

UNFPA Country Programme Evaluation

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2016-2020

Final Evaluation Report

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Disclaimer: This is a product of the independent evaluation 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.

Map of Turkmenistan



Source: United Nations Geospatial Information Section <https://www.un.org/Depts/Cartographic/map/profile/turkmeni.pdf>

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Abbreviations

AWP	Annual Work Plan
BLS	Basics of Life Skills
CEDAW	Convention on Elimination of all forms of Discrimination against Women
COAR	Country Office Annual Report
CP	Country Programme
CPE	Country Program Evaluation
CPAP	Country Programme Action Plan
CPD	Country Programme Document
ERG	Evaluation Reference Group
HBSC	Health Behavior in School-aged Children
HIMS	Health Information Management System
UN HTG	UN Health Team Group
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
IRF	Intended Results Framework
IUD	intrauterine devices
MC	Maternal Care
MHMI	Ministry of Health and Medical Industry
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
NAPGE	National Action Plan on Gender Equality for 2015-2020
OECD	Organization for Economic Cooperation and Development
OECD-DAC	Organization for Economic Cooperation and Development - Development Assistance Committee
RH	Reproductive Health
SDGs	Sustainable Development Goals
SRH	Sexuality and Reproductive Health Education
SRP	Standard Progress Report
ToC	Theory of Change
ToR	Terms of Reference
UNCT	United Nations Country Team
UNPFD	United Nations Partnership Framework for Development
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	The World Health Organization

Box 1. Structure of the Evaluation of the Turkmenistan UNFPA Country Programme 2016-2020

This report includes executive summary, six chapters, and annexes presented separately. Report structure follows recommendations provided in the UNFPA Evaluation Handbook “How to design and conduct a country programme evaluation” (2019 edition).

Chapter 1, **Introduction**, presents evaluation purpose and scope and describes evaluation process, methodology and methodology limitation.

Chapter 2, **Country context**, discusses situation and recent development in Turkmenistan related to the focus areas of the country programme, as well as factors influence provision of development assistance.

Chapter 3, **UNFPA response and country programme for Turkmenistan 2016-2020**, describes UNFPA strategic approach set in UNFPA strategic plans 2014-2017 and 2018-2021, design of the UNFPA country programme including the reconstructed Theory of Change developed by the evaluation team, and financial structure of the programme.

Chapter 4, **Findings**, presents answers to evaluation questions.

Chapter 5, **Conclusions**, presents strategic level conclusions explicating key success and failure factors emerging from the evaluation findings as well as programmatic level conclusions on the overall progress achieved by the programme.

Chapter 6, **Recommendations**, presents strategic and programmatic level recommendations.

Annexes include terms of reference, list of persons met, list of consulted documents, evaluation matrix and data collection instruments.

The report was not professionally edited.

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The key facts table

Land	
Geographical location	Central Asia
Land area	491 210 sq. km. ¹
People	
Population	5 758 075 (2017, the World Bank ²)
Population, female (% of total)	50.76 (2017, the World Bank)
Population, male (% of total)	49.24 (2017, the World Bank)
Urban population (% of total)	51.15 (2017, the World Bank)
Urban population growth (annual %)	2.51 (2017, the World Bank)
Rural population (% of total population)	48.85% (2017, the World Bank)
Rural population growth (annual %)	0.81 (2017, the World Bank)
Population growth (annual %)	1.67 (2017, the World Bank)
Population ages 15-19, female (% of female population)	7.80 (2017, the World Bank)
Population ages 15-19, male (% of male population)	8.22 (2017, the World Bank)
Government	
Type	Presidential republic
Proportion of seats held by women in national parliament (%)	25 (2018, the World Bank)
Key political events	2016 – adopted new constitution
Economy	
GDP (current US\$)	37.926 billion (2017, the World Bank)
GDP per capita (current US\$)	6 586.63 (2017, the World Bank)
GDP per capita, PPP (current US\$)	17 992.8 (2017, the World Bank)
GDP per capita growth (annual %)	4.73 (2017, the World Bank)
Trade (% of GDP)	53.58 (2017, the World Bank)
Net official development assistance received (current US\$)	28 780 000 (2017, the World Bank)
Net ODA received per capita (current US\$)	4.99 (2017, the World Bank)
Social Indicators	
Domestic general government health expenditure (% of GDP)	1.49 (2015, the World Bank)
Domestic general government health expenditure (% of current health expenditure)	23.95 (2015, the World Bank)
Current health expenditure per capita (current US\$)	405.12 (2015, the World Bank)
Domestic private health expenditure per capita (current US\$)	307.12 (2015, the World Bank)
Prevalence of anemia among pregnant women (%)	33.1 (2016, the World Bank)
Demand for family planning satisfied by modern methods (% of married women with demand for family planning)	75.6 (2016, the World Bank)
Mortality rate, neonatal (per 1,000 live births)	21.3 (2017, the World Bank)
Mortality rate, under-5 (per 1,000 live births)	47.3 (2017, the World Bank)
Fertility rate, total (births per woman)	2.89 (2016, the World Bank)
Life expectancy at birth, female	71.3 (2016, the World Bank)
Life expectancy at birth, male (years)	64.4 (2016, the World Bank)
Contraceptive prevalence, any methods (% of women ages 15-49)	50.2 (2016, the World Bank)
Contraceptive prevalence, modern methods (% of women ages 15-49)	47.1 (2016, the World Bank)
Adolescent fertility rate (births per 1,000 women ages 15-19) (2016)	24.83 (2016, the World Bank)
Births attended by skilled health staff (% of total) (2016)	100 (2016, the World Bank)
Pregnant women receiving prenatal care (%) (2016)	99.9 (2016, the World Bank)

¹ Turkmenistan State Statistics Committee: <http://www.stat.gov.tm/ru/trkmen-stat/>

² World Bank: <https://data.worldbank.org/country/turkmenistan>

SDG	Indicator/ source*	Status*
Goal 3. Ensure healthy lives and promote well-being for all at all ages	3.1.1 Maternal mortality ratio/ UN Maternal Mortality Estimation Group (2019)	7 (estimate for 2017)
	3.1.2 Proportion of births attended by skilled health personnel/ MICS-5 (2015-2016)	100%
	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods/ MICS-5 (2015-2016)	47.1%
	3.7.2 Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group/ MICS-5 (2015-2016)	28
Goal 5. Achieve gender equality and empower all women and girls	5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18/ MICS-5 (2015-2016)	Before 15 - 0% Before 18 – 5.7%
	5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	Not available
	5.2.2. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	Not available
	5.3.1. Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	Not available
	5.6.1. Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	Not available
	5.6.2. Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education	Not available
	Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age/ MICS-5 (2015-2016)
Goal 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	17.18.1 Proportion of reported sustainable development indicators adopted by Turkmenistan	Not available

*Source: UNFPA (2018). Assessment of ICPD related SDG indicators adopted by Turkmenistan

Executive Summary

This report presents findings of the evaluation of the UNFPA country programme for Turkmenistan 2016-2020. Evaluation was conducted in February – June 2019 and covered the programme implementation in 2016-2019.

UNFPA country programme for Turkmenistan is implemented in partnership with the Government of Turkmenistan. In 2016-2019 UNFPA financial contribution to the programme amounted to USD 1.43 million. Government financial contribution to the programme implementation was USD 0.47 million. The country programme covered four thematic areas: (i) reproductive health and rights; (ii) adolescents and youth; (iii) gender equality; and (iv) population and development.

Objectives of this evaluation

The overall objectives of this evaluation are:

- i) an enhanced accountability of UNFPA and its country office in Turkmenistan for the relevance and performance of the 2016-2020 country programme, and
- ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives of this evaluation are:

- To provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework;
- To provide an assessment of country office positioning within the development community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results;
- To draw key lessons from the past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of Agenda 2030 for the next programming cycle.

The primary users of this evaluation are the decision-makers within the UNFPA and government counterparts in country, the UNFPA Executive Board, and other development partners. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA HQ divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and management response.

Methodology

Evaluation was structured around two categories of evaluation criteria: (i) the criteria of relevance, effectiveness, efficiency and sustainability for the assessment of programmatic interventions, and (ii) criteria of coordination and added value for the analysis of UNFPA strategic positioning in Turkmenistan.

Data collection methods used by the evaluation team included document review, semi-structured interviews with UNFPA staff, members of UNCT and national stakeholders, focus groups with young people involved in the programme as Y-PEER volunteers and observation at visited institutions. The evaluation team consulted with 129 people in the capital city of Ashgabat, the city of Mary and centers of Mary, Sakarchage and Murgab districts in Mary province, the city of Dashoguz and centers of Gubadag, Boldumsaz and Niyazov districts in Dashoguz province.

Analysis of the collected data involved triangulation of primary and secondary data collected from different sources and by different methods. Evaluation conclusions are based on common themes and patterns emerging from analysis of the country programme performance in all four focus areas.

Limitations of the methodology included: (i) too generic theory of change that does not adequately reflect the process of transformation of government systems supported by UNFPA; (ii) presentation of implemented activities in SRPs is not directly linked to presentation of planned activities in AWP which complicates their use to track achieved progress; (iii) low availability of national statistics related to the programme outcomes; (iv) possible positive bias in primary qualitative data.

The evaluation team mitigated these limitations by (i) developing a more detailed theory of change; (ii) doing comparative analysis of AWP and SRPs to identify activities that were implemented and activities that were not; (iii) making consistent efforts to obtain relevant national statistics; (iv) Triangulation of quantitative and qualitative data and crosschecking data with multiple sources.

Main findings

Relevance

Availability of the population data, including on marginalized populations, was highly limited both during the design of the country programme and this evaluation. As a result the country programme was designed to benefit population in general without specific emphasis of any vulnerable groups.

Interventions implemented within the framework of the country programme are well aligned with the outcomes set in the UNFPA strategic plans 2014-2017 and 2018-2021 and the UN Partnership Framework for Development for Turkmenistan 2016-2020, but strategic intent of the country programme in the areas of reproductive health and youth is broader than that of the UNPFD.

UNFPA business model in Turkmenistan is well aligned with partnership principles set in the UNPFD that define how the country programme should be implemented, including government leadership, co-financing and demand driven approach to UN assistance.

Effectiveness

Within the framework of the current country programme with UNFPA support the government has almost completed transformation of maternal and perinatal health care system, completed the introduction of nationwide cervical cancer screening and established the national male reproductive health system. Still despite UNFPA ongoing advocacy and technical support, the adolescent reproductive health system remains fragmented.

With UNFPA support government has assumed full responsibility for provision of free contraceptives to eligible women and strengthened operation of family planning services by establishing monitoring and quality assurance mechanisms. Still additional UNFPA support is needed to ensure steady availability of three types of contraceptives in all service delivery points.

The country programme made significant progress towards creating instruments and mechanisms supporting teaching reproductive health component of the Basics of Life Skills (BLS) course in secondary schools. The peer-to-peer education model promoted by UNFPA country office effectively complements the teaching of reproductive health and gender components of the BLS course, but it still was not adopted by the government.

UNFPA support was instrumental in terms of building capacity of national stakeholders to report on the national obligations under CEDAW and implement the recommendations of the CEDAW Committee. Significant progress was achieved in terms of making a national legal system more gender

sensitive, including adoption of gender sensitive land management law in 2017 and securing parliament interest to adoption of the law on prevention of gender-based violence.

The country programme contributed towards strengthening the national population data management system in such areas as collection of medical and population statistics, monitoring of SDGs indicators and preparation of 2022 census and made numerous incremental contributions towards strengthening national capacity to use population data in line with international standards, but further support is required.

The country programme contributed: (i) towards ending preventable maternal deaths through regionalization of the maternal health care; (ii) towards ending preventable women deaths from cervical cancer through introduction of nationwide cervical cancer screening; and (iii) towards increased access of young people to quality SRH services and education by facilitating adoption of regulations that provide for free provision of contraceptives to 15-19 year old girls, creating opportunities for over 16 thousand young people to get SRH knowledge from Y-PEER volunteers and improved quality of RH teaching in schools that have already received methodological recommendations and teaching aids developed with the programme support.

UNFPA support to the Interagency Commission on Compliance with the International Obligations of Turkmenistan in the field of Human Rights and International Humanitarian Law. The work on the CEDAW Concluding Observations have given the government useful experience with using coordinated approach in the area of gender equality that may be later used for the establishment of the national machinery for the advancement of women. Introduction of gender equality content into education programmes for school students and civil service has also contributed towards its greater mainstreaming.

Due to UNFPA support two national development plans that address population dynamics by accounting for population trends and projections in setting development targets were developed and enacted during the period covered by this evaluation.

Efficiency

The decrease in resources has resulted in the establishment of only few programme posts at a relatively low level (for example, GS7 for Communication and Youth, NOA for PD and Gender). Small staff of the UNFPA country office has to manage all projects implemented under the country programme because government institutions that are implementing partners for this country programme are unable to meet the UNFPA financial management requirements. As a result, most of the time of the UNFPA staff is spent on project related administrative tasks, leaving them little time for advocacy and policy dialogue.

UNFPA financial contribution was crucial to ensure continuous operation of the country programme. At the same time, partnership with the government significantly increases effect of UNFPA financial and technical inputs. Government knowledge transfer systems ensure nationwide dissemination of concepts and methodologies introduced within the framework of the country programme.

National partners highly appreciate UNFPA being flexible and responsive to their needs and ideas in the course of the annual planning process, but this flexibility leads to the loss of focus on achievement of results and targets for indicators established in the CPAP.

Sustainability

UNFPA ability to bring to Turkmenistan effective operational models and approaches appropriate for national context is highly valued by the national government institutions and contributes towards great

national ownership of changes in the operation of government systems introduced with the UNFPA country office support. Early integration of supported changes in the regulatory documents also promotes the national ownership.

Coordination

Existing UNCT coordination mechanisms ensure high level of coordination and cooperation between agencies. In 2016-2019 UNFPA contributed to a number of joint activities, including Assessment of the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019, Situational Analysis on Youth in Turkmenistan and the National Health Information Management System Strategy.

Added value

For members of UNCT, UNFPA added value comes from its focus on maternal and perinatal health and adolescent reproductive health. National partners mostly appreciate UNFPA as a knowledge broker connecting them to the international body of knowledge and effective practices, as well as UNFPA integrated, consistent and focused approach and alignment with national strategies and programmes.

Main conclusions

- The country programme is well aligned with both UNFPA and government strategic development priorities in all but one aspect. UNFPA focus on integrated approach to reproductive health services and education to adolescents is not matched by similar government agenda though the government has already established a number of elements necessary for integrated interagency system for adolescent reproductive health services and education.
- Programme effectiveness and efficiency is facilitated by a combination of government leadership and availability of successful replicable models adaptable to the national context. UNFPA country office access to the global knowledge pool positions it as an effective provider of such models to the government.
- Feedback mechanisms that allow for critical review of results created for final beneficiaries facilitate identification of deficiencies in service provision and making necessary adjustments and contribute towards great sustainability of operational models introduced with the country programme support.
- Existing UNCT coordination mechanisms ensure high level of coordination and cooperation between agencies, which enables UN agencies to influence higher-level government systems, e.g. the whole maternal, newborn, adolescents and children health system. UNFPA took a proactive role in planning and implementation of the joint UN activities (including the development of the joint funding proposals such as SDG Fund, assessment of the National Mother Newborn Child and Adolescent Health Strategy, MICS) and UN Thematic Groups (Advocacy and Communication; HR, Gender and Youth; UN Health Thematic Group) to coordinate agency efforts.
- A one-year planning time-frame allows UNFPA to be flexible and responsive to the needs and idea of national partners when developing annual work plans. While such responsiveness is in line with the principle of a more demand driven approach to UN assistance established by the UNPFD, it also *undermines focus of the country programme on intended results and targets.*

- Within the framework of this country programme transformation of maternal and perinatal health care system has been mostly completed contributing towards UNFPA intended transformative result “End preventable maternal deaths” aligned with the SDGs Target 3.1.
- The country programme facilitated official inclusion of the 15-19 year old girls into the list of groups eligible for free contraceptives which contributes towards UNFPA transformative result “End to the unmet need for family planning” aligned with the SDGs Target 3.7. But the shortages of oral contraceptives at the service delivery points found by this evaluation along with the low use of reproductive health services by adolescent girls undermine the positive effect of this regulatory change.
- UNFPA support was instrumental in opening space for national dialogue about gender based violence which is an important first step towards achievement of UNFPA transformative result “End gender-based violence” aligned with SDG Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- The programme made significant progress towards creating mechanisms and instruments supporting teachers to deliver quality reproductive health education, but additional support is needed.
- The programme made a number of contributions towards production of better population data and its use for policy making. Still the transparency in terms of population data in Turkmenistan remains weak and further support is necessary.

Main recommendations

1. Consider developing a joint UN strategy to advocate for and support the establishment of the national system for integrated delivery of multiple adolescent-specific health services and health education, (as recommended in Youth SitAn) in cooperation with other members of UN Health Team Group to close the existing gap between UNFPA and government strategic priorities in the area of adolescent reproductive health.
2. Use results of the gender based violence survey to develop UNFPA country office strategy, including communication and advocacy components, in the area of addressing and prevention of the gender based violence in Turkmenistan.
3. Continue support to development of national culture of population data use.
4. In the beginning of the next programming cycle together with each implementing partner, develop multi-year work plans (2 years) and detailed theories of change for the priority areas within the timeline of the country programme.
5. UNFPA human and technical resources are of critical importance to advance in-country programmatic and advocacy agenda and remain relevant to cover the emerging national development priorities. Due to the growing demand for advocacy and partnerships, technical support and coordination for ambitious 2030 Agenda, joint UN work in light of the UN Reforms, and finding sustainable solutions for upscale programming, UNFPA should have strong comparative advantage and presence in the country. This includes the need for increased staff capacities to provide the adequate support for 2030 Development Agenda and for UNFPA mandate in the upper middle-income country. This is also in light of the ongoing UN reforms and new positioning of other UN Agencies and UNRC Office.
6. In the area of maternal health – support South-to-South cooperation between Turkmenistan and other countries selected and validated across their described good practices to facilitate access to emerging effective practices and models.

7. In the area of family planning – consider initiating the review of the provision of family planning services as a way to start advocating for reproductive rights based approach to provision of free contraceptives to vulnerable women.
8. In the area of adolescents and youth – Continue support to the development of methodology materials on reproductive health and gender components for BLS teachers, both in Russian and Turkmen languages.
9. In the area of gender equality – Continue support to the Parliament with the development of the law on prevention of gender based violence (tentatively called a law on family well-being) and development of instruments and mechanisms necessary for its enforcement.
10. In the area of population and development – Continue technical support to preparation to 2022 census, implementation of HIMS Strategy and digitalization of the collection of civic registry records to contribute to improved quality and greater availability of population data.

1 Introduction

1.1 Purpose and objectives of the country programme evaluation

The overall objectives of this evaluation are:

- i) an enhanced accountability of UNFPA and its country office in Turkmenistan for the relevance and performance of the 2016-2020 country programme, and
- ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives of this evaluation are:

- To provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework;
- To provide an assessment of country office positioning within the development community and national partners, in view of its ability to respond to national priority needs while adding value to the country's development results;
- To draw key lessons from the past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of Agenda 2030 for the next programming cycle.

The primary users of this evaluation are the decision-makers within the UNFPA and government counterparts in country, the UNFPA Executive Board, and other development partners. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA HQ divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and management response.

1.2 Scope of the evaluation

The evaluation covered activities implemented within the framework of UNFPA Turkmenistan country programme in 2016-2019 in four programmatic areas: reproductive health, adolescents and youth, gender equality and population and development, as well as in the three cross-cutting areas including partnership, resource mobilization and communication.

The evaluation reviewed the achievements of UNFPA country programme against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018-2021, the UN Partnership Framework, and national development priorities and needs.

In addition, given that this evaluation was expected to draw key lessons from the past as well as current cooperation to provide a set of actionable recommendations for the next programming cycle, the evaluation team also looked at the work done under previous programming cycles.

1.3 Methodology and process

This section presents the CPE evaluation framework including evaluation criteria and questions, overall approach to answer evaluation, evaluation sample, data collection methods, approach to data analysis used by the evaluation team, encountered limitations and used mitigation measures, and evaluation process.

1.3.1 Evaluation criteria and questions

The evaluation questions were structured around four OECD-DAC criteria of relevance, effectiveness, efficiency and sustainability as well as two evaluation criteria specific to UNFPA: UNFPA country office coordination with UNCT and UNFPA added value.

Table 2 presents evaluation questions grouped by the evaluation criteria presented in the CPE ToR, which was reviewed and approved by the Evaluation Reference Group.

Table 1 Evaluation questions.

Criteria	Question
Relevance	EQ1. To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis to the most vulnerable population (ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas, (iii) aligned with the UNFPA strategic plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and (iv) aligned with the UN Partnership Framework?
Effectiveness	EQ2. To what extent have the intended programme outputs been achieved?
	EQ3. To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?
	EQ4. To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in Turkmenistan?
Efficiency	EQ5. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?
Sustainability	EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?
	EQ7. To what extent have partnerships built with government or other UN organizations helped to enhance sustainability or scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?
Coordination	EQ8. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?
Added value	EQ9. What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

1.3.2 Methodology

Methodology used by the evaluation team was based on the recommendations and guidance provided by the UNFPA Evaluation Handbook³, as well as UNEG Guidance Document “Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance”. Evaluation Matrix (Annex 5) presents a detailed overview of evaluation methodology.

³ UNFPA Evaluation Handbook. How to design and conduct a country programme evaluation. 2019 edition.

Evaluation approach

The 2016-2020 UNFPA country programme was working to transform the operation of the government systems for provision of services by strengthening policy and institutional mechanisms. To answer the evaluation questions, especially under effectiveness criteria, the evaluation team needed to get in-depth understanding of the qualitative changes in operation of the targeted systems due to UNFPA support.

To get this understanding the evaluation team used predominantly qualitative approach that included collection and analysis of the secondary data from the documents provided by the country office and collection and analysis of the qualitative primary data collected from the programme stakeholders through semi-structured interviews and focus group discussions. The team selected the purposeful sample of national, provincial and district level government institutions that were part of the targeted government systems and collected primary data about impact of the country programme on their operation through semi-structured interviews with specialists working in these institutions. Focus groups with Y-PEER volunteers were used to get information about operation of this component of the programme. In addition, because majority of volunteers are high school students, focus groups were also used to get their perspectives on gender and reproductive health education in schools and use of reproductive health services by adolescents.

The evaluation team also intended to use national medical statistics to assess the impact of the UNFPA support on the final beneficiaries but did not manage to get access to the data.

To answer evaluation questions related to the quality of coordination with UNCT and UNFPA added value the team used secondary data from the documentation provided by the country office and reached to representatives of UNCT and national partners to get their perspectives through semi-structured interviews.

Sample

Selection of the sample of stakeholders was informed by an illustrative sample of interventions run within the framework of the 2016-2020 country programme developed in accordance to guidance provided by the UNFPA Evaluation Handbook⁴ (Table 2). Based on the analysis of the Annual Work Plans (AWPs), the evaluation team identified interventions with a high potential for immediate positive impact on people's lives in terms of increased availability and use of reproductive health services and education; a high potential to advance human rights by building capacity of right-holders to demand and protect their rights and/or capacity of duty-bearers; and a high potential to advance gender equality.

Table 2. Composition of the illustrative sample of activities.

Activities by thematic scope	Area of coverage
Reproductive health and rights	
Project TKM04R21-Activity 1.1 "Support to implementation of the Order #166 the Ministry of Health and Medical Industry (MHMI) on regionalization of perinatal and maternal health services" focused on the introduction of new clinical protocols, methodology of near miss cases review and perinatal audit and building capacity of training centers using simulation techniques. Activity was implemented in Ashgabat (capital of Turkmenistan) and in Mary and Dashoguz provinces. For example, in 2016	Mary and Dashoguz provinces

⁴ UNFPA Evaluation Handbook (2019 edition), page 62, indicates that "The evaluators must first select a number of interventions that constitute the focus of their analysis. This selection will, in turn, lead to the identification of the sample of stakeholders for the data-collection stage". Evaluation Handbook also says that «The evaluators should not aim to obtain a statistically representative sample, but rather an illustrative sample».

an international expert visited Ashgabat and Mary province to provide expertise on perinatal and maternal health services with a focus on 2nd level of care. This mission reached up to 60 obstetricians and health care managers reached through site visits and round table discussions. In 2016 MHMI issued an order on piloting the initiative in selected districts (etraps) of Mary and Dashoguz provinces. Implementation of this order was supported by the UNFPA CO.	
Project TKM04R21-Activity 1.2 “Improving youth access to quality reproductive health services/ Better integration of RH services” focused on improving accessibility and quality of RH services. In 2016 the sub projects focused only on improving access to and quality of RH services for adolescent girls. Since 2017 focus of the subproject was expanded to include RH services for adolescent boys.	National
Project TKM04R21-Activity 08 “Strengthening national capacity to implement national programme for cervical cancer prevention” included capacity building activities for national specialists, development of regulatory documentation and purchase of necessary equipment. Implementation of the subproject was supported by UNFPA CO communication and advocacy efforts during Women Health Month in 2018 that included free cervical cancer screening and roundtable discussions with women in Ashgabat, Mary, Dashoguz and Akhal provinces. According to UNFPA CO 2018 Annual Report, as a result of UNFPA support 87 out of 95 SDPs countrywide provide cervical cancer screening.	National
Adolescents and youth	
Project TKM04R51-Activity 01 “Support in strengthening of mechanisms of certification and professional training of teachers of the school subject “Basics of Life Skills” focused on improving of RH and life skills education for students of 7-11 grades. The activity focused on updating the BLS curriculum; supported introduction of training/certification of teachers in the National Institute of Education in Ashgabat and in Turkmen State Pedagogical Institute named after Sendi in Turkmenabat, Lebap province; and supported the introduction of new BLS teaching methodology materials in schools.	National
Project TKM04R51-Activity 02 “Increasing access of adolescents and young people to knowledge on healthy lifestyle, RH and gender through advocacy work and peer education” supported peer-led training sessions on healthy lifestyle in schools of Ashgabat and Mary cities as well as informational campaigns on healthy life in youth centers of Ashgabat and Mary cities.	Ashgabat and Mary cities
Gender equality	
Project TKM04G11-CEDAW implemented in partnership with the National Institute for Democracy and Human Rights supported development of the national CEDAW report and communication with CEDAW Committee.	National
Subproject TKM04G11-Activity 03 supported introduction of the gender-sensitive land legislation – as part of the efforts to implement NAP on Gender Equality. In 2016 UNFPA supported a workshop of the topic on gender-sensitive land legislation led by an international expert in Ashgabat leading to development of the plan of necessary developments in this area and a study tour for members of Turkmenistan Parliament to Azerbaijan to learn about gender-sensitive land registries and corresponding legislation. This evaluation will have an opportunity to see how this knowledge was put into practice.	National
Population and development	
Project TKM04P31-Activity 03 “Strengthening of national development strategies through the use of greater reliable data by gender disaggregation for the analysis of population dynamics, reproductive health and rights, youth and gender equality”	National

focused on building capacity of the State Statistics Committee through targeted seminars, learning of best international practices and participating in international learning events, and purchase of modern equipment.	
Project TKM04P11-Activity 01 “Strengthening national institutional potential to ensure broader use of disaggregated data for design development strategies and analysis of population dynamics and social and economic development” implemented in partnership with the Academy of Civil Service supported introduction of the demographic forecasting course in the Academy.	National

Selection of sites for field visits was also purposeful. The evaluation team has identified locations where it could collect most information about impact of UNFPA support. Majority of selected activities had a national focus, but there were two that had a specific geographic focus. Youth centers supported by the country programme were located in the cities of Ashgabat and Mary. Mary and Dashoguz provinces were pilot regions for regionalization of perinatal and maternal health care. Further analysis of the regionalization intervention piloted in Mary and Dashoguz provinces found that it focused mostly on changing operation of the 3rd level maternity clinics located in provincial capitals and 2nd level maternity clinics located in district centers.

The evaluation team decided to visit all 3rd level clinics and selected typical 2nd level district level maternity clinics in Mary and Dashoguz provinces to see what impact the country programme had on their operation. Specific districts were identified in consultation with the national partners. In the selected sites the team also visited other institutions that were involved in and could have been impacted by the country programme. Table 3 presents the composition of the evaluation sample in terms of stakeholders reached in specific locations.

Table 3 Types of stakeholders reached by the evaluation

Location	Types of stakeholders reached by the evaluation team
Ashgabat	UNFPA country office Other UN agencies National partners/Implementing partners National level 3 rd level medical institutions providing maternity and RH services Turkmen State Medical University Secondary schools delivering RH education Y-PEER Youth Center
Mary city	Regional level 3 rd level medical institutions providing maternity and RH services Secondary schools delivering RH education Y-PEER Youth Center
Mary province: Mary, Sakarchage and Murgab districts	District level 2 nd level medical institutions providing maternity and RH services
Dashoguz city	Regional level 3 rd level medical institutions providing maternity and RH services
Dashoguz province: Gubadag, Boldumsaz and Niyazov districts	District level 2 nd level medical institutions providing maternity and RH services

Document review

The evaluation team started with review of the key documents related to the country programme: UNFPA Turkmenistan Country Programme Document (CPD), Country Programme Action Plan (CPAP), Annual Work Plans for 2016-2018 (AWP), Standard Progress Reports for 2016-2018 (SPR), UNFPA country office Annual Reports for 2016-2018 (COAR), as well as Atlas data on budget

allocations and actual expenditures. In addition, the evaluation team reviewed a broad range of documents that were provided by the country office and national stakeholders before and during the field phase, including activity reports, strategic, methodology, and analytical documents produced within the framework of the country programme, relevant national strategic and policy documents. The evaluation team also reviewed available national and international statistics.

Interviews

Semi-structured interviews were the main method used by the evaluation team to collect data from the country programme stakeholders. In preparation to the field phase, the evaluation team developed a set of interview guides: for UNFPA staff, members of UNCT, implementing partners, stakeholders who were directly involved in the country programme activities and/or used products developed by the programme.

All interviews began with presentation of the purpose of evaluation and obtaining informed consent of a respondent. Each respondent was informed that his/her contribution was anonymous. A person was also informed that he/she could decline to answer any of the questions and to stop interview at any time at his/her discretion.

Focus groups discussions/meetings with Y-PEER volunteers

The evaluation team visited both Y-PEER centers support by UNFPA. In Ashgabat prepared a tour of the center and presentation, which provided the evaluation team a good glimpse in the Y-PEER culture and achieved results. Then the evaluation team conducted a group discussion with volunteers about their work, level of knowledge about reproductive health issues among their peers in schools, their experience with reproductive health education in school and use of reproductive health services. In Mary, the evaluation team just had a group discussion with volunteers covering the same topics as in Ashgabat. Overall, the evaluation team interviewed 129 people (Table 4).

Table 4. Types of stakeholders interviewed by the evaluation team.

Institutions	Number of people interviewed			
	Adult-Female	Adult-Male	Youth & Adolescent-Female	Youth & Adolescent-Male
UNFPA	1	2		
Other UN agencies	4			
Reproductive health and rights				
Central government	2	1		
Provincial government	1	1		
Health specialists	25	19		
Medical University	3	1		
Adolescents and youth				
Central government		2		
National Education Institute		2		
School staff (principals and BLS teachers)	3	2		
Youth Organization		3		
Y-PEER volunteers			21	20
Gender equality				
Central government	1	1		
Population and development				
Central government	8	4		
Civil Service Academy	1	1		
Total	49	39	21	20

Observation

The evaluation team was also able to observe the delivery of Basic Life Skills (BLS) lessons in two schools – one in Ashgabat (grade 10) and another in Mary (grade 7), where the timing of classes coincided with the time of team visits to these schools. UNFPA supported development of methodological materials for teachers to strengthen the SRH component of the BSL course, and observation enabled the evaluation team to see how teachers were using these materials in school setting. In both cases lessons were devoted to the topic of family relations – in accordance with the curricular thematic plan.

Data analysis

Data analysis involved several stages. During the data collection stage members of the evaluation team held regular debriefing meetings that were used to compare and validate data from interviews and involved preliminary analysis of the topics and themes emerging from the data.

At the end of the field phase the evaluation team conducted a day-long analysis session. During this session the evaluation team separately reviewed collected evidence for each of the government systems targeted by the country programme to identify relevance of implemented intervention, achievement of intended outputs and outcomes and their sustainability, as well as use of resources, and factors of success and failure. In the process of this analysis the team triangulated data from different sources and by different methods to identify consistent topics, themes and patterns. Results of the analysis were presented to members of the Evaluation Reference Group for validation.

Findings from the analysis of the individual systems were further analyzed to construct answers to individual evaluation questions as well as to identify common and specific factors of success and failure (Fig. 1).

To answer evaluation questions related to Coordination and Added Value criteria, the evaluation team analyzed strings of evidence coming from members of the UNCT and national stakeholders. This analysis led to construction of answers to related evaluation questions.

Then answers to evaluation questions and information on success and failure factors were again reviewed to extract evaluation conclusions.

In addition, during interviews with the country programme stakeholders the evaluation team asked them about their perspectives on the areas where further UNFPA support could be useful. Common themes and topics emerging from the analysis of this data were used when evaluation recommendations were formulated based on the conclusions.

The evaluation was to provide action-oriented forward-looking strategic recommendations in light of Agenda 2030 for the next programming cycle. Results framework of the UNFPA Strategic plan 2018-2021 is aligned with the SDGs and Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014. The evaluation team used it as a reference when developing evaluation recommendations to ensure their alignment with Agenda 2030.

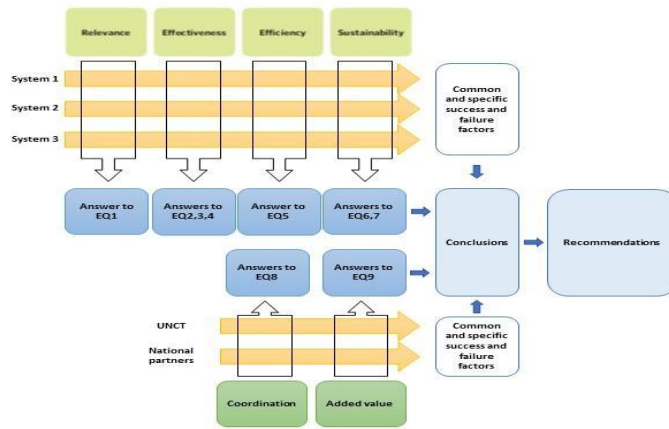


Figure 1. Analysis of evaluation data.

1.3.3 Methodology limitations

This section presents challenges and limitations faced by the evaluation team in the course of this evaluation and mitigation measures taken to address them.

Table 5 Evaluation limitations and mitigation measures.

Limitation / Challenges	Mitigation Measures
Two-step (output – outcome) Theory of Change embedded in the programme documentation does not adequately reflect the process of transformation of government systems supported by UNFPA.	The evaluation team developed a more detailed Theory of Change of the country programme that allows to track the progress of system transformation supported by UNFPA.
Presentation of implemented activities in SRPs is not directly linked to presentation of planned activities in AWP, which complicates their use to track achieved progress.	The evaluation team conducted comparative analysis of AWP and SRPs to identify activities that were implemented and activities that were not.
Transformation of government systems supported by UNFPA shall translate in better results for final beneficiaries nationwide. But statistical data reflecting these changes is not readily available.	The evaluation team kept making requests to national stakeholders for data on the programme impact on final beneficiaries and managed to get some useful information.
Possible positive bias in qualitative data collected through interviews with national stakeholders due to Turkmen cultural imperative to preserve the positive image of the family, community and their country in the eyes of outsiders	-Triangulation of quantitative and qualitative data -Crosschecking data with multiple sources.

1.3.4 Evaluation process

- i) During the **preparatory phase** in late February 2019 the UNFPA country office in Turkmenistan put together an Evaluation Reference Group (ERG) made of representative of the national partners, including the Parliament, Ministry of Foreign Affairs, Ministry of Finance and Economics, Ministry of Health and Medical Industry, Ministry of Education, State Statistics Committee, Turkmenistan Institute of State, Law and Democracy, Civil Service Academy and National Youth Organization. The first meeting of the ERG was convened on February 22, 2019. Members of the ERG provided their input to the evaluation ToR. Deliverables: established ERG, ToR finalized with inputs from the ERG.

- ii) During the **design phase** the evaluation team reviewed documents related to planning and implementation of the country programme and developed a design report. Report presented the purpose and scope of the evaluation, the country programme design and context of its implementation, reconstruction of the programme theory of change, and the evaluation methodology. The methodology section included description of the evaluation approach; sample, data collection and analysis strategy; integration of gender and human rights consideration; methodology limitations and mitigation measures; and evaluation work plan. The design report also included a detailed Evaluation Matrix linking key evaluation questions to assumptions to be assessed, indicators, data sources and data collection methods. Deliverables: Design report, Evaluation Matrix, Workplan, Data collection tools.
- iii) The **field phase** on May 6 – 17, 2019, involved individual and group interviews with the country programme stakeholders in Ashgabat, the national capital, and in Mary and Dashoguz provinces. On May 20 the evaluation team presented the preliminary results to the country office staff and the ERG. Deliverables: Interview records, Results of preliminary data analysis, Presentation of preliminary findings.
- iv) During the reporting phase the evaluation team completed the analysis of the collected data and formulated answers to evaluation questions, conclusion and recommendations. The first draft of the evaluation report was submitted to the country office staff on June 25, 2019. Deliverables: Draft evaluation report, final evaluation report.

2 Country context

2.1 Development challenges and national strategies

Turkmenistan is a country in Central Asia bordering with Afghanistan, Iran, Kazakhstan, Uzbekistan, and Russian Federation on the Caspian Sea. The country gained independence in 1991 after the dissolution of the Soviet Union. There is no recent official data on the country population (results of the 2012 census have not been published yet). According to the World Bank data, in 2017 population was around 5.76 million people. Slightly over half of them live in urban areas (51.1%). Women make 50.8% of the population⁵.

Country vast gas reserves facilitated impressive economic growth after 2006 (Fig. 2). In 2012 the World Bank classified the country as an upper-middle-income country.

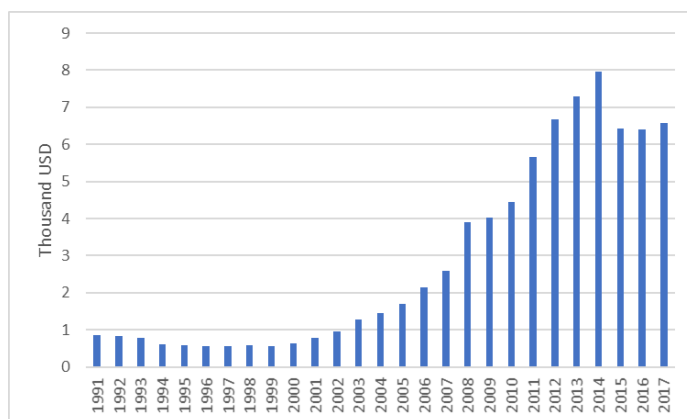


Figure 2. GDP per capita (current USD) dynamics.
Source: the World Bank (2019).

⁵ World Bank: <https://data.worldbank.org/country/turkmenistan>

Economic growth allowed the Government to undertake broad social and economic reforms aiming to increase living standards of the population to the level of developed countries. Government efforts have already led to significant increase in the life expectancy: from 66.3 in 2000 to 68.0 in 2017⁶. Still the national development agenda is unfinished as wide disparities remain in access to services – by rural-urban status, region, wealth quintile and gender – along with other important social dimensions, such as disability, opportunities for youth and vulnerability to natural disasters.

Government of Turkmenistan demonstrates a high degree of ownership of the national development agenda. Since 2016 Government and UN agencies jointly work within the Partnership Framework for Development (PFD) for 2016-2020. The PFD outcomes are aligned with the priorities established in the National Programme of Turkmenistan on Socio-Economic Development for the Period 2011-2030 and the SDGs. Principles that underscore the PFD include (i) greater national ownership of the PFD through pro-active consultations on all levels of Government with UN agencies as is appropriate and a more demand driven approach for UN assistance, and (ii) greater financial contribution by the government in keeping with its middle-income country status.

Turkmenistan also demonstrates a high degree of ownership of the Sustainable Development Goals (SDGs). The Government developed its national framework of 17 SDG Goals, 149 targets and 175 indicators, established the monitoring architecture with the Ministry of Finance and Economy chairing the SDG Working Group (57 national agencies) and responsible for reporting on the progress in implementation of 2030 Agenda in the country⁷.

2.1.1 Reproductive health and rights

Turkmenistan managed to preserve the maternity and perinatal care infrastructure inherited from the Soviet Union and expanded it by building modern maternity clinics after 2007. This has improved access and coverage of pregnant women by reproductive health care services. According to the World Bank data, in 2016 99.9% of pregnant women receive prenatal care and 100% of births attended by skilled health professionals⁸.

When the current UNFPA CP was developed, the UN estimated maternal mortality rate (MMR) for Turkmenistan was 42 (with 20-73 uncertainty interval)⁹. In 2019 the UN Maternal Mortality Estimation Inter-Agency Group released new estimates – developed using refined methodology¹⁰, and the new estimated MMR for 2015 is 8 (with 6-11 uncertainty interval) and for 2017 – 7 (5-10)¹¹.

Reproductive health service delivery points were established in 1997. Today the network includes 105 reproductive health rooms, including five provincial and one national level centers. According to the World Bank data, in 2016 contraceptives were used by 50.2% of women in 15-49 age groups, and 47.1% of women were using modern methods of contraception¹². Unmet need for contraction,

⁶ UNDP Human Development Indices and Indicators: 2018 Statistical Update: Turkmenistan.

⁷ Быстрая комплексная оценка программ и стратегий Туркменистана. Дорожная карта по достижению Целей устойчивого развития. ПРООН, 2017.

⁸ World Bank: <https://data.worldbank.org/country/turkmenistan>

⁹ WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group. Maternal mortality in 1990-2015. Turkmenistan Country Profile. https://www.who.int/gho/maternal_health/countries/tkm.pdf?ua=1

¹⁰ WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (2019). Trends in Maternal Mortality 2000 to 2017.

¹¹ WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (2019). Trends in Maternal Mortality 2000 to 2017. Turkmenistan Country Profile.

¹² World Bank: <https://data.worldbank.org/country/turkmenistan>

according in MICS-5, is 12.1%¹³. The predominant contraception method is the IUD which is used by 44 percent of married women¹⁴.

After two decades of regular UNFPA supply of contraceptives, in 2017 the government took full financial responsibility for procurement of contraceptives. The government has been implementing the Total Market Approach (TMA): the market of contraceptives is shared between state and private pharmacies to ensure access of all women and couples, including vulnerable groups, to quality and affordable contraceptives.

2.1.2 Adolescents and youth

Official age of adolescence in Turkmenistan is 15 to 19 years old. According to the World Bank data, boys of this age group make 8.2% of male population, and girls – 7.8% of female population¹⁵.

According to the HBSC report, in 2013 5% of 17 year old adolescents reported having sexual contact¹⁶. According to MICS-5, birth rate in the 15-19 age group is 35 births per 1000 girls in urban areas and 28 in rural areas¹⁷. The prevalence of contraceptive use among adolescents who are in union declined from 6% in 2006 to 2% in 2016¹⁸. National statistics shows that the birth rate and prevalence of abortions among adolescents are declining within the period of 2014-2017. (Tables 7 and 8).

Table 6. Number of births per 1000 adolescent girls.

Age	2014	2017
15	1,2	0,9
16	4,2	3,8
17	17,7	12,7
18	57,7	33,7
19	95,4	83,0

Table 7. Number of abortions per 1000 adolescent girls

Age	2014	2017
Below 15 years old	0,01	0,001
15-19 years old	5,2	3,0

School is the main source of reproductive health information for adolescents. According to the HBCS-2013, 56.2% of adolescents reported that school is their main source of information on HIV and STDs. Medical professionals are the main source of information for 8% of adolescents, media – for 6-7.5%, family – 2%, and peers – 0.4%¹⁹. In 2007 Basics of Life skills subject was introduced as mandatory in all secondary schools. At the same time RH topics were incorporated to the subject for 14-17 years of age adolescents.

2.1.3 Gender equality

Turkmenistan demonstrates high commitment to human rights. The country is a party to ten core human rights treaties and their Optional Protocols, including CEDAW.

¹³ The State Committee of Statistics of Turkmenistan and UNICEF (2016). 2015-2016 Turkmenistan Multiple Indicator Cluster Survey, Final Report.

¹⁴ ibid

¹⁵ World Bank: <https://data.worldbank.org/country/turkmenistan>

¹⁶ Report on key findings from the Health Behavior in School-aged Children (HBSC) random sampling survey among secondary school students of Turkmenistan, 2016.

¹⁷ The State Committee of Statistics of Turkmenistan and UNICEF (2016). 2015-2016 Turkmenistan Multiple Indicator Cluster Survey, Final Report.

¹⁸ The State Committee of Statistics of Turkmenistan and UNICEF (2016). 2015-2016 Turkmenistan Multiple Indicator Cluster Survey, Final Report.

¹⁹ Report on key findings from the Health Behavior in School-aged Children (HBSC) random sampling survey among secondary school students of Turkmenistan, 2016.

The new constitution adopted in 2016 established gender equality as a core legal principle. In 2015 as a follow up to the CEDAW Committee recommendations made in 2012, Turkmenistan developed its first National Action Plan on Gender Equality for 2015-2020 (NAPGE). Among fourteen priority areas and some 60 actions, the NAPGE foresees holding the first-ever national survey on the health and status of women, promoting women’s rights and gender analysis and targeting gender stereotypes.

2.1.4 Population data production and use

The national statistical system is established and functional but requires continuous improvement in the quality and reliability of the gender-disaggregated data and data on young people to better inform public policymaking and planning. The data on other areas including marginalized populations is also needed for sound equitable and inclusive policy development in line with SDGs. Geographical disaggregation would also be important to show pockets of poverty. Turkmenistan needs to continually build capacities of national institutions to generate and use routine, reliable and valid information to aid in evidence-based planning. Dissemination and analysis of such data also demands further attention.

2.2 The role of external assistance

Inflow of development assistance started in 1992 after Turkmenistan gained independence in October 1991. According to the World Bank data, the amount of development assistance and official aid received by Turkmenistan peaked in 2001 when it reached almost USD 75 million²⁰ (Fig. 3). Since then amounts of development assistance and official aid were steadily declining.

UN system kept increasing allocation of resources for Turkmenistan till 2007, but since then the amount of UN resources was decreasing (Fig. 4). Allocation of the UNFPA resources was more stable, but it also dropped in recent years.

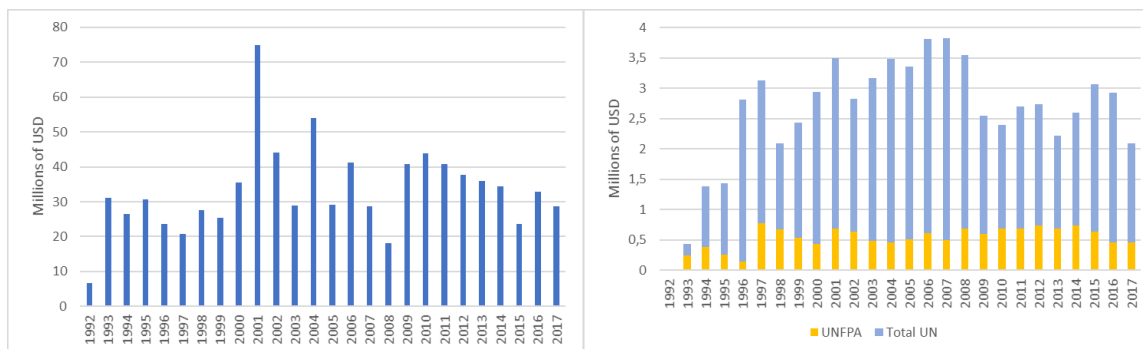


Figure 3. Net development assistance (current USD).

Figure 4. UN contribution (current USD).

2.2.1 Partnership Framework for Development 2016-2020

Signing of the UN Partnership Framework for Development (UNPFD) between the Government of Turkmenistan and the United Nations in April 2016 marks the beginning of the new stage of assisted development in Turkmenistan where the government contributes financially to implementation of development interventions as well as covers part of the implementing costs incurred by UN partners.

PFD, covering the period of 2016-2020, sets eight intended outcomes that were jointly identified by the Government, UN agencies and civil society partners. Outcomes are grouped into five priority areas. PFD outcomes are aligned with the priorities established in the National Programme of

²⁰ World Bank: <https://data.worldbank.org/country/turkmenistan>

Turkmenistan on Socio-Economic Development for the Period 2011-2030 and the SDGs. Strategies for each outcome share a common focus on reaching vulnerable groups and assisting Turkmenistan to meet the country's human rights commitments and other internationally agreed development goals and treaty obligations.

As part of the partnership the Government is expected to lead on initiating the implementation of the eight outcomes and provide a more demand driven approach to UN assistance. UN agencies, based on their comparative advantages, shall provide high level technical and policy advice to strengthen the capacities of government staff as well as government systems and procedures so that the government can carry it functions more effectively and efficiently. The Government and the UN have committed to work closely to ensure joint ownership and accountability for achievement of eight outcomes and agreed targets. PFD outcomes and targets have to be reflected in the programmes and related work plans of the Ministries, Departments, State Agencies and contributing UN agencies.

Principles that underscore the UNPFD include (i) greater national ownership of the UNPFD through proactive consultations on all levels of Government with UN agencies as is appropriate and a more demand driven approach for UN assistance, and (ii) greater financial contribution by the government in keeping with its middle-income country status.

The UNPFD is implemented through the Country Cooperation Frameworks and Programmes agreed by the Government and individual UN agencies. The UN agencies also committed to continue working together and explore and expand joint programming efforts.

To facilitate greater government ownership, joint coordination and accountability, a three-tier management system was established:

- High-Level Steering and Coordination Committee meeting once a year provides overall strategic direction and oversight;
- High-Level Annual Outcome Meetings are held once a year to review progress in implementation of specific outcome;
- Technical-Level Results Groups work on technical level to ensure achievement of PFD indicators and targets.

The total amount of resources that should be mobilized for the implementation of the UNPFD in 2016-2020 is USD 61,558,380. Specific amounts necessary for implementation of specific UN programmes and projects are determined during development and approval of Annual Work Plans separately with each UN agency.

3 UNFPA response and country programme for Turkmenistan 2016-2020

Turkmenistan UNFPA Country Programme 2016-2020 has a double mandate of contributing towards outcomes established by the UNFPA global strategic plans and outcomes set forth in the Partnership Framework for Development between the Government of Turkmenistan and the United Nations covering the period of 2016-2020.

This section describes the UNFPA strategic intent laid out in its strategic plans for 2014-2017 and 2018-2021 and UNFPA intended contribution towards the PFD. It also describes the design of the evaluated Turkmenistan UNFPA country programme (including its' Theory of Change reconstructed by the evaluation team) along with a brief overview of strategies, goals and achievements of the previous programming cycles.

3.1 UNFPA strategic plans

Design and implementation of the Turkmenistan Country Programme 2016-2020 is guided by the UNFPA strategic plans 2014-2017 and 2018-2021.

3.1.1 Strategic direction

The UNFPA strategic plan 2014-2017 placed sexual and reproductive health and reproductive rights at the center of the UNFPA work. Strategic plan 2014-2017 established that UNFPA had to concentrate on achieving four outcomes. UNFPA strategic plan 2018-2020 maintained the relevance UNFPA goal set for 2014-2017 and positioned it as an effective entry point for contributing to the 2030 Agenda. The current strategic plan outcomes were more explicit on human rights.

3.1.2 Strategic vision 2030

The UNFPA strategic plan 2018-2021 is aligned with the 2030 Agenda for Sustainable Development as well as the other global frameworks underpinning the 2030 Agenda, including the Sendai Framework for Disaster Risk Reduction 2015-2030 of the Third United Nations World Conference on Disaster Risk Reduction, the 2015 Paris Agreement on climate change and the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development.

Strategic plan 2018-2021 highlights that UNFPA embraces the vision set forth in the 2030 Agenda. In the period, leading up to 2030 UNFPA will organize its work around three transformative and people-centered results: (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage.

To achieve these transformative results, the strategic plan emphasizes the need for strengthened partnerships and innovation. It also emphasizes, in accordance with General Assembly resolution 71/243 on the quadrennial comprehensive policy review, stronger collaboration and coordination within the United Nations system, to ensure a coherent, integrated and effective United Nations response to support countries and communities in achieving the Sustainable Development Goals.

The strategic plan 2018-2021 has adopted the key principles of the 2030 Agenda, including: (a) the protection and promotion of human rights; (b) the prioritization of leaving no one behind and reaching the furthest behind first; (c) strengthening cooperation and complementarity among development, humanitarian action and sustaining peace; (d) reducing risks and vulnerabilities and building resilience; (e) ensuring gender-responsive approaches at all levels of programming; and (f) a commitment to improving accountability, transparency and efficiency.

3.1.3 Business model

In 2014, UNFPA introduced a diversified business model to better support national development priorities. Under this model UNFPA presence at the country level is operationalized through five modes of engagement:

- Advocacy and policy dialogue that focuses on the development, improvement and reform (including performance monitoring) of legislation, policies and strategies;
- Capacity development that strengthens people skills, systems and resources, and that provides tailored technical expertise;
- Knowledge management that improves programmes through data analysis and the timely delivery of high-quality knowledge products and the provision of innovative solutions;
- Partnerships and coordination, including South-South and triangular cooperation (through the systematic exchange of knowledge solutions and innovation), as well as inter-agency humanitarian

coordination, based on collaborative advantage that reinforces the collective accountability to achieve results;

- Service delivery of essential reproductive health services and services to prevent and respond to gender-based violence.

The use of specific modes of UNFPA operation in a specific country is linked to a country classification determined by a combination of a country’s needs and the ability to finance its own development. As an upper-middle-income country with a relatively low needs (as assessed by UNFPA) Turkmenistan does not qualify for direct service delivery by UNFPA country office and the focus of UNFPA capacity development efforts should be limited to creation of enabling environment (Table 10).

Table 8. UNFPA Business model for Turkmenistan as upper-middle-income country.

Modes of engagement	Extent of application in Turkmenistan
Service delivery	Not deployed
Capacity development	The focus is on an enabling environment
Partnerships and coordination, including South-South and triangular cooperation	Deployed fully
Knowledge management	Deployed fully
Advocacy, policy dialogue and advice	Deployed fully

Source: UNFPA strategic plan, 2018-2021, page 15

The revised business model is well oriented to the needs of middle-income countries. UNFPA is seeking to build national capacities by recognizing the different stages of a country’s development and focusing on national priorities. Brokering high-level expertise is critical for providing innovative and integrated policy solutions to achieve impact. The new UNFPA South-South and triangular cooperation strategy creates a platform to exchange know-how and support between the countries in need and those with deployable expertise.

UNFPA human and financial resources have to be aligned to this business model. UNFPA country offices in the pink quadrant, including Turkmenistan country office, need strong skills for advocacy and should be receiving technical support from headquarters, regional offices and/or partner organizations. These countries shall engage in increased South-South and triangular cooperation.

3.1.4 Managing for efficiency and effectiveness

Both strategic plans highlight the importance of better programme effectiveness, optimized management of resources, better contribution to United Nations system-wide results, coordination and coherence, as well as communication, resource mobilization and partnerships for impact.

An important condition for efficient use of resources is optimal management of human resources to ensure proper staffing; the alignment of staff to the right skill sets; and strengthening tools to enhance staff skills.

UNFPA has to enhance the use of strategic partnerships and “volunteerism for development” to achieve results. The strategy for partnerships targets the private sector, civil society, academia and individuals in order to: (a) mobilize resources and expand the non-traditional donor-base; (b) identify innovative and cutting-edge solutions for development challenges; and (c) mobilize broad social support for the agenda of the International Conference on Population and Development.

UNFPA has a large country-level presence and a universal, rights-based mandate. This shall enable it to increase its contribution to United Nations system-wide results, coordination and coherence through: (a) scaled-up “Delivering as one” and joint programming; (b) improved coordination in addressing gender-

based violence and reproductive health in humanitarian settings; and (c) increased collaboration to attain the Sustainable Development Goals.

3.1.5 UNFPA programming

The strategic plans provide a framework for UNFPA programming. UNFPA particular interventions should be determined by local needs and conditions. Country programmes are at the forefront of implementing the strategic plans. They respond to country needs and priorities, and to the achievement of the Sustainable Development Goals. Country programmes have to be aligned with the outcomes and outputs of the strategic plans. UNFPA has to address the four outcomes of its strategic plan in an integrated manner, and to be guided by country priorities, the United Nations Development Assistance Framework, the revised business model and UNFPA modes of engagement.

3.2 UNFPA contribution towards UN-Turkmenistan Partnership Framework for Development

UNFPA along with other nine UN agencies working in Turkmenistan was actively involved in the development of the PFD and has committed to contribute to four outcomes within three priority areas (Table 11).

Table 9. UNFPA commitments to implementation of the UNPFD.

Priority Area	Outcomes	Responsible UN agencies
1. Quality Data and Progress Monitoring	1. Quality data, aligned with international standards, are available to policy makers, legislators and the interested public to monitor the major goals of National Programmes, the post-2015 SDGs, UNFPD and to formulate new national strategies and programmes.	UNFPA, UNDP, UNECE, UNICEF, WHO, UN Women, UNHCR
2. Quality, Inclusive Social Services	2. Pre-school, primary and secondary education services are of higher quality, in line with international standards, and with priority given to inclusive education.	UNFPA, UNICEF, UNESCO
	4. People of Turkmenistan, especially vulnerable groups, enjoy better coverage of quality health care services focusing on women and child health, nutrition, NCDs, Multiple Drug Resistant Tuberculosis, early detection and early prevention of diseases.	UNFPA, WHO, UNICEF, UNDP, UNODC, IOM
5. Governance and Rule of Law	8. State institutions implement and monitor laws, national programmes and strategies in a participatory manner and in line with the country's human rights commitments.	UNFPA, IOM, UNDP, UNHCR, UNICEF, UNODC, UN Women, WHO

3.3 UNFPA country programme

3.3.1 Brief description of the previous strategy, goals and achievements

UNFPA support to Turkmenistan began in 1992 with the provision of reproductive health commodities, equipment and capacity development for health-care providers. The first UNFPA country programme (2000-2004) focused on strengthening the capacity of national institutions and civil society organizations in reproductive health for women and adolescents and in the area of statistical data. The second country programme (2005-2009) sought to ensure that reproductive health care was gender-sensitive and client-oriented.

The third country programme implemented in 2010-2015 contributed towards (i) improving access and quality of reproductive health services, including emergency obstetric care; (ii) establishing a platform for a dialogue on gender equality by developing the National Action Plan on Gender Equality to advance the

equal rights of women and men; (iii) establishing a strategic partnership with the Parliament on youth policy and gender mainstreaming; (iv) increasing access of adolescents and youth to reliable knowledge on reproductive rights and health through the piloting of youth peer education center; (v) providing support to conducting the 2012 Population and Housing Census through provision of technical expertise in modern technologies for data collection and analysis.

The evaluation of the third country programme has identified the following challenges among others to be addressed in the 2016-2020 programming cycle: (i) addressing male reproductive health issues and concentrating efforts on improving access to high-quality reproductive health services, especially for young people, and internal migrants; (ii) strengthening the interlinkage of programme components to maximize the impact and sustainability of programme results; and (c) advocating for comprehensive evidence-informed policy development and implementation, consistent with human rights standards.

3.3.2 Current UNFPA country programme

The fourth country programme (2016-2020) intends to contribute to the national priorities outlined in the National Strategy on Socio-Economic Development 2011-2030. The country programme is grounded in human rights and gender equality principles and aligned with the Sustainable Development Goals, the UNFPA Strategic Plan 2014-2017, and the Partnership Framework for Development 2016-2020. The programme draws on lessons learned and recommendations from the evaluation of the previous country programme.

In line with the UNFPA business model and Turkmenistan status of an upper-middle-income country, UNFPA country programme focuses on upstream policy dialogue with the Government, advocacy, brokering and transfer of knowledge, and consensus-building around key thematic areas and national priorities. UNFPA also intended to provide support to pilot initiatives aimed at strengthening institutional capacities and mechanisms within the national health system in order to establish optimal way to implement agreed national priorities.

The programme has five intended outputs aligned with the outcomes of the UNFPA Strategic Plan 2014-2017 and the Partnership Framework for Development 2016-2020 (Fig. 5).

Country Programme Action Plan (CPAP) identifies 15 strategies that shall facilitate the achievement of the outputs (Table 12). Decisions on actual activities implemented within the country programme were to be informed by these strategies. Implementation of the country programme was operationalized through five projects implemented jointly with national implementing partners²¹. Program coordination and support are recorded in Atlas database as a separate project TKM04PCA. Activities under these projects were planned jointly with the implementing partners on an annual basis.

Table 10. Strategies selected to achieve country programme outputs.

²¹ Ministry of Health and Medical Industries, Ministry of Education, Youth Organization of Turkmenistan named after Magtumbuly, Parliament, National Institute of Democracy and Human Rights under Turkmenistan President (since July 2018 - Institute of State, Law and Democracy of Turkmenistan), Ministry of Health and Medical Industry, State Statistics Committee, Institute for Strategic Planning and Economic Development under the Ministry of Economy and Development (since April 2019 – Department of strategic and sustainable development at the Ministry of Finance and Economy), Academy of Civil Service

CP output	Selected strategies
Output 1: Strengthened policy and institutional mechanisms to deliver integrated reproductive health services (cervical cancer, HIV, family planning and youth friendly health services), including in humanitarian situations	<ul style="list-style-type: none"> ● Advancing sustainable reproductive health commodity security system (procurement and provision of family planning and maternal health commodities) ● Developing integrated reproductive health services for women, men and young people ● Conducting assessments and evaluations to measure the progress towards achieving the progress and to continue improvement of data collection and analytical tools for integrated quality RH services ● Developing institutional systems for early detection and treatment of cervical cancer
Output 2: Strengthened policy framework and institutional mechanisms to enable provision of comprehensive maternal health services with a focus on midwifery professional education.	<ul style="list-style-type: none"> ● Introducing regionalization of institutional mechanisms of quality maternal and perinatal care ● Knowledge management approach within cooperation with countries with similar socio-economic and cultural context such as exposure to the international good practices and engagement of the external expertise will be utilized in improving quality of maternal and newborn health services ● Improving quality of medical education ● Advancing preparedness to humanitarian situations in accordance with the national action plan on MISP
Output 3: Strengthened key institutional mechanisms to incorporate rights and needs of adolescents and youth in national laws, strategies and comprehensive gender sensitive and age-appropriate reproductive health education programmes.	<ul style="list-style-type: none"> ● Put into practice comprehensive, age-appropriate, and gender-sensitive reproductive health education for 14-18 years of age adolescents in secondary schools ● Promoting Youth-Adult Partnership for development ● Making information on reproductive health and rights including family planning and prevention of STI more widely available for youth
Output 4: Strengthened national legislation, policies, and institutional mechanisms for implementing and monitoring the National Action Plan on Gender equality.	<ul style="list-style-type: none"> ● Promoting implementation of international human rights commitments of the Government in the area of gender equality ● Surveying and analyzing priority gender issues set in NAP based on CEDAW recommendations
Output 5: Strengthened national policies through increased use of gender disaggregated data, integration of evidence-based analysis on population dynamics, reproductive health and reproductive rights, adolescents and youth and gender equality.	<ul style="list-style-type: none"> ● Upstream policy dialogue and advocacy and promoting cooperation with countries with similar socio-economic and cultural context ● Advisory support and technical assistance in strengthening the national statistics system and population projections and adapting the SDGs

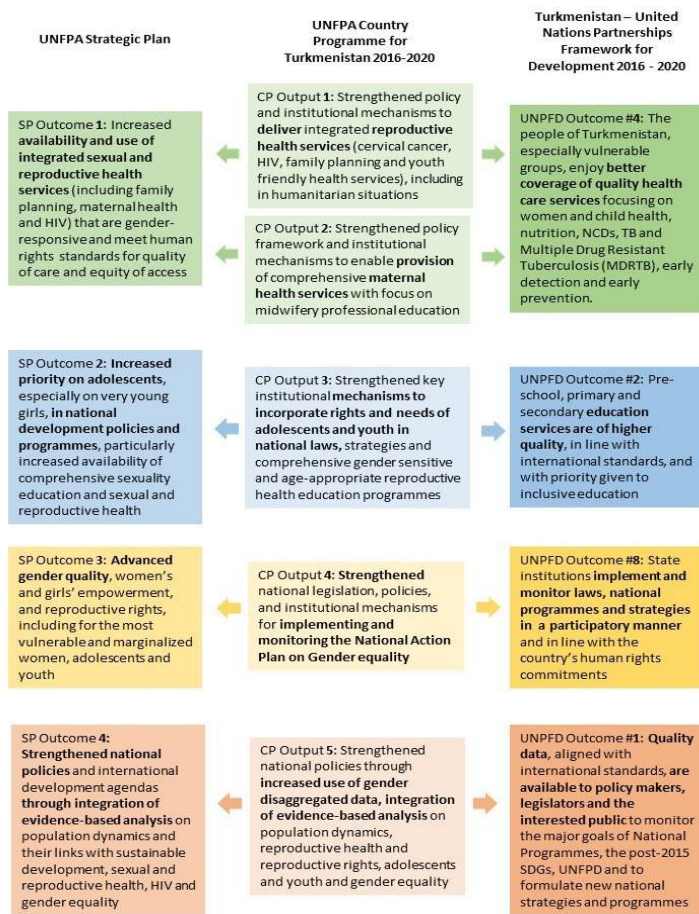


Figure 5. Linkages between CP outputs and outcomes of the UNFPA strategic plan 2014-2017 and the UNFPD.

3.3.2 Management arrangements

According to CPAP, responsibility for country programme management rests with **government coordinators** assigned for each thematic component and **UNFPA focal staff**. For each component, a Government official is designated to work with the designated UNFPA focal point. This official has an overall responsibility for coordinating the planning, managing and monitoring and reporting, including preparing Progress Reports on the programme activities in that component. UNFPA shall provide the necessary support to strengthen programme design, implementation, monitoring, evaluation and coordination.

Implementing partners assume responsibility for implementing programme activities specified in AWP. Implementing partners are expected to put in place mechanisms to monitor and report on results of activities.

Due to the shift towards advocacy and policy advice, CPAP foresaw changes in the staffing of the UNFPA Country Office to adjust the skills mix of programme staff from technical support to more analytical and advocacy expertise.

3.3.3 Reconstruction of the country programme Theory of Change

The Theory of Change embedded in the programme documents describes the changes created by the country programme as a two-step process: achievement of outputs is expected to facilitate achievement of both UNFPA strategic outcomes as defined by the UNFPA strategic plan and outcomes identified in the

Partnership Framework for Development (PFD) between the Government of Turkmenistan and the United Nations.

Connections between activities, strategies, outputs and outcomes are not always clear and logical. Indicators do not fully capture all intended results. In addition, during the field phase the evaluation team has found that project AWP developed jointly by UNFPA country office and government institutions that are project implementing partners include only activities where government needs UNFPA support. Other activities done by the implementing partners without UNFPA support towards achievement of the country programme results are not reflected neither in AWPs, nor in SPRs.

Because of the shortcomings described above the CPAP Results and Resources Framework, AWPs and SPRs don't allow for proper tracking the progress of the country programme and making judgements about programme effectiveness. The changes supported by the country programme are better described as transformation of several national systems, including e.g. the perinatal care system, male reproductive health care system, system for delivery of reproductive health education in schools, etc., supported by UNFPA. The process of transformation includes several consecutive stages.

At the **exploratory stage** government officials explore options available to address identified deficiencies or perceived gaps in operation of a specific government system. At this stage government officials seek support from UNFPA country office with identification of the best possible solution using UNFPA as a knowledge broker that has direct access to the global pool of effective evidence-based practices. UNFPA can also “pull” government officials into the exploratory stage by exposing them to information about deficiencies in the operation of existing systems or examples of new operational models that can produce better results to the population. Support modalities that can be used by UNFPA at this stage include assessment of operation of specific government systems or strategies, round tables, demonstration projects, study tours and support to participation of government officials in international conferences and workshops.

The exploratory stage is completed when the government decides in what way and how a specific system should be transformed. At the next stage – **enactment** – the government develops and adopts legally binding documentation – a law, regulation, strategy, action plan, national standard, executive order, clinical protocol, methodological recommendations, etc., that provides for adoption and operationalization of a new model. UNFPA support at this stage usually includes provision of technical support and expertise necessary to develop drafts of regulatory documentation.

The next stage – **initial implementation** – starts with the roll out of the adopted document and initiation of its implementation either nationwide or in selected locations that are used as testbeds for a new approach with the idea that accumulated experience and knowledge will be later disseminated nationwide. UNFPA support at this stage may include round tables and other communication events to support the model roll out, bringing international and national experts to do capacity building activities like technical workshops and supervisory visits, assistance with procurement of necessary equipment and materials.

The system transformation is completed once it enters into **sustainable implementation stage**. At this stage the new model is implemented nationwide and has largely become a routine. There is sufficient national capacity to operate a transformed system, effective national mechanisms for building and maintaining this capacity and effective feedback mechanisms that allow for monitoring and ongoing improvement of the operation of the transformed system. UNFPA support at this stage may include provision of further technical support with further capacity building and maintenance and assessment of system operation.

System assessment conducted at this stage may identify new needs and gaps thus initiating the new transformation processes starting again with an exploratory stage. In addition, transformation of a bigger system, e.g. maternal health care system, may involve several change processes that start with some time lag. For example, in the process of transforming national maternal health system towards the model based on the principles of evidence-based medicine, model of regionalization of perinatal care was introduced earlier than the near miss cases review methodology and perinatal audit.

The progress from one stage to another requires permanent strategic focus and consistent efforts until the sustainable implementation stage is reached. Before that regress is easily possible because existing systems are resilient to change.

Positive results for final beneficiaries that are the ultimate goal of the transformation of government systems start emerging only during the initial implementation stage and can be fully achieved only once the system transformation reaches the sustainable implementation stage. Figure 6 provides an overview of the reconstructed Theory of Change.

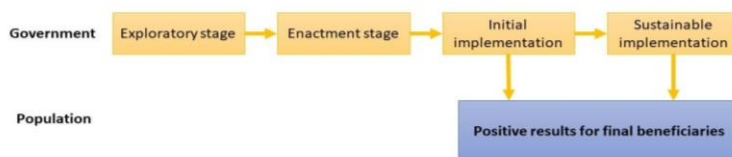


Figure 6. Reconstructed Theory of Change.

The viability of this Theory of Change (ToC) was confirmed in the course of the field phase. National stakeholders actually perceive and talk about their cooperation with UNFPA country office in terms of system change process and support received by UNFPA in the course of this process rather than in terms of activities and intended and actual results of the evaluated country programme. The main challenge associated with the use of this reconstructed ToC is that time spans associated with system change processes in most cases transcend time boundaries of the specific country programmes making it rather difficult to make judgements about its effectiveness.

System transformation initiatives supported by the country programme

- **Reproductive health and rights**

Transformation of the **maternal and perinatal health care system** led by the Ministry of Health and Medical Industry (MHMI) started in 2007 with the objective to reduce maternal and perinatal mortality. The transformed system was to be based on the principles of evidence-based medicine. The first step taken by MHMI was the introduction of 10 clinical protocols on maternal and perinatal care developed with support of UNFPA in 2011 and adopted to national context by national health care professionals supported by international experts. During this program cycle UNFPA supported development of 16 clinical protocols in the area of newborn health and 18 in the area of obstetrics.

The next step taken by the government was the regionalization of the maternal and perinatal health care system. MHMI requested the UNFPA country office to help to identify a country with a history of successful implementation of regionalization that could serve as a model for Turkmenistan. MHMI order on regionalization was adopted in 2014, but its implementation started within the framework of the current UNFPA country programme. In addition, near miss cases analysis and perinatal audits were introduced and enacted by MHMI orders passed in 2017.

Along with transformation of the core operational process of the maternal and perinatal health care system, the country programme supported transformation of the professional education system for medical professionals. Simulation training centers were established, clinical protocols were integrated in the training programmes for medical students and professional development for practicing doctors.

Transformation of the **system for delivery of family planning services to women** started in 2013 with UNFPA bringing a group of Turkmenistan reproductive health professionals on a study tour to Malaysia where they learned the concept of targeted provision of free contraceptives to women that belong to health status based risk groups designated by the state. In 2014 Turkmenistan introduced a similar system by MHMI order, which substantially reduced the number of women eligible for free contraceptives. In 2014 the government started to contribute financially towards procurement of contraceptives for distribution through the health system and in 2017 the government fully assumed the responsibility for purchase of contraceptives for women who are at risk of complications during pregnancy. UNFPA that was providing contraceptives to Turkmenistan since 1992, stopped funding procurement in 2016 but assumed the role of procurement management agent for the government.

A new element was added to the system in 2013 by introducing free of charge cervical cancer screening using Visual Inspection with Acetic Acid (VIA) methodology in addition to the PAP smear tests which are performed on paid basis. Within the framework of the current country programme use of VIA was enacted through MHMI order and rolled out nationwide.

Transformation of the **male reproductive health system** started within the framework of the current country programme. Originally the matters of male reproductive health were under the mandate of venereologists and urologists. Now the separate system is being established. UNFPA supported training of the first group of national specialists in the area of male reproductive health in Russian Federation and development of MHMI orders institutionalizing the system.

The **adolescent reproductive health services system** includes one national and five provincial adolescent reproductive health centers. In 2016 UNFPA supported development of recommendations for improvement of the quality of reproductive health service for adolescents. In 2017 MHMI issued an order #355 on integrated reproductive health services to all women, and order # 279 in 2018 on Improvement of ASRH services.

- **Adolescents and youth**

The first steps towards establishment of the **national reproductive health education system** were made in 1998 when UNFPA supported the development of an elective reproductive health (RH) course for 8-9 grades. In 2007 Turkmenistan President initiated introduction of the Basics of Life Skills (BLS) mandatory subject into the curricula for grades 1 to 10. In 2008 UNFPA successfully advocated for inclusion of RH issues into the BLS curricula for 8-10 grades. The initial version of curricula including RH components was developed in 2009. Since then UNFPA was supporting the development of teaching standards and methodological materials for RH component of the course. Within the current country programme UNFPA supported development and publication of the Methodological recommendations on RH for BSL teachers (in Russian) and development of the curriculum for BLS teachers' professional development.

Youth centers were launched by UNFPA in 2011 as a demonstration project introducing the Y-PEER model of peer-to-peer RH education. The launch of youth centers was intended as the first step towards establishment of the **national peer-to-peer RH education system** owned by the government, but at the time of this evaluation youth centers were still fully funded by UNFPA. Under the current programme cycle UNFPA is supporting operation of two youth center – one in Ashgabat and one in Mary.

- **Gender equality**

In 2007 UN agencies, including UNFPA, supported establishment of the **national system for coordination of implementation of and reporting on Turkmenistan human rights obligations** – the Interagency Commission on Compliance with the International Obligations of Turkmenistan in the Field of Human Rights and International Humanitarian Law. UNFPA supports operation of this Commission in relation to Turkmenistan obligations under CEDAW. UNFPA supported the development of Turkmenistan first National Action Plan on Gender Equality for 2015-2020. Within the framework of the current country programme the Interagency Commission - with UNFPA support - started working on the issues of gender-based violence and completed preparatory work for the first-ever in Turkmenistan gender-based violence survey that is planned to be conducted in early 2020.

UNFPA is also supporting transformation of the **national legislative system** towards making it more gender-sensitive. UNFPA supported the national parliament in its' work on a new constitution adopted in 2016 that guarantees gender equality. In 2015 national parliament expressed interest in transforming the land management system in line with modern internationally accepted principles, and this gave UNFPA an opportunity to advocate for a model of gender-sensitive and equitable land management. In 2016 UNFPA organized a study tour for members of Parliament followed by a national workshop led by an international expert. In 2017 Parliament passed the law on land registry provided for gender sensitive land management in the country.

- **Population and development**

The national **population data management system** responsible for collection and processing of the population data is established but needs to be enhanced to meet international standards. For example, registry offices still reportedly submit data to the State Statistical Committee on paper. The system is dependent on international expertise: for example, implementation of the 2012 census was supported by 13 international consultants. UNFPA support focuses on moving the system towards greater compliance with international standards and advanced practices. National system supporting **use of population data for policymaking** is just emerging and needs comprehensive and targeted support.

3.3.3 Financial structure of the country programme

Estimated budget of the country programme is USD 3.841 million almost evenly spread over five years. UNFPA has committed the total of USD 2.841 million, but CPAP explicitly says that “this amount may be subject to change by UNFPA, including as a result of availability of regular resources or resource allocation”²². In 2015, for the first time UNFPA Turkmenistan CO was able to secure the government financial contribution in the amount of USD 1 million over the duration of the 2016-2020 Country Programme, which also resulted in additional matching funds in the amount of USD 100,000 annually to the regular resources. Resources allocated for the CP have to be utilized for policy advice, technical assistance, capacity building, system development and knowledge generation and sharing.

The indicative RR commitment, according to the CPD, was USD 2.841 million for 2016-2020 or a planning figure of USD 568,000 per year. For the period of 2016-2019, the annual RR ceilings have continued to decrease and reached USD 420,000 in 2018 and USD 410,000 in 2019 (excluding the matching funds). The decrease in ceiling (which based on calculations received from headquarters might further decrease) is having implications on staffing, programmatic response and opportunities for co-financing.

²² Country Programme Action Plan 2016 – 2020, page 30.

Actual expenditure on implementation of the CP in 2016-2018 amounted to USD 1,708,138.28. During all three years actual allocation of funds and their expenditure did not reach the committed levels, and the government started allocating and spending money on the CP only since 2017 (Fig. 7 and Table 14).

Table 11. Country programme funds - budgeted and spent (2016-2019, USD).

Source	2016	2017	2018	2019	Total
Planned – as per CPD					
UNFPA regular resources	569 000,00	568 000,00	568 000,00	568 000,00	1 705 000,00
Turkmenistan Government	160 000,00	210 000,00	210 000,00	210 000,00	580 000,00
Total	729 000,00	778 000,00	778 000,00	778 000,00	3 063 000,00
Allocated					
UNFPA regular resources (including matching funds and additional funds for CPE in 2019)	466 999,00	452 261,00	520 000,00	537 500,00	1 976 760,00
Turkmenistan Government*	-	301 350,00	178 500	110 300,00	590 150,00
Other resources	-	-	28 594	-	28 594
Total	466 999,00	753 611,00	727 094	647 800,00	2 595 504,00
Actual expenditure					
UNFPA regular resources	463 296,73	452 905,56	518 405,86	Ongoing	1 434 608,15
Turkmenistan Government*	-	128 182,18	139 136,63	Ongoing	267 318,81
Other sources	-	-	28 594	Ongoing	28 592
Total	463 296,73	581 087,74	686 136,49		1 708 138,28

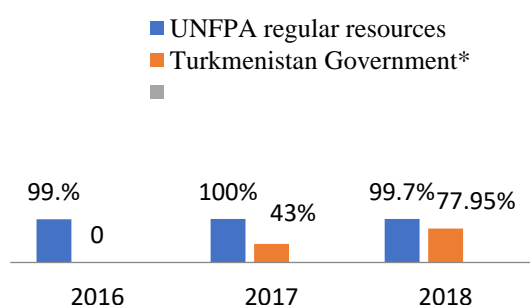


Figure 8. Actual expenditure as percentage of planned funding by UNFPA and the Government.

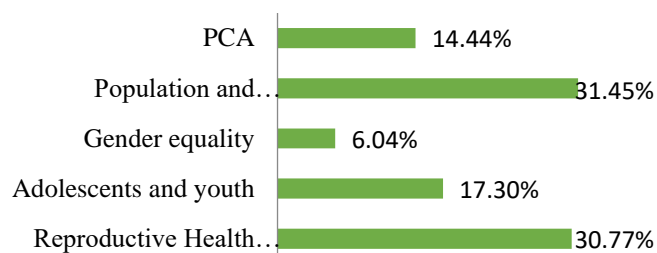


Figure 7. 2016 – 2018 expenditure by focus area.

The largest share of CP funds was spent in the areas of Reproductive health and rights (30.77%) and Population and Development (31.45%). Expenditure in the Gender Equality area was the least – only 6% (Fig. 8).

4 Findings

This section presents answers to evaluation questions under criteria of relevance, effectiveness, efficiency, sustainability, coordination and added value.

4.1 Relevance

EQ1. To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis to the most vulnerable population (ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas, (iii) aligned with the UNFPA strategic plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and (iv) aligned with the UN Partnership Framework?

Summary:

Availability of the population data, including on marginalized populations, was highly limited both during the design of the country programme and this evaluation. National government focuses on universal reach of its services and associates vulnerability with health conditions. As a result the country programme was designed to benefit population in general without specific emphasis of any vulnerable groups.

Interventions implemented within the framework of the country programme are well aligned with the outcomes set in the UNFPA strategic plans 2014-2017 and 2018-2021 and the UN Partnership Framework for Development for Turkmenistan 2016-2020, but strategic intent of the country programme in the areas of reproductive health and youth is broader than that of the PFD.

UNFPA business model in Turkmenistan is well aligned with partnership principles set in the UNPFD that define how the country programme should be implemented, including government leadership, co-financing and demand driven approach to UN assistance.

The country programme is explicitly aligned with national policy frameworks related to UNFPA mandated areas. High alignment of the programme with the National Action Plan on Gender Equality 2015-2020 indicates high level of integration of gender as a cross-cutting issue in the programme design.

Finding 1.1: Availability of the population data, including on marginalized populations, was highly limited both during the design of the country programme and this evaluation.

The UNFPA country programme for Turkmenistan 2016-2020 was developed in 2015 in consultation between UNFPA country office and national partners. The population data available to inform design of the country programme was highly limited. The 2012 census data was not released. 2015-2016 Turkmenistan Multiple Indicator Cluster Survey (MICS-5) was still ongoing: data collection took place in September 2015 – January 2016, results were made public in January 2017²³. The most recent population studies available to the country office was the Health Behavior in School-aged Children study conducted in 2013 the MICS conducted in 2006.

The Country Programme Action Plan (CPAP) makes only three references to population data: to cervical cancer mortality, contraceptive prevalence rate, and levels of awareness on sexual and reproductive health issues among adolescents (Table 15). CPAP also make one reference to recommendation of the evaluation

²³ The State Committee of Statistics of Turkmenistan and UNICEF. 2016. 2015-2016 Turkmenistan Multiple Indicator Cluster Survey, Final Report. Ashgabat, Turkmenistan: The State Committee of Statistics of Turkmenistan and UNICEF.

of the previous country programme cycle: “Based on recommendations of the Country Programme evaluation, the integration of male RH issues and youth-friendly health services also needs attention”²⁴.

Table 12. Explicit reference to population studies in CPAP.

Paragraph	Quote
5	“In 2014, the rate for cervical cancer mortality was about 190 due to inadequate screening”.
8	“The contraceptive prevalence rate for modern methods increased from 13 per cent in 1993 to 48 per cent in 2006 (MICS, 2006)”.
11	“Approximately half of the population is younger than 25 years. The findings of a survey on the health behavior among school-aged children (HBSC), conducted in 2011 and 2013, demonstrated a low awareness on sexual and reproductive health issues, as well as a lack of access to youth-friendly and referral services. The indicator on accurate knowledge on HIV is 38 percent among youth aged 17 years (HBSC, 2013)”

CPAP explicitly refers to the lack of high quality population data, including marginalized populations: “The current statistical system requires continuous improvement in the quality and reliability of the gender-disaggregated data and data on young people to better inform public policy-making and planning. Also data on other areas including marginalized populations is needed for sound equitable and inclusive policy development in line with SDGs. Geographical disaggregation would also be important to show pockets of poverty”²⁵.

The Country Programme Document (CPD) also refers to maternal mortality ratio (MMR) estimates by United Nations agencies and the World Bank that declined from 81 per 100,000 live births in 2000 to 61 per 100,000 live births in 2013. 2015 MMR estimate was 42. (There is a significant discrepancy on MMR between Government and UN estimates). While UN estimates were below SDG global target of 70, they were above the regional average and, hence, Turkmenistan was one of priority countries in the region for further decreasing of MMR.

At the time of this evaluation detailed population data was still unavailable making it impossible to draw evidence-based conclusion about the extent of adaptation of the UNFPA support to the needs of the population.

Finding 1.2. UNFPA support to improvement of perinatal health services was highly relevant in the context of Turkmenistan, especially because the UNFPA was the only UN agency working in this area.

The country programme had an explicit focus on both maternal and perinatal health: “The standards of care to improve efficiency and effectiveness of maternal and perinatal services will be introduced in order to further reduce maternal and perinatal mortality and to overcome regional differences. These efforts will be realized through regionalized system in compliance with the Order of the MHMI of Turkmenistan, and strengthened by UNFPA support and policy advice” (CPAP, paragraph 42); “UNFPA will advocate for further expansion of utilization of WHO tools such as Beyond the Numbers and provide technical expertise and policy advice on quality improvement interventions through introduction of perinatal audit and a further roll out of near miss cases reviews piloted with UNFPA support in 2014-15” (CPAP, paragraph 43).

²⁴ CPAP 2016-2020, paragraph 5.

²⁵ CPAP 2016-2020, paragraph 15.

UNFPA strategic plans refer to perinatal (newborn) care in the context of emergency obstetric and newborn care. SP 2014-2017 includes an indicator “Number of countries that have used the results of an emergency obstetric and newborn care (EmONC) needs assessment to develop a costed national action plan to scale-up maternal and newborn health services”, SP 2018-2021 – an indicator “Number of countries meeting coverage of emergency obstetric and newborn care, as per the international recommended minimum international standards”. UNFPA support under the current programme in relation to the newborn care focused on procurement of equipment for newborn resuscitation simulation center and introduction of perinatal audit that analyses causes of actual and near miss perinatal deaths which is in line with the focus on emergency newborn care set in the UNFPA strategic plans.

UNFPA support to improvement of perinatal health services was even more relevant in Turkmenistan context, because, according to the UNICEF country office in Turkmenistan, UNICEF stopped providing support to newborns health issues in this country about 5-6 years ago and resumed its support only in 2018, and UNFPA filled the gap.

Finding 1.3. National government focuses on universal reach of its services and associates vulnerability with health conditions. As a result, the country programme was designed to benefit population in general without specific emphasis of any vulnerable groups.

UNFPA business model for Turkmenistan limits ability of the UNFPA country office to directly reach to population and to make decisions about which population groups should be given priority within the country programme. The government of Turkmenistan focuses on universal reach of its’ health services. According to MICS-5 data in 2016 99.9% of pregnant women were receiving prenatal care, 100% of births were attended by skilled health staff, and the share of children under 5 years of age whose births have been registered with a civil authority was 99.6%²⁶. As a result the country programme was designed to benefit population in general without specific emphasis on any vulnerable groups.

MHMI associates vulnerability with health conditions. In the opinion of the Ministry the UNFPA support was in the interest of vulnerable women because as a result of regionalization of the maternal and perinatal care women at high risk of complications during delivery are now referred to well-equipped maternities at 2nd or 3rd levels of care regardless of their area of residence and women of fertile age with chronic diseases are eligible for free administration of contraceptives per the MHMI order #355 endorsed in 2017.

Finding 1.4. Interventions implemented within the framework of the country programme are well aligned with the outcomes set in the UNFPA strategic plans 2014-2017 and 2018-2021.

Interventions implemented within the framework of the country programme are well aligned with the outcomes set in the UNFPA strategic plan 2014-2017 (Table 16). Given that outcomes established in the UNFPA strategic plan 2018-2021 are similar, the country programme is well aligned with them as well.

²⁶ The State Committee of Statistics of Turkmenistan and UNICEF. 2016. 2015-2016 Turkmenistan Multiple Indicator Cluster Survey, Final Report.

Table 13. Alignment of the country programme interventions with the UNFPA strategic plans and outcomes set in the UNPFD.

→	Intervention is linked to the outcome
	Intervention is not linked to the outcome

SP outcome	←	Intervention	→	PFD outcome
SP Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access	←	Transformation of maternal and perinatal health care system	→	PFD Outcome 4: People of Turkmenistan, especially vulnerable groups, enjoy better coverage of quality health care services focusing on women and child health , nutrition, NCDs, Multiple Drug Resistant Tuberculosis, early detection and early prevention of diseases.
	←	Transformation of the system for delivery of reproductive health services to women	→	
	←	Transformation of the male reproductive health service provision		
	←	Transformation of the adolescent reproductive health services		
Outcome 2: Increased priority on adolescents , especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services	←	Strengthening of the reproductive health education system	→	PFD Outcome 2: Pre-school, primary and secondary education services are of higher quality, in line with international standards , and with priority given to inclusive education.
	←	Strengthening of peer-to-peer healthy life skills/ RH education network		
Outcome 3: Advanced gender equality , women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	←	Establishment of the national system for coordination of implementation of and reporting on Turkmenistan human rights obligations	→	PFD Outcome 8: State institutions implement and monitor laws, national programmes and strategies in a participatory manner and in line with the country's human rights commitments .
	←	Transformation of the national land management system	→	
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	←	Building capacity of the national population data management system	→	PFD Outcome 1: Quality data , aligned with international standards, are available to policy makers , legislators and the interested public to monitor the major goals of National Programmes, the post-2015 SDGs, UNFPD and to formulate new national strategies and programmes.
	←	Establishment of the national system supporting use of population data for policymaking	→	

Strategic plan 2018-2021 highlights that in the period leading up to 2030 UNFPA shall focus on three transformative and people-centered results: (i) an end to preventable maternal deaths; (ii) an end to the

unmet need for family planning; and (iii) an end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage.

Transformation of maternal and perinatal health care system supported by the country programme directly contributes towards reduction of preventable maternal deaths. Discussion of the issue of gender-based violence and the first ever survey that shall measure prevalence of gender-based violence in Turkmenistan initiated with UNFPA support on the platform of the national system for coordination of implementation of and reporting on Turkmenistan human rights obligations shall lay the foundations for ending gender-based violence in the country.

Transformation of the system for delivery of reproductive health services to women can potentially contribute towards ending the unmet need for family planning, but at present this potential is limited. According to reproductive health specialists interviewed by the evaluation team, in the course of the study tour to Malaysia organized by UNFPA they were exposed to the practice of targeted provision of free contraceptives to women in health status-based risk groups designated by the state. Turkmenistan adopted the similar system in 2014 and was progressively narrowing eligibility for free contraceptives while increasing efforts to encourage eligible women to use contraception. Due to this efforts, prevalence of the contraception among women that belong to designated health risk groups increased from 21% in 2013 to 71.4% in 2018²⁷.

Reproductive health service delivery points visited by the evaluation team had only intrauterine devices (IUD) and male condoms (while they should have at least three types of contraceptives). Oral hormonal contraceptives are available in state and private pharmacies. According to interviewed reproductive health professionals, cost of a monthly supply of oral contraceptives ranges from 100 to 200 manats. This is roughly equal to the cost of purchase and insertion of IUD. National stakeholders assured the evaluation team that market prices of oral contraceptive were affordable. But in the opinion of the evaluation team these prices seem relatively high compared to the average salary level: according to the 2019 VNR, in 2018 the average national salary was 1503.2 manats.²⁸ According to MICS-5 conducted in 2015-2016, use of oral contraceptives is linked with the wealth status of a woman - raising from 0.1% of women in a poorest quintile to 3.1% in the richest²⁹.

Finding 1.5. UNFPA business model in Turkmenistan is well aligned with partnership principles set in the UNPFD that define how the country programme should be implemented, including government leadership, co-financing, and demand driven approach to UN assistance.

The first ever UN Partnership Framework for Development (UNPFD) between the Government of Turkmenistan and the United Nations provides for a new model for cooperation between the government and UNFPA. Principles that underscore the PFD include (i) greater national ownership of the PFD through pro-active consultations on all levels of government with UN agencies as it is appropriate and a more demand driven approach for UN assistance, and (ii) greater financial contribution by the government in keeping with its middle-income country status.

Under the PFD the government is expected to lead on initiating the implementation of the intended outcomes and provide a more demand driven approach to UN assistance. UN agencies, based on their comparative advantages, are expected to provide high level technical and policy advice to strengthen

²⁷ Turkmenistan VNR 2019, page 16.

²⁸ Turkmenistan VNR 2019, Statistical Tables, p. 76.

²⁹ The State Committee of Statistics of Turkmenistan and UNICEF. 2016. 2015-2016 Turkmenistan Multiple Indicator Cluster Survey, Final Report

capacities of government staff as well as government systems and procedures so that the government can carry its' functions more effectively and efficiently.

UNFPA business model defined by the UNFPA strategic plans is well aligned with the principles set in the PFD. As an upper-middle income country Turkmenistan does not qualify for direct service delivery by UNFPA country office and the focus of UNFPA capacity development efforts should be limited to creation of enabling environment³⁰. Modes of operations that UNFPA country office in Turkmenistan can use without any limitations include partnerships and coordination, including South-South and triangular cooperation, knowledge management, as well as advocacy, policy dialogue and advisory support.

Most of operation modalities used by the UNFPA country office within the framework of Turkmenistan country programme 2016-2020 are well aligned with the business model established in the UNFPA strategic plans 2014-2017 and 2018-2021. For example, within the **reproductive health and rights** focus area UNFPA supported participation of three health professionals in the course on methodology for development and adaptation of reproductive health clinical protocols in Moldova in 2016 (capacity development supporting creation of enabling environment). UNFPA also supported development of a series of MHMI orders, clinical protocols and methodological guides (advisory role). Due to UNFPA support Turkmenistan established strong relations with Moldova in the area of maternal and perinatal care and Moldovan experts supported transformation of the Turkmenistan maternal and perinatal care system (South-South cooperation). Procurement of medical equipment and supplies done within the framework of the country programme was largely funded by the government and complemented to the results achieved and contributed to sustainability of maternal health services.

Within the **adolescents and youth** focus area UNFPA, for example, was involving national education specialists in development of methodology materials on reproductive health for Basics of Life Skills (BLS) subject and indicators for monitoring of the quality of teaching reproductive health component of the BLS curriculum (capacity development supporting creation of enabling environment). Training on methodology of delivery of reproductive health component of the BLS course for representatives of the Ministry of Education and provincial education departments contributed towards creation of enabling environment because participants are passing obtained knowledge and skills nationwide through official knowledge sharing channels established within the education system, e.g. methodology associations of biology, chemistry and BLS teachers. Support to Y-PEER centers is seen as an advocacy effort, through showcasing usefulness of peer-to-peer reproductive health education to the government.

Within the **gender equality** focus area UNFPA provided technical assistance to the Parliament efforts towards the development of gender-sensitive law on land registry (capacity development supporting creation of enabling environment). In 2018 UNFPA supported review of national laws to assess their alignment with international gender conventions and presentation of review results to members of Parliament (advice and advocacy). Constructive and targeted advocacy resulted in the Government's decision to hold the first-ever national Survey on Health and Status of a Woman in the Family. UNFPA supported the development of the survey questionnaire and preparations including listing and sampling of households. Advocacy for evidence-based and cooperative reporting to CEDAW resulted in a constructive and informative dialogue with the CEDAW Committee in 2018 where Turkmenistan reaffirmed its commitment to hold the GBV survey. To strengthen the advocacy in promoting gender equality and advancing women's rights and opportunities, in close partnership with the Institute of Democracy, there

³⁰ UNFPA strategic plan, 2018-2021, page 15

was developed and issued a compilation of national laws and regulations on women's rights for the use in daily practice by professionals in government and public organizations and academia.

Within the **population and development** focus area UNFPA supported capacity development activities for staff of the State Statistics Committee and even funded purchase of some computer equipment, because these activities strengthen capacity of the national data management system to produce credible evidence for policy makers, they contribute towards creation of enabling environment. UNFPA also facilitated establishment of strong working relations between national partners and their colleagues in Belarus, Russia and Kazakhstan. In 2017 the government even used its own funds to support the study visit of Turkmenistan specialists to Russian State Statistical Committee and in 2018 to host technical consultations with specialists from Kazakhstan (South-South cooperation).

Finding 1.6. The country programme is well aligned with the PFD, but strategic intent of the country programme in the areas of reproductive health and youth is broader than that of the PFD.

Strategic intent of the PFD in the areas of reproductive health and youth are narrower than that of the country programme (Table 16). The PFD has a strong focus on maternal health which is reflected in the indicators selected to measure PFD Outcome 4: (i) % of pregnant women covered by antenatal care in 1st trimester; (ii) % of maternity facilities providing comprehensive emergency obstetric and neonatal care in line with adopted clinical protocols. Country programme interventions supporting transformation of the male and adolescent reproductive health systems are not linked to any indicators on the PFD outcome level.

Achievement of PFD Outcome 2 is measured by “% of secondary school Basics of Life Skills teachers certified in comprehensive gender sensitive and age appropriate reproductive health education” which indicates that PFD focuses on formal school education. Intervention promoting peer-to-peer model is not linked to the PFD outcome.

In the two remaining focus areas of the country programme all interventions are aligned with the PFD outcomes.

Finding 1.7. The country programme is explicitly aligned with national policy frameworks related to UNFPA mandated areas. High alignment of the programme with the National Action Plan on Gender Equality 2015-2020 indicates high level of integration of gender as a cross-cutting issue in the programme design.

The Country Programme Action Plan (CPAP) directly refers to the National Programme of the Socio-Economic Development of Turkmenistan for 2011-2030, the Programme of the President of Turkmenistan on Socio-Economic Development of the country for 2012-2016; the National Programme of the President of Turkmenistan on reforming the social and living conditions of the population in villages, towns in etraps³¹ and etrap centers till 2020; the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019; the Law of Turkmenistan on State Youth Policy; the State Programme on Youth Policy 2015-2020; the National Action Plan on Gender Equality in Turkmenistan for 2015-2020.

It's important to mention that interventions under all focus areas of the country programme contribute towards implementation of the National Action Plan on Gender Equality (Table 17).

³¹ Administrative districts.

Table 14. Contribution of the country programme interventions towards implementation of the National Action Plan on Gender Equality in Turkmenistan for 2015-2020.

Country programme focus area	Country programme interventions	NAPGE strategic actions
Reproductive health and rights	Transformation of maternal and perinatal health care system Transformation of the system for delivery of reproductive health services to women Transformation of the male reproductive health service provision Transformation of the adolescent reproductive health services	10.4. Further integration of reproductive health services at the welayat and etrap levels. 10.8. To continue the implementation of standards of diagnosis and treatment based on evidence-based medicine.
Adolescents and youth	Strengthening of the reproductive health education system	11.3. Introduction the basics of reproductive health to the educational programs.
	Strengthening of peer-to-peer healthy life skills/ RH education network	11.5. Implementation of outreach programs on sexual and reproductive health and legal issues aiming at girls and teenagers and focusing on the issues of early pregnancy and the control of sexually transmitted infections, including HIV / AIDS.
Gender equality	Establishment of the national system for coordination of implementation of and reporting on Turkmenistan human rights obligations	1.1. Dissemination of the information about UN International Convention on the elimination of all forms of discrimination against women and its optional protocol, as well as about general recommendations of the UN Committee on the elimination of all forms of discrimination against women among stakeholders (government institutions and public associations of Turkmenistan) through trainings, seminars and workshops. 2.3. Conducting the analysis of the legislation of Turkmenistan on the subject of gender impact, including regulatory legal acts, adopted in recent years. 4.5. Preparation and publication of collection of materials of international and national conferences on protection of women's rights. 4.6. Preparation of educational programs on gender issues for media workers. 5.1. Conducting the research/ survey about prevalence of violence against women and its types as well as its root causes.
	Transformation of the national land management system	2.2. Adoption of new laws regarding the protection of women's rights.
Population and development	Building capacity of the national population data management system	14.1. Development of gender indicators for further monitoring of implementation of the National Action Plan on Gender Equality in Turkmenistan for 2015-2020.
	Establishment of the national system supporting use of population data for policymaking	

4.2 Effectiveness

EQ2. To what extent have the intended programme outputs been achieved?

Summary:

Within the framework of the current country programme with UNFPA support the government has almost completed transformation of maternal and perinatal health care system, completed the introduction of nationwide cervical cancer screening and established the national male reproductive health system. Still despite UNFPA ongoing advocacy and technical support, the adolescent reproductive health system remains fragmented.

With UNFPA support the government has assumed full responsibility for provision of free contraceptives to eligible women and strengthened operation of family planning services by establishing monitoring and quality assurance mechanisms. Still additional UNFPA support is needed to ensure steady availability of three types of contraceptives in all service delivery points.

The country programme made significant progress towards creating instruments and mechanisms supporting teaching reproductive health component of the Basics of Life Skills (BLS) course in secondary schools, but more support is necessary, especially in terms of making printed Turkmen version of the methodological recommendations available to all teachers and developing additional methodological materials for teachers, e.g. lesson plans.

The peer-to-peer education model promoted by UNFPA country office effectively complements the teaching of reproductive health and gender components of the BLS course, but it still was not adopted by the government.

UNFPA support was instrumental in terms of building capacity of national stakeholders to report on the national obligations under CEDAW and implement the recommendations of the CEDAW Committee. Significant progress was achieved in terms of making a national legal system more gender sensitive, including adoption of gender sensitive land management law in 2017 and securing parliament interest to adoption of the law on prevention of gender-based violence.

The country programme contributed towards strengthening the national population data management system in such areas as collection of medical and population statistics, monitoring of SDGs indicators and preparation of 2022 census and made numerous incremental contributions towards strengthening national capacity to use population data in line with international standards, but further support is required.

The intended country programme outputs are formulated as “strengthened policy frameworks and institutional mechanisms” in specific focus areas. But in fact UNFPA is supporting transformation of the operation of a number of government service delivery systems. The benefits for the citizens who are using the services can be fully realized only once the transformation brings a system to the sustainable implementation stage. The key features of this stage include: (i) core operational models are fully functional; (ii) there are mechanisms that ensure preparation of new specialists ready to provide services in line with the operational model and professional development for the personnel already involved in the service delivery; (iii) there are quality assurance mechanisms that ensure enforcement of the rules and principles embedded in the core operational models; and (iv) there are feedback mechanisms for critical review of results for service recipients that facilitate identification of deficiencies in the operation of core model and making necessary adjustments.

The time necessary to complete a system transformation spans the time boundaries of the five-year country programme. This section discusses the progress made within the framework of the current UNFPA country programme (in 2016-early 2019) in terms of bringing transformative initiatives that were supported by the programme towards sustainable implementation stage.

- **Reproductive health and rights**

Finding 2.1. Within the framework of the current country programme with UNFPA support the government has almost completed transformation of maternal and perinatal health care system. Now the system is based on principles of evidence-based medicine. Analytical tools such as near miss cases reviews and perinatal audit introduced with UNFPA support in Akhal, Dashoguz and Mary provinces provides basis for ongoing review and improvement of the system operation.

UNFPA supported transformation of **maternal and perinatal health care system** led by the Ministry of Health and Medical Industry (MHMI) which started in 2007 with the objective to reduce maternal and perinatal mortality.

Within the framework of the current country programme the government has completed regionalization of perinatal care enacted in 2014 by the MHMI order. As a result, 69 clinics providing perinatal care were assigned to the first level (32 clinics), second level (24) and third level (13). A mechanism for referral of pregnant women to a specific tier of perinatal care was established. A set of new clinical protocols supporting operation of second and third level maternities was adopted in 2016.

There is a system of mentors that ensures dissemination of knowledge from the head of perinatal centers to all maternities in the system. Specialists at the National MCH serve as mentors for chief specialists in provinces. When new clinical protocols were adopted, they went to provinces to present protocols to specialists at the provincial Centers for Protection of Maternal and Child Health and now keep visiting them on a regular basis to discuss the implementation and provide refresh sessions on protocols. Specialists of provincial centers serve as mentors for second level clinics, and specialists of the second level clinics advise on work of first level clinics. This system is supplemented by horizontal experience exchange between provinces when specialists from national and provincial level clinics come for conferences to one of the provinces.

Health professionals interviewed by the evaluation team have reported that the operational model based on the use of evidence-based clinical protocols has been accepted by physicians. During visits to clinics the evaluation team saw files with clinical protocols that were obviously regularly used, posters with algorithms set by clinical protocols and protocol-based medical kits ready for use.

In 2017 a fully equipped simulation center was established at the State Medical University. The government covered all costs of equipment while UNFPA managed the procurement process. The center is currently used to train medical students and practicing medical staff on modern maternal and perinatal care techniques, including resuscitation of the newborns. Clinical protocols adopted with the support of this country programme have already been integrated into curricula for student training and in-service professional development at the University.

The near miss cases review introduced in 2014 and perinatal audit introduced during this country programme were enacted by MHMI orders in 2017. Both approaches are implemented in three of five Turkmenistan provinces (Akhal, Mary and Dashoguz) since 2017. Results of perinatal audits conducted in 2018 have already been summarized to identify existing challenges that include: (i) insufficient compliance with clinical protocols in the area of neonatal and maternal services for women with chronic diseases; (ii)

insufficient doctors qualifications to interpret results of cardiotocography; (iii) delays with provision of emergency care; (iv) health status of pregnant women. Results of the perinatal audit have already led to a decision to establish training centers in all provinces for ongoing professional development of the staff of maternities. Clinics introduced the practice of reviewing protocols during routine staff meetings.

“Perinatal audit proved quite useful in revealing our bottlenecks. The problems we found are still there, but we have laid the foundations necessary to solve them. Now we need to work on building staff professional competencies, training new people to address shortage of staff in some clinics, further improving quality of emergency obstetric care”, commented one of health professionals interviewed by the evaluation team.

Evaluation data indicates that all four types of mechanisms necessary for sustainable implementation of transformed maternal and perinatal health care system are in place, though not all of them have been implemented nationwide at the time of this evaluation. The transformed system is based on the principles of evidence-based medicine and includes mechanisms that allow for ongoing improvement.

Finding 2.2. With UNFPA support the government has completed introduction of nationwide cervical cancer screening.

Within the framework of the current country programme UNFPA continued providing support to implementation of the cervical cancer screening using Visual Inspection with Acetic Acid (VIA) methodology introduced in 2013 and cervical cancer treatment. In 2016 UNFPA organized training of national trainers on modern methods of cervical cancer treatment and supported the development of the road map towards the launch of the national cervical cancer registry. In 2017 MHMI order # 355 “On the improvement of integrated reproductive health services” and MHMI order “On integrated response to cervical cancer” enacted provision of VIA screening at the reproductive health service delivery points. In 2018 within the country programme framework the government funded procurement of equipment necessary for screening.

In 2018 within the framework of the current programme the government organized a Women Health Month “Healthy Woman – Healthy Generation” including a free cervical cancer screening campaign that reached 120 thousand women and revealed 26 cancer cases that were sent to treatment. UNFPA organized a media briefing to support the campaign by promoting its’ wide coverage.

Reproductive health specialists interviewed by the evaluation team have reported that VIA screening is routinely performed which indicates that this component of the reproductive health system has reached sustainable implementation stage.

Finding 2.3. With UNFPA support the government has assumed full responsibility for provision of free contraceptives to eligible women and strengthened operation of family planning services by establishing monitoring and quality assurance mechanisms. Still additional UNFPA support is needed to ensure steady availability of three types of contraceptives in all service delivery points.

In 2014 the government agreed to assume full financial responsibility for provision of free contraceptives to eligible women from 2017. In preparation for this transition the government made several steps to transform the existing system for provision of free contraceptives. In 2016 with UNFPA support the government reviewed and adjusted functional responsibilities of family doctors and reproductive health specialists in relation to family planning. In 2017 MHMI order # 355 “On the improvement of integrated reproductive health services” established the new operational parameters for provision of free contraceptives, e.g. narrowed the eligibility criteria and established the monitoring system. The government

has also established a national coordination committee that includes representatives of the reproductive health system and private pharmacies.

According to the national specialists interviewed by the evaluation team, reproductive health system already includes a quality assurance mechanism: specialists from the national level clinics oversee the work of the provincial level specialists who in turn oversee and support district level specialists. District level specialists coordinate their work with family doctors through weekly meetings. District level specialists maintain lists of eligible women to manage and monitor provision of free contraceptives.

Due to the new system the use of contraceptives by women in health risk groups increased from 21% in 2013 to 71.4% in 2018³². According to the Assessment of the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 conducted in 2018, in August 2018 94% of reproductive health service delivery points had the stock of IUDs and condoms, while 82% also had oral contraceptives. During this evaluation in May 2019 visited reproductive health service delivery points had only IUDs and condoms. The stock of oral contraceptives was reportedly exhausted by early 2019. Oral contraceptives were available at pharmacies, both state and private. Some of the national specialists believed that this situation adequately meets the needs of women, still some thought that the range of contraceptives provided for free should be expanded to include implants and patches.

The unsteady availability of oral contraceptives at the reproductive health service delivery points might be attributed to delays in transfer of funds from the government to UNFPA CO that acts as a procurement agent to the government. For example, in 2019 the government transferred the funds only in September. This indicates that UNFPA shall continue its advocacy and technical support to the government to ensure steady and timely procurement of contraceptives and steady availability of three types of contraceptives in all service delivery points.

Finding 2.4. UNFPA support was instrumental for establishment of the national male reproductive health system.

Evaluation of the UNFPA country programme 2010-2015 noted the lack of reproductive health services to male population. Establishment of the male reproductive health system started within the framework of the current country programme. In 2017 five provincial specialists participated in a study tour to Russian Federation to learn about modern approaches to male reproductive health diagnostics and treatment. In 2017 with support of the international expert hired by UNFPA MHMI adopted the Order #280 “Designation of institutions and specialists in charge of uro-andrological service” regulating provision of reproductive health services to male population and a set of corresponding clinical protocols. In 2018 UNFPA supported presentation of the order and a monitoring system measuring operation of the male reproductive health system to national specialists.

The evaluation team has found that the new system, though still small, is already in the initial implementation stage. For example, in Mary province there is a lead andrologist who went through in-service training at the perinatal center in Ashgabat and took his post since January 2019. This andrologist works in coordination with surgeons based in district clinics. Services available to men include basic diagnostics including semen analysis and STI testing.

³² Turkmenistan VNR 2019, page 16.

Finding 2.5. Despite UNFPA ongoing advocacy and technical support, the adolescent reproductive health system remains fragmented.

The adolescent reproductive health system was launched with UNFPA support in early 2000s. In 2001 the national and provincial adolescent reproductive health centers were established.

The National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 developed with UNFPA support includes two long-term objectives in the area of adolescent health: (i) to develop and introduce youth-friendly medical services, and (ii) to develop a communication strategy to promote healthy lifestyle to adolescents.

In 2017 within the framework of the current country programme MHMI issued an order #279 “On the improvement of the child and adolescent reproductive health services” that provided for early detection and treatment of reproductive dysfunctions. In 2018 MHMI adopted new statistical forms to monitor adolescent reproductive health. In 2018 adolescent girls were included in the list of groups eligible for free contraceptives.

In 2017 UNFPA supported operation of the hot line on reproductive health for adolescents in Ashgabat. In 2018 operation of the line was discontinued by UNFPA due to lack of ownership from the Government and restrictions on direct service delivery in upper level mid income countries. However, hotline was a demonstration of services for the MHMI which opened a few similar hotlines for tobacco cessation programs.

UNFPA continues to advocate for strengthening of adolescents’ reproductive health services and making them more youth friendly. As part of this advocacy efforts in 2019 it supported a study tour of four government executives to Russian Juventa Reproductive Health Center, one of the oldest Russian youth friendly clinics. As a result of this study tour participants made a recommendation to establish a universal youth friendly health care system in Turkmenistan by 2030 and identified a series of first steps to achieve this goal including development of action plan, establishment of a national methodological resource center and assessment of the operation of six youth friendly RH centers³³.

In September 2019 the State Medical University will be launching a training course on adolescent reproductive health that covers provision of youth friendly services. The current country programme did not support the development of the course curriculum, but the university staff reported to the evaluation team that they used knowledge from the 2015 workshop on youth friendly services organized by UNFPA.

Still the data collected by the evaluation team indicates that the adolescent reproductive health system remains fragmented. Adolescent reproductive health centers provide services only to teenage girls, though they collect data for monitoring of adolescent reproductive health indicators both for girls and boys. Girls visit centers and reproductive health specialists in district level clinics with their mothers and elder sisters. According to reproductive health specialists interviewed by the evaluation team, girls start coming for consultations without escort after 18 years old. Many girls come right before getting married and most seek advice on how to get pregnant as soon as possible.

Reproductive health service delivery points maintain registries of girls who are being treated for menstrual disorders, vulvovaginitis and anomalies of the reproductive system. But while teenage girls are now eligible for free contraceptives, oral contraceptives that are necessary for treatment of menstrual disorders were not available at the reproductive health service delivery points visited by the evaluation team.

³³ Travel report: Study tour to Juventa, St. Petersburg, Russia. 30.07.2019.

Adolescent doctors who should be covering all adolescents work only with boys being screened by draft commissions. Boys who need treatment are referred to venereologists, urologists and surgeons.

Staff of the adolescent reproductive health centers and adolescent doctors also have the mandate for reaching out to schools and building awareness of school students on personal hygiene, healthy nutrition and lifestyle, pregnancy prevention and contraception. Reportedly they visit schools on a regular basis.

Data collected by the evaluation team suggests that establishment of a comprehensive adolescent reproductive health system is still in the early implementation stage and additional efforts are necessary to bring it towards sustainable implementation.

- **Adolescents and youth**

Finding 2.6. The country programme made significant progress towards creating instruments and mechanisms supporting teaching reproductive health component of the Basics of Life Skills (BLS) course in secondary schools, but more support is necessary, especially in terms of making printed Turkmen version of the methodological recommendations available to all teachers and developing additional methodological materials for teachers, e.g. lesson plans.

The current country programme builds on the progress achieved by the previous one. UNFPA and its implementing partner the Ministry of Education focus on development of regulatory and methodological foundations for delivery of reproductive health component of the Basics of Life Skills (BLS) course and professional development and certification of BLS teachers.

In 2014 the Ministry of Education enacted the standards for teaching of the reproductive health and gender components of the BLS course. Within the framework of this programme UNFPA supported the development of methodological recommendations for BLS teachers, curriculum for teachers' professional development course, and the set of test questions for certification of teachers. The programme also supported publication of the Russian language version of the methodological recommendations and its' dissemination to schools that have Russian classes and provincial education departments. According to national partners, Turkmen language version of the methodological recommendations shall be available till the end of the current programme. In 2018 the programme also supported a two-day training for 183 BLS teachers in all five provinces based on the new methodological recommendations.

In the course of evaluation of the previous country programme many of interviewed teachers said that they needed teaching aids. To address this need the current programme supported development of the board game and five video lessons on healthy nutrition, reproductive health, gender equality and hygiene. 400 copies of the boards game were already distributed to selected schools.

To strengthen commitment of national specialists and their understanding of the modern trends in the area of sexual and reproductive health education, in 2017 UNFPA supported a study tour to Malaysia and participation of the representative of the National Education Institute in the International Conference "Sexuality Education: Lessons Learned and Future Developments in the WHO European Region" in Germany.

"UNFPA did a lot to introduce reproductive health issues into the school curriculum. This work is really important. We were not paying sufficient attention to health issues. And you cannot teach reproductive health if you don't have qualified teachers. As for children, they were ready for this conversation", said one of school principals interviewed by the evaluation team.

Two schools in Ashgabat (that provide instruction in both Turkmen and Russian languages) visited by the evaluation team had copies of the methodological recommendations and board games developed within the framework of this country programme. In the opinion of BLS teachers and school principals both products were useful. One of the schools reported using the board game not only in BLS classes but for extracurricular activities with students in 5th to 8th grades as well. In the provinces copies of the methodological recommendations are available only in the education departments, and teachers reported the having printed copies of methodological recommendations in schools and in Turkmen language was important.

Teachers who were already using the methodological recommendations thought that BLS textbooks for student also should be updated and brought in line with the established standards for teaching of the reproductive health and gender components. In addition, given that the methodological recommendations emphasize the use of interactive teaching approaches, teachers thought that having methodological materials with ready lesson plans would be very helpful.

Overall, the evaluation data suggests that current transformation of the reproductive health education system is past the enactment stage and has entered initial implementation, but more efforts are needed to bring it to sustainable implementation. The system is also lacking one component important for UNFPA – human sexuality education, though due to UNFPA advocacy efforts the government is exploring this matter.

Finding 2.7. The peer-to-peer education model promoted by UNFPA country office effectively complements the teaching of reproductive health and gender components of the BLS course, but it still was not adopted by the government.

In 2011 UNFPA launched youth centers as a demonstration project introducing the Y-PEER model of peer-to-peer reproductive health education to the government. Due to UNFPA advocacy provisions calling for establishment of similar youth centers and use of peer-to-peer education were included in the Law of Turkmenistan on State Youth Policy adopted in 2013 and the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019. Action plan of the strategy calls on the national health system led by the Ministry of Health and Medical Industry “to strengthen health education, *peer-to-peer education*, prevention programmes and information centers run by public institutions serving adolescents, parents, teachers and psychologists”. Still the government did not take any practical steps to adopt and implement Y-PEER model.

This may have to do with the choice of the implementing partner. The national Youth Organization that hosts UNFPA-supported youth centers in Ashgabat and Mary cities focuses on working with young people in the 18+ age group. Membership in the Youth Organization is open to young people once they turn 14 years old and are still in school. But school chapters of the Youth Organization are open only to teachers. City chapters of the Youth Organization carry out health-related advocacy activities in schools in cooperation with medical professionals but use the traditional lecture format.

The evaluation has found that Y-PEER model complements well the teaching of reproductive health and gender components of the BLS course. School principals and BLS teachers in schools where Y-PEER volunteers delivered their sessions were very positive about their effect. One of the principals shared that experience with Y-PEER volunteers inspired her to establish a school health promotion team made of older students: they play with 5-6 graders using the board game developed by the country programme.

Y-PEER volunteers shared with the evaluation team that teachers in their schools were using them as reproductive health resource persons. For example, one of volunteers said that his class coordinator invited him to give a session at a class meeting.

Y-PEER volunteers also told the evaluation team that they were interested in having regular access to consultations of health professionals. Some volunteers participated in the UNFPA advocacy events and were informed about the model of youth friendly clinics. They thought that similar clinics should be established in Turkmenistan.

- **Gender equality**

Finding 2.8. UNFPA support was instrumental in terms of building capacity of national stakeholders to report on the national obligations under CEDAW and implement the recommendations of the CEDAW Committee.

In 2007 the UN agencies, including UNFPA, supported the establishment of the **national system for coordination of implementation of and reporting on Turkmenistan human rights obligations** – the Interagency Commission on Compliance with the International Obligations of Turkmenistan in the Field of Human Rights and International Humanitarian Law made of representatives of all national agencies. Institute of State, Law and Democracy coordinates the work of the Commission.

UNFPA supports the operation of this Commission in relation to Turkmenistan obligations under CEDAW. Within the framework of the previous country programme UNFPA provided technical support to the development of the Turkmenistan first National Action Plan on Gender Equality (NAPGE) for 2015-2020.

Within the framework of the current country programme UNFPA supported preparation of the fifth CEDAW report submitted in 2016. In 2018 UNFPA brought an international consultant who conducted a simulation session for members of Turkmenistan delegation for the dialogue with CEDAW Committee in July 2018. National partners interviewed by the evaluation team reported that this simulation exercise was very useful in terms of building their capacity to interact with the CEDAW Committee.

UNFPA also supported building awareness of public executives and general public in the area of gender equality and related obligation assumed by Turkmenistan through organization of round tables, publication of the NAPGE, a collection of the national and international legal acts on gender equality and information leaflets. In 2017 with UNFPA support the International University of Humanities and Development launched a gender equality course for journalists. UNFPA also supported national media contest for best coverage of gender equality issues.

Another string of UNFPA support to the Interagency Commission focused on establishing mechanisms for planning and monitoring of the implementation of the NAPGE. UNFPA supported planning meetings on the NAPGE in 2016 and development of the system of indicators for NAPGE monitoring in 2017.

Under the current country programme the Interagency Commission made some crucial progress in the area of national response to gender-based violence. According to the national partners interviewed by the evaluation team, the government started to explore this issue in 2015. “We included the issue of the gender-based violence in the agenda of the Interagency Commission, but initially there was strong resistance. With UNFPA support we invited experts to the meetings of the Commission and organized awareness building workshop which helped to change the attitude”, reported one of the national partners.

Within the framework of the current country programme UNFPA supported information sessions on international practices and procedures for response to gender-based violence for members of the Interagency Commission in 2016 and a series of round tables on the same matter in the provinces in 2018. With UNFPA support government representatives participated in the regional workshop on multi-sectoral response to gender-based violence in Turkey in 2016.

Implementation of the survey on the prevalence of gender-based violence was planned since 2016, but the preparation phase took longer than planned initially. The Interagency Commission established a devoted working group for the survey that studied the experiences of Turkey and Azerbaijan that had already completed similar surveys because these two countries have similar social conditions. Activities completed so far include the development and approval of the survey questionnaire, the development of the survey road map and Memorandum of Understanding among the key stakeholders. The survey, now officially labeled as survey on the National Health and Status of a Woman in the Family, will be conducted in the first half of 2020, results will be available in the same year and shall inform the government plans and policies in the area of gender-based violence.

Overall, evaluation data suggests that adoption of the first National Action Plan on Gender Equality for 2015-2020, activities related to planning and monitoring of its implementation, including the establishment of the working group coordinating preparation of the first national gender-based violence survey signifies the emergence of a specific subsystem for **coordination of implementation of Turkmenistan obligations in the area of gender equality** that already includes basic planning and monitoring mechanisms established with UNFPA support. Data emerging from the gender-based violence survey may provide an additional impetus for further development of this subsystem.

Finding 2.9. UNFPA support has led to significant progress with making a national legal system more gender sensitive, including adoption of the gender sensitive land management law in 2017 and securing parliament interest to adoption of the law on prevention of gender-based violence.

UNFPA is also supporting transformation of the **national legislative system** towards making it more gender sensitive. UNFPA supported the national Parliament in its' work on a new constitution adopted in 2016 that guarantees gender equality.

In 2015 the national parliament expressed interest to adopt a new law on land management to bring it in line with modern internationally accepted principles. This gave UNFPA an opportunity to advocate for a model of gender sensitive and equitable land management. Under the current country programme UNFPA continued its support to this initiative. In 2016 UNFPA sent members of parliament on a study tour to Azerbaijan that had already instituted a gender-sensitive land management legislation. As Azerbaijan has already established the State Committee for Women, Children and Family Affairs, UNFPA also used this study tour to expose members of Turkmenistan parliament to internationally recognized approaches to development and operation of national gender machinery. Study tour was followed by a workshop led by an international expert brought by UNFPA. The law developed with support of the country programme was adopted by the parliament in 2017 – laying foundations for gender sensitive land management in Turkmenistan.

In 2018 UNFPA supported the review of the national legislation to assess the extent of its compliance with the international standards. Review has revealed some areas for improvement, including the lack of a separate law on prevention of gender-based violence, lack of provisions addressing gender stereotypes and incomplete compliance with CEDAW anti-discriminatory provisions. Review results were presented to the parliament and led to the plans to develop a law on prevention of gender-based violence (tentatively it will be called a law on family well-being) in 2019. In May 2019 the parliament developed and adopted a road map for development of this law.

- **Population and development**

Finding 2.10. The country programme contributed towards strengthening the national population data management system in such areas as collection of medical and population statistics, monitoring of SDGs indicators and preparation of 2022 census.

The national **population data management system** responsible for collecting and processing of the population data is established but still needs strengthening to meet international standards and use modern technologies. For example, registry offices reportedly still submit data to the State Statistical Committee on paper. The system is dependent on international expertise: for example, implementation of the 2012 census was supported by 13 international consultants.

According to the national partners met by the evaluation team they played a leading role in determining the set of activities to be included in the Annual Work Plans. The current country programme made contributions to the development of all elements of the national population data system (Fig. 11) as well as supported participation of national specialists in various international capacity development events. List of implemented activities is provided in Table 18.

Important milestones achieved with the support of the country programme include completion of a Baseline Assessment of ICPD related SDG indicators initiated by the UNFPA country office followed by selection of the set of SDGs indicators related to ICPD and assessment of the existing Health Informational Management System (HIMS) that informed and led to the development of the strategy for HIMS strengthening.

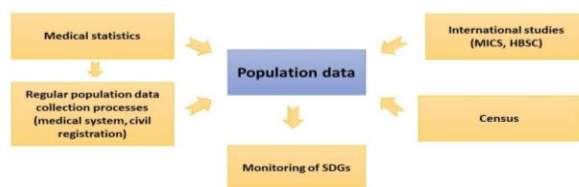


Figure 9. Population data system.

Table 15. Country programme activities contributing to the development of the national population data system.

Intervention focus	Implemented activities
Strengthening of medical statistics system	<p>Improving quality of data collection</p> <p>2016</p> <ul style="list-style-type: none"> ● Workshop on approaches to establishment and maintenance of registers on birth defects and developmental abnormalities led by international expert from Moldova. ● Statistical form #19 (collections of obstetric data) updated. ● Training for obstetricians on the use of updated form #19. <p>2017</p> <ul style="list-style-type: none"> ● Introductory workshop on 11th revision of the International Classification of Diseases (ICD-11). ● Methodological seminar for specialists of the Ministry of Health on methodologies for calculating indicators and ensuring synchronization and standardization of SDG data collection, processing and reporting at national level with global approaches. <p>Health Management System</p> <p>2018</p>

	<ul style="list-style-type: none"> ● Assessment of the existing health information management system (HIMS) led by an international expert, including two workshops with national stakeholders. Assessment results assisted the development of the national HIMS strategy to improve population data collection, processing and analysis.
Improving quality of regular processes of population data collection and processing	<p>Improving quality of primary population data collection by health system 2018</p> <ul style="list-style-type: none"> ● Development and publication of recommendations for registration of perinatal death for medical professionals based on ICD-10. <p>Improving quality of primary population data collection by civic registry offices 2016</p> <ul style="list-style-type: none"> ● Round table for specialists of MHMI, SSC and registry offices on modern approaches to civil registration and identification of existing gaps and working out potential solutions. <p>2017</p> <ul style="list-style-type: none"> ● Round table and technical consultations on digitalization of civil registration data. <p>Digitalization of production of population data 2017</p> <ul style="list-style-type: none"> ● Presentation of the international approaches to collection and processing of population dynamics data ● Study tour to Russian Statistical Committee on collection and processing of population data, civil registration data by computerized system, and census best practices <p>2018</p> <ul style="list-style-type: none"> ● Working meeting on digitalization of collection and processing of population dynamics data. ● Workshop on collection and processing of population data and use of IT technologies led by international experts from Kazakhstan.
Monitoring of SDGs indicators	<p>2016</p> <ul style="list-style-type: none"> ● Consultations on selection of national SDG indicators related to gender equality, reproductive health and youth. <p>2017</p> <ul style="list-style-type: none"> ● Consultations on methodologies for collecting data on SDG indicators related to gender equality, reproductive health and youth. ● Methodological seminar for specialists of the Ministry of Health on methodologies for calculating indicators and ensuring synchronization and standardization of SDG data collection, processing and reporting at national level with global approaches.
Preparation to 2022 census	<p>2018</p> <ul style="list-style-type: none"> ● Turkmenistan specialists participated in international workshops on census methodologies in Thailand, Georgia and Russia. ● Development of address database for census 2022. ● Technical specialist of the State Statistical Committee participated in the international workshop on the use of CSPro for the purposes of census.
International studies	<p>2016</p> <ul style="list-style-type: none"> ● Translation of MICS-5 report. <p>2018</p>

	<ul style="list-style-type: none"> ● Development of the Action plan for the next Health Behavior in School-aged Children (HBSC) study.
Capacity development	<p>UNFPA supported participation of national specialists in training course:</p> <ul style="list-style-type: none"> ● Population and development course, Higher School of Economics, Moscow, Russia (2016, 2018); ● Population course, Malta (2016). <p>UNFPA supported participation of national specialists in international conferences:</p> <ul style="list-style-type: none"> ● 49th Session of UN Commission on Population and Development; ● Global conference on ICD-11.
Equipment procurement	Done in 2016 and 2017.

Finding 2.11. The country programme made numerous incremental contributions towards strengthening national capacity to use population data in line with international standards, but further support is required.

National system supporting use of population data for policymaking is just emerging. Availability of high quality and gender disaggregated population data is a prerequisite for their use in national planning. This is necessary but not sufficient to achieve the country programme Output 5: Strengthened national policies through increased use of gender disaggregated data, integration of evidence-based analysis on population dynamics, reproductive health and reproductive rights, adolescents and youth and gender equality.

National capacity to analyze the data is another prerequisite to evidence-based policy making. The current country programme contributed towards building national capacity in the area of demographic forecasting as an instrument for generating evidence on population trends to inform strategic planning.

The programme focused on two aspects of capacity building. National and international training events were used to directly build capacity of government specialists, with a special focus on the staff of the Institute for Strategic Planning and Economic Development under the Ministry of Economy and Development (since April 2019 – Department of strategic and sustainable development at the Ministry of Finance and Economics) (Table 19). Specialists of the Departments have said to the evaluation team that they are using the knowledge and skills they received with support of the country programme. At the same time the programme supported development of training materials and a curriculum for Demographic projections course for forthcoming Master’s programme of the Civil Service Academy that directly contributes to creating a national capacity building mechanism in the area of demographic data and projections.

The country programme also contributed towards greater capacity of the staff of the Department of strategic and sustainable development at the Ministry of Finance and Economics in the areas of evidence-based strategic planning for the SDGs implementation. Specialists interviewed by the evaluation team have reported that support from the country programme, especially the study tour to Belarus, was very useful in terms of learning about evidence-based mechanisms for SDGs planning. Knowledge from this study tour was used for integration of the national set of the SDGs indicators into the National Programme on Socio-Economic Development for 2019-2025.

Table 16. Activities contributing towards greater national capacity to use population data.

Intervention modality	Implemented activities
In-country training on demographic forecasting and strategic planning	<p>2016</p> <ul style="list-style-type: none"> 3-day training workshop on computer software for demographic forecasting - led by international expert from Belarus. <p>2018</p> <ul style="list-style-type: none"> 3-day training workshop for students of the Civil Service Academy on demographic forecasting and use of population data for strategic planning and monitoring of SDGs implementation led by international expert from Belarus. 2-day training workshop for staff of the Institute for Strategic Planning and Economic Development under the Ministry of Economy and Development (since April 2019 – Department of strategic and sustainable development at the Ministry of Finance and Economics) on integration of population trends data into sustainable development strategies – led by international expert from Belarus.
International training programmes on demographic forecasting	<p>2016</p> <ul style="list-style-type: none"> Specialist of the Department of Medical Statistics of MHMI participated in Demographics and forecasting course at Higher School of Economics, Moscow, Russia.
Study tours	<p>2018</p> <ul style="list-style-type: none"> Specialists of the Institute for Strategic Planning and Economic Development visited Belarus to learn about development and monitoring of national strategic plans for SDGs implementation
Development of educational materials on demographic forecasting	<p>2016</p> <ul style="list-style-type: none"> International expert from Belarus developed a training manual on the use of software for conducting demographic projections and short-term socio-economic forecasts. for Civil Service Academy.
Development of training curricular on demographic forecasting	<p>2017</p> <ul style="list-style-type: none"> Curricular for Master-level courses on Demographic Projections and Gender Equality for Civil Service Academy developed and published in Turkmen and Russian.
Equipment procurement	Done in 2017.

Overall, the evaluation data indicates that the country programme made numerous incremental contributions towards bringing the national system for production and use of population data in line with international standards, but further support is required.

EQ3. To what extent did the outputs contribute to the achievement of the UNFPA Strategic Plan outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?

Summary:

The country programme contributed: (i) towards ending preventable maternal deaths through regionalization of the maternal health care; (ii) towards ending preventable women deaths from cervical cancer through introduction of nationwide cervical cancer screening; and (iii) towards increased access of

young people to quality SRH services and education by facilitating adoption of regulations that provide for free provision of contraceptives to 15-19 year old girls, creating opportunities for over 16 thousand young people to get SRH knowledge from Y-PEER volunteers and improved quality of RH teaching in schools that have already received methodological recommendations and teaching aids developed with the programme support.

UNFPA support to the Interagency Commission on Compliance with the International Obligations of Turkmenistan in the Field of Human Rights and International Humanitarian Law in relation to CEDAW has given the government useful experience with using coordinated approach in the area of gender equality that may be later used for the establishment of the national machinery for the advancement of women. Introduction of gender equality content into educations programmes for school students and civil service has also contributed towards its greater mainstreaming.

The target related to the development of evidence-based national population policies was achieved: two national development plans that address population dynamics by accounting for population trends and projections in setting development targets were developed and enacted during the period covered by this evaluation.

Finding 3.1. The country programme contributed towards ending preventable maternal deaths through regionalization of the maternal health care and towards ending preventable women deaths from cervical cancer through introduction of nationwide cervical cancer screening.

There is progress with achievement of targets set for indicators related to Outcome 1 (Table 20). Percentage of service delivery points that have seven life-saving maternal/ reproductive health medicines increased from the baseline of 75% to 78% in 2018. In 2018 the number of women who died from cervical cancer was 110. 57% was 2-year survival rate in 2018 in comparison with 39% in 2015.

Table 17. Progress towards achievement of CP Outcome 1 indicators.

SP outcome	Measured by	Baseline	Target	Actual (2018)
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.	Percentage of service delivery points having seven life-saving maternal/ reproductive health medicines.	75%	95%	78%
	Cervical cancer mortality rate.	190	80	Not available

In addition, the current country programme has contributed towards decreasing preventable maternal deaths which is one the three transformative and people-centered results established by the UNFPA strategic plan 2018-2021. According to the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019, key causes of maternal mortality in Turkmenistan are obstetric hemorrhages, hypertension and sepsis. Obstetric specialists interviewed by the evaluation team have reported that regionalization and introduction of clinical protocols have already led to a reduction in the prevalence of heavy hemorrhages and preeclampsia. Interview data is backed by the national statistics showing that the prevalence of heavy hemorrhages decreased from 0.83% of women who gave birth in 2007 to 0.66% in 2017 and prevalence of preeclampsia - from 2.7% in 2010 to 1.8% in 2017³⁴.

³⁴ Финальный отчет по оценке Национальной стратегии и плана действий на 2015 - 2019 годы по охране здоровья матерей, новорожденных, детей и подростков в Туркменистане. 2019. (Final report on evaluation report on national strategy and action plan for health care mother and new born, children and adolescents in Turkmenistan)

For purposes of access to reproductive health services the Turkmenistan government defines vulnerability mainly in terms of presence of chronic diseases. The government has designated health-based risk groups that are eligible for free contraceptives. According to the national specialists interviewed by the evaluation team, use of the monitoring system developed with UNFPA support led to increased prevalence of contraceptives use by risk groups from 21% in 2013 to 71.4% in 2018³⁵.

Finding 3.2. The country programme contributed towards increased access of young people to quality SRH services and education by facilitating adoption of regulations that provide for free provision of contraceptives to 15-19 year old girls, creating opportunities for over 17 thousand young people to get SRH knowledge from Y-PEER volunteers and improved quality of RH teaching in schools that have already received methodological recommendations and teaching aids developed with the programme support.

The progress towards achievement of Outcome 2 is measured by the percentage of young people aged 15-24 who correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission (Table 21). The baseline value for this indicator comes from the Health Behavior in School-aged Children (HBSC) study conducted in 2013. Degree of achievement of the target for this indicator will be available after the new HBSC study is done. Given that component of HIV is included in the BLS curriculum and methodological recommendations developed within the framework of the current programme and Y-PEER volunteers deliver sessions on HIV in schools, the progress on this indicator by the end of the current programme is highly likely.

Table 18. CP Outcome 2 indicator.

SP outcome	Measured by	Baseline	Target	Actual (2018)
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.	Percentage of young people aged 15-24 who correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male).	38%	65%	Not available

The current country programme has made several other contributions towards increased access of young people to quality reproductive health services and education. Since 2018 adolescent girls (15-19 years old) are eligible for free contraceptives. Still the data collected by the evaluation team suggest that actual use of reproductive health services by adolescent girls is low. And reproductive health delivery points don't have oral contraceptives that can be given to adolescent girls to treat menstrual disfunctions. (Condoms and IUDs are available.)

Due to increased capacity of several hundreds of the BLS teachers who received training and have the methodological recommendations developed by the programme their students have access to a better quality reproductive health education.

In 2016-2019 Y-PEER reached 17 452 young people (9 091 boys and 8 361 girls) by providing peer-led sessions in schools and in youth recreational camps during summer vacations on HIV, STDs, and pregnancy prevention. According to the MHMI data, in 2017 the number of girls in 15-19 years age group was about

³⁵ Turkmenistan Voluntary National Review 2019, page 16.

259 thousand. So roughly during the three years of the current country programmes Y-PEER volunteers based in two centers reached about 3% of adolescent girls in the country.

Still there are just two Y-PEER centers in the country. Volunteers have access to schools only for one month during school year. Their access to youth recreational summer camps and state centers for extracurricular education is not regular.

Finding 3.3. UNFPA support to the Interagency Commission on Compliance with the International Obligations of Turkmenistan in the Field of Human Rights and International Humanitarian Law in relation to CEDAW has given the government useful experience with using coordinated approach in the area of gender equality that may be later used for the establishment of the national machinery for the advancement of women. Introduction of gender equality content into educations programmes for school students and civil service has also contributed towards its greater mainstreaming.

UNFPA country office in Turkmenistan measures its progress towards this UNFPA Strategic Plan outcome with the indicator that looks at the presence or absence of the national system of institutional, technical and operational mechanisms for advancement of gender equality, reproductive rights and women’s empowerment in place (Table 22).

Table 19. Progress on CP Outcome 3 indicator.

SP outcome	Measured by	Baseline	Target	Actual (2018)
Outcome 3: Gender equality and women’s empowerment Advanced gender equality, women’s and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.	National system of institutional, technical and operational mechanisms for advancement of gender equality, reproductive rights and women’s empowerment in place.	No	Yes	Some progress made

Concluding observations made by Committee on the Elimination of Discrimination against Women regarding the Turkmenistan report submitted in 2016 highlight the absence of such mechanism: CEDAW regrets “that the State party has not yet established a consolidated centralized national machinery for the advancement of women”.

Concluding observations also describe the necessary attributes of the centralized national machinery for the advancement of women: a clearly defined mandate and responsibilities; sufficient human, technical and financial resources to coordinate and effectively promote gender equality and gender mainstreaming policies across all government agencies.

UNFPA support to the Interagency Commission on Compliance with the International Obligations of Turkmenistan in the Field of Human Rights and International Humanitarian Law in relation to CEDAW gives the government useful experience with using coordinated approach in the area of gender equality that may be later used for the establishment of a national machinery for the advancement of women. In addition, evaluation data suggests that adoption of the first National Action Plan on Gender Equality for 2015-2020, activities related to planning and monitoring of its implementation, including the establishment of the working group coordinating preparation of the first national gender-based violence survey signifies the emergence of a specific subsystem for **coordination of implementation of Turkmenistan obligations in the area of gender equality** that already includes basic planning and monitoring mechanisms established with UNFPA support. Data emerging from the gender-based violence survey may provide an additional impetus for further development of this subsystem.

It should be noted that UNFPA support to the government under other focus areas of the current country programme also contribute towards mainstreaming of gender equality. The launch of the national male reproductive health system opened access to quality RH services to male population, thus making provision of reproductive health services more gender equitable. Introduction of the gender equality components in the BLS course also contributes towards its greater mainstreaming. Y-PEER volunteers became gender equality champions in their schools. “Schools just recently introduced the topic of gender equality. We have told our teacher that we are familiar with the topic. And she suggested that we did a session to our classmates. So we taught all students in our class about gender equality”, reported two of Y-PEER volunteers. Development of the curriculum for a Gender Equality course for the forthcoming Master’s programme at the Civil Service Academy shall eventually contribute towards better awareness and understanding of gender equality issues among government executives.

Finding 3.4. The target related to the development of evidence-based national population policies was achieved: two national development plans that address population dynamics by accounting for population trends and projections in setting development targets were developed and enacted during the period covered by this evaluation.

Achievement of this strategic outcome is measured by the “number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets” (Table 23).

UNFPA supported the development of Presidential Programme of social and economic development of Turkmenistan in 2019 – 2025. This important national development plan accounts population trends and projections in setting development targets. Moreover, UNFPA assisted in linking the Programme targets with the relevant SDG targets that are also linked to ICPD objectives. The Programme is currently under implementation. UNFPA also supported the development of a National Health Information Management Strategy for 2019 - 2025 that envisages use of gender disaggregated data and integration of evidence-based analysis on population dynamics, reproductive health and reproductive rights, adolescents and youth and support for SDGs data collection and monitoring.

Table 20. Progress on CP Outcome 4 indicator.

SP outcome	Measured by	Baseline	Target	Actual (2018)
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.	Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets.	0	1	2

EQ4. To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in Turkmenistan?

Summary:

Reproductive health issues and needs of young people are already integrated into a number of current national policy frameworks, including the first National Action Plan on Gender Equality in Turkmenistan for 2015-2020 and the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 developed with UNFPA support within the previous programming cycle. Within the current country programme UNFPA supported production of evidence base for the next iteration of policy frameworks, including the next the National Strategy on Maternal, Newborn, Adolescents, and Children Health.

Finding 4.1. Reproductive health issues and needs of young people are already integrated in a number of current national policy frameworks, including the first National Action Plan on Gender Equality in Turkmenistan for 2015-2020 and the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 developed with UNFPA support within the previous programming cycle.

Under the previous programme cycle UNFPA supported the development of the first National Action Plan on Gender Equality in Turkmenistan for 2015-2020. The document that contributes towards advancement of gender equality includes strategic actions directly related to reproductive health in general and adolescent reproductive health in particular: (i) Further integration of reproductive health services at the welayat and etrap levels (Strategic action 10.4); (ii) introduction the basics of reproductive health to the educational programs (Strategic action 11.3), and (iii) implementation of outreach programs on sexual and reproductive health and legal issues aiming at girls and teenagers and focusing on the issues of early pregnancy and the control of sexually transmitted infections, including HIV / AIDS (Strategic action 11.5).

UNFPA also supported the development of the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019. Development of the strategy was informed by the WHO recommendations that established target priority areas, including mother and newborn health and adolescent health. The strategy set forth a set of long-term objectives. None of them is explicitly related to family planning. Buy there are explicit long-term objectives in the area of adolescent health: (i) to develop and implement youth-friendly medical services, and (ii) to develop health lifestyle communication strategy targeting adolescents.

In the area of mother and newborn health, the action plan for the National Strategy focuses mostly on maternal and perinatal care, but also provides for (i) integration of reproductive health service and health services to adolescents into the mandate of family doctors; (ii) introduction of safe abortion techniques.

In the area of adolescent health, the action plan provides for implementation of the following activities: (i) strengthening of health education, peer-to-peer education, prevention programmes and information centers based in public institutions serving adolescents, parents, teachers and psychologists; (ii) strengthening the system for on-going monitoring of adolescent health and behavior using HDCS model; (iii) training interdisciplinary teams providing youth-friendly health services; (iv) cooperation between national health, education and social institutions and the Youth Organization to develop integrated adolescent reproductive health programmes.

Finding 4.2. Within the current country programme UNFPA supported production of evidence base for the next iteration of policy frameworks, including the next the National Strategy on Maternal, Newborn, Adolescents and Children Health.

In 2018 the Ministry of Health and Medical Industries asked country offices of WHO, UNICEF and UNFPA to support the assessment of the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019. Results of the assessment will inform the development of the next national strategy that will become effective in 2020.

The assessment has recommended to include a component on family planning in the next strategy. In the area of adolescent health assessment recommendations include: (i) to integrate issues of adolescent reproductive health into teacher professional education and development programmes, (ii) to use health education in secondary schools as a strategic instrument for prevention of health risk in adolescence; (iii) to train medical professionals on adolescent reproductive health and age-appropriate communication approaches; (iv) to establish adolescents-friendly RH services.

Assessment recommendations explicitly call upon country offices of UN agencies to support the development of the next iteration of the strategy, which gives UNFPA an opportunity to advance its agenda.

In 2018-2019 UNICEF jointly with UNDP and UNFPA commissioned Situational Analysis on Youth in Turkmenistan (SitAn). Its results are expected to inform the next iterations of the 2015-2020 State Youth Policy Programme. SitAn has recommended maximizing the delivery of youth-friendly information on reproductive health using peer-to-peer model by (i) using peer-to-peer methodologies for the provision of age- and gender-specific information during the summer camp season; (ii) bringing together the Health Information Centre's outreach taskforce and UNFPA-supported Y-PEER volunteers; (iii) reactivating teen hotlines staffed with adolescent-trained psychologists; and (iv) harnessing the power of traditional mass media for the dissemination of youth-friendly information. SitAn also suggests "moving to the integrated delivery of multiple adolescent-specific health services – for example, combining SRHR and psychosocial counselling"³⁶ and piloting it on a district level.

Results and recommendations of the SitAn shall help UNFPA to ensure that needs of young people are properly integrated in new iterations of national strategies and policy frameworks.

³⁶ Situational Analysis on Youth in Turkmenistan (2019), page 5.

4.3 Efficiency

EQ5. To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

Summary:

The decrease in resources has resulted in the establishment of only a few programme posts at a relatively low level (for example, GS7 for Communication and Youth, NOA for PD and Gender). Small staff of the UNFPA country office has to manage all projects implemented under the country programme because government institutions that are implementing partners for this country programme are unable to meet the UNFPA financial management requirements. As a result, most of the time of the UNFPA staff is spent on project related administrative tasks, leaving them little time for advocacy and policy dialogue.

UNFPA's financial contribution was crucial to ensure continuous operation of the country programme. At the same time partnership with the government significantly increases effect of UNFPA financial and technical inputs. Government knowledge transfer systems ensure nationwide dissemination of concepts and methodologies introduced within the framework of the country programme.

National partners highly appreciate UNFPA being flexible and responsive to their needs and ideas in the course of the annual planning process, but this flexibility undermines focus on achievement of results and targets for indicators established in the CPAP.

Finding 5.1. As a result of decreasing resources, UNFPA CO has only few programme posts at a relatively low level. And this small staff has to directly manage all projects implemented under the country programme because government institutions that are implementing partners for this country programme are unable to meet the UNFPA financial management requirements. As a result, most of the time of the UNFPA staff is spent on project related administrative tasks, leaving them little time for advocacy and policy dialogue which undermines CO ability to fully realize the UNFPA comparative advantage.

All but one implementing partners of the UNFPA country office are government institutions. Because of existing national financial regulations implementing partners are unable to set separate accounts for UNFPA funds and to keep separate records on the use of these funds as required by UNFPA financial management rules. This situation was resolved by the UNFPA country office assuming responsibility to manage all projects both administratively and financially. As a result, UNFPA country office operates as a project management office for all projects implemented within the framework of the country programme.

The decrease in resources has resulted in the establishment of only a few programme posts at a relatively low level (for example, GS7 for Communication and Youth, NOA for PD and Gender). The country office is small, most of this work is done by two programme managers who spent about 70% of their time on project administration – including preparation of project working plans, reports, all paperwork related to hiring international and national consultants, procurement of equipment and even organization of coffee breaks for meetings. This leaves them little time for advocacy and policy dialogue.

Finding 5.2. UNFPA financial contribution was crucial to ensure continuous operation of the country programme. At the same time partnership with the government significantly increases the effect of UNFPA financial and technical inputs. Government knowledge transfer systems ensure nationwide

dissemination of concepts and methodologies introduced within the framework of the country programme.

The evaluation has found that UNFPA financial contribution was crucial to ensure continuous operation of the country programme because government financial contributions are often delayed. For example, in 2016 the government was not able to transfer its contribution at all and the programme operation was supported only with UNFPA funds.

At the same time it should be noted that government contributes to the programme implementation not only financially. For example, government specialists are usually actively involved in the adaptation of methodological documents developed by international experts brought by the UNFPA country office, but this investment is not accounted for in monetary terms. Still it is substantial. For example, 22 national specialists participated in the adaptation of the draft curriculum for professional development of BLS teachers developed by three international consultants. It is difficult to reflect this investment in monetary terms, but it could be recognized in terms of number of contributing national specialists and amount of invested time (working days).

In addition, in many cases the government is using its internal mechanisms to disseminate knowledge and skills taught by international experts to small groups of national specialists which substantially increases cost effectiveness of such interventions.

Use of existing national systems also increases efficiency of Y-PEER. For example, in 2017 when Y-PEER volunteers worked at national summer youth camps during summer holiday, the number of young people reached was 11594. In 2018 when Y-PEER volunteers did not work in youth camps they reached only 4363 young people. (In 2018 instead of supporting work of Y-PEER volunteers in summer camps, the UNFPA supported a pilot Academy of Leadership and Innovation that reached 220 young people nationwide.)

Finding 5.3. Use of UNFPA financial resources is mostly in line with UNFPA business model for Turkmenistan and its strategic priorities.

Analysis of the structure of the country programme expenditure in 2016-2019 (excluding UNFPA operational costs) indicates that majority of UNFPA funding (94.7%) was used for provision of technical support which is in line with the UNFPA business model for Turkmenistan. Government investment in the programme was almost evenly split between technical support (47.4%) and procurement of equipment (52.6%) (Table 24).

Table 21. Structure of the country programme expenditure on technical support and procurement of equipment (2016-2018, USD).

Focus area	Type of expenditure	Total	UNFPA	Government
Reproductive health	Technical support	144 282	115 601	28 681
	Equipment	119 219	0	119 219
Adolescents and youth	Technical support	252 439	178 288	74 150
	Equipment	0	0	0
Gender	Technical support	86 637	86 637	0
	Equipment	0	0	0
Improving data collection	Technical support	124 224	108 007	16 217
	Equipment	19 618	9 618	10 000
Improving data use	Technical support	29 793	27 793	2 000
	Equipment	9 093	4 093	5 000
Total	Technical support	637 375	516 326	121 049

	Equipment	147 930	13 711	134 219
	Total	785 305	530 037	255 267

Structure of expenditures on technical support indicates greater focus of UNFPA funds on the maternal and perinatal care system in the area of reproductive health and rights, on support to coordination mechanism under gender area, and on improvement of data collection processes in the population and development area (Table 25). Operation of Y-PEER would be impossible without UNFPA support.

Table 22. Structure of technical support expenditures by targeted system (2016-2018, USD)

Focus area	Targeted system	UNFPA	Government
Reproductive health	RH+MHC*	24 950	0
	MHC (Maternal Health Care)	48 546	8 659
	Cervical cancer	16 587	0
	Contraceptives use	6 963	0
	Adolescent RH	4 222	0
	Male RH	6 018	20 022
	Strategy assessment	8 314	0
Adolescents and youth	BLS course	50 770	74 150
	Y-PEER	127 518	0
Gender	Coordination	56 825	0
	Legal system	29 812	0
Population data	Improving data collection	108 007	16 217
	Improving data use	27 793	2 000

*Expenditure on development of three MHMI orders: on integrated reproductive health services, new miss cases review and perinatal audit reported as a lump sum.

Finding 5.4. National partners highly appreciate UNFPA being flexible and responsive to their needs and ideas in the course of the annual planning process, but this flexibility undermines focus on achievement of results and targets for indicators established in the Country Programme Action Plan.

Implementation of the programme is operationalized through Annual Work Plans (AWP). UNFPA and implementing partners jointly discuss and agree of the content of AWP. Draft AWP are submitted to the Ministry of Finance for approval. National partners highly appreciate UNFPA being flexible and responsive to their needs and ideas in the course of the annual planning process.

In many cases planning is emergent. Here is a typical example. A specialist of the State Statistical Committee participated in a workshop in Georgia organized by UNICEF. There she met a specialist from the Russian Statistical Committee and learned that Russia had already implemented the processes for digital transfer of the data from civil registration service to the statistical system. Turkmenistan State Statistical Committee was given the same task, so they included the study tour to the Russian Statistical Committee in the next AWP within the framework of the UNFPA country programme. According to specialists of the Turkmenistan State Statistical Committee, that study tour was very effective, and they used Russian system as a prototype for their own one.

While this study tour did contribute towards strengthening capacity of the Turkmenistan State Statistical Committee **to produce better data**, it did not contribute towards CPD Output “Strengthened national policies through **increased use** of gender-disaggregated data and evidence-based analysis on population dynamics, reproductive health and rights, adolescents and youth and gender equality” and any of related indicators: Number of government institutions with up to date **expertise in data analysis and dissemination**; National statistical authorities have institutional **capacity to analyze and use disaggregated data** on (a) adolescents and youth and (b) gender based violence; Number of **in depth reviews** conducted using the general population and housing census and the demographic and health survey.

On the one hand such approach to development of AWP is in line with the principle of a more demand driven approach to UN assistance established by the PFD. On the other hand, resulting AWP lose focus on achievement of results and targets for indicators established in the Country Programme Action Plan. In addition, templates for AWP and Standard Progress Reports on their implementation don't require to explain linkages between activities and country programme outputs and outcomes which also contributes towards losing focus on intended results.

Representatives of the Ministry of Health have suggested that having a two-year work plan would help to maintain a strategic focus and actually reduce the time spend on development and approval of AWP. In fact, it would be useful to develop a detailed five-year work plan covering all period of the programme implementation with each of implementing partners in parallel with development of the CPAP. This would help to ensure stronger connection between activities and intended programme results. This five-year work plans shall be treated as living documents and adapted as necessary during annual programme review exercises with implementing partners.

4.4 Sustainability

EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

Summary:

UNFPA ability to bring to Turkmenistan effective operational models and approaches appropriate for national context is highly valued by the national government institutions and contributes towards great national ownership of changes in the operation of government systems introduced with the UNFPA country office support. Early integration of supported changes in the regulatory documents also promotes the national ownership.

Finding 6.1. UNFPA ability to bring to Turkmenistan effective operational models and approaches appropriate for national context is highly valued by the national government institutions and contributes towards great national ownership of changes in the operation of government systems introduced with the UNFPA country office support.

In the opinion of the national partners comparative advantage of the UNFPA country office comes from its access to international body of knowledge on reproductive health, gender and population data management and capacity to effectively operate as a knowledge broker able to identify proven operational models and approaches appropriate for Turkmenistan context. Selecting Moldova as a model for regionalization of

maternal health care system is a good example of UNFPA knowledge brokering capacity. When the government started exploring an idea of regionalization, it asked UNFPA country office to identify a country that had already successfully implemented regionalization under similar conditions. “We could have done the regionalization without UNFPA support, but it would have been harder and took much longer. UNFPA connected us with people who already had necessary experience. Due to the UNFPA support we made good progress just in two years”, said one of the national stakeholders interviewed by the evaluation team.

UNFPA brings to Turkmenistan international expertise and internationally recognized methods and instruments but ensures high degree of involvement of national professionals in their adaptation to national context. For example, the draft curriculum for professional development of BLS teachers in the area of reproductive health was developed by three international consultants. Then the draft was discussed at a workshop organized by UNFPA with a group of 22 national specialists including representatives of the Ministry of Education, education institutes, provincial education department, school principals and teachers. Participants of this workshop interviewed by the evaluation team reported that their comments were respected and incorporated in the final version of the curriculum. The similar model is used in other focus areas of the country programme.

Finding 6.2. Early integration of supported changes in the regulatory documents also promotes the national ownership.

“The strength of UNFPA approach is that all its’ initiatives are integrated into the national programmes”, said to the evaluation team one of the national stakeholders. The Partnership Framework for Development (PFD) between the Government of Turkmenistan and the United Nations signed by UNFPA in April 2016 officially enacted this approach.

Under the PFD the government is expected to provide a demand driven approach to UN assistance and lead the development efforts. UN agencies are expected to provide high level technical and policy advice to strengthen the capacities of government staff as well as government systems and procedures so that the government can carry its functions more effectively and efficiently. The government and the UN have agreed to work closely to ensure joint ownership and accountability for achievement of agreed outcomes and targets. The PFD outcomes and targets have to be reflected in the programmes and related work plans of the Ministries, Departments, State Agencies and contributing UN agencies.

Principles that underscore the PFD include (i) greater national ownership of the PFD through pro-active consultations on all levels of Government with UN agencies and a more demand driven approach for UN assistance, and (ii) greater financial contribution by the government in keeping with its middle-income country status.

All but one implementing partners for the current country programme are government institutions. The Country Programme Action Plan and Annual Work Plans were developed in close cooperation with government partners and are included in the national budget to establish legal grounds for government financial contribution.

UNFPA work in Turkmenistan focuses on the development of government systems. Implicit Theory of Change that undergirds UNFPA work calls for relatively early enactment of all new mechanisms and models introduced with UNFPA support. Once the government expresses interest to introduce a specific mechanism or model, UNFPA supports the development of a legally binding document – a law, regulation, strategy, action plan, national standard, executive order, clinical protocol, methodological recommendations, etc.

EQ7. To what extent have partnerships built with government or other UN organizations helped to enhance sustainability or scale up interventions and/or bring relevant evidence to policymakers to adopt such approaches?

Majority of UNFPA interventions are implemented in close partnership with the government and target operation of government systems. Any change introduced into a government system becomes operational only after it is properly enacted through a regulatory document (e.g. a law, regulation, strategy, action plan, national standard, ministerial order, clinical protocol, methodological recommendations), which ensures sustainability of the new operational model. The lack of progress with adoption of the Y-PEER model by the government further highlights the importance of embedding any intervention into an existing government system with relevant mandate and its early enactment.

4.5 Coordination

EQ8. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

Summary:

Existing UNCT coordination mechanisms ensure high level of coordination and cooperation between agencies. In 2016-2019 UNFPA contributed to a number of joint projects, including Assessment of the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019, Situational Analysis on Youth in Turkmenistan and the National Health Information Management System Strategy.

Finding 8.1. In 2016-2019 UNFPA contributed to a number of joint projects, including Assessment of the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 and Situational Analysis on Youth in Turkmenistan.

UN Country Team in Turkmenistan is small, and the majority of the agencies share the same building. Their national counterparts are also relatively small, and several UN agencies often work with the same people in the national ministries and agencies. This, plus limited budgets of UN agencies as a result of Turkmenistan being an upper-middle income country, creates a strong incentive for and facilitates cooperation within UNCT. “We don’t duplicate each other’s work, we collaborate” – this was a refrain in all interviews with UNCT members.

UNFPA along with UNICEF, WHO and UNDP are members are the UN Health Theme Group (UN HTG) that provides the platform for coordination and cooperation. UN HTG maintains a joint database where all agencies enter information about planned events and activities. Agencies also share their plans during regular coordination meetings which further facilitates cooperation and development of joint projects.

For example, in 2018 UNFPA, UNICEF and WHO agreed to provide support to assessment of implementation of the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019. Development of the assessment ToR was supported by regional offices of the three agencies. WHO provided methodological framework for the assessment. UNICEF hired an international consultant. UNFPA coordinated data collection against more than 170 indicators by national specialists and covered the local costs including national consultants.

In 2018-2019 UNICEF, UNFPA and UNDP jointly implemented the Situational Analysis on Youth in Turkmenistan. None of the agencies initially planned this study, it emerged in response to the lack of data on youth necessary for planning of the next country programme cycle. Initiative to do the study came from UNICEF.

In 2018 UNFPA partnered with UNICEF and WHO in supporting the MHMI with the development of the National Health Information Management System Strategy. This partnership included coordination of technical inputs of agencies, provision of agency specific expertise, sharing the costs.

In 2019 UNFPA office contributed to the development of the joint UNCT proposal to the SDGs fund.

Overall, evidence collected by the evaluation team indicates that in 2016-2019 UNFPA country office was actively involved in the coordination between UNCT members, contributed towards design and implementation of joint initiatives.

4.6 Added value

EQ9. What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

Summary:

For members of UNCT, UNFPA added value comes from its focus on maternal and perinatal health and adolescent reproductive health. National partners mostly appreciate UNFPA as a knowledge broker connecting them to the international body of knowledge and effective practices, as well as UNFPA integrated, consistent and focused approach and alignment with national strategies and programmes.

Finding 9.1. For members of UNCT, UNFPA added value comes from its focus on maternal and perinatal health and adolescent reproductive health.

Members of UNCT perceive UNFPA added value in terms of its' thematic focus. They see UNFPA as a critical player in the areas of maternal and perinatal health and adolescent reproductive health:

- “UNFPA is the only strong player in the area of maternal health as well as adolescent reproductive health. In addition, when about five years ago UNICEF narrowed its focus to early childhood and stopped covering health of newborns, UNFPA filled the resulting gap in the area of perinatal health”.
- “UNFPA works on sensitive issues of reproductive health and sexuality education. A crucial part of its' mandate is adolescent reproductive health”.

Finding 9.2. National partners mostly appreciate UNFPA as a knowledge broker connecting them to the international body of knowledge and effective practices, as well as UNFPA integrated, consistent and focused approach and alignment with national strategies and programmes.

National partners highly appreciate the UNFPA role of a knowledge broker connecting them to the international body of knowledge and effective practices:

- “UNFPA is guiding our development by introducing innovations. They bring us new ideas, hire technical experts that help us to plan how to implement these ideas in the country, and then monitor implementation”.

- “UNFPA is aware of all new developments in the world. We would not have access to this information, if UNFPA was not bringing it to us”.
- “We might have done regionalization of maternal and perinatal care ourselves, but it would have been more difficult and took much longer. Due to access to successful experience of another country and support provided by UNFPA, we have completed the process of regionalization just in two years”.

National partners also appreciate UNFPA for its integrated, consistent and focused approach and alignment of its efforts with national strategies and programmes:

- “UNFPA is a rare UN agency that has an integrated approach”.
- “The strength of UNFPA approach is that all its initiatives are integrated into the national programmes. And UNFPA work is consistent and focused”.

5 Conclusions

5.1 Strategic level

Conclusion 1: The country programme is well aligned with both UNFPA and government strategic development priorities in all but one aspect. UNFPA focus on integrated approach to reproductive health services and education to adolescents is not matched by similar government agenda though the government has already established a number of elements necessary for integrated interagency system for adolescent reproductive health services and education.

Origin: Evaluation questions 1, 5, Evaluation criteria: Relevance, Efficiency, Associated recommendation(s): 1

There is a gap in alignment between UNFPA and government strategic priorities. UNFPA strategic plans call for increased priority on adolescents and integrated approach to reproductive health services and education to adolescents. Government of Turkmenistan prioritizes health care services focusing on women and child health and bringing formal education in line with the international standards.

Government priorities are reflected in the structure of expenditure of government financial contribution to the country programme implementation. In the area of reproductive health, a big share of government financial contribution was used to procure equipment for simulation centers providing training on emergency obstetric and newborn care. All funds contributed by the education system went towards activities related to the BLS course.

At the same time a number of elements necessary for integrated system for adolescent reproductive health services and education are already in place. The National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 recognizes adolescence as a separate lifecycle stage and explicitly calls for: (i) strengthening of health education, peer-to-peer education, prevention programmes and information centers based in public institutions serving adolescents, parents, teachers and psychologists; (ii) strengthening the system for on-going monitoring of adolescent health and behavior using HDCS model; (iii) training interdisciplinary teams providing youth-friendly health services; (iv) cooperation between national health, education and social institutions and the Youth Organization to develop integrated adolescent reproductive health programmes. Reproductive health doctors already visit schools to deliver information sessions to students. There is a group of national medical professionals who were trained on youth-friendly services.

Turkmenistan State University is launching a course on youth-friendly services. Schools are already sensitized to the adolescent reproductive health issues.

Conclusion 2: Programme effectiveness and efficiency is facilitated by a combination of government leadership and availability of successful replicable models adaptable to the national context. UNFPA country office access to the global knowledge pool positions it as an effective provider of such models to the government.

*Origin: Evaluation question 2, 3, 4, 5, 9, Evaluation criteria: Effectiveness, Efficiency, Added value
Associated recommendation(s): 3, 6*

There is a stable pattern that emerges in all focus areas of the country programme. Government institutions look for algorithms and models that require minimum adaptation to the national context and can facilitate achievement of national development priorities. UNFPA added value is seen as a knowledge broker connecting Turkmenistan to the international body of knowledge and effective practices able to identify such algorithms and models.

Regionalization of maternal and perinatal care was adopted as a ready effective model for reduction of maternal and perinatal mortality. Moldova was selected as a “prototype” because it had already successfully completed regionalization and was similar to Turkmenistan in terms of initial conditions. National reproductive health education standards and curriculum are based on international prototypes. In preparation to the national implementation of the first gender-based violence survey the Interagency Commission on Compliance with the International Obligations of Turkmenistan in the Field of Human Rights and International Humanitarian Law carefully studied the experiences of Turkey and Azerbaijan that had already completed similar surveys. Specialists of the State Statistics Committee were interested to connect with the Russian Statistics Committee to use their model for digitalization of data transfer from civil registries. Even the simulation session in preparation for dialogue with CEDAW Commission was seen as an opportunity to get access to a proved model of delegation performance during the dialogue.

Government demand and leadership in national adaptation of selected models ensure high cost effectiveness on UNFPA support. International experts pass the model to a small group of national specialists, and then the model is disseminated nationwide through government systems like the system of curators in the health sector and thematic associations of teachers in the education sector.

Conclusion 3: Feedback mechanisms that allow for critical review of results created for final beneficiaries facilitate identification of deficiencies in service provision and making necessary adjustments and contribute towards great sustainability of operational models introduced with the country programme support.

Origin: Evaluation question 2, 3, 4, 6, 7, Evaluation criteria: Effectiveness, Sustainability, Associated recommendation(s): 2

Introduction of the perinatal audit has established a feedback mechanism for critical review of the operation of the new model of maternal and perinatal care. Results of perinatal audits conducted in 2018 have already revealed a number of existing deficiencies and challenges and led to adoption of remedial measures starting the cycle of ongoing improvement of maternal and perinatal care system operation. One of the deficiencies identified by perinatal audits is poor compliance with clinical protocols on newborn health. Adopted remedial measures are expected to ensure greater compliance. In the long run use of perinatal audit shall ensure sustainability of the new operational model based on the use of clinical protocols.

Assessment of the National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 that shall inform the next iteration of the strategy and assessment of the existing health informational management system that shall inform development of the strategy for its strengthening are other examples of critical review mechanisms introduced with the programme support.

Conclusion 4: Existing UNCT coordination mechanisms ensure high level of coordination and cooperation between agencies, which enables UN agencies to influence higher-level government systems, e.g. the whole maternal, newborn, adolescents and children health system. UNFPA took a proactive role in planning and implementation of the joint UN activities (including the development of the joint funding proposals such as SDG Fund, assessment of the National Mother Newborn Child and Adolescent Health Strategy, MICS) and UN Thematic Groups (Advocacy and Communication; HR, Gender and Youth; UN Health Thematic Group) to coordinate agency efforts.

Origin: Evaluation question 8, Evaluation criteria: Coordination, Associated recommendation(s): 1

High level of coordination and cooperation between country offices of UN agencies that are part of the Health Team Group enables them to influence higher level government systems. The National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 and its recent assessment target the corresponding health system that encompasses maternal and reproductive health systems that UNFPA works with. Assessment was possible due to agencies combining their technical and financial resources.

The Situational Analysis on Youth in Turkmenistan jointly commissioned by UNICEF, UNFPA and UNDP in 2018-2019 laid the foundation for dialogue between UNCT and the government on strategic decisions in the area of youth.

Conclusion 5: A one-year planning time-frame allows UNFPA to be flexible and responsive to the needs and idea of national partners when developing annual work plans. While such responsiveness is in line with the principle of a more demand driven approach to UN assistance established by the UNPFD, it also *undermines focus of the country programme on intended results and targets.*

Origin: Evaluation question 5, Evaluation criteria: Efficiency, Associated recommendation(s): 5

UNFPA country office demonstrates high degree of flexibility and responsiveness to the needs and ideas of national partners in the course of development Annual Work Plans (AWP) used to operationalize the country programme. On the one hand such approach to development of AWP is in line with the principle of a more demand driven approach to UN assistance established by the PFD. On the other hand, resulting AWP lose focus on achievement of results and targets for indicators established in the Country Programme Action Plan.

5.2 Programmatic level

Conclusion 6: Within the framework of this country programme transformation of maternal and perinatal health care system has been mostly completed contributing towards UNFPA intended transformative result “End preventable maternal deaths” aligned with the SDGs Target 3.1.

Origin: Evaluation question 2, 3, Evaluation criteria: Effectiveness, Associated recommendation(s): 5

Within the framework of the current country programme with UNFPA support the government has almost completed transformation of maternal and perinatal health care system that started in 2007. UNFPA support enable the government to complete regionalization of the perinatal care enacted in 2014 by the MHMI

order. The mechanism of perinatal audit introduced under the current country programme in Akhal, Dashoguz and Mary provinces provides for ongoing review and improvement of the new system operation.

According to evaluation data regionalization and introduction of clinical protocols have already led to reduction in the prevalence of heavy hemorrhages which is one of the main causes of maternal deaths. This indicates that the country programme contributed towards UNFPA intended transformative result to end preventable maternal deaths aligned with the 2030 Agenda.

Conclusion 7: The country programme facilitated official inclusion of the 15-19 year old girls into the list of groups eligible for free contraceptives which contributes towards UNFPA transformative result “End to the unmet need for family planning” aligned with the SDGs Target 3.7. But the shortages of oral contraceptives at the service delivery points found by this evaluation along with the low use of reproductive health services by adolescent girls undermine the positive effect of this regulatory change.

Origin: Evaluation question 2, 3, Evaluation criteria: Effectiveness, Associated recommendation(s): 8

Since 2018 adolescent girls (15-19 years old) are officially eligible for free contraceptives, including as a treatment for menstrual dysfunction. Still at the time of evaluation visited reproductive health delivery points did not have oral contraceptives that can be used to treat menstrual dysfunction. Only condoms were available. The evaluation has also found that only few adolescent girls visit reproductive health service delivery points and this is not seen as a problem by health professionals. This undermines the positive effect of the regulatory change supported by the country programme.

In addition, use of modern contraceptives is primarily seen in Turkmenistan as a way of improvement of maternal health rather than a reproductive rights issue. This puts adolescent girls who have not started childbearing yet largely off the radar of the reproductive health system.

Conclusion 8: UNFPA support was instrumental in opening space for national dialogue about gender based violence which is an important first step towards achievement of UNFPA transformative result “End gender-based violence” aligned with SDG Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Origin: Evaluation question 2, 3, Evaluation criteria: Effectiveness, Associated recommendation(s): 14, 15

UNFPA support was instrumental in opening space for national dialogue about gender based violence, collecting relevant data and taking needed actions that had led to government commitment to conduct the first-ever national survey on the prevalence of gender based violence in domestic settings and the Parliament’s commitment to develop a law on prevention gender-based violence (tentatively it will be called a law on family well-being). These are important steps towards achievement of UNFPA transformative result “End gender-based violence” aligned with SDG Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Results of the survey that shall be available in 2020 may provide an important evidence to inform the following UNFPA advocacy efforts and the next country programme.

Conclusion 9: The programme made significant progress towards creating mechanisms and instruments supporting teachers to deliver quality reproductive health education, but additional support is needed.

Origin: Evaluation question 2, 3, Evaluation criteria: Effectiveness, Associated recommendation(s): 13

Russian language version of methodological recommendations on reproductive health and gender components of the BLS course and teaching aids developed with UNFPA support are well received by the teachers, but they are available to a limited number of schools and teachers.

In addition, even the teachers who have methodological recommendations feel that they need more support materials, including ready lesson plans and updated texts books for students.

Conclusion 10: The programme made a number of contributions towards production of better population data and its use for policy making. Still the transparency in terms of population data in Turkmenistan remains weak and further support is necessary.

Origin: Evaluation question 2, 3, Evaluation criteria: Effectiveness, Associated recommendation(s): 3, 16, 17

The country programme has initiated a number of ongoing interventions that shall lead to better quality of population data, including technical support to establishment of Health Information Management System, digitalization of collection and processing of civic registry information, strengthening national capacity in preparation to 2022 census.

At the same time national statistical data is not readily available which was one of the challenges faced by this evaluation. Few government executives are familiar with the concepts of demographic forecasting and the delivery of the course on this subject developed with UNFPA support within the framework of this programme for Civil Service Academy is awaiting for an official roll out of the Master's Programme.

6. Recommendations

6.1 Strategic level

Recommendation 1: Consider developing a joint UNCT strategy to advocate for and support the establishment of the **national system for integrated delivery of multiple adolescent-specific health services and health education**, (as recommended in SitAn) in cooperation with other members of UN Health Team Group to close the existing gap between UNFPA and government strategic priorities in the area of adolescent reproductive health.

Related SDGs targets:

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed and in accordance with the ICPD Programme of Action and the Beijing Platform for Action and the outcome documents of their review conferences.

Priority: High

Target level: Country office, members of UN Health Team Group

Based on conclusions: 1, 3, 4

Operational implications:

- Advocacy campaign may use two key messages. One is that establishment of integrated adolescent-specific health services would manifest country commitment to rights-based approach. Another is that a habit to use health services for screening rather than treatment developed in adolescence will be carried to adulthood and would eventually translate into better health outcomes and reduced health care costs.
- The establishment of the system may involve the launch of the interagency coordination mechanism involving representatives of health and education sectors.
- Advocacy efforts should focus on bringing to the government examples of operational models that have been already implemented in other countries and can be adapted to Turkmenistan context.
- Make sure that Y-PEER model is fully integrated in the national system for integrated delivery of multiple adolescent-specific health and education services.
- Make sure that the system can reach to all adolescents, including leaving in remote rural areas.
- Use study tours and missions of international experts to Turkmenistan to build awareness of national specialists about existing effective models for delivery of multiple adolescent-specific health services and to facilitate emergence of national champions and national buy-in.
- Establishment of a pilot adolescents-friendly clinic may be a useful step towards establishment of the nation system, but only if the government assumes full responsibility for funding its operation from the very beginning.

Recommendation 2: Use results of the gender based violence survey to develop UNFPA country office strategy, including communication and advocacy components, in the area of addressing and prevention of the gender based violence in Turkmenistan.

Related SDGs target: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Priority: High

Target level: Country office, members of UN Health Team Group

Based on conclusions: 1, 3, 4

Operational implications:

- Use survey data to develop analytical reports and policy briefs.
- Organize round tables to present survey results and use them to advocate for effective approaches to addressing gender based violence used in other countries to national stakeholders, including development and introduction of Standard Operating Procedures for healthcare, police and psycho-social support professionals to provide services for victims of GBV in line with internationally agreed Global Essential Services Package and Regional SOPs.
- Advocate for development on a national Action Plan to address issues revealed by the survey.

Recommendation 3: Continue support to development of national culture of population data use.

Related SDGs target: 17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries.

Related provision of Framework of actions for the follow-up to the ICPD Programme of Action beyond 2014: States should strengthen national capacity to generate, disseminate and effectively use data on population dynamics, including data from birth and death registration, censuses and periodic representative surveys. Attention should be given to the need for training and career development of young demographers in developing countries, especially training in the newer technologies

Priority: High

Target level: Country office, members of UN Health Team Group
Based on conclusions: 1, 3, 4

Operational implications:

- Forthcoming national HBSC and MICS studies and 2022 Census will generate the body of evidence related to UNFPA mandate. Country office could use this evidence to generate evidence-based policy briefs that would serve for advocacy purposes and simultaneously provide examples of using evidence for strategic analysis.
- Consider organizing round tables to present and discuss results of HBSC and MICS studies and 2022 census relevant to UNFPA agenda with national stakeholders.
- Promote use of evidence-based feedback mechanisms, like near miss cases review and perinatal audit in maternal and newborn health care system and assessments of implementation of national strategies.

Recommendation 4: In the beginning of the next programming cycle together with each implementing partner, develop multi-year work plans (2 years) and detailed theories of change for the priority areas within the timeline of the country programme.

Priority: High

Target level: Country office, national government

Based on conclusions: 5

Operational implications:

- Start development of a road map with a quick critical review of the state of the government system(s) targeted by a specific project, e.g. through one-day workshop with relevant national stakeholders. This review will provide data on the baseline state of the specific system at the time of programme planning and facilitate identification of desired change, intended results and necessary activities.
- Establish clear connections between activities and intended results and develop an adequate programme monitoring system.
- Multi-year work plans (2 years) and detailed theories of change shall be linked to the prioritized programme areas and reviewed on a regular basis.

Recommendation 5: UNFPA human and technical resources are of critical importance to advance in-country programmatic and advocacy agenda and remain relevant to cover the emerging national development priorities. Due to the growing demand for advocacy and partnerships, technical support and coordination for ambitious 2030 Agenda, joint UN work in light of the UN Reforms, and finding sustainable solutions for upscale programming, UNFPA should have strong comparative advantage and presence in the country. This includes the need for increased staff capacities to provide the adequate support for 2030 Development Agenda and for UNFPA mandate in the upper middle-income country. This is also in light of the ongoing UN reforms and new positioning of other UN Agencies and UNRC Office.

Priority: High

Target level: Country office, UNCT, national government

Based on conclusions: 4

Operational implications:

- Initiate a skills mapping exercise to identify the staffing gaps and potential priority programming areas that will have to be strengthened in line with the 2030 Development Agenda.
- Identify funding gaps and opportunities required for the reviewed staffing structure.

6.2 Programmatic level

Recommendation 6: In the area of **maternal health** – support South-to-South cooperation between Turkmenistan and other countries selected and validated across their described good practices to facilitate access to emerging effective practices and models.

Related SDGs target: 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. Framework of actions for the follow-up to the ICPD Programme of Action beyond 2014: States should eliminate preventable maternal mortality and morbidity as urgently as possible by strengthening health systems and thereby ensuring universal access to quality prenatal care, skilled attendance at birth, emergency obstetric care and postnatal care for all women.

Priority: Medium

Target level: Country office, members of UN Health Team Group

Based on conclusions: 2, 6

Operational implications:

- Provide support in MMR data collection better aligned to international standards and its improved analysis and reporting.
- Continue rolling out of quality management tools such as near miss cases review for further decrease of maternal mortality.
- Monitor conferences and workshops on maternal health issues and share opportunities with the Ministry of Health and Medical Industries.
- Encourage national partners to present their experiences, e.g. with introduction of evidence-based maternal health care, at the international events to stimulate public use of internal monitoring data.

Recommendation 7: In the area of **family planning** – consider initiating the review of the provision of family planning services as a way to start advocating for reproductive rights based approach to provision of free contraceptives to vulnerable women.

Related SDGs target: 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Priority: High

Target level: Country office, members of UN Health Team Group

Based on conclusions: 2, 7

Operational implications:

- Use results of the next MICS to assess possible impact of introduction of the total market approach and government assuming full responsibility for financing procurement of contraceptives.
- Use results of this assessment to advocate for doing a review of the provision of the family planning services to identify emerging good practices and possible bottlenecks.
- Advocate for identification of criteria of vulnerabilities in terms of access to family planning services.
- Explore the pockets of highest unmet needs for family planning among women.

Recommendation 8: In the area of **adolescents and youth** – Continue support to the development of methodology materials on reproductive health and gender components for BLS teachers, both in Russian and Turkmen languages.

Related SDGs target: 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

Framework of actions for the follow-up to the ICPD Programme of Action beyond 2014: States should guarantee for boys, girls, adolescents and young people the opportunities, mentoring and skills to build healthy social relationships, harmonious coexistence and a life free from violence through multisectoral strategies and education that engage peer groups and families, and promote tolerance and appreciation of diversity, gender equality, self-respect, conflict resolution and peace. States and global health partners should address the stark disparities in the success of HIV prevention in different parts of the world, and among different population groups.

Priority: High

Target level: Country office, members of UN Health Team Group

Based on conclusions: 2, 9

Operational implications:

- Develop model lesson plans for delivery of BLS modules introduced with UNFPA support – both in Russian and Turkmen.
- Develop methodological guidelines for schools interested to establish their own groups of peer educators.

Recommendation 9: In the area of gender equality – Continue support to the Parliament with the development of the law on prevention of gender based violence (tentatively called a law on family well-being) and development of instruments and mechanisms necessary for its enforcement.

Related SDGs target: 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Framework of actions for the follow-up to the ICPD Programme of Action beyond 2014: States should adopt and implement legislation, policies and measures that prevent, punish and eradicate gender-based violence within and outside the family, as well as in conflict and post-conflict situations. Laws that exonerate perpetrators of violence against women and girls, including provisions that allow them to evade punishment if they marry the victim, or are the partners or husbands of the victim, should be revised.

Priority: High

Target level: Country office, members of UN Health Team Group

Based on conclusions: 2, 8

Operational implications:

- Consider developing an advocacy campaign to support the launch of the law.
- Once the law is adopted, develop a corresponding training module for Y-PEER to support raising awareness about the law.
- Advocate to establishment of the national mechanism for regular review of the enforcement of the law after it is adopted.

Recommendation 10: In the area of population and development – Continue technical support to preparation to 2022 census, implementation of HIMS Strategy and digitalization of the collection of civic registry records to contribute to improved quality and greater availability of population data.

Related SDGs target: 17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries.

Framework of actions for the follow-up to the ICPD Programme of Action beyond 2014: States should strengthen national capacity to generate, disseminate and effectively use data on population dynamics, including data from birth and death registration, censuses and periodic representative surveys. Attention should be given to the need for training and career development of young demographers in developing countries, especially training in the newer technologies.

Priority: High

Target level: Country office

Based on conclusions: 2, 10

Operational implications:

- Support South-to-South cooperation in the area of population data.
- Initiate development of the road map for the use of the 2022 census results for policymaking.
- Provide technical support with the implementation of HIMS Strategy promoting greater quality and use of population data.

Annexes

Annex 1. Terms of Reference

Terms of Reference for the Evaluation of The Turkmenistan UNFPA Country Programme (2016-2020)

A. INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations sexual and reproductive health agency for ensuring rights and choices for all. The strategic goal of UNFPA globally is to achieve three transformative results by 2030: ending unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), the Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015).

UNFPA Country office in Turkmenistan implements its 4th Country Programme for 2016-2020 and needs to carry out a Country Programme Evaluation.

As the current programme cycle is approaching completion, the UNFPA Country Office in Turkmenistan, in collaboration with the UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Evaluation Office, is planning to conduct an independent evaluation of the fourth UNFPA Country Programme for Turkmenistan (2016-2020) as part of the Country Office evaluation plan and in accordance with the UNFPA evaluation policy (DP/FPA/2013/5). The UNFPA country programme evaluation (CPE) will provide an independent assessment of relevance, performance and sustainability of UNFPA support provided to Turkmenistan during 2016-2018, as well as analysis of various facilitating and constraining factors influencing programme delivery.

Key features of this evaluation approach are: the evaluation focus will be on one country and the evaluation will cover relevance and effectiveness of the different strategies adopted in the country and thematic/programmatic areas. The overall objective of the evaluation is to assess the extent to which the country programmes achieved intended results and use the findings for the purposes of further programme design and interventions. The primary users of this evaluation are the decision-makers within the UNFPA country offices and organization as a whole, government counterparts in the country, the UNFPA Executive Board, and other development partners. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

The evaluation will be managed by a steering committee consisting of the country office evaluation manager with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation and the UNFPA Evaluation Office, and in consultations with the Evaluation Reference Group. A team of competitively selected independent evaluators will conduct the evaluation and prepare the evaluation report.

B. COUNTRY PROFILE

Turkmenistan is a country with vast gas reserves, which has experienced impressive economic growth in recent years. The World Bank has classified the country as an upper-middle-income country. Nevertheless, wide disparities remain in access to services – by rural-urban status, region, wealth quintile and gender – along with other important social dimensions, such as disability, opportunities for youth and vulnerability to natural disasters. The last Population and Housing Census was conducted in Turkmenistan in 2012 with no results publicly made available. According to the UNDESA estimates the total population of Turkmenistan is 5.6 million people, over half of which lives in rural areas (52.3 percent). Slightly more than half (50.1 percent) are female population and approximately half of the population of Turkmenistan is younger than 25 years. The population growth rate is high (1.6 percent, UNDESA, 2017).

Maternal mortality rate (MMR) has seen 38 percent drop from 67 in 2010 to 42 in 2015 as per UN estimates. It is less than SDG global target of 70, however, it is above the regional average and, hence, Turkmenistan is one of priority countries in the region on further decreasing MMR.

Significant discrepancy on MMR exists between Government and UN estimates with official rate of 3.6. MMR is adopted under the nationalized SDGs which provides an opportunity to integrate international metadata into the national data collection system.

The National Strategy on Maternal, Newborn, Adolescents and Children health with action plan 2015-2019 has approached maternal and newborn health from life cycle perspective and contributes to strengthening institutional capacities for quality services through joint implementation in cooperation with Ministry of Health (MoH), UNICEF and WHO.

Significant progress has been made by Turkmenistan in enhancing national ownership in family planning through running of 95 reproductive health rooms and making family planning services and contraceptives available there. After two decades of regular UNFPA supply of contraceptives, in 2017 procurement of contraceptives fully shifted to the state budget based on the MoU with the MoH. As a result of UNFPA continuous advocacy and technical support, the Government rolled out the Total Market Approach (TMA), which avails sharing the market of contraceptives between state and private pharmacies and aims to ensure access of all women and couples, including vulnerable groups, to quality and affordable contraceptives.

Turkmenistan displays a high degree of ownership of the Sustainable Development Goals (SDGs). The Government developed its national framework of 17 SDG Goals, 149 targets and 175 indicators, established the monitoring architecture with the Ministry of Finance and Economy chairing the SDG Working Group (57 national agencies) and responsible for reporting on the progress in implementation of 2030 Agenda in the country. Out of 17 global SDG indicators related to the Agenda set by International Conference on Population and Development (1994) Turkmenistan adopted 13. UNFPA initiated the baseline Assessment of ICPD related SDG indicators that revealed the areas for further cooperation with the Government of Turkmenistan and include but not limited to aligning the national methodologies for data collection and processing with international ones, opening data for public use, initiating data collection thematic surveys, strengthening national capacities in SDGs monitoring and reporting.

In the area of human rights and gender equality, Turkmenistan has made significant efforts to improve legal and institutional framework as well as reporting on human rights treaty bodies. Based on the law of Turkmenistan “On Ombudsman” entered into force on 1 January 2017, the

Ombudsman Office was established in early 2017. The establishment of the Ombudsman institution marks an important step in strengthening democratic principles in Turkmenistan and its commitments in the area of human rights. As a follow up to the CEDAW Committee recommendations made in 2012, with UNFPA technical support Turkmenistan developed its first National Action Plan on Gender Equality for 2015-2020 (NAPGE) and adopted in January 2015. Among fourteen priority areas and actions, the NAPGE foresees holding the first-ever national survey on the health and status of women, promoting women's rights and gender analysis and targeting gender stereotypes.

Young people aged 10-25 make up 30 percent of population. The findings of a survey on the Health Behavior Among School-aged Children (2013), demonstrated: 38% awareness on sexual and reproductive health issues, and lack of access to youth-friendly and referral services.. Reproductive health issues are included into a mandatory school subject "Basics of Lifeskills", and the national age-appropriate comprehensive SRH education standards are developed with UNFPA support and endorsed by the Ministry of Education; however due to cultural resistance and outdated views on reproductive health education, as well as lack of teachers' training, the issues of human sexuality and condom use are censored and left out.

Two Y-PEER Youth centers in two cities (capital and regional), supported jointly by UNFPA and the Youth Organization, which is government NGO, are one of the few platforms in the country where youth can gather and promote youth SRH issues. Launch of youth peer education centers in the capital and Mary city increased access of adolescents and youth to reliable knowledge on reproductive rights and health. Given the strong influential power of the Parliament of Turkmenistan (Mejlis), strategic partnership was established with the Parliament on youth policy and gender mainstreaming. UNFPA contributed to adoption of the Youth Policy Law (2013) and NAP on Youth Policy. The Youth Policy Law theoretically opens new opportunities for youth participation, and expanding access of youth and adolescents to SRH information and services. Considering the upper middle income status of Turkmenistan and rich natural resources donor funding opportunities are very limited in the country and major donors are mainly interested in investing into energy sector, which is profit bound, rather than in investing to non-profit socio-economic sector development to ensure its sustainable growth.

C. COUNTRY PROGRAMME

The 4th UNFPA Country Programme Document for Turkmenistan (DP/FPA/CPD/TKM/4) has been approved by the UNDP/UNFPA/UNOPS Executive Board at its Annual session 2015 in New York on June 1-9, 2015. The UNFPA financial commitment over 5 years towards the programme was approved at \$2,8 million from regular resources (\$0,8 million for reproductive health and rights component, \$0,4 million for adolescents and youth component, 0,6 million for population and development component, \$0,6 for gender equality component and \$0,4million for programme coordination and assistance). UNFPA also committed to mobilize \$1,0 million from other

resources to co-fund the programme. In 2015, following extensive advocacy efforts of the UNFPA Country Office, the Government of Turkmenistan and UNFPA signed landmark Co-Financing Agreement for the Country Programme 2016-2020 in the amount of \$1,0 million.

The country programme contributes to the national priorities outlined in the Strategy on socio-economic development up to 2020. The programme is aligned with Sustainable Development Goals, UNFPA Strategic Plan 2014-2017, and the United Nations Partnerships Framework for Turkmenistan 2016-2020. The programme contributes to three priority areas of the United Nations Partnerships Framework in Turkmenistan: (i) Governance and Rule of Law; (ii) Quality, Inclusive Social Services; and (iii) Quality Data and Progress Monitoring.

In line with the UNFPA business model, the programme has shifted to advocacy and upstream policy support, for strengthening institutional capacities, as well as implementation and accountability mechanisms within the national health system to deliver quality gender sensitive and client friendly reproductive health services with the focus on vulnerable groups. It also involves upstream policy engagement aimed at development of evidence-based programmes and plans in areas of gender, youth, and data and population.

The country programme aimed to deliver the following 5 outputs

Output 1: Strengthened policy and institutional mechanisms to deliver integrated reproductive health services (cervical cancer, HIV, family planning and youth friendly health services), including in humanitarian situations.

Output 2: Strengthened policy framework and institutional mechanisms to enable provision of comprehensive maternal health services with focus on midwifery professional education.

Output 3: Strengthened key institutional mechanisms to incorporate rights and needs of adolescents and youth in national laws, strategies and comprehensive gender sensitive and age-appropriate reproductive health education programmes.

Output 4: Strengthened national legislation, policies, and institutional mechanisms for implementing and monitoring the National Action Plan on Gender equality.

Output 5: Strengthened national policies through increased use of gender disaggregated data, integration of evidence-based analysis on population dynamics, reproductive health and reproductive rights, adolescents and youth and gender equality.

D. OBJECTIVES AND SCOPE OF THE EVALUATION

The overall objectives of evaluation: (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives:

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

country programme;

- To provide an assessment of country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results.
- To draw key lessons from the past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle.

The evaluation is expected to be completed by July 2019 and carried out in accordance with the Evaluation Implementation Plan (ref: Annex 5).

Scope of evaluation:

The evaluation will cover Turkmenistan and the following four programmatic areas: reproductive health, adolescents and youth, gender equality and population and development. During the evaluation there may be field visits to relevant areas and several interviews with key stakeholders.

The evaluation will cover all activities planned and/or implemented during the period **2016-2020**. **Cross-cutting areas will include:** partnership, resource mobilization and communication.

The evaluation should analyze the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018-2021, the UN Partnership Framework, and national development priorities and needs.

E. EVALUATION CRITERIA AND EVALUATION QUESTIONS

The following evaluation questions addressing the evaluation criteria: relevance, effectiveness, efficiency, and sustainability as well as coordination with the UNCT, and added value will be used for the evaluation.

Relevance:

- EQ1. To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis to the most vulnerable population (ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas, (iii) aligned with the UNFPA strategic plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and (iv) aligned with the UN Partnership Framework?

Effectiveness:

- EQ2. To what extent have the intended programme outputs been achieved?
- EQ3. To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of

provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?

- EQ4. To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

Efficiency:

- EQ5. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

Sustainability:

- EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?
- EQ7. To what extent have partnerships built with government or other UN organizations to enhance sustainability or scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?

UNFPA Country programme coordination with UNCT:

- EQ8. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA Country programme added value:

- EQ9. What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

F. METHODOLOGY AND APPROACH

The evaluation will be based on a participatory design that is expected to include quantitative and qualitative data collection methods.

The proposed methodology by the evaluation team will elaborate in detail on the relevant data sources, sampling size and techniques, data collection instruments and procedures, ethical considerations, as well as the strategies necessary for mitigating the major limitations of the proposed design, if any.

Data Collection

The evaluation will use a multiple-method approach to data collection, including documentary review, group and individual interviews, focus groups and field visits to programme sites as appropriate. The data will be carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

The evaluators will be required to take into account **ethical considerations when collecting information**.

Data validation

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 CO programme managers and the Evaluation Reference Group.

Data Analysis

The evaluation team will ensure the following in analyzing data, formulating finding and reaching to conclusions.

- i. Are the findings substantiated by evidence?
- ii. Is the basis for interpretations carefully described?
- iii. Is the analysis presented against the evaluation questions?
- iv. Is the analysis transparent about the sources and quality of data?
- v. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?
- vi. Does the analysis show different outcomes for different target groups, as relevant?
- vii. Is the analysis presented against contextual factors?
- viii. Does the analysis elaborate on **cross-cutting issues such as equity and vulnerability, gender equality and human rights?**

Stakeholders participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. **The evaluation manager will perform a stakeholders mapping** for the country 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. The stakeholder mapping must be concluded before the design phase.

An **Evaluation Reference Group (ERG)** will be established by the UNFPA Country Office comprising key programme stakeholders (national governmental and non-governmental

counterparts, Evaluation Manager from the UNFPA Country Office). The ERG will review and provide inputs to the country case study, provide feedback to the evaluation design report, facilitate access of evaluators to information sources, and provide comments on the main deliverables of the evaluation, in particular the country case studies at the draft stage.

G. EVALUATION PROCESS

The evaluation will unfold in four phases, each of them including several steps.

a. *Preparation phase (5 weeks in December 2018-February 2019):*

This phase, managed by the UNFPA Offices, will include:

- Drafting of programme evaluation (CPE) terms of reference (ToR);
- Establishing an Evaluation Reference Group (ERG);
- Receiving approval of the CPE ToR from the UNFPA Regional Office;
- Selecting potential evaluators;
- Receiving pre-qualification of potential evaluators from the UNFPA Regional Office;
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader;
- Preparing the initial set of documentation for the evaluation, including the list of projects and stakeholder map.

The preparation phase may include a short *scoping exercise (on or off site)* by the Evaluation Team Leader to gain better understanding of the development context, UNFPA programme and partners, refine the evaluation scope, identify potential sites for field visits etc.

b. *Evaluation design phase (3 weeks in Mid-February – 1st week of April)*

This phase will include:

- a **documentary review** of all relevant documents available at UNFPA HQ and CO levels regarding the country programmes for the period being examined;
- a **stakeholder mapping** – The evaluation manager will prepare a mapping of 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;
- 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;
- the **finalization of the list of evaluation questions**;
- the **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 produce a **design report**, that will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report.

The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The design report should also present the reconstructed programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed, validated and approved by the **UNFPA Evaluation Steering Committee** before the evaluation field phase commences.

c. Field phase (3 weeks in April)

After the design phase, the evaluation team will undertake a three-week collection and analysis of 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 country evaluation team will provide the COs 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.

d. Synthesis and dissemination phase (10 weeks in Mid-May - July)

During this phase, the Country Evaluation Team will continue the analytical work initiated during the field phase, taking into account comments made by the Evaluation Steering Committee and Evaluation Reference Group at the debriefing meeting and the Evaluation Team Leader.

This **first draft country report** will be submitted to the Evaluation Reference Group for comments (in writing). Comments from the Country Evaluation Reference Group and evaluation managers will be consolidated. The draft country report will form the basis for a dissemination seminar/s, which will be attended by the CO as well as all the key programme stakeholders in the Evaluation Reference Group (including key national counterparts). The final report will be drafted by the Team Leader based on the comments received. This first draft evaluation report will be shared with the Evaluation Steering Committee for the feedback and comments. The final Evaluation report will be shared with stakeholders in the country, in a format to be agreed upon.

H. Expected outputs/ deliverables

The evaluation team will produce the following deliverables:

- evaluation 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 have a maximum of 30 pages;
- a first draft evaluation report accompanied by a debriefing PowerPoint presentation synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the Evaluation Steering Committee during the (online or in person) debriefing meeting foreseen at the end of the field phase;
- a second draft evaluation report (followed by a second draft, taking into account potential comments from the Evaluation Steering Committee) and Evaluation Reference Group. The evaluation report should have a maximum of 50 pages (plus annexes); a presentation of the results of the evaluation for the dissemination seminar to be held and led by the national evaluators;

- a final evaluation report, based on comments expressed during the dissemination seminars.
- An evaluation brief (maximum 4 pages) summarizing the evaluation report.

All deliverables will be written in English and Russian. The presentation for the dissemination seminars and the final evaluation report might need to be translated in Turkmen if requested by national counterparts.

I. Work plan/ Indicative timeframe

Phases/deliverables	Dates
Preparation phase - Drafting and approval of the ToR - Recruitment of experts (TL, RA, National Experts)	December 2018-Feb. 2019
Evaluation design phase: - Submission of the design report	Mid-February-1st week of April 2019
Training phase: - Training on evaluation design	April 2019
Field phase: - Data Collection - Debriefing CO	April- mid May 2019
Synthesis and dissemination phase: - 1st draft Evaluation Report - Dissemination - 2nd draft Evaluation Report - Final Evaluation Report	June-July 2019

J. COMPOSITION OF THE EVALUATION TEAM

An Evaluation Team Leader and two Evaluators who are external to UNFPA will carry out the evaluation. There should be at-least one member in the evaluation team should be female. The evaluation team members will combine knowledge and experience in evaluation with technical knowledge and expertise in areas related to the UNFPA development and humanitarian programme

The evaluation team will consist of:

The evaluation team will consist of:

- a) **International Evaluation Team Leader** with overall responsibility for the design and implementation of the CPE. S/he is responsible for the production and timely submission of all 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 ensure quality of the evaluation products. The Evaluation Team Leader will be responsible for covering at least one programmatic area of the CPE. The Evaluation Team Leader should have the following qualifications

The Evaluation Team Leader should have the following qualifications:

- Advanced degree in social sciences, political sciences, economics or related fields;
- Minimum 7 years of experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations in the position of lead evaluator,
- Specialization in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender equality, population and development, adolescent and youth policies)
- Demonstrated ability and knowledge to collect and analyze qualitative and quantitative data (a training on data analysis using software e.g. SPSS);
- Good knowledge and experience of programme evaluation in the humanitarian settings will be strong assets;
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills;
- Excellent command of both spoken and written English is required. Good knowledge of Russian would be an asset.

- 2) **Three National Evaluators (Evaluation team members)**, who will each provide expertise in one programmatic area of the evaluation The evaluators will take part in the data collection and analysis work, and 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 evaluators in the CPE process, including participation in interviews/meetings, provision of technical inputs and reviews of the design report, drafting parts of the evaluation reports, will be agreed by the Evaluation Team Leader and done under her/his supervision and guidance. The necessary qualifications of the evaluators will include:

- Advanced degree in social sciences, public health, women's studies, gender equality, population studies, demography, statistics or related fields;
- At least 5 years of experience in conducting evaluations as a member of evaluation team or individual evaluator for UN agencies and/or other international organizations;
- Demonstrated ability and knowledge to collect qualitative and quantitative data;

- Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
- Good knowledge of the national development context and be fluent in Russian and English
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills;

K. Remuneration and duration of contract

The provisional allocation of workdays among the evaluation team will be the following:

Evaluation Phase	Team Leader	Evaluator 1	Evaluator 2	Evaluator 3
Design report	10	5	5	5
Fieldworks	15	15	15	15
Reporting, including	15	10	10	10
<i>Contribution to first draft report</i>	<i>10</i>	<i>7</i>	<i>7</i>	<i>7</i>
<i>Consolidation and finalization of the final report</i>	<i>3</i>	<i>2</i>	<i>2</i>	<i>2</i>
<i>Preparation and facilitation of stakeholder workshop</i>	<i>2</i>	<i>1</i>	<i>1</i>	<i>1</i>
Total	40	30	30	30

The exact number of workdays and workload distribution will be proposed by the Evaluation Team in the evaluation design report, subject to approval by UNFPA.

Payment of the evaluation consultancy fee for **International Evaluation Team Leader** will be made in three tranches against the following milestones:

- 20% Upon approval of the evaluation design report by UNFPA
- 40% Upon acceptance of the first draft final evaluation report by UNFPA
- 40% Upon acceptance of the final evaluation report by UNFPA

Payment of the evaluation consultancy fee for **National Evaluators** will be made in two tranches against the following milestones:

- 40% Upon acceptance of the first draft final evaluation report by UNFPA
- 60% Upon acceptance of the final evaluation report by UNFPA

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.

L. Management and conduct of the evaluation

The evaluation will be guided by these terms of reference approved by the UNFPA Regional Office on behalf of UNFPA Evaluation Office, and the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The evaluation will be conducted by an independent Evaluation Team whose members are pre-qualified by the UNFPA Regional Office, but will be managed by the UNFPA Country Office.

The Evaluation Steering Group:

Evaluation Steering Committee (ESC) will have overall responsibility for management and coordination of all components of the evaluation including evaluation design, implementation and dissemination of the evaluation results. The Evaluation Steering Committee will have overall

supervision on the Evaluation Team (including International Team Leader and National Team) and evaluation processes. ESC will be comprised of the UNFPA Country Director, Assistant Representative, Programme staff and RO M&E Advisor.

The role of the ESC will include the following tasks, but not limited to:

- Develop and agree ToR for the evaluation along with ToR for Reference Group(s) and ToRs for all Evaluation Team members (International Team Leader and National Experts);
- Act as first point of contact to the Evaluation Team;
- Develop initial list of stakeholders for interviews and propose documentation for review;
- Review and approve draft design report;
- Review and approve draft evaluation report (including preliminary findings, conclusions and recommendations) and Case Studies;
- Liaise with the Evaluation Reference Groups for any issues related to the evaluation;
- Provide management response to the final evaluation report;
- Review and approve the final evaluation report and Case Studies;
- Disseminate the final evaluation report to relevant stakeholders.

The Evaluation Manager will:

- Provide support to the whole evaluation exercise, provide feedback for quality assurance during the preparation of the design report, field work, case studies, dissemination seminar, and the final report;
- Conduct stakeholders mapping;
- Provide Evaluation team with available internal and external data relevant to the country
- Facilitate the establishment of the Reference Group
- Be supported by the RO M&E adviser

The reference group composed of representatives from the UNFPA country office, the national counterparts, 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.

Annexes:

Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations

Annex 2: Evaluation Quality Assurance and Assessment: Tools and Guidance
(<https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>)

Annex 3: How to Design and Conduct a Country Programme Evaluation at UNFPA
(<https://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)

Annex 4: Equity-focused and gender-responsive lens evaluation
(<https://www.evalpartners.org/evalgender/no-one-left-behind#guidance>)
Annex 5: Country Programme Theory of Change

Annex 6: Implementation Plan

Annex 1: 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:

1. 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.
2. 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.
3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. 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.
5. 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

Annex 2. List of persons interviewed

UNFPA

Mr Kemal Goshlyev, National Programme Manager – SHR and Adolescents & Youth, UNFPA
Mr Dovran Yamatov, National Programme Analyst - Population Dynamics and Gender, UNFPA
Ms Maya Meretkuliyeva, Consultant, UNFPA

Other UN agencies in Turkmenistan

Ms Aigul Nurgabilova, Health and Nutrition Specialist, UNICEF
Ms Elena Panova, UN Resident Coordinator
Ms Aina Seitlieva, Communication officer, UNICEF
Dr Paulina Karwowska, Representative in Turkmenistan, WHO

Reproductive health and rights

Central government

Mr Muhammed Ergeshov, Head of Treatment and Prevention Department, Ministry of Health and Medical Industries
Ms Gul Karryeva, Chief Pediatrician, Ministry of Health and Medical Industries
Ms Maral Ilmamedova, Chief Obstetrician-Gynecologist, Ministry of Health and Medical Industries

Provincial government

Ms Maya Japarova, Chief Obstetrician, Provincial Health Department, Mary province
Mr Byashim Palanov, Chief Pediatrician, Provincial Health Department, Mary province

Health specialists

Ashgabat

Ms Akdjemal Durdyeva, Senior Researcher, National Clinical Center for Maternal and Child Health, Head of National Reproductive Health Center
Ms Mive Annakulieva, Head of Pregnancy Pathology Department, National Clinical Center for Maternal and Child Health
Ms Bibi Annamuhamedova, Head of Puberty Pathology Department, National Clinical Center for Maternal and Child Health
Ms Gulyaram Joraeva, Deputy Director in charge of Research, National Clinical Center for Maternal and Child Health
Mr Allaberdy Sahedov, Head of Child Urology Department, National Clinical Center for Maternal and Child Health
Ms Annatach Ulugberdyeva, Director, Ene Mayakhry Perinatal Center

Mary province

City of Mary

Ms Shemshat Ovelekova, Deputy Chief Physician - Obstetrics, Center for Maternal and Child Health
Ms Mayagozel Gandymova, Head, Reproductive Health Center
Mr Rakhman Ishanov, Deputy Chief Physician - Children, Center for Maternal and Child Health
Ms Jeren Annaberdyeva, Head, Adolescent Reproductive Health Center
Ms Mikhan Meredov, Head, Intensive Care Department, Perinatal Center
Ms Guldjan Khodzhaaglieva, Obstetrician/ Medical statistics specialist, Perinatal Center

Maty etrap

Ms Belbil Annaberdyeva, Obstetrician/ Reproductive Health Specialist, Mary Etrap Central Hospital
Mr Azat Annaberdyev, Deputy Chief Physician, Mary Etrap Central Hospital

Sakarchagy etrap

Mr Mukhammad Esenmuradov, Deputy Chief Physician – Primary Care, Sakarchagy Etrap Central Hospital
Mr Gaidysyz Rakhmiev, Deputy Chief Physician – Treatment, Sakarchagy Etrap Central Hospital

Mr Nury Velmamedov, Birth Assistance Department, Sakarchagy Etrap Central Hospital
Ms Gyzylgul Nurberdieva, Obstetrician/ Reproductive Health Specialist, Sakarchagy etrap Health Center
Ms Gulyalek Asenmuradova, Family Doctor, Sakarchagy etrap Health Center
Mr Azat Garyev, Adolescent Doctor, Health Center, Sakarchagy etrap Health Center

Murgab etrap

Mr Annamurat Durdybaev, Chief Physician, Murgab Etrap Central Hospital
Mr Maksat Tachmuradov, Deputy Chief Physician, Murgab Etrap Central Hospital
Ms Guljan Omarova, Resident Physician, Maternity Hospital
Ms Oguljakhan Yusupova, Head, Maternity Hospital
Mr Ataberdy Jumaev, Neonatologist, Maternity Hospital
Mr Dovletgeldy Sylabov, Obstetrician – Gynecologist, Maternity Hospital

Dashoguz province

City of Dashoguz

Ms Zulfiya Sheripova, Head of Provincial Reproductive Health Center
Ms Maral Aytgeldyeva, Deputy Chief Physician, Health Center #3
Ms Zoya Samandarova, Adolescent Doctor, Health Center #3
Ms Zulfiya Matyakubova, Obstetrician – Gynecologist, Health Center #3
Mr Berdimurat Klyev, Surgeon, Andrologist, Health Center #3
Ms Murabek Ibragimova, Reproductive Health Specialist, Health Center #3
Mr Myrat Allashev, Director, Health Center #3
Mr Abdulla Tajimuradov, Andrologist, Health Center #3

Boldumsaz etrap

Mr Bairam Arazbaev, Pediatrician, Chief Physician, Boldumsaz Etrap Central Hospital

Gubadag etrap

Mr Shokhrat Kabaev, Chief Physician, Gubadag Etrap Central Hospital
Ms Bakhragul Nazarova, Head of Maternity Department, Gubadag Etrap Central Hospital
Ms Myakhry Durdyeva, Deputy Chief Physician, Gubadag Etrap Central Hospital
Ms Ejegul Rejepurdyeva, Reproductive Health Specialist, Gubadag Etrap Health Center
Ms Zulfiya Sapardurdyeva, Adolescent Doctor, Gubadag Etrap Health Center

Niyazov etrap

Mr Begnazar Khalzhanov, Chief Physician, Niyazov Etrap Central Hospital
Mr Ikram Shamuradov, Deputy Chief Physician, Niyazov Etrap Central Hospital
Ms Sonazhan Khalmuradova, Head of Maternity Department, Niyazov Etrap Central Hospital
Mr Atakhan Saparov, Reproductive Health Specialist, Niyazov Etrap Central Hospital

Medical University

Ms Tyazegul Saryeva, Director, Maternal and Child Health Study and Research Center, Turkmen State Medical University
Ms Sheker Berdyeva, Head of Obstetrics and Gynecology Postgraduate Department, Turkmen State Medical University
Ms Olga Allanazarova, Head of Hospital Pediatrics, Turkmen State Medical University
Mr Shageldy Saheturdyev, Head of Propaedeutic Pediatrics, Turkmen State Medical University

Adolescents and Youth

Central government

Mr Hemra Hayyrov, Head, Department of International Cooperation, Ministry of Education

Mr Purli Rasulov, Senior Specialist, Department of Studying International Practices, Ministry of Education

National Institute of Education

Mr Bairam Byashimov, Director, National Institute of Education

Mr Sapargende Durdyev, Deputy Head, Department of Professional Development of Education Specialists, National Institute of Education

School staff

Ms Gulnara Babaeva, School Principal, Ashgabat

Mr Byashim Gaitnazarov, School Principal, Ashgabat

Ms Tamara Khalsakhatova, BLS teacher, Ashgabat

Ms Nabat Garrykishieva, BLS teacher, Ashgabat

Mr Vepa Urazberdiev, School Principal, Mary

Youth organization

Mr Maksat Janmuradov, Head, Youth Organization, Mary province

Me Akhmet Gurbaniyazov, Deputy Head, Youth Organization, Mary province

Ms Perman Mukhammedov, Coordinator, Mary Youth Center

Y-PEER volunteers

Ashgabat – 26 people (13 boys, 13 girls)

Ms Mira Orazova

Mr Shukurgeldy Muradov

Ms Darya Hahamova

Ms Aydan Yklymova

Ms Darya Soltanova

Ms Leili Shadurdyeva

Mr Kurban Terliev

Ms Adelina Hezieva

Ms Gulshat Mashadeva

Mr Annageldy Meredov

Mr Batyr Imamov

Mr Ismail Pirliev

Mr Shohrat Berdymuradov

Mr Vagis Shemanov

Ms Kurdjemal Kanabaeva

Mr Islam Nourusov

Ms Nina Gadjiattaeva

Mr Sandjar Allekov

Ms Zahra Geldyeva

Ms Anjelika Galkina

Ms Lili Ataeva

Ms Mira Gabibova

Mr Novruh Gurbanov

Mr Albert Akopov

Mr Meylis Charyev

Mr Amangeldy Ezizov

Mary – 15 people (7 boys, 8 girls)

Mr Alexandr Kapelin

Mr Dovlet Atamuradov

Ms Aygul Muraturdyeva

Ms Aydjemal Muhadova
Ms Leili Atydjanova
Ms Aynar Muratdurdyeva
Ms Anna Allamuradov
Mr Redjen Nurlyiev
Mr Kuvvat Charyev
Mr Kerim Guradov
Mr Dayancha Hodjamuhamedov
Mr Nagmat Djumaev
Ms Gulperiy Ataeva
Ms Bahar Yagchymyradova
Ms Myahry Hodjamuradova

Gender

Institute of state, law and democracy

Mr Batyr Arazov, Deputy Director

Ms Shamshat Atadjanova, Head of department of democracy and international relations

Population and development

Central government

Ms Bahargul Agaeva, Head of Statistics and Information Department, Ministry of Health and Medical Industries

Ms B. Annamammedova, Head of Population Department, State Statistics Committee

Ms A Mosheva, Head of Methodology Department, State Statistics Committee

Ms G. Nurmuradova, Head of Labor and Wages Statistics, State Statistics Committee

Ms G. Mamilieva, Head of Census Division, Population Department, State Statistics Committee

Mr E. Artykov, Senior Specialist, Population Department, State Statistics Committee

Ms Krzhivitskaya, Senior Specialist, Population Department, State Statistics Committee

Ms M. Gurudova, Head of ICT Department, State Statistics Committee

Mr M. Hodjagulyev, Senior Specialist, ICT Department, State Statistics Committee

Mr Atajan Ataev, Head, Department of Strategic and Sustainable Development, Ministry of Finance

Mr Orazmammed Ashirov, Deputy Head, Department of Strategic and Sustainable Development, Ministry of Finance

Ms Myahri Halnazarova, Senior Specialist, Department of Strategic and Sustainable Development, Ministry of Finance

Civil Service Academy

Mr Babakhan Berdiev, Coordinator for International Affairs

Annex 3. Key consulted documents

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UNFPA (2018). UNFPA strategic plan, 2018-2021.

UN A/69/62 (2014). Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014. Report of the Secretary-General.

UNFPA Gender Equality Strategy, 2018-2021.

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UNFPA CO documents

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Government of Turkmenistan and UNFPA (2016). Country Programme Action Plan 2016 – 2020.

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UNFPA and Parliament of Turkmenistan. Annual Work Plan for Project “Support for strengthening the system and mechanisms to promote gender equality“ for 2016.

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SRH component

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Order on ASRH services (2017).

Annex to the MoH order on ASRH services (2018)

Annex on ASRH to the MOH Order on family medicine.

Order on integrated RH services and TMA(2017)

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Приказ МЗ и МПТ № 166, июнь 2014 «По улучшению перинатальной медицинской помощи в Туркменистане»

Охрана здоровья матерей, новорожденных, детей и подростков в Туркменистане. Национальная стратегия и план действий на 2015-2019 гг. Ашхабад,2015.

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Приказ МЗ и МП №279 от 4 июля 2018 года «Усовершенствование работы службы репродуктивного здоровья детей и подростков» и №280 от 4 июля 2018 года «Назначение ответственных учреждений и специалистов по службе уро-андрология».

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Youth

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Population and development component

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Результативность третьего уровня системы регионализации перинатальной помощи в Российской Федерации, ФГБУ «Научный центр акушерства, гинекологии и перинатологии имени академика В.И. Кулакова» Минздрава России, Москва, 23.06.2017 г.

Annex 4. Evaluation Matrix

EQ1. To what extent is the UNFPA support			
(i) adapted to the needs of the population with emphasis to the most vulnerable population,			
(ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandated areas,			
(iii) aligned with the UNFPA strategic plan, in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model, and			
(iv) aligned with the UN Partnership Framework?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A1.1. UNFPA support through the CP is adapted to the needs of the population with emphasis to the most vulnerable population.	<ul style="list-style-type: none"> Evidence that the needs of the population in general and needs of the most vulnerable population groups were analyzed to inform the design of CP 2016-2020 	<ul style="list-style-type: none"> CPD CPAP Turkmenistan adaptation of SDGs Youth SitAn 2019 	Document review Interviews with: <ul style="list-style-type: none"> UNFPA CO staff Implementing partners CP Beneficiaries
A1.2. UNFPA support through the CP is in line with the priorities set by ICPD Plan of Action.	<ul style="list-style-type: none"> Extent of alignment between CP priorities and priorities set by ICPD Plan of Action 	<ul style="list-style-type: none"> CPD CPAP 	Document review Interviews with: <ul style="list-style-type: none"> UNFPA CO staff
A1.3.1. UNFPA support through the CP is in line with the priorities set by national policy frameworks in the area of Reproductive health and rights.	<ul style="list-style-type: none"> Extent of alignment between CP outcomes and priorities set in national strategies and plans in the area of Reproductive health. 	<ul style="list-style-type: none"> CPD CPAP National Strategy on Maternal, Newborn, Adolescents and Children Health 2015-2019 	Document review Interviews with: <ul style="list-style-type: none"> UNFPA CO staff Ministry of Health and Medical Industries staff Staff of medical institutions/Service Delivery Points reached by the CP
A1.3.2. UNFPA support through the CP is in line with the priorities set by national policy frameworks in the area of Adolescents and youth.	<ul style="list-style-type: none"> Extent of alignment between CP outcomes and priorities set in national strategies and plans in the area of Adolescents and youth. 	<ul style="list-style-type: none"> CPD CPAP Law on State Youth Policy State Program on Youth Policy 2015-2020 	Document review Interviews (individual and group) with: <ul style="list-style-type: none"> UNFPA CO staff Ministry of Education and Youth Organization of Turkmenistan named after Magtumguly staff BSL Teachers Staff of youth centers Parliament staff and members Peer educators

			<ul style="list-style-type: none"> Students reached by BSL course and peer educators
A1.3.3. UNFPA support through the CP is in line with the priorities set by national policy frameworks in the area of Gender equality.	<ul style="list-style-type: none"> Extent of alignment between CP outcomes and priorities set in national strategies and plans in the area of Gender equality. 	<ul style="list-style-type: none"> CPD CPAP National Action Plan on Gender Equality 2015-2020 CEDAW report 	<p>Document review</p> <p>Interviews with:</p> <ul style="list-style-type: none"> UNFPA CO staff Parliament staff and members National Institute for Democracy and Human Rights under Turkmenistan President staff and members
A1.3.4. UNFPA support through the CP is in line with the priorities set by national policy frameworks in the area of Population and development.	<ul style="list-style-type: none"> Extent of alignment between CP outcomes and priorities set in national strategies and plans in the area of Population and development. 	<ul style="list-style-type: none"> CPD CPAP 	<p>Document review</p> <p>Interviews with:</p> <ul style="list-style-type: none"> UNFPA CO staff Ministry of Health and Medical Industries staff State Statistics Committee staff Academy of Civil Service staff
A1.4. UNFPA support through the CP is aligned with the UNFPA strategic plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model.	<ul style="list-style-type: none"> Extent of alignment between CP and UNFP SPs 2014-2017 and 2018-2019 Extent of alignment between CP outputs, projects and planned activities and transformative goals set in SP Extent of alignment between operational modalities used for implementation of the CP and business model defined by the SP 	<ul style="list-style-type: none"> CPD CPAP UNFPA Strategic Plans 2018-2021 & 2014-2017 	<p>Document review</p> <p>Interviews with:</p> <ul style="list-style-type: none"> UNFPA CO staff
A1.5. UNFPA support through the CP is aligned with the UN Partnership Framework.	<ul style="list-style-type: none"> Extent of alignment between CP outputs and Turkmenistan – UN Partnership Framework for Development 2016-2020 	<ul style="list-style-type: none"> CPD CPAP Turkmenistan – UN Partnership Framework for Development 2016-2020 	<p>Document review</p> <p>Interviews with:</p> <ul style="list-style-type: none"> UNFPA CO staff Implementing partners Staff of other UN agencies
EQ2. To what extent have the intended programme outputs been achieved?			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>A2.1.1. Majority of activities planned under project TKM04R21 “Improving quality of the integrated reproductive health services” and funded by UNFPA have been implemented as planned and led to achievement of related outputs.</p>	<ul style="list-style-type: none"> • Extent of implementation of planned activities • Progress towards Output indicators for CP Outputs 1 and 2: • Indicator 1.1: Percentage of primary health care facilities providing integrated reproductive health services (family planning, cervical cancer screening, maternal health, HIV and youth-friendly health services), including in humanitarian situations 	<ul style="list-style-type: none"> • AWP • SRP • CP Annual Reports • Materials and reports produced by TKM04R21 project 	<p>Document review</p> <p>Interviews with:</p> <ul style="list-style-type: none"> • UNFPA CO staff • Ministry of Health and Medical Industries staff • Members of the National working group on regionalization of perinatal services • Staff of the State Medical University
<p>A2.2.1 Majority of activities planned under projects TKM04R21 “Improving quality of the integrated reproductive health services” and funded from other sources, including state budget, have been implemented as planned and led to achievement of related outputs.</p>	<ul style="list-style-type: none"> • Indicator 1.2: Percentage of service delivery points introduced national standards for health care workers for delivery of high-quality reproductive health services for adolescents and youth • Indicator 2. 1: Percentage of maternities employed near miss cases review methodology to the regular practice • Indicator 2.2: Percentage of midwives and neonatal nurses trained in line with ICM and WHO guidelines 		<p>Cases (in-depth study) of subprojects:</p> <ul style="list-style-type: none"> • Introduction of perinatal audit; • Introduction of cervical cancer screening; • Improving youth access to quality reproductive health services. <p>Including visits to SPDs in Ahgabat, Mary and Dashoguz.</p>
<p>A2.1.2. Majority of activities planned under projects TKM04R51 “Increasing access of young people to reproductive health education” and funded by UNFPA have been</p>	<ul style="list-style-type: none"> • Extent of implementation of planned activities • Progress towards Output indicator for CP Output 3: Percentage of secondary school teachers of the Basics of Life Skills subject certified in teaching 	<ul style="list-style-type: none"> • AWP • SRP • CP Annual Reports • Materials and reports produced by TKM04R51 project 	<p>Document review</p> <p>Interviews with:</p> <ul style="list-style-type: none"> • UNFPA CO staff • Ministry of Education • Youth Organization of Turkmenistan named after

<p>implemented as planned and led to achievement of related outputs.</p>	<p>methodology of comprehensive age appropriate SRH education</p>		<p>Magtumguly staff</p> <ul style="list-style-type: none"> • BSL Teachers • Staff of youth centers • Parliament staff and members • Sendi Education Institute • National Education Institute
<p>A2.2.2. Majority of activities planned under projects TKM04R51 “Increasing access of young people to reproductive health education” and funded from other sources, including state budget, have been implemented as planned and led to achievement of related outputs.</p>			<p>Cases (in-depth study) of subprojects:</p> <ul style="list-style-type: none"> • Support to better teaching of “Basics of Life Skills” course; • Peer-led healthy life style sessions in schools and youth centers; • Youth meetings with members of parliament to discuss youth policy. <p>Including visits to schools and youth centers in Ahgabat, Mary and Dashoguz, interviews with BLS teachers, peer educators and students.</p>
<p>A2.1.3. Majority of activities planned under project TKM04G11 “Support for strengthening the system and mechanisms to promote gender equality” and funded by UNFPA have been implemented as planned and led to achievement of related outputs.</p>	<ul style="list-style-type: none"> • Extent of implementation of planned activities • Progress towards Output indicators for CP Output 4: • Indicator 1: # of NAP on GE integrating RR with targets and budget allocation • Indicator 2: Functional tracking and reporting system to follow up implementation of RR recommendations 	<ul style="list-style-type: none"> • AWP • SRPs • CP Annual Reports • Materials and reports produced by TKM04G11 project • UNFPA CO staff • Parliament staff and members • Members of the Interagency commission on 	<p>Document review</p> <p>Interviews</p> <p>Cases (in-depth study) of subprojects:</p> <ul style="list-style-type: none"> • Support to the preparation of the national CEDAW report

<p>A2.2.3. Majority of activities planned under project TKM04G11 “Support for strengthening the system and mechanisms to promote gender equality” and funded from other sources, including state budget, have been implemented as planned and led to achievement of related outputs.</p>		<p>human rights international obligations</p>	<ul style="list-style-type: none"> • Support to development of the Strategic Plan for gender-equitable land legislation
<p>A2.1.4. Majority of activities planned under projects TKM04P31 “Disaggregated data for national sustainable development” and TKM04P11 “Using population data to improve design of national sustainable development strategies and plans” and funded by UNFPA have been implemented as planned and led to achievement of related outputs.</p>	<ul style="list-style-type: none"> • Extent of implementation of planned activities • Progress towards Output indicators for CP Output 5: • Output indicator 1: # of government institutions with up-to-date expertise in data analysis and dissemination in the area of population • Output indicator 2: National statistical authorities have institutional capacity to analyse and use disaggregated data on A & Youth and GBV • Output indicator 3: # of in-depth reviews using census and DHS 	<ul style="list-style-type: none"> • AWP • SRP • CP Annual Reports • Materials and reports produced by TKM04P31 and TKM04P11 projects 	<p>Document review</p> <p>Interviews with:</p> <ul style="list-style-type: none"> • UNFPA CO staff • Ministry of Health and Medical Industries staff • State Statistics Committee staff • Academy of Civil Service staff and students <p>Cases (in-depth study) of subprojects:</p> <ul style="list-style-type: none"> • Strengthening capacity of State Statistics Committee to deliver credible gender-disaggregated data • Building capacity of the Civil Service Academy to teach demographic forecasting and gender equality courses
<p>A2.2.4. Majority of activities planned under projects TKM04P31 “Disaggregated data for national sustainable development” and TKM04P11 “Using population data to improve design of national sustainable development strategies and plans” and funded from</p>			

other sources, including state budget, have been implemented as planned and led to achievement of related outputs.			
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EQ3. To what extent did the outputs contribute to the achievement of the planned outcomes:
i. increased utilization of integrated SRH Services by those furthest behind,
ii. increased the access of young people to quality SRH services and sexuality education,
iii. mainstreaming of provisions to advance gender equality, and
iv. developing of evidence-based national population policies,
and what was the degree of achievement of the outcomes?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A3.1. Implementation of the activities under the project TKM04R21 “Improving quality of the integrated reproductive health services” has led to increased utilization of integrated SRH Services by those furthest behind, and increased the access of young people to quality SRH services.	<ul style="list-style-type: none"> • Number of the RH services introduced due to the CP • Changes in the geographic coverage of RH services due to the CP • Evidence of greater availability and use of RH service by most vulnerable groups 	<ul style="list-style-type: none"> • AWP • SRPs • CP Annual Reports • Materials and reports produced by TKM04R21 project 	<p>Document review</p> <p>Interviews with:</p> <ul style="list-style-type: none"> • UNFPA CO staff • Ministry of Health and Medical Industries staff • Members of the National working group on regionalization of perinatal services • SPD staff <p>Cases (in-depth study) of subprojects:</p> <ul style="list-style-type: none"> • Introduction of perinatal audit; • Introduction of cervical cancer screening; • Improving youth access to quality reproductive health services.

			Including visits to SPDs in Ahgabat, Mary and Dashoguz.
<p>A3.2. Implementation of the activities under the project TKM04R51 “Increasing access of young people to reproductive health education” has led to increased access of young people to quality SRH education.</p>	<ul style="list-style-type: none"> • Changes in the geographic coverage of RH education for young people due to the CP • Assessment of the quality of available SRH education options 	<ul style="list-style-type: none"> • AWP • SRP • CP Annual Reports • Materials and reports produced by TKM04R51 project 	<p>Document review</p> <p>Interviews with:</p> <ul style="list-style-type: none"> • UNFPA CO staff • Ministry of Education and Youth Organization of Turkmenistan named after Magtumguly staff • BSL Teachers • Staff of youth centers • Parliament staff and members • Sendi Education Institute • National Education Institute <p>Cases (in-depth study) of subprojects:</p> <ul style="list-style-type: none"> • Support to better teaching of “Basics of Life Skills” course; • Peer-led healthy life style sessions in schools and youth centers; • Youth meetings with members of parliament to discuss youth policy. <p>Including visits to schools and youth centers in Ahgabat, Mary and Dashoguz, interviews with BLS teachers, peer</p>

			educators and students.
<p>A3.3. Implementation of the activities under the project TKM04G11 “Support for strengthening the system and mechanisms to promote gender equality” has led to mainstreaming of provisions to advance gender equality.</p>	<ul style="list-style-type: none"> Evidence of positive changes in the area of gender equality due to the CP 	<ul style="list-style-type: none"> AWPs SRPs CP Annual Reports Materials and reports produced by TKM04G11 project UNFPA CO staff Parliament staff and members Members of the Interagency commission on human rights international obligations 	<p>Document review</p> <p>Interviews</p> <p>Cases (in-depth study) of subprojects:</p> <ul style="list-style-type: none"> Support to the preparation of the national CEDAW report Support to development of the Strategic Plan for gender-equitable land legislation
<p>A3.4. Implementation of the activities under projects TKM04P31 “Disaggregated data for national sustainable development” and TKM04P11 “Using population data to improve design of national sustainable development strategies and plans” has led to developing of evidence-based national population policies.</p>	<ul style="list-style-type: none"> Examples when knowledge and techniques introduced with CP support were used by national stakeholders to develop regulatory and strategic documents 	<ul style="list-style-type: none"> AWPs SRPs CP Annual Reports Materials and reports produced by TKM04P31 and TKM04P11 projects UNFPA CO staff Ministry of Health and Medical Industries staff State Statistics Committee staff Academy of Civil Service staff and students 	<p>Document review</p> <p>Interviews</p> <p>Cases (in-depth study) of subprojects:</p> <ul style="list-style-type: none"> Strengthening capacity of State Statistics Committee to deliver credible gender-disaggregated data Building capacity of the Civil Service Academy to teach demographic forecasting and gender equality courses

EQ4. To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>A4.1. UNFPA support through the CP led to adoption of regulatory and strategic documents in the area of sexual and reproductive health (including Family Planning).</p>	<ul style="list-style-type: none"> Evidence that CP led to adoption of regulatory (training) and strategic documents in the area of sexual and reproductive health (including Family Planning) Assessment of utility of the UNFPA advocacy and capacity building support by national partners 	<ul style="list-style-type: none"> SRPs CP Annual Reports Materials and reports produced by TKM04R21 project UNFPA CO staff Ministry of Health and Medical Industries staff Members of the National working group on regionalization of perinatal services Staff of the State Medical University 	<p>Document review</p> <p>Interviews</p>
<p>A4.2. UNFPA support through the CP led to adoption of regulatory and strategic documents in the area of youth policy that are responsive to the needs of young people.</p>	<ul style="list-style-type: none"> Evidence that CP led to adoption of youth-responsive regulatory and strategic documents Assessment of utility of the UNFPA advocacy and capacity building support by national partners 	<ul style="list-style-type: none"> SRPs CP Annual Reports Materials and reports produced by TKM04R51 project UNFPA CO staff Ministry of Education and Youth Organization of Turkmenistan named after Magtumguly staff Staff of youth centers Parliament staff and members 	<p>Document review</p> <p>Interviews</p>
<p>A4.3. UNFPA support through the CP led to adoption of regulatory and</p>	<ul style="list-style-type: none"> Evidence that CP led to adoption of regulatory and strategic documents in the area of gender equality. 	<ul style="list-style-type: none"> SRPs CP Annual Reports Materials and reports produced 	<p>Document review</p>

strategic documents in the area of gender equality.	<ul style="list-style-type: none"> Assessment of utility of the UNFPA advocacy and capacity building support by national partners 	<p>by TKM04G11 project</p> <ul style="list-style-type: none"> UNFPA CO staff Parliament staff and members Members of the Interagency commission on human rights international obligations 	Interviews
A4.4. UNFPA support through the CP led to adoption of regulatory and strategic documents in the area of population dynamics.	<ul style="list-style-type: none"> Evidence that CP led to adoption of regulatory (training) and strategic documents in the area of population dynamics. Assessment of utility of the UNFPA advocacy and capacity building support by national partners 	<ul style="list-style-type: none"> SRPs CP Annual Reports Materials and reports produced by TKM04G11 project UNFPA CO staff Ministry of Health and Medical Industries staff State Statistics Committee staff Academy of Civil Service staff and students 	<p>Document review</p> <p>Interviews</p>

EQ5.To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A5.1. Resources of the UNFPA Country Office and selected approaches were sufficient to adequately implement activities planned for 2016-2018.	<ul style="list-style-type: none"> Evidence of the timely implementation of the project activities within direct control of UNFPA CO Assessment of adequacy of selected approaches by national partners Extent of engagement and contribution of the national partners Extent of the implementation of the 	<ul style="list-style-type: none"> AWPs SRPs CP Annual Reports Materials and reports produced by implementing partners Financial reports Final evaluation of CP 2011-2015 	<p>Document review</p> <p>Interviews</p> <ul style="list-style-type: none"> UNFPA CO staff Implementing partners

	recommendations of evaluation of CP 2011-2015		
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EQ6. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A6.1. Ministries, agencies and other representatives of the partner government recognize UNFPA as a source of unique and high quality expertise in the areas of SRH, adolescents and youth, gender equality and population data use for development of plans and strategies.	<ul style="list-style-type: none"> Opinion of national/implementing partners 	<ul style="list-style-type: none"> UNFPA CO staff Implementing partners 	Interviews
A6.2. UNFPA and national partners follow the principle set in the PFD: greater national ownership through pro-active consultations on all levels of Government with UN agencies as is appropriate and a more demand driven approach for UN assistance.	<ul style="list-style-type: none"> Evidence of pro-active consultations with government agencies in preparation of AWP 	<ul style="list-style-type: none"> UNFPA CO staff Implementing partners 	Interviews

EQ7. To what extent have partnerships built with government or other UN organizations to enhance sustainability or scale up interventions and/or bring relevant evidence to policy-makers to adopt such approaches?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection

A7.1. In keeping with the PFD, government is providing greater financial contribution to support activities initiated with support of UNFPA.	<ul style="list-style-type: none"> • Amounts of government financial contribution: planned and actual • Dynamic of government financial contribution in the course of the CP 	<ul style="list-style-type: none"> • Financial report • CP Annual reports • UNFPA CO staff • Implementing partners 	<p>Document review</p> <p>Interviews</p>
A7.2. There are activities initiated by the UNFPA that were continued and scaled up by government.	<ul style="list-style-type: none"> • Information about activities initiated by the UNFPA that were continued and scaled up by government 	<ul style="list-style-type: none"> • CP Annual reports • UNFPA CO staff • Implementing partners 	<p>Document review</p> <p>Interviews</p>
A7.3. There are activities initiated by the UNFPA that were continued and scaled up due to partnerships with other UN entities.	<ul style="list-style-type: none"> • Information about activities initiated by the UNFPA that were continued and scaled up due to partnerships with other UN entities 	<ul style="list-style-type: none"> • CP Annual reports • UNFPA CO staff • Other UN agencies 	<p>Document review</p> <p>Interviews</p>

EQ8.To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A8.1. UNFPA Country Office was actively involved in functioning and consolidation of UNCT coordination mechanisms, including those foreseen by the PFD.	<ul style="list-style-type: none"> • Evidence of UNFPA contribution to UNCT coordination mechanisms • Evidence of UNFPA leadership within UNCT 	<ul style="list-style-type: none"> • Minutes of High-Level Steering and Coordination Committee meetings • Minutes of High-Level Annual Outcome Meetings • Minutes of a technical groups chaired by UNFPA • UNFPA CO staff • Other UN agencies 	<p>Document review</p> <p>Interviews</p>

EQ9.What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A9.1. Other UN agencies and national stakeholders think that UNFPA brings added value in the context of Turkmenistan.	<ul style="list-style-type: none"> • Opinion of the staff of UN agencies and national stakeholders. 	<ul style="list-style-type: none"> • UNFPA CO staff • Other UN agencies • Implementing partners • CP Beneficiaries 	Interview

Annex 5. Data collection instruments.

National evaluation consultant did not have the working knowledge of English, so all data collections instruments were developed in Russian.

Интервью с сотрудниками офиса ФНН ООН

<p>Informed consent/ Информированное согласие</p>	<p>Здравствуйте! Спасибо, что согласились встретиться. Меня зовут, это мои коллеги Мы делаем оценку текущей страновой программы Фонда народонаселения ООН, которая реализуется с 2016 года. Задачи оценки – проанализировать работу странового офиса Фонда народонаселения ООН и достигнутые результаты, а также дать рекомендации относительно следующей программы. В рамках этой оценки мы встречаемся с разными людьми, которые так или иначе участвовали в реализации программы. На основании собранной в ходе этих встреч информации будет подготовлен отчет о результатах оценки. Мы будем признательны вам, если вы поделитесь с нами своим опытом участия в программе. У нас к вам будет ряд вопросов, и, с вашего позволения, мы будем ввести записи во время разговора. Кроме того, мы должны указать в отчете, с кем мы встречались в ходе оценки, поэтому нам нужно будет записать ваши фамилию и должность. Но других ссылок на вас в отчете не будет: если мы будем использовать в тексте отчета цитаты их нашего с вами разговора, мы не будем указывать, кто конкретно это сказал. Вы можете не отвечать на любой из наших вопросов и можете прервать интервью в любой момент. Если у вас будут какие-то вопросы к нам, мы постараемся на них ответить – в рамках своих компетенций.</p>
<p>Сбор базовой информация о собеседнике</p>	<ul style="list-style-type: none"> • Записать ФИО и должность • Как давно вы работаете в страновом офисе? • Что входит в круг ваших обязанностей? • Где вы работали раньше? (другие агентства ООН, госорганы) • Участвовали ли вы в разработке текущей страновой программы? (если человек работал в офисе в 2014-2015 гг)
<p>Соответствие (Relevance) – разработка страновой программы</p>	<p>Если человек участвовал в разработке текущей страновой программы:</p> <ul style="list-style-type: none"> • Как проходила разработка текущей страновой программы? (Уточнить – подход партнерства с правительством используется в первый раз или уже использовался ранее?) • Каким образом на этапе разработки происходила координация содержания страновой программы ЮНФПА со Стратегическим планом, с Partnership Framework, со страновыми программами других агентств ООН? • На ваш взгляд, в контексте мандата ЮНФПА, какие группы населения Туркменистана являются наиболее уязвимыми? • В какой степени удалось учесть потребности этих групп при разработке страновой программы?
<p>Соответствие (Relevance) – разработка годовых планов работы</p>	<ul style="list-style-type: none"> • Каким образом проходит разработка ежегодных планов работы по проектам? • На основании чего принимаются решения о том, какие мероприятия должны быть включены в план? • С какими трудностями страновой офис сталкивался на этапе разработки и согласования ежегодных планов работы? • Каким образом происходит координация планов работы с другими агентствами ООН?
<p>Реализация планов (результативность и</p>	<ul style="list-style-type: none"> • Каким образом были разделены функции по реализации проектов между страновым офисом ЮНФПА и implementing partners?

использование ресурсов)	<ul style="list-style-type: none"> • Каким образом к работе подключались другие агентства ООН, когда это было предусмотрено? • Анализ документов показал, что ряд планов был реализован только частично, и выделенные средства были использованы только частично. С чем это связано? • Какие факторы повлияли – позитивно и негативно – на реализацию запланированных мероприятий? • Насколько реформа офиса повлияла на реализацию программы?
Результаты программы	<ul style="list-style-type: none"> • На ваш взгляд, что является основными результатами программы в сферах репродуктивного и материнского здоровья, образования по вопросам репродуктивного здоровья, продвижения интересов молодежи, использования данных? • Можно ли говорить о каких-то позитивных изменениях в использовании услуг в области репродуктивного здоровья молодыми людьми и наиболее уязвимыми группами населения?
UNFPA comparative strengths	<ul style="list-style-type: none"> • В чем, на ваш взгляд, основные сильные стороны ЮНФПА? • В какой степени эти сильные стороны востребованы правительственными структурами? Приведите примеры. • В какой степени эти сильные стороны востребованы другими агентствами ООН? Приведите примеры. • На ваш взгляд, в какой степени соблюдаются принципы партнерства между структурами ООН и правительством (greater national ownership through proactive consultations on all levels of Government with UN agencies as is appropriate and a more demand driven approach for UN assistance) • Есть ли примеры, когда какие-то инициативы ЮНФПА были продолжены или расширены правительством? • Есть ли примеры, когда какие-то инициативы ЮНФПА были продолжены или расширены другими агентствами ООН?
Закрытие интервью	<ul style="list-style-type: none"> • Есть ли какие-то важные моменты, которые мы с вами не обсудили?
Завершение	Может быть, у вас есть какие-то вопросы в нам?

Интервью с другими агентствами ООН

Informed consent/ Информированное согласие	<p>Здравствуйте!</p> <p>Спасибо, что согласились встретиться.</p> <p>Меня зовут ..., это мои коллеги ...</p> <p>Мы делаем оценку текущей страновой программы Фонда народонаселения ООН, которая реализуется с 2016 года.</p> <p>Задачи оценки – проанализировать работу странового офиса Фонда народонаселения ООН и достигнутые результаты, а также дать рекомендации относительно следующей программы.</p> <p>В рамках этой оценки мы встречаемся с разными людьми, которые так или иначе участвовали в реализации программы. На основании собранной в ходе этих встреч информации будет подготовлен отчет о результатах оценки.</p> <p>Мы будем признательны вам, если вы поделитесь с нами своим опытом участия в программе.</p> <p>У нас к вам будет ряд вопросов, и, с вашего позволения, мы будем вести записи во время разговора.</p> <p>Кроме того, мы должны указать в отчете, с кем мы встречались в ходе оценки, поэтому нам нужно будет записать ваши фамилию и должность. Но других ссылок на вас в отчете не будет: если мы будем использовать в тексте отчета цитаты их нашего с вами разговора, мы не будем указывать, кто конкретно это сказал.</p> <p>Вы можете не отвечать на любой из наших вопросов и можете прервать интервью в любой момент.</p> <p>Если у вас будут какие-то вопросы к нам, мы постараемся на них ответить – в рамках своих компетенций.</p>
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Сбор базовой информация о собеседнике	<ul style="list-style-type: none"> • Записать ФИО и должность • Как давно вы работаете в страновом офисе этой организации ООН? • Что входит в круг ваших обязанностей? • Где вы работали раньше? (другие агентства ООН, госорганы)
Партнерские проекты с ЮНФПА	<ul style="list-style-type: none"> • Начиная с 2016 года были ли у вашего агентства совместные проекты с ЮНФПА? • Если были, кто был их инициатором? • Какую роль играло ваше агентство? • Какую роль играло ЮНФПА? • Какую роль играли национальные партнеры? • Какие основные результаты были получены?
Роль ЮНФПА в координации	Как бы вы могли охарактеризовать роль, которую страновой офис ЮНФПА играет в процессах координации между агентствами ООН?
Added value	На ваш взгляд, в чем уникальность и основные сильные стороны ЮНФПА для Туркменистана? Приведите примеры.
Завершение	Может быть, у вас есть какие-то вопросы в нам?

Интервью с национальными партнерами

Informed consent/ Информированное согласие	<p>Здравствуйте!</p> <p>Спасибо, что согласились встретиться.</p> <p>Меня зовут, это мои коллеги</p> <p>Мы делаем оценку текущей страновой программы Фонда народонаселения ООН, которая реализуется с 2016 года.</p> <p>Задачи оценки – проанализировать работу странового офиса Фонда народонаселения ООН и достигнутые результаты, а также дать рекомендации относительно следующей программы.</p> <p>В рамках этой оценки мы встречаемся с разными людьми, которые так или иначе участвовали в реализации программы. На основании собранной в ходе этих встреч информации будет подготовлен отчет о результатах оценки.</p> <p>Мы будем признательны вам, если вы поделитесь с нами своим опытом участия в программе.</p> <p>У нас к вам будет ряд вопросов, и, с вашего позволения, мы будем вести записи во время разговора.</p> <p>Кроме того, мы должны указать в отчете, с кем мы встречались в ходе оценки, поэтому нам нужно будет записать ваши фамилию и должность. Но других ссылок на вас в отчете не будет: если мы будем использовать в тексте отчета цитаты из нашего с вами разговора, мы не будем указывать, кто конкретно это сказал.</p> <p>Вы можете не отвечать на любой из наших вопросов и можете прервать интервью в любой момент.</p> <p>Если у вас будут какие-то вопросы к нам, мы постараемся на них ответить – в рамках своих компетенций.</p>
Сбор базовой информация о собеседнике	<ul style="list-style-type: none"> • Записать ФИО и должность • Что входит в ваши функции • Каким образом вы взаимодействовали с программой ЮНФПА: <ul style="list-style-type: none"> ○ Участвовал в разработке программы ○ Участвовал в разработке годовых планов по проектам ○ Участвовал в управлении проектом ○ Участвовал в мероприятиях ○ Использовал документы и материалы, разработанные в рамках проектов
Участие в разработке	<ul style="list-style-type: none"> • Как проходил процесс разработки? • В какой степени были учтены интересы и предложения правительства? • Были ли у вас параллельные проекты в другими агентствами ООН? • Если да, была ли какая-то координация между агентствами на этапе разработки и согласования проектов с вами? Насколько эта координация была эффективной?

Участие в управлении	Как это работало? Насколько вы довольны взаимодействием со страновым офисом?
Результаты программы для национальных партнеров	Что дало сотрудничество с ЮНФПА вам и вашей организации?
Как партнеры использовали результаты	Как вы это использовали? Какие получили результаты?
Added value	На ваш взгляд, в чем уникальность и основные сильные стороны ЮНФПА для Туркменистана? Приведите примеры.
Завершение	Может быть, у вас есть какие-то вопросы в нам?

Интервью с учителями курса «Основы жизнедеятельности»

Informed consent/ Информированное согласие	<p>Здравствуйте!</p> <p>Спасибо, что согласились встретиться.</p> <p>Меня зовут, это мои коллеги</p> <p>Мы делаем оценку текущей страновой программы Фонда народонаселения ООН, которая реализуется с 2016 года.</p> <p>Задачи оценки – проанализировать работу странового офиса Фонда народонаселения ООН и достигнутые результаты, а также дать рекомендации относительно следующей программы.</p> <p>В рамках этой оценки мы встречаемся с разными людьми, которые так или иначе участвовали в реализации программы. На основании собранной в ходе этих встреч информации будет подготовлен отчет о результатах оценки.</p> <p>Мы будем признательны вам, если вы поделитесь с нами своим опытом участия в программе.</p> <p>У нас к вам будет ряд вопросов, и, с вашего позволения, мы будем вести записи во время разговора.</p> <p>Кроме того, мы должны указать в отчете, с кем мы встречались в ходе оценки, поэтому нам нужно будет записать ваши фамилию и должность. Но других ссылок на вас в отчете не будет: если мы будем использовать в тексте отчета цитаты из нашего с вами разговора, мы не будем указывать, кто конкретно это сказал.</p> <p>Вы можете не отвечать на любой из наших вопросов и можете прервать интервью в любой момент.</p> <p>Если у вас будут какие-то вопросы к нам, мы постараемся на них ответить – в рамках своих компетенций.</p>
Сбор базовой информация о собеседнике	<ul style="list-style-type: none"> • Записать ФИО и должность • Как давно вы преподаете курс «Основы жизнедеятельности»? • В каких классах • Прошли ли какую-то переподготовку, чтобы преподавать курс в новом варианте?
Что думают о внесенных в курс изменениях	<ul style="list-style-type: none"> • Что вы думаете о внесенных в курс изменениях? • Как на них реагируют дети? • Как реагируют родители и другие учителя? • Нужно ли еще что-то добавить в курс или изменить, чтобы сделать его более полезным детям?
Пользуются ли дети услугами кабинетов репродуктивного здоровья	<ul style="list-style-type: none"> • С вами кто-то из детей делился тем, что пользовался услугами кабинетов репродуктивного здоровья? • Насколько положительным был этот опыт?
Пользуются ли взрослые услугами кабинетов репродуктивного здоровья	<ul style="list-style-type: none"> • Кто-то из ваших знакомых пользовался услугами кабинетов репродуктивного здоровья? • Каким был этот опыт?
Гендерное равенство	<ul style="list-style-type: none"> • На какую карьеру и модель семьи ориентированы дети?

	<ul style="list-style-type: none"> • Видели ли вы в печати материалы по равноправию и расширению возможностей для женщин?
Завершение	Может быть, у вас есть какие-то вопросы в нам?

Интервью с волонтерами и участниками занятий

Informed consent/ Информированное согласие	<p>Здравствуйте!</p> <p>Спасибо, что согласились встретиться.</p> <p>Меня зовут, это мои коллеги</p> <p>Мы делаем оценку текущей страновой программы Фонда народонаселения ООН, которая реализуется с 2016 года.</p> <p>Задачи оценки – проанализировать работу странового офиса Фонда народонаселения ООН и достигнутые результаты, а также дать рекомендации относительно следующей программы.</p> <p>В рамках этой оценки мы встречаемся с разными людьми, которые так или иначе участвовали в реализации программы. На основании собранной в ходе этих встреч информации будет подготовлен отчет о результатах оценки.</p> <p>Мы будем признательны вам, если вы поделитесь с нами своим опытом участия в программе.</p> <p>У нас к вам будет ряд вопросов, и, с вашего позволения, мы будем вести записи во время разговора.</p> <p>Кроме того, мы должны указать в отчете, с кем мы встречались в ходе оценки, поэтому нам нужно будет записать ваши фамилию и должность. Но других ссылок на вас в отчете не будет: если мы будем использовать в тексте отчета цитаты из нашего с вами разговора, мы не будем указывать, кто конкретно это сказал.</p> <p>Вы можете не отвечать на любой из наших вопросов и можете прервать интервью в любой момент.</p> <p>Если у вас будут какие-то вопросы к нам, мы постараемся на них ответить – в рамках своих компетенций.</p>
Сбор базовой информация о собеседнике	<ul style="list-style-type: none"> • Записать ФИО и статус (волонтер или участник) • В каком классе учатся
Для волонтеров	<ul style="list-style-type: none"> • Почему стали волонтерами
Всем	<ul style="list-style-type: none"> • Что узнали полезного? • Чем полученная информация отличается от того, что дают в курсе «Основы жизнедеятельности»?
	<ul style="list-style-type: none"> • Как реагируют дома на то, что вы волонтеры? • Что участвуете в занятиях?
	<ul style="list-style-type: none"> • Кто-то из ваших знакомых обращался в кабинет репродуктивного здоровья? • Каким был этот опыт?
	<ul style="list-style-type: none"> • Что вы думаете о равноправии между мужчинами и женщинами?
Завершение	<ul style="list-style-type: none"> • Может быть, у вас есть какие-то вопросы в нам?