

Executive Summary

In 2011, as a major contribution to the equity agenda, the CO made a solid beginning with respect to advancing the rights and wellbeing of children with disabilities, in line with the principles of the Convention on the Rights of the Child as well as the Convention on the Rights of Persons with Disabilities (CRPD). Policy orientations on the CRPD were held for all members of the Mejlis. Furthermore, technical discussions were initiated with the Ministry of Health and Medical Industry (MOHMI) specialists and Ministry of Education colleagues regarding child development standards and approaches.

UNICEF also worked closely with emerging CBOs focused on disabled children at the community level to develop a joint assessment of the scale and scope of the situation. In 2011, the foundation was laid to an ambitious multi-year initiative to contribute to aligning the norms, practices and programmes for disabled children with sound international practices. UNICEF's goal also included helping to shift social attitudes towards disabled children and adults.

In 2011, the Government announced the National Programme on Early Childhood Development and School Readiness which aims to raise the number of children covered from the current 30% to 40% by 2015. Given that UNICEF was a partner in the development of this important initiative, the provision of technical support for the implementation phase will be an important part of its programme.

Another initiative which was an outcome of UNICEF's sustained engagement and support was the announcement by the Government of proposed changes to the Juvenile Justice system. In the area of Child Health, UNICEF actively contributed to the development of the National Programme and Action Plan for Nutrition 2012-2016 which, when adopted, will provide a framework for engagement.

Also, UNICEF led the UN Working Group to develop a coherent UN HIV/AIDS strategy and by year's end, a draft National Programme for Prevention of HIV/AIDS was developed by partners which is now under consideration by the Government. Going forward, the issue will still require continued dialogue to keep it on track.

Progress on the issue of data collection, analysis and dissemination remains a common UN concern. However, with MICS4 field work underway, there is an expectation of greater consensus on a dissemination strategy. Progress on MICS4 is expected to enable partners in the country to conduct, analyze and disseminate studies and evaluations in 2012 and beyond.

While well intentioned, the CO was not able to advance as expected on issues like Child Budgeting and Marginal Budgeting for Bottlenecks, and to sustain advocacy for a review of the current safety nets for families. It is hoped that greater progress will be achieved in these areas in 2012.

In terms of partnerships, the work with the Turkish Development Agency in the health sector is a new approach as is engagement with CBOs on the disability issue and the work with the Turkish Red Crescent in a pilot Disaster Risk Reduction initiative.

Country Situation

Turkmenistan ranks 102nd out of 187 countries in the 2011 Human Development Index (HDI), placing it in the medium human development category. Since 2005, the country's HDI value has moved from 0.654 to 0.686. GNI per capita has risen by 254% during the same period, while increases in life expectancy have been more moderate, to 65 years overall (UNDP, Human Development Report 2011). However, there is no updated comprehensive data available on income distribution.

Despite the global financial and economic crisis, the IMF reports that the economy of Turkmenistan

performed strongly in 2010 and the first half of 2011, with real GDP growth equaling 11%. This was powered by growing natural gas exports and public investment. However, high global food prices were also reflected in the rise of inflation estimated at 7.5% for 2011 which has had an impact on families in fixed incomes and pensions. In January 2012, the Government announced a 10% increase in pensions and some other transfer payments.

The economy remains highly dependent on its hydrocarbon resources, with oil and gas accounting for nearly 94% of exports in 2009. Natural gas production rose by more than 140% in the first half of 2011, and oil production increased by more than 106%.

Economic analysts continue to call for the acceleration of structural reforms to diversify the economy, increase the role of the private sector and foster sustained and inclusive growth. It is expected that such a move can also have a valuable impact on the development of an emerging civil society. Other critical elements which will positively impact the social sector are the strengthening of public finance management and the introduction of a new budget code. In this regard, the Government has revealed its aim of moving to international standards in the area of economic and social statistics and accounting standards by 2013.

The Government also plans to conduct a comprehensive review of all subsidy programmes to improve targeting and effectiveness, most likely in the period following the Feb 2012 Presidential elections.[\[1\]](#)

While the Government flags its efforts to promote e-governance, with less than 1.57% of the population enjoying internet access, greater service provision in this area will certainly be required. Furthermore, while ICT features prominently in the education reforms, it is similarly constrained by connectivity and access issues.

In 2011, Turkmenistan reported progress toward several MDGs, particularly in terms of the enabling environment. In this respect, the Government has announced several policy initiatives, including: development of a draft National Nutrition Programme 2012-2016; approval of the National Programme on Early Childhood Development and School Readiness 2011-2015; and development of a draft National HIV Prevention Programme 2012-2016, which is an area that still remains highly sensitive.

While the 2006 MICS3 data estimated infant mortality at 56 per 1,000 live births, and under-five mortality at 67 per 1,000 births, there is an expectation that MICS4 will demonstrate some progress in these areas. With respect to nutrition status, a total of 15% of children are stunted, and 11% are underweight. About 93.5% of one-year-old children are fully immunized, with measles immunization coverage reaching 97.0%. Gains in health require further consolidation through a strengthened focus on primary health care, monitoring and evaluation, quality assurance, standard setting and business process change, as well as curriculum review.

The primary school completion rate is 99.2%. Seventy-one per cent of the population use improved drinking water sources, with 99% using improved sanitation facilities. However, only 9% of young people have comprehensive knowledge about HIV/AIDS (all data, MICS 2006).

In education, reform is aimed at bringing Turkmenistan in line with international standards, strengthening pedagogical institutions, and ensuring their systematic access to international best practices. While data shows progress on school enrolment, retention and completion, the areas of quality of education and management capacity both require attention. In 2011, three new institutions of higher learning were put into service, as were 38 kindergartens and 29 secondary schools. Currently, reform is largely focused on physical infrastructure provision, with the hope that this will be followed by commensurate investments in human capital development for these sectors.

The MICS4 exercise is currently underway and results are expected by the second quarter of 2012. Furthermore, in 2011, the WB and the Government of Turkmenistan conducted a household survey which will contribute to a better understanding of the socio-economic and health situation of families and communities.

Current assessment of the National Safe Motherhood Programme 2007-2011 will be reflected in a new national programme to be developed on the basis of evidence.

When it comes to sustainable development, an intensive, yearlong dialogue between the UN and the Government has culminated in Turkmenistan's commitment to participate in the Rio+20 Conference in 2012. The Government has also declared climate change as a priority issue and drafted the National Strategy on Climate Change, incorporating both mitigation and adaptation aspects.

The Government reports that more than 70% of the national social budget – some US\$8 billion – is earmarked for water supply/health, education, and culture. This is expected to rise in 2012 when education will receive 39.1% of the budget allocation, primarily for new infrastructure; health will receive 12.8%; and culture 4-5%.

No new Conventions related to children were ratified in 2011. The country's efforts to accelerate the strengthening of national legislation and align it with international standards have opened up space for UNICEF to proactively promote overall child rights and specific issues such as children with disabilities and juvenile justice. New penal, criminal, criminal procedural and labor codes have all been adopted in recent years. The Criminal Executive Code, endorsed in July 2011, creates a separate section in the Code on children, and largely adheres to the international standards of juvenile justice. However, capacity to implement the new legislation remains a major challenge.

[1] Public Information Notices, IMF Executive Board, 2011 Article IV Consultation with Turkmenistan

Who are the deprived children in your country context?

Turkmenistan was the first Central Asian country to ratify the Convention on the Rights of the Persons with Disabilities (CRPD) in 2008. As part of the welfare provisions, Turkmenistan provides a safety net to persons with disabilities. These social benefits, governed by the state, are guaranteed "rights." However, further alignment is needed between current government policies aimed at persons with disabilities and the objectives and principles of the CRPD.

Reliable data on children with disabilities is difficult to acquire. According to official sources, there were 9,959 children with disabilities under 16 years of age in 2006. This figure rose to 14,487 by 2011 as per an NGO report.

Disability in current Turkmenistan legislation is largely defined in medical terms and a medical approach to planning for persons with disabilities is predominant.

Integration and mainstreaming of children with disabilities is to a large extent limited by the lack of qualified specialists in designing up-to-date strategies. Moreover, there is a lack of research and studies on disability-related issues, and inadequate coverage of issues related to persons with disabilities in the legislation. There is also the need to address social stigma.

Children with disabilities are over-institutionalized and efforts should be undertaken to implement alternative measures to prevent the institutionalization of these children. The challenge of addressing the needs of children with educational and allied health problems requires the establishment of a child-centered and inclusive approach to policy development, implementation and service delivery.

Data/Evidence

In 2011, the focus of UNICEF programmatic activities was on collecting data about children with disabilities and analyzing legislation and policies affecting the rights of these children to development, protection and

participation. Review of national legislation in light of CRC and CRPD principles helped to identify normative gaps and inconsistencies. Recommendations on the alignment of national legal provisions with international standards were shared with the Mejlis of Turkmenistan.

Data on children with disabilities was collected through desk review, field observations and alternative sources, such as local NGOs and civil society groups. An international expert was contracted to analyze existing opportunities and challenges in the implementation of the CRPD vis-à-vis children with disabilities. This included general measures of implementation and monitoring of the CRPD and review of policies and practices on care solutions for these children. Based on the outcomes of the assessment, a report was prepared which highlighted the following:

- Turkmen legislation emphasizes the right of children to receive care (and thus to be 'protected') in special institutions which are considered to be the optimal place for children with disabilities;
- The system of child care is based on a strong biomedical paradigm within healthcare and special education services;
- Existing services for children with disabilities are reliant on a heavily medicalized approach with little or no family support;
- Turkmenistan has relatively few children with disabilities in institutional care as compared with other CEE/CIS countries, but many such children suffer from 'institutionalization at home';
- There is a lack of public community-based mainstream education for children with disability;
- Overall social attitudes towards children with disabilities, including stigma and discrimination, remain a major challenge, affecting the rights and well-being of these children in fundamental ways.

The report outlined a strategy for UNICEF programmatic interventions and priority actions for the realization of the rights of children with disabilities for 2012-2013 and beyond:

- advocacy and technical support to review and revise laws and by-laws to remove barriers for new child-centered community based services;
- implementation of a comprehensive C4D strategy to change attitudes and influence social norms;
- support to data collection on children with disabilities;
- support in setting up 'gate keeping' mechanisms and processes both at the level of statutory and community based services to keep children from entering institutions and to prevent, detect and react to child abuse in various settings;
- implementation of well-designed pilots to demonstrate new community support systems and services for children with disabilities and their families, including development of the system of early identification and intervention for young children with disabilities and special needs;
- advocacy and pilots to promote the rights of children with disabilities to inclusive education
- advocacy for increased budgetary allocations to ensure the implementation of economic, social and cultural rights of children with disabilities.

Monitoring Mechanism

In 2011, the main focus of 2011 IMEP was on preparation for MICS and census, which involved extensive capacity building of national and local partners in conducting these surveys. Sector-wise, two studies were completed, including Assessments of Child Friendly Schools and Safe Motherhood Programme. In MCH, the focus was also on addressing under-nutrition by increasing the evidence base and knowledge of Vitamin A supplementation and anemia prevention. These studies will be completed and validated in 2012.

Twenty six Child Friendly Schools were assessed in 2011. The study examined the effectiveness of UNICEF's CFS programming efforts in the areas of inclusiveness, pedagogy, services, teaching, safe and protective environment, gender sensitivity, participation and governance, and systemic management. Data was gathered from CFS model schools from teachers, students, school heads and parents through interviews and focus groups discussions. The assessment, which was a first of its kind, highlights the need for a greater focus on enhancing policy dialogue and utilizing positive experiences/best practices from the field and globally to influence and contribute to the development of a national education policy based on CFS principles. Experiences from the CFS approach will be used to contribute to the development of a

common, outcome-based curriculum framework; quality of inspection/monitoring and capacity development; raising awareness and deepening the understanding of CFS methods and goals among stakeholders. UNICEF and the Ministry of Education have initiated a pilot certification process that will set standards with respect to child friendly schools and discussions are underway for eventual mainstreaming of this system wide, which is in line with the Government's statements on adopting the highest educational standards.

An important initiative was launched by the WB. The Government of Turkmenistan received financing in the amount of US\$387,500 for the Statistical Capacity Building for Growth and Poverty Reduction project. The project is implemented by the State Committee of Statistics of Turkmenistan (SCS). The main objective of this assignment is to strengthen the capacity of SCS to conduct a nationally representative household survey of living standards.

Support to National Planning

Progress of the programme's implementation against the results established in RWPs was monitored through informal mid-year reviews with concerned partners. At the end of the year, an Annual Review meeting was held with all concerned national and development partners to assess achievements, identify failures, extract lessons learned and agree on future collaborative results and actions. This was co-chaired by UNICEF and the Government and broke new ground in terms of programme review processes.

Two studies also contributed to measuring progress related to cooperation in health and education. The assessment of the National Safe Motherhood Programme 2007-2011 was conducted jointly by the Ministry of Health and Medical Industry, UNICEF and UNFPA, in partnership with WHO and USAID and with strong support from RO. This assessment identified weaknesses in the delivery of MCH services, which will be addressed both in development cooperation and in the preparation of a new programme focusing on maternal health, neonatal care, and child and adolescent health by the Ministry with UNICEF, WHO and UNFPA support. The assessment of 26 Child Friendly Schools helped not only to track progress in line with the CFS standards but also to develop a CFS certification package which is planned for national scale-up.

Any other relevant information related to data/evidence?

Country Programme Analytical Overview

In 2012, in order to enhance the CO's efforts in promoting the rights of children with disabilities, the following strategies will be employed:

Advocacy:

- Advocate for a CRPD implementation plan with a special focus on children with disabilities and mechanisms to monitor the implementation of the Convention.
- Review of existing legislation and regulations with respect to disability to ensure that they are in line with CRPD and other international guidelines

Capacity development:

- Work with policy partners to review and address gaps in policies, programmes and data needs.
- Build the capacity of families, communities (CBO's) and professional caregivers to care and nurture children with disabilities in line with international norms.
- Build capacity of print and visual media managers to ensure sensitive and rights friendly portrayal of all children with disabilities

Strategic partnerships:

- Enroll the highest level political support to address the issue of mainstreaming children with disabilities
- Strengthen policy partnership with the Parliament in advancing the issue of disability
- Strengthen linkages with the Ministry of Social Welfare, State Statistical Committee as well as traditional partners to address child disability
- Develop partnership with GONGOs like the Youth Organization and Women's Union as well as the Red Crescent Society and media

C4D:

- The C4D initiative will seek to address issues related to knowledge and attitudes of key stakeholders, service providers, as well as communities with respect to disabled children.
- Contribute to ensuring knowledge of the CRPD among service providers.
- Sensitize service providers on major issues with respect to disabled children and their potential.
- Contribute to shifting societal norms and beliefs with respect to disabled children, with a special emphasis on children with intellectual challenges.
- Integrate issues of disability into ongoing C4D interventions at the community level across all sectors.

Knowledge management:

- Ensure that Mejlis partners have access to updated regulations and legislation with respect to child disability issues.
- Provide access of partners in relevant ministries/departments to updated technical guidelines and norms with respect to disabled children.

Effective Advocacy

Mostly met benchmarks

Effective and longstanding policy advocacy was successful after many years and underscored many of UNICEF's achievements in 2011.

The National Programme on Early Childhood Development and School Readiness, adopted in May 2011, resulted from consistent and systematic UNICEF advocacy over four years. UNICEF's support in implementation will contribute to establishing an enabling policy/programming environment for holistic child development.

In education, after several years of piloting Child Friendly Schools, the Government requested UNICEF to support a school certification process and indicated readiness to apply CFS criteria to more schools. In 2012, measures will be taken to scale up the CFS initiative through a certification and standard setting process.

The nutrition advocacy strategy is focused on promoting the development of a comprehensive National Nutrition Programme. Events like the FFI Leadership Award granted to this country to recognize 15 years of achievement in Flour Fortification are useful.

In the area of juvenile justice, the Government announced the development of the National Juvenile Justice strategy which was also the outcome of many years of UNICEF advocacy and capacity development work.

UNICEF's advocacy throughout 2011 focused on promoting the rights of vulnerable children, specifically children with disabilities and children in conflict with the law.

Numerous interventions at the government and community level were undertaken to promote the rights of children with special needs. At the policy level, orientation sessions on the CRPD were conducted for Parliament members; the programme organized creative events to reach children with disabilities; and a Communication for Development strategy was developed along with numerous publications focused on the promotion of the CRPD.

The third Central Asian Child Protection Forum hosted by the Government in partnership with UNICEF fostered critical dialogue on addressing issues of juvenile justice and advocated for tailoring child-friendly systems and policies for children at risk. The Forum gathered legislators, government officials and law enforcement officers from five Central Asian countries as well as experts from Turkey, Russia, Azerbaijan, UK and USA.

In the area of child protection, the programme is now seeking to develop initiatives other than Juvenile Justice. Additionally, discussions are under way to review children's issues in a larger frame of social protection and budgeting.

Changes in Public Policy

The year 2011 saw two national initiatives outlined – approval of the “National Programme on Early Childhood Development and School Readiness 2011-2015” (ECD) and the development of the National Programme and Action Plan on Nutrition for 2012-2016. UNICEF played a key role in supporting the capacity building of key partners to develop the policies. UNICEF was also one of the key UN partners to actively support the development of the National Programme on HIV Prevention for 2012-2016 through a consultative process between major national and UN agencies in the country.

Recent IMF recommendations to ensure the effectiveness and equity of public spending, the interest of the Government to increase efficiency of cash transfers and targeted income support, and a new Budget Code to be adopted in 2012 all provided a good opportunity for the CO to start a dialogue with the Government on cooperation in social protection initiatives with a particular child equity focus and public finance management. Capacity development of government in results based budgeting and management, resource allocation with regard to social sectors for better child outcomes and assessment of cash transfers for children will start in 2012.

Leveraging Resources

As a country that is not ODA dependent, the context does not provide many opportunities for attracting funding from donors or international non-governmental organizations. The notion of social corporate responsibility is not well developed, as a result of which there are no corporate partnerships and alliances. One of the few examples of leveraging resources from development partners is in the health sector with the Turkish International Development and Cooperation Agency (TIKA). This partnership resulted in TIKA providing critical laboratory equipment and training on new lab techniques to assess Vitamin A status of children for use as evidence in the development of a national intervention. UNICEF provided capacity development in terms of study design and field work implementation. Both TIKA and the CO intend to keep up the partnership.

USAID supported polio immunization campaigns. Joint UN funds were leveraged for the development of the National AIDS Programme and assessment of the National Safe Motherhood Programme.

UNICEF's main focus was on leveraging government resources by enhancing capacity in evidence based

programme development.

In a situation where national budget formulation is not yet aligned with international norms, UNICEF is engaging with partners to advance child budgeting and marginal budgeting for bottlenecks with a view to ensure greater efficacy in the deployment of national resources to advance the well-being of children and their rights.

Capacity Development

Mostly met benchmarks

In 2011, capacity development initiatives were intended to sustain impact at the system level and were increasingly linked to the CO's equity focus. Capacity building efforts were aimed to provide technical assistance to develop national, sector, and thematic strategies and strengthen systems to develop, implement and monitor policy. This was undertaken through training activities, study visits and expanded access to knowledge resources through institutional linkages.

Local level capacity building oriented members of Parliament and other key stakeholders on the principles of the CRPD, after which MPs undertook a nationwide advocacy tour to promote the rights of children with disabilities. UNICEF also facilitated government participation in study tours to familiarize MPs with good regional policies/services for children with disabilities.

In light of anticipated juvenile justice reform, the CO also supported a study tour to the UK for government officials to gain exposure to international best practices, and continued capacity building initiatives for law enforcement officials.

Capacity development in health focused on Primary Health Care (PHC), particularly in remote areas. Over 950 PHC specialists were trained on PMTCT, IYCF, ENC and NR, safe immunization practices and measles and rubella surveillance, in line with international standards.

Strengthening national and local capacities in planning and vaccine management conducted in partnership with USAID, particularly in underserved areas, resulted in better preparedness and high coverage (98%) for two rounds of the national polio immunization campaign.

In health education, the innovative UNICEF/WHO ICAAD software package on IMCI and HIV pediatric care was adapted, supporting self-learning opportunities at pre- and post-graduate levels in line with the Government priority on strengthening ICT use. This will contribute to sustainable system-based changes in the health sector. Key capacity building was also provided to core health staff in usage of global health databases to introduce evidence based medicine into health education and research.

In addition, local capacity has been developed when it comes to new research methodologies and technologies related to a high-priority national nutrition survey on Vitamin A and anemia, launched in late 2011.

In ECD, technical assistance was provided to the Ministry of Health and Medical Industry and the Ministry of Education in developing an integrated implementation plan which also addresses the needs of young children.

Government officials also had the opportunity to observe good practices in inclusive education and community based inclusive services for children with disabilities. To expand the CFSs model, workshops were conducted to achieve shared understanding of CFSs dimensions, and develop a ten month action plan

for creating a comprehensive set of CFS standards and indicators.

A number of trainings were organized for government partners on DRR in Education to strengthen their knowledge of Education in Emergencies and disaster risk management. In 2012, with support from the RO, the work begun in this area is expected to continue.

Pre-schools and schools now have an opportunity to access UNICEF's user-friendly database to obtain information on ECD and CFS.

The National Statistical Committee was trained in conducting MICS4 with support from the RO and NYHQs teams.

Communication For Development

Mostly met benchmarks

The Communication for Development (C4D) focus in 2011 has been twofold: 1) Expanding adolescent health and development interventions; and 2) Initiating the new equity perspective, with a focus on promoting the rights of children with disabilities.

The first initiative derives from a strong government emphasis on youth issues and promotion of healthy lifestyles among young people. A successful partnership with UNFPA, USAID and the British Embassy mobilized resources for publishing 50,000 copies of a communication package on adolescent health and development. Nearly 10,000 children were reached at summer camps with a life skills package to build competencies and instill confidence for effectively dealing with the demands and challenges of everyday adolescent life, with a focus on issues such as nutrition, hygiene, stress management, sports, and prevention of risk behaviors. Following this, the communication package was also distributed to schools across the country.

The equity focus in C4D gained momentum from a dialogue initiated with national counterparts on the critical need to address the issue of disability. A range of initiatives were put in motion, capitalizing on the development of a C4D strategy on disability. The strategy is grounded in the promotion of the CRPD and creating a supportive environment across all programme sectors to achieve the rights of children with disabilities. It will be further employed to embed disability at the policy level.

A child-friendly version of the CRPD was adapted into the Turkmen language, along with a Learning Guide for Educators, and published. A nationwide performance tour by the popular State Puppet Theatre emphasized the integration of children with disabilities into society, child participation and early childhood development. The artistic troupe travelled to all five regions, reaching more than 10,000 children, and also visited institutions that serve children with disabilities.

To pursue the long-term objective of strengthening the health system and institutionalizing health promotion, representatives of the Ministry of Health and Medical University learned about international developments in the area of health and risk communication and the need for a systemic and intersectoral approach to reforming the health communication system. Developed capacity/system strengthening plans were discussed at the national round table meeting and submitted for the Ministry's consideration.

Service Delivery

Partially met benchmarks

Given that the key elements of the country programme relate to technical support and capacity development, the technical inputs of UNICEF colleagues from both the Regional office and NYHQs are critical and have helped to advance all areas of programming. UNICEF also partners with institutions like the Children's Legal Centre in the U.K.; the Kazakh Academy of Nutrition; Medical University of Odessa; as well as institutes in Turkey and Kazan in the Russian Federation.

Local procurement constitutes a small part in supply management amounting to approximately USD 100,000. The CO's main service delivery operation is procurement for the Ministry of Health of Turkmenistan and the Bread Association. In 2011, MOHMI transferred USD 3,175,090 for the procurement of vaccines and injection devices. Premix and reagents worth a total of USD 337,304.11 were procured for the Bread Association.

However, there are certain constraints with the Bread Association related to late transfer of funds for the procurement of premix. A proper mechanism for improving the planning process and timely transfer of funds is part of the discussion agenda of ICC on FF between the Bread Association, Ministry of Health and UNICEF.

Currently, UNDP manages a USD 2.1 million Global Fund programme on Tuberculosis etc., which includes handling procurement needs.

Strategic Partnerships

Partially met benchmarks

In Turkmenistan, the CO's principal partners include the state and its institutions. However, in 2012, new partnerships to reach the most disadvantaged, particularly children with disabilities, will be developed. UNICEF is especially expanding innovative alliances with local non-Government and nascent civil society organizations; the private sector; the media; national universities and regional centers of excellence; and, most importantly, children and young people themselves, along with their families. All of these partners will be instrumental for leveraging and influencing dialogue as well as for strengthening community involvement.

Particular attention is being given to South-South cooperation through key partnerships (see also Section VII). Inspired by the CRC and its Protocols, guided by the Millennium Declaration and the MDGs, and informed by government policies, UNICEF will also aim to be "ahead of the curve" in creating interest among other UN agencies for a key shift toward equity for children, thus achieving greater impact. In 2011, policy dialogue was initiated with the Ministry of Finance on outcome based budgeting for children and the Ministry of Labor and Social Protection on the effectiveness of cash transfers for children with disabilities.

In education, a UNICEF-led development partners group was established for exchanging knowledge and practices. The group is comprised of USAID, Europa House, EU TACIS, and EU 'Modernization of Education System' project, TIKA, GTZ and the National Red Crescent Society of Turkmenistan which has experience with working on DRR in schools.

Mobilizing Partners

Given that there are very few NGOs in the country, in 2011, UNICEF pursued a strategy of mobilizing new partners. During programme monitoring visits, the staff met with emerging civil society organizations and parents groups in velayats to learn about the situation of children with disabilities, their needs and the parents' concerns. In the capital, regular meetings were held to exchange information and conduct joint activities with organizations providing support services for children with disabilities. These contacts have laid down a base for empowering and engaging these groups in promoting and protecting the rights of children with disabilities. Given the very limited capacities of these organizations and the lack of clarity on their legal identity, there is a need for targeted actions to enhance their knowledge and skills and to continue advocating with the Government for a more conducive environment for NGOs and CBOs. Work with GONGOs like the Red Crescent is ongoing.

Knowledge Management

Partially met benchmarks

Currently, independent research and data gathering is extremely difficult. However, the CO works to ensure that surveys, situation analyses and research systematically collect, compile and analyze disaggregated information on child rights issues. However, as noted above, such collection and use of relevant, reliable data remains to be strengthened. In 2011, an assessment of progress on CFS programme implementation was carried out, along with a joint evaluation of the Safe Motherhood programme with UNFPA, WHO and USAID. The latter will inform the development in 2012 of a comprehensive Mother and Child Health Programme based on international standards, local evidence and lessons learned. In addition, development of a database and CFS website for the UNICEF education programme continued, with CFS teaching/learning and training materials to be uploaded for easy access by education professionals.

The knowledge management focus was also on policy makers, academia and professionals dealing with children. Main areas included children with disabilities, health and education systems, and strengthening data management. This was done through improving access to information about children and providing guidance and expertise in translating knowledge into policy and action. Particular emphasis was placed on aligning national legislation on children with norms to build an enabling environment for children, especially those marginalized and neglected.

Human Rights Based Approach to Cooperation

Partially met benchmarks

CO activities at all levels are framed by the CRC, CRPD, Convention on the Elimination of All Forms of Discrimination against Women and other relevant human rights instruments. In 2011, the CO particularly focused on advocacy for increased capacity of duty bearers to ensure delivery of rights, including to the most vulnerable and marginalized, in line with UNICEF's strengthened equity focus. The underlying principle in all areas was to provide complete assistance to the Government in fulfilling its obligations under the CRC and the CRPD.

While significant progress has been made with respect to distributive rights that govern service delivery for children and women, greater efforts need to be made to promote the rights to protection and freedom of expression and association,

Along with other partners, UNICEF also cooperates with the National Institute for Democracy and Human Rights, a special body set up to interface with external partners,. The CO also continued to closely partner with the Parliament to promote the rights of children, especially the disadvantaged and at-risk, at both national and sub-national levels, as well as to enhance legislators' knowledge and skills on child rights.

Gender

Mostly met benchmarks

In this country context, gender parity has been achieved in many areas. The more complex area of gender equity is now the focus of discussion. All CO programme components integrate gender mainstreaming as a key crosscutting issue, and all programme initiatives and public communication products/interventions are analyzed in terms of gender sensitivity. In 2012, as part of the UN system, the UNCT has decided to engage partners on the sensitive issue of gender violence. UNICEF will engage on this and other issues relating to children and schools under the framework of CFS.

With the introduction of the Operational Guidance on Promoting Gender Equality through UNICEF-Supported Programming, all staff were briefed on the conceptual overview of promoting gender equality and received guidance documents on each of UNICEF's five Medium-Term Strategic Plan Focus Areas. In light of its strengthened equity programme focus, the Office has successfully undergone the joint exercise on application of the Gender Equality Marker aligned with Intermediate Result indicators.

All staff received information on the new e-learning course "Gender Equality, UN Coherence and You" and the HRD committee recommended that all undertake this course. Staff were also oriented on the 2011 survey on Self-Assessment of Gender Mainstreaming and Gender Equality and contributed to this organizational initiative.

The gender focal point, management and key programme staff all benefited from the Community of Practice on Gender.

Environmental Sustainability

Initiating action to meet benchmarks

Until 2011, DRR was an underdeveloped part of the programme, with the UN system as a whole struggling to get traction in this area. However, in 2011, work with the Ministry of Education partners was initiated in DRR and schools and the partners have generally been very receptive. The critical emergency scenario has been around a possible seismic event of catastrophic proportions and the likely response and support scenarios. In 2012, UNICEF Turkmenistan fully expects to increase the tempo of the engagement on the DRR with support from the RO team and some thematic resources. Currently, there is a pilot initiative with the National Red Crescent Society which has the potential to be scaled up.

In terms of climate change, the programme has not taken up any initiatives directly. However, with the Government's participation at Rio plus 20, discussions will be undertaken with the Ministry of Education to advance work on orienting school children to climate change issues. Currently, WASH has been subsumed under the handwashing initiative as part of the larger life skills and C4D programme.

South-South and Triangular Cooperation

South-South cooperation played an important role in UNICEF's work throughout the year, particularly in the health programme. Development of the draft National Nutrition Programme and Action Plan was facilitated by UNICEF-supported cooperation between the Ministry of Health and the Kazakhstan Academy of Nutrition. The capacity of key government partners was built through study tours, participation at regional nutrition meetings, exposure to international standards and coordination of the policy development process.

Strengthened cooperation with the Turkish International Development and Cooperation Agency (TIKA) is contributing to the establishment of an evidence base for developing nutrition policies in two key areas where gaps remain: Vitamin A supplementation and prevention of anemia. An important national study in these areas, initiated at the end of 2011, is expected to strengthen research capacity of the core MCH institution of the Ministry of Health and Medical Industry.

To integrate developmental pediatrics in the Government's health agenda, which will be critical for moving forward with an equity focus on behalf of children with disabilities, UNICEF Turkmenistan negotiated with Ankara University, TIKA and UNICEF Turkey, and supported a two-day orientation workshop for core Ministry officials.

Country Programme Component: Social policy and child rights advocacy

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
The country fulfills the concluding observations of the CRC on resources for children, awareness and capacities of the public sector to formulate and support social policies, reporting and legislation on child rights		2 FA5OT1, FA5OT4, FA5OT5, FA5OT6, FA5OT8, FA5OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	296000.00	295717.66	295371.59	99.88
RR	216513.33	215657.70	214039.88	99.25
Total	\$512,513.33	\$511,375.36	\$509,411.47	

Results Achieved

Social policy component

Data transparency and dissemination will require further advocacy and technical assistance. This issue has also been raised in recommendations of several treaty bodies, including the Convention against Torture and the International Covenant on Economic, Social and Cultural Rights.

Given that the last census was conducted in 1995, a partnership of three agencies, including UNICEF, UNFPA and UNHCR, continued to support preparation processes for the 2012 census through the provision of technical and hardware support. The services of a GIS mapping specialist were secured for the State Statistics Committee to enable timely and quality mapping of all five regions. Additional trainings in *velayats* (provinces) were conducted to enhance the capacity of the regional divisions of the State Statistics Committee on the census.

Improved Child Rights Legislation and Monitoring Component

In collaboration with the Children's Legal Centre at Essex University, UK, UNICEF continued to support the National Institute for Democracy and Human Rights (NIDHR) in reforming legislation and practice pertaining to children in conflict with the law.

UNICEF improved the capacity of members of the working group on treaty body reporting, specifically on the methodology of CRC national report writing. This was achieved through study visits to the Office of the High Commissioner for Human Rights, in Geneva, and to treaty body sessions. Turkmenistan's CRC Periodic Report was completed and sent to the treaty body for review. The Committee on the Rights of the Child will consider the national report in 2012.

UNICEF also partnered with parliamentarians to help them better understand their role vis-à-vis the rights of women and children, with a focus on children in difficult circumstances and children with disabilities. MPs particularly improved their capacity on CRPD principles through participation in a workshop hosted with UNICEF support. This, in turn, facilitated their countrywide tour to promote the rights of children with disabilities. The Parliament also hosted the 3rd Central Asian Child Protection Forum. In terms of child rights, discussions with this body will continue to explore possibilities for the MPs to monitor child rights in their respective constituencies.

Communication for Development Component

With its focus on deepening adolescent health and development interventions and initiating the new equity

perspective, the C4D component is both deepening traditional key messages on issues such as health, education, ECD and child protection, as well as exploring new areas such as the rights of children with disabilities.

UNICEF offered the framework of a long-term perspective to strengthen the health system and effectively institutionalize health promotion. Representatives of the Ministry of Health and Medical Industry and the Medical University had opportunities to learn about international developments in health and risk communication. They also learned about the need for a systemic and inter-sectoral approach to reforming the health communication system. Capacity and system strengthening plans were discussed at the national Round Table Meeting and will be submitted for consideration by the Ministry.

Most Critical Factors and Constraints

In order to overcome current constraints, the following actions need to be undertaken:

- Increase data transparency and availability for quality programming;
- Increase access to updated information and data;
- Strengthen capacity for effective implementation of policies, standards and programmes;
- Promote institutional reform in the public sector;
- Strengthen institutional efficiency in the social sector;
- Support the strengthening of civil society partners and their work in implementing programmes at the community level.

Key Strategic Partnerships and Interagency Collaboration

Strong partnerships were forged among UN Agencies, and with UNFPA in particular, to support the census and other data collection initiatives.

UNICEF worked with the EU/UNDP/OHCSH project on human rights reporting capacity.

Humanitarian Situations

N/A

Summary of Monitoring, Studies and Evaluations

UNICEF has signed an MOU on the implementation of the MICS4 survey. Listing has been completed and a sample size selected for representative indicators at the sub-national level. Likewise, adoption of questionnaires is complete, and several trainings on sampling and data processing have been conducted.

Future Work Plan

In *Social policy*, implementation of MICS4 and collection and dissemination of data will be a priority, along with assistance in conducting a national census scheduled for the last part of 2012.

With regard to *Improved child rights legislation and monitoring*, activities will be pursued in collaboration with the NIDHR and Parliament. Work will continue on capacity building, including training of specialists on international standards, disability issues and activities promoting child participation. Principles of the CRC and CRPD will be further disseminated and their implementation advocated.

In *C4D*, priority will be given to promotion of the rights of children with disabilities; advancing child care practices; promotion of life skills among young children; and strengthening the health communication system at different levels.

Country Programme Component: National and local systems strengthening

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Nationally vulnerable children benefit from improved health, education, protection and prevention services.		2 FA1OT2, FA1OT3, FA1OT7, FA1OT8, FA1OT10, FA2OT1, FA2OT2, FA2OT7, FA2OT9, FA3OT6, FA3OT8, FA4OT1, FA4OT2, FA4OT5, FA4OT7

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	526944.21	401479.48	360379.08	89.76
RR	488897.79	485638.00	483457.65	99.55
Total	\$1,015,842.00	\$887,117.48	\$843,836.73	

Results Achieved

Health

The health programme has contributed to development and implementation of national evidence-based policies. Technical assistance and local capacity strengthening resulted in development of the 2012-2016 National Nutrition and HIV Prevention Programmes. A national vitamin A and anemia study and evaluation of the National SM Programme for 2007-2011 commenced to provide an evidence base for MCH policy.

The Government's 15 year efforts and CO's longstanding advocacy and technical assistance culminated with the Government receiving an international FFI Leadership Award.

Concepts of developmental and social pediatrics were introduced to health professionals through study tours and technical consultations. Integration of supportive supervision principles into monitoring of immunization services in remote areas resulted in 99% coverage of national polio immunization campaigns.

Capacity of health frontline workers in remote areas was strengthened. Approximately 295 specialists in Dashoguz and Mary districts with high child mortality were trained in PMTCT management. In addition, over 650 PHC specialists strengthened their capacity in ENC and NR, IYCF practices, safe immunization, measles and rubella surveillance. Adaptation of an electronic IMCI and HIV pediatric care training module created a channel of self-learning for family medicine specialists and medical students.

Education

Following intensive advocacy and capacity development, the Government endorsed the National ECD and School Readiness Programme to raise coverage of ECD from its current 30%. In school education, UNICEF continued to develop capacities of 60,000 teachers on ECD/CFS, integrating seminars into national teacher

conferences.

UNICEF also supported the MOE in the development of a CFS certification process with comprehensive standards/indicators to initially cover the 26 pilot schools. Discussions are at an early stage to upscale this initiative and integrate the CFS norms into the wider school system.

To further the equity agenda, government officials, school and pre-school managers were sensitized on inclusive education for children with disabilities, CRPD and the CRC.

UNICEF introduced the DRR concept in the education sector to create awareness of the need for a more comprehensive policy of preparation and response to the most likely risk of severe earthquakes. Ashgabat was leveled in 1948 by a severe earthquake that resulted in some 180,000 dead and wounded.

ECD

UNICEF supported the Interagency Commission for monitoring the National ECD and School Readiness Programme implementation to identify capacity gaps and develop an operational plan with results and indicators. The plan envisages strengthening the home visiting system, effective parenting, increasing access to PHC of all children, in particular those with developmental delays and disabilities, inclusive pre-school education, and capacity development of ECD health and education managers and service providers.

Child Protection

The major focus was building consensus and finalizing work carried out in 2009-10 on the Juvenile Justice Reform Strategy. The revised JJ strategy was presented to the Commission on Treaty Body Reporting and is currently under consideration.

Turkmenistan's hosting of the Central Asian Child Protection Forum resulted in consensus on further reform of the region's juvenile justice systems, along with concrete recommendations/action points. The Penitentiary Code was adopted with UNICEF technical expertise concerning under eighteen year olds.

Most Critical Factors and Constraints

- High level turnover among middle level health management and lack of capacity in monitoring and maintaining quality innovations introduced in MCH care undermine sustainability of capacity building efforts at the district level;
- Need for review of pre and post graduate medical school curricula to strengthen understanding of evidence based approaches and innovative public health measures. Need to update pedagogic methods to bring them in line with international practices and norms.
- Centralized and vertical systems create challenges for introducing the holistic approach in the implementation of the ECD Programme;
- Lack of reliable data and limited capacities to implement the reform process impede programme implementation;
- Strengthening of inter-sectoral coordination and civil society.

Key Strategic Partnerships and Interagency Collaboration

- Joint efforts of UNICEF, UNFPA, WHO and the USAID 'Quality Health Care' project in the assessment of the National Safe Motherhood Programme for 2007-2011 will help to identify gaps and lessons learned and to strengthen development of a new comprehensive National Mother, Child, Adolescent health programme.
- Leveraging resources with TIKA strengthened research capacity of the MCH centre specialists and enabled them to conduct a national study on Vitamin A among children and anemia among children, women and men.
- The UN thematic working group on HIV, under the leadership of UNICEF and in cooperation with national and developmental partners, has succeeded in finalizing the HIV National Programme for 2012-

2016; the Program was submitted for the Government's approval.

- Partnership with USAID contributed to successful implementation of two rounds of National Polio immunization campaigns.
- Cooperation with Ankara University, TICA and UNICEF Turkey made it possible to introduce developmental pediatrics in Turkmenistan for early detection and early prevention of disabilities on the agenda of the Government of Turkmenistan.
- A strategic partnership was established with the National Red Crescent Society of Turkmenistan to roll-out DRR in Education agenda in Turkmenistan.
- A UNICEF-led development partners group on education was established, including USAID, Europa House, EU, TICA and GiZ.

Humanitarian Situations

N/A

Summary of Monitoring, Studies and Evaluations

Monitoring the implementation of the Law on protection and promotion of BF and requirements for the child feeding products was conducted nationally. The results were used for the development of recommendations to align the Law with the International Code of Marketing Breast Milk Substitutes and development of the action plan for its reinforcement.

The assessment of 26 Child Friendly Schools was completed. Data was collected among 3,000 parents, teachers, directors and school teachers and a final analytical report was prepared by an international consultant.

Future Work Plan

In 2012-2013, the *health* programme component will focus on supporting MOHMI and other partners in strengthening local health systems through upgrading policy and standards of care. The programme will advocate for introducing new approaches, including cost-benefit and cost-effectiveness analyses, results-based budgeting and quality assurance of the implementation of evidence-based high impact interventions in MCH, ECD, Nutrition, and HIV, with focus on the most disadvantaged groups.

Quality of health system performance will be improved through capacity strengthening of medical education institutions and scaling up of updated programmes on MCH, PMTCT, IMCI/ICATT, IYCF, EPI and ECD, including introduction of early detection and early intervention to prevent developmental delays in young children. Special attention will be given to strengthening family care and community support towards improved practices in ECD, healthy life style and HIV prevention.

For *education*, implementation of the National ECD Programme will be prioritized, with links to health and social protection systems. Advocacy materials and teaching/learning guidelines will be developed and ECD coordination mechanisms established. Strategies for inclusive education will be modeled in selected preschools, integrating children with disabilities into mainstream education. E-content will be developed, capacity built on PFM, and DRR in education expanded.

For *Child protection*, capacity strengthening of legal professionals to deal with children in conflict with the law will focus on two regions. High-level advocacy will be undertaken for implementation of juvenile justice reform. Direct partnerships with the Ministry of Interior, Prosecutor General's Office and Supreme Court will be explored.

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
N/A	0	FA6OT1, FA6OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	4000.00	4000.00	3985.00	99.63
RR	148452.42	158387.43	149147.83	94.17
Total	\$152,452.42	\$162,387.43	\$153,132.83	

Results Achieved

Funds allocated for this PCR were spent to ensure smooth implementation of the programme in 2011. This included ensuring adequate human resources, operational support, cross-programme activities, such as an end-of-year CO retreat, and support to joint UN activities.

The retreat's objectives were to facilitate transfer to VISION; plan for 2012-2013; and discuss staff safety and staff association issues. The retreat resulted in: a) increased knowledge of the staff on VISION, including roles, responsibilities and deadlines; b) preparation of outlines of work plans; c) increased knowledge of M&E and ERM; d) adoption of a post-retreat action plan till the end of the year; and e) staff association issues discussed and new members elected.

Also, support was provided for joint UN communication activities and the annual UNDAF review meeting; UNICEF visibility and brand promotion; activities in conjunction with the 65th anniversary of UNICEF; promotion of the rights of children with disabilities and monitoring healthy life styles information campaign in children's summer camps.

In 2012, cross-sectoral costs will serve the same purposes.

Most Critical Factors and Constraints

N/A

Key Strategic Partnerships and Interagency Collaboration

N/A

Humanitarian Situations

N/A

Summary of Monitoring, Studies and Evaluations

N/A

Future Work Plan

N/A

Effective Governance Structure

Throughout the year, the Country Management Team met regularly to discuss issues related to Operations and Programme management and outline priorities for better performance. Most issues focused on shifts in office strategic directions, programme/management priorities, funding, work processes, HR issues, training/learning, office/staff security, and other management issues. Discussions also touched upon UNICEF's role in the implementation of UN reform at the country level through joint UN initiatives (UNDAF, UN advocacy and communications).

The work of UNICEF statutory committees was executed during the year. All committees, including CMT, PSB, CRB, JCC, CRC and HRD, function regularly and as per office needs. A new committee was established to review Project Cooperation Agreements. The CO paid special attention to staff-related issues and found solutions to support employees in case of urgent need. Regular monitoring of office events and activities was conducted.

Implementation of operational aspects of the health programme was generally good in 2011, even though UNICEF continued to face numerous challenges in implementing the education programme. However, the CO made significant progress in the area of direct cash transfers by explaining the necessity of a bank transfer-based approach to implementing partners. Two specialized consultants were hired to assess office financial procedures and provide an independent overview of current and future financial activities. The Office also progressed in the area of direct cash transfer issuance in the local currency.

Strategic Risk Management

Annual revision of the risk profile and risk control self-assessment was integrated in the general annual review process. As part of the RCSA, the CO assessed risks and opportunities that could affect the achievement of programme objectives, as defined in its CPD and CPAP for 2010-2015. During the CO's annual retreat in late November-early December, the Office reviewed the effectiveness of current risk responses. Residual risks were identified, analyzed and assessed in terms of the likelihood of the risk occurring and its possible impact. The significance of each residual risk was then determined taking into consideration the likelihood and impact of the risk. Based on this exercise, the Risk Profile of Turkmenistan was updated and the Office began to adjust a plan of action to manage these risks. The following updated mitigation measures, which were rated as medium-to-high, will be implemented to address the risks: 1) Aid Environment and Predictability of Funding; 2) Country Environment; 3) UN Coherence; 4) Systems and IT Infrastructure; 5) Natural Disasters & Epidemics.

Due to the complexity of the new VISION system, the Office will strongly count on Regional and HQ support for implementation. During 2011, it was paying special attention to SAP/VISION preparedness for a smooth migration.

The Business Continuity Plan (BCP) and Emergency Preparedness and Response Plan were updated regularly not only to improve staff and office security, but also with regard to preparedness planning for potential crisis situations and preparedness to address emergencies.

Evaluation

The 2011 IMEP does not contain evaluations. The main focus of the CO was on preparation for the MICS4 and census.

Effective Use of Information and Communication Technology

The year 2011 was very intensive in terms of ICT use, both for field officers and for UNICEF globally. The CO smoothly migrated end-user work stations from Microsoft Windows XP to Microsoft Windows 7 and the newly developed Microsoft Office 2010; furthermore, basic training and materials for self-learning were accessible online. All business software was kept up to date, according to corporate policies. Periodic maintenance and replacements of hardware were performed in a timely fashion.

Poor Internet bandwidth persists, and UNICEF still uses a costly satellite connection. The CO urgently needs an additional Internet connection with reliable and workable speed, particularly with the introduction of VISION and the increasing role of Internet connections for daily operations. No agreement has been reached with the UNDP CO on providing access to satellite equipment for uninterrupted use of fully Internet-based systems.

At the end of 2011, migration to a Windows 2008 server platform will broaden new trends in ICT, meaning more "green" and cost-effective solutions. In particular, these will be realized through implementation of the "virtualization" concept which allows the use of one hardware platform for many tasks. Thus, one server running Microsoft Windows 2008R2 can substitute for four to six old Microsoft Windows 2003 servers.

When it comes to the ICT aspects of emergency preparedness, global UNICEF standards are followed and adapted to local conditions. VHF and HF communication are periodically tested, while handheld radios were procured and distributed to all staff members. Vehicles are equipped with VHF and, where applicable, HF and satellite phone communications. In addition, two Thuraya portable phones and two fixed satellite phones are periodically tested. In early 2011, an ETR-1 emergency telecommunication kit was delivered and made ready for use.

Fund Raising and Donor Relations

In 2011, fundraising focused on evidence-based health care and building life skills competence of young people. Partnership with the Turkish International Development and Cooperation Agency (TIKA) resulted in its funding of laboratory equipment for UNICEF's national partner, the Mother and Child Healthcare Centre, and in training of specialists. Funds were raised for the Safe Motherhood Programme with USAID, WHO and UNFPA to identify gaps and lessons learned for strengthening development of a new comprehensive national programme to address health issues of mother, children and adolescents. A partnership with USAID on polio communication resulted in successful national immunization campaigns centered on the World Immunization Week.

The CO was successful in capitalizing on communication interventions by leveraging resources through a partnership with UNFPA, USAID and the British Embassy. A total of 66,000 communication packages on adolescent development and life skills were printed and distributed to young people, with most of the printing cost (US\$22,000) funded by the abovementioned donors. The Office continues seeking opportunities among private sector and donor organizations. In 2012, more fundraising will be conducted for disability-related initiatives, ECD and children's literature.

Management of Financial and Other Assets

Use and implementation of Support Budget funds was executed in accordance with the organization's needs to cover corresponding activities. Management of this budget is done by the Representative and the Operations Manager. Given the introduction of VISION, which is fully Internet-based and will be unsupported by current CO connectivity, additional funds from RCF were used to maintain a contract with a private company for additional connectivity.

Routine programme monitoring, including funds utilization, was undertaken: monitoring and assessment of programme's progress towards bi-annual key results; monitoring consistency and compliance of programme's activities and use of funds with RWPs; and financial monitoring: DCTs, supplies and contracts (ProMS, Rover, Cognos reports).

Good progress was achieved on the following management indicators:

- % of key programme and management results achieved by the end of the year as per table 4 from 2011 AMP.
- More than 80% of results were achieved;
- RR utilization – more than 98%;
- 100% PBAs were used within the original duration of the PBA life;
- Less than 5% of outstanding DCTs are over nine months.

In 2012, UNICEF will continue using the current premises, although the Government promised a new UN building to host all UN Agencies. Because of the poor condition of the current building, major repairs are needed; thus, additional funds may be required from RCF to cover UNICEF's share.

Supply Management

The total value of supply procurement for 2011 is estimated at US\$100,865. Local procurement is mainly related to procurement of office equipment/supplies, printing of programme communication materials, and procurement of ICT equipment for government counterparts to use in project activities. The total value of the local procurement is estimated at US\$65,107, including printing costs of US\$41,133. The printing of programme communication materials was based on an LTA established in 2010 with local printing companies.

Direct-order costs of an estimated US\$28,344 (including freight costs) constituted procurement of ICT equipment for office and laboratory supplies in the Ministry of Health. Offshore procurement of US\$7,414 (with freight costs) primarily included programme supplies for the State Statistics Committee for census activities.

During the reporting period, there were no emergency interventions.

Supply procurement in 2011 for the Ministry of Health and Medical Industry and the Turkmen Galaonumleri (the National Bread and Grain Association) reached US\$3.5 million. The primary component relates to procurement of vaccines and injection devices, with a total value of US\$3,175,090. Delivery of vaccines during the reporting period was undertaken as per the agreed delivery schedule with the exception of the seasonal influenza vaccine, which had a late delivery in November. Because of suspension by WHO of the supplier for DT and Td vaccines, delivery of these vaccines from another supplier has been rescheduled for the first quarter of 2012.

Premix delivery to the country was significantly delayed by late payment of funds from the National Bread and Grain Association. While payment was expected in March 2011, it was only initiated in July. Because of the lack of premix in Government mills, the National Bread and Grain Association agreed to the airlifting of 15,000kg of premix in August. Land delivery for the remaining 35,000kg has been arranged, with arrival expected in mid-December.

Human Resources

All posts are currently encumbered. The post of Representative has been advertised in view of the current Representative's upcoming retirement. The new Deputy Representative joined the Office in January 2011.

Recruitment for two vacant posts, Programme Assistant (GS6) and Health Officer (NOB), was completed and filled in April and August, respectively. The latter post had been vacant for several years, although the new Country Programme cycle had demonstrated the need to strengthen the health section capacity, focusing on measures to address issues of equity and quality services in compliance with international standards. A temporary driver was hired on a three month TA to provide transportation support to the Office, replacing a regular staff member on extended sick leave.

Because of migration to VISION, the CO prioritized the learning of this new software programme in the HR training matrix. It identified five "super-users" who participated at the Regional VISION ToT training, followed by further in-house training.

Performance appraisal is closely monitored, with emphasis on identifying competencies that will greatly help staff to enhance their knowledge and skills and meet performance expectations. Facilitation of VISION training modules is also included in PAs of "super-users."

With regard to staff well-being, during the year, four meetings of the Joint Consultative Committee (JCC) took place between the management and the Staff Association. Minutes of the meetings are regularly shared with the Regional and Global Chair SA. The staff actively participated in the 2011 Global Staff Survey and results for Turkmenistan are now available.

Efficiency Gains and Cost Savings

In 2011, the CO implemented a policy of cost savings, including (1) Deferral of purchase of new vehicles, opting instead to repair and refurbish for another year's duty. This resulted in potential savings of US\$60,000; (2) All official trips to Europe, which are normally business class because of flight time, are now undertaken in economy class, including government officials on study tours, etc.; and (3) No acquisition of major furniture for the Office.

Changes in AMP and CPMP

As required, an AMP was developed for 2011. At this time, the 2012 AMP is in progress and no major shifts are envisaged.

Summary Notes and Acronyms

AIDS
Acquired Immune Deficiency Syndrome
ARI
Acute Respiratory Infection
RWP
Rolling Work Plan
CCA
Common Country Assessment
CDC
Center for Disease Control
CP
Country Programme of Cooperation between GOT and UNICEF
CPAP
Country Programme Action Plan
CRC
Convention on the Rights of the Child
COCA
Central Organization for Control and Audit
ECD
Early Childhood Development
EmOC
Emergency Obstetric Care
EPI
Expanded Programme on Immunization
ELDS
Early Learning and Development Standards
GOT
Government of Turkmenistan
HIV/AIDS
Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICATT
IMCI Computerized Adaptation and Learning Tool
IMCI
Integrated Management of Childhood Illnesses
IYCF
IMR
Infant and Young Child Feeding
Infant Mortality Rate
KAP
Knowledge, Attitudes and Practices
MCH
Maternal and Child Health
MDGs
Millennium Development Goals
MMR
Maternal Mortality Rate
MNT
Maternal and Neonatal Tetanus
MoHMI
Ministry of Health and Medical Industry
MOE
Ministry of Education
MTSP
Medium-Term Strategic Plan of UNICEF

NIE
National Institute of Education
OPV
Oral Polio Vaccine
OR
Other Resources
PME
Planning, Monitoring and Evaluation
PHC
PMTCT
RR
Primary Health Clinic
Preventing Mother to Child Transmission
Regular Resources
STI
Sexually Transmitted Infections
TIKA
TT
TNIDHR
Turkish International Development and Cooperation Agency
Tetanus Toxoid
Turkmen National Institute of Democracy and Human Rights under the President of Turkmenistan
U5MR
Under 5 Mortality Rate
UN
United Nations
UNDP
United Nations Development Programme
UNDAF
United Nations Development Assistance Framework
UNFPA
United Nations Population Fund
UNICEF
United Nations Children's Funds
USD
United States Dollar
WHO
World Health Organization

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Assessment of progress on CFS programme implementation	2011/001	Study

Other Publications

	Title
1	Turkmen literature anthology for children (in Turkmen)
2	CRPD (child-friendly) and Guide to the CRPD (in Turkmen)
3	Child rights legislation (in Russian and Turkmen)
4	Public Service Announcements on Census
5	Adolescent health and development package (sets of booklets and posters)
6	Polio immunization poster and leaflet
7	Immunization calendar
8	ICATT CD
9	Handbook on clinical protocols on neonatal care

Lessons Learned

Programme Documents