rural areas and with low income. Some of these affected women suffered from chronic non-communicable diseases, and did not receive timely family-planning services. The adolescent fertility rate for those aged 15-19 years dropped from 28 to 22 per 1,000 births, out of which more than 80 per cent are among 18-19 year-olds.
- 5. To generate data on the prevalence of domestic violence, Turkmenistan conducts a survey on the health and status of a woman in the family. Evidence shows that 58.4 per cent of women aged 15-49 years (MICS, 2019) justify violence against women due to the established traditional gender roles of women in a family and society. The Sustainable Development Index measuring progress toward gender equality (59.4) shows inequalities for women and girls, including issues ranging from health and gender-based violence to other socio-economic dimensions of life. The results of the assessment of the implementation of the National Action Plan on Gender Equality provide a basis to continue strengthening gender equality and preventive measures for gender-based violence at all levels.
- 6. Limited accessibility to high-quality disaggregated population data limits the ability of policymakers to identify and respond to the needs of vulnerable populations, especially women, young people and people with disabilities. This hinders the development and improvement of relevant policies and legislation frameworks, and targeted investments in quality social services.
- 7. The United Nations Sustainable Development Cooperation Framework (Cooperation Framework) envisions that the country will make progress in achieving its national development goals aligned with the Sustainable Development Goals, with the United Nations supporting the following three strategic priorities: (a) people-centred governance and rule of law; (b) inclusive, green and sustainable economic growth; and (c) high-quality, inclusive and affordable health, education and social protection.
- 8. The Cooperation Framework includes five outcomes aimed at accelerating the achievements of the Sustainable Development Goals. UNFPA will contribute to two of these five outcomes: (a) ensuring high-quality and inclusive health and social protection services; and (b) building up more effective, innovative and transparent public administration based upon the rule of law, human rights, gender equality, labour rights and quality data. These, in turn, contribute to the achievement of UNFPA transformative results.

- 9. Using its comparative advantages, UNFPA will continue providing high-calibre technical support and policy advice to empower women, adolescents and youth enabled by population dynamics, human rights and gender equality, and creating conditions for the population to contribute to the development of the country. Based on the consultative processes that identified important areas for cooperation, UNFPA will bring lasting change through the proposed country programme by applying the 'leaving no one behind' principle, which is also prioritized in the National Programme for Socio-economic Development of Turkmenistan, 2011-2030, the Programme of the President of Turkmenistan for Socio-economic Development, 2019-2025, and the nationalized Sustainable Development Goals and targets.
- 10. UNFPA will promote innovative and integrated policy support through stronger collaboration and coordination for collective results delivery within the Cooperation Framework. The previous UNFPA country programme was instrumental to improving the quality of life of the population by: (a) introducing the total market approach in provision of contraceptives to reach the most vulnerable; (b) supporting implementation of the first National Action Plan on gender equality; (c) ensuring the support and approval of the Government for the first-ever national survey on gender-based violence; (d) contributing to the reduction of the cervical cancer mortality rate, by 27 per cent, through an increased demand for early screening.
- 11. Lessons learned from the previous programme showed that to be effective, UNFPA should: (a) move from funding to financing, to be in line with the Government vision of financing for development; (b) strengthen accountability mechanisms for health governance; (c) utilize data generation and population dynamics analysis as entry points for scaling up UNFPA country programme results; (d) address underlying gender and socio-cultural norms and practices and ensure intergenerational dialogue; (e) deliver comprehensive reproductive health education through schools, in addition to peer education, which can be used to deliver more sensitive issues in targeted out-of-school settings; and (f) have a private-sector engagement strategy in place to further improve access to and availability of reproductive health commodities.
- 12. The final evaluation of the country programme recommended UNFPA to: (a) continue to focus on data generation and use to strengthen national data systems and demographic intelligence; (b) develop a joint advocacy strategy for reproductive health and rights; (c) integrate human rights into family planning; (d) ensure data transparency, and (e) ensure scaling-up of the successful results.

II. Programme priorities and partnerships

- 13. The proposed country programme has been developed in consultation with government counterparts and public organizations, as well as women, men and young people, including vulnerable groups from different parts of the country. It will directly contribute to the achievement of the UNFPA transformative results: (a) ending unmet need for family planning; and (b) ending gender-based violence. It will also contribute to ending preventable maternal deaths through continued advocacy and strengthening accountability.
- 14. Its vision contributes to the 2030 Agenda by building a society where all women and girls especially vulnerable and marginalized exercise their rights to decide freely about their reproductive health and choices. The programme commits to enable all women and girls, including those most vulnerable and marginalized, to use modern contraceptives for increasing the birth space in line with WHO and UNFPA recommendations by addressing social stereotypes limiting the decision-making role of women in the society; access and quality of services as well as health-seeking behaviours.
- 15. The proposed results and interventions are integral to the theory of change of the Cooperation Framework. The country programme will apply three modes of engagement: (a) advocacy and policy dialogue; (b) capacity development; and (c) partnership, coordination and knowledge management, including South-South and triangular cooperation.

- 16. The programme will have a specific focus on the populations furthest behind: (a) women in rural areas and from the lowest wealth quintile; (b) survivors of gender-based violence; (c) adolescent girls and boys (aged 10-19 years); and (d) women and young people with disabilities.
- 17. The programme will contribute to the achievement of the Sustainable Development Goals 3, 5, 10, 16 and 17 by harnessing the comparative advantage of UNFPA towards a collective delivery of agreed results under the Cooperation Framework of Turkmenistan.
- 18. The country programme will provide upstream support to the Government to implement the priorities of the National Programme for Socio-Economic Development, 2011-2030 and the Presidential Programme for Socio-economic Development of Turkmenistan, 2019-2025. The programme addresses the commitments made by the Government at the Nairobi Summit to accelerate implementation of the ICPD Programme of Action and the 2030 Agenda.
- 19. UNFPA will employ a multisectoral approach to implement the programme. The key partners include: (a) the Ministry of Health and Medical Industry; (b) the Ministry of Education; (c) the State Statistics Committee; (d) Parliament; and (e) the Institute of State, Law and Democracy; (f) the Ministry of Sports and Youth Policy; (g) Ministry of Finance and Economy; (h) Ministry of Labour and Social Protection; (i) other government, civil society, development partners, the media and the private sector. UNFPA will draw on its regional and global programmes to support the achievement of the results by applying innovative strategies and promoting South-South and triangular cooperation as a critical component of partnership.
- 20. The programme will cover cross-boundary and regional issues that affect the social economic and political development of Turkmenistan, such as gender equality, census and youth participation in peacebuilding initiatives.
- 21. The proposed programme will directly contribute to two Cooperation Framework outcomes: (a) people-centred governance and rule of law; and (b) inclusive and affordable health, education and social protection.
- 22. The country programme will emphasize the importance of an enabling environment at policy and community levels to improve the quality of reproductive health services, strengthening prevention measures and ensuring sustainability of the results.
- 23. The proposed programme will be implemented by applying four key principles: (a) protecting and promoting human rights; (b) prioritizing 'leaving no one behind' and reaching the furthest behind first; (c) reducing risks and vulnerabilities and building resilience; and (d) improving accountability, transparency and efficiency. These interventions below are fully aligned with and support the country commitments made by the Government at the Nairobi Summit

A. Sexual and reproductive health and rights

- 24. Output 1 (Cooperation Framework provisional output 4.4). Effective and sustainable implementation of the national programmes and strategies for mother and child health and nutrition, early childhood development, reproductive health, tuberculosis, HIV/AIDS, non-communicable and infectious diseases.
- 25. This output directly contributes to Cooperation Framework outcome 4 through the creation of an enabling environment for reproductive health services and implementation of reproductive rights that will benefit the socio-economic well-being of the population, particularly women, adolescents and young people, particularly those furthest behind.
- 26. UNFPA will contribute to the output by: (a) supporting implementation of the national reproductive, maternal, newborn, child and adolescent health strategy for 2021-2030, with a costed action plan for 2021-2025; (b) advocating for introduction of a designated state budget line for family planning commodities to reach the furthest behind; (c) introducing a universal set of basic package for reproductive health services within the framework of the national strategy for 2020-2030; (d) strengthening the quality improvement mechanism in the health

system to address gaps in the quality of reproductive health services; (e) operationalizing comprehensive reproductive health education in school settings; (f) supporting effective implementation of the health management information strategy; (g) scaling up the total market approach to reach furthest behind; (h) ensuring adequate midwifery workforce regulations; and (i) supporting the systems approach to behaviour-change interventions at national level, to promote family planning and health-seeking behaviour related to reproductive health services, with special focus on the four outlined target groups.

B. Gender equality and women empowerment

- 27. Output 2 (Cooperation Framework provisional output 1.4). Government, including law enforcement agencies and other state institutions, develop and implement programmes and mechanisms related to human and labour rights and gender equality on the basis of recommendations from United Nations treaties and mechanisms and the International Labour Organization (ILO) supervisory bodies and feedback from civil society, including workers' organizations, employers' organizations and relevant population groups.
- 28. This output directly contributes to Cooperation Framework outcome 1 through promotion of gender equality and empowerment of women and adolescents to claim their rights and to make informed choices while creating demand for high-quality services.
- 29. UNFPA will contribute to the joint output by: (a) introducing and educational curriculum on gender equality for civil servants and post-graduates; (b) piloting a community-based social-worker model engaged in gender-based violence identification, assessment and case management to reach out to the most deprived and vulnerable populations; (c) supporting the development of a law on gender-based violence; (d) establishing an advocacy platform with men and boys engagement to address discriminatory gender and cultural social norms; (e) introducing multisectoral response mechanisms to gender-based violence and reaching those furthest behind, including women and girls with disabilities; (f) operationalizing the national action plan on gender equality with a costed monitoring and evaluation framework; (g) promoting innovative mechanisms and platforms for youth and adolescents participation in decision-making and youth-adult dialogue, such as youth advisory boards at Parliament, and through digital-based initiatives; and (h) supporting development and realization of the State Programme on Youth Policy.

C. Population dynamics

- 30. Output 3 (Cooperation Framework provisional output 1.5). Ministries and agencies of Turkmenistan introduced a system for collecting, analysing and using disaggregated data, taking into account the priorities of state policy and the SDGs for the development of peoplecentred and gender-responsive policies and programmes.
- 31. This output directly contributes to Cooperation Framework outcome 1 through increased investments in population data and strengthening the institutional capacity to understand population trends, and identify and respond to the needs of the populations furthest behind.
- 32. UNFPA will contribute to this joint output by providing policy and advocacy support: (a) conducting the 2022 population and housing census, which includes disability and migration; (b) disseminating and using the results of the domestic violence survey for policy outcomes; (c) producing data for the UNFPA-prioritized SDG indicators; (d) promoting data transparency and strengthening the use of disaggregated population data; and (e) advocating for and strengthening institutional capacity to incorporate population and development analysis into planning and policy decisions. The focus of this output is foundational for the achievement of the Nairobi Summit commitments by enhancing the quality, access and use of disaggregated population data, in line with the international standards, to inform evidence-based population policies and progress towards the Sustainable Development Goals.

III. Programme and risk management

- 33. UNFPA will participate in the steering committee established for the Cooperation Framework coordination mechanism to implement and monitor the UNFPA country programme. It will be implemented with national and international partners using the harmonized approach to cash transfers with other United Nations agencies in a coordinated fashion.
- 34. The country office will continue to strengthen its capacity through the presence of skilled professional staff, and draw on the regional and global expertise and capacity of UNFPA to meet the demands for realization of the country programme results. It will actively participate in the relevant Cooperation Framework groups and lead, where relevant.
- 35. UNFPA will apply diversified approaches to mobilize resources. Since delivery of results will depend on the amount of mobilized resources, results will be reviewed and adjusted, if necessary, during the course of programme implementation. Scaling up selected programme interventions, such as comprehensive reproductive-health education, youth engagement and behaviour-change programming, will depend on mobilization of the additional resources. UNFPA resource mobilization will focus primarily on the Government, donor countries and joint programming with United Nations organizations.
- 36. Together with key stakeholders, UNFPA will regularly assess operational and programmatic risks identified in the theory of change and make required adjustments. Economic and political risks will be continuously assessed, and mitigation measures undertaken, including reprogramming in response to emerging issues and unforeseen circumstances.
- 37. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.
- 38. UNFPA will work with partners on emergency preparedness, mitigation of global pandemics and crises, adaptation, prevention and response, including resilience-building to external impacts, as part of the United Nations system support for the country's efforts to reduce the risk of natural disasters and overcome external shocks.

IV. Monitoring and evaluation

- 39. The Government, UNFPA and the United Nations country team will establish a framework to monitor and evaluate the programme. UNFPA will join monitoring and evaluation initiatives, in line with the Cooperation Framework.
- 40. UNFPA and the Government will carry out annual programme reviews, with the active participation of stakeholders, including representatives from vulnerable groups. UNFPA, jointly with partners, will conduct field monitoring visits to assess how joint policy and system-level interventions are translated into service provision and meeting the demand of young people, women and vulnerable populations.
- 41. UNFPA and partners will all implement quality-assurance activities to improve accountability and promote a results-based management culture. Milestones will be documented to improve programme implementation. Thematic and country programme evaluations will be conducted as per the country programme evaluation plan, adopting innovative and participative approaches to generate evidence, ensure accountability and promote a learning culture.
- 42. UNFPA shall support the strengthening of national statistical capacities to ensure effective monitoring and evaluation of the Sustainable Development Goals.

RESULTS AND RESOURCES FRAMEWORK FOR TURKMENISTAN (2021-2025)

NATIONAL PRIORITY: 1. National Programme for Socio-Economic Development, 2011-2030 and the Presidential Programme for Socio-Economic Development of Turkmenistan, 2019-2025: Improved health, science, education, and sport. 2. Sectoral plan priority: National Strategy on Reproductive, Maternal, Newborn, Adolescents, and Child health services for 2020-2030: Improved quality of family planning, maternal health services and strengthening preventive measures on cervical cancer. 3. The State Programme on Youth Policy: Creation of conditions for youth participation in socio-economic, political and cultural life of the state and society; and support for safe motherhood, prevention of diseases, sexually transmitted diseases, support for young people on healthy reproduction.

UNSDCF OUTCOME INVOLVING UNFPA: By 2025, the population of Turkmenistan enjoys higher quality and inclusive health and social protection services

RELATED UNFPA STRATEGIC PLAN OUTCOME: 1. Sexual and reproductive health 2. Adolescents and youth

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF Outcome indicators: Outcome indicator 1: • Maternal mortality ratio¹ (SDG 3.1.1) Baseline: 7 (2017); Target: 5 (2025) Disaggregation: by region² Outcome Indicator 2: • Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods of contraceptives (Cooperation framework outcome Indicator 4.6), (SDG 3.7.1) Baseline: 47.3% (2019); Target: 50% (2025) Disaggregation: by age and region	Output 1 (Cooperation framework provisional output 4.4): Effective and sustainable implementation of the national programme and strategies for mother and child health, early childhood development, reproductive health, tuberculosis, HIV/AIDS, noncommunicable and infectious diseases	 A national reproductive, maternal, newborn, children, adolescent health strategy (RMNCAH) with a costed action plan prioritizing access to those left behind <i>Baseline: No (2020); Target: Yes (2022)</i> Proportion of RMNCAH Strategy indicators related to reproductive health of vulnerable women achieved with UNFPA support <i>Baseline: 0 (2020); Target:75% (2025)</i> Health budget includes a budget line designated for family planning commodities to reach furthest behind first <i>Baseline: No (2020); Target: Yes (2025)</i> Proportion of family planning service delivery points with stock outs of at least 3 methods of contraception <i>Baseline: 18% (2019); Target: 3% (2025)</i> The percentage of maternities which offers basic service package for maternal health services free of charge for vulnerable women <i>Baseline: 18% (2019); Target: 85% (2025)</i> Functioning reproductive health stakeholder coordination mechanism that includes beneficiaries established <i>Baseline: No (2020); Target: Yes (2023)</i> 	Ministry of Health and Medical Industry; Ministry of Sports and Youth Policy; Ministry of Education; World Health Organization; UNICEF; UNDP; public organizations; mass media; private sector; women, men and young people, people with disabilities; parliamentary regional networks; Paralympics Committee	\$2.0 million (\$1.0 million from regular resources and \$1.0 million from other resources)

NATIONAL PRIORITY: 1. National Programme for Socio-Economic Development, 2011-2030 and the Presidential Programme for Socio-Economic Development of Turkmenistan, 2019-2025: especially its pillars on (i) gender equality as accelerator for development and SDGs; (ii) advancing statistics system to provide data on socio-economic development for monitoring and reporting on SDGs. 2. Sectional plan priority: National Action Plan on Gender Equality for 2021-2025 to advance national gender policy, achieve SDG 5 targets and improve legislation. 3. The State Programme on Youth Policy: Creation of conditions for youth participation in socio-economic, political and cultural life of the state and society; and support for safe motherhood, prevention of diseases, sexually transmitted diseases, support for young people on healthy reproduction.

¹ This indicator is part of the national reproductive, maternal, newborn, child and adolescent (RMNCA) health strategy.

² The source for the overall number is United Nations estimates but progress tracking will be focused on regional disaggregation data from national administrative sources.

UNSDCF OUTCOME INVOLVING UNFPA: By 2025, people have access to more effective, innovative, and transparent public administration based upon the rule of law, human and labour rights, gender equality and quality data

RELATED UNFPA STRATEGIC PLAN OUTCOME: 2: Adolescents and youth 3: Gender equality and women empowerment 4: Population dynamics				
 UNSDCF Outcome indicators: Outcome Indicator 1: Extent to which legal frameworks address human rights, including gender equality and non-discrimination on the basis of age, sex, disability, ethnicity, religion, political opinion, economic or other status³ (Cooperation Framework Indicator 1.1); (proxy for SDG 5.1.1) Baseline: 2 (2019); Target: 4 (2025) Outcome Indicator 2: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence (Cooperation Framework Indicator 1.6); (SDG 5.2.1.) Baseline: TBC⁴ (after release of data of domestic violence survey, 2021); Target: TBD after survey data release Outcome Indicator 3: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive 	Output 2: (Cooperation framework provisional output 1.4): Government, including law enforcement agencies and other state institutions develop, implement programmes and mechanisms in the field of human and labour rights and gender equality on the basis of recommendations from UN treaties and ILO supervisory bodies and feedback from civil society, including workers' and employers' organizations, and relevant population groups Output 3: (Cooperation framework provisional output 1.5): Ministries and departments of Turkmenistan have introduced a system for collecting and analysing disaggregated data, taking into account the priorities of state policy and the SDGs for the development of state programmes.	 National Action Plan on Gender Equality 2021-2025 approved and accountability mechanisms operationalized Baseline: No (2020); Target: Yes (2021) Domestic violence law is available with operationalized monitoring framework Baseline: No (2020): Target: Yes (2025) Coordination and referral mechanisms for multisectoral response to gender-based violence in place by 2025 Baseline: No (2020); Target: Yes (2025) Advocacy platform to address discriminatory gender and cultural social norms in place Baseline: No (2020); Target: Yes (2022) Institutional mechanism for the participation of young people, including the marginalized young people, in policy dialogue and programming, including in peacebuilding processes, is in place Baseline: No (2020); Target: Yes (2025) Number of census analysis reports produced and disseminated with support of UNFPA Baseline: 0 (2020); Target: 2 (2025) Number of the UNFPA-prioritized Sustainable Development Goal indicators that are produced domestically Baseline: 8 out of 16⁵ (2020); Target: 16 (2025) Census questionnaire includes questions on disability and migration Baseline (disability): No (2020); Target: Yes (2021) Baseline (migration): No (2020); Target: Yes (2021) 	Ministry of Health and Medical Industry; Ministry of Education; Ministry of Labour and Social Protection; Ministry of Internal Affairs; General prosecutor office; Ministry of Justice; Parliament; Ministry of Sports and Youth Policy; Institute of State, Law and Democracy; UNDP; UNICEF; United Nations Office on Drugs and Crime (UNODC); United Nations Regional Centre for Preventive Diplomacy (UNRCCA); public organizations; mass media; private sector; women, men and young people, people with disabilities; parliamentary regional networks; CIS Statistics	\$2.7 million (\$0.9 million from regular resources and \$1.8 million from other resources

³ (Rating 4-point scale: 4. Fully promote and monitoring framework available; 3. Partially; 2. Inadequately; 1. Not implemented/Poorly implemented.

use and reproductive health

⁴ Expected release of data is January, 2021.

⁵ Since female genital mutilation is not relevant to Turkmenistan, the indicator 5.3.2 was not counted.

care (SDG indicator 5.6.1)		
Baseline: 42.2% (MICS, 2019);		
Target:50% (2025)		
Outcome Indicator 4:		
Percentage of nationalized		
SDG indicators that have		
disaggregated data (where		
relevant) available to report		
(Cooperation Framework		
Indicator 1.3); (SDG 17.18.1)		
Baseline: 50 % (2019);		
Target: 80% (2023)		
Outcome Indicator 5:		
A population and household		
census in Turkmenistan is		
conducted, data is used for		
development of national socio-		
economic programmes and		
strategies (SDG 17.19.2)		
Cooperation Framework		
Indicator 1.4); (SDG Indicator		
17.19.2)		
Baseline: Census, 2012;		
Target: Census, 2022		