



**The Government of Turkmenistan
and the United Nations Population Fund (UNFPA)**

**Country Programme Action Plan
2010-2015**

Ashgabat, 2010

TABLE OF CONTENTS

ABBREVIATIONS	3
THE FRAMEWORK.....	4
PART I. BASIS FOR THE RELATIONSHIP AND LEGAL CONTEXT	4
PART II. BACKGROUND FOR COOPERATION.....	4
PART III. PAST COOPERATION AND LESSONS LEARNT	5
PART IV. PROPOSED PROGRAMME.....	7
PART V. PARTNERSHIP STRATEGY	13
PART VI. PROGRAMME MANAGEMENT.....	15
PART VII. MONITORING AND EVALUATION.....	16
PART VIII COMMITMENTS OF UNFPA	16
PART IX COMMITMENTS OF GOVERNMENT OF TURKMENISTAN	17
PART X. OTHER PROVISIONS.....	17
ANNEX I. CPAP Results and Resources Framework	19
ANNEX II. The CPAP Planning and Tracking Tool.....	24
ANNEX III. The CPAP Monitoring and Evaluation Calendar.....	32

ABBREVIATIONS

ARH	Adolescents Reproductive Health
AWP	Annual Work Plan
CCA	Common Country Assessment
CEDAW	United Nations Convention on Elimination of Discrimination against Women
CIS	Commonwealth of Independent States
CPAP	Country Programme Action Plan
DEVINFO	Software
EU	European Union
EU-TACIS	European Union-Technical Assistance for CIS
FLE	Family Life Education
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus/Acute Immune Deficiency Syndrome
ICPD	International Conference of Population and Development
ICPD AP	Action Plan of the International Conference on Population and Development
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoE	Ministry of Education
MoH&MI	Ministry of Health and Medical Industry
NGO	Non-governmental Organization
OSCE	Organization for Security and Cooperation in Europe
P&D	Population and Development
P&D	Population and Development
PCM	Programme Component Manager
RBM	Results Based Management
RH	Reproductive Health
RR	Reproductive Rights
SBAA	Standard Basic Assistance Agreement of UNDP
SP	Strategic Planning of UNFPA for 2008-2011
SSC	State Statistics Committee of Turkmenistan
STI	Sexually-Transmitted Infection
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WU	Women's Union of Turkmenistan
YO	Youth Organization of Turkmenistan named after Magtymguly

THE FRAMEWORK

The Government of Turkmenistan and the United Nations Population Fund (UNFPA) in Turkmenistan are in mutual agreement to the content of this Country Programme Action Plan (CPAP) document, and their responsibilities in the implementation of the country programme.

Furthering their mutual agreement and cooperation for the realization of the Millennium Development Goals (MDGs) and the United Nations Conventions and Summits to which the Government of Turkmenistan is committed¹.

Building upon the experience gained and progress made during the implementation of the previous programme cooperation (2005-2009);

Entering into a new period of cooperation (2010-2015);

Declaring that responsibilities will be fulfilled in a spirit of friendly cooperation, the Government of the Turkmenistan and United Nations Population Fund *has agreed as follows*:

PART I. BASIS FOR THE RELATIONSHIP AND LEGAL CONTEXT

1. The relationship between the Government of Turkmenistan (hereinafter referred to as “the Government”) and the United Nations Population Fund (hereinafter referred to as UNFPA) is governed by the Standard Basic Assistance Agreement signed by Government and UNDP on 5th October 1993.
2. The Government and UNFPA are in mutual agreement to the content of this Country Programme Action Plan (CPAP) and to their responsibilities for the implementation of the Country Programme.
3. Furthering their mutual agreement and cooperation for the fulfillment of the MDGs, PoA-ICPD and building upon the experience gained and progress made during previous Programme of Cooperation, the Government and UNFPA have entered into a new period of cooperation from 2010 to 2015.

PART II. BACKGROUND FOR COOPERATION

4. Following its independence in 1991, the Republic of Turkmenistan embarked on a simultaneous transition toward a market economy, as well as toward a new state structure with a presidential system. 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.
5. The total fertility rate is 2.5² births per woman, which is above replacement level. The contraceptive prevalence rate was 35 per cent in 2007³. Two thirds of women using contraceptives choose

¹ Key international conventions include The International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights, The Convention on the Elimination of all forms of Discrimination against Women (CEDAW, 1979), The Convention on the Rights of the Child, and The Conventions on Climate Change and Biodiversity. Conferences include: the World Conference on Human Rights (1993), The Millennium Summit (2000), The World Food Summit, A World Fit for Children, the World Summit for Sustainable Development, and the Programme of Action of the International Conference on Population and Development (PoA-ICPD), the fourth International Conference on Women (1995), the UN General Assembly Special Session on HIV/ AIDS (2001).

intrauterine devices. Despite the inclusion of some contraceptives on the essential drug list in 2007, the unmet need for contraceptives was around 11 per cent in 2000⁴.

6. 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.
7. 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 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.
8. 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.
9. Despite efforts to improve the availability and reliability of national statistics, the necessity to provide substantial support on its further development and improvement still exist. The Government is planning a national population and housing census for 2012.
10. Women are guaranteed political, economic, social and cultural rights and freedoms under the law. Although women have important roles in decision-making, necessity to empower them still exists.
11. By deploying its combined resources, the United Nations System is well placed to assist the Government in addressing human development challenges and reaching the national Millennium Development Goal targets and other national goals, such as those identified in the Strategy of Economic, Political and Cultural Development of Turkmenistan up to 2020.
12. The United Nations Country Team has taken a pragmatic approach that emphasizes increasing Government capacities for assessment and analysis of the country's development situation, as well as increasing its ability to set policy priorities. In order to achieve those priorities, a rights-based approach to programming— bringing human rights standards and values to the core of everything the United Nations does – offers a critical opportunity to empower people, to prevent discrimination and to improve the system of accountability. This CPAP focuses on the four priority areas identified in the UNDAF and supports Turkmenistan's efforts towards the achievement of the Millennium Development Goals and Nationalized MDG targets. It also complements the efforts of other UN agencies in the country aimed at achieving of the objectives of the relevant United Nations Conventions and Summits to which the Government of Turkmenistan is committed.

PART III. PAST COOPERATION AND LESSONS LEARNT

13. 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.
14. 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

² State Statistics Committee of Turkmenistan, 2009

³ Ministry of health and medical industry of Turkmenistan, 2008

⁴ United Nations Department of Economic and Social Affairs, Population Division, 2007

technical capacity of service providers in family planning, safemotherhood and STI and HIV/AIDS prevention areas with special emphasis on capacity development at primary health care level of family physicians and midwives in reproductive health and safe motherhood; (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.

15. UNFPA provided technical expertise to the State Statistics Committee to improve vital registration and data collection. UNFPA also supported the 2006 multiple indicator cluster survey conducted by UNICEF.
16. Programme achievements included increased acknowledgement that reproductive health and rights and gender issues play important roles in national development. Programme provided technical expertise to address on satisfactory manner CEDAW Concluding Observations and final recommendations, with particular emphasis to include reproductive health and rights into the next national periodic report and ensure that provisions of CEDAW articles are included in the national legislation. Best practices in national gender policy development were shared at the international conference organized by the Government of Turkmenistan with support of UNFPA and recommendations on improvement of gender equality and women empowerment with particular emphasis to their reproductive health and rights were developed. Nevertheless, there is a need to ensure that reproductive rights are implemented. The programme was instrumental in formulating the government strategy to achieve the Millennium Development Goals.
17. The focus on national execution during the first and second country programmes 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).
18. 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 improvement of quality of reproductive health and social services for refugees and host communities, undertaken jointly with UNCHR.
19. 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 to reproductive health services; (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.
20. Evaluation of the Second UNFPA Country Programme in 2009 found that CP has been implemented very successfully and has achieved wide involvement, understanding and respect for issues in Turkmenistan central to UNFPA's mandate. This CP and three Sub-programmes have been clearly based on the needs of the country as articulated in the Country Assessment (2008) and have taken into account the success of previous UNFPA support and areas needing further strengthening.
21. The 2009 Country Programme Evaluation showed that the UNFPA Country Office jointly with the Government has established a good, functioning network with major international and national partners in population and reproductive health in the country. The national counterparts met during the evaluation were aware of the importance of these issues and their acceptance was largely due to effective networking and partnering facilitated by the UNFPA Country Office.
22. The evaluators strongly emphasized that one area that needs improvement in the next Country Programme is the key monitoring and evaluation activities to be used at annual country programme reviews that provide an occasion to take stock of overall progress achieved and identify adjustments to be made in expected programme results and strategies. Much more attention should be given to monitoring and record keeping, including data collection.

23. The need for building national technical capacity in the area of PDS remains highest priority. Support to develop and strengthen national capacity through medium and long-term training and build institutional capacity for training and research on population and development is crucial for incorporating population and gender concerns in planning and programme development.
24. More detailed evaluation recommendations related with RH, PDS, Gender and Advocacy have been included into the relevant outputs and outcomes of the current CPAP.

PART IV. PROPOSED PROGRAMME

25. The proposed programme contributes to the national priorities of the strategy for economic, political and cultural development up 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 2008-2013; 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 regularly 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 on the basis of demographic trends, population dynamic and forecasts. 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. UNFPA will focus on advancing country-wide established system of reproductive health centres and advocate with the Government for its commitment to improve primary health care infrastructure to ensure easy access to health services, commodities and facilities in rural areas.
26. 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 slightly modified the outputs so that they are specific to UNFPA’s mandate and in line with the 2008- 2013 Strategic Plan.

Reproductive health and rights component

27. 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 2008-2013 (DP/FPA/2007/17).
28. 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. The following strategies will be employed in order to achieve this output:
29. Introduction on the larger scale and further development of evidence based standards and protocols, including those on maternal health, perinatal and antenatal care, family planning, and prevention and treatment of sexually transmitted diseases and HIV and AIDS:
30. UNFPA jointly with WHO will support implementation of national guidelines and protocols in the areas of reproductive health, management of complicated deliveries, safe motherhood, including

perinatal and antenatal care and their regular update or revision in accordance with new standards and requirements;

31. UNFPA will facilitate the approval of the National Screening programme on Cervical Cancer prevention and jointly with WHO support its implementation through capacity building of OB/GYNs and laboratory technicians on pap smear, development of national guidelines on cervical cancer prevention and conducting assessment of the impact of interventions in this area. UNFPA will also make resource mobilization efforts to expand its support in breast cancer prevention area;
32. Support to MOH will be continued in finalisation of the Reproductive Health Strategy's revision for the period of 2010-2020 and its implementation;
33. UNFPA in cooperation with WHO will continue its efforts in advocating with MOH to introduce confidential review of maternal mortality and near miss analysis in the frameworks of Beyond the Numbers. Experience exchange with countries that introduced this concept will be facilitated;
34. The programme will work on strengthening capacity of existing and new health service providers in the reproductive health, safe motherhood, antenatal and prenatal care and prevention and treatment of STI and HIV/AIDS by expanding reproductive health training programmes in selected geographical areas to ensure that the knowledge and skills of existing and new service providers are adequate; 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; and developing the capacity of health managers in the area of quality assurance;
35. UNFPA under leadership of UNAIDS will contribute to the introduction of monitoring and evaluation system of HIV/AIDS programme by assisting the Government in development and implementation of the national plan for HIV/AIDS programme monitoring and evaluation, introducing monitoring and evaluation tools, supporting the development of checklists and questionnaires and developing the national capacity to monitor HIV/AIDS programme implementation;
36. UNFPA will continue to provide trainings on Effective Perinatal Care for obstetricians/gynaecologists, neonatologists and midwives in maternity hospitals at all levels with participation of national trainers and will support experience and best practices exchange in this area within the region;
37. In cooperation with WHO and using the newly developed tool of WHO Euro, UNFPA will strengthen the national capacity in conducting an assessment of quality of prenatal care at all levels of health care system;
38. UNFPA will strengthen its ties with the Ministry of health and medical industry and UNDP in supporting the core national counterparts in making available reproductive health services, counseling including the prevention of HIV and AIDS and other sexually transmitted infections for sex-workers.
39. *Strengthening Reproductive health Commodity Security system nationwide:*
40. UNFPA will continue assisting in maintenance country-wide well established paper-based logistics management system with gradual introduction Channel software system for improvement the management of the contraceptive logistics system, condom provision, distribution and timely re-distribution system on the basis of needs and reporting;
41. Training of staff in new tools, technologies and software for improvement of maintenance, reporting, costing, distribution and forecast of contraceptive logistics management system will be provided. Experience exchange with countries that are advanced in this area will be facilitated;

42. UNFPA will continue strengthening the reproductive health commodity security system by procuring contraceptives and other reproductive health commodities, as well as essential equipment and supplies including laboratory tests;
43. UNFPA will continue mobilizing resources via Trust Fund to procure contraceptives in accordance with country needs;
44. Establishing and improving youth-friendly reproductive health services, particularly in remote areas:
45. UNFPA will cooperate with its partners to establish youth-friendly clinics in pilot regions;
46. UNFPA will support the Ministry of health and medical industry in developing and introducing on a large scale evidence-based protocols for youth-friendly health services;
47. The programme will work on developing national capacity of health care providers in adolescents reproductive health to provide youth-friendly services;
48. UNFPA will facilitate the expansion down to the regional level of hot-lines for young people;
49. The programme envisions establishment of the Y-Peer centres for young people with provision of psychologist, legal and RH services in all regions of the country and obtaining knowledge on best practices of similar initiatives in other countries;
50. Output 2: Improved access to information to increase knowledge, skills and healthy behavior on reproductive health, including the prevention of HIV and AIDS and other sexually transmitted infections, among vulnerable groups, including young people. The programme will utilize the following strategies to obtain this output:
51. Making information on reproductive health, rights and care and counseling on family planning, the prevention of STI and HIV/AIDS more widely available, especially among youth and vulnerable people:
52. UNFPA will work with MOH, Ministry of Education, UN agencies, civil society organizations and other key players on unifying the BCC strategies on ASRH to ensure that each campaign covers one specific topic and follows the principle “One message – one campaign”. This will allow for multiple partners to expand the size of the target audiences covered by each campaign and avoid confusing the audiences by providing clear and concise information on the ASRH issues in a consolidated manner;
53. The programme will continue working on development and distribution of relevant information materials on reproductive health, including the prevention of HIV and AIDS and other sexually transmitted infections for various target audiences. The materials will be developed based on the needs assessment of various population groups and will also play significant role in advocating for ASRH issues among decision-makers;
54. The programme will support conducting research aiming at: a) identifying what communication interventions should be undertaken in order to change target groups’ behavior on ASRH issues and b) assessing how efficient undertaken interventions are. The assessment will allow for determining best practices in the area of ASRH promotion to further strengthen them and disseminate at all levels;
55. UNFPA will continue strengthening the national Y-PEER Network and sensitizing its members on critical healthy lifestyle issues through availability of counseling and information on adolescents reproductive health. The work will also include adaptation and

wide-scale implementation of the international peer education standards and their recognition as policy documents among the key peer education players in Turkmenistan;

56. Within this programme cycle, UNFPA will develop a comprehensive monitoring and evaluation system for peer education activities in order to ensure more efficient functioning of the Y-PEER Network in the country. Young people will be empowered through inclusion into the process of M&E system development and implementation;
57. The work in this area will also include active interventions at the grass-roots level and covering adolescents and youth living in most remote areas of the country to ensure they receive necessary information and services on ASRH. The interventions will include community and youth mobilization and their capacity building.
58. UNFPA will work in close collaboration with other UN agencies and the Institute of Democracy and Human Rights and MOH on facilitating the approval and implementation of the joint programme on disabled people. Within the joint programme on disabled people UNFPA will contribute in making reproductive health services, counseling and information available for people with disabilities.
59. UNFPA will strengthen its ties with UNDP in supporting the core national counterparts in making available information for sex-workers about available reproductive health services, counseling and on reproductive rights, including the prevention of HIV and AIDS and other sexually transmitted infections.
60. 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. Key strategies to achieve this output will include:
 61. Developing an emergency reproductive health-care package as part of the national emergency preparedness plan.
 62. Contributing to regional and national policy mechanisms to address natural and manmade disasters.
 63. Facilitating the designation of institutions for emergency preparedness.
 64. Developing capacity in emergency preparedness by training planners and reproductive health workers designated to respond to such emergencies.

Population and development component

65. 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, 2008-2013 (DP/UNFPA/2007/17).
66. 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 strategies to achieve this output will include:
 67. Support in strengthening analytical, research and institutional capacities of core national counterparts to address population issues and develop evidence-based policies based on population trends, dynamic and projections;

68. The programme support promoting social policies development to address population issues including migration, ageing and environment. This will be achieved throughout continues UNFPA advocacy efforts on establishment of the Committee on Population and Development to address population trends, projections and their impact to national development.
69. The programme will also support interventions to demonstrate best practices of population and development committees' work outside of Turkmenistan, facilitate participation of national counterparts and parliamentarians in the meetings and other public events and forums on a wide range of population and development issues in other countries.
70. The programme will facilitate availability of data which is not collected within the state statistics system by supporting sample surveys/ research activities to ensure that collected data are used for national planning and policies, strategies, plans development and implementation;
71. Support will be provided to the Ministry of Health and Medical Industry in developing the capacity of health statisticians in health-related statistics collection, analyses and dissemination to ensure the use of population dynamics in national development strategies design;
72. The programme will work on capacity building in using information technologies for enhancing the process of population data collection, analyses and dissemination;
73. Programme will continue strengthening capacity of the State Statistics Committee, Institute of Strategic Planning and Economic Development and the Ministry of health and medical industry in using demographic data and making demographic forecasts for national policy and plans development;
74. *Organizing training and awareness-raising events on population issues with participation of national and local authorities and the media:*
75. UNFPA in cooperation with its partners will work closely with media to build national journalists' capacity in highlighting population and development issues while using accurate demographic and statistical data and ways of cooperation with relevant national institutions for acquiring such data.
76. UNFPA will continue increasing awareness of mid-level policy makers on importance of using population data and trends for national policy and plans development throughout sensitization workshops and round tables;
77. *Developing national capacity to use new tools for effective planning, monitoring and evaluation of development plans.*
78. *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 applying the following strategies:
79. *Providing support in development population and development relating papers on the basis of demographic trends:*
80. UNFPA will support the Government of Turkmenistan, particularly the Ministry of Economy and development, Institute of Strategic Planning and Economic Development, State Statistics Committee and the Ministry of health and medical industry in developing the mid or long-term strategy of demographic development of Turkmenistan on the basis of national priorities;
81. The programme will support the Ministry of Health and Medical Industry and State Statistics Committee in producing databases for collecting and using population and development data for national plans development, implementation and monitoring;

82. UNFPA will continue supporting core national counterparts in aligning with international standards the methodology of population data collection and analysis, vital registration and health statistics system in cooperation with other international organizations experienced in this area;
83. Strengthening capacity in data collection and analysis, including the design and implementation of surveys and research, emphasizing gender, regional and socio-economic disaggregated data.
84. The programme will work on developing national capacity in conducting sample surveys including questionnaire development, methodology, sampling, listing, field work and data processing and analyses;
85. Providing technical support for planning, implementing and disseminating the results of the 2012 national population and housing census:
86. Improving the national capacity to analyse population trends for national planning.

Gender equality component

87. 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, 2008-2013 (DP/FPA/2007/17).
88. Output 1: Strengthened systems and mechanisms to protect reproductive rights and gender equality. This output will be achieved through the following strategic approaches:
89. 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 to ensure that the legislation is gender sensitive and improve the existing Laws on Gender, Health and other laws recommended by the Government.
90. 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.
91. Providing technical assistance to review normative regulations on gender equality and reproductive health and rights.
92. Facilitating public awareness campaigns on the issues of gender equality and equity.
93. Strengthening the capacity of government institutions, the judiciary and civil society organizations to implement and monitor human rights:
94. The programme will support the Government in preparation of national periodic reports including CEDAW and build national capacity for proper implementation of CEDAW concluding observations and final recommendations.
95. Providing technical assistance to strengthen systems that protect human rights.
96. Supporting the government inter-ministerial commission on treaty bodies in advocating for reproductive health and rights and gender equality.
97. 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. Strategies to attain this output will include:

98. UNFPA will support the Health Information Centre of the Ministry of health and Medical industry in strengthening the ability of mass media to report objectively on issues related to gender equality, reproductive health and reproductive rights through providing relevant training and creating conducive environment through conducting contests on covering the issues of reproductive rights and gender equality.
99. UNFPA will provide the technical expertise to the core national counterparts dealing with media issues in building the overall capacity of mass media concerning human rights through regular training activities, contests and forums as well as constantly advocating for the human rights issues through relevant means and interventions.
100. UNFPA will provide support the Ministry of Culture and TV broadcasting and the Health Information Centre of the Ministry of health and Medical industry in using the mass media to promote issues related to reproductive health and rights, gender equality and the empowerment of women and increasing media coverage of these issues.
101. Providing technical support to the core Ministries dealing with uniformed services, Ministry of Education, medical faculties and training institutions in developing curricula for the uniformed services that ensure gender aspect and HIV/STI/AIDS prevention are taken into account.
102. UNFPA will support the Ministry of Education in revising/and or developing new educational materials at all levels where acceptable to include gender equality and reproductive health and rights issues.
103. Strengthening the capacity of teachers and trainers to teach life skills and gender equality and human rights issues at all education levels.

PART V. PARTNERSHIP STRATEGY

104. This section identifies main partners who will be crucial for the achievement of the 2010-2015 CP goals either through joint programming where possible, sharing of technical expertise, or consolidation or achievement of synergies. These partners include other UN agencies, Government ministers, civic organizations and international development agencies. It is envisaged that the strategic partnership will largely be at programme intervention level except for Government ministers, civic and other non-governmental organizations, which will also receive direct financial support from UNFPA. In the case of UN agencies, efforts will be made to promote joint programme support either through common funding of individual annual plans or through direct support to identified activities in an agreed upon set of interventions, particularly in the areas of safe motherhood, census, reproductive health services for people with disabilities, human security and STI/HIV/AIDS prevention.
105. Detailed activity planning will be provided in the Annual Work Plan (AWP), which will also set out what is to be accomplished during the year for each project identified in the CPAP. UNFPA and the Government of Turkmenistan will conduct annual programme review meetings, which will help determine continuation of the partnerships on the basis of satisfactory delivery of results. Programme partners identified to work with UNFPA in the implementation of the 2010-2015 CPAP will include a variety of stakeholders.
106. In recognition of the fact that the improving the quality of life cannot be achieved without women, men and youth satisfactorily meeting their reproductive health needs, UNFPA will seek partnership with other UN agencies towards achieving National MDG targets.

107. UNFPA will continue to support Ministry of Health and Medical Industry, mainly, to strengthen the Reproductive Health facilities in the provision of integrated reproductive health services including safe motherhood, HIV/ AIDS prevention, STI prevention and treatment, ARH services, male RH services and expanding reproductive health training programmes for services providers in selected areas with particular emphasis to refreshing knowledge of incoming service providers. In order to improve the quality of care, UNFPA will support the development, revising and introduction of modern guidelines and clinical protocols for the mentioned services. In addition UNFPA will support the Ministry of Health and Medical Industry in further introducing reproductive health services into the primary health care level and developing emergency reproductive health-care package. UNFPA will partner with Ministry of Health and Medical Industry in procurement of Reproductive health commodities at national level and in distributing them to reproductive health facilities at all levels.
108. The Ministry of Health and Medical Industry will make the following crucial contributions by providing human resources and both physical and organizational infrastructure; Moreover, Ministry of Health and Medical Industry will seek the possibility to establish a complementary fund to support reproductive health programmes.
109. The special needs of young people, including ARH issues, will be addressed in collaboration with the Ministry of education, civic organizations, particularly Women's Union and Youth Organization, Y-Peer network expanding in the country. Efforts will be made in making information on reproductive health, rights and care and counseling more widely available, especially for young people and vulnerable people. The further support to the Ministry of education in revising curriculums at educational institutions and introducing interactive methods of teaching will be continued. Contributions to strengthening capacity of Health Information centre under the Ministry of health and medical industry and mass media in using effective methods and communication campaigns with participation of young people and the use of culturally sensitive approaches will be made.
110. The dissemination of reproductive health, human rights, gender relating and population information will be done in collaboration with the Ministry of Health and Medical Industry, the Ministry of Education, Youth Organization, Women's Union and the Ministry of Social Welfare, Ministry of sport and tourism and the Institute of Democracy and Human Rights under the President of Turkmenistan.
111. Ministry of economy and development will assume the overall lead and coordinating function in implementation of the population and development strategy component of the proposed programme. UNFPA, together with Ministry of economy and development, will work with Ministries, Mejlis (Parliament), State Statistics Committee, Institute of Strategic Planning and Economic Development, local municipalities towards integration of gender mainstreaming and data in the national planning process. The other partners are UNDP and UNICEF. UNFPA will partner with State Statistics Committee and health statistics department of the Ministry of health and medical industry in collection, analysis and dissemination of population, reproductive health and gender data complying to international standards. Valuable support will be provided to the State Statistics Committee in preparation and in-taking 2012 census within the census joint programme supported by UNDP, UNICEF and UNHCR and lead by UNFPA.
112. In implementation of the gender equality programme component the Institute of Democracy and Human Rights under the President of Turkmenistan will take the overall lead and coordinating function. UNFPA together with the Institute and in close collaboration with the inter-ministerial commission on Human Rights, Ministries, Mejlis (Parliament), local authorities will facilitate the implementation of mechanisms to protect and promote human rights with particular emphasis to reproductive rights and gender equality.
113. UNFPA will continue to partner with the national media and enhance the capacity of media network addressing reproductive health, gender equality and population and development issues. Greater visibility of these issues will also facilitate resource mobilization.

PART VI. PROGRAMME MANAGEMENT

114. The programme will be nationally executed under the overall coordination of the Ministry of Foreign Affairs of Turkmenistan, who will serve as the Government Coordinating Authority. It will be implemented in three components: Reproductive Health, Population and Development Strategies and Gender Equality (Attachment 1).
115. The Ministry of Health and Medical Industry will coordinate the Reproductive Health component of the programme as the Programme Component Manager (PCM). The Ministry of Health and Medical Industry through Curative and Preventive Department will, in addition to implementing specific activities, coordinate the implementation of the reproductive health services and STI/HIV/AIDS prevention programme component. Government ministries, civic organizations will implement the programme activities. Decentralized implementation, monitoring and evaluation will be emphasized. National and International experts, the UNFPA office, UNFPA headquarters, the UNFPA Regional Office for Eastern Europe and Central Asia (EECARO), UNFPA Sub-Regional Office for Central Asia, UNFPA Country Director's office for Turkmenistan, Tajikistan and Uzbekistan and WHO/ Euro in Copenhagen will provide technical backstopping.
116. Implementing agencies assume responsibility for implementing programme activities by signing Annual Work Plan (AWP) and a Letter of Understanding (LoU) with UNFPA. Implementing agencies are expected to carry out activities within the set guidelines and put in place mechanisms to monitor and report on results of activities. Implementing agencies will report to UNFPA and the government. The criteria for selecting implementing agencies has been based on their official mandate, management, institutional and technical capacities, past experience in implementing related activities, comparative advantage and potential to contribute to the country programme outcomes and outputs.
117. The Annual Work Plans (AWPs) to be approved by the Government and UNFPA on yearly basis will form the basic agreement between UNFPA and each implementing agency. Each selected agency will be required to submit an AWP to be discussed by all interested parties on the basis of guidelines provided by UNFPA. Within the year, quarterly and annual meetings shall be held for implementers in collaboration with UNFPA to review status of implementation and progress made toward achieving results. Regular field monitoring visits to the project sites will be conducted.
118. Advocacy for ICPD PoA under the Programme Coordination and Assistance (PCA) project will be organized by the following national partners: Youth Organization, Information centre of the Ministry of health and medical industry and Ministry of Social Welfare and Ministry of sport and tourism. Specific activities include World Population Day (July 11), International Youth Day (12 August), United Nations Day (24 October), National Health Day (first Saturday of November), International Day of Elder Persons (1 October) and Family Day (15 May).
119. In instances where there are areas of collaboration among UN agencies such as strengthening capacities and support for data collection and analysis through preparing and in-taking census, prevention of and STI/HIV/AIDS, coordination of programme implementation, monitoring and evaluation will be pursued within the framework of UNDAF with copies to UNFPA.
120. UNFPA will assist government in seeking additional resources for the implementation of the country programme and as part of this effort the country programme document will be widely circulated among potential donors and the private sector. In the area of census preparation, gender equality and women empowerment and STI/HIV/AIDS, efforts will be made to source funding from other resources.
121. Based on the approved country office typology, 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 national programme and support posts, as per the approved country office typology.

122. UNFPA will conduct all activities within the programme implementation in accordance with UN and UNFPA security procedures.

PART VII. MONITORING AND EVALUATION

123. Monitoring and evaluation of the 2010-2015 CP will be undertaken in line with the UNDAF Monitoring and Evaluation Framework, as outlined in the attached CPAP Planning and Tracking Tool (Annex II), and the Monitoring and Evaluation Calendar (Annex III). The monitoring mechanisms will be based on the principles of results-based management and guided by UNDAF/UNFPA procedures and guidelines. Considering the fact that some indicators have no baseline data, UNFPA jointly with national counterparts within the first two years of programme implementation will establish baseline status against all indicators.
124. The systems covering participatory approach of national counterparts and UNFPA for monitoring and evaluation within the 2010-2015 CP will therefore include: (1) a system for output and outcome monitoring; (2) annual and other reviews; (3) joint UN agencies reviews; and (4) annual results based reporting. The monitoring of the expected outcome and outputs will be undertaken through conducting baseline and end-line surveys, in addition to the continuous analysis of service statistics data. Information from the programme components will be analyzed, documented and shared with stakeholders during the quarterly and annual review meetings. The information will be used to update the Results and Resources Framework (Annex I), CPAP Planning and Tracking Tool (Annex II), and Monitoring and Evaluation Calendar (Annex III). Technical and management field monitoring visits will be undertaken every quarter to strengthen the management of the programme.
125. Progress made towards CP outcomes will be reviewed on annual basis and evaluated in 2015 (end of cycle) to assess programme results and provide direction for future programmes. Specifically the results will be used to (a) identify emerging issues; (b) measure progress towards achieving expected results; and (c) assist in redirecting programme activities appropriately. If necessary, thematic evaluations may be conducted. All findings identified during review and evaluation will help guiding the formulation of the next programme cycle, while informing CCA and UNDAF processes.
126. To improve the quality of UNFPA's results based planning, monitoring and evaluation and to dedicate human and financial resources to strengthen these processes, a Country Office RBM and Evaluation focal point will be nominated. The main function will include improving quality and results orientation of UNFPA funded programme interventions and developing the internal and national capacity in RBM and programme evaluation.

PART VIII COMMITMENTS OF UNFPA

127. UNFPA will commit an amount of US\$4.4 million to this CPAP covering the period 2010-2015, subject to the availability of funds. UNFPA will also seek to mobilize an additional US\$1.8 million from other resources, subject to donor interest, to meet financial requirements for the realization of the CPAP. The release of such funds will be in accordance with guidelines and financial procedures as provided by UNFPA. These resource allocations do not include emergency funds that may be mobilized in response to any humanitarian or crisis situation. These resource allocations will be utilized for policy advice, technical assistance, capacity building, systems development and knowledge generation and sharing.
128. UNFPA will ensure coherence between the CPAP and AWP, UNDAF results matrix and MDGs, including monitoring and evaluation, and timely progress reporting to donors. Through annual

reviews and quarterly progress reporting, joint responsibilities between UNFPA, the Government and implementing partners will be emphasized.

129. At the Government's request, UNFPA will provide the following support services to achieve the results of this CPAP:
- Identification and assistance with and/or recruitment of programme and project personnel; procurement of goods and services in accordance with the UNFPA regulations, rules, policies and procedures;
 - Identification and facilitation of training activities, including fellowships and study tours;
 - Access to UNFPA-managed global information systems, the network of UNFPA country offices and specialized information systems, including rosters of consultants and providers of development services;
 - Access to the support provided by the network of UN specialized agencies, funds and programmes.

PART IX COMMITMENTS OF GOVERNMENT OF TURKMENISTAN

130. The Government of Turkmenistan will honour its commitments in accordance with the provisions of the Standard Basic Assistance Agreement of 5th October 1993. In line with this Agreement, the Government will accord to the United Nations Population Fund and its staff, and to other persons performing services on behalf of the United Nations Population Fund, such facilities and services as are accorded to staff and consultants of the various funds, programmes and specialized agencies of the United Nations. The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations agencies to the United Nations Population Fund's property, funds, and assets and its officials and consultants.
131. Mechanisms for planning, monitoring and evaluation on the progress of the country programme involving civil society and other development partners will be implemented. The Government is also committed to organize regular annual programme review, planning and joint strategy meetings. Where appropriate, the Government will coordinate sectoral and thematic groups of development partners to facilitate the participation of donors, civil society and UN agencies. In addition, the Government will facilitate periodic monitoring visits by UNFPA staff and/or designated officials for the purpose of monitoring, meeting beneficiaries, assessing the progress and evaluating the impact of the use of programme resources. The Government will make available to UNFPA in a timely manner any information about policy and legislative changes occurring during the implementation of the CPAP that might have an impact in co-operation.
132. For the reimbursement of expenditures or for cash advances, an authorized implementing partner official will submit the relevant request to UNFPA attesting to the need for the funds, the request seems reasonable in relation to the AWP, and the accuracy of the information included within that request. The names of authorized officials will be listed in the Letter of Understanding attached to the relevant AWP.

PART X. OTHER PROVISIONS

133. This Country Programme Action Plan covers the period from 2010-2015 and is implemented in accordance with SBAA.
134. The Country Programme Action Plan may be modified and amended by mutual consent of both parties, based on the outcome of annual and mid-term reviews, which will be added as additional protocols, representing an integral part of this document.
135. This Country Programme Action Plan enters into force on the date signed by both Parties and is in force until 31 December 2015.

In witness thereof the undersigned, being duly authorized, have signed this Country Programme Action Plan.

Signed in Ashgabat on “_____” September 2010, in duplicate, each in English and Russian languages, both texts being equally authentic.

For the Government of Turkmenistan

For the United Nations Population Fund

Rashid Meredov
Deputy Chairman of Cabinet of Ministers,
Minister of Foreign Affairs
of Turkmenistan

Jan Sand Sorensen
Acting Country Director
of the United Nations Population Fund
for Turkmenistan

ANNEX I. CPAP Results and Resources Framework

UNDAF outcome: by 2015: human resources are developed to achieve sustained socio-economic development;

Country programme outcome	Country programme output	Output indicators	Role of partners	Indicative resources by output (per year, US\$ mln)							
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Total	
<p>Outcome 1: 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</p> <p><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>Output 1.1:</u> Strengthened quality of reproductive health care, including the prevention of HIV and AIDS and other sexually transmitted infections programme is in place</p>	<p><u>Output indicator 1.1.1:</u> Number of reproductive health policies and protocols approved;</p> <p><u>Output indicators 1.1.2:</u> National plan on monitoring and evaluating HIV/AIDS programme is in place Target: national plan in place</p> <p><u>Output indicators 1.1.3:</u> Adapted and introduced protocols for youth-friendly health services Target: at least three protocols</p> <p><u>Output indicators 1.1.4:</u> Percentage of reproductive health and primary health-care facilities using computerized reproductive health commodity security logistics management information system Target: 70 per cent</p>	<p><i>Medjlis;</i> Ministries of: Defense; Education, Health and Medical Industry; Justice; and National Security</p> <p>Inter-agency Coordination Committee on HIV/AIDS; National Institute of Education; Youth Union;</p>	Regular Resources							
					0.17	0.17	0.17	0	0.17	0.17	1.02
					Other Resources						
					0.1	0.1	0.1	0.1	0.1	0	0
	<p><u>Output 1.2:</u> Improved access to information to increase knowledge, skills and healthy behavior on reproductive health, including the prevention of HIV and AIDS and other sexually transmitted infections, among</p>	<p><u>Output 1.2.1:</u> Increased knowledge of HIV and AIDS among young people aged 15-24 living in urban and rural areas</p> <p><u>Output 1.2.2:</u> Number of information, education and communication materials disseminated to the target population</p>	<p>Ministries of: Defense; Education, Health and Medical Industry; Justice; and National Security</p> <p>Inter-agency Coordination Committee on HIV/AIDS;</p>	Regular Resources							
				0.16	0.16	0.16	0.16	0.16	0	0	0
				Other Resources							
									1	1	9
									6	6	6

	vulnerable groups, including young people	<p><u>Output 1.2.3</u></p> <p>Percentage of selected educational institutions offering reproductive health, including STI/HIV/AIDS prevention based training courses</p> <p><u>Output 1.2.4:</u></p> <p>Percentage of teachers and trainers trained on reproductive health, including STI/HIV/AIDS prevention education</p>	National Institute of Education; Youth Union;	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
--	---	---	--	-----	-----	-----	-----	-----	-----	-----	-----	-----

UNDAF outcome: by 2015, peace and security for the people of Turkmenistan, in both the national and Central Asian contexts, are ensured in accordance with international standards;

Outcome 2: Local communities and national and local authorities are more effective in planning for, responding to, and mitigating the consequences of	<u>Output 2.1:</u> An emergency reproductive health-care package is developed for inclusion in a national emergency	<u>Output 2.1.1:</u> Availability of emergency reproductive health-care package Baseline: emergency reproductive health care package not available;	Ministry of Health and Medical Industry; United Nations Regional Centre for Preventive Diplomacy for Central Asia Local authorities and community groups; non-governmental organizations	Regular Resources						
				0.02	0.02	0.02	0.02	0.02	0.02	0.12
				Other Resources						

natural and man-made disasters, with regional cooperation established between relevant national agencies and their counterparts	preparedness plan	Target: emergency reproductive health care package of services is available		0.01	0.01	0.01	0.01	0.01	0.01	0.06
<u>Outcome indicators:</u> <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 										

UNDAF outcome: by the end of 2015, human resources are developed to achieve sustained socio-economic development

<u>Outcome 3:</u> Population dynamics and its linkages with gender equality and reproductive health are incorporated in public policies and national development plans <u>Outcome indicator:</u>	<u>Output 3.1:</u> National and local authorities are better able to plan, monitor, report and evaluate national development priorities based on population trends and information	<u>Output 3.1.1:</u> <ul style="list-style-type: none"> ● Number of government development plans and strategies based on up-to-date population and reproductive health information Target: at least five	<i>Medjlis;</i> Ministries of: Economy and Development; Health and Medical Industry; Social Welfare Institute of Strategic Planning	Regular Resources						
				0.15	0.15	0.15	0.15	0.15	0.15	0.9
				Other Resources						

<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><u>Output 3.2:</u> Government and strategic institutions ensure evidence-based national policy development, based on reliable and disaggregated data that meet international standards</p>	<p><u>Output 3.1.2:</u></p> <ul style="list-style-type: none"> Milestones of population strategy development <p>Target: prepared and available</p> <p><u>Output 3.2.1:</u></p> <ul style="list-style-type: none"> Number of studies or policy papers prepared based on population trends. <p>Target: At least three</p> <p><u>Output 3.2.2:</u></p> <ul style="list-style-type: none"> Number of statisticians and planners trained in new methodologies and tools for conducting research and surveys 	<p>and Economic Development; State Statistics Committee; local authorities</p>	<p>0.05</p>	<p>0.05</p>	<p>0.05</p>	<p>0.05</p>	<p>0.05</p>	<p>0.05</p>	<p>0.3</p>
--	---	---	--	-------------	-------------	-------------	-------------	-------------	-------------	------------

UNDAF outcome: by the end of 2015, 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

<p><u>Outcome 4:</u> Government authorities establish and implement mechanisms to protect and promote rights and freedoms in Turkmenistan</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Institutional 	<p><u>Output 4.1:</u> Strengthened systems and mechanisms to protect reproductive rights and gender equality</p>	<p><u>Output 4.1.1:</u></p> <ul style="list-style-type: none"> Number of national laws, policies and reports that include gender equality and reproductive rights issues. <p>Target: At least three</p> <p><u>Output 4.1.2:</u></p> <ul style="list-style-type: none"> Number of judges, 	<p><i>Medjlis;</i> National Institute of Democracy and Human Rights; Ministries of: Culture; Education; Health and Medical Industry; Internal Affairs; Justice;</p>	Regular Resources						
				0.09	0.095	0.095	0.09	0.09	0.09	0.55
				Other Resources						

mechanisms for monitoring the human rights situation in Turkmenistan are established and operational		prosecutors and police trained to protect gender equality and reproductive rights. Target: At least 50	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	0.025	0.025	0.025	0.025	0.025	0.025	0.15
UNDAF outcome: by the end of 2015, 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										
<p><u>Outcome 5:</u> National and local authorities create equal opportunities for all people to receive continuous, high-quality education at all levels</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Protocols, criteria, standards and resource materials on reproductive rights and gender equality are used in schools 	<p><u>Output 5.1:</u> 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><u>Output 5.1.1:</u></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 Target: At least 200 <p><u>Output 5.1.2:</u></p> <ul style="list-style-type: none"> • Percentage of selected educational institutions offering training courses or incorporating issues of reproductive rights and gender equality <p>Output 5.1.3</p> <ul style="list-style-type: none"> • Increased coverage of reproductive rights and gender equality issues in the national media. Target: at least by 50%. 	Medjlis; Ministries of: Culture; Education; Health and Medical Industry; Internal Affairs; Justice; local authorities; UNICEF	Regular Resources						
				0.09	0.09	1.0	0.09	0.09	0.09	1.45
				Other Resources						
				0.025	0.025	0.025	0.025	0.025	0.025	0.15

ANNEX II. The CPAP Planning and Tracking Tool

Country: Turkmenistan

CP Cycle: Third (2010-2015)

RESULTS	OVI Statement	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome:								
by 2015: human resources are developed to achieve sustained socio-economic development;								
	OVI Statement	MoV	Responsible party	YR1	Target	Achievement	YR2	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 1: 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> a) Modern contraceptive prevalence rate b) Percentage of births managed according to World Health Organization (WHO) standards	<ul style="list-style-type: none"> Survey with questioning Survey with questioning 	Medjlis; Ministries of: Defense; Education, Health and Medical Industry; Justice; Interior; and National Security Inter-agency Coordination Committee on HIV/AIDS; National Institute of Education; Youth Union;	a)35 per cent; b)61 per cent;	a)Modern contraceptive prevalence rate at least is 40%; b)At least 70% of births managed in accordance with WHO standards;		a) Modern contraceptive prevalence rate at least is 45%; b) At least 80% of births managed in accordance with WHO standards;	
Output 1.1: Strengthened quality of reproductive health care, including the prevention of HIV and AIDS and other sexually transmitted infections programme is in place	<u>Output indicator 1.1.1:</u> Number of reproductive health policies and protocols approved; <u>Output indicators 1.1.2:</u> National plan on monitoring and evaluating HIV/AIDS programme is in place <u>Output indicators 1.1.3:</u> Adapted and introduced	<ul style="list-style-type: none"> Ministry of health and medical industry report National HIV/AIDS programme evaluation report Ministry of 	Medjlis; Ministries of: Defense; Education, Health and Medical Industry; Justice; Interior; Inter-agency Coordination Committee on HIV/AIDS; National Institute of Education; Youth Union;	a)List of approved protocols and guidelines up to 2010; b)No mechanisms to monitor and evaluate HIV/AIDS programme; c)no clinical protocols available on youth-friendly	a) clinical protocols and guidelines developed, revised and submitted for approval; b)mechanisms to monitor and evaluate HIV/AIDS programme are developed and submitted for approval;		a)Clinical protocols and guidelines are approved; b) national plan to monitor and evaluate HIV/AIDS programme implementation is in place	

	<p>protocols for youth-friendly health services</p> <p><u>Output indicators 1.1.4:</u></p> <p>Percentage of reproductive health and primary health-care facilities using computerized reproductive health commodity security logistics management information system</p>	<p>health and medical industry report</p> <ul style="list-style-type: none"> Monitoring reports 		<p>services</p> <p>d) only 1 region out of 6 is using computerized reproductive health commodity security logistics management system</p>	<p>c) At least 3 clinical protocols on youth-friendly services are developed and submitted for approval;</p> <p>d) 2 regions out of 6 are using computerized reproductive health commodity security logistics management system</p>		<p>c) Youth-friendly services are provided on the basis of approved and introduced at least 3 clinical protocols;</p> <p>d) 3 regions out of 6 are using computerized reproductive health commodity security logistics management system</p>	
--	--	--	--	---	---	--	--	--

<p>Output 1.2: Improved access to information to increase knowledge, skills and healthy behavior on reproductive health, including the prevention of HIV and AIDS and other sexually transmitted infections, among vulnerable groups, including young people</p>	<p><u>Output indicator 1.2.1:</u> Increased knowledge of HIV and AIDS among young people aged 15-24 living in urban and rural areas</p> <p><u>Output indicator 1.2.2</u> Number of information, education and communication materials disseminated to the target population</p> <p><u>Output 1.2.3</u> Percentage of selected educational institutions offering reproductive health, including STI/HIV/AIDS prevention based training courses</p> <p><u>Output 1.2.4:</u> Percentage of teachers and trainers trained on reproductive health, including STI/HIV/AIDS prevention education</p>	<p>DHS or similar survey reports; to inquire youth during the public events</p>	<p>Ministries of: Defense; Education, Health and Medical Industry; Justice; Interior; and National Security</p> <p>Inter-agency Coordination Committee on HIV/AIDS; National Institute of Education; Youth Union; Registered NGOs; UN agencies</p>	<p>a)30% based on base-line survey, 2005;</p> <p>b)only one Y-Peer centre opened in the capital;</p> <p>c)Methodological manuals for teachers on basics of healthy life style subject for 7-10 forms of the secondary schools is under development;</p> <p>d) no master-trainers for strengthening national capacity in teaching FLE at 7-10 forms of the secondary schools</p>	<p>a)At least 40% of young people aged 15-24 have knowledge about HIV/AIDS;</p> <p>b)Y-Peer centres are opened in 2 regions;</p> <p>c)Methodologica l manuals for teachers on basics of healthy life style subject for 7-8 forms of the secondary schools is in place and pre-tested at pilot schools;</p> <p>d)20 master-trainers are trained</p>		<p>a)At least 60% of young people aged 15-24 have knowledge about HIV/AIDS;</p> <p>b)Y-Peer centres are opened in 4 regions;</p> <p>c)Methodolog ical manuals for teachers on basics of healthy life style subject for 9-10 forms of the secondary schools is in place and pre-tested at pilot schools;</p> <p>d)100 teachers teaching basics of healthy life style subject are trained by master-trainers</p>	
RESULTS	OVI Statement	MoV	Responsible party	Baseline	Target	Achievement		

UNDAF Outcome: by 2015, peace and security for the people of Turkmenistan, in both the national and Central Asian contexts, are ensured in accordance with international standards;								
	OVI Statement	MoV	Responsible party	YR1			YR2	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 2: 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	Outcome indicators: ● Risk assessment and hazard mapping research undertaken in selected districts ● Number of disaster preparedness and response plans developed with the participation of local governments	<ul style="list-style-type: none"> Research with questioning Local authorities reports 	Ministry of Health and Medical Industry; United Nations Regional Centre for Preventive Diplomacy for Central Asia; Local authorities and community groups; non-governmental organizations	a)There is no mechanisms for assessing risks for responding and mitigating consequences of natural and man-made disasters; b)there is no disaster preparedness and response plan	a)Main mechanisms for identifying risks and hazard are made; b)outlines of the disaster preparedness and response plan are developed and agreed between relevant agencies		a)At least in 5 regions risk assessment and hazard mapping research undertaken; b)disaster preparedness plan is developed and submitted for approval	
Output 2.1: An emergency reproductive health-care package is developed for inclusion in a national emergency preparedness plan	Output indicators: Availability of emergency reproductive health-care package	<ul style="list-style-type: none"> Ministry of health and medical industry report 	Ministry of Health and Medical Industry; United Nations Regional Centre for Preventive Diplomacy for Central Asia; Local authorities and community groups; non-governmental organizations	Emergency reproductive health care package not available;	Emergency reproductive health care package of services is developed and agreed		Emergency reproductive health care package of services is available	
UNDAF Outcome: by 2015: by the end of 2015, human resources are developed to achieve sustained socio-economic development								
	OVI Statement	MoV	Responsible party	YR1			YR2	
				Baseline	Target	Achievement	Target	Achievement
Outcome 3: Population dynamics and its linkages with gender equality and reproductive health are incorporated in public policies and national development plans	Outcome indicators: ● 2012 population census is completed and preliminary tabulations are available to planners by the end of 2013	<ul style="list-style-type: none"> UN and EU recommendations for census preparation and in-taking 	Cabinet of Ministers, Medjlis; Ministries of: Economy and Development; Health and Medical Industry; Social Welfare	1995 census data	Pilot census data are available		2012 preliminary tabulations available by mid-2013	

			Institute of Strategic Planning and Economic Development; State Statistics Committee; local authorities; UN agencies					
<u>Output 3.1:</u> National and local authorities are better able to plan, monitor, report and evaluate national development priorities based on population trends and information	<u>Output 3.1.1:</u> <ul style="list-style-type: none"> Number of government development plans and strategies based on up-to-date population and reproductive health information <u>Output 3.1.2:</u> <ul style="list-style-type: none"> Milestones of population strategy development 	<ul style="list-style-type: none"> Approved national plans Assessment reports 	Cabinet of Ministers, Medjlis; Ministries of: Economy and Development; Health and Medical Industry; Social Welfare Institute of Strategic Planning and Economic Development; State Statistics Committee; local authorities; UN agencies	There is no national development plans with the use of disaggregated data of population and its dynamics	a) At least two; b) mid or long term strategy of demographic development using population trend is developed		a) At least three b) mid or long term strategy of demographic development using population trend is in place	
<u>Output 3.2:</u> Government and strategic institutions ensure evidence-based national policy development, based on reliable and disaggregated data that meet international standards	<u>Output 3.2.1:</u> Number of studies or policy papers prepared based on population trends. <u>Output 3.2.2:</u> Number of statisticians and planners trained in new methodologies and tools for conducting research and surveys	<ul style="list-style-type: none"> Approved national reports/policies Training reports Databases 	Cabinet of Ministers, Medjlis; Ministries of: Economy and Development; Health and Medical Industry; Social Welfare Institute of Strategic Planning and Economic Development; State Statistics Committee; local authorities; UN agencies	Sex-disaggregated database "Genstat"	a) at least one b) at least 15 statisticians and planners trained in new methodologies and tools for conducting research and surveys c) at least 30% of		a) At least three; b) at least 30 statisticians and planners trained in new methodologies and tools for conducting research and surveys c) at least 50% of main	

					main selected population indicators are disaggregated (by sex, age, region and etc) and available at national level		selected population indicators are disaggregated (by sex, age, region and etc) and available at national level	
UNDAF Outcome: by 2015: 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								
	OVI Statement	MoV	Responsible party	YR1			YR2	
				Baseline	Target	Achievement	Target	Achievement
<u>Outcome 4:</u> Government authorities establish and implement mechanisms to protect and promote rights and freedoms in Turkmenistan	<u>Outcome indicator:</u> ● Institutional mechanisms for monitoring the human rights situation in Turkmenistan are established and operational	<ul style="list-style-type: none"> UN Treaty bodies conventions and their concluding observations 	Cabinet of Ministers, Medjlis; Ministries of: Economy and Development; Health and Medical Industry; Social Welfare Institute of Strategic Planning and Economic Development; State Statistics Committee; local authorities; UN agencies	There is no institutional mechanisms for monitoring human rights situation	Mechanisms for monitoring human rights situation are identified and agreed;		Institutional mechanisms for monitoring human rights situation are in place	
<u>Output 4.1:</u> Strengthened systems and mechanisms to protect reproductive rights and gender equality	<u>Output indicator 4.1.1:</u> ● Number of national laws, policies and reports that include gender equality and reproductive rights issues. <u>Output indicator 4.1.2:</u> ● Number of judges, prosecutors and police trained to protect gender equality and reproductive rights.	<ul style="list-style-type: none"> National laws and policies Reports of the Courts and law-enforcement agencies 	Cabinet of Ministers; National Institute of Democracy and Human Rights; Medjlis; 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	National legislative package	a)At least 2 laws or policies; b)at least 15 judges, prosecutors and police trained to protect gender		a)At least 3 policies or laws; b)at least 50 judges, prosecutors and police trained to protect	

			and Cooperation in Europe; German Society for Technical Cooperation; Governments of the United Kingdom and the United States		equality and reproductive rights		gender equality and reproductive rights	
--	--	--	--	--	----------------------------------	--	---	--

Outcome 5: National and local authorities create equal opportunities for all people to receive continuous, high-quality education at all levels	Outcome indicator: Protocols, criteria, standards and resource materials on reproductive rights and gender equality are used in schools	<ul style="list-style-type: none"> International standards and criteria, guidelines issued for schools 	Medjlis; Ministries of: Culture; Education; Health and Medical Industry; Internal Affairs; Justice; local authorities;	No resource protocols, criteria, standards and materials on reproductive rights and gender equality available at educational institutions	Protocols, criteria, standards and resource materials on reproductive rights and gender equality are available at least in 2 selected educational institution		Protocols, criteria, standards and resource materials on reproductive rights and gender equality are available at least in all selected educational institution	
Output 5.1: 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	Output 5.1.1: <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 Output 5.1.2: <ul style="list-style-type: none"> Percentage of selected educational institutions offering training courses or incorporating issues of reproductive rights and gender equality 	<ul style="list-style-type: none"> Questioning judges, prosecutors and police during round tables, workshops, public events Report of the Ministry of education Reports of the Ministry of 	Ministries of: Education; Health and Medical Industry; Internal Affairs; Justice; local authorities;	a)There is no data on trained judges, prosecutors and police and teachers t on international standards and good practices; b)number of educational institutions in Turkmen. No base-line data	a)at least 100; b)At least 35% of selected educational institutions offering training courses or subjects covering reproductive rights and gender equality		a)At least 200; b)At least 70% of selected educational institutions offering training courses or subjects covering reproductive rights and	

	<p>Output 5.1.3 Increased coverage of reproductive rights and gender equality issues in the national media.</p>	<p>education, ministry of health and medical industry, Ministry of internal affairs, HIV/AIDS centre</p> <ul style="list-style-type: none"> • TV programmes, thematic journals, articles in newspapers 	<p>Ministry of culture and broadcasting, Ministry of health and medical industry, TV channels, journalists</p>		<p>or incorporate gender-sensitive approach;</p> <p>c) at least by 25% increased coverage of reproductive rights and gender equality issues in the national media.</p>		<p>gender equality or incorporate gender-sensitive approach;</p> <p>c) at least by 50% increased coverage of reproductive rights and gender equality issues in the national media.</p>	
--	---	---	--	--	--	--	--	--

Risks/assumptions

1. Government's acceptance of proposed approaches, commitments, available resources (human, institutional, fiscal, finance)
2. Donors' interest and funds availability
3. UN has one voice (UNDAF agencies successfully implemented UNDG outputs)

ANNEX III. The CPAP Monitoring and Evaluation Calendar

Country: Turkmenistan

CP cycle: Third (2010-2015)

		RH component					
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Main activities	Surveys/ studies					SS (DHS or similar survey), MoH	
	Monitoring systems	<ul style="list-style-type: none"> ▪ MS outcomes 1 and 2, MoH&MI, MoE, WU, YO annually ▪ MS, outcomes 1 and 2, monitoring report, MoH&MI, MoE, WU, YO 	<ul style="list-style-type: none"> ▪ MS outcomes 1 and 2, MoH&MI, MoE, WU, YO annually ▪ MS, outcomes 1 and 2, monitoring report, MoH&MI, MoE, WU, YO 	<ul style="list-style-type: none"> ▪ MS outcomes 1 and 2, MoH&MI, MoE, WU, YO annually ▪ MS, outcomes 1 and 2, monitoring report, MoH&MI, MoE, WU, YO 	<ul style="list-style-type: none"> ▪ MS outcomes 1 and 2, MoH&MI, MoE, WU, YO annually ▪ MS, outcomes 1 and 2, monitoring report, MoH&MI, MoE, WU, YO 	<ul style="list-style-type: none"> ▪ MS outcomes 1 and 2, MoH&MI, MoE, WU, YO annually ▪ MS, outcomes 1 and 2, monitoring report, MoH&MI, MoE, WU, YO 	<ul style="list-style-type: none"> ▪ MS outcomes 1 and 2, MoH&MI, MoE, WU, YO annually ▪ MS, outcomes 1 and 2, monitoring report, MoH&MI, MoE, WU, YO
	Evaluations						Evaluation of CP outcomes 1 and 2
	Reviews	Annual Progress Review meeting					
	Support activities	Field visits; International consultancy Backstopping; WHO consultants; National consultants	Field visits; International consultancy backstopping ; WHO consultants; National consultants	Field visits; international consultancy backstopping ; WHO consultants; National consultants	Field visits; International consultancy backstopping; WHO consultants; National consultants	Field visits; International consultancy backstopping; WHO consultants; National consultants	Field visits; International consultancy backstopping; WHO consultants; National consultants

Planning references	UNDAF annual review meeting	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	
	M&E capacity building	Workshops/trainings; Check-lists		Workshops/trainings; Check-lists		Workshops/trainings; Check-lists	
	Use of information	RC Annual Reports and Workplans MDG Reports	RC Annual Reports and Workplans MDG Reports				
	Partner activities	Annual Statistical Report (NISSI)	Annual Statistical Report (NISSI)				

		PDS Component					
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Main activities	Surveys/studies		SS (Specific Study on priority subjects), CP outcome 3	Census	SS, CP outcome 3	SS, CP outcome 3	SS, CP outcome 3
	Monitoring systems	MS, CP outcome 3, annually	MS, CP outcome 3, annually	MS, CP outcome 3, annually	MS, CP outcome 3, annually	MS, CP outcome 3, annually	MS, CP outcome 3, annually
	Evaluations						CP outcome 3 evaluation
	Reviews	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners
	Support activities	Field visits; International consultancy Backstopping; National consultants	Field visits; International consultancy backstopping ; National consultants	Field visits; international consultancy backstopping ; National consultants	Field visits; International consultancy backstopping; National consultants	Field visits; International consultancy backstopping; National consultants	Field visits; International consultancy backstopping; National consultants

Planning references	UNDAF final evaluation milestones	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	
	M&E capacity building	Workshops/trainings; Introduction to databases		Workshops/trainings; Introduction to databases	CensusInfo database	Workshops/trainings; Introduction to databases	
	Use of information	RC Annual Reports and Workplans MDG Reports	RC Annual Reports and Workplans MDG Reports	RC Annual Reports and Workplans MDG Reports	RC Annual Reports and Workplans MDG Reports Preliminary data on Census		RC Annual Reports and Workplans MDG Reports
	Partner activities	Annual Statistical Report (SSC)	Annual Statistical Report (SSC)	Annual Statistical Report (SSC)			

		Gender Component					
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Main activities	Surveys/ studies			SS (Specific Study on priority subjects) if required, CP outcome 4			
	Monitoring systems	MS, CP outcome 4, 5 annually	MS, CP outcome 4, 5 annually	MS, CP outcome 4, 5 annually	MS, CP outcome 4, 5 annually	MS, CP outcome 4, 5 annually	MS, CP outcome 4, 5 annually
	Evaluations						CP outcomes 4 and 5 evaluation
	Reviews	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners	Annual Progress Review meeting with all national partners
	Support activities	Field visits; International consultancy Backstopping; National consultants	Field visits; International consultancy backstopping ; National consultants	Field visits; international consultancy backstopping ; National consultants	Field visits; International consultancy backstopping; National consultants	Field visits; International consultancy backstopping; National consultants	Field visits; International consultancy backstopping; National consultants

Planning references	UNDAF final evaluation milestones	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	Update UNDAF indicator framework, risks and assumptions sections	
	M&E capacity building	Workshops/trainings; Introduction to databases		Workshops/trainings; Introduction to databases		Workshops/trainings; Introduction to databases	
	Use of information	RC Annual Reports and Workplans MDG Reports National reports submitted to UN Treaty Bodies	RC Annual Reports and Workplans MDG Reports National reports submitted to UN Treaty Bodies	RC Annual Reports and Workplans MDG Reports National reports submitted to UN Treaty Bodies	RC Annual Reports and Workplans MDG Reports National reports submitted to UN Treaty Bodies	RC Annual Reports and Workplans MDG Reports National reports submitted to UN Treaty Bodies	RC Annual Reports and Workplans MDG Reports National reports submitted to UN Treaty Bodies
	Partner activities	Annual Statistical Report (SSC)					