



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Final country programme document for Turkmenistan

Proposed indicative UNFPA assistance: \$6.2 million: \$4.4 million from regular resources and \$1.8 million through co-financing modalities and/or other including regular resources.

Programme period: Six years (2010-2015)

Cycle of assistance: Third

Category per decision 2007/42: B

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

	Regular resources	Other	Total
Reproductive health and rights	2.1	1.2	3.3
Population and development	0.9	0.3	1.2
Gender equality	1.1	0.3	1.4
Programme coordination and assistance	0.3	-	0.3
Total	4.4	1.8	6.2

I. Situation analysis

1. The population of Turkmenistan was 6.9 million in 2007. Fifty-three per cent of the population lives in rural areas. The average life expectancy is 69 years. One third of the population is younger than 15 years.

2. In recent years, Turkmenistan has experienced impressive economic growth, largely as a result of high international energy prices. Nevertheless, income inequalities and subregional social disparities exist. The financial crisis of 2008-2009 is likely to adversely affect the economy over the next few years. Global climate change may result in increasing desertification and place pressure on scarce water resources.

3. The total fertility rate is 2.8 births per woman, which is above replacement level. The contraceptive prevalence rate was 35 per cent in 2007. Two thirds of women using contraceptives choose intrauterine devices. Despite the inclusion of some contraceptives on the essential drug list, the unmet need for contraceptives was 24 per cent in 2000.

4. Turkmenistan has a low HIV prevalence rate, although conditions exist for a potential increase. These include the incidence of other sexually transmitted infections and intravenous drug use, and the low awareness (9 per cent) among youth about how to prevent HIV infection.

5. National legislation guarantees the right to health care. The national health programme, the national safe motherhood programme, the reproductive health strategy and other national plans are implementing ongoing health-care reforms. Strengthening the skills of health workers on a regular basis is a priority. Challenges exist regarding the availability of modern health infrastructures, including laboratories, equipment and essential reproductive health commodities. A comprehensive monitoring system for reproductive and maternal health care is also needed.

6. Turkmenistan has experienced numerous changes since early 2007, when the new president

introduced the economic and social reform agenda known as the 'new revival'. However, there is still a need for more reforms in the civil society and media sectors.

7. Despite efforts to improve the availability and reliability of national statistics, problems exist. The Government is planning a national population and housing census for 2012.

8. Women are guaranteed political, economic, social and cultural rights and freedoms under the law. Although women have important roles in decision-making, stereotypes persist regarding marriage and motherhood.

II. Past cooperation and lessons learned

9. UNFPA support to Turkmenistan began in 1992 with the provision of contraceptives, medical equipment and training for health-care providers. From 1995 to 1999, UNFPA provided assistance through its Central Asian subregional programme. The first UNFPA country programme (2000-2004) provided \$3.5 million in assistance from regular resources. It strengthened the capacity of national institutions in the areas of reproductive health, adolescent health and statistical data.

10. The second country programme (2005-2009) sought to ensure that reproductive health care was gender-sensitive and client-centred. Activities included: (a) supporting the adoption of legislation on reproductive health care; (b) strengthening the reproductive health-care system by improving the technical capacity of service providers; (c) establishing a contraceptive logistics management system; and (d) supporting advocacy on reproductive health issues in women's organizations, youth organizations and other civil society organizations.

11. UNFPA provided technical expertise to the State Committee for Statistics to improve vital registration and data collection. UNFPA also supported the 2006 multiple indicator cluster survey.

12. Programme achievements included increased acknowledgement that reproductive health and rights and gender issues play important roles in national

development. Nevertheless, there is a need to ensure that these rights are implemented. The programme was instrumental in formulating the government strategy to achieve the Millennium Development Goals.

13. Lessons learned included the need to: (a) concentrate efforts on improving the quality of reproductive health care, including at the primary health-care level; (b) emphasize capacity development among service providers to broaden coverage and access; (c) support the reproductive health commodity logistics management information system; (d) increase awareness of reproductive health issues, particularly among young people; and (e) strengthen the national capacity to formulate population and development policies. The country programme action plan will incorporate these lessons.

III. Proposed programme

14. The proposed programme contributes to the national priorities of the strategy for economic, political and cultural development to 2020. The programme is aligned with the priorities of the 'new revival' economic and social reform agenda; the Millennium Development Goals; the UNFPA strategic plan, 2008-2011; and the common country assessment, 2008. UNFPA and the Government will mainstream humanitarian and regional security risks into the programme, including risks related to the global economic crisis, the environment and water and food security. The programme will strengthen institutional and human capacity to provide high-quality and sustainable reproductive health care to vulnerable groups. It will enhance the capacity of policymakers to develop evidence-based policies and plans. It will also work with government officials and beneficiaries to improve awareness of reproductive rights and gender equality and to implement mechanisms that protect human rights.

15. The programme contributes to all four outcomes of the United Nations Development Assistance Framework (UNDAF): (a) strengthening democratization and the rule of law; (b) strengthening human development to achieve the Millennium Development Goals; (c) improving

sustainable development and inclusive growth; and (d) promoting peace and security. The country programme outcomes and outputs derive from the UNDAF. UNFPA has modified slightly the outputs so that they are specific to UNFPA.

Reproductive health and rights component

16. The reproductive health component has two outcomes: (a) more people, particularly women and young people in rural areas, receive high-quality primary health-care services from national and local authorities, in accordance with international standards; and (b) local communities and national and local authorities are more effective in planning for, responding to, and mitigating the consequences of natural and man-made disasters, with regional cooperation established between relevant national agencies and their counterparts. The outputs below contribute to reproductive health and rights outcomes 2, 4 and 1, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

17. Output 1: Strengthened quality of reproductive health care, including the prevention of HIV and AIDS and other sexually transmitted infections. The Government will implement the programme in line with the updated national reproductive health strategy. Activities will include: (a) revising reproductive health protocols, including those on maternal health, family planning, and the prevention and treatment of sexually transmitted diseases and HIV and AIDS; (b) expanding reproductive health training programmes in selected geographical areas to ensure that the knowledge and skills of existing and new service providers are adequate; (c) revising reproductive health curricula at health educational institutions and strengthening the capacity of teaching staff on international standards in the area of reproductive health, including safe motherhood, family planning, sexually transmitted diseases, and HIV and AIDS; (d) developing the capacity of health managers in the area of quality assurance; (e) expanding the contraceptive logistics management and information system; (f) training staff in health information technology; (g) procuring contraceptives and other reproductive health commodities, as well as essential equipment and

supplies, including laboratory tests; and (h) establishing and improving youth-friendly reproductive health services, particularly in remote areas.

18. Output 2: Improved access to information to increase knowledge, skills and healthy behaviour on reproductive health, including the prevention of HIV and AIDS and other sexually transmitted infections, among vulnerable groups, including young people. This will be achieved by: (a) making information on reproductive rights and care and counselling more widely available, especially among youth and vulnerable people; (b) using effective ways to disseminate messages on reproductive health; and (c) organizing information, education and communication campaigns with the participation of young people and the use of culturally sensitive approaches.

19. Output 3: An emergency reproductive health-care package is developed for inclusion in a national emergency preparedness plan. This will be achieved by working with the United Nations Regional Centre for Preventive Diplomacy for Central Asia and other United Nations organizations. Activities will include: (a) developing an emergency reproductive health-care package as part of the national emergency preparedness plan; (b) contributing to regional and national policy mechanisms to address natural and manmade disasters; (c) designating institutions for emergency preparedness; (d) carrying out campaigns to improve the awareness of the population on mitigating, and adapting to, the impact of natural and manmade disasters; and (e) developing capacity in emergency preparedness by training planners and reproductive health workers designated to respond to such emergencies.

Population and development component

20. This component has one outcome: population dynamics and its linkages with gender equality and reproductive health are incorporated in public policies and national development plans. The outputs below contribute to population and development outcomes 1 and 3, respectively, of the UNFPA strategic plan, 2008-2011 (DP/UNFPA/2007/17).

21. Output 1: National and local authorities are better able to plan, monitor, report and evaluate national development priorities based on population trends and information. Key activities will include: (a) advocating the establishment of a national council or committee to coordinate population and development issues; (b) supporting the development of the national population strategy; (c) strengthening national capacity for using population trends in developing plans and evaluating their implementation; (d) organizing training and awareness-raising events on population issues with national and local authorities and the media; (e) providing technical assistance to statistical and other national institutions; and (f) developing national capacity to use new tools for effective planning, monitoring and evaluation of development plans.

22. Output 2: Government and strategic institutions ensure evidence-based national policy development, based on reliable and disaggregated data that meet international standards. This will be achieved by: (a) strengthening capacity in data collection and analysis, including the design and implementation of surveys and research, emphasizing gender, regional and socio-economic disaggregated data; (b) providing technical support for planning, implementing and disseminating the results of the 2012 national population and housing census; (c) improving the national capacity to analyse population trends for planning; and (d) supporting measures that align the vital registration and health statistics systems with international standards, in cooperation with other international organizations with experience in this area.

Gender equality component

23. This component has two outcomes: (a) government authorities establish and implement mechanisms to protect and promote rights and freedoms in Turkmenistan; and (b) national and local authorities create equal opportunities for all people to receive continuous, high-quality education at all levels. The outputs below contribute to gender equality outcomes 1 and 2, respectively, of the UNFPA strategic plan, 2008-2011 (DP/FPA/2007/17).

24. Output 1: Strengthened systems and mechanisms to protect reproductive rights and

gender equality. This will be achieved by: (a) reviewing national legislation in light of international standards and agreements, including the International Conference on Population and Development; the Beijing Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women; (b) strengthening the technical capacity of national experts, policymakers, decision makers and civic organizations to incorporate gender equality and human rights principles, particularly reproductive rights, in legislation; (c) providing technical assistance to review normative regulations on gender equality and reproductive health and rights; (d) facilitating public awareness campaigns; (e) strengthening the capacity of government institutions, the judiciary and civil society organizations to implement and monitor human rights; (f) providing technical assistance to strengthen systems that protect human rights; and (g) supporting the government inter-ministerial commission on treaty bodies in advocating reproductive health and rights and gender equality.

25. Output 2: Improved awareness of human rights issues through expanded access to information and through the integration of gender equality and human rights issues, including reproductive rights, into educational curricula, textbooks and teacher training. Activities will include: (a) strengthening the ability of the mass media to report objectively on issues related to gender equality, reproductive health and reproductive rights; (b) building the capacity of the mass media concerning human rights; (c) using the mass media to promote issues related to reproductive health and rights, gender equality and the empowerment of women; (d) providing technical support to the Ministry of Education, medical faculties and training institutions in developing curricula for the uniformed services; (e) revising educational materials to include gender equality and reproductive health and rights issues; and (f) strengthening the capacity of teachers and trainers to teach life skills and gender equality and human rights issues.

IV. Programme management, monitoring and evaluation

26. The Ministry of Foreign Affairs will coordinate the programme, which will be nationally executed. UNFPA will collaborate with several government bodies in implementing the programme, including the Ministries of Culture; Defence; Economy and Development; Education; Health and Medical Industry; and Internal Affairs. Other partners will include the *Medjlis* (parliament), the Inter-agency Coordination Committee on HIV/AIDS, local authorities and community groups; organizations for people with disabilities, the Youth Union, the Women's Union, the State Committee for Statistics, the National Institute of Democracy and Human Rights, and the Institute of Strategic Planning and Economic Development. The programme will also involve the media and civil society organizations, in particular, youth groups and women's groups.

27. The programme will develop a monitoring and evaluation plan, aligned with the UNFPA strategic plan, 2008-2011, the UNDAF, and the priorities of the 'new revival' economic and social reform agenda. UNFPA, the Government and partner organizations will conduct joint monitoring, reviews and evaluations, using participatory methods that involve local partners. UNFPA will track programme indicators and help to monitor and evaluate UNDAF outcomes. The programme will consolidate partnerships with donors, harness additional resources from international and bilateral agencies, and seek opportunities for joint programming with other United Nations organizations. UNFPA and the Government will organize annual programme reviews and the final programme evaluation in accordance with UNDAF schedules.

28. The country office in Turkmenistan consists of a non-resident UNFPA country director based in Uzbekistan, an assistant representative and one support staff. UNFPA will earmark programme funds for one national programme officer and one support staff, within the framework of the approved country office typology. UNFPA will obtain technical expertise from national and international consultants. The UNFPA regional office and the subregional office in Almaty, Kazakhstan, will provide integrated technical and programme assistance.

RESULTS AND RESOURCES FRAMEWORK FOR TURKMENISTAN

<p>National priority: (a) free education and health services for all; (b) sustainable natural growth; (c) decreased mortality, especially infant and maternal mortality; (d) increased life expectancy; and (e) social protection for citizens UNDAF outcomes: by 2015: (a) human resources are developed to achieve sustained socio-economic development; and (b) peace and security for the people of Turkmenistan, in both the national and Central Asian contexts, are ensured in accordance with international standards Note: Key results and indicators are summarized below. UNFPA and the Government will establish remaining indicators, baselines and targets during the first year of programme implementation.</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome:</u> More people, particularly women and young people in rural areas, receive high-quality primary health-care services from national and local authorities, in accordance with international standards <u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ● Modern contraceptive prevalence rate Baseline: 35 per cent; Target: 45 per cent ● Percentage of births managed according to World Health Organization (WHO) standards Baseline: 61 per cent; Target: 95 per cent <p><u>Outcome:</u> Local communities and national and local authorities are more effective in planning for, responding to, and mitigating the consequences of natural and man-made disasters, with regional cooperation established between relevant national agencies and their counterparts <u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ● Risk assessment and hazard mapping research undertaken in selected districts Target: at least five ● Number of disaster preparedness and response plans developed with the participation of local governments 	<p><u>Output 1:</u> Strengthened quality of reproductive health care, including the prevention of HIV and AIDS and other sexually transmitted infections <u>Output indicators:</u></p> <ul style="list-style-type: none"> ● Number of reproductive health policies and protocols approved ● National plan on monitoring and evaluating HIV/AIDS programme is in place Target: national plan in place ● Adapted and introduced protocols for youth-friendly health services Target: at least three protocols ● Percentage of reproductive health and primary health-care facilities using computerized reproductive health commodity security logistics management information system Target: 70 per cent <p><u>Output 2:</u> Improved access to information to increase knowledge, skills and healthy behaviour on reproductive health, including the prevention of HIV and AIDS and other sexually transmitted infections, among vulnerable groups, including young people <u>Output indicators:</u></p> <ul style="list-style-type: none"> ● Increased knowledge of HIV and AIDS among young people aged 15-24 living in urban and rural areas ● Number of information, education and communication materials disseminated to the target population <p><u>Output 3:</u> An emergency reproductive health-care package is developed for inclusion in a national emergency preparedness plan <u>Output indicator:</u></p> <ul style="list-style-type: none"> ● Availability of emergency reproductive health-care package Baseline: emergency reproductive health care package not available; Target: emergency reproductive health care package of services is available 	<p>Cabinet of Ministers; <i>Medjlis</i>; Ministries of: Defence; Education, Health and Medical Industry; Justice; Interior; and National Security</p> <p>Inter-agency Coordination Committee on HIV/AIDS; National Institute of Democracy and Human Rights; National Institute of Education; Youth Union; Women's Union</p> <p>United Nations Regional Centre for Preventive Diplomacy for Central Asia</p> <p>Local authorities and community groups; non-governmental organizations</p>	<p>\$3.3 million (\$2.1 million from regular resources and \$1.2 million from other resources)</p>
<p>National priority: (a) a fast-growing, powerful nation; (b) socio-economic development; and (c) improved living standards of the population UNDAF outcomes: by 2015: (a) rights and freedoms are respected and guaranteed in accordance with international human rights standards as well as the principles of democracy and the rule of law; (b) human resources are developed to achieve sustained socio-economic development; (c) the system of environmentally sustainable economic management expands opportunities for people to participate in social and economic development, especially in rural areas; and (d) peace and security for the people of Turkmenistan, in both the national and Central Asian contexts, are ensured in accordance with international standards</p>				

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: Population dynamics and its linkages with gender equality and reproductive health are incorporated in public policies and national development plans</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • 2012 population census is completed and preliminary tabulations are available to planners by the end of 2013 <p>Target: 2012 preliminary tabulations available by mid-2013</p>	<p>Output 1: National and local authorities are better able to plan, monitor, report and evaluate national development priorities based on population trends and information</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of government development plans and strategies based on up-to-date population and reproductive health information <p>Target: at least five</p> <ul style="list-style-type: none"> • Milestones of population strategy development <p>Target: prepared and available</p> <p>Output 2: Government and strategic institutions ensure evidence-based national policy development, based on reliable and disaggregated data that meet international standards</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of studies or policy papers prepared based on population trends. Target: At least three • Number of statisticians and planners trained in new methodologies and tools for conducting research and surveys 	<p>Cabinet of Ministers; <i>Medjlis</i>; Ministries of: Economy and Development; Health and Medical Industry; Social Welfare</p> <p>Institute of Strategic Planning and Economic Development; State Statistics Committee; local authorities</p>	<p>\$1.2 million (\$0.9 million from regular resources and \$0.3 million from other resources)</p>
<p>National priority: (a) a fast-growing, powerful nation; (b) socio-economic development; and (c) improved living standards</p> <p>UNDAF outcomes: by 2015: (a) rights and freedoms in Turkmenistan are respected and guaranteed in accordance with international human rights standards as well as the principles of democracy and the rule of law; and (b) human resources are developed to achieve sustained socio-economic development</p>				
Gender equality	<p>Outcome: Government authorities establish and implement mechanisms to protect and promote rights and freedoms in Turkmenistan</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Institutional mechanisms for monitoring the human rights situation in Turkmenistan are established and operational <p>Outcome: National and local authorities create equal opportunities for all people to receive continuous, high-quality education at all levels</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Protocols, criteria, standards and resource materials on reproductive rights and gender equality are used in schools 	<p>Output 1: Strengthened systems and mechanisms to protect reproductive rights and gender equality</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of national laws, policies and reports that include gender equality and reproductive rights issues. Target: At least three • Number of judges, prosecutors and police trained to protect gender equality and reproductive rights. Target: At least 50 <p>Output 2: Improved awareness of human rights issues through expanded access to information and through the integration of gender equality and human rights issues, including reproductive rights, into educational curricula, textbooks and teacher training</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of judges, prosecutors and police familiar with international standards and good practices regarding gender equality and reproductive rights • Percentage of educational institutions offering sexual and reproductive health, including HIV-based education • Percentage of teachers and trainers trained on reproductive rights, gender equality and reproductive health, including education on HIV 	<p>Cabinet of Ministers; National Institute of Democracy and Human Rights; <i>Medjlis</i>; Ministries of: Culture; Education; Health and Medical Industry; Internal Affairs; Justice; local authorities; State Committee for Statistics; Women's Union; Youth Union; European Union; Organization for Security and Cooperation in Europe; German Society for Technical Cooperation; Governments of the United Kingdom and the United States</p>	<p>\$1.4 million (\$1.1 million from regular resources and \$0.3 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>