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Draft country programme document for Turkmenistan

Proposed UNFPA assistance:	$2.8 million: $2 million from regular resources and $0.8 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2005-2009)
Cycle of assistance:	Second
Category per decision 2000/19:	Country with economy in transition

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.3	0.6	1.9
Population and development strategies	0.5	0.2	0.7
Programme coordination and assistance	0.2	-	0.2
Total	2.0	0.8	2.8

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I. Situation analysis

1. After a brief period of negative economic growth from 1994-1997, Turkmenistan has been experiencing steady positive growth. The population was estimated at 5.37 million in 2001, with an average annual growth rate of 3.3 per cent. This growth rate is high and would indicate a total fertility rate higher than the 2.9 reported in the 2000 demographic and health survey. Life expectancy at birth is relatively low, with significant regional variations. According to United Nations estimates, life expectancy at birth is 64.8 years for females and 57.5 years for males.

2. The United Nations Children's Fund (UNICEF) estimated the maternal mortality ratio at 65 deaths per 100,000 live births in 2000. Ministry of Health statistics, however, report the rate at 52 in 2000, falling to 35.9 in 2002. Similarly, the demographic and health survey estimates the infant mortality rate at 74 deaths per 1,000 live births while official statistics indicate that the rate is 17.7 deaths per 1,000 live births.

3. According to the Millennium Development Goals (MDG) report for Turkmenistan, the major causes of maternal mortality are complications during pregnancy and delivery. The main causes of infant mortality are respiratory diseases, delivery and post-natal complications, and infectious and parasitic diseases. High maternal mortality ratios and infant mortality rates indicate a need to improve the quality of services provided at the primary health-care and referral levels.

4. According to official data, Turkmenistan has a low HIV/AIDS prevalence rate, with only one HIV-positive case and one AIDS-related death reported. Unofficial estimates, however, place the numbers much higher, due to current levels of sexually transmitted infections and the use of injected drugs.

5. The 2000 demographic and health survey results indicated that 41.7 per cent of 15-19 year olds and 29.5 per cent of 20-24 year olds were not aware HIV/AIDS. Improving access to voluntary counselling and testing, providing information on prevention that targets youth and vulnerable groups, and improving the attitudes of medical personnel toward HIV/AIDS are critical challenges.

6. Turkmenistan has almost universal enrolment in basic education, with a net primary enrolment rate of 95.5 per cent for the 7-16 age group. Gender disparity is negligible at the primary level, with girls representing 49.1 per cent of enrolled students. Although an almost equal number of girls and boys attend primary school, and 85 per cent of girls are willing to continue their education, only 32 per cent of students in higher education are girls.

7. The development goals of Turkmenistan are outlined in the socio-economic development strategy for the period up to 2010 and in the economic, political and cultural development strategy for the period up to 2020. Both strategies emphasize improved quality of life by balancing social and economic conditions and population growth.

8. The Government began to reform its health system in 1995. The 2002 law that protects the health of citizens provides a framework to improve reproductive health in conformity with the principles of the International Conference on Population and Development (ICPD). The law underscores the importance of access to maternal health care and to contraceptives; treatment for infertility; and informed consent. It also highlights the reproductive health needs of young people.

9. With regard to contraceptives, which are not procured from the national budget, the 2000 demographic and health survey data indicate that 99 per cent of currently married women are aware of at least one method of contraception; 62 per cent of married women currently use a

method; and 39.2 per cent use a modern method. However, planning, monitoring and reporting the distribution of contraceptives must be strengthened.

10. The Government has indicated that it has achieved two of the MDGs – universal primary education and the eradication of poverty, although independent studies indicate that some gains could still be made in reducing poverty.

II. Past cooperation and lessons learned

11. UNFPA began its support to Turkmenistan in 1992. UNFPA supplied contraceptives, basic medical equipment and training. This assistance continued under a subregional programme for Central Asia from 1995-1999, which aimed to reduce abortion, expand the contraceptive mix and promote informed choice through information, education and communication (IEC) on reproductive health and family planning.

12. The first UNFPA country programme for Turkmenistan (2000-2004) was approved for $5 million: $3.5 million from regular resources and $1.5 million from other resources. Because annual ceilings were limited, actual expenditures were estimated at $2.6 million from regular resources and $1 million from other resources.

13. The country programme sought to strengthen the capacity of national institutions dealing with reproductive health, adolescents and statistical data. The programme supported the adoption of legislation on reproductive health care; strengthened the reproductive health care system by improving the technical capacity of service providers; and established a logistics management system for contraceptive supplies. Advocacy interventions involving youth organizations, women's unions and civil society organizations supported the reproductive health programme.

14. In the area of population and development strategies, UNFPA was successful in providing policy support to the Government as well as technical expertise in demography, statistics and research. UNFPA helped to establish a gender database and a training and research centre. UNFPA also supported the 2004 intercensal survey. The efficiency of public policies and programmes must be improved, however, by building local and national capacity to produce, analyse and use population data.

15. The focus on national execution during the first country programme helped to further strengthen national capacity and ownership. UNFPA established important partnerships with central and local governments, civil society organizations and local non-governmental organizations (NGOs).

16. UNFPA played an active role in coordinating health-related activities with key donors by sharing information and implementing joint projects, such as the project on the health of refugees, undertaken with the United Nations High Commissioner for Refugees and the United States Agency for International Development.

17. Lessons learned include: (a) the importance of cooperation among United Nations organizations, the Government and civil society organizations; and (b) the need for appropriate indicators. Future programmes should make provisions to collect data through baseline surveys and should include monitoring and evaluation tools.

III. Proposed programme

18. The proposed country programme was developed using a participatory approach, involving national stakeholders, the United Nations system and development partners. Its strategies and areas of focus are based on the common country assessment for Turkmenistan. The proposed programme is linked to the priorities of the United Nations Development

Assistance Framework (UNDAF) for Turkmenistan and the UNFPA multi-year funding framework, 2004-2007.

19. The proposed programme, which covers the period 2005-2009, will be the second UNFPA programme of assistance to Turkmenistan. All activities under the programme will be undertaken in accordance with ICPD principles and with respect for human rights. The activities are geared to achieve the development goals of Turkmenistan as outlined in the socio-economic development strategy as well as the economic, political and cultural development strategy. The proposed programme aims to enhance the quality of life of the people of Turkmenistan by improving the quality of and access to reproductive health services.

20. All interventions will be undertaken at the national level by providing policy advice and technical expertise and by strengthening the capacity of relevant national institutions.

21. The country programme will have two components: population and development strategies, and reproductive health. Gender and human rights perspectives will be included in both components. Advocacy will be a cross-cutting strategy. The programme responds to two UNDAF areas of cooperation: (a) basic social services; and (b) the development of economic and social policies and plans.

Population and development strategies component

22. The proposed programme has three outcomes. The first outcome, which falls under the population and development strategies component, is to ensure that the national capacity for data collection, analysis and reporting meets international standards, particularly with regard to socio-economic indicators and population and development indicators. This outcome has two outputs.

23. Output 1: Strengthened national capacity to adopt selected international measurement standards and procedures in reproductive health and in population and development. This output will be achieved by: (a) identifying the priority indicators needed to comply with international standards; and (b) by providing training and technical assistance in applying international methods and procedures to measure these indicators.

24. Output 2: Policy makers and community leaders are better able to identify the interrelationships between population, development, gender and reproductive health. This output will be achieved by: (a) providing support to the Government and civil society, including youth organizations and women's organizations, to build capacity in reproductive health, gender, and population and development; and (b) increasing civil society participation in policy formulation and in implementing national development plans.

Reproductive health component

25. The second outcome of the country programme, which falls under the reproductive health component, is to have more women, men and adolescents use client-oriented reproductive health services and have access to reproductive health-related information at all levels. This outcome has two outputs.

26. Output 1: Reproductive health services adhere to minimum service standards, including the provision of supplies, at all levels. This output will be achieved by: (a) developing client-friendly service guidelines and clinical protocols; (b) strengthening the capacity to apply these guidelines, including introducing quality control measures; (c) improving the logistics management information system to better monitor the delivery and distribution of contraceptives; and (d) supplying key reproductive health commodities.

27. Output 2: Family-life and life skills-based education, as well as other types of health information and education, are integrated into the school curriculum and non-formal settings. This will be achieved by: (a) developing an IEC strategy for reproductive health; (b) introducing family-life education in secondary schools; and (c) providing support to selected NGOs and civil society organizations for reproductive health information and advocacy activities.

28. The third outcome of the country programme, also within the reproductive health component, is as follows: safer behaviour to prevent HIV/AIDS is adopted by youth, adolescents, refugees and other vulnerable groups. This outcome will be achieved jointly with other United Nations agencies and organizations. One output will contribute to this outcome.

29. Output 1: Service providers are better able to provide information, medical services and counselling on HIV/AIDS prevention, particularly in mother and child health centres, reproductive health facilities and NGO centres. This will be achieved by training service providers and by creating public awareness, particularly among youth.

IV. Programme management, monitoring and evaluation

30. The programme will be implemented in close cooperation with other United Nations agencies and development partners in the context of the UNDAF, using national execution modalities. The Government and the UNFPA country office, together with their implementing partners, will manage and coordinate the programme. UNFPA and the Government will organize an annual programme review to assess progress. A final evaluation of the programme will be conducted in 2009.

31. The UNFPA country office in Turkmenistan consists of a non-resident UNFPA Country Director based in Tashkent, Uzbekistan; an Assistant Representative; an administrative and finance associate; and a secretary. Programme funds will be earmarked for one national programme post and two support posts, as per the approved country office typology. National project personnel will be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Bratislava, Slovakia, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR TURKMENISTAN

Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Role of partners**	**Indicative resources by programme component**
National priority: achieving the level of developed countries and preserving economic independence (as contained in the economic, political and cultural development strategy for the period up to 2020) **UNDAF outcome: by the end of 2009, policies to promote social well-being and human security are strengthened and expanded in accordance with national goals and national MDGs**				
Population and development strategies	Outcome: Ensure that the national capacity for data collection, analysis and reporting meets international standards, particularly with regard to socio-economic indicators and population and development indicators Outcome indicators: • Sex-and age-disaggregated data are regularly updated and used to monitor national development plans • Civil society partnership to promote gender equity and equality, reproductive health and reproductive rights established	Output 1**:** Strengthened national capacity to adopt selected international measurement standards and procedures in reproductive health and in population and development Output indicator: Number of national indicators calculated in accordance with international measurement standards Output 2: Policy makers and community leaders are better able to identify the interrelationships between population, development, gender and reproductive health Output indicators: • Number of policy makers aware of the interrelationships between reproductive health, gender, population and development • Number of civic and community leaders knowledgeable about the interrelationships between reproductive health, gender, population and development	• National institute of statistics and information; women's union; youth organization; local registered NGOs and other civil society groups • UNDP	Regular resources: $0.5 million Other resources**:** $0.2 million
National priority: new standards of well-being of the people will be created, based on a national system of free education and health care **UNDAF outcome: by the end of 2009, user-friendly and sustainable health care and nutrition services are provided in compliance with international standards at national and subnational levels**				
Reproductive health	Outcome**:** More women, men and adolescents use client-oriented reproductive health services and have access to reproductive health-related information at all levels	Output 1**:** Reproductive health services adhere to minimum service standards, including the provision of supplies, at all levels Output indicators: • Number of centres operating according to client-friendly service guidelines • Percentage of clients expressing satisfaction with the services provided • Percentage of service providers following minimum service standards	• Ministry of Health; Ministry of Education; youth organization; women's union; local registered NGOs and other civil society groups	Regular resources: $1 million

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
	Outcome indicators: • Quality of care significantly improved in at least 70% of service delivery points • Contraceptive usage follows clinical protocols in 90% of cases	Output 2: Family-life and life skills-based education, as well as other types of health information, are integrated into the school curriculum and non-formal settings Output indicators: • Number of national schools providing family- life education • Number of information resource centres providing reproductive health information at institutions of higher education • Number of civil society organizations disseminating relevant IEC materials • Number of hours devoted to reproductive health-related information in the mass media	• World Health Organization • UNICEF	Other resources: $0.6 million
Reproductive health	Outcome: Safer behaviour to prevent HIV/AIDS is adopted by youth, adolescents, refugees and other vulnerable groups Outcome indicator: • Comprehensive and correct knowledge of HIV/AIDS increased by 90% among the population aged 15-24 years living in urban and rural areas Baseline: 2000 demographic and health survey	Output 1: Service providers are better able to provide information, medical services and counselling on HIV/AIDS prevention, particularly in mother and child health centres, reproductive health facilities and in NGO centres Output indicators: • Percentage of young people demonstrating a comprehensive and correct knowledge of HIV/AIDS prevention • Percentage of women demonstrating a comprehensive and correct knowledge of HIV/AIDS prevention	• Joint United Nations Programme on HIV/AIDS	Regular resources: $0.3 million Programme coordination and assistance: $0.2 million from regular resources