



**Country Programme Evaluation (CPE) Turkmenistan
2010 - 2015**

EVALUATION REPORT

February, 2015

Turkmenistan Country Map



Table 1: Evaluation Team

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Disclaimer: This is a product of the independent evaluation by the above team and the content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or member states. The report is not professionally edited.

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Abbreviations and Acronyms

ARH	Adolescent Reproductive Health	M&E	Monitoring & Evaluation
ANC	Ante Natal Care	MICS	Multiple Indicator Cluster Survey
ASRH	Adolescent Sexual Reproductive Health	MOE	Ministry of Education
AWP	Annual Work Plan	MoH&MI	Ministry of Health and Medical Industry
BLS	Basics of Life Skills	MTR & BP	Mid-Term Review and Business Plan
CCA	Common Country Assessment	NGO	Non-Governmental Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	NIE	National Institute of Education
CLMIS	Contraceptive Logistics Management Information System	ODA	Official Donor Assistance
CP	Country Program	OECD	Office of Economic Cooperation and Development
CPAP	Country Programme Action Plan	PD	Population and Development
CPD	Country Programme Document	PRB	Population Reference Bureau
CPE	Country Program Evaluation	RM	Resource Mobilization
CO	Country Office	SCS	State Committee for Statistics
DAC	Development Assistance Committee	SDP	Service Delivery Point
DHS	Demographic Health Survey	SMART	Specific, measurable, attainable relevant & time-bound
EC	European Commission	SRH	Sexual and Reproductive Health
EECA RO	Eastern Europe and Central Asia Regional Office	SSC	South-South Cooperation
EMOC	Emergency Obstetrics Care	ToR	Terms of Reference
EmoNC	Emergency Obstetrics and New Born Care	UN	United Nations
EPC	Effective Perinatal Care	UNCT	United Nation Country Team
ERG	Evaluation Reference Group	UNDAF	United Nations Development Assistance Framework
ET	Evaluation Team	UNDP	United Nations Development Programme
EU	European Union	UNEG	United Nations Evaluation Group
FP	Family Planning	UNFPA	United Nations Population Fund
GE	Gender Equality	UNICEF	United Nations Children's Fund
GPRHCS	Global Project on RH Commodity Security	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
ICM	International Confederation of Midwives	USAID	United States Agency for International Development
IDHR	Institute on Democracy and Human Rights	WB	World Bank
IUD	Intra-Uterine Device	WHO	World Health Organization
KI	Key Informants		
KM	Knowledge Management		
MDG	Millennium Development Goal		

Box 1: Structure of the Turkmenistan Country Programme Evaluation Report:

The present report comprises an executive summary, six chapters, and annexes and follows the structure recommended in the evaluation handbook by UNFPA Independent Evaluation Office, version October 2013.

Chapter 1, the **Introduction**, provides the background to the evaluation, objectives and scope, the methodology used including limitations encountered and the evaluation process. The **second chapter** describes Turkmenistan country context including the development challenges it faces in the UNFPA mandated areas. The **third chapter** refers to the response of the UN system and then leads on to the specific response of UNFPA through its country programme to the national challenges faced by the country in population and development, reproductive health, SRH education for youth, and gender equality; the **fourth chapter** presents the findings of the evaluation for each of the evaluation question specified in the evaluation matrix (annex); the **fifth chapter** discusses conclusions under strategic and programmatic level and the **sixth chapter** concludes with recommendations based on the conclusions.

Finally, the annexes (presented as a standalone document) **1-7** present the evaluation terms of reference, evaluation matrices, program logic, list of persons met, documents reviewed, tables related to country context, and the evaluation tools.

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Special recognition is extended to the entire UNFPA Country office staff headed by Ms. Bayramgul Garabayeva, in particular Dr. Kemal Goshliyev, the Evaluation Manager and the NPO for Reproductive Health, the programme officers responsible for Youth, SRH education, Population & Development, Gender Equality, Communication, and Finance for providing technical guidance and valuable information to the evaluation team throughout the evaluation process. Special thanks are extended to the Evaluation Reference Group (ERG) members, Ms. Aysoltan Bazarova for translation, Ms. Ene Tuyliyeva for editorial input and Ms. Jeren Bayramova and Country Office staff for all the logistical support.

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Key Facts Table

Land	
Geographical location	The country is washed by the Caspian Sea, and borders Afghanistan, Iran, Kazakhstan and Uzbekistan
Land area	491,000 sq.km (2011)*
Terrain	80% of the territory is desert.*
People	
Population	6.3 projected based on 2012 census*
Urban population (% of total population)	50% (2011)*
Government	
% of seats held by women in national parliament	26.4 % (33 seats) 2014 (International Parliamentary Union (IPU), October 2014
Economy	
GDP per capita (US\$)	8,273.64 (WB, 2011)
GDP per capita growth	13.3 (2011)*
Main industries	Natural gas, oil, petroleum products, textiles, food processing
Social indicators	
Human Development Index Rank	Index .698, Rank 102 (UNDP webpage)
Unemployment	No official data available
Life expectancy at birth	71 years*
Under-5 mortality (per 1000 live births).	53.0. (2012), HDR 2014
Number of maternal deaths in 2010	73 (Trends in maternal mortality 1990–2010 UNFPA, UNICEF, WB; 2010)
MMR	67 (Trends in maternal mortality 1990–2010 UNFPA, UNICEF, WB; 2010)
Lifetime risk of maternal death 1 in:	590 (Trends in maternal mortality 1990–2010 UNFPA, UNICEF, WB; 2010)
Health expenditure (% of GDP)	2.7 (2011) HDR 2014
% of births attended by skilled health personnel.	100% (WHO Europe database, PRB, and UNstat, 2008)
Antenatal care coverage by at least 4 visits	83% (Assessment of antenatal and postpartum care at the PHC level in Turkmenistan, 2012)
Total Fertility Rate	2.4 (Population Reference Bureau, 2013)
Adolescents' birth rate (births per 1000 women aged 15- 19)	18.0 per 1,000 ages 15-19 (2010-2015) HDR 2014
Coverage of the target group during the last screening on cervical cancer	47% (The National Institute of Oncology, 2012)
Contraceptive prevalence rate	48% (MICS, 2006)
The total # of family planning SDPs countrywide	104 (all nationally owned), MOHMI
% of people living with HIV, 15-49 years old	The national reports are not available
Adult literacy (% aged 15 and above)	99.6% (2011), (WDI -2014)

* World Bank Document: "IBRD & IFC Interim Strategy Note for Turkmenistan for the period FY 14-15," June 2013.

Executive Summary

Overview

Required by the UNFPA programme management guidelines and guided by the UNFPA Handbook, October 2013 version, “How to Design and Conduct a Country Programme Evaluation at UNFPA,” the purpose of this CPE is to evaluate the programme performance; determine the factors that facilitated or hindered achievement, provide recommendations and document the lessons learned from the past cooperation that could inform the formulation of the 4th Country Programme of UNFPA support to the Government of Turkmenistan.

Objectives and Scope

The current program cycle is for the period of 2010-2015. With the objective to draw key lessons and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next program cycle, the scope of the evaluation is to cover the country programme (CP3) period from 2010 to 2014. As requested by the TOR (Annex 1), covering six evaluation criteria, the evaluation focuses on two components. The first is an analysis of UNFPA focus areas Population and Development, Reproductive Health including SRH education and Youth, and Gender Equality based on OECD/DAC evaluation criteria: Relevance, Effectiveness, Efficiency and Sustainability. The second is an analysis of UNFPA strategic positioning in the country with a focus on UNCT Coordination and UNFPA’s Added Value in the development agenda. The evaluation is conducted by a team of independent evaluators in close cooperation with the Country Office staff, Evaluation Manager and the EECARO Regional Advisor on M&E. For each of the evaluation questions selected under these criteria, assumptions to test them were developed, with corresponding indicators as detailed in the attached evaluation matrix (Annex 2).

Methodology

The methods of data collection and analysis were determined by the type of evaluation questions, assumptions, and the indicators chosen to test the assumptions. Data sources are both primary and secondary, with a mix of quantitative and qualitative data. The evaluation triangulated data sources, data types, and data collection methods by employing multiple-method approach including documentary review, group and individual interviews, focus group discussions, observations and site visits. Validation of data and interpretation of those were sought through regular exchanges with the Country Office programme officers and ERG members. Monitoring reports (quarterly reports, standard progress reports, annual reports, trip reports by programme staff) submitted by IPs and UNFPA staff provided additional data. The triangulation of data minimized the weaknesses of one method, and offset by the strengths of another, enhancing the validity of the data.

Geok Depe (in Ahal), Mary and Dashoguz velayats were selected for field visits to assess how UNFPA support has been realized in these Areas. Due to the limited time and resources a judgmental sample of beneficiaries was used to gather information on service quality and its accessibility and utility. Conducted in three phases (Planning/Design; Implementation/ Data collection and Analysis and Reporting), the evaluation team presented the preliminary findings to the Country Office and ERG upon completion of the data collection phase for initial comments and validation of findings. The draft report was then reviewed by Country Office staff and ERG, Regional Office M&E advisor, and Evaluation

manager for quality assurance. A management response to the recommendations will then be prepared by the Country Office.

Country Context

Turkmenistan, an upper middle income country with an HDI of .698¹ believed to be on track to meet at least some of the MDGs by 2015, although very limited recent official data have been available on national progress. A data assessment report has been prepared to present credible data in MDG reporting. Despite having improved in the economic front and infrastructure development, the country lags behind in some social indicators, and the credibility of some data remains questionable².

Challenges remain, *inter alia*, in the areas of open access to data, quality of reproductive health services to further decrease of maternal mortality, quality of family planning services and increasing access of vulnerable groups to affordable quality family planning services, reproductive health services and information for men and adolescents and promoting reproductive rights. The access to sexual and reproductive health information and services for youth is limited.

Country Programme

A total of three main outcomes and six outputs are included in CP3 under the focus areas: Population and Development, Reproductive Health including SRH education and Youth, and Gender Equality. Outcome expected in Population and Development is that population dynamics and its linkages with gender equality and reproductive health is available for use in public policies and development of plans. As a result of reproductive health outcome, more women, particularly in rural areas, are expected to receive quality maternal and newborn healthcare services at all levels of health-care system. . Contributing to this same outcome, improvement of national legislation and policies on maternal health, in accordance with gender-sensitive principles, are planned under Gender Equality outcome. SRH education is focused on working with national and local authorities to increase opportunities for young people, including adolescents, to receive quality healthy life-style education at all levels. The details of the programme logic are illustrated in Annex 3.

As a middle-income country, UNFPA CP is now shifting away from supporting implementation of services to that of a broker of expertise.

Key Findings:

Interventions under all focus areas (Population and Development; Reproductive Health including SRH, Youth; and Gender Equality) have been planned in line with national priorities, beneficiary needs, and with UNFPA strategic priorities contributing to the advancement of the ICPD agenda and the interventions are found to be relevant to the country and UNFPA strategic needs. Furthermore, the focus of the CP3 is in line with the needs of the population as articulated in the different national planning frameworks.

At an output level, Population and Development has been effective in completing the Census keeping in line with international standards as well as data generation via other surveys and research. UNFPA

¹ Human Development Report 2014

² MDG data assessment report, 2014

support to capacity improvement in generation and analysis of data, production of monographs and maps are found to be satisfactory. Establishment of national database “SaglykInfo” and Gender statistics are positive achievements. While UNFPA support to Census implementation was positive, the data are not yet available for public use. Knowledge management -mainly by supporting surveys and research, and dissemination of their results as well as outcome results of UNFPA mandated development interventions have been achieved only to a limited extent, mainly due to the unavailability of data that is needed to realize the planned outcomes. In general, there is a difficulty in accessing reliable data that limits measuring and monitoring results and sharing information in a timely manner.

CP contribution to national efforts in improving women’s reproductive health through strengthened institutional and individual capacity is commendable. Eight out of nine CP output indicators are fully achieved: all five from the aligned and 3 out of 4 from the original CP (Country Office M&E database). Family planning and Reproductive Health services are more focused to the needs of women and limited attention was given to promoting the availability of FP and SRH services for both male and female adolescents. UNFPA support to the re-establishment of the midwifery school is relevant and timely. The contribution to strengthening the national capacity to implement the Minimum Initial Service Package (MISP) and training of personnel on approved national action plan on MISP were found to be satisfactory. Capacity development of medical personnel in the development and implementation of national guidelines and protocols and strengthening national policy framework to provide quality reproductive health services for women were effective and have been successful. Quality of newborn health services were not fully addressed at the design stage when implementing the program. Advocacy work and technical assistance in regionalization of perinatal care, and a referral system, particularly for pregnant women and new-borns has been done, however, further technical assistance would be needed in this area.

UNFPA strengthened the national system on HIV case management through technical assistance. Basics of life skills (BLS) subject increased knowledge about reproductive health issues, sexually transmitted diseases and HIV. The Evaluation notes that the formulation of the key policies such as the Law on State Youth Policy remains an unfinished agenda for the Country Programme.

SRH education and Youth focus area are well embedded within the priorities of national and international partners and needs of beneficiaries. High relevance of SRH education and Youth interventions does not necessarily imply that all inherent relevance has been utilized by various stakeholders to its utmost due to cultural sensitivity of SRH issues. Interventions in the area of SRH education provided professional growth to teachers, and enhanced capacity of institutions in certification standards and development of teaching norms on SRH education and gender on BLS education.

The Gender component contributed to improving the policy and legislative framework as well as getting the CEDAW reporting conclusions out to the development partners. There is room for improvement in the technical capacity building of national institutions and civic organisations related to women’s empowerment and gender equality. On the Recommendations of CEDAW Committee, IDHR started the process of development of Domestic Violence Legislation. Since GBV was not reflected in the CPD and CPAP, interventions and advocacy work against GBV and male involvement in GBV prevention and response have not being addressed. Greater support from UNFPA will be required in order to increase

the attention given to gender budgeting and utilization of statistical data for evidence based policymaking and implementation of actions.

Country Office was able to meet the targets within the limited human and financial resources largely due to the strategies adopted by the Country Office in the implementation of UNFPA supported interventions. Targeted capacity building in areas that could bring high impact results, South-South Cooperation, joint programming, using UNFPA comparative advantage in the areas such as FP, Youth, Gender Equality, and SRH combined with the Country Office staff dedication and professionalism added to the programme efficiency and effectiveness. Joint programming with other UN agencies is found to be effective and efficient. However, in a few instances, more room for coordination among the agencies working on similar topical areas with the same implementing partner was observed. In general, CP has achieved its planned results within the allocated resources and limited human resources and it is very likely that all targets will be reached by the end of the current country programme cycle.

The programme is considered sustainable, noted by key informants as well, since the strategic priorities for the country are identified by the government high level ministries and institutions. The programme support enabled strengthening of existing systems within the government structures as well as capacity building of institutions and the staff in their permanent mandates/roles. However, some programmes under Gender Equality, SRH education for youth, are still in early stages and the government ownership and long-term support is yet to be seen. Civil society participation was limited or non-existent and programme plans did not have explicit sustainable strategies included in their planning stages.

Strategically, UNFPA has maintained its strong presence in all policy and key decision related functions and is well recognized and acknowledged by other UN members for its contribution to improving the UNCT coordination mechanism, its active engagement in joint programming and playing the role as a lead agency. The Country Programme is well aligned with UNDAF and UNDAF reflects the UNFPA mandate and results. The added value of UNFPA as a development partner is high, particularly where UNFPA has acted as a facilitator. Country Office has made positive efforts in strengthening national capacity in all UNFPA mandated areas with room for improvements specifically in statistical capacity. Country Office is perceived to have its strongest comparative advantage in advocacy, followed by technical input in terms of capacity development, strengthening of the systems, especially in reproductive health, policy dialogue and support. The Country Office engagement in upstream advocacy initiatives has been realized and was successful in moving several laws and strategies forward.

Conclusions

All programmatic areas are found to be relevant to the needs of the government, beneficiaries and the UNFPA mandate. With limited human resource capacity in Country Office, the strategic use of input in capacity development of national partners to carry out the work is efficient use of resources. Compared to the size of the Country Office, the accomplishments are commendable demonstrating a sign of efficiency. Collegial working relationship with UN agencies and joint programming has increased the Country Office efficiency. Room for improvement exists by adopting more coordinated and interactive approach when several agencies work with the same implementing partner. In general, activities under all programme areas were performed with effective and efficient use of resources and targeted capacity development interventions. With shrinking resources, the Country Office has made some effort, but with more room to explore public-private partnerships for financial and technical support for the programmes. .

The programme delivery is effective, achieving above the targets in some areas. Key challenges to meeting the results are in the area of data availability and accessibility. Dissemination of data and survey results and open sharing of them are found to be weak. Emphasis on knowledge managements (KM) is limited. Due to cultural sensitivity of SRH issues, results may be slow in interventions where behaviour change is expected. Overall, the programme has been effective in achieving planned results and it is likely that by the end of the cycle all outputs will be realized; however delays due to unavailability of data will be unavoidable and will be a major setback in achieving the planned outcomes.

By default, UNFPA mandate fits well with the priority needs. It is less clear to what extent beneficiary participation was included when designing the CPAP. Some of the identified risks to sustainability relate to the lack of exit strategy. While recognizing the lack of civil society organizations in the country, it is noted that in general the youth participation was sought in planning youth activities. The engagement of end users such as men, women and adolescents was found limited in reproductive health interventions. With the need to undertake a more advocacy role in CP4, the Country Office will have to find a balanced approach to address the unfinished agenda.

Recommendations

At strategic level: More coordinated planning and implementation; and human resource strengthening would be needed to fully meet the Country Office role in upstream advocacy. This requires UNFPA to shift from direct provision of support to playing more of a brokering role, which often entails building relationships at national and regional levels with academic institutions, think-tanks, and other civil society partners. This shift also will require a change in mindset as well as some adjustments to the skill sets possessed by UNFPA staff. UNFPA should maintain its leading role in coordination and use the comparative advantage to follow up on the implementation of laws and policies that have been approved by the government.

Key priority would be to identify bottlenecks and support relevant institutions and participate in strategic interventions to make data accessible and available. If feasible, given the national capacity and mechanisms, establish where absent or lacking, data bases for vulnerable and disadvantaged populations for monitoring and assessing change resulting from the country programme interventions. A continuous institutional capacity development is needed with clear sustainable strategies, to support the implementation of the Country Programme.

At programmatic level:

A detailed illustration of theory of change with baseline data and SMART indicators are recommended for results based management and to help with contributory analysis and/or impact assessments in the future. Maintain and continue the current close dialogue with partner institutions to address issues relevant and priority to the country that fall within UNFPA mandate. Support to SCS and the Academy should continue with clear exit strategies in place to make the interventions sustainable and to have ownership by the relevant institutions. Continue technical assistance and support to MOHMI, and other implementing partners such as the Institute of Democracy and Human Rights, MOE, SCS and the Academy, Youth organizations etc in the identified priority areas in the next cycle. Strengthen the integration of programme components to increase the impact and sustainability of programme results.

Programmes under SRH education, Youth and gender equality are still at young stages and may take another few years to come to full realization. While the progress may be slow, a systematic follow up will be necessary to achieve long-term benefits. An integrated approach to the programme implementation to be adopted for enhancing effectiveness, efficiency and sustainability. Significant attention is required to ensure that baseline data, including sex-disaggregated data, are collected before the new cycle activities are implemented and to support establishing unified monitoring system that can be applied at national level. Develop strategic approaches to change social and cultural norms where taboos, traditional values, and perception of general public continue to be a hindrance to the quality improvement in people's lives. If needed, Regional Office to provide the necessary support to the Country Office in the development and implementation of the institutional capacity building plan as part of the routine Regional Office technical programme and operations support; assist Country Office with a KM strategy; assist with resource mobilization efforts and where advocacy efforts require interventions beyond country level, the Regional Office to create conditions that promote such regional and/or inter country advocacy agendas.

Chapter 1: Introduction

In line with the Paris Declaration of Aid Effectiveness, UNFPA works closely with the Government of Turkmenistan. UNFPA CP3 (2010-2015) has been developed taking into account national development policies, the goals and objectives of ICPD PoA, MDGs , UNFPA Strategic Plan 2008-2013, Mid-term review and Business Plan 2012-2013 and SP 2014-17. CP3 has been harmonized with the priorities of the Government and the programmes of the UN agencies in the country. In 2014, on 5th year of the CP implementation, the Country Office is conducting an end-line evaluation.

1.1 Purpose and Objectives of the Country Programme Evaluation (CPE)

The UNFPA programme management guidelines state that final evaluation of the country program should be undertaken before the next country programme cycle is planned. As such, this evaluation is undertaken during the fifth year of the six year CP cycle, to highlight lessons learned and thereby contributes to the development of the next Country Programme Document (CPD) of Turkmenistan for UNFPA assistance. The final report outcome will be presented to the Executive Board together with the CPD outlining the CP4. This evaluation was guided by the UNFPA Handbook (October 2013 version) “How to Design and Conduct a Country Programme Evaluation at UNFPA.” The purpose of this CPE is to assess the programme performance; determine the factors that facilitated or hindered achievement; provide recommendations and document the lessons learned from the past cooperation that could inform the formulation of the 4th Country Programme of UNFPA support to the Government of Turkmenistan.

Specific Objectives

With the overall objective of creating a broadened evidence-base for the design of CP4, the specific objectives of the CPE are:

- a) To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
- b) To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current CP and to assess performance of the CP;
- c) To provide an assessment of the Country Office strategic positioning within the development community and national partners, in view of its ability to respond to national needs while adding value to the country development results (this has two parts the first part assesses UNFPA Country Office *contribution* to the functioning and consolidation of UNCT coordination mechanism, the second part, *added value* assesses the extent to which the UNFPA Country Office adds benefits to the results from other development actors’ interventions; and
- d) To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next program cycle.

1.2 Scope of the Evaluation

The scope of this independent evaluation is to cover the CP period from 2010 to 2014, the fifth year (2014) of CP3 implementation which ends in 2015. The evaluation focuses on two components covering six evaluation criteria. The first is the analysis of UNFPA focus areas Population and Development, Reproductive Health including SRH education and Youth, and Gender Equality, based on OECD/DAC evaluation criteria of Relevance, Effectiveness, Efficiency and Sustainability. The second is the analysis

of UNFPA strategic positioning in the country with a focus on UNCT Coordination and UNFPA’s added value in the development agenda. The evaluation is conducted by independent evaluators in close cooperation with the Country Office staff, Evaluation Manager and the EECARO Regional Advisor on M&E.

As per the TOR (Annex 1), the intended audience for the evaluation and its users are the decision makers within UNFPA and the Executive Board. The Country Office, national partners, relevant government agencies, other development partners, EECA RO, UN agencies in the country were part of the audience who contributed to this evaluation exercise as well as who will benefit from the evaluation process and the findings.

1.3 Methodology and Process

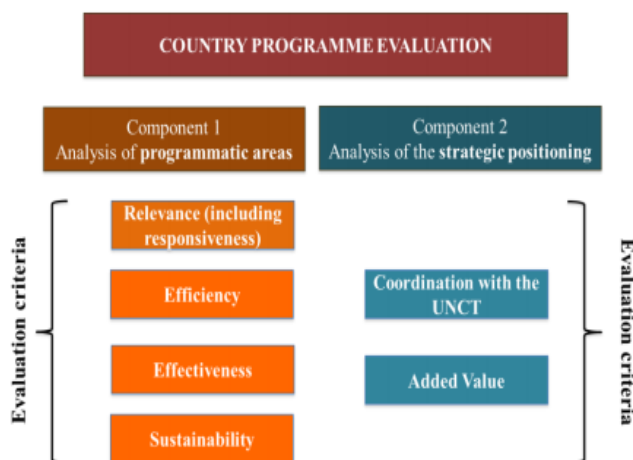
As noted above, this evaluation addressed two components each with specific criteria as laid down in the TOR. Assumptions were developed assessing the programme focus areas related to evaluation questions based on DAC evaluation explained below:

- Relevance - the degree to which the outputs/outcomes are in line with national needs/priorities, UNFPA priorities, and relevant to stakeholders.
- Effectiveness - verification of whether planned outputs and ideally outcomes were achieved.
- Efficiency - linked outputs to expenditures/resources and assessed whether these occurred as economically as possible, as well as within the time limits of the programme.
- Sustainability - the extent to which programme/project results were likely to continue/remain after termination of external assistance.

The second component of the CPE assessed UNFPA’s strategic positioning in the country using the criteria *coordination* and *added value as explained under the objectives*.

Upon desk review of key documents and several meetings with Country Office programme staff, ET prepared evaluation design matrices (see Annex 2) which included the evaluation questions, assumptions, and indicators and were used as reference framework for data collecting and reporting phases.

Figure 1: Evaluation criteria for the CPE



Source: CPE Handbook (UNFPA, October 2013)

1.3.1 Methods for Data Collection, Sources and Analysis

As noted above, the methods for data collection and analysis were determined by the type of evaluation questions, assumptions and the indicators chosen to test the assumptions (refer to Annex 2: evaluation matrix under each focus area).

Sources of data are both secondary and primary.³ The type of data is based on a mix of quantitative and qualitative, derived from multiple sources. The evaluation triangulated data sources, data types, and data collection methods by employing multiple-method approach including documentary review, group and individual interviews, focus groups, observations and site visits as needed. The collection of data was carried out through a variety of techniques that ranged from direct observation to informal and semi-structured interviews and focus groups discussions. Key documents reviewed included the UNFPA Strategic Plan, UNFPA Business Plan, UNDAF, Country Programme Documents, Country Programme Action Plan, AWP, Standard Progress Reports and M&E database, Country Office Annual Reports, UNDAF year-end reports and evaluation report, and relevant reports from implementing partners. Applying perceptions, validation, and documentation criteria, the evaluation sought to ensure triangulation. Perceptions were elicited through interviews with internal and external stakeholders and key informants. Validation was achieved through stakeholder meetings, such as debriefing meetings with UNFPA staff and the members of ERG. The Evaluation Team (ET) used a variety of methods to ensure the validity of the data collected.

Due to the limited availability of time in the field and the inability to access a list of service users who will attend the service facilities in any given day, a judgmental sample of beneficiaries was used to gather information on service quality and its accessibility and utility. The evaluation also made use of the monitoring reports (quarterly reports, standard progress reports, annual reports, trip reports by programme staff) submitted by IPs and UNFPA staff. The triangulation of data is expected to minimize the weaknesses of one method, and to be offset by the strengths of another, enhancing the validity of the data. The following planned data collection exemplified the mix methods that were employed during the data collection stage. Analysis of quantitative data was based on the availability of primary and secondary data.

The evidence to address component 2 on strategic positioning is derived mainly from the content analysis of interview responses from senior members of selected UN agencies and related documents such as minutes of meetings, M&E reports, and annual reports. Comparative assessment was undertaken focusing on the extent to which elements of CPD/CPAP are in line with UNDAF, extent to which UNDAF reflect the interest and priorities and mandate of UNFPA in the country, and the degree of coordination between UNFPA and other UN agencies.

Retrospective and prospective analysis and the evaluation criteria

Evaluation team assessed the extent to which effects have been sustainable – provided that the effects had been already generated – but also looked at the prospects for sustainability i.e. the likelihood that the effects of UNFPA interventions continued once the funding came to an end. Questions were formulated to elicit this information; however, this was based mainly on respondents' perceptions. For effectiveness,

³ primary data was mainly qualitative in nature

evaluators assessed the extent to which objectives *have been* achieved or *likely to be* achieved; if in case the time period is not adequate to realize the expected results.

Selection of stakeholders and study sample

The Evaluation Team (ET) together with the Country Office programme staff undertook a ‘stock taking’ of all the programme interventions (related to capacity building) and also identified a list of stakeholders based on document review and discussions with UNFPA programme staff. The number of interventions under each focus area ranged from 30- 65 and covered a wide range of participants. These included national level stakeholders, velayat and etrap level implementing partners, strategic level partners, and beneficiaries. The evaluation focused on a few major categories of stakeholders distributed across the CP3 programme themes. The selection covered all focus areas, though not a representative sample, a purposive sample was selected to reflect the interventions and the participants involved.

As explained below (under site selection) three velayats (regions) were selected on the basis of the complete Stock Taking/Inventory table of interventions prepared by each of the programme officer. The programme interventions were categorized into themes: Capacity Building, Service Provision, Advocacy, Procurement etc. Within Capacity Building interventions, sub groupings were selected based on several criteria, such as (a) if the events were one-off vs. series of events building on the same objectives; repetitive training; (b) type of training (upstream; technical support; strengthening South-South Cooperation; study tours; advocacy and media related); (c) duration of the training; (d) type of participants (senior level, service providers, Y-PEERetc.); (e) budgetary allocation; (e) and the location from where the participants came. Based on these criteria, names were identified from the list covering the complete stock of interventions under each focus area.

Stakeholders’ participation

The evaluation adopted an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team, together with the Country Office staff did a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet played a key role in a relevant outcome or thematic area in the national context). These stakeholders included representatives from the government, UN organizations, other multilateral organizations, and most importantly, the beneficiaries of the programme.

At the national level, key stakeholders from relevant ministries, such as the Ministry of Health and Medical Industry of Turkmenistan, Department of Statistics of MoHMI, Civil Service Academy, State Statistics Committee of Turkmenistan, National Institute of Democracy and Human Rights, Ministry of Education and Youth Organization of Turkmenistan were interviewed. Other source of data/ information was from UNFPA Country Office staff and other United Nations agencies, such as UNDP, UNICEF, UNHCR, UNODC, WHO and the World Bank that contributed through close collaboration and/or Joint Programming.

At the velayat and etrap levels the relevant departments including health officials, service providers in health facilities, Y-Peer groups, and SCS officials, as identified in the stakeholder map, were interviewed.

Direct Beneficiaries of the programme, such as Velayat and District Administration systems, users of modern family planning methods and health services, including women, men and young people, pregnant

mothers, Y-PEER volunteers, youth and teachers were interviewed. Due to the time and other logistical limitations, selection of some of these target beneficiaries (e.g. pregnant mothers, those who seek FP services, etc.) were based on those who were present during the evaluators' visit to the health facility. Interviews were done at the health facility with the consent of the beneficiaries.

Selection of Field Sites

The evaluation team in consultation with Country Office selected Geok Depe (in Ahal), Mary and Dashoguz as areas for field visit. All five *velayats* (provinces) had similar input in terms of programme interventions over the CP3 duration. Selection of the three areas was based on a few criteria as discussed below.

National development indicators show disparities in the access to some basic services by certain groups based on, for example rural-urban status, region, wealth quintile and gender, along with other important social dimensions such as disability, ethnicity, and vulnerability to natural disasters. Infant and under-5 mortality rates, for example, have been found to be 1.3 to 1.7 times higher in Dashoguz, Lebap and Mary velayats than in the metropolitan regions (Ahal velayat and Ashgabat city).⁴⁴ With all these multi-layered disparities it had created a complex and challenging environment for development progress, rendering the need to effectively address disparities to ensure greater equity in development outcomes. These disparities noted above were also taken into consideration when selecting the velayats.

Geok depe district in Ahal province, was selected as the first site to visit. This gave an opportunity to test the questions, timing, and other relevant details to design better for other field visits. The design phase had no time to pre-test the instruments, however, Geok depe, provided opportunity to test and finalize the data collection tools and methods prior to visiting other areas. Another site, Tejen, 210 km from Ashgabat to the East, was visited next, based on the population of the town, which is far greater than in Geok depe district. Both Geok depe and Tejen, in Ahal province, provided a good setting with a rural background while being in close proximity to the capital, to assess access to services by rural populations. Evaluation team assumed that being closer to the capital, the services would be better than in the remote areas and coverage would be better. Mary velayat was chosen as a result of the capacity building interventions as part of the MISP implementation, which was one of the CPAP outputs in Reproductive Health. Mary velayat is the most populated velayat in the country with a comprehensive input from all focus areas and was a good candidate to employ all the evaluation criteria the CPE tested. The decision was made based on the inventory/stock table. The detailed document (excel file) is available on request.

Dashoguz, the third area visited is the most remote area located across the Karakum desert which had benefited from all the interventions carried out at a velayat level. Dashoguz represents diversity in ethnicities and languages. As such the purpose was to test the assumptions made in the most remote areas and among diverse beneficiaries. This also may have provided some information on how UNFPA has addressed the needs of most vulnerable groups and diverse populations. In Dashoguz, the evaluators visited a primary and a secondary health care facility, schools, youth centres and SCS offices.

⁴⁴ UNICEF Turkmenistan, *MICS 2006 Regional Disparities Report*. Ashgabat, 2007.

Table 2: Type and number of stakeholders interviewed (individually and in groups)

<i>Institution</i>	<i>Number of institutions/agencies visited</i>	<i>Number of people interviewed</i>
UNFPA Country Office	1	6
Strategic partners (UN agencies and Donors, Key development partners)	12	14
National Level: Line Ministries (MOHMI, IDHR, MOE, MOF, MOE), National Institute of Education, Mejlis (Parliament), Youth Organization of Turkmenistan, National Institute of Democracy and Human Rights , SCS and Civil Service Academy	9	15
Other Implementing Partners (at national level – HIV/AIDS prevention center, Oncology Center, Drop-in centers)	2	4
City health houses (doctors)	3	10
City health houses (doctors)	2	7
<u>Ashgabat, Mary, Dashoguz</u>		
Velayat level – Reproductive Health	6	18
Velayat level - SRH-Youth/4 schools & 3 Youth Centres	7	190
Velayat level only Mary, Dashoguz - Population and Development	2	16
Etrap level - Reproductive Health	16	84
Etrap level – SRH Edu	2	50
Health Facilities, State Medical University	1	2
Beneficiaries (Reproductive Health) both velayat and etrap levels	8	63
Total	71	479

As mentioned earlier, the selection of the sites were purposive, based on the detailed background information collected.

Ethics and maintaining the quality of evaluation

During the study, several precautions were taken to ensure the protection of respondents' rights. Ethical principles of respect, beneficence, and justice were applied in the selection of the respondents. Informed consent was sought prior to the interviews and the data collected was treated confidentially, with no identifiers ensuring access to authorized persons only.

Informed consent was obtained by Country Office (from those identified during design phase), prior to ET's field visit. ET looked for credible information based on reliable data and observations and protected the anonymity and confidentiality of individual informants following UNEG Ethical Guidelines and Norms for Evaluation in UN System. Where written consent was not applicable or feasible, verbal agreement was sought. The interview respondents were informed of the evaluation purpose, rights and obligations of participating in the evaluation. The evaluation team adhered to mechanisms and measures to ensure that the evaluation process conformed to relevant ethical standards observing privacy and confidentiality considerations.

Conclusions and recommendations were made based on findings, judgments and lessons learned, appropriately reflecting the quality of the methodology, procedures, and analysis used during collecting and interpreting data. The team followed the evaluation handbook that provided guidelines on how to design and conduct the CPE which was a useful tool to come to a consensus on the terminology and methods used in the evaluation and reported results.

Evaluability Assessment and Limitations

First, some of the outputs formulated in the CPAP are found to be at an “outcome” level which involves a measurement of change before and after and as such, assessing the achievement of those was not feasible. For example, measuring “enhanced national capacity, “strengthened quality” that are expected at output level was a problem. Especially without clear definitions and indicators of the terms (e.g. what exactly is meant by ‘enhanced capacity’ whose capacity and to do what?) and without baseline values in a few indicators, progress/results cannot be measured. However, this was mitigated to a certain extent by establishing assumptions and indicators set by the evaluators.

Programme logic model for some outcomes were not too convincing with weak links and as such there may have been gaps in the results chain. Some of the indicators used for results achievement were also not too convincing. For example, an outcome indicator measured by “Births attended by skilled health personnel” still remains in the logic model where this indicator has been achieved at almost 100% level in 2008 according to PRB and UNstat (2008). The evaluation team refined programme logic including indicators in consultation with country office staff for the purpose of evaluation.

The short timeframe of this evaluation did not allow the team to collect primary quantitative data for related areas and accessing data with some consistency was a major challenge. Reliability as well as the lack of secondary data was a limitation in general. In order to mitigate these limitations, the evaluation team collected qualitative data where secondary data was limited or absent. In consultation with Country Office, the evaluation team sought for numerous data sources to report what is appeared to be most reliable.

Due to logistical reasons (duration in each place and the distance to community level service centers) getting a sufficiently clear picture on the nature and quality of services at beneficiary level was a challenge for the team. For example, in reproductive health, the lowermost level of the health system based in the villages were not visited due to the time limit and only etrap level (primary level of care) and velayat level (in-patient care) facilities were visited for observation and interviews. All the facilities were informed well in advance, as the protocol requires that, of the evaluation and the ET’s visit. Convenient sample from the men and women who visited the health facilities were included in the study and that may have been a bias sample. A representative sample of those who used the services was not possible and was not economically feasible given the time duration and the resources available for the CPE. On the other hand, the non-users of the health facilities did not get a chance to be included in the sample; however, this may not have been a major issue as a very high percentage of the target groups attended services. The evaluation team mitigated these field limitations by triangulating data from various sources to strengthen the evidence base.

The communication gap, due to language limitation, within the evaluation team posed delays and lack of clarity in expected outputs and reporting. The Country Office responded immediately by obtaining approval to recruit two national consultants with language proficiency and knowledge in subject matter as well as UN system operation. Limited or no feedback from some of the evaluation team members posed challenges during the report writing period. This was mitigated by regular communication with the Country Office for clarification and additional information.

The Evaluation Process

Evaluation Planning/Design Phase: included desk review of key documents, stakeholder mapping, and preparation of the design matrix and presentation of the design report.

The Implementation Phase/ Data collection and Analysis Phase: Field site visits were conducted in three velayats as explained above. This enabled the evaluators to interact with various stakeholders involved in the implementation of the program and beneficiary representatives. At the national level, data was collected from lead ministries, selected donors, UNFPA staff and other strategic partners (UN agencies).

Reporting Phase: After the fieldwork, upon cross-checking and preliminary analysis of data collected, a debriefing of preliminary findings was held with the Country Office and the ERG. The purpose was to receive initial comments and to validate findings. The draft report was then reviewed several times by Country Office staff, ERG, Regional Office M&E advisor, and Evaluation manager for quality assurance. The final draft was presented to the national stakeholders for validation. Finalization of the CPE report was done based on feedback. A management response to the recommendations will then be prepared by Country Office.

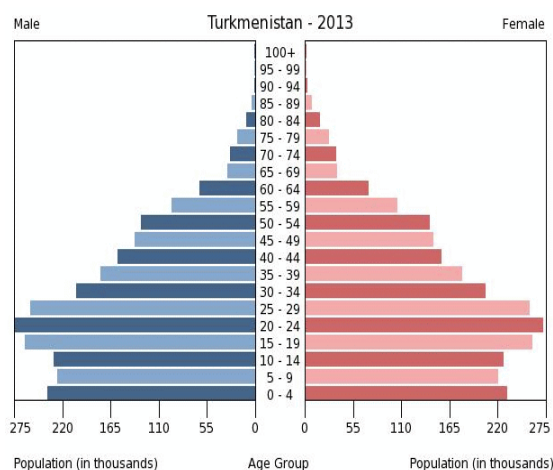
Chapter 2: Country Context

Turkmenistan gained independence in October 1991 following dissolution of the Soviet Union. The country borders Afghanistan, Iran, Kazakhstan and Uzbekistan. Turkmenistan population is about 6.8 million growing at 3 percent annually based on the State Statistics Committee's report (2013). About half of the population resides in rural areas. The country is considered as an upper level middle-income country with a Human Development Index (HDI) of 0.698 in 2013 (HDR, 2014) placing in the category of a country with a medium human development.

Turkmenistan is believed to be on track to meet at least some of the MDGs by 2015, although very limited recent official data have been available on national progress. The last national report on the MDGs was prepared in 2003, when the Government reported that the country had already achieved 13 of the 18 global MDG targets for 2015. A new MDG report is being undertaken in 2014 and is believed to be in a position to provide information on nearly all relevant indicators. However, the issue of availability of and accessibility to credible data is of a great concern to those engaged in development planning and monitoring of results. Very limited official data have been available on national progress toward the MDGs by 2015 (Annex 6). The last national MDG report was prepared in 2003, when the Government reported that the country had already achieved 13 of the 18 global MDG targets for 2015. A new interim MDG progress report is being undertaken with United Nations Agencies in 2014, although information may not be available to assess progress on all 60 targets.

Progress in the area of education is commendable where free education is almost universal for both boys and girls, and the adult literacy rate is nearly 100 percent⁵. According to the Government data, average life expectancy had increased by 4.2 years between 1990 and 2011. Non-statistical estimates suggest that a proxy to a minimum monthly wage in Turkmenistan is \$52.6. This implies that the minimum daily wage

Figure 2: Population Pyramid of Turkmenistan



Source: CIA World Factbook 2013 (web)

today is at the level of \$1.75, representing \$0.50 more than the MDG minimum. The most recent data available on unemployment refers to 2004 and is at the level of 30.2 % (EBRD). Unemployment benefits make \$17.5 per month per registered unemployed individual. The average monthly income of a public employee is \$210 (2009, ADB). There is a system of universal subsidies for food products (salt, bread), water, electricity and gas supply. Every car owner is provided with 120 liters of gasoline per month for free. Urban public transportation costs some \$10 per month per family.

The Government promotes a pro-natalist policy and with a total fertility rate of 2.4 in 2010, the child dependency ratio is 44 while old-age dependency ratio is 6⁶. Age group 25-54 years group makes almost

⁵ WDI, 2014

⁶ Turkmenistan Country Implementation Profile – World Population Projections by UN Population Division

42% (male 1,058,811/female 1,079,697) of the total population while a little over 10% belonging to 55 and above age group.

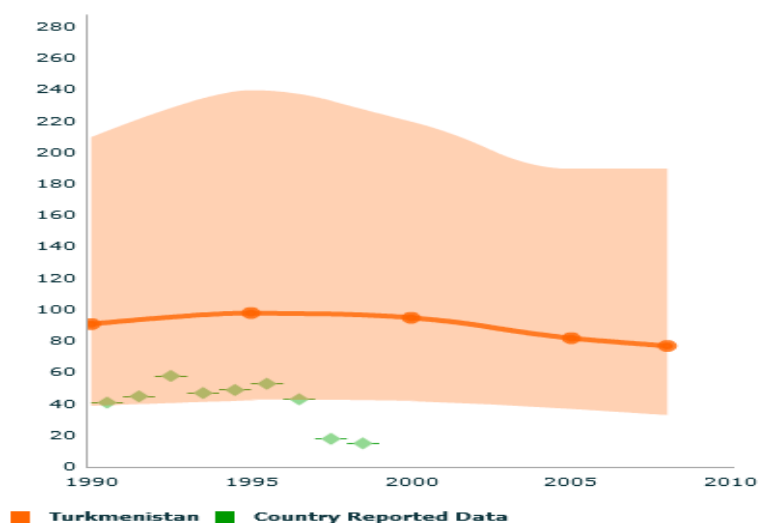
The Government continues to be the sole actor in most aspects of development, including health, which does not encourage the participation of civil society. The Government also has a history of keeping data a state secret, making it difficult to obtain official statistics for planning and reporting.

In the areas of reproductive health, the Government has improved reproductive health commodity security and has expanded family life education to all grades of secondary school as a mandatory subject. The government also has achieved significant improvement in availability and access to family planning services. Contraceptive prevalence rate for modern methods rose from 13% in 1993 to the current 48% (MICS, 2006). Despite availability of at least three modern methods of contraception in service delivery points (SDPs) the Intra-Uterine Device (IUD) usage rate remains as high as 72.4% (MCH) among all methods offered. The attention to males in promoting FP is limited and the national capacity to address reproductive health issues related to males is extremely low.

The Government is committed to improving the quality of reproductive health care, including maternal health services with a focus on emergency obstetric care, and screening and treatment for cervical cancer. The government is pursuing improvement of maternal and child health through implementation of the national strategies on Reproductive Health 2011-2015, developed with UNFPA support. Turkmenistan has carried out considerable work over the recent years, including the past CP cycle, in the area of reproductive health of women and protection of public health and has positive results. In 2011, maternal mortality ratio has reached 5.9 per 100,000 live births from 11.5 in 2009 (MoH, 2012). However, the UN agencies and the World Bank estimate the rate of 67 in 2010 compared to 82 in 1990 (WHO, UNICEF, UNFPA and the World Bank estimates, 2012). About 99% of deliveries take place at hospital settings (MoH, 2012)⁷.

The main causes of maternal mortality are direct obstetric complications such as hemorrhage, eclampsia and obstructed labour. Turkmenistan reports a good coverage with MCH services: 99% of pregnant women received at least one antenatal visits in 2006 (MICS), and almost 100% of women in 2011 have delivered in health care facilities. Eighty five percent of all maternity hospitals country-wide was certified as baby-friendly, but the exclusive breast feeding rate is still low (2006, MICS).

Figure 3: Estimated (orange) and reported maternal mortality ratio, Turkmenistan



Source: WHO/UNICEF/UNFPA/World Bank: Trends in maternal mortality: 1990 to 2008

⁷ Discrepancy in data by different sources is unavoidable in this report and that reflects the country situation with regard to data.

To date there are 142 maternity hospitals, 83 reproductive health rooms operational in Turkmenistan, where 748 obstetricians and gynecologists work. However, the percentage of women with anemia in pregnancy still appears high: 58.6% in 1999 and 49.6% in 2004 (no recent information available).

Per capita total expenditure for health was 124 USD in 2010, general government expenditure on health as % of total government expenditure was 10% in 2010. In the past years, through support of development partners, different activities to improve quality of care were implemented involving health care providers and managers in the area of maternal and neonatal health care and organization. WHO supported programmes such as “Effective Perinatal Care” since 1999, “Making Pregnancy Safer”, and improving maternal and perinatal health since 2001, among others.

Furthermore, in the last two decades, a number of national programs aimed to decrease the level of under 5 mortality have been elaborated by MoHMI and implemented in Turkmenistan: «Protection and promotion of breast-feeding» (1998), «Prevention and control of anaemia» (1998), «Integrated management of childhood diseases» (2001), «Primary resuscitation and care of newborns» (2006) and «Safe Motherhood» in Turkmenistan for 2007-2011 years (2007). Since 2000, Turkmenistan adopted a National Strategy on Reproductive Health for the period 2000 - 2010 and 2011 - 2015. The basis of the Strategy is to improve the reproductive health of adolescents, women and men, as well as to decrease maternal mortality, by introducing reproductive health services at all levels.

In 2011, as one of the planned activities of Safe Motherhood Program, national experts, with the support of international consultants, developed the first set of 10 evidence based National Protocols in Obstetrics. A National Protocol on Antenatal Care was developed and officially approved by the MoHMI in 2012 and four more in 2014. UNFPA supported the development of the Order of the MoHMI #166 on improvement of perinatal and maternal health services through regionalization of services which was endorsed in 2014.

A database for gender statistics (GenStat) has been set up for Turkmenistan and its regions, sub-regions and districts; to assess gender development in the country, 1,537 indicators have been introduced in the areas of population, health care, physical education and sports, education and science, social welfare, work and employment, and households.⁸

Despite important Government efforts to strengthen data quality and analysis, including the establishment in 2013 of an Inter-Agency Council on Statistics, limited access to official data and the quality of official data that are publicly available continue to require further significant strengthening to ensure effective development planning.

The lack of public data disaggregated by sex and other stratifies, such as income and education, limits the capacity to address gender and other social determinants of equity, and has been cited by several human rights treaty bodies. One of the fundamental principles of the Constitution of Turkmenistan - the principle of equal rights and equal opportunities for women and men (Article 20) is fundamental and serves as the basis for the legislative and normative foundation of the legal framework of the country, which does not

⁸ Committee on the Elimination of All Forms of Discrimination Against Women. Combined Third and Fourth Periodic Reports.

allow any gender discrimination. Turkmenistan has signed and ratified a number of the basic UN treaties aimed at protection of women's interests and achievement of the gender equality.

Turkmenistan's education system is fully funded and administered by the state. The national strategies includes constitutional right of Turkmenistan's citizens for education, accessibility to education for all groups of society, and the improvement of teaching quality and achievement of international standards at all levels of education. The growing youth population requires that the Government invest significant attention and resources into training, education and job creation in the country. The new Law on State Youth Policy, adopted in September 2013, sets out more comprehensive and structured support to youth, defined as those aged 14-30.

The President also has directed that a number of steps be undertaken to determine the main directions of State support to young people; he has instructed the Cabinet of Ministers to develop a plan for initiatives in this regard.⁹ In particular, he has decided to establish a department under the Cabinet of Ministers to deal with youth issues, coordinating the formulation and implementation of Government programmes for youth;¹⁰ the national youth policy also outlines a provision to designate a department on Youth Issues in the Cabinet of Ministers. In addition, the President has directed authorities to outline concrete steps to ensure the State establishes youth-friendly health services, provides free consultation services on reproductive health and family planning, and supports young families, including young teachers, engineers, doctors assigned to work in rural areas, military families and others, for the construction of houses at affordable prices.¹¹

2.1 Development challenges and national strategies

Turkmenistan is placed as an upper middle-income country with a HDI of .698¹². Despite having improved in the economic front and infrastructure development, the country lags behind in some social indicators or for some the credibility of the data remains questionable¹³. Credible data are key to the country's development agenda and some development challenges identified are discussed below.

Data for development

Major challenges still face the Turkmenistan statistical system related to the relevance and reliability of official gender-disaggregated statistics, as well as open access to it. Further efforts are required to regularly generate credible, timely data for monitoring progress and using it in national development planning.

At a Cabinet meeting in April 2014, the President had specifically highlighted the importance of the improvement of statistics and data analysis as well as the need to finalize the census results.

State Programme on "Transformation of Statistics into international standards up to 2012" has been in effect and new methodologies and guidelines are developed at SCS in order to ensure compliance with international standards. The World Bank has also supported (through trust funds to finance) the *Statistical Capacity Building Project* (US\$387,500), which closed on April 15, 2012¹⁴.

⁹ *News Bulletin*. "Speech of President Berdimuhammedov at Elders' Council Meeting." Ashgabat, 29 October 2013.

¹⁰ Ibid.

¹¹ Ibid.

¹² Human Development Report 2014

¹³ MDG data assessment report, 2014

¹⁴ World Bank Group - Turkmenistan Partnership Program Snapshot - Recent economic and sectoral developments, April 2014.

Maternal health

Based on a Country Office documents and feedback from the stakeholders, it was noted that, despite the reforms and new direction for an overhaul of the health system, there is a need to further improve the quality of reproductive health services. Specifically, further decrease of maternal mortality will be subject to improving the quality of emergency obstetric care services. UNFPA plans to continue its support to the government in enhancing maternal healthcare quality improvement mechanisms.

Family planning

According to the MoU signed between the MoH and UNFPA in 2014, the contraception procurement is gradually shifting away from donors towards 100% state budget funds by 2017. Nevertheless support in the area of improving quality of family planning services and increasing access of vulnerable groups to affordable quality family planning services will still be needed. The national system has achieved tangible results in the area of women's reproductive health; however aspects of men and adolescents reproductive health still need to be addressed within the next program cycle. Additionally, there is generally a very low understanding of reproductive rights issues, hence further advocacy efforts needed in promoting reproductive rights.

Youth empowerment

Increasing access to sexual and reproductive health information and services is a great challenge in a traditional Turkmen society, where these issues continue to be sensitive and often perceived as a promotion of the pre-marital sex. There is a lack of ownership from the Government to provide healthy life-style gender sensitive education due to cultural resistance, and conservative views on reproductive health education. UNFPA will continue policy dialogue to promote the importance of increasing access of youth to reproductive health education and youth-friendly reproductive health services. The law on State Youth Policy (2013) guarantees and promotes access to youth friendly services, including HIV, STI prevention, as well as family planning services, youth participation in decision-making and policy formulation at the national and local levels.

Gender equality and domestic violence

Turkmenistan has achieved progress in establishing a legal basis for gender equality and women's empowerment, but traditional values and perception of general public, including women themselves, continue to reinforce the traditional image of a woman. Percentage of women in both government and private sector is growing; however the fact that women are still expected to combine employment with home and child responsibilities has led women to be concentrated in the lower-pay and lower-status jobs. Based on the latest CEDAW concluding observations, that were given to Turkmenistan in 2012 (<http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW.C.TKM.CO.3-4.pdf>) more efforts need to be directed at the creation of a national machinery on gender equality and provision of data on domestic violence. Domestic violence is not recognized socially as an issue, which calls for extensive advocacy efforts. There is considerable lack of structures providing counseling/rehabilitation services for women who have been violated or abused. UNFPA plays a leading role in supporting the Government to strengthen the gender equality mechanisms and to implement treaty obligations.

In general, the absence of reliable and disaggregated data in numerous sectors remains a fundamental challenge, despite recent national initiatives to improve information systems and collect enhanced national-level data. The need for improved reporting of socio-economic indicators, particularly by region, rural-urban and sex, strengthening of gender-sensitive and quality basic services, institutional capacity development to meet the needs of the citizens are seen as key issues to be addressed.

2.2 The role of external assistance

According to OECD statistics, Turkmenistan has received the following assistance up to 2012 and since 2013 outside donor funding has been reduced. One of the efforts in donor cooperation development was creation of a Strategic Advisory Board (SAB) under the Ministry of Foreign Affairs in 2013¹⁵.

Table 3: Inflow of aid to the country

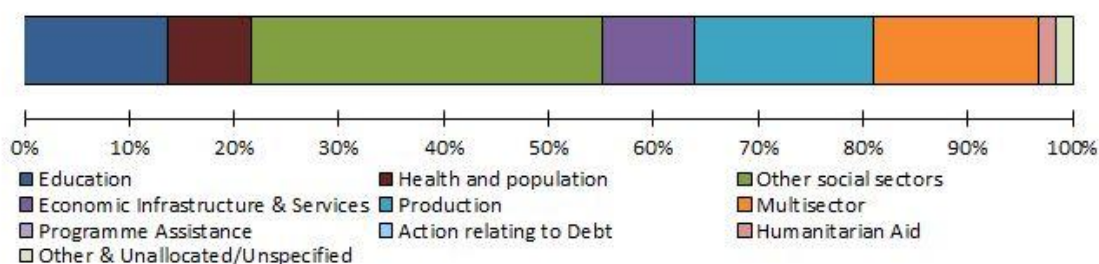
Turkmenistan

Receipts	2010	2011	2012
Net ODA (USD million)	45	39	38
Bilateral share (gross ODA)	64%	68%	73%
Net ODA / GNI	0.2%	0.1%	0.1%
Net Private flows (USD million)	680	1	- 452

For reference	2010	2011	2012
Population (million)	5.0	5.1	5.2
GNI per capita (Atlas USD)	4 110	4 920	5 550

Top Ten Donors of gross ODA (2011-12 average)		(USD m)
1	Turkey	13
2	United States	11
3	EU Institutions	5
4	Global Fund	3
5	Germany	2
6	OSCE	2
7	UNICEF	1
8	Japan	1
9	Switzerland	1
10	UNFPA	1

Bilateral ODA by Sector (2011-12)



Sources: OECD - DAC, World Bank; www.oecd.org/dac/stats

Resources mobilised for the UNFPA Country Programme (CPAP3) have been increasing since 2010. The total resources mobilized in different funding modalities such as cost-sharing, in-kind contribution and parallel funding is continuously increasing and has reached the amount of \$799,761 since 2010. The regular resources remained almost the same over the five years while the number of donors that the government is working with is limited within the country.

¹⁵ UNFPA Country programme for Turkmenistan 2014-2015, Resource Mobilization Plan, draft document January 2014 (still in draft).

In 2011, the resources mobilized increased fivefold in comparison with 2010 reaching one third of regular resources. The number of potential donors outside the country has decreased since Turkmenistan became an upper middle income country in 2013. Since 2013, Turkmenistan is not in the list of countries for support by GPRHCS. Government of Turkmenistan is procuring the contraceptives on the state budget funds starting from 2014 by the following scheme: 25% of the stock needed in 2014, 50% in 2015, 75% in 2016, and in 2017- 100% government procurement through ACCESS RH. During this programme cycle, UNFPA mobilized \$799,761 to respond to main goals of the CP and UNDAF indicators. The table below presents resources mobilized in 2010-2014¹⁶ (detailed table Annex 7: Other Resources).

Figure 4: Amount of Other Resources vs. Regular Resources (2010-2014)

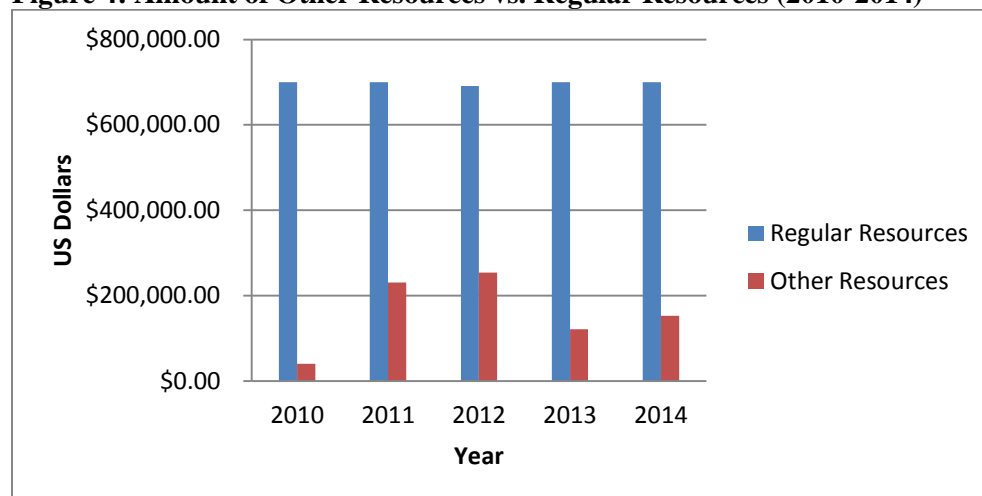


Table 4: Other Resources vs. Regular Resources

	Regular Resources (RR)	Other Resources (OR)	OR vs. RR, %
2010	\$700,000.00	\$40,201.00	5.7%
2011	\$700,000.00	\$231,196.00	33.0%
2012	\$690,730.00	\$253,855.00	36.8%
2013	\$700,000.00	\$121,566.00	17.4%
2014	\$700,000.00	\$152,943.00	21.8%
Total	\$3,490,730	\$799,761	22.9%

(Source: UNFPA Country Office, 2014)

¹⁶ UNFPA Country programme for Turkmenistan 2014-2015, Resource Mobilization Plan, draft document January 2014.

Chapter 3: UN/UNFPA response and programme strategies

3.1 UN and UNFPA Response

The country office in Turkmenistan consists of a non-resident UNFPA Country Director based in Uzbekistan, an Assistant Representative, a team of programme staff and support staff. In the absence of a Country Director based in country, the Resident Coordinator also serves as the UNFPA Representative. UNFPA obtains technical expertise from national and international consultants as and when needed. The Government of Turkmenistan being the principle partner, UNFPA works in coordination with other UN agencies that are active in the country. The UNCT 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. UNFPA also complements the efforts of other UN agencies in the country aimed at achieving the objectives of the relevant UN Conventions and Summits, to which the Government is committed.

As a key player in the UN operational activities for development at country level, UNFPA provides support to the Resident Coordinator and the UNCT by leading/participating in thematic group(s), leading/supporting efforts to promote UN common services/business functions; participating in/contributing to relevant programming initiatives (i.e. CCA/UNDAF, etc.) and contributing in the tasks that are requested of UNFPA as needed. The Country Office is headed by the Assistant Representative who is a national.

The proposed country 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, 2008-2013 and in 2014 was aligned to the UNFPA Strategic Plan 2014-17 and the common country assessment, 2008. The programme is expected to: strengthen institutional and human capacity to provide high-quality reproductive health care to vulnerable groups, enhance the capacity of policymakers to develop evidence-based policies and plans, and work with government officials and beneficiaries to improve awareness of reproductive rights and gender equality and to implement mechanisms that protect human rights. The programme contributes to three of the 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 MDGs; (c) improving sustainable development and inclusive growth; and (d) promoting peace and security. The country programme outcomes and outputs are derived from UNDAF.

3.2 UNFPA Response through the Country Programme

Described in detail in the section 3.2.2, UNFPA interventions respond to country needs via a few programming strategies, namely: upstream work involving advocacy and policy dialogue/advice; strengthening the capacity of skills, systems, resources; creating, strengthening and generating knowledge to improve and achieve development results; improving the quality of services and service delivery and supporting approaches that can be sustainable by establishing the systems compatible to the implementing partners.

As a middle-income country, UNFPA country programme is now shifting away from supporting implementation of services to that of a broker of expertise. This is evident from the number of technical expertise brought in as well several SSC (South-South Cooperation) activities engaged in to strengthen the quality and capacity of services. UNFPA also responds to country needs via its work on humanitarian programming and has a key role to play in issues related to sexual and reproductive health and reproductive rights, and gender-based violence in emergency situations.

The current programme contributes to the national priorities of the Strategy for Economic, Political and Cultural Development up to 2020 and the National Programme of the President of Turkmenistan on reforming social and living conditions of the population of villages, settlements and district centers for the period until 2020. .

3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements

The second country programme (CP2, 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 network 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.

UNFPA provided technical expertise to the State Statistics Committee and department of medical statistics under the MoHMI to improve vital registration and data collection and also worked with Civil Service Academy under the President of Turkmenistan to build national capacity of policy makers in using data for evidence-based policy planning. The focus on national execution during the first and second country programmes helped to further national capacity and ownership. The evaluation of the second country programme revealed that UNFPA has established a good, functioning network with major international and national partners in population development and reproductive health in the country. While the need to strengthen the national technical capacity in population and development was stressed, the need to step up the M&E system was emphasized. UNFPA also supported the 2006 multiple indicator cluster survey conducted by UNICEF.

According to the CP2 evaluation report, there had been a great importance attached to strengthening the national potential in the collection, analysis, dissemination and use of gender statistics, taking into account the issues of compliance of gender indicators in the national statistics to international indicators and their comparability. The report states, "*The effective planning by UNFPA of this aspect of activity in the annual work plans and the comprehensive and coherent approach to the settlement of issues are remarkable.*" Based on the findings, UNFPA activity throughout the entire CP2 programme period has allowed raising the level of comparability of the contents of national indicators of gender statistics to certain international standards. It also has raised the level of awareness of policy makers about the importance of gender statistics, about the analysis and application of information for making substantiated decisions in issues of securing the rights of women, equality of men and women. The evaluation goes on to say, "*The amount of UNFPA's work in Turkmenistan in gender issues is comparable to the amount of work of a separate UNIFEM country office.*"

“National Program on Safe Motherhood for 2007-2011” was launched by the government in 2007 with support of UNFPA, UNICEF, USAID and WHO. The main goal of this program was to improve the health of women of fertile age and their children, through integration of effective perinatal technologies, antenatal care, and evidence based maternal and newborn care approaches. The approval and launch of this initiative demonstrates that the Government of Turkmenistan accepts international standards, and is willing to endorse and implement practical changes to significantly improve childbirth outcomes and save lives of women and children.

Furthermore, the programme achievements had 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 MDGs. During the previous program cycles, UNFPA supported launch of family planning SDPs in all regions alongside with Reproductive Health centers for men and adolescents at the velayat level. All the SDPs are owned and maintained by the Government.

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.

3.2.2 Current UNFPA country programme

UNFPA Country Programme Focus and Priorities

The UNFPA began working in Turkmenistan in 1992 supplying contraceptives, basic medical equipment and training. Today, the UNFPA is implementing its third country programme (CP3) for the period of 2010-2015. The UNFPA’s activities in Turkmenistan are in-line with the needs of the country, specifically focusing on: increasing access to and utilization of quality maternal and newborn health services; promoting access to sexual and reproductive health services and sexual education for adolescents and young people; and improving the availability of data and analysis pertaining to population dynamics, sexual and reproductive health and gender equality.

The Ministry of Foreign Affairs coordinates the programme, which is nationally executed. UNFPA collaborates with several government bodies in implementing the programme, including the Ministries of Health and Medical Industry, Education, National Institute on Democracy and Human Rights, Mejlis of Turkmenistan (Parliament), Civil Service Academy under the President of Turkmenistan, State Committee for Statistics and Youth Organization. Other partners include National HIV Centre, National Reproductive Health Centre, Institute of Oncology, State Medical University of Turkmenistan, and Nursing schools. The programme also involves the media and civil society organizations, in particular, youth groups and women’s groups. After the realignment of the CP3, active involvement of some partners has been reduced due to the change in the emphasis of the intervention areas.

The overall UNFPA goal (as defined globally) is to achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A&B). As noted above, the current country programme action plan (CPAP) focuses on three¹⁷ of the four priority areas identified in the UNDAF where UNFPA leads outcome 1 and supports Turkmenistan's efforts towards achieving the MDGs and nationalized MDG targets. UNFPA led the UN joint programme on 2012 Population and Housing Census implementation in collaboration with UNICEF and UNHCR.

CP3 was developed taking into account national development policies and has been harmonized with the priorities of the Government and other UN programmes in the country. In 2012, CP was aligned to the global UNFPA Strategic Plan. Guided by the overall UNFPA goal to achieve universal access to sexual reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD Agenda and MDG 5 (A&B) and by three UNDAF outcomes,¹⁸ key programme areas under CP3 cover Reproductive Health that includes SRH education; Youth; Population Dynamics and Gender Equality. The programme is expected to produce three main outcomes and six outputs. The Program logic of each of the key areas is given in the Annex 3A. UNFPA's focus here is to strengthen institutional and human capacity to provide high-quality reproductive health care to vulnerable groups, enhancing the capacity of policymakers to develop evidence-based policies and plans. The programme was also to work with government officials and beneficiaries to improve awareness of reproductive rights and gender equality and to implement mechanisms that protect human rights.

Reproductive Health

Reproductive health focus area constitutes a larger part of the CP3 and in terms of the allocation, Reproductive Health, including SRH education receives an amount equal to Population and Development and Gender combined. The Reproductive Health outcome¹⁹ "More women, particularly in rural areas, receive quality maternal and newborn healthcare services at all levels of health care system" has two expected outputs: (a) strengthened quality of emergency obstetric and new born care and (b) development of an emergency reproductive health-care package for inclusion in a national emergency preparedness plan.

The first Reproductive Health output is expected to be achieved via strengthening quality of emergency obstetric and new born care, supporting development of evidence-based policies in EMOC; quality improvement of medical education in EMOC; strengthening national capacity on performing quality basic and comprehensive EMOC services; implementing national guidelines and protocols in the area of Reproductive Health; and supporting safe motherhood by leading joint collaboration with WHO, UNICEF and USAID on the strategic planning approach to the development of the new National Safe Motherhood programme for 2014-2018.

¹⁷ UNDAF outcome 1: "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."

¹⁸ UNDAF outcomes: 1) by the end of 2015 human resources are developed to achieve sustained socio-economic development; 2) 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; 3) 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.

¹⁹ Details are presented in the annex 3 "programme logic."

With an emphasis on capacity building as an institutional strengthening strategy, UNFPA supported training of a considerable number²⁰ of practicing medical personnel including family physicians and nurses in the area of reproductive health issues, namely rational use of modern contraceptives and monitoring of the use; reproductive health and methodologies on screening of cervical cancer with introduction into the curricula of the Medical University, and medical schools and postgraduate training of obstetricians and gynecologists.

The country programme strives to promote and protect reproductive rights of women, men and adolescents. However, as noted earlier, the national capacity to address male reproductive health issues is low.²¹ There seem to be, according to the Country Office feedback, a lack of awareness of men on preventive measures in male fertility. The importance of addressing male reproductive health issues is seen as high due to increasing number of infertility cases as a result of untreated cases of infertility among men and also from perspectives of gender sensitive programming of UNFPA interventions. Similarly, adolescents' reproductive health issues also need more attention due to increasing number of adolescent pregnancies and limited access to knowledge on reproductive health in formal (education system) and informal (Y-PEER) settings. The access of adolescents to reproductive health services is also restricted to the parents' consent with extreme shortage of adolescent medical specialists at the primary health care level and lack of understanding of the concept of youth friendly health services. A recent survey revealed that accurate knowledge on HIV is only 38% among 17 years of age (HBSC, 2013). In the recent decades the government has achieved significant improvement in availability of and access to family planning services. Contraceptive prevalence rate for modern methods had risen from 13% in 1993 to the current 48% (MICS, 2006).²²

The government is pursuing improvement of maternal and child health through implementation of the national strategies on Reproductive Health 2011-2015, developed with UNFPA support. According to MOH 2012 records, about 99% of deliveries take place at hospital settings and MMR has been reported as 5.9 in 2011. The further decrease in maternal mortality will be subject to continuation of strengthening capacity and increasing availability, accessibility and quality of EmOC services. Within the framework of quality improvement mechanisms UNFPA will continue to support the introduction of clinical audit and "Beyond the Number"²³ initiatives.

Reproductive Health programme (under Reproductive Health output 1.3) also includes support in strengthening the national capacity to implement the Minimum Initial Service Package (MISP) by development and finalization of the National Action Plan on MISP. The National Action Plan on MISP was endorsed by the MoH MI in 2014.

Population and Development

Outcome expected under Population and Development is that population dynamics and its linkages with gender equality and reproductive health is available for use in public policies and development of plans. The key institutions supported by UNFPA in Population and Development area are SCS and the Civil

²⁰ Refer to capacity development summary table for details for this CP cycle input to capacity development

²¹ UNDAF Evaluation Report

²² Please note that CPR is reported as 32.6% in 2012 (MCH, 2012) and the data reliability is an issue as mentioned earlier.

²³ Reviewing maternal deaths and complications to make pregnancy safer. The approaches described go beyond just counting deaths to developing an understanding of why they happened and how they can be averted even where resources are limited.

Service Academy. Two specific outputs expected under Population and Development are enhanced national capacity for (1) the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, and (2) data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH.

Activities to reach output one are: Needs assessment for quality implementation of census, assessment of each step of census preparation to ensure compliance with international standards, capacity development related to census, procurement of equipment, capacity development in data analysis (medical statistics, data analysis for policy makers, for mass media etc.), preparation, implementation and analysis of HBSC Survey results, and Contraceptive Affordability Survey results.

Activities to reach Output two are: Trainings on medical statistics, creation of databases, capacity development in using data for decision making, capacity development in creation of internationally-recognized reporting forms, capacity development of professors and students of the Civil Service Academy on issues of demography and gender, and technical assistance in the development of curricular for the students of the Academy.

Turkmenistan started to develop a database on gender statistics, including 1,537 indicators in 7 sections of the “Genstat Region” in accordance with the National Plan for the implementation of the Beijing Declaration and Platform for Action and to ensure compliance with national statistics, accepted in international practice. It contains data on topics covering the broad scope of different kinds of social and economic activities, at national, regional and district levels. Many of the indicators are presented in the context of urban and rural areas. Database “Genstat Region” is expected to help monitor the main indicators of gender development. Currently the work on expansion of gender statistics, which aims to reflect the status of women and men in all spheres of society, is taking place and UNFPA supports SCS with gender-disaggregated analysis.

UNFPA, jointly with UNICEF, supported SCS in census preparation and analysis. UNFPA as a leading agency in population issues established a good relation with the Civil Service Academy and with UNFPA support, the Academy plans to finalize the manuals on Demography and Gender, and integrate them into educational programmes aimed at developing capacity of policy maker in the use of data for planning.

In previous years, access to data in Turkmenistan was limited as the country was following very restrictive and cautious policy regarding statistical data distribution. That attitude was mostly inherited from the Soviet style of data management. For years, UNFPA was promoting and advocating for the “open data” approach for better and comprehensive development planning. As a result of these efforts, SCS started the process of aligning national data with international standards. In April 2014, the President ordered SCS to make census data available for all. However, this has not happened yet.

Adolescents and Young People: Healthy Life Style Education

The expected outcome, “national and local authorities increase opportunities for young people including adolescents to receive quality healthy life-style education at all levels” include two outputs: (1) strengthened national capacity to develop and implement healthy life-style gender sensitive education

which started after the alignment in 2012²⁴, and (2) improved access to sexual and reproductive health information to increase knowledge, skills and promote healthy behavior, including the prevention of HIV and AIDS and other sexually transmitted infections, among vulnerable groups, including young people (since 2010).

Turkmenistan population is young with almost 50% of them being under 25 years of age²⁵. UNFPA interventions include support to adolescents and young people in increasing access to knowledge on healthy life style through school education and conducting youth outreach activities through mass media and other communication channels. Scaling up of Youth Centers in velayats and strengthening Y-PEER network at the national and local levels and capacity development of the national youth specialists on youth engagement and empowerment and by strengthening youth-adult partnership and improving youth policy are among the activities supported by UNFPA. Main challenges in SRH Education for young people remain: a) low access to reproductive health information and limited opportunities to express their needs and voices; b) outdated teaching methodology and lack of trained teachers, c) shortage of teaching/ learning and audio-visual materials.

Recent law on State Youth Policy (2013) reflects, promotes and guarantees youth participation, access of adolescents and youth to youth-friendly reproductive health services, HIV and AIDS prevention and volunteerism. Government efforts to improve the access of adolescents to sexual and reproductive health information are at a very early stage.

Gender Equality

Contributing to the Outcome 1, “More women, particularly in rural areas, receive quality maternal and newborn healthcare services at all levels of health-care system” specific output (output 1.2- Annex 3) expected under this area is that “national legislation and policies on maternal health are improved in accordance with gender-sensitive principles.” Activities planned to achieve this outcome included technical and capacity development for the follow-up on CEDAW concluding observations of 2012, preparation work for the CEDAW report 2012, and for the development of national mechanism on gender equality and National Action Plan.

Gender policy, conducted in Turkmenistan since the early days of independence, primarily focused on the development of institutional and legislative support, ensuring equal participation of women in all spheres of public life, creation of the necessary conditions for the implementation of the constitutional principle of gender equality, creation of equal opportunities for both women and men. Turkmenistan has consistently pursued a policy of prohibition of any distinction, exclusion or restriction on the basis of sex. A policy aimed at ensuring full equality for women opens the door to opportunities for active participation in social and political life of the country. Today, women in large numbers are represented in the government and in the Parliament. While women are employed in small and medium-sized businesses, there is no information of the size of this group.

Committed to implementing its international obligations in the area of human rights and freedom, the Government of Turkmenistan has announced as one of its priorities the improvement of the legal

²⁴ Refer to Annex 3.b “Aligned outcomes and outputs.”

²⁵ Turkmenistan Country Implementation Profile – World Population Projections by UN Population Division

foundation of government and the introduction of national legislation in conformity with universally recognized international norms. In ratifying the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women on 18 April 2009, the Government once again reaffirmed its firm intention to ensure the full and equal enjoyment by women of all fundamental human rights and freedom.

Overall, UNFPA assistance to the country programme covering the focus areas and the interventions under these focus areas are illustrated in the programme logic (Annex 3A). Capacity development has been a major part of the CPAP and a summary table with the number of participants trained under the respective focus area is shown below. Numbers participated in mass media campaigns are not included in this table.

Table 5: Capacity Development Interventions – Summary Table

Focus Area	Male	Female	*Unknown (not disaggregated by sex)	Total per Focus Area
PD (2010-13)	235	299		534
Reproductive Health (2010 – 13)	53	343	128	524
RH-QHCP (2011-14)	143	1009	296	1,448
SRH Edu, (2010 -13)	191	366		557
Youth (2012-2013)	32	29		61
Y-PEER (2010-14)	106	228		334
Gender Equality	109	280		389
Total	869	2,554	424	3,847

Source: Country Office data on capacity building initiatives (only those reported are tabulated here).

3.2.3 The Country Programme Financial Structure

The table below shows the funds planned to be allocated for the period 2010 to 2014.

Table 6: Planned allocation of resources for CPAP (2010-2014) in USD million

Focus Area	Regular resources (RR)	Other resources (OR)	Total
Reproductive health and rights including Youth and SRH Education	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

At the time of signing the CPAP (2010-2015) in 2010, UNFPA committed to an amount of USD 4.4 million subject to availability of funds. UNFPA was also to mobilize additional USD 1.8 million from other resources.

The table 7 below illustrates the budget allocation for each programme area during the period 2010-2014. The allocation for PD and Gender are distributed somewhat equally between the two. Reproductive health includes SRH education and Youth and the allocation is a little over the allocation under PD and GE combined. With a moderate allocation under the programme coordination and support, the 2014 increase is due to the planned country programme evaluation.

Table 7: Regular Budget Distribution (Allocation) by Programme Area (2010 to 2014)

	Population and development	Gender Equality	Reproductive Health	Programme Coordination and support	Total
2010	\$172,457	\$129,604	\$351,779.	\$46,160	700,000
2011	\$184,068	\$144,832	\$321,100.	\$50,000	700,000
2012	\$174,278	\$147,987	\$318,465.	\$50,000	690,730
2013	\$141,023	\$136,640	\$345,729.	\$76,608	700,000
2014	\$160,347	\$143,410	\$286,619.	\$109,624	700,000
2010-014	\$832,173	\$ 702,473	\$1,623,692	\$332,392	\$3,490,730

Table 8 below presents the expenditure pattern (regular resources) over the period 2010 to 2014.

Table 8: Expenditure of Regular Resources by Programme Areas (2010 to 2014)

	Population and development	Gender Equality	Reproductive Health	Programme Coordination and support	Total	% of Expenditure
2010	\$169,969	\$128,374	\$348,316	\$45,758	\$692,417	98.92%
2011	\$183,974	\$142,239	\$318,352	\$51,079	\$695,644	99.38%
2012	\$173,112	\$145,622	\$316,583	\$52,947	\$688,264	99.64%
2013	\$140,825	\$135,660	\$344,323	\$76,291	\$697,099	99.59%
2014	\$160,306	\$142,812	\$275,612	\$110,146	\$688,876	98.41%
Total	\$828,186	\$694,707	\$1,603,186	\$336,221	\$3,462,300	99.19%

The demand to support the programmatic needs in women's reproductive health was higher than in the area of population and development resulting in more budget allocation for reproductive health. In 2013 more funds were needed to support activities in Youth area, thus the allocation was increased under the reproductive health focus area.

Increased fund allocation in 2011 and 2012 under P&D and Gender area were due to program needs in data collection and census. While the target for implementation rate at corporate level is set to 97%, Turkmenistan country office has consistently exceeded the target since 2010, in fact achieving implementation rates about 99%. Although disbursements have been allocated in coherence with programme priorities, they were generally done with some delay. However, it is important to state that these delays did not impact the quality of results. Furthermore, efficient implementation of the programme was ensured by signing AWP's with the concerned Ministries.

Chapter 4: Findings: answers to the evaluation questions

This chapter, as shown in Figure 1, focuses on two components: Answering evaluation questions at the programmatic and strategic level.

CPE Component 1:

The first component analyzes CP focus areas against the evaluation criteria Relevance, Effectiveness, Efficiency and Sustainability. The second component analyzes strategic positioning of UNFPA Country Office using criteria: *coordination* with the UNCT and *added value* of UNFPA. Detailed evaluation matrices for Programmatic Areas and Strategic Positioning indicating the assumptions that were considered during the evaluation are in the Annex 2.

To reiterate, the goal of UNFPA is to achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5. The current CP is expected to contribute to the following outcomes:

- 1) *More women, particularly in rural areas, receive quality maternal and newborn healthcare services at all levels of health-care system,*
- 2) *National and local authorities increase opportunities for young people including adolescents to receive quality healthy life-style education at all levels, and*
- 3) *Population dynamics and its linkages with gender equality and reproductive health are available for use in public policies and plans development.*

Interventions to achieve these are strategically planned under four key focus areas: Population and Development, Reproductive Health, SRH education for Youth and Gender Equality.

4.1 Answer to evaluation question on Relevance

Relevance: The following evaluation question was assessed for each focus area, Population and Development, Reproductive Health, SRH Education & Youth and Gender Equality. They are discussed below. Since there is overlap under this criterion, the findings will be summarized at the programmatic level, once the analysis is made based on each focus area.

EQ 1: To what extent is the CP consistent with beneficiaries' needs, government policies, other development partners' programmes, UNFPA's policies and strategies, and global priorities including the goals of the ICPD Program of Action and the MDGs?

4.1.1 Population and Development- Relevance

Summary findings –Relevance of Population and Development

UNFPA supported SCS in completing the Census satisfactorily, conforming to the international standards. Support was also provided in enhancing the capacity of SCS to deliver quality work. The work accomplished is in line with priorities of the government, needs of the national partners and other key data users, and CPAP which was aligned to UNFPA strategic plan. Supporting availability of and accessibility to data is a key area under the UNFPA mandate. SCS is a key government agency which works on data with all international organizations based in the country. Interview feedback and document review reveal that the interventions under the Population and Development work plan for 2010-2014 respond to national needs with fairly high degree of relevance.

National priorities as described by the Country Office are: Population and Housing Census 2012 and National Programme on transformation of statistics into international standards by 2012²⁶. To achieve these, the Country Office works with national partners such as State Statistics Committee of Turkmenistan, Ministry of Health and Medical Industry of Turkmenistan, Department of Medical Statistics and Civil Service Academy under the President of Turkmenistan.

Statistical agencies were given a clear task to prepare and conduct Census in full compliance with international principles recommended by UN and this was accomplished satisfactorily according to the respondents' feedback and the documents reviewed. AWP were developed jointly, in consultations with SCS and relevant government agencies, reflecting the specified objectives. Analysis of AWP for 2010-2014 shows that the work within Population and Development for the evaluation period mainly focused on implementation of the census among other key activities. Several trainings were completed, both in the center and in the field, and technical assistance was provided to the regional statistical bodies to improve the methodology of census implementation.

In addition, at the request of SCS, the Country Office supported SCS in strengthening its capacity by covering the cost of a programmer, two experts in the field of cartography and one Public Relations specialist (PR), as well as in organizing an evaluation by an international expert to verify the conformity of cartographic material prepared by local professionals to international standards. Strengthening the capacity of national partners is very much of high relevance to the country needs. While all the activities under Population and Development are in line with national needs, supporting availability of and accessibility to data is an important area under the UNFPA mandate. SCS is a key government agency which works on data with all international organizations based in the country.

While the activities related to the completion of the census were relevant to the country priorities, the outcome of census which is making data available for planning is not yet achieved despite the presidential order to make census data available for all. It was a challenging task to obtain reliable data for basic comparison as data are not consistent and varied from source to source. This posed difficulties for the evaluation and several sources had to be checked to obtain reasonably credible values.

4.1.2 Reproductive Health- Relevance

Summary finding –Relevance of Reproductive Health

The UNFPA Country Programme 2010-2015 has been developed taking into account needs of beneficiaries: women in fertile age, newborns, and young people. The programme is in line with national development policies. Country Office has established a good working relationship with the ministry responding to the needs of the Reproductive Health system. The current CP is built on the previous cycle of work and the Country Office has responded to the changing needs of the strategic plan by aligning the priorities to fit the SP. The country programme has high relevance to the country needs and UNFPA mandate and facilitates revision of the national policies covering maternal health issues in accordance with gender-sensitive principles and following concluding observations of the CEDAW committee.

The current CP 2010-2015 contributes to the national priorities of the Health National Program, National Socio Economic Development Programme for 2011-2030 and the National Rural Development Programme and is in line with the goals and objectives of ICPD and its reviews; the MDG and UNFPA

²⁶ State Programme on “Transformation of Statistics into international standards up to 2012”

Strategic Plan 2008-2013 and UNFPA Strategic Plan 2014-17. In 2012 the CP was aligned with the UNFPA Business Plan 2012-13 (Annex 3 b). Based on the UNDAF, UNFPA CP 2010-2015 has been harmonized with the priorities of the government and the programmes of the UN agencies in the country. CP outcomes related to women's Reproductive Health issues are relevant to the following UNDAF outcomes: by the end of 2015 human resources are developed to achieve sustained socio-economic development; and 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. The design of the program is relevant to the UNFPA goal and reflected in the program logic with CP outcomes and outputs. The above mentioned was validated by findings of desk review of the annual work plans, annual reports, COARs, SPRs, joint programmes with other agencies and partners, annual UNDAF reports, as well as interviews with stakeholders, beneficiaries and health managers. Despite the relevance found in UNFPA CPAP, the recent UNDAF evaluation findings indicated the lack of government participation in the planning of UNDAF which provided the framework for the current country programme planning. On the basis of interviews with national partners and other officials who are familiar with UNFPA reproductive health activities, as well as documentation review of CPAP interventions, there is evidence of the relevance of UNFPA activities to the needs of end users (mostly women), government policies on maternal health and UNFPA policies and strategies including the goals of ICPD and MDGs.

The Government's National Socio-Economic Development Programme for 2011-2030 and the National Rural Development Programme focus on inclusive economic growth while preserving economic independence, modernizing the country's social services infrastructure, and promoting foreign direct investment. Current country program was designed and implemented in relevance to increase the access of population to reproductive health services with focus on rural areas.

Declared in 1995 "Saglyk" (Health) as a National Program aims to reconstruct the healthcare system in Turkmenistan to an utmost level, prepare new local specialists in the field and provide the nation with medical services that meet international standards. The Program "Saglyk" ("Health") is being implemented step by step through a strategy to lower morbidity. A part of the health care system is to build a state policy in the realization of policy goals for maternal and child health. The widespread establishment of health centers "Maternity and Childhood" ("EneMahri"), the successful implementation of national programs on breastfeeding and anemia control were highly appreciated by the major international organizations. The country program was designed in line with these priorities of health program and implemented in line with national efforts on capacity building and policy development within the health program. UNFPA works closely with the National Institute of Democracy and Human Rights, Ministry of Health and Medical Industry, health departments at all levels; and other relevant national agencies to develop national legislation on maternal health, increases capacity of national decision-makers in maternal health, and facilitates revision of the national policies covering maternal health issues in accordance with gender-sensitive principles and following concluding observations of the CEDAW committee (related to Output 1.2).

4.1.3 SRH Education and Youth- Relevance

Summary findings –Relevance of SRH Education and Youth

CP is in line with the country's educational needs and the interventions contribute to the national priorities. NIE, MOE and Youth Organization felt unreservedly that the current UNFPA CPAP 3 has been applying the right strategy for the current context of the country. UNFPA interventions in SRH education

have a direct link with the National Education Development Programme (2012-2016), and Youth Policy. The proposed activities on informal SRH education are relevant to the needs of young people in Turkmenistan and reflected in the National Youth Policy within the work of Youth Centers. Current reform also entails alignment of education standards with international standards, and training and re-training of teachers and education specialists, which is consistent with UNFPA interventions in SRH education.

Current policy context of the state promotes introduction of new developments and innovations in SRH education for young people. All of the proposed interventions are highly relevant, and are well embedded within the priorities of national and international partners. UNFPA program logic is in line with the Government of Turkmenistan's National Programme Strategy of Economic, Political, and Cultural Development of Turkmenistan until 2030, and the National Programme of Socioeconomic Development (2011-2020). Recent Law on State Youth Policy (2013) reflects, promotes and guarantees youth participation, access of adolescents and youth to youth-friendly reproductive health services, HIV and AIDS prevention and volunteerism. As such UNFPA support in the Y-PEER activities, youth centres and BLS through school curriculum is highly relevant to the government priorities and the needs of the youth.

According to the "National Programme of Turkmenistan on Response to HIV for 2012-2016" and the "National Strategy on Reproductive Health in Turkmenistan for 2011 – 2015," peer education approach is relevant and behavior change communication that is supported in UNFPA interventions is very much within the government expectations and priorities.

Priorities in the education system are consistent with UNFPA interventions that are in line with national strategies including constitutional right of Turkmenistan's citizens for education and formation of the intellectual potential of the nation; accessibility to education for all groups of society; and the improvement of teaching quality and achievement of international standards at all levels of education.

One of the most important achievements of Y-PEER is the adoption of the new Law of Turkmenistan "On state youth policy" (2013) mainly due to the active participation of the youth in the development of it and the constructive partnerships built between the Mejlis, Youth organization and Y-PEER leaders in the process.

The Y-PEER program is fully financed and administered by the UNFPA and UNFPA is recognized as the leading agency supporting Y-PEER activities in the country. The planned activities on SRH education and youth are all relevant to the needs of youth in terms of increasing access to knowledge in reproductive health, and fulfilling the potential of young people. People younger than 25 years comprise nearly 50% of Turkmenistan's population.

Current reform entails alignment of education standards with international standards, and training and re-training of teachers and education specialists, which is consistent with UNFPA interventions in SRH education.

The Turkmenistan education system believes that teachers' professional development is a dynamic process, extending from initial preparation over the course of an entire career. With this purpose, it has opened teachers' in-service teaching courses within the National Institute of Education in 2013, and the Velayat Education Department starting from 2014.

Most of the respondents thought that the activities were responsive to the needs of the young generation. Priorities in education system are consistent with UNFPA interventions and are in line with national strategies including: *Constitutional right of Turkmenistan's citizens for education and formation of the intellectual potential of the nation, accessibility to education for all groups of society; and improvement of teaching quality and achievement of international standards at all levels of education.* These strategic priorities are reflected in the National Education Development Programme (2012-2016) and in the Education Law of Turkmenistan adopted by Mejlis (Parliament) in 2009, with further changes in 2012 and 2013; and the current CP has applied right strategy within the current context of the country.

4.1.4 Gender Equality - Relevance

Summary findings –Relevance of Gender Equality

UNFPA supported interventions are in line with the priorities of Government policies on protection of women, mothers and children. These priorities are reflected in the UNFPA mandate and CP has included interventions to address women's rights and reproductive health of families. Programme cooperation between UNFPA and the Government reflects the Government commitment on human rights. There is harmonisation of activities between Government policies and UNFPA programmes.

UNFPA's interventions under this area has been viewed as relevant by stakeholders in particular, as UNFPA focused its support on addressing key gaps in policy and service provision as it relates to Gender Equality. Common area of partnership with UNFPA and Institute of Democracy and Human Rights is in the development of proposals to improve legislation on women's rights, design of National Plan of Action and creation of the institutional mechanisms. UNFPA partnership with IDHR is long standing and UNFPA is recognized as the lead agency on gender and women among other UN agencies.

Gender Equality has been treated as a specific focus area, although it is cross-cutting and is embedded in the rest of the CP interventions. However, gender has not been mainstreamed yet, but there is an attempt, within the CP, for gender sensitive approaches in the Reproductive Health, SRH education, and Population and Development initiatives. However, for practical purposes and logistical reasons, Gender Equality is treated as a stand-alone programme and as such it is addressed in this evaluation as a separate programmatic area.

The CP3 addressed the need for further strengthening of institutional and local capacities, as well as strengthening of the existing capacities. Analysis of responses from the interviewed stakeholders on gender equality situation points to the lack of data in this area. However, it was noted that once the Census Data 2012 are made public, statistical data disaggregated by gender will be made available.

National partners working in Gender Equality are the Institute of Democracy and Human Rights under the President of Turkmenistan, the Parliament and MOE. During the interviews, the stakeholders emphasized the long term and efficient partnership with UNFPA. Programme cooperation between UNFPA and the Government reflects the Government commitment to fulfilling Human Rights. There is harmonisation of activities between government policies and UNFPA programmes. Strategies adopted to achieve these are: advocacy dialogue through participation and organization of international conferences and workshops, country-wide seminars, international consultancy support in preparation and dependence of the CEDAW report and support in follow-up on CEDAW Concluding Observations which include commitment to implementing its international obligations in the area of human rights and freedoms. The Government of Turkmenistan has announced as one of its priorities the improvement of the legal foundation of

government and the introduction of national legislation in conformity with universally recognized international norms. In ratifying the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women on 18 April 2009, the Government once again reaffirmed its firm intention to ensure the full and equal enjoyment by women of all fundamental human rights and freedoms.

Since there is much overlap in the findings of all focus areas under Relevance, overall summary for the programmatic area is given below.

Overall Summary findings Relevance of all Programmatic Areas

Overall, the current CP is planned, based on UNDAF and is consistent with the government priorities, and policies. The CP interventions were found to be relevant to the country priorities and UNFPA strategic priorities. While the relevance is high at policy making level, whether it is fully in line with end-users at the community level is difficult to confirm. However, interviews with end-users, though not representative, indicated that the UNFPA supported interventions are relevant and beneficial to their well-being. The recent UNDAF evaluation findings indicated the lack of government participation in the planning of UNDAF which provided the framework for current country programme. Nevertheless, the Country Office response to requests and changing needs in the country has been positive and the stakeholders consider UNFPA as an institution that is flexible to the emerging needs and less bureaucratic to work with. The annual planning process (AWPs) provided the opportunity to include more specific needs and to be flexible with the current needs thus maintaining the relevance.

4.2 Answer to evaluation question on Effectiveness

EQ 2: Were the CP's intended outputs and outcomes achieved: if so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes, and what was the degree of achievement of the outcomes? What were the constraining and facilitating factors, and the influence of context on the achievement of results?

Effectiveness is discussed separately under each focus area as each area has specific outputs to be achieved during the period under evaluation.

4.2.1 Population and Development - Effectiveness

Summary findings - In general, as far as CPAP key output is concerned, Population and Development completed the census keeping in line with international standards and data generation via research, surveys and census. Implementation of the census has contributed in building the capacity of SCS and Demography department staff, in addition to the specific training offerings to build capacity in analyzing data. However, other expected results, i.e. preliminary data tabulations for planners and decision makers are yet to be realized. Census results are planned to be presented in 12 thematic volumes, maps and atlases and the preparation of these are in the process. SCS has used GIS technologies for listing and preparatory works of the census and plans to use GIS for data dissemination. Establishment of national database "SaglykInfo" and Gender statistics and Contraceptive Affordability Survey that was conducted with UNFPA support which led to development of the National Plan on rolling out of TMA in achieving universal access to family planning services have been positive achievements.

The dissemination and making data accessible and available, which is within UNFPA mandate, as well as expected output under the country programme have been delayed affecting the effective use of current data in planning and programming and as such expected outcome is not achieved yet. Major challenges still face the Turkmenistan statistical system related to the relevance and reliability of official gender-disaggregated statistics, as well as open access to it. While the human resource capacity within the statistical system is reported to be weak in the country, the issue of availability of and accessibility to credible data is of a great concern to those engaged in development planning and monitoring of results.

The context within which UNFPA operates may have contributed to this and the respondents did not have a clear explanation to the delays in the data availability. Due to delayed release of current data, data integration into planning (evidence based planning) was not achieved.

Outputs expected under this focus area are: 1) Enhanced national capacity for the production, utilization and dissemination of quality statistical data of population dynamics, youth, gender equality and SRH, and 2) Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH.

Table 9: Population and Development, Output 1

Output 1: Enhanced national capacity for the production, utilization and dissemination of quality statistical data of population dynamics, youth, gender equality and SRH			
Indicator:	Baseline	Target	Actual
1. Quality census data is available	1995 census data	2012 census data available by 2014	Currently processing
2. Number of reports, analysis and statistical data produced through UNFPA support	0 (2010)	5	5 ²⁷

Major achievements under CP3 and Output 1:

- Population and Housing Census completed in 2010, with application of modern technologies for data capturing, analysis and dissemination
- State Statistics Committee used GIS technologies²⁸ for listing and preparatory works of the census and will use GIS for data dissemination
- Production of reports for planning purposes

With the support of UNFPA and other UN agencies UNICEF, UNDP and UNHCR, SCS and its regional offices and several ministries carried out systematic work on preparation and implementation of the census. Strategies adopted to achieve results were: advocacy dialogues, capacity development and evaluations on compliance with international standards. Assessment of the numerous activities accomplished to conduct the census and feedback from relevant stakeholders revealed that the census was completed successfully and according to international standards.

²⁷ Reports on: Emergency Obstetric Care Needs Assessment (2013), 2 HBSC reports (2012, 2013), Contraceptives availability and affordability survey (2013), KAB survey among key populations (2012).

²⁸ SSC claims that Turkmenistan is the first in CIS region to use GIS technologies for listing and preparatory work on Census. However, at the time of report preparation ET was unable to verify it.

Modern GIS technologies were applied at preparation of cartographic material and dividing the territory of Turkmenistan into enumeration areas in the automated mode. The use of GIS gave the possibility to reduce significantly complexity of the aforementioned process and improve the quality of cartographic material.

In its work plan for 2013-2014 Country Office planned to assess the compliance of the quality of the results obtained in the census with international standards and the accessibility of its preliminary and final results to the public. In addition, the program of work involved the evaluation of the quality of maps atlases prepared using GIS technology. The work plan also envisaged the provision of technical support to SCS in the production of thematic collections with the results of the census of population and housing. However, some planned work remained unrealized due to reasons that the key informants could not explain clearly and were not within their authority to implement them. For example, although data are said to be tabulated and maps are prepared, these are not yet released for planning and decision making. A recent report (September 2013) on an assessment of the national data collection and analysis systems reveals the lack of qualified statisticians in the system raising the issue of the quality of official statistics.

Currently, SCS is processing the results of the census and 12 thematic volumes namely: Abundance and distribution of population; Age and sex composition and marital status; Education; National composition, languages and citizenship; Fertility; Duration of stay of population in the places of permanent residence; Sources of livelihoods; Number and composition of households; Economically active and inactive population; Housing conditions; Housing Fund and Summary totals (including 8 individual case results) are expected to be produced.

In addition, SCS is currently working on creating demographic maps, atlases. To this date the maps of Turkmenistan reflecting administrative units of the country in terms of "Population density" and "Urban and rural population" have been prepared, but not been released for public use.

Table 10: Population and Development Output 2

Output 2: Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH			
Indicator	Baseline	Target	Actual*
Indicator: Number of public officials trained on informed decision making based on data analysis	0	200	110 medical specialists trained in data analysis (2013)
Indicator: Number of courses covering population dynamics, youth, gender equality and SRH included into the curriculum of the Academy of Civil Service	0	2	2 (Gender and Demography courses); Gender course manual completed and integration of the course into the curriculum of the Academy is in progress.

*Note: The country office plans to achieve the target by the end of the county programme cycle as planned.

Major achievements under CP3 and Output 2:

- Capacity development of the Academy in the subjects of “Demography for Decision Making”, “Ethics of State Employees”, and “Gender Equality in the work of state services”;
- Strengthened system for medical statistical data collection through establishment of electronic FORM 19 “Report on medical support to the pregnant and women in delivery”;
- Establishment of national database for the MDG reporting “SaglykInfo”;
- Strengthened inter-ministerial cooperation among Ministry of Justice, City administration, ministry of internal affairs, registry offices, State Statistics Committee and medical centers in the field of vital registration;
- Training of medical statisticians (N=20) in the field of demography and evidence-based policy formulation;
- Strengthened capacity of medical specialists in the survey methodology development, questionnaire development and enumeration of HBSC Survey in 2011 and 2012;
- Capacity development of offices of the SCS institutions at the national and velayat levels
- Partnerships with UNICEF in the Joint Programme on Census preparation and French Embassy on working with the Civil Service Academy (demography and gender).
- Contraceptive Affordability Survey that was conducted with UNFPA support led to development of the National Plan on rolling out of total market approach in achieving universal access to family planning services. New National Strategy on Maternal, Newborn, Adolescents and Child Health was also developed with UNFPA support, as they promoted evidence based policies. Conducted with UNFPA support - HBSC survey lay as the basis for development of these strategies.

Facilitating and Constraining Factors:

Facilitating Factors: High relevance of work programme within the national priorities and strategies; trained staff in conducting the work; and harmonization of regional and country programme interventions (for example, road mapping of TMA, which helped the country to develop TMA national action plan and re-position FP by undertaking country level activities, such as contraceptive availability survey).

Constraining factors: Lack of commitment to disseminate the data, inconsistency and unreliability of available data.

4.2.2 Reproductive Health-Effectiveness

Summary Findings - Reproductive Health Effectiveness: CP has made a significant contribution to national efforts aimed at improving women’s reproductive health through strengthened institutional and individual capacity. Eight out of nine CP output indicators (all 5 from the aligned CP and 3 out of 4 from the original CP) are fully achieved. Capacity development of medical personnel, specifically in the development and implementation of programmes, national guidelines and protocols has been successful. UNFPA supported the national specialists in development and implementation of the National RH Strategy 2010-2015, National Strategy on Breast and Cervical Cancer 2010-2015, National Strategy on HIV 2012-2016 in cooperation with UNDP, WHO and UNICEF, and National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 in cooperation with UNICEF and WHO. With advocacy support of UNFPA the Government signed the agreement on gradual shift to government procurement of contraceptives with full government procurement in 2017. 15 clinical protocols and

guidelines and 3 orders of the MoH MI on women RH were developed by the National working group with technical support of UNFPA. The protocols are being implemented in 68% of birth giving houses country wide. 80% of RH rooms are computerized for the CLMIS channels system. Women's Reproductive Health needs in emergency situations and training of medical personnel have been included in NAP on MISP, which was approved in 2014.

Family planning and Reproductive Health services are more focused to the needs of women and limited attention was given to promoting the availability of FP services for both male and female adolescents. Support to re-establishment of midwifery training will contribute to improving the Reproductive Health services.

Expected outcome in Reproductive Health is that more women, particularly in rural areas, receive quality maternal and newborn healthcare services at all levels of health-care system indicated by births attended by skilled health personnel. Based on the MOHMI records (target 99% and actual 99.7% in 2013), this has been achieved already²⁹.

Three outputs are contributing to the above outcome, namely: 1) strengthened quality of emergency obstetric and new born care (EmONC), 2) national legislation and policies on maternal health are improved in accordance with gender sensitive principles; and 3) an emergency reproductive health-care package is developed for inclusion in a national emergency preparedness plan. The first and third outputs will be discussed under Reproductive Health focus area and the second output under the gender equality focus area. The achievement of the first output is given in the table below and based on the results this output is achieved as planned.

Table 11: Reproductive Health, Output 1

Output 1: Strengthened quality of emergency obstetric and new born care (EmONC)			
Indicator	Baseline	Target	Actual (current)
# of evidence-based clinical protocols in EMoC introduced to the health system	0 (2010)	3*	15 (MOH MI, 2014)
# of service delivery points providing comprehensive EMoC Services	21 (MCH services assessment, 2009)	42 (1 comprehensive per 500,000 population)	57 (EmOC needs assessment, 2014)
# of service delivery points (SDPs) providing basic EmOC	31 (MCH services assessment, 2009)	58 (4 basic SDPs per 500,000 population)	66 (EmOC needs assessment, 2014)
CS Rate	5.6% (MCH, MOH 2010)	10%	9.1% (MOH, MI, 2014)

Source: Country Office M&E database

Note: The targets had been set very low due to the reason that clinical protocols were a challenging task to deliver in 2nd cycle. During the current cycle, all the targets are achieved. CS rate target is likely to be achieved by the end of the CP cycle.

²⁹ However, there is an inconsistency in the data, as the indicator 'births attended by skilled personnel' has been achieved at 100% level in 2008 according to PRB and UN Stat and MOHMI data differs.

Activities supported to achieve the Reproductive Health outputs, consisting of development and implementation of strategic policy documents in maternal and adolescents Reproductive Health areas include:

- standardization of medical practice through development of clinical protocols;
- further improvement of quality medical education; improving quality access ability and availability of EmOC;
- strengthening national capacity to implement the National Cervical Cancer Prevention Strategy (NCCPS) through demonstration of the worldwide evidence based on best practices of screening, vaccination and treatment of cervical cancer;
- HIV prevention among key populations;
- improving availability of quality family planning services;
- raising awareness of men and women on family planning services available through most efficient means of communication, including TV and brochures for the target groups; and
- introduction of endorsed NAP on MISP and strengthening capacity of obstetricians on its implementation.

UNFPA is supporting Ministry of Health, Medical Industry and other core national counterparts in making available reproductive health services; including the prevention of HIV. In 2013 maternal mortality ratio has reached 4.9 per 100,000 live births from 11.5 in 2009 (MoH, 2013). More than 99% of deliveries take place at hospital level (MoH, 2012).

All the outputs under reproductive health are achieved besides the one which is original CPAP OP indicator on Youth friendly health services which was omitted during alignment but it is to be achieved in 2015. The foundation for this is already built: The Health behavior among School Children survey was conducted, National Strategy on Maternal, Newborn, Children Adolescent Health for 2015-2019 was endorsed by the Government, and the National guidelines on adolescents RH is finalized and pending approval.

UNFPA provided technical assistance to the Turkmen State Medical University to advance the skills required for effective teamwork in situation when Emergency Obstetric Care is needed which is accountable for ¾ of cases of maternal mortality in the country. The competencies and skills based modules, along with standard operating procedures were approved by the Medical University in 2012 and integrated to the practice at the Department of postgraduate education of obstetricians.

UNFPA Support to Family Planning Service:



In improving the support to FP services, UNFPA supports development of modern contraceptive logistics management information system (CLMIS) using CHANNEL, which is functioning in 73% of SDPs (MoH, 2013), as opposed to the target of 70% by the end of CP cycle.

CHANNEL is a computer software programme for managing health supplies – a system that allows individual warehouses to track their supply stocks as soon as commodities enter or leave storage, and to generate simple reports

CHANNEL - functional

and requests. Medical personnel are trained and 92% responsible persons passed training on operation of the system. Specialists noted helpfulness of the system and that it can be used for monitoring of management of other drugs in hospital. A key informant (Head of a velayat FP facility) expressed this view which was similar to many others' opinion about Channel: *"introduction of computerized system is very useful and effective. It makes easier inventory, expiry dates, redistribution of contraceptives between etraps, generate reports. The system could be used not only for contraceptives but for other drugs also."*

All the facilities that were visited by the evaluation team at velayats and etraps had stocks of pills, IUDs, and condoms, at minimum. In most of these facilities, there were temporary stock-outs of injectable contraceptives due to the shift from UNFPA supply to the national procurement starting this year. The percentage of SDPs with stock outs of 3 methods of contraception 2% (2013). Abortion rate has increased 12% from 2010; may indicate the unmet needs in FP services.

All 104 velayat and etrap centres offer contraceptives along with counseling on family planning. 74% of the family planning SDPs has been trained on modern methods of family planning within this CP. The storage of contraceptives was well organized according to expiry date and records of stocks were well maintained. In recent decades the government achieved significant improvement in availability and access to family planning services.



Birth space in family planning SDPs catchment areas has increased from 2.1 to 2.7 years. Contraceptive prevalence rate for modern methods rose from 13% in 1993 to the current 45% (MCH Centre, 2013). Despite availability of at least three methods of modern methods of contraception in SDPs, the IUD usage rate remains as high as 63% among all methods offered (MCH Centre, 2013). UNFPA supports improving quality of voluntary FP services through strengthening national system for contraceptive logistics, and increasing knowledge and skills of service providers. A gradual transition of procurement of contraceptives over the next 4 years is planned from 25% MoH in 2014 to 100% MoH in 2017.

Explaining CLMIS

UNFPA has made a positive contribution in strengthening Reproductive Health Commodity Security System, making reproductive health and family planning Services along with contraceptives at all levels of health care. However family planning and reproductive health services address women's needs more. There was not much reference to educating the men. One family doctor of the rural health house with 20 year experience said: *"we are providing classes on antenatal care for pregnant women in Turkmen; if it is needed we do it in Uzbek or Russian. But all our women graduated from Turkmen schools, so all of them know Turkmen."* Feedback from service providers at the medical facilities mentioned that the use of condom was not popular, and CPR has risen with IUD usage being more popular. Also observed was a lack of attention to addressing needs of men in FP and reproductive health. The involvement of men and adolescents, both boys and girls, was observed as minimal in the family planning and reproductive health area.

UNFPA support in standardization of medical practice through development of clinical protocols:

The government is pursuing improvement of maternal and child health through the implementation of the National Strategies on Maternal and Neonatal Health, which implemented the National Safe Motherhood Programme 2007-2011; the current Reproductive Health Strategy for 2011-2015, developed with UNFPA support. The National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 has been endorsed by the MoH MI of Turkmenistan.

UNFPA supported the 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. Furthermore, the implementation of the national strategy on cervical and breast cancer prevention and treatment was supported by UNFPA and launched in 2011. UNFPA led the joint cooperation of WHO, UNICEF and USAID on the strategic planning approach through series of assessments at primary and hospital levels to the development of the National Strategic Vision on Women, Newborn, Children and Adolescents Health Care 2014-18. Assessment of the National Safe Motherhood Programme 2007-2011 showed a number of achievements in the introduction of modern perinatal technologies, such as stabilization of perinatal and early neonatal mortality, drastic reduction in the number of interventions and the use of blood products in obstetrics, and a significant reduction in the cost of drugs as a result of reducing of prescription of medicines through applying the principles of evidence based medicine.



Antenatal Care

According to a MOHMI report, the development of the clinical protocol on antenatal care with subsequent interventions including quality improvement mechanisms have resulted in decreased number of pregnant women with complications of chronic diseases by 23% (in 2013) in comparison with 2010.

As a result of South to South cooperation with Malaysia in 2013 the MoH MI has introduced the indicator on coverage by voluntary family planning services of women at risk of worsening their health condition due to unintended pregnancy and chronic diseases. UNFPA will be continuing its support in providing volunteer family

planning services for women at high risk in order to improve further the maternal health outcomes. Antenatal care coverage, at least 4 visits, is up to 83% (Assessment of antenatal and postpartum care at PHC level in Turkmenistan, 2012).

During field visits to maternity units in three selected velayats (regional and district level hospitals) providing delivery and antenatal care, all visited maternities conform to WHO criteria for effective perinatal care. Antenatal care provides counseling on key aspects of pregnancy, delivery and postnatal care in accordance with protocol; women are given the choice of ways in which they can deliver; women are encouraged to have a partner with them during delivery; and all hospitals are certified as baby friendly. The staff we met followed good practices in delivery care, and had knowledge of standards developed with UNFPA support.

Referring to protocols, an obstetrician-gynecologist from a velayat maternity said: *“now with protocols, I feel that professor is near me... The Centre is certified as Baby Friendly and was three times re-certified.*



Section of a delivery room

Thanks to breastfeeding programme women don't have mastitis”.

Capacity development of medical personnel, specifically in the implementation of national guidelines and protocols has been satisfactory. The health staff is quite satisfied with the quality improvement as a result of clinical protocols and the staff in turn supports the programme enthusiastically. The chief obstetrician of one of the visited velayat said: *“I participated in the development of the current EMOC protocols, this year we completed development of four additional protocols, and they are now under approval at the Ministry. I have already presented them to all heads of maternities and disseminated e-versions. This week we are invited to a workshop on regionalization supported by UNFPA.”* With technical support of UNFPA, 14 clinical protocols in obstetrics and one on

antenatal care against the 3 targeted in CPAP were developed and properly applied to the clinical practice in 73% of birth giving facilities (MCH monitoring reports, 2013). Monitoring of implementation of protocols is conducted through checking against set of indicators developed for each protocol with UNFPA support.



Display of algorithm (for eclampsia & hemorrhage)

All units visited by the ET (that the evaluation team visited) had accessible set of supplies medications and equipment for each emergency obstetric situation according to the clinical protocols on EmOC developed with UNFPA support. The algorithm of “who is doing what” is posted on the wall of the delivery rooms as well as on corridors.

In 2010, 75% of maternal mortality cases were due to delays or poor emergency obstetric care in hemorrhage, eclampsia and cesarean section. Mortality due to primary postpartum hemorrhage was due to underestimation of blood loss, inadequate volume replacement, and

delay in operative intervention.

In cooperation with the University of Manchester and experts from the Royal College of Obstetricians and UK gynecologists, the capacity of faculty members at the postgraduate department of obstetricians was strengthened through development and introduction of the skills based modules, lectures, drill scenarios, and bank of certification questions to the curriculum of the department. In 2013-14, 76 obstetricians of the department gained the skills on EmOC services provision on state budget funds, which signifies the efficiency and sustainability of the UNFPA interventions. 112 other health professionals updated their skills in provision of quality medical services in the area of EmONC. With UNFPA support specialists of

Health improvements due to capacity development:

- Absolute number of hemorrhage with more than 1.5 liter blood loss has decreased by 2.3 times since 2010
- Sepsis cases have decreased by 3.5 times
- Eclampsia cases have decreased by 3.1

intensive therapy from all velayats were trained on operation technique of multifiltrat equipment (used in EmOC), and updated the knowledge and skills on epidural anesthesia. Through strengthening capacity of obstetricians on comprehensive EmOC services in line with clinical protocols, health improvements have been made.

UNFPA has supported development of clinical protocols in Emergency obstetric care and their implementation in birth giving facilities along with developed monitoring system with set of indicators for each protocol. All the interventions were taken through substantial support to Obstetrics departments in State Medical University of Turkmenistan. As shown in the table below, data from visited etraps show evidence of decrease in delivery complications such as hemorrhage and eclampsia during the last 3 years. An increase in the caesarean section performance was also observed. Obstetricians we met noted that in the last 2 years more attention is given to women’s health improvement. One of the heads of etrap maternities mentioned: “*Many midwife-newcomers even did not come across such complications in their practice*”. The Head of a city Health House in a velyat centre stated: “*Last three years, there was not one case of maternal mortality, also there is a decreased number of underweight and premature babies*”.

Table 12: Complications During Delivery by Location

Complications during delivery	Hemorrhage > 1.5 litres		Eclampsia		Caesarean section	
	2010	2013	2010	2013	2010	2013
Etraps/years						
Gokdepe	20	11	3	0	123	150
Tejen	19	11	2	0	123	170
Yoloten	43	14	1	0	68	112
Sakachaga	28	12	3	0	56	97

UNFPA Support to strengthening national capacity to implement the National Cervical Cancer Prevention Strategy (NCCPS):

UNFPA presented MOHMI with the global experience on most effective and efficient screening methodologies. VIA with loop electrosurgical excision procedure (LEEP) for screening on cervical cancer was selected as the most appropriate for the current infrastructure in Turkmenistan. Thirty five specialists in oncology, obstetrics and family planning were trained on the basics of VIA diagnostic and leep excision. Coverage of the target group during the last screening on cervical was cancer 47% (The National Institute of Oncology, 2012).

Within the limited number of cytologists in the country, UNFPA introduced a different approach to cervical cancer screening not through cytology screening but through Visual Inspection with Acetic Acid (VIA) methodology in 2013. The VIA methodology was recommended by WHO as well in 2013 for cervical cancer screening in developing countries. The new approach in terms of efficiency and effectiveness in a given infrastructure was well absorbed by the national specialists who led to the development of the national plan of actions on screening through VIA methodology. There is a need for continuation of this strategic approach to reproductive health within the next cycle to make it sustainable and save more lives of women at risk or suffering from cervical cancer. Currently, almost half of women (48%) diagnosed with cervical cancer die due to seeking care at late stages about 62%. (The National Institute of Oncology, 2014). The national health protection system needs to be further supported in

conducting screenings on cervical cancer through advocacy and adaptation of effective screening strategies. The number of women dying from cervical cancer is almost twice higher than MMR 67 (WHO, 2010).

UNFPA support to Monitoring:

The National Specialists applied the newly developed tools for monitoring on EMOC, FP and EPC in their field trips to birth giving facilities. These assessment tools proved to be effective: even for professionals who did not have previous experience of assessments based on these instruments to guide the collection and analysis of the key information regarding quality of care to provide relevant, focused, action-oriented information; at both local health facilities and central ministerial level.

UNFPA supported government in the development of the following: statistical reporting forms (Attachment, Form 19 on maternal health services, 2010); guidelines on ICD-X; an indicator on volunteer family planning services for woman at-risk (of being worsening their health condition due to unintended pregnancy); development of “SaglykInfo” database; 53 indicators disaggregated by sex, age, region based on reliable and disaggregated data that meet international standards:., etc. «SaglykInfo» is used for analyses on annual health statistics reports, reporting to a higher level, and for MDG reporting.

Despite significant progress at improving the quality of care for mothers and children; assessment of the implementation of the National Programme on Safe Motherhood 2007-2011 revealed a number of untapped opportunities. One of the most significant is the lack of a well-functioning system of regionalized perinatal care. In 2013–14 UNFPA supported a number of consultations on regionalization of care: resulting in the recently approved ministerial order #166 on the improvement of perinatal care in Turkmenistan on regionalization of perinatal care and a referral system, particularly for at-risk pregnant women and new-borns. One of the attachments includes request to the Ministry of Finance to increase the number of midwives on Hospital level. PHC level need in midwifery force to be addressed within the next years through distribution of functions on family planning services and women consultancy and antenatal care. There is also deficiency in staffing of midwives in PHC level. Based on the needs assessment of EmOC services was developed the plan of actions in three areas: Human resources, infrastructure and signal functions. The plan of actions is approved in 2014 and to be implemented in line with order #166 mentioned above and the National Programme of the President of Turkmenistan on reforming social and living conditions of the population of villages, settlements and district centers for the period until 2020.

UNFPA support to HIV/AIDS Prevention:

In 2010-12 in accordance with original output from UNFPA Country Office with other UN agencies and national partners supported development of the National Strategy on HIV for 2012-2016, along with the M&E plan. UNFPA also strengthened the national system on HIV case management through technical assistance in development of the national guidelines on HIV and based on it the adaptation of 6 clinical protocols on HIV treatment, care and support in line with WHO Euro recommendations and guidelines. In 2010-2011, UNFPA supported the outreach work among key populations in raising awareness of STI/HIV prevention. More than 3,000 people were covered, along with provision of means for protection. Condom usage rate among FSWs in Ashgabat has risen from 43% in 2007 to 65% in 2011 (KAP survey among FSW 2007; 2011). UNFPA strengthened ties with the Ministry of Healthcare and Medical

Industry in supporting the national counterparts in making available reproductive health services, counseling including the prevention of HIV and other sexually transmitted infections for key populations.

In accordance with the Division of Labour on HIV and AIDS prevention work among UN agencies; UNFPA supported the peer outreach work among sex workers and drop-in centers for better access of key population to VCT and medical services that are integrated into the PHC level. The MoHMI issued an order # 41 on opening the same trust centres for at-risk groups in velayat centres. The one in Ashgabat is now functioning on state budget funds, indicating a sign of sustainability of an intervention once supported by UNFPA.

In general, based on stakeholders interview and desk review feedback there is evidence that UNFPA activities under RH have been very useful and effective. CP has made a significant contribution to national efforts aimed at improvement of maternal and neonatal health; and accessibility of Reproductive Health services, in particular, strengthened institutional and specialists' capacity in provision of Reproductive Health services. However, it was noted that the midwifery school has not received enough attention and technical support has not been in place last 12 years.³⁰

UNFPA support to Humanitarian Assistance:

The achievements expected under Reproductive Health output 2 are given below.

Table 13: Reproductive Health, Output 2

Output 2: An emergency reproductive health-care package is developed for inclusion in a national emergency preparedness plan			
Indicator	Baseline	Target (2015)	Actual
National action plan on MISP is approved	No plan exists (2010)	Plan developed and approved	Plan developed and approved (MOH MI, 2014)
Number of personnel trained on MISP through UNFPA support	0(2010)	70	72 (MOH MI, 2014)

Source: Country Office M&E database

The National Action Plan on Minimal Initial Service Package (MISP) was developed in 2012 under the leadership of the Ministry of Health and National Scientific Institute on Mother and Child Health and with participation of national specialists. To ensure the integration of best practices, the process was guided by an international consultant. The National Action Plan on MISP was approved in 2014.

UNFPA country programme contributed to strengthening national capacity in emergency preparedness through support to development of the national plan of action (NAP) and training of relevant staff to address related Reproductive Health needs in humanitarian settings. As a result, 72 staff members were trained to implement MISP in emergency situations. Three of 72 personnel trained on MISP are from national level and all obstetricians of maternity hospitals of etraps bordering with Afghanistan are also trained. UNFPA continues to support the national and local authorities to formulate a national

³⁰ Midwifery school will be re-established with support of UNFPA.

framework, a regional coordination mechanism to address consequences of natural and manmade disasters, and to set up necessary institutions for their implementation.

In terms of effectiveness it is evident that CP's intended outputs are achieved ahead of time and significant contribution is made as indicated in reports (COARs, UNDAF Annual reports, Joint annual review meeting reports), feedback from stakeholders and ETs' own observation.

Facilitating and Constraining Factors:

Facilitating Factors: High relevance of the CP to the national priorities and constructive partnership with MOHMI, sound and mutual understanding of the programme, close cooperation with WHO and UNICEF, previous CP cycle contribution, and capacity development of the health staff over the years and the capacity and ability of Country Office to facilitate upstream advocacy have been conducive factors.

Constraining Factors: Lack of data for monitoring and reporting. Sensitivity towards adolescents SRH services, lack of attention to awareness on reproductive rights, lack of male participation in Reproductive Health.

4.2.3 SRH Education and Youth- Effectiveness

Summary findings: Aspects under SRH education and Youth focus area are well embedded within the priorities of national and international partners and needs of beneficiaries. High relevance of SRH education and Youth interventions does not necessarily imply that all inherent relevance has been utilized by various stakeholders to its utmost due to cultural sensitivity of SRH issues. UNFPA is the only international organization that works on SRH Education in schools. Young people expressed their views that focus of UNFPA needs to be expanded from central urban to the rural areas where there is felt acute need of youth centers and work of Y-PEER.

Capacity development in the area of Reproductive Health Education and gender provided professional growth to teachers and enhanced capacity of NIE in the development of teaching norms SRH education and gender. BLS trainings for teachers strengthened their capacity in student oriented teaching methodologies on culturally sensitive topics with active participation of students during the learning process.

Assessment of the data show that youth benefit from this programme and support should be extended as this is a young programme and non-traditional which may take another few years to come to full realization. While the progress may be slow, it could have long term benefits and a systematic follow up will be necessary. There is a lack of ownership from the Government in the implementation of healthy life-style gender sensitive education which affects the effectiveness of the programme.

The expected outcome under this area is that National and local authorities increase opportunities for young people including adolescents to receive quality healthy life-style education at all levels (*CP Outcome 5*).

Table 14: SRH Education, Output 1

Output 1: Strengthened national capacity to develop healthy lifestyle gender sensitive education			
Indicator	Baseline	Target (2015)*	Actual (current)
Gender sensitive training course on healthy lifestyle is included into curriculum of post-graduate education of school teachers	0 (2012)	Course is developed and included into curriculum	Developed but not yet adopted by MOE.
# of school teachers certified in healthy lifestyle education	0	250	130
# of young people including adolescents reached by Y-Peer volunteers/activists per year	500 (2010)	At least 1,000 per year	3,138

*Note: The planned targets are likely to be achieved, as explained below, by the end of the current cycle (CP3).

The main focus under this output aimed at ensuring life skills education be integrated into the school curriculum and, extracurricular activities to assist in: developing the national standards of comprehensive and age-appropriate SRH education in schools, providing methodology support for teachers, development of postgraduate certification system for teachers, and teachers competencies.

The original CPAP output indicator on Youth friendly health services was omitted during alignment, but it is to be achieved in 2015 in anyway. The foundation for this is already built: The Health behavior among School Children survey was conducted, National Strategy on Maternal, Newborn, Child Health, and Adolescent Health for 2015-2019 was endorsed by the Government, and the National guidelines on adolescents RH is finalized and pending approval.

The driving forces of Y-PEER in Turkmenistan are the two Youth Centers in Ashgabat and Mary cities with the team of young leaders and volunteers, as well as the UNFPA Country Office, which implements the work in Turkmenistan in accordance with the agreements with the Government of Turkmenistan reflected in UNDAF and CPAP.

UNFPA support in Life skills education and school curriculum

The subject “basics of life skills” is a mandatory subject for grades one to ten and in accordance with the curriculum of secondary schools involves teaching 34 hours per academic year for each grade.

The school program aims to promote knowledge, skills and attitudes, in order to maintain reproductive health and exercise reproductive rights. The content of the subject "basics of life skills" for 5-6 grades includes "Health and Safety Life Skills" that covers physical and mental development of children during adolescence including bad habits and their consequences, safety at home, man-made disasters, and emergencies; as well as themes, teaching skills, and ability to protect themselves in the event of danger or threat to human life. The contents for Grades 7-10 includes "Healthy Generation"³¹ covering questions about moral values of young people, gender relations, family life specific to Turkmenistan traditional

³¹ As mentioned above, Grades 1-10 still use the old curriculum.

culture, national legal framework on maternal and child health, the institutions of marriage and family, and the UN convention on the rights of the child.

Current Reform entails alignment of education standards with international standards, training and re-training of teachers and education specialists which is consistent with UNFPA interventions in SRH Education. More than 100 teachers were trained on teaching SRH and gender issues. During the interviews with teachers and young people in schools visited, respondents acknowledged that this subject helped in improvement of school achievement on their subjects, as a result of methods and approaches applied by teachers in SRH and life skills education subject.

“This course is unique; it covers many aspects of life, including Reproductive Health education.”

Key Informant, National Institute of Education

Development of national standards of comprehensive and age-appropriate SRH education in schools:

In 2012, UNFPA provided technical support by providing a number of workshops conducted by the International Consultants for the Population Council and BZgA, in line with UNESCO and WHO comprehensive SRH education standards. Ten national experts were prepared with expertise in development of educational standards on healthy life style and gender sensitive education. A draft of six national standards on gender sensitive and healthy life style education was developed and submitted for a review and proposal to the Ministry of Education. The standards, list of competencies and curriculum for teachers at postgraduate level is under consideration of the Methodological-Scientific Council.

“It’s All One Curriculum” publication and standards for equality education for Europe developed by WHO and BZgA, were used as guidelines for development of the standards. Quality of comprehensive, age-appropriate sexuality education in secondary schools was improved through the development of the list of competencies of school teachers. A draft of the list of teacher’s competencies was submitted to the MOE for a review and a draft of the curriculum for teachers’ education on comprehensive and age-appropriate and sexuality education was developed and submitted for a review to the National Institute of Education.

Trainings on SRH rights and gender for teachers strengthened their capacity in student oriented teaching methodologies on culturally sensitive topics, with active participation of students during the learning process. Education authorities at the velayat and etrap level noted that the success of the BLS subject, in terms of delivery of information on SRH education, depends on the professionalism of teachers. Many teachers said that more information on SRH education, didactic and audio-visual information, would help teachers cover this topic more effectively. Teachers are required to use alternative resources from the internet to supplement knowledge where possible. Visited schools noted that availability of information resources, didactic materials, and audio-visual information, would help the effectiveness of teaching. *Feedback from the focus group discussions held in schools*³² shows that they knew very little about HIV and STIs, and bad habits including tobacco and alcohol use. Children knew that AIDS is a lethal disease that destroys the immune system, contaminates blood and is a sexually transmitted disease. Young people

³²School 15, 55 in Ashgabat; Mary Velayat Youth Centre; school 8 in Mary; school 29 in Yolatan (Mary Velayat); school 2 in Dashoguz; Dashoguz Youth Centre; and school 10 in Gorogly (Dashoguz Velayat))

from grades 9 and 10, from remote etraps including Yoleten and Gorogly, acknowledged that they knew very little or did not know at all about STIs and HIV and AIDs before BLS.

Interviewed teenagers from schools in Ashgabat, Mary and Dashoguz noted that the BLS subject increased knowledge about reproductive health issues, sexually transmitted diseases and HIV and developed life skills including relationships, communication, self-esteem and critical thinking, decision-making and emotion management. Further more it also increased knowledge on gender equality, respect, tolerance, non-discrimination and non-stigma among young people. The subject BLS also provided reliable information to their peers on HIV and STIs, and reproductive rights in accordance with international conventions and national laws.

Pupils stated that they learned about HIV and STD transmission and prevention measures, however most of these young people wanted to know more about new developments on STIs and HIV, and the preventative measures. According to MICS data, only about 8% of young people aged 15-24 were able to correctly identify ways of preventing HIV and AIDS, STI and reject major misconceptions about their transmission. The target of UNFPA is to increase this up to 45% by the end of CP cycle.

Table 15 below shows the results of the HBSC survey that was conducted in 61 schools in 2011 and 2013. There were a total of 1,429 respondents, aged 13, 15, and 17.

Table 15: Health Behaviour of School Children (HBSC) Survey Results

56.2% of respondents	Receive information from school on HIV, STIs, and unwanted pregnancies
1.3% of 17 year olds, 3.2% of 15 year olds	Receive SRH information from their families
22% of respondents	Able to give correct answers on topics related to HIV
29% of respondents	Recognized that they did not know the answers to the question
47% of respondents	Believe that a person can get HIV infection through non-sexual contacts

Gender sensitivity and inclusiveness content were also carried out through the learning process, although very little time was allocated to this topic. Expressions such as this from a school girl in grade 9, *“In my village men work more than women. Women are mostly busy with the household activity and upbringing of children,”* resonates the feedback from other students about the gender biases or the insensitivity to the contribution made by women to the family well-being. Although content on reproductive health is effective to the learners and the learning process, curriculum review of 2012 decreased the number of hours allocated to Reproductive Health and gender topics. Involvement from the community and parents were not apparent in the learning process. Similarly, involvement of the community was intended to occur in the content, but was not happening in practice. Only with the learners, involvement of parents and the community were found.

During the interview, representatives from the National Institute of Education expressed interest in collaborating with UNFPA to do a comparative review of Turkmen SRH education curriculum and standards with other developed countries.

SRH Education programmes targeted to the development of healthy life skills is focused on different teaching formats, such as the use of interactive methods of teaching, ensuring a friendly learning environment. The strategy is targeted at the development of quality teaching and learning materials for teachers and students. The strategy also addresses the gaps in teacher’s preparedness through the development of special training of teachers (especially postgraduate teacher’s education).

Inclusion of Basics of Life Skills in the school curriculum with support to strengthening the capacity of teachers is a positive initiative and could expect to see long-term behavior changes. Evidence points to the need for more professional training on SRH as well as more engagement of MoE to give more weight to BLS.

The gender sensitive programme – addresses both boys’ and girls’ needs. The teacher training may have to address the selection of teachers to represent both sexes (male and female teachers).

In sum, assessing the information collected it can be concluded that schools have contributed student awareness building in SRH area. More than 100 school teachers were trained on SRH issues across the country. UNFPA being the only agency working closely with the school curriculum on SRH education and awareness raising among school children, the progress made in this area could be linked to UNFPA efforts. However, it should be noted that no scientific impact study was conducted to assess attribution. The evidence gathered during key informant interviews and focus group discussions and secondary data from surveys show a progress as a result of UNFPA interventions.

Being a new subject, capacity building and certification of adequate number of teachers would be necessary to maintain the quality and effectiveness of the programme. Also noted was the challenges that exist in the implementation of these subjects in the curriculum given the sensitivity for SRH issues in a conservative local society. There is a lack of ownership from the Government in the implementation of healthy life-style gender sensitive education due to cultural resistance and traditional views to health education. The problem of limited communication channels to reach young people adds to the challenge of informing youth on the SRHR in out-of-school settings. The national mass media is highly censored and lacks substance in reported materials. However, the partnership built in the development of the Youth law is a positive achievement. UNFPA supported initiatives such as Y-Peer and Hotline service provide avenues for youth to be exposed to this information in out-of-school settings.

4.2.3.1 Y-Peer and Hotline Services

For several years, Y-Peer volunteers initiated youth-adult dialogue with national and international stakeholders advocating for legitimacy of promoting access to information on sexual and reproductive health and rights. As a result, UNFPA Turkmenistan Country Office has taken a leadership role in

mobilizing support to make a strategic intervention, to increase access of young people to Reproductive Health education. UNFPA Turkmenistan Country Office built joint partnerships to ensure political support from the Youth Organization of Turkmenistan.



Along with RH&R and HIV/STIs topics, Y-PEER education addresses the following areas: unwanted pregnancy and

Y-PEER Achievements

contraceptives (mainly, condoms), sexual education, STIs, life-skills and healthy life style, gender equality and gender violence, leadership.

In the context of the subjects of Y-PEER education, in particular RHR and prevention of HIV/STIs, the following documents National Programme of Turkmenistan on Response to HIV for 2012-2016 and National Strategy on Reproductive Health in Turkmenistan for 2011 – 2015 should be emphasized. Based on the review of these documents it may be inferred that the peer education approach is recognized and developed for raising awareness and behavior change communication (BCC) of adolescents and young people in relation to their health.

The Y-Peer Center quickly gained popularity among youth: Where young people raise their knowledge on the issues of adolescent reproductive health; HIV, AIDs, and STIs prevention; gender equality; drug abuse; family planning; and other issues related to healthy lifestyle through peer-to-peer education including the use of theatre based performances and information materials. Additionally, young people can discuss sensitive issues with a gynecologist and psychologist on a UNFPA supported teen hotline, established at the health information center of the Ministry of Health and Medical Industry of Turkmenistan (MOH). In 2011, UNFPA played a crucial role in establishing a strong partnership between the Youth Organization, MoH and USAID in Turkmenistan. However, due to the lack of ownership this effort was not sustainable, and led to sudden withdrawal of funding by USAID in January, 2014.

UNFPA has supported the Youth Centre in Dashoguz in 2010-2012. Young people stated during the interviews that the knowledge they received at the centers was helpful for them to find jobs and get into higher institutions. While the number of youth who received information sessions in youth centers was only 709 people in 2011, this number increased up to 1,979 people in 2012 and 3,138 in 2013.

“Through my participation in Y-Peer programme I become self-confident and learned to take responsibility and make informed choices. Overall, Y-Peer programme helped me in my progress with lessons and school achievement”. (9th Grade student, School#15, Ashgabat)

In addition, partnership was established between the Youth centres and the schools. Advocacy events held at the centres together with school directors led to a strong cooperation with school administrators in promoting the youth peer education in schools.

Table 16: Number of young people and adolescents reached by Y-peer volunteers

Output indicator 5.1.3: The number of young people including adolescents reached by Y-peer volunteers/activists per year			
Indicator	2013 Target	2013 Year End	2014 Mid-Year
The number of volunteers trained and working as peer educators per Y-PEER Centre.	70	82	58
The # of young people received the counseling services on Hot line 2	1,000	3,100	1,335
The number of young people including adolescents reached by Y-PEER volunteers through outreach activities	2,000	1,274	2,897
The # of information-education-communication materials disseminated to young people.	20,000	42,610	8,607

The observation results show that the youth centers are gender inclusive where both boys and girls have an equal access to learn as well as access to hotline and counselling services. In the peer to peer education, specific reference to gender issues and Reproductive Health topics received limited time. Y-Peers are not always allowed to organise workshops and trainings. They have requested to get authorization from higher authorities to work with young people. Also observed was that that in attendance were mostly privileged children from urban schools.

Technical and Advisory support of UNFPA allowed Parliament of Turkmenistan to develop the Law on Youth with the active participation of the youth. Youth-adult partnerships were established, particularly Parliament of Turkmenistan and Youth. The Y-Peer and the Youth outreach specialist funded by UNFPA and Youth organization were members of the working group on the revision of the law. *Monitoring and evaluation* are conducted by UNFPA on a regular basis in accordance with the approved AWP with the implementing partner.

Youth issues to be included in the development agenda is a global concern. As part of the Post-2015 Consultations conducted by UNFPA, feedback from the Youth was sought via an essay titled "How do you see your own well-being and the well-being of your family in 2030?" and focus group discussions across the country. This was held with schoolchildren of 8-10 grades selected based on random sampling in 17 schools in the country in May 2013. In this exercise, a total of 74 (M 38, F 36) young people in six separate focus group discussions pointed out the following basic aspects for the assessment of their own well-being³³: material well-being; individualism (The value of "I"); work (self-realization); family; stability; health; education; and personal relationships.

Facilitating and Constraining Factors

Facilitating factors: UNFPA being a long-term partner in the development field and Country Office support with technical assistance is positively appreciated by the Government. *State Programme on Development of Education System in Turkmenistan for 2012-2016* and *Turkmenistan's national youth policy* (2013) also have been contributing positively towards the programme.

Constraining factors: SRH education sensitivity in secondary schools, frequent changes in secondary education system and curriculum, lack of an institutional capacity to educate the school health educators, lack of capacity to implement youth policy in the field/in place, lack of specially trained professional (leaders) to work with youth on Reproductive Health, gender; closure of the youth centres in Dashoguz; lack of resources for National Y-PEER network. While medical personnel is involved in some schools (more on voluntary basis) on school health education, a systemic approach to school health education is missing.

³³ Source: Final Report "National Consultations to define the goals and objectives of the post 2015 Global Development Framework", May 2013 Ashgabat.

4.2.4 Gender Equality – Effectiveness

Summary Findings: The CP3 addressed the need for further strengthening institutional and local capacities, as well as strengthening of the existing capacities. Support to the development of capacities of institutions at National and Velayat level was specifically useful. All activities show promise for completion or substantial progress by the end of UNFPA Programme Cycle. Gender being a cross cutting aspect all key interventions under the Focus Areas have mentioned Gender Equality as an area for emphasis. Limited availability of data has been recognized as a problem in analyzing Gender Equality (data release for use is expected by the end of 2014). Even though the gender statistic may be established and present to some extent within the scope of the Genstat, this is not fully available for international organizations including the UN.

UNFPA mandate itself allows addressing women’s rights as it is also treated as a human rights issue. Partnership with IDHR works well and UNFPA has been recognized as a lead agency advocating for Gender Equality. Gender is seen as a women’s issue and other than adolescent males in school, in general men are deprived of basic information for healthy life style and had not received adequate attention yet. IDHR for the first time included provision on budgeting in NAP on the introduction of gender sensitive budget in state budget on a pilot basis. Overall, there is an agreement that some capacity has been developed for both the Gender Equality and CEDAW Reporting. On the Recommendations of CEDAW Committee, the planning process of the development of Domestic Violence Legislation is in progress and technical support of UNFPA in this area will be needed. Cooperation on women’s issues started early with UNFPA than with other agencies and systematic work has been established with UNFPA on Gender Equality. Institute adheres to its commitment with UNFPA in the area of Women’s Rights and Gender Equality and this work is not duplicated with other agencies. UNFPA supported National Action Plan (NAP) on gender equality in Turkmenistan is already approved. Support is to be continued on NAP implementation and NAP is expected to serve as the basis for integration of gender equality issues into all spheres of life. More attention is needed on the issue of advancing gender equality and reproductive rights through advocating and implementing laws and policies. Issues regarding gender sensitivity are still at a premature stage.

Table 17: Gender Equality, Output 1

Output 1: National legislation and policies on maternal health are improved in accordance with gender-sensitive principles			
Indicator	Baseline	Target	Actual
Law on maternal health is developed in accordance with CEDAW recommendations	0 (2010)	1	Not achieved, Law on Healthcare widely reflects issues of maternal health
Number of laws and policies covering maternal health issues revised in accordance with gender-sensitive principles	0 (2010)	3	5
Action plan on maternal health to follow CEDAW Concluding Observations and Final recommendations is developed	2012 CEDAW concluding observations and final recommendations	National Action Plan (NAP) on Gender Equality	Final NAP is approved in 2015

Under Gender Equality area outputs included: 1) development of the draft National Action Plan on Gender Equality in Turkmenistan for the period of 2014-2020. Continuous support on NAP implementation to the National Institute of Democracy and Human Rights; 2) advocacy efforts on promotion of Gender equality leading to the organization of International Gender Conference, held in Ashgabat, where as a follow-up action was agreed on development of LAW (further it was recommended to develop NAP instead of LAW); 3) nearly 200 judges, prosecutors and police were trained to protect gender equality and reproductive rights based on CEDAW recommendations; 4) capacity building workshops for decision makers on CEDAW recommendations in all velayats.

UNFPA CPAP 3 was specifically useful in developing capacities of institutions at the national and velayat level. In October 2012, dialogue between the government and CEDAW Commission took place. Besides conducting methodology workshops on how to prepare report on CEDAW, Inter-Ministerial Commission members on Treaty Body Reporting were trained on how to communicate and lead dialogue with the CEDAW commission. Guidance had also been provided to commission members on how to lead and answer technical question and lead dialogue with CEDAW. This has been noted by IDHR that all skills helped during the CEDAW reporting by Turkmenistan.

Many recommendations from capacity building seminars on CEDAW reporting and recommendations received from international experts have helped to improve the content of the reporting. These recommendations from seminars and capacity building workshops were consolidated into the CEDAW report. UNFPA and IDHR carried out legislation review with gender sensitive principles and prepared number of recommendations to the Parliament of Turkmenistan. Results of legislation reviews made in 2010, with gender sensitive principles are the following: 1) consultancy support provided to the government on the improvement of Family Code of Turkmenistan; 2) taking into account recommendations of the CEDAW Committee, matrimonial age have been increased from 16 to 18 years old; 3) introduced concept of marriage contract; 4) recommendations provided to the Labor Code of Turkmenistan on restrictions on women work at night shifts; 5) recommendations of the institute changes have been introduced to the Criminal Corrective Code to improve correctional facilities for women. IDHR for the first time included provision on budgeting in NAP on the introduction of gender sensitive budget as a pilot basis.

At the moment, Institute of Democracy and Human Rights works of recommendations of CEDAW Committee is to pass a law on domestic violence. IDHR Gender Focal Point expressed interest in expanding partnership with UNFPA on the topic related to domestic violence. In the future, Advisory and Technical Support of UNFPA on domestic violence will be needed taking into account cultural sensitivity of the country.

All members of the Commission on Treaty Body Reporting have been trained on Gender Equality, participated in different study tours and capacity development activities. On the initiative of Ministry for Labor, recommendations from ILO conventions were integrated into National Laws on restrictions on women work during night shifts.

During the field visit to Mary and Dashoguz Velayat respondents noted the valuable work carried out by Red Crescent Society of Turkmenistan on the topics related to gender and SRH education. Along with other international agencies, several other UN and donor agencies work on Gender Equality namely;

UNDP-Human Rights and Women's Rights project, UNFPA-Reproductive Health and Women's Rights, UNICEF –Children's Rights, and UNDP/UNFPA supported publishing a collection of laws on women's rights.

NAP that was developed had been approved and once the programme is officially adopted it will be costed and budgeted.³⁴ IDHR for the first time included provision on budgeting in NAP on the introduction of Gender Sensitive Budget in State Budget on a pilot basis. Overall there is an agreement that some capacity has been developed for both the Gender Equality and CEDAW Reporting. On the Recommendations of CEDAW Committee, IDHR started the process of development of Domestic Violence Legislation. Technical support of UNFPA in this area will be needed.

UNFPA had established cooperation on women's issues started much earlier than other agencies did and systematic work has been established with UNFPA on Gender Equality. IDHR adheres to its commitment with UNFPA in the area of Women's Rights and Gender Equality and this work is not duplicated with other agencies. However, the evaluator was unable to access the documentation of these achievements provided by technical and advisory support of UNFPA.

Under the umbrella of Inter-Ministerial Commission on implementation of Government commitments on Human Rights Gender Equality component has managed to overcome barriers such as lack of coordination and working with large number of relevant stakeholders at all levels utilizing cross-sectoral cooperation.

Under Gender Equality focus area several capacity building workshops were conducted for decision makers on CEDAW recommendations in all velayats, such as the; international conference on Gender issues, where as a follow-up action agreed development of the National Plan of Action on Gender Equality. Although there is a strong legal framework supporting work on Gender Equality, including the Constitution of Turkmenistan, law on state that guarantees equality for women, national strategy programme "Saglyk", and NAP on integration of gender equality in all spheres of life, more attention is needed on the issue of advancing gender equality and reproductive rights through advocating and implementing laws and policies.

Gender being a cross cutting aspect all key interventions under the Focus Areas has mentioned Gender Equality as an area for emphasis. Limited availability of data is an issue, although Genstat Software is ready for use, data is not available and strictly limited. Even though the gender statistic may be established and present at some extent within the scope of the Genstat this is not fully available for international organizations including the UN. Once Genstat goes live it will provide Gender disaggregated data. However, currently the lack of gender disaggregated data is a problem.

³⁴According to the draft plan, "financing of National Gender Action Plan will be made within the funds allocated by the State Budget, with yearly adjustments of the amounts earmarked for the specific project budgets for the next fiscal year". This means that the Gender Action Plan will be implemented at the expense of the involved Ministries with budget allocated to the specific Ministry from State Budget.

All activities show promise for completion or substantial progress by the end of UNFPA Programme Cycle. Major results achieved, as a result of UNFPA initiatives can be stated as the development of the National Action Plan on gender equality in Turkmenistan (now approved) for the period of 2014-2020. NAP will serve as the basis for integration of gender equality issues into all spheres of life. Advocacy efforts on promotion of Gender equality were succeeded in the International Gender Conference, held in Ashgabat Nearly 200 judges, prosecutors and police were trained to protect gender equality and reproductive rights and Inter-ministerial Committee on Treaty bodies was established and serves as the national machinery on gender equality. More attention is needed on the issue of advancing gender equality and reproductive rights through advocating and implementing laws and policies. Issues regarding gender sensitivity are still at a premature stage.

Facilitating and Constraining factors:

Facilitating factors: UNFPA Country Office commitment to Gender Equality work. Partnership with IDHR works well and UNFPA has been recognized as a lead agency advocating for Gender Equality.

Constraining factors: Limited availability of disaggregated data to analyse Gender Equality – disaggregation by sex and age could not be achieved due to unavailability of data. As mentioned above, work may have been done in getting gender statistics, but the data were neither available nor accessible.

Gender is seen as a women’s issue and less attention paid related to males. Cultural norms, traditional values and perception of women continue to hinder women’s participation and slowing the process of empowerment.

4.3 Answer to evaluation question on Efficiency

EQ 3: Were the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a low cost?

Summary: Efficiency for all focus areas:

The programme was able to meet the targets, within the limited human and financial resources largely due to the strategies adopted by Country Office in the implementation of UNFPA supported interventions. Targeted capacity building in areas that produce high impact results, joint programming with agencies (specific roles and strengths of each agency identified), using UNFPA comparative advantage in areas such as FP, Youth, Gender Equality, and SRH, support to surveys and research, SSC, technical expertise combined with the dedication and professionalism of Country Office staff added to the programme efficiency and effectiveness. While joint programming with other UN agencies had shown to be effective and efficient, some of the interventions (such as Gender Equality) could have been more effective had there been more coordination among the agencies working in the same interest area with the same implementing partner. In general, the country programme has achieved its planned results within the allocated resources and limited human resources and it is very likely that all targets will be reached by the end of the current CP cycle.

4.3.1 Population and Development-Efficiency

A substantial part of the costs were for services rendered by invited international experts and training seminars. Secondly, the costs were related to the delivery of technical equipment and the maintenance of temporary freelance staff. In general, all the costs made by Country Office were targeted, specifically to support SCS for conducting the census. At the same time, noted is that they cover the needs of the SCS only partially. For example, expenditures made for the purchase of technical equipment were not so significant, although they were delivered on time and used only for specific purposes.

At the same time, some of the expenditures on the purchase of technical equipment for the Civil Service Academy were beyond the scope of possibilities of this school. Training of civil servants in the project of TKM3P11A - "Using population data for development of national policies and development plans" only partially, for the reason that yet the Academy does not have its own school building and settling in a temporary facility. In addition, the specificity of the organization of educational process at the Academy does not allow full introduction of curricula of special courses on gender issues and demographics.

Insufficient staffing at SSC and Low technical capacity at SSC, and lack of commitment are mentioned as risks but no solutions are mentioned how to mitigate the problems. A recent report (September 2013) on an assessment of the national data collection and analysis systems reveals the lack of qualified statisticians in the system raising the issue of the quality of official statistics. Given this situation, if the resources were spent on efficiently on building individual and institutional capacity is questionable.

The population and development programme has maintained an implementation rate about 99% and the major portion of the expenditure had been on capacity development of the implementing partners.

Table 18: Regular Resources Allocation and Expenditure under PD (2010 to 2014)

Core	2010	2011	2012	2013	2014
Budget	\$172,457	\$184,068	\$174,278	\$141,023	\$160,347
Expense	\$169,969	\$183,974	\$173,112	\$140,825	\$160,306
Implementation Rate	98.6%	99.9%	99.3%	99.87%	99.9%

4.3.2 Reproductive Health –Efficiency

Table 19 represents statistic of cofunding of projects by regular and non regular resources. The highest ratio of share cost was in 2011 (39.88%) The amount of regular resources includes the funds utilized on Reproductive Health, SRH Education and Youth area together. Resources mobilized on Youth centers are excluded from this table and shown in the table 20. Most of funds in Reproductive Health area were mobilized from GPRHCS and Quality Health Care Project (QHCP). Both non-regular funds sources are currently phasing out from Turkmenistan. Within the next program cycle the co funding by the

Table 19: Programme Expenditure by Source Funds

		2010	2011	2012	2013	2014
Regular resources (RR)	Allocation	\$351,779	\$321,100	\$318,465	\$345,729	\$286,619
	Expenditures	\$348,316	\$318,352	\$316,583	\$344,323	\$275,612
	Implementation rate	99.03%	99.1%	99.4%	99.6%	96,1%
	Percentage of the cost share	94.86%	60.12%	70.12%	76.43%	68.33%
Other resources (OR)	Actual	\$18,877	\$211,208	\$134,910	\$106,203	\$127,743
	Implementation rate	99.8%	98.6%	98.9%	99.2%	97.5%
	Percentage of the cost share	5.14%	39,88%	29.88%	23.57%	31.67%
Total: (RR+OR)		\$367,193	\$529,560	\$451,493	\$450,526	\$403,355

Government to be increased which will require tailored advocacy and resource mobilization strategies. Regarding programmatic efficiency, the Reproductive Health focus area of CP has been prioritized and concentrated in a set of projects with core activities which were managed efficiently. Mobilization of resources shown above and partnership with other UN agencies enhanced the efficient use of UNFPA core resources.

The interventions in the State Medical University of Turkmenistan with support of the Royal College of Obstetricians and the University of Manchester led to launching of innovative curriculum on Emergency Obstetric Care. Subsequently, the department of postgraduate education of obstetricians trains 75 obstetricians on average annually, using the University. Rolling out of the clinical protocols on regional level is implemented by the velayat health departments on their own funds.

The approach of standardization of clinical practice through setting the clinical protocols was efficient in terms of quality improvement in maternal health services since it became possible to measure the performance against the standards rather than providing episodic trainings.

NEX audit showed that administrative efficiency in timeliness in executing programmes within deadlines

and budget; performance of certain operations and transactions; use of human resources; and management of information systems.

4.3.3 SRH Education and Youth-Efficiency

The table below shows the expenditure for SRH education and Youth. The budget is allocated under the reproductive health focus area and this table includes the resources mobilized for youth centers.

SRH education and the young people component of CP has been prioritized and concentrated in a set of projects with core activities, which was managed efficiently. Most activities are planned and managed in the way that could be passed to government ownership.

Table 20: Programme Expenditure by Source for SRH and Youth

		2010	2011	2012	2013	2014
Regular resources	Actual	72,021	72,743	132,515	125,165	132,067
	Implementation rate	95.46%	99.9%	98.55%	99.9%	99.5%
Other resources	Actual	0	0	\$75,991	0	\$10,000
	Implementation rate	0	0	99.8%	0	99.7%

NEX audit showed administrative efficiency in timeliness in executing programmes within deadlines and budget, performance of certain operations and transactions, and use of human resources.

Many activities originally planned under this component have been implemented with some delay. Although disbursements have been allocated in coherence with programme priorities, they were generally done with considerable delay, as stated above, either due to slow progress in obtaining necessary approvals, Fast pace of development in education reform or due to delays in attainment of appropriate expertise for implementation of proposed activities.

4.3.4 Gender Equality- Efficiency

Total amount of allocation of resources for Gender Equality is 1.4 USD (2010-2014). It is important to state that, considerable percentage from Gender Equality budget was utilized for PR and advocacy purposes, to raise awareness on the issue of Gender Equality, development of communication strategy on promoting the gender issues through the media in Turkmenistan, raising awareness of general population, politicians on Gender Equality and in getting the interest of wider international public and donors. On the other hand, since there was no assessment of impact of communication activities, direct and immediate impact on improvement of services and rights for these target groups is not known. Therefore, it's hard to ascertain the efficiency of the funds spent on such activities.

Considerable percentage of budget spent for technical/advisory support, preparation to the CEDAW reporting, policy development, alignment of national legislative and normative bills to international standards and gender-sensitive principles, and technical/ advisory support to NAP. Based on key informant feedback and the achievements there is evidence for efficient use of funds.

Although disbursements have been allocated in coherence with programme priorities, they were generally done with some delay, due to delays in attainment of appropriate expertise for implementation of proposed activities. However, it is important to state that these delays did not impact the quality of results. Furthermore, efficient implementation of the programme was ensured by signing AWP with the concerned Ministries.

Table 21: Regular Resources Allocation and Expenditure under Gender Equality (2010 to 2014)

Core	2010	2011	2012	2013	2014
Budget	\$129,604	\$144,832	\$147,987	\$136,640	\$143,410
Expense	\$128,374	\$142,239	\$145,622	\$135,660	\$142,812
Implementation Rate	99.05%	98.23%	98.39%	99.31%	99.58%

Many activities originally planned under this component have been implemented on time. Some delay occurred with the planned activities on developing Gender Equality legislation, however due to the change of focus and recommendations of CEDAW Committee, Government decided to develop, with UNFPA support, a National Plan of Action on Gender Equality which now being approved. With limited human resource capacity in Country Office and at the IDHR (1 focal point for Gender Equality), the strategic use of input in capacity development of national partners to carry out the work is efficient use of resources. Feedback also suggested that internal coordination within UNCT (especially UNDP, UNICEF and UNFPA) when working with IDHR could increase working efficiency. In general, compared to the size of the Country Office, the accomplishments are commendable demonstrating a sign of efficiency.

4.4 Answer to evaluation question on Sustainability

EQ 4: Did programme design include strategies to ensure sustainability? Were any of these strategies on sustainability used in the course of programme implementation? To what extent has UNFPA Country Office been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

Summary Findings – Sustainability: All programmatic Areas

Capacity development of implementing agencies in UNFPA focus areas has been the strategy in strengthening the institutions for sustainability. Especially in Reproductive Health, support to the establishment of the Reproductive Health system has been a sustainable approach.

One of the key positive factors regarding sustainability of UNFPA support to SRH Youth has been the established partnership with Parliament, MOE, and Youth Organization. The responsiveness of UNFPA to government needs has secured a high level of ownership. National capacities and capacities of institutions have been developed in the process of development of Youth Policy, National Education Standards and certification process for teachers on reproductive health.

Recent evaluation reports on data availability reveal that institutions such as SCS are limited in their capacity to carry out key functions due to lack of skilled personnel and the need to build up knowledge base in statistics and data analyses is emphasised. Strengthening institutional capacity is a long-term process and UNFPA alone cannot achieve institutional building of implementing agencies/ministries. However, a limiting factor, mainly with capacity building initiatives is, not having a clear plan of phasing out or a strategy in the plans for ensuring sustainability of the investments made.

4.4.1 Population and Development- Sustainability

SCS is summarizing the results of the census to make them available to consumers. Although it has not happened yet, the capacity built within the demography department and SCS will benefit the country in future data generation activities. In the next two years SCS plans to use the database of the census to create the population register in close collaboration with government agencies such as the Ministry of Internal Affairs and State Migration Service. However, currently, the limited capacity noted in SCS will be challenging for sustainability.

The Country Office M&E framework clearly states risks such as insufficient government capacity and lack of technical capacity, however the risk mitigation plans are not mentioned and sustainability would depend on the capacity of the government system.

The Civil Service Academy under the President of Turkmenistan plans to introduce to learning process more or less stable training courses on gender issues and the basics of demography at sufficiently effective use of the results of consultative, methodological and technical assistance will be provided by UNFPA Country Office in Turkmenistan which will enable this institution through its courses to significantly increase the awareness of civil servants in matters of gender and demography, however these courses have not been fully developed and in use to assess the outcomes.

4.4.2 Reproductive Health-Sustainability

Capacity developed in the reproductive health care system and national ownership of reproductive health issues in the country; the move from donors' dependency towards the contraceptives supply on State budget funds; MoU on state budget procurement of contraceptives signed between UNFPA and the MoH MI; and the capacity developed at velayat and etrap levels local health care staff (trained by master-trainers at the national level) and doctors' postgraduate education at the State Medical University using Government funds contribute to the evidence of sustainability of the programme.

During the previous program cycles, UNFPA supported launch of family planning SDPs in all regions alongside with Reproductive Health centers for men and adolescents at the velayat level. All the SDPs (104) are owned and maintained by the Government. Cost sharing MoU with government on contraceptive procurement on state budget funds was signed in January 2014. The acceptance by the Government reveals the importance of the national ownership of RHCS issues in Turkmenistan. A gradual transition of procurement of contraceptives over the next 4 years is planned from 25% MoH in 2014 to 100% MoH in 2017. The movement from donors' dependency towards the contraceptives supply on state budget funds is one of the most important signs of sustainability.

With UNFPA technical assistance, curriculum for postgraduate faculty in obstetrics and gynecology was updated and new modules on EMOC and case drill scenarios were developed. Updated curriculum with new innovative modules; new approaches to the student oriented practical skills based learning; lecturers trained as a master trainer; and provide ongoing courses to obstetricians on use of new standards on EmOC. Currently, four additional standards have been developed and submitted to the Ministry for approval. With regards to HIV and AIDS prevention work, the trust centers are established and the one in Ashgabat is now functioning on state budget funds, indicating a sign of sustainability of an intervention once supported by UNFPA.

Reproductive Health and ANC rooms are functioning in each etrap hospital with trained staff paid by the government, regular training of local health staff with government funds, cascade training of local health staff at velayat and etrap levels are done using own funds, and master-trainers trained at national level are evidence of programme's sustainability. The data collection tools developed with UNFPA support allowed the MoH MI of Turkmenistan to compile national reports on implementation of MDGs, Beijing Conference, and ICPD beyond 2014, and CEDAW recommendations.

In all of the visited sites most of obstetricians and midwives were trained and used fifteen clinical protocols, and followed algorithm on EmOC. Trained at national and velayat levels, specialists have been providing regular trainings for all staff of maternities in velayats and etraps respectively. Etrap level obstetricians in their turn are providing trainings to other health staff, such as family doctors and nurses, on antenatal care and warning signs of pregnancy without any additional funding from UNFPA. These cascade trainings are also a good sign of sustainability.

4.4.3 SRH Education & Youth-Sustainability

The Turkmenistan education system believes that teachers' professional development is a dynamic process, extending from initial preparation over the course of an entire career. This purpose has opened teachers' in-service teaching courses within the National Institute of Education in 2013, and in the Velayat Education Department starting in 2014. Professional teachers are responsible for planning and pursuing their ongoing learning, reflecting with colleagues on their practice, and contributing to the profession's knowledge base. The National Annual Teachers Conference is organized twice a year as a forum for teachers to discuss new developments in education and this type of an activity may contribute to sustainability.

As a result of capacity development activities, it established faculty re-training of teachers in the Turkmen State University named after Magtymguly, Azady Institute of World Languages, and at the State Pedagogical Institute named after Seydi in 2012.

Opening of teacher training institutions at the higher education establishments and in-service training centers at NIE, velayat and etrap education departments, and introduction of BLS subject, are all examples of sustainability. While the graduates from universities were not able to get any in-service training, nowadays teachers are re-trained on a frequent basis where every five years teachers need to go through teacher re-training and justify their skills with a certificate.

Among the activities, there are good prospects for sustainable impact for the school curriculum on the basics of life skills. There is also a high likelihood of long-term impact from UNFPA support for the development of the National Youth Policy³⁵, and designation of ombudsperson for youth. It is currently difficult to make the case for the sustainability of the Y-PEER education program given Y-PEER's current lack of funding. It's important to ensure sustainability of Youth Centres, and ownership by Youth Organization of Turkmenistan: without ownership by Youth Organization there are very low prospects for sustainability. The major challenge of Y-PEER Network is the lack of institutionalization and sustainability. The ownership of the Youth Organization of the Youth Centers is a positive factor at present stage, because it provides legality of Y-PEER work. However, the bureaucratic mechanism of approval for conduct of activities hampers the efficiency of Y-PEER work.

When asked if the UNFPA CP had helped to develop capacities for partners and beneficiaries, a majority was in full agreement that the CP was having long-lasting benefits for SRH. Based on interviews with Y-PEER educators, there is clear evidence of potential long-term developmental and youth leadership benefits. The stakeholder interviews with youth peer-educators demonstrated a strong sense of increased competence in SRH related knowledge and interpersonal skills, as well as leadership skills that will no doubt persist into adulthood. As would be expected, all respondents felt that UNFPA support was still needed, and that its assistance should not be discontinued.

The main positive factor regarding sustainability of UNFPA support has been the established partnerships with the Parliament, MOE, and Youth Organization. National capacities and to some extent capacities of institutions have been developed in the process of the development of the Law on State Youth Policy, National Education Standards and certification process for teachers in Reproductive Health. Another opportunity for strengthening of Y-PEER education is to consolidate the efforts with other NGOs, which have a solid base of peer-to-peer work, e.g. National Red Crescent Society which has representations in all the regions and a good experience of peer education projects. Other international and local NGOs may be considered for cooperation.

4.4.4 Gender Equality-Sustainability

Overall, major part of the expected outputs are 1) national capacity development (for the production, utilization and dissemination of quality statistical data of population dynamics, youth, gender equality and SRH), and 2) strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH contribute to sustainability.

As per review of relevant documents and reports, as well as according to the interviews with the KI in the Gender Equality component, the UNFPA programmes have been successful in the development of

³⁵ The law on State Youth Policy (2013) guarantees and promotes access to youth friendly services, including HIV/AIDS, STI prevention, as well as family planning services, youth participation in decision-making and policy formulation at the national and local levels.

National Action Plan on Gender Equality (NAP on Gender Equality), which was approved in January 2015. The main positive factor regarding sustainability of UNFPA support in Gender Equality component has been the carefully established partnership with IDHR, Inter-Ministerial Commission on Human Rights and relevant institutions that has taken place during the implementation phase. UNFPA has been successful in development of capacities, in particular for CEDAW reporting/ development of draft National Action Plan on Gender Equality.

Greater support from UNFPA will be required in order to increase the attention given to Gender Budgeting and utilization of statistical data for evidence based policymaking and implementation of actions.

Another important element in ensuring sustainability and enduring positive effects is that UNFPA has been supportive of donor coordination with the Gender Equality Focus area, at least among the UN agencies. However, more focus in the following period should be given to involving larger number of donors working on similar issues around Gender Equality to ensure even greater aid effectiveness. In terms of addressing sectoral issues related to work supported by CP, better focus and more informed approach to ensure the project activities are in line with the on-going reforms is needed.

Core areas of partnership identified by interviewed partners are development of legislation on women's rights, strengthening institutional mechanisms, and population awareness on Gender Equality and National Action Plan on Gender Equality Implementation. Increased capacity of government institutions involved in the preparation of thematic reports to CEDAW Committee was a key result during the CP period. Outcome of joint partnership with UNFPA is a National CEDAW Report presented in October 2012 through simulation of dialogue. High relevance to government needs and CEDAW reporting recommendations also expected to have the potential for sustainability in Gender Equality.

UNFPA established systemic/dynamic relationship with the Government to work on Gender Equality/ Women's Rights since the beginning of its cooperation in this area in 1990s. In sum, the program is considered sustainable, as noted by KIs. The reasons being that priorities already identified by government high level ministries/institutions; enabled systems strengthening; worked within established government structures; included capacity building of institutions staff in their permanent mandates/role. By default, UNFPA mandate fits well with the priority needs. Technical and advisory support of UNFPA does not duplicate activities of other agencies.

4.4.5 Cross-Cutting areas:

Several *communication and advocacy campaigns* were launched to disseminate information. More than 11,000 young people reached through advocacy events on SRH Education and Gender. Around 80,000 communication and advocacy materials were printed and disseminated on Reproductive Health, Gender and healthy life style topics.

UNFPA highlights have tripled since the beginning of the CPAP cycle. The results of the media monitoring at the end of 2011 showed that 16 media reports were published or issued highlighting UNFPA in the national media. The results of the 2013 media monitoring identified 45 articles and reports highlighting UNFPA in print, online media and TV/radio programming, as a result of continuously shared information and press releases with the media network. One of the reasons for such an increase is the UNFPA Media competition that was launched in 2012. More detailed information on printed materials,

advocacy and communication campaigns can be found in the Annex. Despite the progress achieved within the third CPAP cycle in communication and advocacy, challenges persist due to the context within which UNFPA operates.

Monitoring and evaluation database is established and is supported by all staff members. In the absence of a separate M&E officer at the Country Office, one programme officer takes the overall responsibility of maintaining the M&E database. Progress monitoring data are updated regularly and kept well. Indicators measuring quality improvements in services and their delivery as a result of UNFPA support were found to be relatively weak in the M&E system. Institutional capacity building is a part of the CPAP and there are positive results on the ground according to the interview feedback. However, measurement of results was not explicit in the monitoring system.

Financial data were not consistent and complete in the M&E database and this was particularly an area where the ET had difficulty in getting the necessary input for assessing efficiency.

Under risks and assumptions, while assumptions are absent, risks mentioned in the M&E framework are generic. “Lack of commitment of the Government” and “lack of capacity” are frequently mentioned risks while an example of a specific one is “sensitivity of SRH education in secondary schools.” Risk mitigation plans are absent thus monitoring of the progress would be challenging and without realistic assumptions and risks mitigation plans, monitoring of results achievement will be difficult.

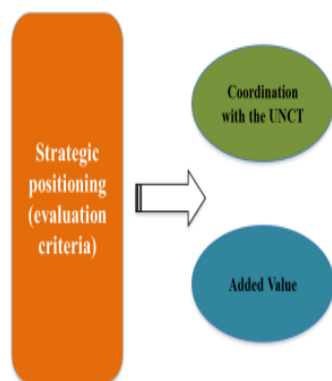
A system is in place to monitor UNFPA contribution to UNDAF Outcomes that UNFPA is contributing to. The M&E database has been helpful to monitor the UNDAF progress. Existing matrices are not always agile enough or appropriate for measuring partnerships and coordination roles. Separate ministries and government agencies track progress using indicators in their areas.

CPE Component 2:

This section presents the analyses of strategic positioning based on the evaluation criteria *coordination* and *added value*.

The first part assesses UNFPA Country Office *contribution* to the functioning and consolidation of UNCT coordination mechanism, that is the extent to which UNFPA has been an active member of, and contributor to the existing coordination mechanisms of the UNCT. A brief assessment of the alignment with the UN Development Assistance Framework (UNDAF) is also done to address the UNFPA

Figure 5: Strategic Positioning



contribution to the UN country team (UNCT) *coordination* mechanisms.

The second part, *added value* assesses the extent to which the UNFPA Country Office adds benefits to the results from other development actors' interventions. UNFPA's added value within the country development framework as specified in the CPE handbook is composed of all the agencies and organizations that work in the same programmatic areas as UNFPA in the country. Since UNFPA's added value in the country is a direct consequence of its comparative strength (what UNFPA does well), comparative strengths are assessed as a part of the added value criteria.

Four key evaluation questions were used to assess the two evaluation criteria: coordination and added value. The evidence to assess strategic positioning is derived mainly from the content analysis of interview responses from senior members of selected UN agencies, senior government officials from implementing agencies/ministries, and donors; content analysis of related documents (such as minutes of UNCT meetings, M&E reports, annual reports, UNDAF related reports, other relevant programme documents); and key informant feedback data in the analysis of programmatic areas also provided additional information on coordination and added value criteria.

4.5 Answer to evaluation question on Coordination

The following two questions assess coordination criteria.

EQ 5.a): To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanism? (The extent to which UNFPA has been an active member of and contributor to the existing coordination mechanisms of the UNCT. EQ 5.b): To what extent does the UNDAF fully reflect the interest priorities and mandate of UNFPA in the country? (Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?)

Summary: Evident from the respondents' feedback coordination with other UN agencies is satisfactory. UNFPA is a key player in several initiatives launched/implemented jointly by other UN agencies and, as mentioned above, Country Office's coordination role is well appreciated by other UN agencies. UNFPA Country Office is contributing positively to the UNCT, especially in joint programming and technical cooperation through coordinated programmes. The UN agency representation is fairly small in the

country and according to the feedback, without this cooperation and coordination; some of the work could not have been done effectively. Almost all UN agencies that responded to the interviews highly commended the active and useful role, and in some instance the leadership role, played by UNFPA in the development of the country. The usefulness of working in close cooperation and coordination within UNCT, rather than working directly and independently - especially when dealing with the same implementing partner on similar topical issues, was also noted by key informants.

The activities implemented/reviewed in the three focus areas were viewed as a good fit. In the Reproductive Health focus area, all of the proposed activities are within UNFPA mandate and fit within its areas of comparative advantage. CPAP is well aligned with UNDAF and reflects the UNFPA mandate and results.

Answers to these two questions provide evidence on UNFPA's contribution to the coordination aspect. According to the feedback from almost all respondents and minutes of UNCT meetings, UNFPA has played an active role in coordinating and implementing key initiatives within UNDAF. This is also evident from the consultations during the Roadmap initiative which took place recently under the leadership of the UNRC. UNFPA has played a key role contributing to a greater coordination among UNCT members. Country Office is represented in several technical groups and committees that contribute to the better coordination mechanisms of the UNCT. During the Roadmap workshop (held in February 2014) planning for 2016-2020 UNDAF, what worked well during the current UNDAF had been identified as "Cooperation of UN Agencies in different fields according to their comparative advantages." However, among the list of things that was identified needing improvement were "awareness about the results and the process" and "awareness of the UNDAF with national partners" indicating that UNDAF is more or less an "internal document." These expressions are in line with the findings of the recent UNDAF evaluation which notes the limitations in UNDAF's flexibility and lack of participation of national partners in the 2010-2015 UNDAF preparation process in 2009. These limitations, to a certain extent may have impacted the coordination role of UNFPA with development partners outside UNCT. UNFPA, taking a leadership role, implemented the Census jointly with UNICEF and UNHCR. A joint advocacy programme on HIV took off the ground with UNAIDS. However after UNAIDS left the country, UNFPA has been continuing this work with the MOHMI and volunteers. UNFPA Country Office collaborated effectively with WHO, UNICEF and QHCP on issues related to maternal and newborn health. Work in the pipeline waiting for funding is another joint programme with WHO, UNICEF, and UNDP on the rights of people with disabilities. While UNFPA leads UNDAF outcome 1, the leadership role played by UNFPA is regarded by other UN agencies as constructive and technical. UNFPA role in national priorities such as safe motherhood initiative (clinical protocols) is a solid example (which is described in detail under Reproductive Health) of Country Office contribution in coordination with WHO and UNICEF.

Some UN agencies would like to see more close coordination in plans and implementation (e.g. UNDP, UNICEF, UNFPA in human rights issues), thus improving the efficiency and effectiveness when working on common themes within the UNCT. Feedback was that sometimes each UN agency tends to work individually and independently with the same implementing agency without much coordination among the agencies. KIs felt that both parties, implementing partner and the UN agencies, could benefit by coordinating within the UN agencies when working on the same topical issues. The lack of a steering committee makes UNDAF more of an internal working framework thus coordination role with national partners may have been limited to some extent in general however, the evidence from the interviews and

internal documents reveal that UNFPA has played a critical role that has contributed to UNCT coordination mechanism in a positive and constructive manner. Given the complexity of the country context, and with a limited and especially with national staff, this contribution is quite remarkable. Overall, UNFPA contribution to the coordination role is appreciated by all UN agencies and evidence show that UNFPA has played, despite limited staff capacity, a leading role within UNCT.

The mandate of UNFPA, as established by the United Nations Economic and Social Council (ECOSOC) in 1973 and reaffirmed in 1993, is (1) to build the knowledge and the capacity to respond to needs in population and family planning; (2) to promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems; (3) to assist their population problems in the forms and means best suited to the individual countries' needs; (4) to assume a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund. The three key areas of the UNFPA mandate as summarized in its Mission Statement "*UNFPA, the United Nations Population Fund, delivers a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled*" are reproductive health, gender equality and population and development strategies. Within these key focus areas, there are eight corporate mandate issues set forth in the UNFPA Strategic Plan,³⁶ guided by principles: national ownership, national leadership and national capacity development. Development of partnerships and humanitarian assistance are also part of the UNFPA response to emerging needs.

Although UNFPA work is appreciated and accepted by other development partners and the government IPs, the work of UNFPA may not necessarily be considered as government priorities (such as initiatives under HIV prevention, SRH, male involvement in FP). However UNFPA has been able to work with the government partners.

UNDAF provides the basis for CPAP. UNFPA Country Programme is aligned with UNDAF and it reflects the CPAP which is formulated within the UNFPA mandate. Institutional memory on the consultative process of UNDAF preparation was limited as the majority of Country Office staff joined after UNDAF preparation was completed, however feedback from limited sources and knowledge from background documents show that UNFPA concerns are well integrated in UNDAF and they are being attributed to UNFPA.

The individual UN agency personnel monitor and report progress of their agency mandated areas since there is no dedicated M&E person (at the time of the evaluation) to monitor and track the progress for UNDAF. There was no opportunity for a contributory analysis due to the unclear program logic or the theory of change. How each agency contribution to UNDAF will produce expected results was not explicit.

CPAP is coordinated well and implemented with IPs national partners. However, there is no representation of the national partners when reviewing UNDAF. UNDAF is treated more or less as an internal document and there was no evidence of a steering committee that discuss the progress of UNDAF.

³⁶ Special attention to the most vulnerable, disadvantaged, marginalized and excluded population groups, mainstreaming young people's concerns; Gender equality and women's empowerment; and South-South cooperation.

Comparative assessment was undertaken by focusing on if elements of the CPD/CPAP are in line with UNDAF and if UNDAF reflects the interest and priorities and mandate of UNFPA, and the degree of coordination between UNFPA and other UN agencies. There is a strategic fit between UNDAF and CPAP as expected. However, the context when UNDAF was developed is different from the current context. CPAP revision was made in 2012 without deviating much from the original conceptual frame. While UNDAF remained as a static framework, i.e. not very flexible to the changing environment, CPAP had been a dynamic “living” development framework and had changed with the changing needs and as such there is a gap between the two development frameworks. (This reflects the lack of opportunities for risk mitigation – and lack of flexibility of the changes in the plans). Additional area of Youth SRH may not be well aligned with the UNDAF. CP (and CPAP) is well aligned with UNDAF and reflects the UNFPA mandate and results. Evident from the respondents’ feedback, and observation of ET, coordination with other UN agencies is satisfactory.

In sum, all of the activities reviewed in the three focus areas were viewed as a good fit. In the Reproductive Health focus area, all of the proposed activities are within UNFPA mandate and fit within its areas of comparative advantage. CPAP is well aligned with UNDAF and reflects the UNFPA mandate and results. Evident from the respondents’ feedback, Country Office coordination with other UN agencies is satisfactory. UNFPA is a key player in several initiatives launched/implemented jointly by other UN agencies and, as mentioned above Country Office’s coordination role is well appreciated by other UN agencies. UNFPA Country Office is contributing positively to the UNCT, especially in joint programming; technical cooperation through coordinated programmes and by the leadership role it plays. More room for improving the efficiency and effectiveness of programmes where UN agencies work with the same implementing partner was also noted.

4.6 Answer to evaluation question on Added Value

EQ 6.a) What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the Country Office features? EQ 6.b): What is the UNFPA’s main added value in the country context as perceived by national stakeholders? (to what extent has the UNFPA CP added benefits over and above what would have resulted from other development actors’ interventions?)

Summary: Main comparative strengths, partly related to corporate features are 1) international experience that UNFPA brings in to the country, 2) strong advocacy role, especially in sensitive subject areas; 3) well acceptance of UNFPA mandate by the government; 4) strong partnership with the government, especially in the Reproductive Health sector; 5) Joint programming experience – bringing the development partners together (good coordination and leadership role); 6) surveys and research supported by UNFPA, in addition to the support to Census, generating internationally compatible data for planning; 7) Capacity development of national partners supported by UNFPA, especially in establishing databases, and internationally comparable guidelines and protocols were added value as mentioned by development partners in the country.

Professional, committed, proactive and dedicated staff and flexibility in working with other development agencies; cordial working relationship with government institutions and collegiality were specific added value that Country Office contributes to the overall development results by other partners. The recognition within the government working system also seems to be an advantage for the partners who do not have the same comparative strength. UNFPA has paved the entry for partnerships and this is an attraction for other partners to join hands with UNFPA in development activities.

UNFPA brings in technical expertise that is needed by other agencies to enhance their work. All key UN agencies reiterated the positive contribution of UNFPA in the overall development agenda of the country. Specific examples are the Country Office's supportive role in generation of internationally compatible data for evidence based planning, and advocacy for sensitive topics such as SRH, FP and GBV which adds to the value of the areas that other agencies have undertaken to improve. As mentioned under the focus areas/programmatic areas discussed above, building capacity of medical personnel by supporting the WHO approved guidelines for usage in the medical system; credible data for evidence based planning, organization of youth as a conduit for other development work, technical expertise from other countries are some of key strengths of the Country Office.

Some of the above mentioned key development inputs in the main programmatic areas, specifically the exclusive focus on Youth, SRH education, prevention work on GBV, and Gender Equality are part of corporate features and are part of the country programme in most of the UNFPA country offices across the globe. What is noteworthy in Turkmenistan Country Office is the manner in which these issues are brought to the discussion table and how these are handled within a complex and sensitive environment - political as well traditional. UNFPA Country Office contribution to deliver the corporate mandate is largely due to the specific features and skills of Country Office staff and their understanding of the country context. While there is room for improvement to facilitate mainstreaming of gender and youth and to make the established efforts sustainable, the awareness is created and the ability obtain the government buy in is commendable.

Analysis of responses from UN agency staff members, implementing partners, donors and review of documents, there is strong evidence supporting the added value that UNFPA as a development partner brings to the country programme. Similar responses that were echoed by almost all the respondents who interacted with UNFPA supported development activities bear evidence to the positive contribution that UNFPA has made so far. Capacity developed by UNFPA has been helpful for others to work with the implementing partners better.

To assess the extent UNFPA CP added benefits over and above what would have resulted from other development actors' interventions, the evaluators looked at specific examples given by other development partners about UNFPA contributions that are unique to Country Office's ability. ET also looked for any reference made to UNFPA contribution that were not available with other partners as well as UNFPA Country Office's contribution that enhanced other partners' contribution to the development results in the country.

The main development partners in the country are the line ministries (main implementing bodies), other UN agencies, donors and international development partners. Evident from interview feedback from all development partners (UN Agencies, IPs and donors) the appreciation for UNFPA's added value was almost unanimous and unequivocal. The dedication, professionalism, less bureaucracy, timely input whenever feedback requested, technical expertise available within Country Office and other COs and consultants that UNFPA brings in to the country, and in-house local knowledge were some reasons for UNFPA Country Office gaining high recognition for its added value as mentioned by other development partners.

Other than the qualitative assessment based on key informants' feedback, there was no systematic mechanism in place to evaluate the effectiveness (in the absence of a mechanism during the design phase for a contributory analyses) of UNFPA contribution or what would have been the situation if UNFPA had not been part of the development interventions. The extent of UNFPA contribution could have been assessed, to some extent, had a clear program logic leading to a contributory analysis been in place. How specifically each agency contributed to UNDAF outcomes was not very clear. Nevertheless, a loud and clear message from the donors' perspective, during the interviews, was that UNFPA's collegial relationship with the national partners and the government system made it easier for them to work within the Turkmenistan country context.

As mentioned above, this contribution comes from both comparative strength resulting from generic corporate features of UNFPA (those characteristics of UNFPA as an agency) as well as country specific comparative strengths such as the Country Office staff's ability to work well within the current country context, acceptance by the IPs, the cordial and collegial relationship that enabled the implementation of interventions including politically and culturally sensitive topics.

Although Country Office has been able to work at upstream level to get laws and policies approved, there still remains a gap between the documentation and the actual implementation (i.e. realization of the laws and policies to benefit the intended audience). That being said, UNFPA contribution and the way the Country Office operates in the country have received respect and the work of Country Office is regarded high, making UNFPA well positioned in the country for advocacy and upstream work to further advance the ICPD agenda. The following statement by a key informant resonates what almost all respondents expressed: *“UNCT operates in a complex environment, this is not a very traditional UN working environment - role of each UNCT member is very critical. I like to comment that UNFPA plays a major role, despite the heads of sections are national - very professional in raising issues, and UNFPA never shy away, face very critical challenging issues, ...even issues that are politically sensitive – within their (meaning UNFPA) mandate they raise their voice;”very collegial and very respectful of UNCT members that creates a forum for nice interaction – I feel very comfortable to discuss with UNFPA various strategic and sensitive issues, easy to talk.”*

Repetitive and common themes that emerged from respondents' feedback on added value that UNFPA brings in are: facilitation of policy dialogue, in-country as well as outside technical expertise, capacity building and knowledge with specific reference to data coming from surveys and research and specific population groups that UNFPA engages in the development dialogue.

A few relevant comment summaries are as follows: long experience in the field of Reproductive Health and FP services and commodities (*“if not UNFPA who else?”*); international experience UNFPA brings in to the country, strong advocacy role – in sensitive areas as well; UNFPA mandate accepted by the government and strong partner with the government, especially in the Reproductive Health sector; joint programming experience – bringing the development partners together (good coordination and leadership role); surveys and research supported by UNFPA, in addition to the support to Census; established liaison with research institutes and universities (e.g. Univ. of Manchester, Royal College of Obs & Gyn and other examples); professional, committed, proactive and dedicated staff and well established systems (guidelines, policies, accountability systems) that can be replicated. These were some repetitive feedback

received from the stakeholders contributing to the evidence that UNFPA has indeed added value to the overall development results by other partners.

Key role played by UNFPA Country Office in upstream advocacy, technical expertise in the mandated areas, networks and relationship with the Government institutions have been identified as added value. Specifically for being a forerunner in sensitive issues/ areas such as FP, HIV/AIDS prevention, sexual and reproductive health, GBV have been identified as positive and unique contributions. Being in a traditional Turkmen society, increasing access to sexual and reproductive health information and services is still a challenge as these issues continue to be sensitive and often perceived as a promotion of the pre-marital sex, a taboo in Turkmenistan and not many development agencies work with these issues in the country.

Chapter 5: Conclusions

5.1 Strategic level

UNFPA CP employs key strategic approaches to achieve the programme's intended results. Advocacy and policy dialogue/advice (upstream work), capacity development, support to IPs on quality service delivery, knowledge management -mainly by supporting surveys and research, and dissemination of their results as well as outcome results of UNFPA mandated development interventions are among these approaches. This section is organized based on UNFPA coordination role in UNCT, added value that UNFPA brings to the development agenda, and strategic approaches noted above.

Conclusion 1: Coordination

UNFPA Country Office contributes to improving the UNCT coordination mechanism, especially in joint programming and as a lead agency.

The *coordination* with other UN agencies has shown positive results and UNFPA has used its central role in the UN coordination mechanisms to support the ICPD agenda. Within a fairly small UN representation, UNFPA Country Office input in technical cooperation and coordination had contributed to achieving UNDAF results effectively. Almost all UN agencies commended the active and useful role, and in some instance the leadership role, played by UNFPA. While each UN agency has its own mandate, joint programming has been productive due to the mutual understanding and collegial relationships built when working together. More room for improving the efficiency and effectiveness of programmes where UN agencies work with the same implementing partner on similar topical areas.

Noted was the absence of clear deliverables or indicators to measure UNFPA Country Office contribution in the UNCT coordination process. While UNFPA has a clear M&E plan linking UNDAF and CPAP, it is unclear how UNFPA's contribution to coordination (via working/thematic groups) is measured

Conclusion 2: Alignment

The Country Programme is well aligned with UNDAF and UNDAF reflects the UNFPA mandate and results.

The activities implemented in the three focus areas were viewed as a good fit. In the Reproductive Health focus area, all of the proposed activities are within UNFPA mandate and fit within its areas of comparative advantage. CPAP is well aligned with UNDAF and UNFPA MTR Business Plan and reflects the UNFPA mandate and results.

Recent UNDAF evaluation findings noted the limitations in UNDAF's flexibility and lack of participation of national partners in the 2010-2015 UNDAF preparation process in 2009. This may indicate that the programme is led by UN agency mandate driven agenda rather than the country's needs driven development framework. This indirectly reflects on CPAP coordination with the national partners as the logic of the country programme interventions is derived from UNDAF. Nevertheless, CPAP outcomes and outputs are found to be relevant to the government development agenda. CPAP is said to be developed through a consultative process, in agreement with the Government on major indicators that are

used for measuring achievement of the CP3 and its relevant outcomes and outputs. It was not possible to obtain details of the consultative process as the majority of Country Office staff joined after the CP3 development process.

Conclusion 3: Added Value

The added value of UNFPA as a development partner is high, particularly where UNFPA has acted as a facilitator.

Country Office's ability and commitment to advocacy and lobbying, especially to table sensitive themes on the national agenda, technical expertise and input to capacity building are viewed as great strengths and are well appreciated by the development community. UNFPA is recognized as a major player and lead agency especially in family planning, data generation (Census and other large surveys), communication and advocacy in HIV, SRH education, Youth, and Gender Equality. Although UNFPA supported data generation, Country Office was not successful in influencing the relevant agencies to release and disseminate up-to-date data for its intended use. This may be due to the political environment within which UNFPA operates in the country. Given the critical need for credible data for evidence base planning and progress monitoring, UNFPA has a strong comparative advantage and is well positioned to be the key player in stimulating this process.

UNFPA is widely perceived as a leading advocate for women in emergencies, specifically in the area of Reproductive Health. Designed and supported by UNFPA, media campaigns on increasing public awareness on data related to UNFPA mandated areas have been a great added value to the development community.

Conclusion 4: Contribution to upstream advocacy work

Strategically, UNFPA has maintained its strong presence in all policy and key decision related functions and the Country Office is perceived to have its strongest comparative advantage in advocacy, followed by technical input and strengthening of the systems, especially in reproductive health, policy dialogue and support to capacity building. UNFPA's engagement in advocacy role had brought successful results and are valued and appreciated by other development partners. Ability to work within the county context and the long partnership with implementing agencies, UNFPA Country Office has established healthy grounds for lobbying in areas that are sensitive and difficult to be reached by others. Although this has been beneficial, mainly in reproductive health and gender, the Country Office has not been able to exercise its comparative advantage in influencing the government institutions on open data policy and also the gaps between policies and policy implementation remain as a serious challenge. With the increasing focus on advocacy and policy advice there is a need to assess the capacity of the Country Office. Observed also the delays due to formal communication channels that Country Office has to follow with government institutions (through formal requests and approval of the Ministry of Foreign Affairs) which affect the efficiency and the effectiveness of the work programme.

Conclusion 5: Capacity building

Capacity building is almost half of the CPAP interventions and technical and advisory support towards enhancing national capacity has seen positive results as evident from stakeholder feedback and outputs achieved in the country programme. While the evaluation team observed a careful planning

approach by the Country Office meeting the needs of the target groups, a few one-off events, with no sustainable benefits were also found in the programme. Although mechanisms to strengthen national ownership are embedded in the programme design and implementation modalities, strategies for sustainability are not explicit in the capacity building work plans.

However, the establishment of strategic partnerships with technical and research institutions and development bodies, via South-South-Cooperation (SSC) and other technical cooperation, Country Office has contributed to capacity development of the national partner institutions in an effective way.

Conclusion 6: Support to the nationally owned service delivery

The Country Office has been strategic in working with the government to improve the quality of services, especially in the area of Reproductive Health. The evaluation team observed more room for integrated effort in the reproductive health services which will enhance efficiency, effectiveness and sustainability of the Country Office supported interventions. Capacity development has focused on supporting the implementing partners to deliver quality services utilizing their own funds.

Previous cycles have focused more on delivering services and CP3 has phased out gradually to improving the quality of services. UNFPA uses its technical and comparative advantage to deliver improved quality services by way of institutional building.

Reproductive Health is a large part of CP3, and for CP4, there is a need to assess other areas that require immediate attention in order to achieve the country priorities that fall within UNFPA mandate and strategic priorities. Most of the Reproductive Health urgent needs seem to have been fulfilled and MOHMI is in a position to go forward given the sustainability of UNFPA supported interventions. The programme areas under population development, gender equality, SRH and Youth may need more attention and time to strengthen the government systems to deliver relevant services.

Conclusion 7: Knowledge Management

Knowledge management via support to surveys and research has been effective; however dissemination of results in some cases has been delayed due to reasons that are beyond the capacity and control of the Country Office. Given the leadership role and the advocacy role that UNFPA is noted for, Country Office has not been successful in its efforts to make the data available and accessible for dissemination in a timely manner.

The Country Office has contributed positively in conducting research studies and large surveys, preparation of guidelines, protocols that have been a pool of valuable resources for all development partners. Although UNFPA mandate specifies support to data generation, dissemination, and integration into population planning, the dissemination part and integration part have not been evident in the evaluation.

UNFPA Country Office has employed programming strategies (at upstream level) in the implementation of CP3 with only a limited focus on developing strategies to address knowledge management. Improved and systematized ways of knowledge sharing may contribute to smooth continuity of the programme, and sustainability avoiding duplication. The absence of a system in place for knowledge sharing was partly evident within the Country Office as well.

Conclusion 8: Partnerships and Resource Mobilization

There is more room to establish partnerships and mobilize resources to optimize the benefits from technical expertise that UNFPA brings in to the country. Given the country's UMIC status, the donor contribution has shrunk impacting the work of Country Office. Regular resource pool is also reduced to a reasonable amount and Country Office is expected to limit the development agenda to advocacy/policy and knowledge management.

Expansion of strategic partnerships with technical institutions and other development partners are in the Country Office Resource Mobilization draft plan providing evidence of strategic approach that Country Office has developed. However there might be human resource capacity limitations in Country Office to achieve the RM activities. Currently, some staff members are multitasking which may not be a sustainable solution in the long-term and may lower the efficient use of specific technical skills and capacity that these staff members bring to the programme.

5.2 Programmatic level

Programmatic level conclusions for the focus areas are combined and discussed under Relevance, Efficiency and Sustainability criteria. Conclusions on Effectiveness are specified under each focus area separately. Conclusions are derived from the findings in Chapter 4. Recommendations are based on the overall conclusions.

Relevance: Relevance is assessed for all focus areas, namely, Population and Development, Reproductive Health, SRH Education, Youth and Gender Equality. Evaluation team's general consensus was the high degree of relevance of the CP interventions to the national priorities, UNFPA mandate and beneficiary needs.

Conclusion 9: Relevance

The interventions under all focus areas were found relevant and in line with national priorities, beneficiary needs, UNFPA strategic priorities contributing to advance the ICPD agenda. Based on interview feedback from stakeholders at different levels and as articulated in different national planning frameworks, the focus of CP3 on SRH, Youth, and Gender Equality and data collection is relevant to national, regional and global priorities and is in line with the needs of the population.

However, as stated under the alignment aspect, there is some concern if the (based on the findings of recent UNDAF evaluation) current UNDAF is driven more by the UN agency mandate, rather than country's needs. Although this may reflect on UNFPA CP3 as well, given the UNFPA mandate, by default, country programme interventions have a natural fit with the needs of the country and its beneficiaries, thus maximizing the relevancy of UNFPA CPAP.

In general, the work of UNFPA Country Office and its contribution on all focus areas (Population and Development, Reproductive Health, SRH and Youth Gender Equality) during the period under evaluation (2010-2014) are reported to respond to national as well as UNFPA strategic needs with a fairly high degree of relevance.

Conclusion 10: Population and Development Effectiveness

At the time of the evaluation, almost all planned results were achieved as targeted, however due to the unavailability and inaccessibility of data (although the reasons are beyond the control of the Country Office), the programme under population development cannot claim to have achieved its planned outcome (Outcome 3). Completion of the census, generation of data, and staff capacity building have been completed and reported to be in compliance with internationally accepted standards. The data are disaggregated by age and sex and several monographs are being produced, however, data is not yet released by the relevant government authorities and not available for its intended use.

With a mandate that specifies enhancement of availability and accessibility of data, and despite UNFPA promoting the “open data” policy for better planning; establishment of law on transformation of national statistics into international standards aligning all national data with international standards; and Presidential order to make census data available for all, 2012 census data is not yet made available. UNFPA invested in census and capacity building of relevant institutes; however, up to now the results (disaggregated data) are not yet realized and in this regard, the effectiveness is questionable. Inconsistency and unavailability of data on key facts also make it difficult to monitor progress of development initiatives. Data on vulnerable populations is not available, though it had been mentioned that this will be made available for planning when the data of various sources are released.

The Academy of Civil Servants had planned to conduct two courses in Gender and Demography. The manual is completed for the Gender course and integration of the course into the Academy curriculum is in progress while technical input had been sought for the development of the course on Gender. Nearly 60 had been trained on Gender in Public Administration inter-linkages. New curriculum is expected to be used by the Academy in 2015.

Establishment of national database “SaglykInfo” and Gender statistics have been positive achievements. Contraceptive Affordability Survey that was conducted with UNFPA support led to national plan on rolling out of total market approach in achieving universal access to family planning services. New National Strategy on Maternal, Newborn, Adolescents and Child Health was also developed with UNFPA support, as they promoted evidence based policies. Conducted with UNFPA support - HBSC survey lay as the basis for development of these strategies. However, due to the inaccessibility of up-to-date data a factual analysis of the country's overall situation regarding population dynamics and their development nexus, including the inter-linkages with sexual and reproductive health and gender equality was not available at the time of the evaluation. It would have been very helpful for UNFPA Country Office in the development of the next country programme had there been such an analysis.

Conclusion 11: Reproductive Health Effectiveness

In terms of effectiveness, CP’s intended outputs are mostly achieved and contributed positively to the outcomes. UNFPA support to MOHMI has strengthened the national Reproductive Health network in the provision of quality reproductive health services for women. Advocacy work and technical assistance

in regionalization of perinatal care, and a referral system, particularly for pregnant women and new-born have been done, however further technical assistance would be needed in this area.

UNFPA supported the development of a number of strategic gender sensitive policy documents and evidence-based standards/protocols of clinical practice. A set of indicators for monitoring the implementation of each protocol had been developed with UNFPA support. Based on the team's observations, interview feedback and statistics shared by MOHMI, the evaluation team concludes achievement of positive results under quality improvement of Reproductive Health services.

Conclusion 12: Family Planning - commodity security

Reproductive health commodity security system is operational and UNFPA has made a positive contribution in strengthening reproductive health commodity security system - making reproductive health and family planning services and contraceptives available at all levels of health care. However, family planning and reproductive health services address more of women's needs, with limited focus on men, adolescents, and young girls and boys.

UNFPA is the sole agency providing contraceptives to the public health system. Health officials trained in CLMIS ensure availability of at least three modern methods of contraception in service delivery points. UNFPA supports an action plan on Total Market Approach (TMA) to reduce the dependency on UNFPA for contraceptive commodity supply.

Conclusion 13: Technical support to midwifery

UNFPA support to re-establishing the midwifery school is a benefit in increasing the human resources in maternal and neonatal health area. Once the training is completed, the greater involvement of midwifery force would increase the efficiency and effectiveness of Reproductive Health system. UNFPA is supporting the midwifery departments in nursing schools by aligning their curricula and competency standards with recommendations of the International Confederation of Midwives and WHO. UNFPA response to support the re-establishment of the midwifery school is relevant and timely.

Conclusion 14: HIV and AIDS Prevention & Management

UNFPA strengthened the national system on HIV case management through technical assistance in development of the national guidelines on HIV and based on it the adaptation of 6 clinical protocols on HIV treatment, care and support in line with WHO Euro recommendations and guidelines. BLS subject increased knowledge about reproductive health issues, sexually transmitted diseases and HIV. CP3 interventions have reached key populations to improve the access to HIV prevention knowledge and services. Several communication and advocacy campaigns had been launched with UNFPA support to disseminate information. Outreach work in rural areas appeared to need more attention.

Conclusion 15: Humanitarian Response

UNFPA is a leading advocate for women in emergencies, specifically in the area of SRH and currently, the humanitarian assistance programme, which is within the Reproductive Health focus area is limited to MISP training of medical personnel in selected geographic areas. UNFPA contributed to strengthening the national capacity to implement the Minimum Initial Service Package (MISP) by development and

finalization of the National Action Plan on MISP endorsed by the MoH MI in 2014. It addresses women's and adolescent girls' Reproductive Health needs in emergencies.

Conclusion 16: SRH Education and Youth - Effectiveness

This is still a young programme which extends benefits to the youth as well as the country's education system. Interventions in the area of SRH education provided professional growth to teachers, and enhanced capacity of institutions in certification standards, for development of basics of life skills education.

Young adolescents wish to enhance their knowledge on different aspects of life including STI, HIV and preventative measures. The availability of information resources, didactic materials and audio-visual information in schools is limited due to resource constraints and in the long run, affects the efficiency of teaching strategies and effectiveness of teacher performance.

Strategically, UNFPA has maintained its strong presence in all policy and key decision related functions. UNFPA's technical and advisory support in establishing youth-adult partnership, particularly Parliament of Turkmenistan and Youth, was effective in the development of the Youth Law and is a positive achievement. The Y-PEER and Youth outreach specialist funded by UNFPA and Youth Organization were members of the working group on the revision of the law.

UNFPA supported initiatives such as Y-PEER and Hotline service provide avenues for youth to be exposed to information in out-of-school settings. Without adequate funding avenues, the sustainability of Y-PEER is questionable. Noted was the limited integration with NGOs and others, such as national Red Crescent Society, working on similar issues related to the youth. UNFPA supported media campaigns informing about and promoting youth related services and activities have been popular and effective as well.

Conclusion 17: Gender Equality Effectiveness

There is room for improvement in the technical capacity building of national institutions and civic organisations related to women's empowerment and gender equality. UNFPA support in Gender Equality contributed to improving the policy and legislative framework as well as getting the CEDAW reporting conclusions out to the development partners who mentioned the usefulness of the report in their work.

The programme has not created much advocacy work against GBV/Male involvement in GBV prevention and response has not been addressed. No referral pathways established thus far. Institutionalization of GBV response and management may remain a challenge. GBV prevention work has not received much attention and effort, although CP has contributed to raising awareness on gender based violence, and positioning GBV on the national agenda. A lack of structures to provide counseling or rehabilitation services for women is noted. UNFPA extends policy formulation support effectively, however implementation of these policies advancing gender equality and reproductive rights need more support and attention. Issues regarding gender sensitivity are still at a premature stage.

Efficiency: For all focus areas**Conclusion: 18**

Compared to the size of the Country Office, the accomplishments are commendable demonstrating a sign of efficiency. Given the limited resources, both financial and human, the investments in capacity development of national partners to carry out the work are observed as an efficient use of resources. Almost all the programmes have shown above 98 percent implementation rate, some approaching 100%. Working with UN agencies and joint programming has increased Country Office efficiency. Activities in the field of reproductive health were performed with the effective use of resources and targeted capacity development interventions. Although population and development has produced its outputs as per CPAP with the allocated resources, there are delays in the achievement of expected results.

While a number of state funded training with UNFPA technical and advisory support has been conducted with efficient use of resources, joint collaborations, South-South-Cooperation, and linking to technical institutes had been particularly efficient in enhancing capacity of national institutions. Furthermore, Country Office has been able to attract other resources to accomplish the work in an efficient manner and supporting capacity development of institutions that carry out development interventions. As noted previously, delays in getting approvals and formalities that the country office has to follow, specifically working with the Ministry of Foreign Affairs, to a certain extent has reduced working efficiency, impacting both the efficiency and effectiveness of the implementation of the work programme.

Financial tracking appeared to be weak in the M&E database and to obtain consistent and up-to-date financial information, from various funding sources, was the most difficult and time taking information to obtain from the country office. The evaluation team noted the need for close monitoring and follow-up of the programmes by responsible programme officers.

Sustainability: For all focus areas**Conclusion 19:**

Mature programmes like reproductive health show signs of sustainability compared to interventions under other focus areas. While donor funds are shrinking, CP interventions are considered sustainable because the CPAP is aligned and focused on national priorities and population needs; is tailored to existing structures and mandates; investments are made for systems' strengthening and rigorous capacity building; and Country Office's strategic engagement with national institutions and ministries for long term policy and legislation. Despite all these, newer interventions such as SRH, Youth programmes, GBV and HIV prevention would need more time to establish sustainability. Most of the capacity building was to strengthen the existing government system establishing a sustainable mechanism to deliver quality services and UNFPA has been able to create an environment that increases government ownership, specifically in interventions under mature programmes like reproductive health and to some extent population and development.

Cross Cutting Areas

Conclusion 20: Partnership relations

UNFPA Country Office could benefit by expanding/exploring more partners. UNFPA has developed productive and strategic partnerships that have the potential to advance UNFPA mandate. Country Office's contribution (as mentioned under "added value") is well recognized and appreciated by the development partners who welcome the partnership with Country Office. Some partners consider working with UNFPA Country Office as an advantage to themselves, given the context of the country. Country Office has few partners (outside the national implementing partners) and did not seem to have tapped the available resources to the maximum. New Resource Mobilization Plan is developed by the Country Office to mobilize resources for the remaining period and CP4.

Conclusion 21: M&E System

UNFPA Country Office has streamlined the process of monitoring and evaluation by establishing an M&E database. This was particularly an effective tool for the ET in the CPE process. It provided a transparent system on progress monitoring for the Country Office staff as well as other UN agencies, when necessary.

Indicators measuring quality improvements in services and their delivery as a result of UNFPA support were found to be relatively weak in the M&E system. Risk mitigation plans are absent thus monitoring of the progress would be challenging and without realistic assumptions and risks mitigation plans, monitoring of results achievement will be difficult.

Financial data were not consistent and complete in the M&E database and this was particularly an area where the ET had difficulty in getting the necessary input for assessing efficiency. A system is in place to monitor UNFPA contribution to UNDAF Outcomes that UNFPA is contributing to. The M&E database has been helpful to monitor the UNDAF progress. Currently, separate ministries and government agencies track progress using indicators in their areas, however there is no unified monitoring and evaluation system in place.

Conclusion 22: Visibility

Visibility of Country Office contribution in the country is less compared to what Country Office has offered and accomplished over the years. Good practices and results achieved have been documented, and UNFPA highlights are reported to have tripled since the beginning of the CPAP cycle. Country Office takes the lead in mass media campaigns and a full-time staff member is dedicated on communication activities. Despite the progress achieved within the third CPAP cycle in advocacy campaigns, challenges in visibility persist mainly due to the context within which UNFPA operates.

Conclusion 23: Role of civil society

While recognizing the lack of civil society organizations in the country, it is noted that in general there is limited participation of the civil society in the design and implementation of the country programme activities. Some examples of participation are evident under the interventions related to Youth. Striking a balance between working with direct beneficiaries (for example, youth) and at upstream level (advocacy related to youth) is needed. Evaluation team recognizes that improved participation of civil society depends on strengthening access to information and building civil society capacity in an enabling environment.

Chapter 6: Recommendations

6.1 Strategic Level

The following recommendations, at strategic and programmatic level, are based on the conclusions discussed above.

<p>Recommendation 1 (Linked to Conclusion 3, 4,5,6,7,9,19,21) Undertake a Capacity Assessment of the Country Office to strengthen the human resource capacity to meet the change in focus on upstream advocacy</p>	<p>To Country Office</p> <p>Priority level: High</p>
<p>Turkmenistan being in the Pink category, UNFPA's focus should be on advocacy and policy dialogue/advice accordingly to the UNFPA SP 2014-17. There is a need to assess the Country Office capacity and prioritize the CP4 interventions within the available financial and human resources. This will contribute to enhancing efficiency and effectiveness of the programme.</p>	
<p>What has to be done? How/Who</p> <p>Country Office to:</p> <ol style="list-style-type: none"> 1. Review post 2015 goals and strategic plan 2014-2017 to assess the priorities for UNFPA in the next country programme cycle (CP4). Assess the unfinished agenda (from CP3) based on geographical disparities (rural/urban as well). 2. Accomplish a staff capacity assessment and capacity development based on needs identified as upstream and advocacy work would need different types of skills and qualification. Advocacy and policy dialogue/ negotiating, lobbying, advocating role for the Country Office will be a major part of next country programme cycle which needs targeted plan for this transition. 2. Organize capacity development of staff as this shift in focus will require a change in mindset as well as some adjustments to the skill sets possessed by UNFPA CO staff. 	
<p>Recommendation 2 (linked to conclusion 3, 5, 6, 7, 19,20)</p> <p><i>Continue institutional capacity development with clear sustainable strategies.</i></p> <p><i>(applies to all focus areas and in general to all institutions working closely with the country programme. T this will not be repeated under each focus area unless there is a specific issue to be discussed).</i></p>	<p>To Country Office/Regional Office</p> <p>Priority level: High</p>
<p>What has to be done? How/Who</p> <p>The Country Office to:</p> <ol style="list-style-type: none"> 1. Emphasize bringing in or equipping itself with skills in brokering technical assistance, and also to improve its ability and capacity to facilitate South-South and triangular cooperation, as this will be an important focus over the period 2014-2017. 2. Strengthen and continue the existing partnerships and search for new partners in all focus areas for programme sustainability as well as to increase efficiency and effectiveness. 	

<p>Review sustainability aspects of mature interventions and partnerships, while focusing on sustainability strategies of new areas such as Y-PEER and SRH education.</p> <p>3. Develop a strategic approach to <i>institutional capacity-building</i>, understanding it as a multi-staged process with built-in follow up, monitoring and technical support, addressing specific needs at particular stages (not one-off training events). Support to the system development.</p> <p>4. Develop qualitative and sex-disaggregated indicators for measuring institutional capacity development.</p> <p>4.. Advocate for extensive engagement in root cause analyses, consultation and planning process in the development of relevant interventions.</p> <p>Regional Office:</p> <p>5. If needed, <u>Regional Office</u> to provide necessary support to the Country Office in the development and implementation of the institutional capacity building plan as part of the routine Regional Office technical programme and operations support. <u>Regional Office</u> – to assist Country Office with a KM strategy as well.</p>	
<p>Recommendation 3 (Linked to Conclusion 4, 5, 6,16,17)</p> <p><i>CP4 to focus on advocating for and following-up on the implementation of the laws and policies</i> (specifically those supported or initiated by UNFPA, since translation of policies and laws into action remains a major challenge). Enhances effectiveness of the programme.</p>	<p>To Country Office</p> <p>Priority level: High</p>
<p>What has to be done? How/Who</p> <p>1. Country Office should lobby and advocate for laws and policies into action.</p> <p>2. Reducing inequality in the country should be one of the important concerns when planning CP4 interventions (as part of contribution to Sustainable Development Goals).</p>	
<p>Recommendation 4 (Linked to Conclusion 1, 2,3,18,19)</p> <p><i>More coordination in planning and implementation within UNCT when same implementing partners are involved to enhance efficiency and effectiveness.</i></p>	<p>To Country Office</p> <p>Priority level: Medium</p>
<p>What has to be done? How/Who</p> <p>1. Country Office to work jointly with more internal coordination (within UN agencies who are working on similar issues) to increase efficiency and effectiveness of the interventions.</p>	
<p>Recommendation 5 (Linked to Conclusion 3,4,5,7,9,20,22)</p> <p><i>Continue the current approach to working and further strengthen UNFPA visibility at upstream level in its advocacy role for advancing the ICPD agenda.</i></p>	<p>To Country Office/Regional Office</p> <p>Priority level: Medium</p>

What has to be done? How/Who

1. UNFPA to develop and implement a robust advocacy programme for the ICPD agenda especially for integration in the Post 2015 National Development Agenda.

2. In cases where the advocacy efforts require interventions beyond country level, the Regional Office should create conditions that promote such regional and/or inter country advocacy agendas.

6.2 Programmatic Level

Programmatic level recommendations include feedback and suggestions from the key informants and other stakeholders.

Recommendation 6 (Linked to conclusion 1, 2, 3, 9, 21)

Develop clear program logic (theory of change) for the CP4 interventions and make the linkages to UNDAF explicit.

To Country Office
Priority level:
High

What has to be done? How/Who

1. Country Office to make the theory of change clear upfront. Proxy indicators to be agreed in the absence of direct indicators. Currently, the log frame of the CP provides limited opportunity for a contributory analysis to assess UNFPA contribution to the overall UNDAF. Realistic risk assessment and mitigation plans to be included in the CPAP.

2. Once the draft CPD is in place, Country Office to focus on an exercise to do evaluability assessment for each outcome to ensure that SMART objectives and indicators are in place and the baseline data are available and realistic targets are set.

3. It is useful to develop a Product Document for each outcome, together with implementing partners, to ensure clarity of the theory of change, implementation process, partners' responsibility, the Country Office responsibility, exit strategies and financial commitments, and finally the evaluability of the interventions. Project document should include a detailed analysis of root causes of the issues being addressed, identifying the context, problem and probable solutions, risk assessment together with risk mitigation suggestions (examples of Product Documents can be obtained from other UNFPA country offices).

4. Country Office to spend time to develop a thorough conceptual map –step by step looking at the path leading from output to outcomes identifying key players who may be involved and engaging them in problem analyses (as mentioned above points 2 and 3).

Population and Development**Recommendation 7 (Linked to conclusion 3, 5,7,10,21)**

Strategic interventions to make data accessible and available.

To Country Office
Priority level
High

There is a lag between data generation and data availability and UNFPA should prioritize filling of this

gap by ensuring that national plans of action are firmly anchored in representative data that is current, given the critical need for credible data for evidence base planning and progress monitoring. UNFPA has a strong comparative advantage and is well positioned to be the key player in stimulating this process. Unavailability of data to identify needy populations may have been a limitation in targeting underserved or most vulnerable populations.

What has to be done? How/Who

Country Office to:

1. Lobby and advocate for data needs for progress monitoring. Country Office to work with relevant government agencies in obtaining data (most current data) for planning purposes.
2. Establish a dialogue and advocate for open access to (record-level) census data using existing technologies that safeguard data confidentiality.

Recommendation 8 (Linked to conclusion 5,10, 18,19)

Technical and advisory support to SCS and the Academy (*due to the focus on upstream advocacy in CP4, Country Office to discuss in detail the prioritization of the list given below*)

To Country Office
Priority level
High

What has to be done? How/Who

Support to SCS and the Academy should continue with a clear exit strategy in place. Review sustainability aspects of mature interventions and partnerships, while focusing on sustainability strategies of new areas such as Y-PEER and SRH education. Support in these following areas to be assessed further by Country Office and prepare priority plan for next CP cycle based on available resources and feasibility:

1. Assist in training professionals in the field of demography and population statistics by recognized leading higher educational establishments of foreign countries (Lack of local personnel to do reliable forecasts, in-depth analysis of demographic events, mortality, fertility, marriage, migration processes).
2. Provide technical support to create a population register based on population data obtained on the results of the census in 2012.
3. Provide technical support in preparation of demographic atlases based on census data, 2012 using GIS technologies. Provide technical support to SCS in procurement of licensed programs (preferably in Russian) which allow to make calculations of expected average duration of life, long-term forecasting for evaluation of population dynamics and other demographic calculations throughout the country and its regions, conducting at the same time the training seminars on their usage.
4. Assistance to the Civil Service Academy in publication of books, tutorials and preparation of multimedia programs on the basics of demography and gender issues.

Reproductive Health

<p>Recommendation 9 (Linked to conclusions 4, 5,6,11, 12, 13,17)</p> <p><i>Technical assistance and advisory support to MOHMI (due to the focus on upstream advocacy in CP4, Country Office to discuss in detail the prioritization of the list given below)</i></p>	<p>To Country Office</p> <p>Priority level- High</p>
<p>What has to be done? How/Who</p> <p>UNFPA Country Office to:</p> <ol style="list-style-type: none"> 1. Provide technical expertise in the development of reproductive health system offering high quality <u>integrated services</u> on cervical cancer, HIV, family planning and youth friendly health services with focus on vulnerable groups. 2. Extend further support to the MoHMI with quality improvement in FP, EMOC and antenatal care and ending preventable maternal mortality. 3. Continue and support further to strengthen client oriented, integrated FP services. 4. Continue support in the development and proper implementation of clinical protocols in obstetrics and updating of current protocols in accordance with latest evidence from the field and WHO recommendations; proper implementation of regionalization of perinatal and maternal health services; provide technical support on review of near miss cases; Technical support to national institutions to address adolescent SRH and male reproductive health³⁷. <p>Given the shift in focus on upstream advocacy, prioritize with a clear line of support with explicit sustainability strategies in the work plan.</p>	
<p>Recommendation 10 (Linked to conclusion 5,11,13)</p> <p><i>Strengthen midwifery and neonatal nurse force</i></p>	<p>To Country Office</p> <p>Priority level: High</p>
<p>What has to be done? How/Who</p> <p>UNFPA Country Office to:</p> <ol style="list-style-type: none"> 1. Support the development of curriculum materials. 2. Advocate and lobby for increasing the competencies of medical colleges, provision of international expertise. 3. Develop programmes for continuing professional development for midwives and midwifery teachers in line with recommendations of ICM (International Confederation of Midwives) and WHO. 	

³⁷ The National Health Information Center, Urologists, Medical University, Central Hospital of Venereal and Skin diseases (on male Reproductive Health) Family planning SDPs, PHC level, Youth Centers, Hospital level of Reproductive Health system (adolescent Reproductive Health) to be engaged as key players in this intervention.

SRH Education & Youth

<p>Recommendation 11 (Linked to conclusions 4,16,18,19,20,23)</p> <p><i>Continue current programme with a phasing out plan on Contry Office engagement at programme implementation level, focusing more empahsis at advocay and sterategy level.</i></p>	<p>To Country Office</p> <p>Priority level: High</p>
<p>What has to be done? How/Who</p> <p>Country Office to:</p> <ol style="list-style-type: none"> 1. Increase quality, effectiveness and sustainability, establish partnership with relevant UN agencies and other national and international partners who have experience and expertise in SRH education and Youth programmes. 2. Extend support to relevant agencies and implementing partners to develop monitoring and evaluation tools for the implementation of standards and certification of teachers. 3. Explore the opportunity for strengthening of Y-PEER education to consolidate the efforts with other NGOs experienced with peer-to-peer work, e.g. National Red Crescent Society has representations in all the regions and has good experience with peer education projects. Other international and local NGOs may be considered for cooperation. 	

Gender Equality

<p>Recommendation 12 (Linked to Conclusions 4,17,20,23)</p> <p><i>More advocacy work against GBV as well as on male involvement in GBV prevention and response to be included in the CP.</i></p>	<p>To Country Office</p> <p>Priority level High</p>
<p>What has to be done? How/Who</p> <ol style="list-style-type: none"> 1. Country Office to support national partners in establishing a functional implementation framework to address GBV. 2. Support to increase the attention given to Gender Budgeting and utilization of statistical data for evidence based policymaking. 3. Provide Advisory/Technical support in the implementation of NAP on Gender Equality. 	

Cross-cutting areas

<p>Recommendation 13 (Linked to conclusions 8, 20)</p> <p><i>Intensify the RM efforts with external donors outside of Turkmenistan.</i></p>	<p>To Country Office (and Regional Office) Priority level: High</p>
<p>What has to be done? How/Who</p> <p>1. Country Office to promote the matching of UNFPA program funds by the Government. In general Country Office to make more efforts to involve larger number of donors working on similar issues to ensure even greater aid effectiveness.</p> <p>2. Regional Office to provide support in RM efforts as needed.</p>	
<p>Recommendation 14 (linked to conclusions 3,7, 9, 22)</p> <p><i>To adopt the global UNFPA communication strategy to Turkmenistan context with clear objectives, indicators and yearly action plans</i></p>	<p>To Country office Priority level: Medium</p>
<p>What has to be done? How/Who</p> <p>Country Office to:</p> <p>1. Conduct public opinion surveys to establish a baseline for the strategy.</p> <p>2. Identify and attract potential supporters among journalists, counterparts, community leaders, public figures, etc. Every opportunity should be used to ally with/engage the public, non-governmental organizations, and UNFPA activists and supporters.</p> <p>3. Organize thematic and advocacy conferences, debates, seminars and round tables.</p> <p>4. Efforts on documenting “good practice notes” and “lessons to be shared” could contribute to enhancing UNFPA visibility in the country. Despite the progress achieved within the third CPAP cycle efforts to enhance UNFPA visibility in the country does need further improvement.</p>	
<p>Recommendation 15 (Linked to Conclusion 6,7,13,21)</p> <p><i>Country Office to support establishing a unified monitoring system that can be applied at national level.</i></p>	<p>To Country Office Priority level Medium</p>
<p>What has to be done? How/Who</p> <p>Country Office has established an M&E database to monitor CPAP results and resources, as well as UNFPA contribution to UNDAF Outcomes that UNFPA is contributing to. Currently, separate ministries and government agencies track progress using indicators in their areas, however there is no unified monitoring and evaluation system in place. Risks and assumptions, and risk mitigations plans need to be more specific, rather than being generic to monitor and address risk mitigation.</p>	

<p>1. Country Office M&E data base to include financial data monitoring and beneficiary (client) satisfaction data. Since quality improvement and equity is the goal, measurement of beneficiary satisfaction is important. Qualitative measured to be included where quantitative indicators are not feasible.</p> <p>2. Country Office together with IPs should specify monitoring of Risk mitigation plans and should monitor them closely.</p> <p>3. Based on the theory or theories of change and the assumed connections and logic between various activities which build upon each other that is clearly in the direction of achieving the intended/planned results, focus on getting baselines and targets in place before the next CP cycle begins, 4. Country Office to conduct an evaluability assessment for each outcome, assessing availability of data for measuring progress (monitoring tools for assessing quality improvement needs to be included).</p>	
<p>Recommendation 16 (Linked to Conclusion 6,8,14,20,23)</p> <p><i>Identify and establish a partnership strategy with NGOs (or local community organizations)</i></p>	<p>To Country Office Priority level Medium</p>
<p>1. Country Office, jointly with IPs, to establish partnership with CSOs where relevant (for example, there are organizations (NGOs) working in the area of women’s rights). Broader partnerships and strategic alliances around the main outcome areas need to be effectively promoted.</p> <p>2. Building relationships at regional levels with academic institutions, think-tanks, and other civil society partners need to be encouraged (related to recommendation 2 under strategic level)</p>	

ANNEXES

Annex 1: TERMS OF REFERENCE of the Turkmenistan Country Program Evaluation

INTRODUCTION

UNFPA is a subsidiary organ of the United Nations General Assembly. It plays a unique role within the United Nations system: to address population and development issues, with an emphasis on reproductive health and gender equality, within the context of the International Conference on Population and Development (ICPD) Programme of Action and the Millennium Development Goals (MDG), in particular MDG 5.

The constant improvement of evaluations practices is essential for UNFPA. In addition to contributing to the greater accountability and transparency of the organization, good quality evaluation reports also respond to the need to learn lessons from past interventions.

The revised UNFPA evaluation policy (2013) entrusts the Independent Evaluation Office with developing methodological guidance and tools as well as quality-assurance mechanisms. The purpose is to continuously improve and enhance the quality and credibility of evaluations at UNFPA, in line with the United Nations Evaluation Group Norms and Standards and international best practices¹. Within this framework, the Evaluation Office produced a fully-fledged methodology tailor-made for country programme evaluations at UNFPA.

The UNFPA evaluation policy recognizes the importance of promoting a culture of evaluation that ensures the active use of evaluation findings and recommendations in policy development and in improving the functioning of the organization. The Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA, updated in October 2013 reflects the current UNFPA evaluation framework stemming from the adoption of a new evaluation policy endorsed in June 2013.

The methodology was tested in four pilot independent country programme evaluations designed and conducted by the Evaluation Office in close cooperation with the country offices

The UNFPA Country Programme 2010-2015 has been developed taking into account national development policies, the goals and objectives of the International Conference on Population and Development and its reviews, the Millennium Development Goals and UNFPA Mid-term Strategic Plan 2008-2011. The UNFPA Country Programme 2010-2015 has been harmonized with the priorities of the Government and the programmes of the UN agencies in the country.

In 2014, on fifth year of Country Programme implementation UNFPA Turkmenistan Country Office is planning to conduct end-line evaluation of its Country Programme in accordance with the revised Evaluation Policy of UNFPA. The purpose of this Country program evaluation is to assess the programme performance; determine the factors that facilitated or hindered achievement, and document the lessons learned from the past cooperation that could inform the formulation of the 4th Country Programme of UNFPA support to the Government of Turkmenistan.

Evaluation audience

The intended audience for the evaluation and its use are the decision-makers within UNFPA and the Executive Board. UNFPA Turkmenistan Country Office, national partners, relevant government agencies, and other development partners are also part of the audience of the reports as appropriate. They all will benefit from findings, conclusions and recommendations of the evaluation. UNFPA Eastern Europe and Central Asia Regional Office (EECA RO) and Evaluation Office (EO) will also benefit from the evaluation process and the final report. In addition, the UN agencies represented in the country will use findings of this evaluation during the UNDAF evaluation process and development of the next UNDAF.

The evaluation will be conducted by independent evaluators in close cooperation with EO of UNFPA, EECARO Regional Adviser on M&E and UNFPA Turkmenistan Country Office.

CONTEXT

Turkmenistan gained independence in October 1991 following dissolution of the Soviet Union. The country borders the Caspian Sea, Afghanistan, Iran, Kazakhstan and Uzbekistan. Turkmenistan population is about 6.8 million growing at 3 percent annually based on the State Statistics Committee's report. However, the international sources state the population size in the middle 2012 is about 5.2 million with natural increase rate 1.4 percent. About 49 percent of the population resides in rural areas. The country is considered as an upper level middle income country.

In the recent decades the government achieved significant improvement in availability and access to family planning services. Contraceptive prevalence rate for modern methods rose from 13% in 1993 to the current 32.6% (MCH, 2012). In spite of availability of at least three methods of modern methods of contraception in SDPs the IUD usage rate remains as high as 72.4% (MCH) among all methods offered. UNFPA supports improving quality of voluntary FP services through strengthening national system for contraceptive logistics and increasing knowledge and skills of service providers. UNFPA supports development of modern contraceptive logistics management information system (CLMIS) which is functioning in 4 out of 5 regions of the country.

The government is pursuing improvement of maternal and child health through implementation of the national strategies on Reproductive Health 2011-2015, developed with UNFPA support. In 2011 maternal mortality ratio has reached 5.9 per 100,000 live births from 11.5 in 2009 (MoH, 2012). However, the UN agencies and the World Bank estimate the rate of 67 in 2010 compare to 82 in 1990 (WHO, UNICEF, UNFPA and the World Bank estimates, 2012). About 99% of deliveries take place at hospital settings (MoH, 2012).

UNFPA strengthened ties with the Ministry of Healthcare and Medical Industry in supporting the core national counterparts in making available reproductive health services, counseling including the prevention of HIV and other sexually transmitted infections for sex-workers.

The current third UNFPA Country Programme 2010-2015 contributes to the national priorities of the strategy for economic, political and cultural development up to 2020. The programme is aligned with the national priorities of the 'new revival' economic and social reform agenda; the Millennium Development Goals; and the Midterm review of the UNFPA strategic plan.

Key Programme Areas by Outcome/Output:

More women, particularly in rural areas, receive quality maternal and newborn health-care services at all levels of health-care system (CP Outcome 1 aligned to SP Outcome 2)

Strengthened quality of emergency obstetric and new born care (CP Output 1 aligned to SP output 5): UNFPA supports development of evidence-based policies in EmOC; quality improvement of medical education in EmOC; and strengthening national capacity on performing quality basic and comprehensive EmOC services;

UNFPA supports 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. The second national strategy on Reproductive Health and the national strategy on cervical and breast cancer prevention and treatment developed with UNFPA support were launched in 2011. UNFPA leads the joint cooperation of WHO, UNICEF and USAID on the strategic planning approach to the development of the new National Safe Motherhood program for 2014-18.

An emergency reproductive health-care package is developed for inclusion in a national emergency preparedness plan (CP Output 3 aligned to SP output 7)

UNFPA aims strengthening the national capacity to implement the Minimum Initial Service Package (MISP) by development and finalization of the National Action Plan on MISP and strengthening national capacity on implementing it. UNFPA continues to support the national and

local authorities to formulate a national framework and a regional coordination mechanism to address consequences of natural and manmade disasters and set up necessary institutions for their implementation.

Strengthening and developing national legislation and policies on maternal health in accordance with gender-sensitive principles (SP Outcome 2, CP Outcome 1). UNFPA works closely with National Institute of Democracy and Human Rights, Ministry of Health, and other relevant national agencies to develop national legislation on maternal health, increase capacity of national decision-makers in maternal health, and facilitate revision of the national policies covering maternal health issues in accordance with gender-sensitive principles and following Concluding Observations of the CEDAW Committee.

National and local authorities increase opportunities for young people including adolescents to receive quality healthy life-style education at all levels (CP Outcome 5 aligned to SP Outcome 6):

Strengthened national capacity to develop and implement healthy life-style gender sensitive education (CP Output 5.1 aligned to Output 16): UNFPA supports increasing access of adolescents to comprehensive reproductive health education in school and out of school settings. UNFPA continues to advocate for institutionalization of professional education of school teachers on Healthy Life Style subject and supports development of the national standards on comprehensive school Reproductive Health education integrated to the Healthy Life Style subject. UNFPA provides technical support in development of areas of responsibilities and list of competencies for school teachers on the subject in 7-10 grades as well as supporting the improvement of methodology of teaching the Healthy Life Style in schools

UNFPA continues expanding and strengthening the Y-PEER network in the country and sensitizing its members on critical healthy lifestyle issues through availability of counseling and information on adolescents' reproductive health. The work also includes adaptation and wide-scale implementation of the international peer education standards;

Increasing capacity of the government to collect, analyze and use population data for development and monitoring of socio-economic strategies and plans (SP Outcome 7, CP Outcome 3): UNFPA supports an initiative of the government for improving quality of population data collection and utilization system. Major focus of UNFPA activities during the last 2 years was concentrated on ensuring that National Population and Housing Census data is collected in accordance with international standards. The Fund also supported several sample surveys in the area of youth's health behavior, CAP survey among key population, contraceptives availability survey. Together with that UNFPA assists the Ministry of Health in introduction of electronic system of data collection on pregnant women and women in birth, as well as development of the database covering health indicators. Aside from that UNFPA focuses on training public officials in evidence-based decision-making in accordance with the gender-sensitive principles and facilitating introduction of relevant courses into the curricula of educational institutions.

Partnership, inter-agency coordination structure and initiatives:

UNFPA's principle partner continues to be the Government of Turkmenistan, in particular the Ministry of Health and related public entities. The UNFPA also partners with other UN agencies active in the country, as well as the United States Aid for International Development (USAID), in areas related to census and data collection, maternal health and youth.

OBJECTIVES AND SCOPE OF THE EVALUATION

The overall objective of the CPE is creation of a broadened evidence-base for the design of 4th Country Programme of UNFPA support to the Government of Turkmenistan.

The scope of the CPE will be:

To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;

To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current CP;

To assess performance of UNFPA Turkmenistan country programme

To provide an assessment of the country office (Country Office) positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results.

To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next program cycle

UNFPA country programme evaluations will contribute to the accountability of UNFPA for results, facilitate organizational learning and support evidence-based programming only to the extent that they are of high quality. Their credibility and usability as a tool to improve UNFPA programming over time relies on the consistent validity of their findings and conclusions, and the usefulness of their recommendations.

The evaluation will focus on the outputs and outcomes achieved through the implementation of the CP to date. The evaluation should consider UNFPA's achievements since January 2010 against intended results and examine the unintended effects of UNFPA's intervention and the CP's compliance with UNFPA's Strategic Plan, as well as its relevance to national priorities and those of the UNDAF. The evaluation will assess the extent to which the current CP, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of results to date. The scope of the evaluation will include an examination of the relevance, effectiveness/coherence, efficiency, and sustainability of the current CP, and reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results.

The evaluation will cover the UNFPA Turkmenistan Country Programme from 2010 to 2014 (present). The evaluation is expected to take place during the period of February - July, 2014.

EVALUATION CRITERIA AND EVALUATION QUESTIONS

Country programme evaluations comprise two components:

1) The analysis of UNFPA programmatic areas

The evaluators assess the *relevance* of the UNFPA country programme including the capacity of the Country Office to respond to the country needs and challenges. The evaluators also assess progress in the achievement of outputs and outcomes against what was planned (*effectiveness*) in the country programme action plan (CPAP) as well as *efficiency* of interventions and *sustainability* of effects.

2) The analysis of UNFPA strategic positioning in the country The evaluators assess the alignment with the UN Development Assistance Framework (UNDAF) with a view to assessing the UNFPA contribution to the UN country team (UNCT) *coordination* mechanisms.

The evaluators also assess the *added value* of UNFPA vis-à-vis the development community (government, civil society, NGOs, other development partners). UNFPA added value in the country is a direct consequence of its comparative strengths.

The defining of evaluation questions to be conducted by evaluators, the evaluation manager and the reference group. Core evaluation criteria such as relevance, effectiveness, efficiency, and sustainability as well as coordination with the UNCT, and added value will be analyzed. The final list of the evaluation questions to be developed during the design phase and will be limited up to 10-12 questions. Below is the outline of possible questions/topics to consider.

Outline of the possible evaluation questions.

Relevance

To what extent is the CP consistent with beneficiaries needs, government's policies, other development partners programme, UNFPA's policies and strategies; and global priorities including the goals of the ICPD Program of Action and the MDGs;

Effectiveness

Were the CP's intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and what was the degree of achievement of the outcomes? What were the constraining and facilitating factors and the influence of context on the achievement of results?

To what extent have the monitoring and evaluation mechanisms in place in the Country Office been focused on the results and helped to improve them?

To what extent has the country programme contributed to the establishment of a national contraceptive commodity security system; and to increasing access to and utilization of quality family planning services; and to quality emergency and essential obstetric and perinatal care?

To what extent has the country programme contributed to strengthening national capacity for introducing comprehensive reproductive health policies and providing an integrated package of essential SRH services?

To what extent has UNFPA support helped to increase access of young people to quality SRH services and sexuality education through formal education settings and using peer education techniques?

To what extent has UNFPA Country Office ensured that the need of young people have been taken into account in the planning and implementation of all UNFPA-supported interventions under the country programme?

To what extent has the country programme contributed to increasing access to and utilization of quality HIV- and STI-prevention services for key populations at risk, including PLHIV?

To what extent has the country programme contributed to strengthening national capacity on CEDAW implementation?

To what extent has the country programme contributed to national capacity building to collect and use population data?

Efficiency

Were the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a low cost?

What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs); timeliness of outputs?

Sustainability

Did programme design include strategies to ensure sustainability? Were any of these strategies on sustainability used in the course of programme implementation?

To what extent has UNFPA Country Office been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

UNCT Coordination

To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country? Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

Added Value

What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the Country Office features?

To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?

What is the main UNFPA added value in the country context as perceived by national stakeholders?

METHODOLOGY AND APPROACH

Data Collection

The evaluation will use a multiple-method approach including documentary review, group and individual interviews, focus groups and field visits as needed. The evaluation will include the desk review of the documents including strategic plan/Multi-year Funding Framework, UNDAF, Country Programme Documents, Country Programme Action Plan, AWP, Standard Progress Reports, Country Office Annual Reports, UNDAF MTR report; b) conduct field visits to the selected project sites; and c) interviews with stakeholders including national counterparts, implementing partners, development partners and target beneficiaries.

The collection of evaluation data will be carried out through a variety of techniques that will range from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

Retrospective and prospective analysis and the evaluation criteria

Evaluators may assess the extent to which effects have been sustainable – provided that the effects have been already generated – but also look at the prospects for sustainability i.e. the likelihood that the effects of UNFPA interventions continue once the funding comes to an end.

The same with effectiveness: evaluators may assess the extent to which objectives *have been* achieved or the extent to which objectives are *likely to be* achieved.

Relevance and efficiency only allow for retrospective assessments because future needs cannot be assessed and the actual/real costs incurred cannot be inferred beforehand.

Evaluators are expected to conduct retrospective assessments for the most part i.e. analyze *what* has happened and the reasons *why* but prospective assessments are also an option. However, whenever evaluators choose to conduct prospective assessments they should explicitly indicate it in the methodological chapters of the design and final reports. Evaluators should also explain the reason why a prospective assessment has been chosen

Validation mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the

validation of data will be sought through regular exchanges with the Country Office programme officers.

Stakeholders' participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team will perform a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

EVALUATION PROCESS

The evaluation will unfold in five phases, each of them including several steps:

Preparation phase

During this phase UNFPA Turkmenistan Country Office will: prepare ToR; receive approval of the ToR from the UNFPA Evaluation Office (EO); select potential evaluators; receive pre-qualification of potential evaluators from EO; Recruit of external evaluators; Assembly of Evaluation Reference Group (RG); Compile of Initial list of documentation\Stakeholder mapping and list of Atlas Projects.

Design phase

During this phase evaluation team will conduct:

Review of the documents review of all relevant documents available at UNFPA HQ and Country Office levels regarding the country programme for the period being examined;

Mapping of the stakeholders relevant to the evaluation The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;

Developing the criteria for the sites selection process

An analysis of the intervention logic of the programme, - i.e., the theory of change meant to lead from planned activities to the intended results of the programme;

Finalization of the list of evaluation questions; and preparation of evaluation matrix;

Development of a data collection and analysis strategy as well as a concrete work plan for the field phase

At the end of the design phase, the evaluation team leader will present a design report (including evaluation matrix, the CPE agenda with support of Country Office, data collection and analysis methods) based on the template provided in the UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA.

Field phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyze the data required in order to answer the evaluation questions final list consolidated at the design phase.

At the end of the field phase, the evaluation team will provide the Country Office with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

Reporting phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the Country Office at the debriefing meeting. This **first draft final report** will be submitted to the evaluation reference group for comments (in writing). Comments made by the reference group and consolidated by the evaluation manager will then allow the evaluation team to prepare a **second draft of the final evaluation report**.

This second draft final report will be disseminated among key programme stakeholders (including key national counterparts) for the comments. The **final report** will be drafted shortly taking into account comments made by the programme stakeholders.

Dissemination and Follow-up

Management Response – the country office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures. The evaluation report will be shared with Regional Office and Independent Evaluation Office at UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Country Programme Document in 2015. The report and the management response will be published on the UNFPA website.

EXPECTED OUTPUTS/ DELIVERABLES

The evaluation team will produce the following deliverables:

a design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase; (the design report should be maximum 30 pages)

a debriefing presentation document (Power Point and/or two -three pages overview) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the Country Office during the debriefing meeting foreseen at the end of the field phase;

a first and second draft final evaluation reports

The final report prepared taking into account all the comments made. (The final CPE report should be maximum 70 pages plus annexes)

All deliverables will be drafted in English. All reports should follow structure and detailed outlines provided in the UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA. The final report will be translated to Russian and Turkmen languages.

WORK PLAN/ INDICATIVE TIMEFRAME

PHASES/DELIVERABLES		RESPONSIBLE	PARTNERS	DEADLINE
Preparation phase	Drafting of ToR by with input by RO M&E Adviser: approval of ToR by Evaluation Office (EO).	Evaluation Manager (EM), Assistant Representative (AR)	RO M&E adviser, EO	March 9 th

	Selection of potential evaluators; pre-qualification of potential evaluators by Evaluation Office. Recruitment of external evaluators.	EM, AR, CD, Regional M&E advisor, EO.	AFA, RO M&E adviser, EO	14 March
	Assembly of Evaluation Reference Group (ERG).	EM, AR	Country Office staff	20 March
	Compilation of Initial list of documentation\Stakeholder mapping and compilation of list of Atlas Projects.	EM, AR	Country Office staff	10 March
Design phase	Preparation and submission of a design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase.	Evaluation Team	EM, RO M&E adviser, Country Office staff, ERG	10 -25 March <i>Including the time for translation.</i>
Field phase	Conducting data collection and analysis.	Evaluation Team	EM, Country Office staff, ERG	24 March - 30 April <i>Including the time for translation.</i>
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations.	Evaluation Team	EM, Country Office staff, ERG	8 May
Synthesis phase	Production of the first draft final report.	Evaluation Team	EM	20 May <i>Includes the time for translation.</i>
	Comments by the evaluation reference group.	ERG	EM	22 May
	Production of the second draft final report.	Evaluation Team		30 May
	EQA of the second draft final report.	EM	Country Director, Assistant Representative	7 June
	Production of the Final	Evaluation Team		20 June

	Report.			
	EQA of the final evaluation report.	EM, RO M&E adviser.	Country Director, Assistant Representative	27 June
	Final EQA.	EO	EM, RO M&E Adviser	30 June
Dissemination and Follow-up	Management response.	Country Director, AR	EM, Country Office staff	3 July
	CPE report, final EQA and Management response published on Country Office website and UNFPA evaluation database.	EM, Communication Associate	EO	25 July

COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

The evaluation will be carried out by a team consisting of **an International Consultant /Evaluation Team Leader two Evaluation National Consultants, Evaluation Assistant and 2 translators**. All team members should be committed to respecting deadlines of delivery outputs within the agreed time-frame.

Evaluation team leader will be responsible for the production and timely submission of the expected deliverables of the CPE including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables. The Evaluation team leader will be an international expert in monitoring and evaluation of development programmes with the following necessary qualifications:

Advanced degree in social sciences or related fields such as Population and Development and Health

Previous experience in leading evaluations in more than 3 countries, specifically evaluations of international organizations or development agencies previous experience conducting evaluation for UNFPA will be considered as an asset.

Evaluation team leader will be in charge of Population and Development programmatic area. This corresponds to tasks and needs of the CPE in Turkmenistan context.

Familiarity with UNFPA's work and mandate

Familiarity and experience of working in the Eastern Europe and Central Asia Region (EECA)

Excellent analytical, communication and writing skills

Good management skills and ability to work with multi-disciplinary and multi-cultural teams

Fluency in English is required. Translators for conducting the design and field missions are to be provided. The written documents are to be provided in English. Translation during the missions of the ETL in country will be provided by Evaluation Translator

Evaluation National Consultants Two National Consultants (NCs) are to be hired for the CPE. One will be working in the area of Reproductive health, Youth and SRH Education and another in

the area of Population and development, Gender and Data Collection. NCs must have an excellent knowledge of the national development context, issues and challenges in the country. They will take part in the data collection and analysis work during the design and field phases. Evaluation National Consultant will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of Evaluation National Consultant in the entire CPE process including participation at interviews/meetings and technical inputs and reviews of the design report, draft evaluation report and final evaluation report will be agreed by the Evaluation Team Leader and will be done under his/her supervision and guidance. The necessary qualifications of Evaluation national consultant will include:

- Diploma in social sciences /in Medicine for Reproductive Health Specialists
- Experience in conducting evaluations/research in the field of development for UN.
- Experience in the area of Population and Development, Statistics/ in Reproductive Health for Reproductive Health specialists
- Knowledge of the country context
- Excellent drafting skills in the language of the report and communication ability

Evaluation Assistant The duties of the Evaluation Assistant are to be carried out by the Program Assistant employed within the Country Office Organigram. The assistant will be working under guidance of the Evaluation Manager. The scope of work for the Assistant will consist of the logistic arrangements, faxing, booking of flights and hotels, visa obtaining process, preparation of the documents for the funds transfer. Other duties may deem to be necessary to assist to the evaluation team.

Translators The translators must be fluent in English, Russian and Turkmen. Must have excellent interpretation skills in writing in all of three languages. Experience in translating the UNFPA program documents, mission reports is also required. The translator will be accompanying the evaluation team member during the design and field missions in the country. She/he will be also responsible for translation of all the documents needed for the desk review and also for the missions of the Evaluation TL before and during the missions.

REMUNERATION AND DURATION OF CONTRACT

PHASES/DELIVERABLES		RESPONSIBLE	Duty Station	TIME-FRAME	No. of Workdays
Design phase	Preparation and submission of a design report	International Consultant /Evaluation Team Leader, Evaluation National Consultants, translators and evaluation assistant	6 days on-line desk work and 6 days in Ashgabat for the ETL, 8 days for the national consultants	February 24 th –March 7 th	12 days for the ETL and 8 days for the NC
Field phase	Conducting data collection and analysis	Whole Evaluation team	Ashgabat, selected provinces	24 March - 11 April	18 days for all the team members besides translator. The number of working days for translator will depend on the

					workload
	Formulation of preliminary finding and debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations	Evaluation team	Ashgabat	12-14 April	3 days for ETL and NCs Translators up to 8 days and EA 2 days
Reporting phase	Production of the first draft final report	Evaluation team	Home - based	15 –30 April	ETL 15 days,
	Comments by the evaluation reference group	ERG	Desk work	1 st -9 th May	9 days for the ERG
	Production of the second draft final report	Evaluation team	Home - based desk work	10- 15 May	5 days for the ETL
	EQA of the second draft final report	EM, translators	Home - based desk work	16 -22 May	6 days for the EM, Translators up to 5 days
	Production of the Final Report	International Consultant /Evaluation Team Leader, Evaluation National Consultant	Home - based desk work	23 – 25 May	3 days for the ETL

Workdays will be distributed between the date of contract signature and the end date of evaluation.

Payment of the Evaluation Team will be made in three tranches, as follows:

1. First Installment (20 percent of total) – Upon UNFPA’s approval of design report
2. Second Installment (30 percent of total) – Upon the submission of the first draft evaluation report; and
3. Third Installment (50 percent of total) – Upon UNFPA’s acceptance of the final evaluation report.

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

MANAGEMENT AND CONDUCT OF THE EVALUATION

The Country Programme Evaluation will be conducted according the above Work Plan/ Indicative Timeframe. Overall guidance to the CPE will be provided by the UNFPA Country

Director with support of Evaluation Reference Group. Evaluation will be managed and coordinated by the UNFPA Country Office Evaluation Manager.

The UNFPA Country Office Evaluation Reference Group composed of representatives from the UNFPA country office in (country), the national counterparts, and the UNFPA regional office as well as from UNFPA relevant services in headquarters. The main functions of the reference group will be:

To discuss the terms of reference drawn up by the Evaluation Manager;

To provide the evaluation team with relevant information and documentation on the programme;

To facilitate the access of the evaluation team to key informants during the field phase;

To discuss the reports produced by the evaluation team;

To advise on the quality of the work done by the evaluation team;

To assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

The UNFPA Country Office Evaluation Manager will support the team in designing the evaluation; will provide ongoing feedback for quality assurance during the preparation of the design report and the final report. The UNFPA Country Office Evaluation Manager produces the EQA for the final draft evaluation report and the final evaluation report in consultation with the RO M&E adviser and approves deliverables of the evaluation and sends final report and EQA to Evaluation Office. The UNFPA Country Office Evaluation Manager ensures dissemination of the final evaluation report and the main findings, conclusions and recommendations.

UNFPA Country Office will provide the evaluation team with all the necessary documents and reports and refer it to web-based materials. UNFPA management and staff will make themselves available for interviews and technical assistance as appropriate. The Country Office will also provide necessary additional logistical support in terms of providing space for meetings, and assisting in making appointments and arranging travel and site visits, when it is necessary. Use of office space and computer equipment may be provided if needed.

BIBLIOGRAPHY AND RESOURCES

UNFPA Turkmenistan 3rd Country Programme Document
UNFPA Turkmenistan 3rd Country Programme Action Plan
United Nations Development Assistance Framework (2010-2015) Turkmenistan
UNFPA Strategic Plan (2008-2011)
Revised UNFPA Strategic Plan (2012-2013)
Re-aligned 3rd Country Programme Results and Resources Framework
Final Country Programme Evaluation of the UNFPA Turkmenistan 2nd Country Programme
Annual Work Plans
Field Monitoring Visit Reports
Yearly Standard Progress Reports
Country Office Annual Reports (COARs) to the UNFPA Executive Director
Reports of the surveys supported by UNFPA Country Office
Handbook to “How to Design and Conduct a Country Programme Evaluation at UNFPA”
UNFPA Independent Evaluation Office webpage:
[//www.unfpa.org/public/home/about/Evaluation](http://www.unfpa.org/public/home/about/Evaluation)

ANNEXES

1. Ethical Code of Conduct for UNEG/UNFPA Evaluations
2. List of Atlas projects for the period under evaluation

3. Information on main stakeholders by areas of intervention
4. Interview/group discussion protocols per type of stakeholder (e.g. final beneficiaries, government partners, implementing partners; UNFPA staff, etc.)
5. Short outlines of the design and final evaluation reports
6. Evaluation Quality Assessment template and explanatory note
7. Management response template
8. Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

Evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.

Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.

Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

[Please date, sign and write "Read and approved"]

Annex 2: Evaluation Matrices

Component 1 – Programmatic Areas			
Reproductive Health (RH)			
<i>Reproductive Health Relevance</i>			
EQ 1: To what extent is the CP consistent with beneficiaries needs, government’s policies, other development partners programme, UNFPA’s policies and strategies; and global priorities including the goals of the ICPD Program of Action and the MDGs;			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
The needs of women and young people were well taken into account in line with the national priorities	<ul style="list-style-type: none"> - Evidence of an exhaustive and accurate identification of the needs prior to the programming of the RHR and Gender components of the CPAP and AWP - The choice of target groups for UNFPA supported interventions in the three components of the programme is consistent with identified needs as well as national priorities in the CPAP and AWP 	<ul style="list-style-type: none"> - CCA (baseline); - CPD; - CPAP 2010 – 2015; - AWP ; - UNDAF annual review reports, meetings; - National policy/strategy documents related to maternal health; - Needs assessment studies; - Evaluation of the National Safe Motherhood Programme for 2006-2011 jointly with UNICEF, WHO and USAID; - MICS (2006) ; - National report on MDG implementation 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with UNFPA Country Office staff - Interviews with implementing national partners - Interviews with UN agencies health programme staff
The objectives and strategies of the three programme areas are	<ul style="list-style-type: none"> - ICPD goals are reflected in all components of the programme 	<ul style="list-style-type: none"> - UNDAF - CPAP 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with UNFPA Country

consistent with the UNFPA strategic plan 2008-13	<ul style="list-style-type: none"> - The CPAP (in its three components) aims at the development of national capacities - Extent to which South-South cooperation has been mainstreamed in the country programme implementation 	<ul style="list-style-type: none"> - National policy/strategy document - UNFPA strategic plan 	<ul style="list-style-type: none"> - Interviews with UNFPA Country Office staff - Interviews with UN partner agencies health programme staff
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Reproductive Health - Effectiveness

EQ 2: Were the CP's intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and what was the degree of achievement of the outcomes? What were the constraining and facilitating factors and the influence of context on the achievement of results?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Reproductive health commodity security system is operational	<ul style="list-style-type: none"> - Reproductive health commodity security system is developed and endorsed - A reproductive health commodity security system is operational - Increased availability of Reproductive Health commodities - Number of stock outs in service delivery points - Percentage of reproductive health and facilities using computerized reproductive health commodity security logistics management information system 	<ul style="list-style-type: none"> - RHCS strategy; - AWP; - SPRs; - Missions reports; - Monitoring reports; - Field visit to SDPs - 	<ul style="list-style-type: none"> - Documentary review; - Meeting with professionals working in family planning services; - Meetings with clients of family planning services (exit interview or/and focus group discussion)
Quality gender-sensitive reproductive health services available to address related needs in humanitarian settings	<ul style="list-style-type: none"> - Reproductive health emergency preparedness and response plan has been developed in consultation with concerned national partners - Strengthened institutional capacity to address related reproductive 	<ul style="list-style-type: none"> - The NAP on MISP - SPRs - COAR - UNDAF review reports - Monitoring reports 	<ul style="list-style-type: none"> - Documents review - Interviews of professionals who attended the trainings on MISP - Interviews of specialists of the emergency response related department at the MoH -

	<ul style="list-style-type: none"> health needs in humanitarian settings - Number of people trained on MISP; - Enhanced reproductive health services are available in areas possibly can be affected by the humanitarian crisis - 	<ul style="list-style-type: none"> - Field visit - Training report - 	
<p>The national Reproductive Health system is strengthened in providing quality women Reproductive Health services</p>	<ul style="list-style-type: none"> - The number of strategic gender sensitive policy documents and evidence-based standards/protocols of clinical practice developed and introduced to the health system with UNFPA support - The number of obstetricians who apply the EmOC techniques they learnt at the Postgraduate faculty of the State Medical University - The percentage of Reproductive Health facilities working in compliance with clinical protocols introduced - The number of teachers of the Medical university trained to provide trainings on EmOC 	<ul style="list-style-type: none"> - National Strategies and clinical protocols endorsed - Monitoring reports - EmOC needs assessment survey (2013) - Mission report on assessment of the midwifery education and recommendations on key actions for improvement of quality of midwifery education (2013). - Files/records of the Postgraduate faculty of the State Medical University - SPRs - -COAR - -Training report - List of trainees 	<ul style="list-style-type: none"> - Documentary review - Interviews with women received Reproductive Health services; - Review of registration/reporting forms on protocols implementation - Observation and evaluation of Reproductive Health services (field visit) - Field visit
<p>Key populations have improved access to HIV prevention knowledge and services</p>	<ul style="list-style-type: none"> - The condom usage rate among key population - The percentage of people among key population with accurate knowledge on HIV - The percentage of key population knowing their HIV status - Availability of means for protection and information materials 	<ul style="list-style-type: none"> - KAB survey among key populations (2011) - Outreach annual reports (2010; 2011) - COARs - SPRs - UNDAF review reports - 	<ul style="list-style-type: none"> - Interview with representatives (activists) of vulnerable groups - Interviews with experts in HIV prevention (specialists of the national AIDS prevention Centre) - Overview of records in centers for vulnerable groups -

	- National plan on monitoring and evaluation HIV/AIDS is in place		
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Reproductive Health Efficiency

EQ 3: Were the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a low cost?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
The interventions in Reproductive Health area were implemented efficiently	<ul style="list-style-type: none"> - Activities in the field of Reproductive Health were performed with the effective use of resources - Number of joint (formal and informal) initiatives undertaken to achieve the results - Strengthening the capacity of national institutions for the training of specialists on a regular basis at the expense of the state budget - Percentage of implemented (utilized) resources 	<ul style="list-style-type: none"> - UNDAF outcome 2 annual reports - AWP - SPRs - Financial reports - Files of the State Medical University, MCH Centre; - Minutes of WG meetings; - NEX audit reports - 	<ul style="list-style-type: none"> - Interviews within the UN and non UN agencies - Interviews within the MoH MI, MCH and Medical University staff - Desk review of the results of the joint cooperation - Documentary review

Reproductive Health Sustainability

EQ 4: Did programme design include strategies to ensure sustainability? Were any of these strategies on sustainability used in the course of programme implementation? To what extent has UNFPA Country Office been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
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<p>UNFPA Reproductive health related interventions have contributed or are likely to contribute to sustainable effects</p>	<ul style="list-style-type: none"> - The national institutions continue the practices launched with UNFPA support - The number of departments within Medical University offering gender-sensitive reproductive health, including STI/HIV/AIDS prevention based training courses - Percentage of relevant teachers of Medical University trained on Family Planning; - Cost sharing MoU with Government on contraceptive procurement is signed 	<ul style="list-style-type: none"> - Policy documents/Strategies of the MoH - Protocols endorsed by MoH and introduced into practice - Beneficiaries - MoUs signed between UNFPA and the Government - Curriculum of relevant departments of the Medical University; - Trainings reports; - List of trainees; 	<ul style="list-style-type: none"> - Policy desk review - Interviews with beneficiaries - Visits to the government owned sites
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Population and development (PD)

Population and Development Relevance

EQ1. To what extent is the CP consistent with beneficiaries needs, government’s policies, other development partners programme, UNFPA’s policies and strategies; and global priorities including the goals of the ICPD Program of Action and the MDGs;

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<p>All action plans and programs of UNFPA national office are consistent with the needs of national statistical authorities, government policy, the mission of UNFPA, and also meet the</p>	<ul style="list-style-type: none"> • Government accepted surveys as a source of data • Inter-Agency plans for capacity development on Population and Statistics. • Essential disaggregated data available for development of national plans - Alignment between the programmes and plans of national 	<ul style="list-style-type: none"> • Healthy Behavior Survey among youth • National Strategy on Adolescents and Youth • (Mention if any other surveys or research supported by UNFPA) • Agency Plans on Population and Statistics 	<ul style="list-style-type: none"> • Interviews with implementing partners • Documentary analysis • Interviews with UNFPA Country Office staff • Documentary analysis • Interviews with UNFPA Country Office staff - Interview with implementing partners

program objectives of the International Conference on Population and Development and the MDGs	statistical offs and UNFPA CPAP and AWP, and ICPD and MDGs.	<ul style="list-style-type: none"> • CP and AWP • Documents of government (acts, laws, decisions, programs and strategic plans), on issues of population dynamics • UNFPA Country Office Staff 	
<i>Population and Development Effectiveness</i>			
EQ2: a) Were the planned outputs achieved on the stages of preparation and conduct of the census population and households? If yes, to what extent?			
b) To what extent the national capacity for production, analysis, utilization and dissemination of population development data improved?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Census completed based on international standards	<ul style="list-style-type: none"> • Census completed • Disaggregated data by age and sex available • Compliance of census program with internationally accepted standards 	UNFPA Expert Reports, check list on compatibility to international standards Census preparation Guidelines	In-site visit to State Statistics Committee – interviews and document review
Capacity of National State Statistics Committee enhanced to produce census data	1. # of monographs	State Statistics Committee Interview Monographs	In-site visit to State Statistics Committee
Population dynamics and its linkages with gender equality and reproductive health are incorporated in public policies and national development plans	<ul style="list-style-type: none"> • Regular reports containing data on population dynamics with elements of gender equality and Reproductive Health by Statistics Committee to line ministries • Population dynamics are 	State Statistics Committee documents, Ministry of Health strategies Plans - 2012-2016, up to 2020 and 2030	Interview with counterparts Policies and plans Interview with workers of statistical authorities about the stages of listing and using its results in the census Interview with responsible workers of statistical authorities

	2. explicit in ministries' strategies Population dynamics are explicit in the national development plan		UNFPA
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Population and Development Efficiency

EQ3: Were the outputs achieved reasonable in terms of spent resources? If it was possible to achieve more results with the same resources? Were the resources spent most economically?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
UNFPA support to census was carried out efficiently employing most economic use of funds	1. Reasonable spendings (what is reasonable) (Actual usage of funds allocated by UNFPA and other donors to purchase technical equipment and software products)	<ul style="list-style-type: none"> UNFPA annual reports on costs Annual work plans Joint action plans Information on financial costs of the state budget (will this be possible?) Staff responsible for carrying out the census (State Statistics Committee)	<ul style="list-style-type: none"> Interview with UN agencies and the partners outside the UN Interview in the State Statistics Committee about the amount of government resources and the extent of its adequacy for the national census Analysis of UNFPA reports and the reports of the other donors for material expenditures and financial costs for a year
Expenses reasonably match the implementation of activities focused on development of capacities and skills of civil servants on how to use demographic data and develop gender sensitive policies	1. Curriculum and syllabuses of training for civil servants 2. Number of hours devoted for the training 3. Dedicated hardware is used for capacity development 4. The program of training courses, conducted with the participation of international experts 5. # of trainees enrolled	<ul style="list-style-type: none"> UNFPA annual reports on costs Annual work plans Joint action plans Civil Service Academy members Trainees (who participated in the capacity building programmes) - 	<ul style="list-style-type: none"> Interview in the Academy of Civil Service about dedicated hardware by UNFPA and their usage in the educational process Analysis of UNFPA reports on material expenditures and financial costs for a year Interview with professors and students of the Civil Service Academy on effectiveness and practical usefulness of courses reintroduced into the curriculum on the basics of demography and training courses with the participation of international experts

Population and Development Sustainability

EQ4: To what extent will these capacity development activities be continued and sustained after UNFPA support is ceased.			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<p>Knowledge and skills of civil servants in the issues of demography were strengthened and being applied in policy /strategy development</p> <p>Academy continues to support the training activities on its own</p>	<p>Perception of trainees on the ability to apply the knowledge and skills (ask at an interview with those who got trained)</p> <p>Policy/Strategy Documents developed by the trained civil servants (Note:after the training participants should be able to apply demographic data and gender statistics for social and economic planning)</p>	<p>Trainees,</p>	<p>-review of national strategic development programs</p> <p>-interview with representatives of demographic data consumers</p> <p>-visits to local statistical institutions</p> <ul style="list-style-type: none"> -interview with officials and professors of the Civil Service Academy
<p>Established capacity at SSC in GIS technologies is continued from state budget</p>	<p>Agreements on State Budget Allocation, SSC plans for GIS database maintenance and dissemination</p>	<p>Interview (what/who is the source)</p>	<p>Document review, interviews with SSC senior staff</p>
<p>Courses on Gender and Demography are integrated into the curricula of the Civil Service Academy</p>	<p>Curricula, syllabus for both programs</p>	<p>Interview (who will be interviewed?) what/who is the source of information?</p>	<p>Curricula, syllabus for both programmes Results of interview (key informants from the Civil Service Academy)</p>
<p>Established institutional capacity as well as strengthened skills of census department ensures sustainability of results.</p>	<p>SSC plans for the next census, any policy documents</p>	<p>SSSC Staff, Policy documents</p>	<p>Interview, content analysis of Policy documents</p>

Sexual and Reproductive Health Education (SRH Edu)

SRH Edu Relevance

EQ1: To what extent is the CP consistent with beneficiaries needs, government’s policies, other development partners programme, UNFPA’s policies and strategies; and global priorities including the goals of the ICPD Program of Action and the MDGs;

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Needs of adolescents and young people addressed by CP in SRH Education at all levels	-interventions planned in the AWP were targeted at adolescents and young people in remote areas -HIV/AIDs, STI prevention included into the curriculum of Healthy Life-Style Education subject	-CPAP - AWP -HIV/AIDs strategy -Youth Policy - National policy/strategy documents - Needs assessment studies -CEDAW Report -CEDAW Concluding Observations -National strategy programme “Saglyk” -Draft NAP on Gender Equality	-Documentary analysis - Interviews with UNFPA Country Office staff - Y-Peer Interviews - Interviews/Focus groups with final beneficiaries at the rural areas -

SRH Edu Effectiveness

EQ2: Were the CP’s intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and what was the degree of achievement of the outcomes? What were the constraining and facilitating factors and the influence of context on the achievement of results?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
strengthened capacity of national counterparts at provincial and local level to implement	- Certification standards on Healthy Life-Style education developed - 250 school teachers certified in Healthy Life Style education (note:	-COAR -SPR -Annual Reports - Monthly reports from the Teen	-focus group discussions -Interviews -Monthly reports from the Youth Centers database -Monthly reports from the Teen Hotline services

SRH Education	target for 2014)	Hotline services -AWP	respond -Annual Work Plan Quarterly Monitoring Tools with Implementing partners -Regular field visits to the sites -Annual Standard Programme Report, COAR
Improved access to knowledge, information, and services for young people on healthy life-style education	-Healthy Life style curriculum are developed -tools and national regulations on SRH Education for Healthy Life Style education approved and disseminated - Improved access to knowledge, information, and services for young people on healthy life-style education -1000 (per year) young people including adolescents reached by Y Peer volunteers/ activists per year including in remote rural areas. -National and Local Youth Organisation stimulates Youth engagement and empowerment in the area of SRH through Y-Peer network	-monitoring reports -developed curriculum -field visits Consultation meeting minutes -HBSC 2011, 2013 -Youth Centre Reports -Hotline Reports	-document review -Meeting with MOE,/National Institute of Education -Health professional interview (Hotline) -FGD with young people -FGD with Peer Educators -teachers interview -Meeting with Helthy Life-Style teachers, School Health Educators -Monthly reports from the Youth Centers -Monthly reports from the Teen Hotline services respond -Annual Work Plan Quarterly Monitoring Tools with Implementing partners -M&E Database update -Annual Standard Program Report, COAR
<i>SRH Edu Efficiency</i>			
EQ3: Were the outputs achieved reasonable in terms of spent resources? If it was possible to achieve more results with the same resources? Were the resources spent most economically?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
-Strengthened capacity of the national institutions to train specialists on regular basis for the state budget funds	-UNFPA Annual Reports, Annual Work Plans -UNDAF outcome 2 annual reports	-interviews within the MOE -Desk review of the results of the joint cooperation	-document review -Meeting with MOE,/National Institute of Education -Interview with the beneficiaries

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SRH Edu Sustainability

**EQ 4: Did programme design include strategies to ensure sustainability? Were any of these strategies on sustainability used in the course of programme implementation?
To what extent has UNFPA Country Office been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?**

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
	-Number of SRH Education Programmes sustained	-monitoring reports -developed curriculum -field visits -Consultation meeting minutes -HBSC 2011, 2013 -Youth Centre Reports	-interview with the beneficiaries -COARs -Annual Work Plan

Gender Equality (GE)

Gender Equality Relevance

EQ1: To what extent is the CP consistent with beneficiaries needs, government’s policies, other development partners program, UNFPA’s policies and strategies; and global priorities including the goals of the ICPD Program of Action and the MDGs

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection

<p>1.Needs of women and young people were well taken into account in national laws and policies covering maternal health</p>	<p>-revised laws and policies covering maternal health/young people with gender-sensitive principles</p>	<p>-CPAP - AWP - National policy/strategy documents - Needs assessment studies -CEDAW Report -CEDAW Concluding Observations -Law on state guarantees of equality for women -National strategy program “Saglyk” -Draft NAP on Gender Equality -youth policy 2013</p>	<p>-Documentary analysis - Interviews with UNFPA Country Office staff - Interviews with implementing partners - Interviews/Focus groups with final beneficiaries</p>
<p>Policies, strategies and laws that are gender sensitive and responsive are institutionalized</p>	<p>-Draft NAP on Gender Equality (National Action Plan on Gender Equality) drafted and to be finalized - Socio-cultural and legal issues to address gender inequalities and the rights of women and girls are being taken into consideration in the drafting of new legislation and policies (Youth Policy, Education Policy etc) -Number of advocacy activities conducted on Gender Equality</p>	<p>-NAP -CEDAW and its recommendations -UNFPA Gender focal point -recent laws -Group meetings with Y-Peers -Focal points at IDHR, Youth Organization, and MOE</p>	<p>-Documentary analysis -Analysis of recent legislation -Interviews with concerned Ministry Focal Points - Interviews with UNFPA Country Office staff</p>

Gender Equality Effectiveness

EQ2: Were the CP’s intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and what was the degree of achievement of the outcomes? What were the constraining and facilitating factors and the influence of context on the achievement of results?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Technical capacity of national institutions and civic organisations related to women empowerment and gender equality is increased	-Gender Equality training and institution building -Youth Policy training and institution building -revised laws -draft NAP -number of specialists trained - Inter-ministerial Committee on Treaty bodies serves as the national machinery on gender equality -raised public awareness on CEDAW and its general recommendations	-UNFPA COARs and implementing agency reports. UNFPA Gender Focal Point -UNFPA Asst.Rep -Youth Organization - Inter-ministerial Committee on Treaty bodies	-Analysis of documents - Interview with the Gender Focal Point at the Institute of Democracy and Human Rights -Interview with UNFPA gender focal points
-How adequately were the available resources (funds and staff) used to carry out activities?	-completion of activities within given timeframe and resources	- UNFPA COARs and implementing agency reports.	Analysis of documents - Interview with the Gender Focal Point at the Institute of Democracy and Human Rights -Interview with UNFPA gender/finance focal points
<i>Gender Equality Efficiency</i>			
EQ 3: Were the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a low cost?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
NPA plans & budgets has sufficient resources to implement activities	-Budget allocated to support NAP Gender Equality	-Implementing agency reports. -Stakeholder interviews.	Document review, stakeholder interviews, NAP review
<i>Gender Equality Sustainability</i>			

EQ 4: Did programme design include strategies to ensure sustainability? Were any of these strategies on sustainability used in the course of programme implementation?

To what extent has UNFPA Country Office been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Mejlis integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity	-number of laws /policies including Gender as a cross-cutting issue	CPAP. COARs, AWP.s. Stakeholders, Evaluations. Implementing agency reports. Stakeholder interviews	-Policy and laws desk review -Interviews with beneficiaries Document review, stakeholder interviews.
National counterparts capacity is sufficient that UNFPA gradually discontinue its support without jeopardizing existing programs	-number of trained specialists -integration of gender equality as a cross-cutting theme in Government Policies and Plans	CPAP. COARs, AWP.s. Stakeholders, Evaluations. Implementing agency reports. Stakeholder interviews.	-Policy desk review -Interviews with beneficiaries -Site visits to the government owned sites Document review, stakeholder interviews.

Component 2: Strategic Positioning

Strategic Positioning: Coordination

EQ1: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanism? (The extent to which UNFPA has been an active member of and contributor to the existing coordination mechanisms of the UNCT)

Assumption	Indicators	Source of Data	Data Collection Method
UNFPA Country Office has actively contributed to UNCT working groups and joint initiatives.	-evidence of <u>active participation</u> in UN working groups -evidence of <u>leading role</u> by UNFPA in the working groups/joint initiatives corresponding to its mandated areas	UNCT members Country Office staff Documents - Minutes of UNCT meetings - Program documents - M&E reports	Interviews with UNRC, UNCT, UNFPA Country Office snr staff -Other UN agencies

		- SPR/COAR UNDAF Annual Reports	
Comments	(these two indicators will be measured by the nature and volume of exchanges of information between UNCT and UNFPA agencies, UNFPA role in joint programming initiatives (planning) and role in joint implementation of programmes and the perception of other UN agencies towards the role played by UNFPA) Content analysis of interview feedback, minutes, reports etc.		
EQ 2: To what extent does the UNDAF fully reflect the interest priorities and mandate of UNFPA in the country? (Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?)			
Assumption	Indicators	Source of Data	Data Collection Method
UNFPA mandated areas are fully integrated in the UNDAF and attributed to UNFPA.	Synergy between UNDAF outcome areas and CPAP outcomes Planned and actual implementation of UNDAF.	Programming documents and implementation progress reports, CPAP, UNDAF documents, UNDAF light evaluation document, UNCT Annual Reports UNFPA Senior management staff, UN Coordination Specialist, UNCT members,.	key informant interviews, Document review.
Comments	Check since the focus may have shifted due to a revision of the CPAP Outcomes framework after alignment.		
<i>Strategic Positioning- Added Value</i>			
EQ3: What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the Country Office features?			
Assumption	Indicators	Source of Data	Data Collection Method

Compared to other UN agencies (such as i.e. UNICEF, UNDP as well as WHO) working in similar programmatic areas; UNFPA has demonstrated specific technical contribution to the country's development agenda.	UNFPA role/contribution to national priorities Specific technical skills in Country Office Status of exiting national capacities to contribute to the issues/areas that UNFPA is contributing to.	-UN agency staff -Documents including Media News -key informants from implementing agencies	KI Interviews Document review (reports, MDG, UNDAF review etc) News media review
Comments	Differentiate between county-specific comparative strengths and those resulting from generic corporate features of UNFPA (characteristics of UNFPA as an agency)		
EQ4: What is the UNFPA's main added value in the country context as perceived by national stakeholders?(to what extent has the UNFPA CP added benefits over and above what would have resulted from other development actors' interventions?)			
Assumption	Indicators	Source of Data	Data Collection Method
National counterparts and other development actors perceive, recognize and recall UNFPA's performance in the country as a contribution that is unique, or inherent to UNFPA.	-Specific examples by other development partners about UNFPA contributions that is unique to Country Office's ability. -Reference to UNFPA contribution in interventions that were not available with other partners -Reference to UNFPA contribution that enhanced the other partners' contribution to the development results	-UN staff -Implementing agency staff -Media reports -Beneficiaries (at institutional level) -Donor community	- Interviews within the UN and non UN agencies - Strategic partners (donors and policy makers) - Interviews within the MoH MI, MCH and Medical University staff - Desk review of the results of the joint cooperation Documentary review
Comments	(Knowledge, capacity and ability within UNFPA that others do not have)		

Annex 3.A Programme Logic Models as designed by the Country Office

UNFPA Goal: Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A&B)

Outcome 3 Population dynamics and its linkages with gender equality and reproductive health are available for use in public policies and plans development

Indicator 3.1: 2012 population census is completed and preliminary tabulations are available to planners by the end of 2013

Output 3.1: Enhanced national capacity for the production, utilization and dissemination of quality statistical data of population dynamics, youth, gender equality and SRH

Output 3.2: Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH

Indicator 3.1.1: Quality census data is available;

Indicator 3.1.2: Number of reports, analysis and statistical data produced through UNFPA support

Indicator 3.2.1: Number of public officials trained on informed decision making based on data analysis;

Indicator 3.2.2: Number of courses covering population dynamics, youth, gender equality and SRH included into the curriculum of the Civil Service Academy;

ACTIVITIES to reach OUTPUT 3.1
A. Needs assessment for quality census in-taking
B. Assessment of each step of census preparation and in-taking to ensure compliance with international standards
C. Capacity development in census issues
D. Procurement of equipment
E. Capacity development in data analysis (Medical statistics, data analysis for policy makers, for mass media etc)
F. Preparation to, conduction and analysis of results on HBSC Survey
G. Preparation to, conduction and analysis of results on Contraceptive affordability Survey
ACTIVITIES to reach OUTPUT 3.2
A. Trainings on medical statistics, on creation of databases
B. capacity development in using data for decision making and
C. capacity development in creation of internationally-recognized reporting forms
D. capacity development of professors and students of the Civil Service Academy on issues of demography and gender
E. Technical assistance in development of curriculums for the students of the Civil Service Academy

UNFPA Goal: Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5

Aligned CP Outcome 1: More women, particularly in rural areas, receive quality maternal and newborn healthcare services at all levels of health-care system

OC Indicator 1.1: Births attended by skilled health personnel;

Aligned CP Output 1.1: Strengthened quality of emergency obstetric and new born care (EmONC) (2012) Activities:

OP Indicator 1: Number of evidence-based clinical protocols in EmOC introduced to the health system

Activity 1 (2010-15)

OP Indicator 2: Number of service delivery points providing comprehensive EmOC services;

Activity 4 (2012-2015)

OP Indicator 4: Cesarean Section rate;

Activity 4 (2012-2015)

OP Indicator 3: Number of service delivery points (SDPs) providing basic EmOC

Activity 4 (2012-2015)

Aligned CP Output 1.3: An emergency reproductive health-care package is developed for inclusion in a national emergency preparedness plan
Activities: 01, 02, 03,

OP Indicator 1.3.1:
National action plan on MISP is approved;

Activity 6 (2010-2015)

Original CP OP 1.1: Strengthened quality of reproductive health care, including the prevention of HIV and AIDS and other sexually transmitted infections programme is in place

National plan on monitoring and evaluating HIV/AIDS programme is in place
Activity 7 (2010-2012)

Number of reproductive health policies and protocols approved;
Activity 1 (2010-2015)

Adapted and introduced protocols for youth-friendly health services
Activity 1 (2010, 2015)

Percentage of reproductive health and primary healthcare facilities using computerized reproductive health commodity security logistics management information system
Activity 8 (2010-2015)

Activities: 1) Development and implementation of strategic policy documents in maternal and adolescents Reproductive Health areas. 2) standardization of medical practice through development of clinical protocols ;3) further improvement of quality medical education; 4) Improving quality access ability and availability of EmOC; 5) strengthening national capacity to implement the National Cervical Cancer Prevention Strategy (NCCPS) through demonstration of the worldwide evidence based best practices on screening, vaccination and treatment of cervical cancer 6) introduction of endorsed NAP on MISIP and strengthening capacity of obstetricians on its implementation; 7) HIV Prevention among key populations 8) Improving availability of quality family planning services 9) raising awareness of men and women on family planning services available through most efficient means of communication including TV and brochures for the target groups;

UNFPA Goal: Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5

CP Outcome 2: National and local authorities increase opportunities for young people including adolescents to receive quality healthy life-style education at all levels

Indicator 2.1: Percentage of young people aged 15-24 who both correctly identify ways of preventing STI/HIV and reject major misconceptions about their transmission

Aligned CP Output 2.1: Strengthened national capacity to develop and implement healthy life-style gender sensitive education (2012)
Activities: 01, 02, 03, 04, 05, 06, 07, 08, 09

Original CP 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 (2010)
Activities: 01, 02, 03,

Indicator 2.1.1:
Gender sensitive training course on healthy life-style is included into curriculum of post-graduate education of school teachers

Indicator 2.1.2:
Number of school teachers certified in healthy life-style education

Indicator 2.1.3:
Number of young people including adolescents reached by Y-Peer volunteers/activists per year

Indicator 1.2.1:
Increased knowledge of HIV/AIDS among young people aged 15-24 living in urban and rural areas

Indicator 1.2.2:
Number of IEC materials disseminated to the target population

Indicator 1.2.3:
% of selected educational institutions offering RH, STI/HIV/AIDS prevention based training courses

Indicator 1.2.3:
% of teachers and trainers trained on RH, STI/HIV/AIDS prevention education

Activity 01 – Expanding access to information through the integration of reproductive health, including reproductive rights and STI/HIV/AIDS prevention into educational curricula, textbooks and teacher’s manuals.

Activity 02 – PEER Education activities

Activity 03. Support to programme implementation

Activity 04: Strengthening the national capacity for implementation of comprehensive gender sensitive healthy life style education in school settings

Activity 05. Promotion of healthy life style among adolescents through mass media and other communication channels

Activity 07. Overall coordination and management of Y-PEER centers

Activity 06. Increasing access of adolescents and young people to knowledge on healthy life style through learning of English language and acquiring of computer usage skills

Activity 08 - Support in revision of youth legislation

Activity 09 : Strengthening youth-adult partnership

UNFPA Goal: Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A&B)

Outcome 1 More women, particularly in rural areas, receive quality maternal and newborn healthcare services at all levels of health-care system

Outcome 4 (2010-2012) : Government authorities establish and implement mechanisms to protect and promote rights and freedoms in Turkmenistan

Outcome 5: (before alignment)

National and local authorities create equal opportunities for all people to receive continuous, high-quality education at all levels

Indicator - N/A

Output 1.2: National legislation and policies on maternal health are improved in accordance with gender-sensitive principles;

Indicator 1: Law on maternal health is developed in accordance with CEDAW recommendations

Indicator 2: Number of laws and policies covering maternal health issues revised in accordance with gender-sensitive principles;

Indicator 3: Action Plan on maternal health to follow CEDAW Concluding Observations and Final recommendations is developed

ACTIVITIES to reach OUTPUT 1.2

A. Technical and capacity building Support to follow-up on concluding observations
B. Technical and capacity building Support in preparation to the CEDAW report 2012
C. Technical and capacity building Support to follow on Concluding Observations after 2012
D. Technical and capacity building Support in development of National mechanism on gender equality and National Action Plan

Annex 3.B: Aligned Outcomes and Outputs

More women, particularly in rural areas, receive quality maternal and newborn health-care services at all levels of health-care system (CP Outcome 1 aligned to SP Outcome 2)

Strengthened quality of emergency obstetric and new born care (CP Output 1 aligned to SP output 5):

An emergency reproductive health-care package is developed for inclusion in a national emergency preparedness plan (CP Output 3 aligned to SP output 7)

Strengthening and developing national legislation and policies on maternal health in accordance with gender-sensitive principles (SP Outcome 2, CP Outcome 1)

National and local authorities increase opportunities for young people including adolescents to receive quality healthy life-style education at all levels (CP Outcome 5 aligned to SP Outcome 6):

Strengthened national capacity to develop and implement healthy life-style gender sensitive education (CP Output 5.1 aligned to Output 16):

Increasing capacity of the government to collect, analyze and use population data for development and monitoring of socio-economic strategies and plans (SP Outcome 7, CP Outcome 3):

UNFPA Goal: Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A&B)				
UNDAF outcomes: 1) by the end of 2015 human resources are developed to achieve sustained socio-economic development;				
2) 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;				
3) 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;				
Original CP outcomes	Aligned CP outcomes	Aligned CP Outputs	Original CP outputs	Notes on deleted outcomes, merged outputs, etc.
	Outcome 1 More women, particularly in rural areas, receive quality maternal and newborn healthcare services at all levels of health-care	<u>Output 1.1</u> :Strengthened quality of emergency obstetric and new born care (EmONC) Indicator 1 : Number of evidence-based clinical protocols in EMoC introduced to the health system;	Strengthened quality of reproductive health care, including the prevention of HIV	

<p>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>system</p> <p>Indicator 1.1: Births attended by skilled health personnel;</p> <p>Baseline: 97% (2009:MOH)m Target: 99%</p> <p>Indicator 1.2: MMR</p> <p>Baseline: 77 (2008: trends in maternal mortality: 1990 to 2008); Target: 40</p> <p>(DRF 2012-2013 Outcome 2)</p>	<p>Baseline: 0, Target: 3</p> <p>Indicator 2: Number of service delivery points providing comprehensive EMOc services;</p> <p>Baseline: 21 (MCH service assessment), Target: 42 (on the basis that 1 comprehensive per 500,000 population);</p> <p>Indicator 3: Number of service delivery points (SDPs) providing basic EmOC;</p> <p>Baseline: 31, Target: 58 (on the basis that 4 basic SDPs per 500,000 population)</p> <p>Indicator 4: CS rate</p> <p>Baseline: 5.6% (2010; MCH,MOH)</p> <p>Target: 10%</p>	<p>and AIDS and other sexually transmitted infections</p>	
		<p><u>Output 1.2:</u> National legislation and policies on maternal health are improved in accordance with gender-sensitive principles;</p> <p>Indicator 1: Law on maternal health is developed in accordance with CEDAW recommendations, Baseline: 0;Target: 1</p> <p>Indicator 2: Number of laws and policies covering maternal health issues revised in accordance with gender-sensitive principles;</p> <p>Baseline: 0;Target: 3</p> <p>Indicator 3: Action Plan on maternal health to follow CEDAW Concluding Observations and Final recommendations is developed</p> <p>Baseline: 2012 CEDAW Concluding Observations and Final recommendations;</p>		

		Target: Action Plan		
		<p>Output 1.3: An emergency reproductive health-care package is developed for inclusion in a national emergency preparedness plan</p> <p>Indicator 1.3.1: National action plan on MISP is approved;</p> <p>Baseline: No plan exists;Target: Plan is developed and approved</p> <p>Indicator 1.3.2: Number of personnel trained on MISP through UNFPA support;</p> <p>Baseline: 0;Target: 70</p>	The same	
<p>Outcome 2 National and local authorities increase opportunities for young people including adolescents to receive quality healthy life-style education at all levels</p>	<p>Outcome 2 : The same</p> <p>Indicator 2.1: Percentage of young people aged 15-24 who both correctly identify ways of preventing STI/HIV and reject major misconceptions about their transmission;</p> <p>Baseline: 8% (2006:MICS);</p> <p>Target: 24%</p> <p>(DRF 2012-2013 Outcome 6)</p>	<p>Output 2.1: Strengthened national capacity to develop and implement healthy life-style gender sensitive education</p> <p>Indicator 2.1.1: Gender sensitive training course on healthy life-style is included into curriculum of post-graduate education of school teachers;</p> <p>Baseline: No course exists;</p> <p>Target: Course is developed and included into curriculum;</p> <p>Indicator 2.1.2: Number of school teachers certified in healthy life-style education;</p> <p>Baseline: 0;Target: 250</p> <p>Indicator 2.1.3: Number of young people including adolescents reached by Y-Peer volunteers/activists per year;</p>	<p>Output1.2: 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</p>	

		Baseline: 500 (2010);Target: at least 1,000 per year	people	
			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's training	Deleted output
Population dynamics and its linkages with gender equality and reproductive health are incorporated in public policies and national development plans	<p>Outcome 3 Population dynamics and its linkages with gender equality and reproductive health are available for use in public policies and plans development</p> <p>Indicator 3.1: 2012 population census is completed and preliminary tabulations are available to planners</p>	<p>Output 3.1: Enhanced national capacity for the production, utilization and dissemination of quality statistical data of population dynamics, youth, gender equality and SRH</p> <p>Indicator 3.1.1: Quality census data is available;</p> <p>Baseline: 1995 census data;Target: 2012 census data available by 2014</p> <p>Indicator 3.1.2: Number of reports, analysis and statistical data produced through UNFPA support</p> <p>Baseline: 0 (by 2010)</p>	Government and strategic institutions ensure evidence-based national policy development, based on reliable and disaggregated data that meet international standards	

	<p>by the end of 2013</p> <p><u>Baseline:</u> 1995 census;</p> <p><u>Target:</u> Preliminary tabulation of 2012 census are available by 2014</p> <p>(DRF 2012-2013 Outcome 7)</p>	<p>Target: 5</p> <p><u>Output 3.2:</u> Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH</p> <p><u>Indicator 3.2.1:</u> Number of public officials trained on informed decision making based on data analysis;</p> <p>Baseline: 0;Target: 200</p> <p><u>Indicator 3.2.2:</u> Number of courses covering population dynamics, youth, gender equality and SRH included into the curriculum of the Civil Service Academy;</p> <p>Baseline: 0;Target: 3</p>		
<p>Outcome 4: Government authorities establish and implement mechanisms to protect and promote rights and freedoms in Turkmenistan</p>			<p>Output 4.1. Strengthened systems and mechanisms to protect reproductive rights and gender equality</p>	<p>Deleted outcome and output</p>

Annex 4: List of People Met and Questions Guide

List of people met (Reproductive Health):

Gokdepe

1. Guncha Atayeva, Chief specialist, Ahal velayat health department
2. YazjemaI Gurbanova, deputy head of etrap clinic-diagnostic department (PHC)
3. Aysoltan Batmanova, Reproductive Health specialist
4. Altyn Orazova, midwife, examination room
5. Annamurad Kadamov, family doctor
6. Oguldursun Charyyeva, obstetrician gynecologists, ANC room
7. Annamurad Hanov, Director, Perinatal Centre
8. Ogulshaker Annaklycheva, Deputy Director
9. Aksoltan Annanepesova, obstetrician gynecologist, Admission department
10. Nurmurad Ellyyev, neonatologist

Tejen

1. Shanazar Nurlyyev – Deputy director
2. Nursoltan Bordjakova – Deputy director of the Ahal velayat MCH centre
3. Annamurad Gulgeldiyev – obstetrician-gynecologist
4. Mya Meredova – chief nurse
5. Byagul Mammedova – midwife of the Admission department
6. Bossan Movlamova - neonatologist
7. Tylla Nurlyyeva – obstetrician
8. Annatach Hallyeva – midwife
9. Bagtagul Hazratova – midwife
10. Hekim Hummedov – Head of PHC (clinic - diagnostic) department
11. Aynabat Deryakuliyeva – obstetrician – gynecologist, Reproductive Health room

Mary velayat

1. Nurmuhammed Hommakov – deputy Head of the Velayat health department
2. Amangeldy Bayramov – Chief therapist
3. Maya Jepbarova – Chief gynecologist
4. Juma Orazov – MCH Centre Director
5. Shemshat Ovellekova – Deputy director
6. Maya Gandymova – Head of Reproductive Health centre
7. OguljemaI Yazova – midwife of Admission department
8. Serdar Ybytov – obstetrician of the Admission department
9. Akje Ilamanova – obstetrician, ANC room
10. Shamurad Shihliyev – Director of Health house #3
11. Rustam Mommyev – Deputy Director
12. Bahar Ashirova – responsible for Reproductive Health room
13. Gozel Annayeva – doctor of ANC room

Mary etrap hospital

1. Allamurad Agayev – Director
2. Ilmurad Akgayev – Deputy
3. Gulnabat ishanova – midwife
4. Maksat Orazov – Head of maternity department
5. Guljan Shammayeva – midwife
6. Guvanch Gurtakov – neonatologist
7. Jora Hallyev – Head of the neonatology department
8. Maral Allakuliyeva –obstetrician gynecologist, responsible for ANC room
9. Dunya Ovezberdiyeva, nurse, Examination room
10. Ogulkumysh Ashirova – midwife

Sakarchaga etrap hospital

1. Musaguly Charryev – Director
2. Muhammed Esenmuradov- Deputy
3. Hanmurat Orazov – Head of Admission department
4. Enegul Amanmuradova – midwife
5. Doyduk Charlyyeva – neonatologist
6. Velmurad Atayev – obstetrician-gynecologist
7. Ovezklych Sahaturdyyev – Head of Clinic-diagnostic (PHC) department
8. Gyzylgul Nurberdiyeva – obstetrician-gynecologist, Reproductive Health room
9. Gymmat Nepesova – midwife, ANC room

Ioleten etrap hospital

1. Kurbanniyaz Rahiyev – Director
2. Ogulgerek Taiyrova – Deputy
3. Gozel Rahmanova – Reproductive Health room

4. Myahri Jumageldieva – obstetrician, maternity department
5. Sheker Redjepova – midwife, maternity ward
6. Akjemal Ahunova – midwife
7. Oguljan kakabayeva – midwife Allamurad Igamov – neonatologist
8. Jahan Amanova – statistical department
9. Ovez Yagmurov - Head of maternity ward
10. Ovez Yagmurov – head of the maternity ward
11. Hudayberdy Amanov – oncologist
12. Aknabat Chopanova – nurse, ANC room

Dashoguz velayat

1. Bayrammurad Muradov, deputy Head of the Velayat Health department
2. Myahri Mollaeva, Chief obstetrician gynecologist
3. Ogulbibi Saparniyazova, Head of the MCH Centre
4. Mahma Atayeva, Deputy Head
5. Govher Byashimova, Reproductive Health Centre
6. Mahrinico Nasrullayeva, midwife of the admission department
7. Jemal Redjepova, obstetrician-gynecologist
8. Hesel Soyunova, neonatologist
9. Gulmurad Berdaliyev, Health house #1, Director
10. Hanum Saburova, obstetrician-gynecologist, ANC room
11. Tyazegul Hadjiyeva, obstetrician – gynecologist, examination room
12. Ziyada Hutdiyeva, family doctor
13. Tahir Mollaev, family doctor

Gubadag etrap hospital

1. Amangeldy Sopyev, Director
2. Edejugul Redjepdurdyeva, obstetrician – gynecologist, ANC room
3. Jennet Mirmedova, midwife, examination room
4. Nurberdy Goshjalov, Head of the clinic – diagnostic department
5. Tyazegul Tirkeshova, obstetrician – gynecologist
6. Oguljemal Gurbanova, midwife
7. Gozel Amanova, Head of maternity department
8. Sapargul Begbayeva, midwife

Niyazov etrap hospital

1. Beknazar Haljanov, Director
2. Sonajan Halmuradova, Deputy
3. Atahan Saparov, obstetrician – gynecologist, ANC
4. Zamira Hayitbayeva, obstetrician – gynecologist
5. Dovlatova, midwife, examination room
6. Mahrijemal Bayrambayeva, Head of PHC department
7. Dilber Halmuradova, family doctor
8. Sonajan Halmuradova, Head of maternity department

Gorogly etrap hospital

1. Hodjamet Muhamedov, Director
2. Oguljemal Goshmuradova, Deputy Director on PHC
3. Guljan Dushamova, obstetrician – gynecologist, ANC room
4. Ayjemal Vellekova, midwife, examination room
5. Dovranbek Ishmuradov, Head of the clinic-diagnostic department
6. Kazakov, obstetrician – gynecologist, examination room
7. Ogulnabat Borjakova, obstetrician – gynecologist
8. Ejesh Gaipova, midwife
9. Gul Gulbordjikova, Head of maternity department

Turkmenistan Medical University, Postgraduate department on obstetrics gynecology

1. Sheker Berdyeva, Head
2. Altyn Orazgeldyyeva, Dean

National AIDS prevention Centre

1. Juma Tangryberdyevich, Director
2. Mengli Orunova, specialist
3. Svetlana Arakelova, Head of laboratory
4. Nurse

Drop-in Centre

1. Ejesh Nurmamedova, Volunteer
2. Aylara Yaylymova, volunteer

Oncology Centre, Ashgabat

1. Mive Berdimuradova, Director
2. Ovezmurad Hummedov, Head of the Methodological department
3. Maral Hydyrova, Oncologist

Ministry of Health and Medical Industry

1. Muhammed Ergeshov, Head of the Curative and Preventive department
2. Bahar Agayeva, Head of statistics department

Interviewed women:

1. Guncha, 1985
2. Sahypjema Nepesova, 1991
3. Ogulnabat Pashykova, 1979
4. Lyale, 1994
5. Bostan Lallakova
6. Shirinjema, 1990
7. Gulistan Geldiyeva, 1987
8. Tyazegul Byashimova, 1993
9. Lyalya Atabalyeva, 1989
10. Ogulnabat Gurbanova, 1974
11. Abadan Hadjiyeva, 1986
12. Maysagozel Hommakova, 1983
13. Tawus Nurryeva, 1983
14. Maya Berdiyeva, 1985
15. Bibinabat Tajowa, 1976
16. Bilbil Danatarova, 1976
17. Sheker Muhametdurdyeva, 1989
18. Durjema Charyyeva, 1990
19. Tavus Atayeva, 1984
20. Tazegul Kabulhanova, 1983
21. Aybolek Amandurdyeva, 1991
22. Merjen Annadurdyeva, 1995
23. Gulperi Gaipova, 1980
24. Ayjeren Kurbanova, 1992
25. Ejebay Jumagulyeva
26. Yashlyk Jumamuradova, 1992
27. Nurbibi Sheripova, 1986
28. Govher Ovezova, 1989
29. Lachin Djemshidova, 1980
30. Nurifar Tylayeva, 1992
31. Gurbangul Erjanova, 1984
32. Akjema Muradova, 1987
33. Sheker Kanarova, 1983
34. Rahat Yusupova, 1983
35. Nargiz Kuryazova, 1994
36. Shirin Gurbanbayeva, 1988
37. Mehri Altyyeva, 1994
38. Gulshat Tursinbayeva, 1985
39. Jeren Purinova, 1990
40. Shirin Annamuradova, 1992
41. Madina Hodjabayeva, 1996
42. Haljan Gurbanova, 1975
43. Gyzlargul kalendarova, 1984
44. Malika Tajimuradova, 1994
45. Bike Ovezova, 1984
46. Mahridjema Babayeva, 1989
47. Guncha Bayramova, 1974
48. Nazaket, pregnant, 10-11 weeks
49. Guljan Redjepova, 1995
50. Roza Nurmetova, 1996
51. Gulbahar Redjepbayeva, 1979
52. Sheida Tangryberdiyeva, 1995
53. Mahymjema Babajanova, 3d pregnancy
54. Dilber Alishova, 1975
55. Orazgul Djumatova, 1974
56. Gozel Nazarbayeva, 1992
57. Zohre hudaybergenova, 1991
58. Elmira Azizova, 1990

List of People Met (SRH):

Mejlis(Parliament):

#	Name	Position	Gender
1	Gubanov Vladimir-	Member of the Committee on Education, Science, Culture and Youth Policy	M
2	Babayev Baymurad	Member of the Committee on Education, Science and Youth Policy	M
3	Komekov Nury	Member of the International and Inter-Parliamentary Relations Committee	M

Ministry of Education

#	Name	Position	Gender
1	Nursahet Bairamow-	Head of International Department, MoEd	M
2	Marina Hamrayeva	Chief Specialist, MoEd UNFPA Focal Point	F

National Institute of Democracy and Human Rights

#	Name	Position	Gender
1	Atadjanova Shemshat Atayevna	Gender Focal Point	F

Youth Organization

Ashgabat Youth Centre

UNFPA staff

#	Name	Position	Gender
1	Sofia	Gender Focal Point	F
2	Yelena Butova	Education Adviser	F
3	Ene Tuyliyeva	Communication	F
4	Kemal Goshlyyev	Reproductive Health Officer	M

Ashgabat, school #55

Name (s) of the interviewee (s): 1.Tanatova Olga Georgiyevna (tel 864027572) 2.Allanazarova Bibi Allaberdyevna	Position: HLSE Teacher	Institution/organisation: School N 55, Ashgabat Number of school children: 1986 pupil 842-girls 1140-boys Established:1990
Interview date: 16/04/2014	Output / AWP / Atlas Project:	Stakeholder type: beneficiary
Interviewer: Gulshat	Area of analysis:	Interview Code

School N 55 Class 9 “D” Ashgabat

1. Objective of the focus group

To check information, knowledge

2. Methodology

Focus Group Discussion

3. List of participants (name, institution)

Group N 1

- | | |
|---------------------------------|----------------------------------|
| 1. Annakurbanova Diana-16 years | 9. Annayeva Aynur-15 years |
| 2. Asadulayeva Fatima-15 years | 10. Muhtalova Yelena-15 years |
| 3. Maksumova Sabina-15 years | 11. Ataniyazov Erkin-15 years |
| 4. Urazov Selim-15 years | 12. Bakulenko Khristina-15 years |
| 5. Golovchenko Oleg-15 years | 13. Jumadurdyeva Gozel -16 years |
| 6. Urazova Selbi--15 years | 14. Islamov Ilya-15 years |
| 7. Molbayev Arman-15 years | 15. Timofeyev Arslan-15 years |
| 8. Yuldashev Igor-15 years | 16. Chudaykin Denis-15 years |

Group N2

- | | |
|-------------------------------|----------------------------------|
| 1. Novruzova Aida-15 years | 8. Patehina Veronika-15 years |
| 2. Durdyev Durdy-15 years | 9. Maksumova Madina-15 years |
| 3. Redjepov Kerim-16 years | 10. Tashev Kumar-16 years |
| 4. Janmamedov Kemal-16 years | 11. Gelenov Dovran-16 years |
| 5. Gapdarov Ruslan-16 years | 12. Serdyuk Timur-15 years |
| 6. Atadurdyeva Ailar-15 years | 13. Idryashkina Alina-16 years |
| 7. Sarkisyan Lalita-15 years | 14. Bondarenko Vasiliy--16 years |

School N 55 Class 9“Ch”

1. Objective of the focus group

To check information, knowledge

2. Methodology

Focus Group Discussion

3. List of participants (name, institution)

Group N 1

- | | |
|---------------------------------|----------------------------------|
| 1. Chikin Alexandr-16 years | 9. Tamayeva Emiliya-15 years |
| 2. Pronin Oleg-15 years | 10. Sharipova Tatyana-15 years |
| 3. Ivanova Arina-15 years | 11. Jumaniyazova Aylara-15 years |
| 4. Dovletov Merdan-15 years | 12. Chikina Natalya-16 years |
| 5. Rakhmanov Ruslan-15 years | 13. Sandybayev Islam-15 years |
| 6. Kerimov Ali-Rahman--15 years | 14. Guskov Vladimir-15 years |
| 7. Chemarin Andrey-15 years | 15. Temimova Gulshirin-15 years |
| 8. Bondina Alina-15 years | |

Group N2

- | | |
|-----------------------------|---------------------------|
| 1. Berdashkevich Y-16 years | 7. Berdyev N-15 years |
| 2. Skripchenko I-15 years | 8. Akhmedov Y-14 years |
| 3. Mkrtchyan V-15 years | 9. Gasymov P-15 years |
| 4. Amirov Sh-15 years | 10. Petrosov V-15 years |
| 5. Domumin P-16 years years | 11. Faskudinov A-15 years |
| 6. Isakov M-15 years | |

Ashgabat, School #15

Name (s) of the interviewee (s): Bahar Sariyyevna Altymuhammedovna	Position: HLSE Teacher	Institution/organisation: School N 15, Ashgabat
Bekova Natalya Sapargeldiyevna	Khemistry teacher	
Interview date: 15/04/2014	Output / AWP / Atlas Project:	
Gulshat	:	

School N 15 Class 9 “E”

1. Objective of the focus group

To check information, knowledge

2. Methodology

Focus Group Discussion

3. List of participants (name, institution)

Group N 1

- | | |
|-------------------------------|------------------------------|
| 1. Akyyeva Bahar-15 years (y) | 8. Baygeldiyeva Guncha-15 y. |
| 2. Akyyeva Djennet-13 y. | 9. Bekova Leyli-15 y. |
| 3. Annayev Ruslan-15 y. | 10. Berdyev Aman-15 y. |
| 4. Arjиков Meylis-15 y. | 11. Valiyeva Nika-14 y. |
| 5. Artykov Diyar-14 y. | 12. Gandjunts Lianna-14 y. |
| 6. Arustomyan Kristina-14 y. | 13. Guseynov Bronislav-14 y. |
| 7. Babayan Angelina-14 y. | 14. Guseynov Vahid-14 y. |

Group N2

- | | |
|-------------------------|-----------------------------|
| 1. Durmyshev Oraz-14 | 5. Rakhimov Vekil-14 |
| 2. Kazakova Djemal-14 | 6. Saparov Rasul-13 |
| 3. Nohurov Kemal-14 | 7. Sakhnetmuradova Aynur-15 |
| 4. Orazsahatov Nazar-14 | 8. Toplyyev Ismail-15 |

9. Halmukhammedov Maksat-14
10. Hanniyeva Anna-14
11. Chariiyev Suvhan-14

12. Chishgakov david-15
13. Shirdjanova Nulufar-14

Group N 3

1. Dima-16 years –Y-Peers
2. Alina-16 years-Y-Peers
3. Yulia-16 years-Y-Peers

School N 15 Class 8 “G”

Group N 1

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Shegay Kristina -16 years 2. Komekova Valeriya-15 years 3. Orazov Kerim-15 years 4. Kazakova Tajigul-16 years 5. Klycheva Emiliya-16 years 6. Shahlamazova Lia-16 years | <ol style="list-style-type: none"> 7. Ovsepyan David-15 years 8. Saakyan Samvel -15 years 9. Nurmamedov Omar-15 years 10. Altyyeva Byagul-15 years 11. Semibratov Roman-16 years |
|---|---|

Group N2

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Avetisyan Rafaella-15 years 2. Geldyyeva Jemal-15 years 3. Khanyyeva Olga-15 years | <ol style="list-style-type: none"> 4. Jijerin Anton -16 years 5. Atayeva Ailara-15 years 6. Khydyrova Anastasiya-16 years |
|---|--|

Dashoguz Velayat

	Name	Position	Gender	Place
1	Batyr Shemekov	Head of Gorogly etrap education department	M	Dashoguz Velayat, Georogly Etrap

School #10, Gorogly etrap

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Tachmedowa Ogulboldy, 16 years, 9, F 2. Taganowa Sapartach, 16 years, 9, F 3. Shyhyyew Akmyrat, 16 years 4. Shirmedova Arazgul, 16 years 5. Shirmedow Arazmyrat, 15 years, F 6. Saparova Sapartach, 16 years, F 7. Saryyewa Mahrijemal, 16 years 8. Atagurbanov Muhommet, 16 years 9. Altybayeva Bagul, 16 years, F 10. Arazgeldiyew Maksat, 16 years 11. Amanow Serdar, 16 years 12. Atjanow Wepa-, 16 years 13. Asyrow Mekan, 16 years 14. Annayeva Oguljahan, 16 years, F 15. Berdiyew Nepes, 16 years 16. Bashimov Eziz, 16 years 17. Berdyew Shatlyk, 16 years 18. Dadebayeva Jemile, 16 years, F 19. Esenova Leyli, 16 years, F 20. Gochowa Arzygul, 16 years, F 21. Hydyrowa Sonagul, 16 years, F 22. Hydyrow Esen, 16 years 23. Hoshanow Dayanch, 16 years 24. Kerimowa Aynur, 16 years, F 25. Kichibayew Shageldi , 16 years 26. Kerimowa Oguljahan, 15 years, F 27. Mahmudowa Ashe, 16 years, F 28. Nurgeldiyeva Guljahan, 16 years, F 29. Orayewa Mahrijemal, 16 years, F | <ol style="list-style-type: none"> 30. Pyhyyewa Ayjahan, 15 years, F |
|---|---|

Mary Velayat Youth Organization

#	Name	Position	Gender	Institution
	Mr.Myratgeldy Annaovezov	–Chair, Mary Velayat Youth Organization	M	Mary Velayat Youth Centre
	Alashayeva Enebay Ashyrovna	psicologist	F	Mary Velayat Youth Centre
	Amanova Gulshat	IT teacher	F	Mary Velayat Youth Centre
	Annaberdyeva Jeren	Gynecologyst	F	Mary Velayat Youth Centre
	Rahmanow Shohrat	Youth Centre Coordinator	M	Mary Velayat Youth Centre

Mary Youth Centre volunteers

	Name	age	Gender	Place
	Bagshyyew Arslan-	1998	F	Mary Velayat Youth Centre
	Muhammetkuliyeu Meylis-	1992	M	Mary Velayat Youth Centre
	Muhammetkulyyewa Gulshat	1979	F	Mary Velayat Youth Centre
	Saparow Dowlet	2000	M	Mary Velayat Youth Centre
	Saparow Anna	2000	M	Mary Velayat Youth Centre
	Nurmyradov Nurmyrat-	2000	M	Mary Velayat Youth Centre
	Kowliyeu Eziz-	1999	M	Mary Velayat Youth Centre
	Tuwakov Kakajan	1998	M	Mary Velayat Youth Centre
	Nurmammedow Kakajan-	1999	M	Mary Velayat Youth Centre
	Annayewa Enejan-	1996	F	Mary Velayat Youth Centre
	Annayeva Uzuq	1998	F	Mary Velayat Youth Centre
	Toyllyyewa Guljahan	1998	F	Mary Velayat Youth Centre
	Nurmamedowa Gowher	1998	F	Mary Velayat Youth Centre
	Babayewa Malik-	1997	M	Mary Velayat Youth Centre
	Jomardyva Altyn-	1996	F	Mary Velayat Youth Centre
	Babayewa Aylar	1999	F	Mary Velayat Youth Centre
	Purliyew Guwanch	1997	M	Mary Velayat Youth Centre
	Gylychlyyeva Guljan	1999	F	Mary Velayat Youth Centre

School N 29 , Yoleten K.10 “A”

Group N 1

- | | |
|-----------------------------------|-----------------------------------|
| 1. Kalnurow Nurbek -16 years | 6. Yusupova Gurbansoltan-16 years |
| 2. Yagshymyradow Rowshen-16 years | 7. Selimova Gulnar-16 years |
| 3. Kichiyev Eziz-16 years | 8. Atayeva Aygul-16 years |
| 4. Agageldiyeva Tazegul-16 years | 9. Akmuradov Azat-16 yea |
| 5. Guwanowa Yazbibibi-17 years | |

Group N2

- | | |
|--------------------------------|----------------------------------|
| 1. Geldiyeva Guncha-16 years | 6. Saparova Ayna-16 years |
| 2. Bayramow Perman-17 years | 7. Rejepova Suray-16 years |
| 3. Gurbanov Shamerdan-17 years | 8. Sapargeldiyeva Sahra-16 years |
| 4. Gurbanow Allanazar-16 years | 9. Gulytyyeva Chynar-16 years |
| 5. Satlykova Shirin-16 years | |

Strategic Positioning of UNFPA – Guide to Evaluation Questions & People Interviewed

Note: Target respondents contributing to strategic positioning question are: UN Agency staff (including UNFPA senior staff) senior staff from national level implementing partners dealing with UNFPA assisted programmes and/or with other UN agency support and donors (current and prospective).

Evaluation Questions (EQ1 to EQ 4)	Information Source/ Key Respondents
<p>EQ 1: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanism? (extent to which UNFPA has been an active member of and contributor to the existing coordination mechanism of the UNCT)</p>	
<p>Assumption: UNFPA has actively contributed to United Nations Country Team (UNCT) working groups and joint initiatives</p>	
<p>Indicators -evidence of <i>active participation</i> in UN working groups -evidence of the <i>leading role</i> played by UNFPA in the working groups and/or joint initiatives corresponding to its mandated areas</p> <p>(Note: these two indicators will be measured by the nature and volume of exchanges of information between UNCT and UNFPA agencies, UNFPA role in joint programming initiatives (planning) and role in joint implementation of programmes and the perception of other UN agencies towards the role played by UNFPA)</p> <p>Content analysis of key informant (KI) interview feedback, documents (minutes, reports etc.) will provide evidence. Triangulation of data and sources will enhance the credibility of evidence.</p>	<p>Information Source/ Key Respondents Document review : Minutes of UNCT meetings and Working group minutes, Programming documents on UNCT joint initiatives, M&E reports of those, UNDAF Annual Reports, UNRC Coordination reports, COAR. Interview the following Key Informants (KIs): Ms. Bayramgul Garabayeva, UNFPA, Asst.Rep Ms. Jacinta Barrins, UNRC, UNFPA Representative Mr. Chary Nurmuhamedov, UNRC Coordination Specialist Ms. Oyunsaikhan Dendevnorov, UNICEf Representative, Deputy Rep Ms.Alena Sialchonak (UNICEF) WHO Head of Office Ms. Bahtygul Karriyeva UNODC NPO Ms.Annatach Mamedova UNDP, DRR Ms. Co Lin</p>
<p>EQ 2: To what extent does UNDAF fully reflect the interests, priorities and mandate of UNFPA Turkmenistan? (Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?)</p>	
<p>Assumption: UNFPA interests, priorities and mandated areas in the country are integrated and reflected in the United Nations Development Assistance Framework (UNDAF) and are attributed to UNFPA.</p>	
<p>Indicators -Alignment of CP outcomes with UNDAF outcomes (synergy between UNDAF outcomes and CPAP outcomes) -UNFPA led UNDAF outcome/s -reflection of UNFPA mandated areas in UNDAF</p>	<p>Document review : UNDAF documents, Annual Reports, UNRC Coordination reports, UNDAF evaluation report, COAR, CPD, CPAP, UNFPA strategic Framework</p> <p>Interview the following selected people: Ms. Bayramgul Garabayeva, UNFPA, Asst.Rep Ms. Jacinta Barrins, UNRC, UNFPA Representative Mr. Chary Nurmuhamedov, UNRC Coordination Specialist UNDP, DRR Ms. Cao Lin</p>

<p><i>EQ 3. What are the main comparative strengths that UNFPA has in the country – particularly in comparison to the other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the country office (Turkmenistan Country Office) features?</i></p>	
<p>Assumption: Compared to other UN agencies and other development agencies (such as UNICEF, UNDP, WHO) working in similar programmatic areas, UNFPA brings in specific technical contribution to the country's development agenda (UNFPA has demonstrated specific contribution to the country's development agenda)</p>	
<p>Indicators -UNFPA contribution to national priorities -specific technical skills in CO (Country Office staff) -Status with regard to existing national capacity to contribute to the areas UNFPA is contributing to.</p>	<ul style="list-style-type: none"> - Document Review - Interview: Selected UN agency staff Selected donors (USAID, French Embassy, Ambassador -Israel Embassy)
<p><i>EQ 4. What is the UNFPA's main added value in the country context as perceived by national stakeholders? (to what extent has the UNFPA CP added benefits over and above what would have resulted from other development actors' interventions?)</i></p>	
<p>Assumption: National counterparts and other development actors perceive, recognize and recall UNFPA's performance in the country as a contribution that is unique or inherent to UNFPA</p>	
<p>Indicators - Specific examples by other development partners about UNFPA contribution that is unique to Country Office. - Reference to UNFPA contribution in interventions that were not available with other partners.</p>	<ul style="list-style-type: none"> - Document review -Interview : National level senior members from implementing agencies, national level beneficiaries of UNFPA interventions, selected UN staff, donors Ms. Milagros Leynes, UNHCR Rep.
<p><u>The interview questions will be guided by the assumptions and indicators mentioned above. Key informants will be interviewed. Feedback on Added value will be collected on programmatic areas as well when interviews are conducted with national level implementing partners.</u></p>	
<p><u>Final question to all interviewees: The recommendations they have for UNFPA next country programme.</u></p>	

Annex 5: References

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Annex 6. A: Millennium Development Goals (MDGs): Progress by Goal	
1 - Eradicate Extreme Poverty and Hunger	<ul style="list-style-type: none"> • There is no official information on proportion of people below \$ 1.25 per day or \$ 37.5 per month. • Non-statistical estimates suggest that a proxy to a minimum monthly wage in Turkmenistan is \$ 52.6. This implies that the minimum monthly wage today is at the level of \$ 1.75, representing \$ 0.50 more than the MDG minimum. • The most recent data available on unemployment refers to 2004 and is at the level of 30.2 % (EBRD). Unemployment benefits make \$ 17.5 per month per registered unemployed individual. • The average monthly income of a public employee is \$ 210 (2009, ADB). • There is a system of universal subsidies for food products (salt, bread), water, electricity and gas supply. • Every car owner is provided with 120 liters of gasoline per month for free. • Urban public transportation costs some \$10 per month per family.
2 - Achieve Universal Primary Education	<ul style="list-style-type: none"> • According to the survey, of the total number of children aged 7 about 97% attend the first grade of primary school. There are no differences between urban and rural areas. The net rate of school attendance is high in Turkmenistan. About 99% of children of primary school age attend school. More than 95% of children of secondary school age attend secondary school. • Everyone in Turkmenistan finishes 10 grades of instruction or vocational schools. • Universal literacy level is achieved in Turkmenistan either in Turkmen or Russian languages (WB). There is no child labor in Turkmenistan, however as a traditional practice children support their families during the harvest season in agriculture, but they still attend school. • Quality of education is considered a major development challenge.
3 - Promote Gender Equality and Empower Women	<ul style="list-style-type: none"> • In 2010, the gender parity in primary and secondary education made 1:1, in university education – 1:2. • Proportion of seats held by women in national parliament is over 18 % (2012). • In 2002, the share of women in wage employment in the non-agricultural sector made 42% (WB).
4 - Reduce Child Mortality.	<ul style="list-style-type: none"> • Under-five mortality rate is 45 per 1000 (2009, WB). • Infant mortality rate is 42 per 1000 (2009, WB). <p>Proportion of 1 year-old children immunized against measles – 99 % (2008, WB).</p>
5 - Improve Maternal Health	<ul style="list-style-type: none"> • Maternal mortality ratio is 77 per 100,000 live births (modeled estimate, 2008, WB). • Proportion of births attended by skilled health personnel makes 99,5 % (WB). • Contraceptive prevalence rate is 48 % of women ages 15-49 (2008, WB). • Adolescent birth rate is 19,5 per 1,000 ages 15-19 (2008, WB). <p>Antenatal care coverage is guaranteed by law. In urban areas it is practiced regularly and makes some 4-5 visits, while in rural areas the access to medical services is limited.</p>
6 - Combat HIV/AIDS, Malaria and other Diseases	<ul style="list-style-type: none"> • HIV prevalence among population aged 15-49 years is less than 0.1 % (2008, UNAIDS/WHO/UNICEF). • Since 2010 Turkmenistan is a malaria-free country certified by WHO • Prevalence rate associated with tuberculosis – 18 per 100,000 people (2008, WHO).
7 - Ensure Environmental	<ul style="list-style-type: none"> • Proportion of land area covered by forest – 8,8 % of land area (2007, WB). • CO2 emissions, total, per capita and per \$1 GDP (PPP) – 9,2 metric tons (2007, WB). • Proportion of population using an improved drinking water source – 83 % (2000, WB).

Sustainability.	<ul style="list-style-type: none"> • Proportion of population using an improved sanitation facility – 98 % (2008, WB).
8 - Develop a Global Partnership for Development	<ul style="list-style-type: none"> • Official Development Assistance – \$18 million (out of which \$2,490,000 are aid flows); 0,1% of GNI; \$4 per capita (2008, WB). • GDP per capita (PPP) – \$7,627 (2008, UNDP HDR). • Telephone lines per 100 population – 9,5 (2008, WB). • Cellular subscribers per 100 population – 23 (2008, WB). • Internet users per 100 population – 1, 5 (2008, WB).

Annex 6.B: HDI – Turkmenistan in the region

	Human Development Index (HDI) Value	Life Expectancy at birth (years)	Mean Years of Schooling (years)	Expected years of schooling (years)	Gross national income (GNI) (2011 PPP\$)	Human Development Index (HDI) Value
	2013	2013	2012	2012	2013	2012
Human Development Index Groups						
Very high human development	0.890	80.2	11.7	16.3	40,046	0.889
High human development	0.735	74.5	8.1	13.4	13,231	0.733
Medium human development	0.614	67.9	5.5	11.7	5,960	0.612
Low human development	0.493	59.4	4.2	9.0	2,904	0.490
Country or Region						
Turkmenistan	0.698	65.5	9.9	12.6	11,533	0.693
Russian Federation	0.778	68.0	11.7	14	22,617	0.777
Europe and Central Asia	0.738	71.3	9.6	13.6	12,415	0.735

Annex 7: Other Resources for the CPAP by type of donor and area of support

YEAR	Donor	Area of support	Amount
2010	GPRHCS	Procurement of RH commodities	\$18,877.00
2010	UNICEF/UNHCR (through Joint Programme)	Census	\$21,324.00
Total for 2010			\$40,201.00
2011	UNICEF/UNHCR (through Joint Programme)	Census	\$19,988.00
2011	GPRHCS	Procurement of RH commodities	\$149,137.00
2011	GPRHCS	Family planning.	\$21,935.00
2011	PAF	Interventions in the area of HIV prevention among key populations	40,136
Total for 2011			\$231,196.00
2012	UNICEF/UNHCR (through Joint Programme)	Census	\$42,954.00
2012	GPRHCS	Procurement of RH commodities	\$29,000.00
2012	JSI	Youth centers project	\$75,991.00
2012	GPRHCS	Expansion of Channel to Lebap welayat, Contraceptives availability survey	\$68,800.00
2012	QHCP	Effective perinatal technologies	\$37,110.00
Total for 2012			\$253,855
2013	GPRHCS	Family planning and antenatal care	\$24,700.00
2013	UNICEF/UNHCR (through Joint Programme)	Census	\$15,363.00
2013	GPRHCS	Procurement of RH commodities	\$16,000.00
2013	QHCP	Family planning and antenatal care	\$65,503.00
Total for 2013			\$121,566.00
2014	UNICEF	Census	\$15,200.00
2014	QHCP	Family planning and antenatal care	\$32,600.00
2014	GPRHCS	Family planning and antenatal care	\$20,800.00
2014	Coca-Cola Icecik (approved)	Youth participation and promoting healthy life style among adolescents and youth	\$10,000.00
2014	GPRHCS funds	Procurement of RH commodities	\$56,920.00
2014	Government of Turkmenistan	Procurement of RH commodities	\$17,423.00
Total approved grants for 2014			\$152,943.00
<i>Status of the following grants are in the stage of approval from the donors side</i>			
2014	South African Medical Research Council	Sample Survey on Domestic Violence	\$70,000.00
2014	British Embassy	Preparation to the Sample Survey on Domestic Violence	Pounds 22,728.00
	French embassy		5,000

2014	Ministry of Health and Medical Industry of Turkmenistan	Cervical cancer	\$45,000.00
2014	Ministry of Health and Medical Industry of Turkmenistan	Women with disabilities	\$30,000.00
2014	Youth Organization of Turkmenistan	Opening of Youth centers in Dashoguz and Balkan	\$59,354.00
2014	UNPRPD R2	Assessment of the medical institutions and services offered to the People with disabilities	\$50,000.00
2014	Italian Development Cooperation	Census	\$170,000.00
Total pending approval grants for 2014			\$474,505.00