

Distr: Limited

E/ICEF/2004/P/L.19/Rev.1  
27 December 2004

Original: English

**United Nations Children's Fund**  
Executive Board  
**First regular session 2005**  
17-20 and 24 January 2005  
Item 4 of the provisional agenda\*

**For action**

## **Revised** country programme document\*\*

### **Turkmenistan**

#### *Summary*

The Executive Director presents the draft country programme document for Turkmenistan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$4,680,000 from regular resources, subject to the availability of funds, and \$1,300,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

---

\* E/ICEF/2004/8.

\*\* In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

<i>Basic data</i> (2003 unless otherwise stated)	
Child population (millions, under 18 years)	2.0
U5MR (per 1,000 live births)	..
Underweight (% , moderate and severe)	..
Maternal mortality ratio (per 100,000 live births)	..
Primary school enrolment (% net, male/female)	
Primary school children reaching grade 5 (%)	..
Use of improved drinking water sources (% , 2002)	71
Adult HIV prevalence rate (% , 2001)	<0.1
Child work (% , children 5-14 years old)	..
GNI per capita (US\$)	1,120
One-year-olds immunized against DPT3 (%)	98
One-year-olds immunized against measles (%)	97

## The situation of children and women

1. Turkmenistan has a population of some 6.4 million, one third of whom are under 18 years of age. Only 20 per cent of the country's land is inhabited and arable, and the vast Karakum desert covers 80 per cent of its territory. Turkmenistan is well-endowed with natural gas and oil, and energy production accounts for about one third of the gross domestic product (GDP). Energy export revenues, which go into special funds, amount to about \$15.7 billion annually. With the break-up of the Soviet Union, Turkmenistan underwent enormous economic and social changes. This involved transition from socialized ownership towards a market economy and establishment of a new state structure with a Presidential system. Economic policy is mainly state-led and growth has recently seen a remarkable recovery.

2. The Government has developed a wide system of social protection which aims to meet people's basic needs. The national "Strategy of economic, political and cultural development of Turkmenistan till 2020" and the reform of the health care system demonstrates the Government's intention to improve the quality of health care for all citizens. The country is also examining other opportunities to develop the social infrastructure and social safety net, for example, through reform and streamlining of the management system for social services, which is now underway.

3. The health care system has been restructured to focus less on a curative approach and more on a preventive approach to health care. At the level of primary health care, the reforms focused on family health care and re-organization of rural and other medical services. Health financing was also expanded by the introduction of self-financing medical services, health insurance scheme and users' fees.

4. The Ministries of Health and Education are jointly working to raise awareness among young people about healthy life styles and to promote preventive measures.

5. Turkmenistan is moving towards meeting international standards and norms in cooperation with the international community and using new technologies. Plans and protocols for more

effective management and prevention of **childhood diseases** are necessary for nationwide implementation.

6. **The role and responsibilities of parents and families for caring for children are gradually expanding.** Child-rearing practices and patterns at home need further strengthening, particularly in the areas of hygiene, breastfeeding, child feeding and interaction with the child at an early stage.

7. **The Government provides free and compulsory basic education for all children for 9 years.** In 2003, 4042 seats were created in schools and kindergartens. Overall, the country has a teacher:pupil ratio of 1:15 and teachers are being provided with skills development and upgrading in interactive and other teaching methods, to meet children's evolving needs. Turkmenistan law on education do not permit school children to participate in agricultural and other kinds of labour unless it is required by the decision of the Government of Turkmenistan.

8. **A total of 65 parents' centres and 458 affiliates have been established in pre-schools to help improve parenting skills.** Community-based ECD services have to be further expanded through public participation especially in the rural areas, since only about 10 per cent of the rural population have access to these centres, as compared to more than 50 per cent in urban areas.

9. **The Government provides support to orphans and children from dysfunctional and large families.** In order to ensure social protection and improve living condition, some new facilities were established.

## **Key results and lessons learned from previous cooperation, 2000-2004**

### **Key results achieved**

10. **The previous country programme focused on reduction of incidence of infectious diseases, promotion of salt iodisation and flour fortification,** improvement of the school learning environment, promotion of healthy life styles and youth participation, and the rights of children in need of special protection measures. While not all the objectives were achieved, a number of key results were achieved.

11. **The Government reports low incidence of vaccine-preventable diseases among children with few cases of measles registered annually. With the introduction of Hepatitis vaccine the incidence of viral hepatitis shows a declining trend. Immunization coverage** was maintained at an average rate of 95 per cent. The country was certified polio-free in 2002. Government is now fully funding its vaccine supplies for BCG, DPT, OPV and measles under its Vaccine Independence Initiative and financial sustainability plan. With funding from the Global Alliance for Vaccines and Immunization (GAVI), the country programme's direct contribution included massive capacity-building, technical support for establishment of a national immunization plan, and provision of cold-chain equipment and a logistical system for vaccine distribution and storage.

12. **Students of Dashoguz velayat** benefit from improved access to safe water and sanitary latrines, which has contributed to the reduction of the incidence of diarrhoeal diseases by 24 per cent annually. UNICEF assisted local authorities in this *velayat*, where surface and ground water had been severely curtailed because of climatic conditions and land salinity, compounded by the

Aral Sea disaster. **Appropriate technologies for improved shallow and dug wells for provision of safe drinking water to schools were introduced.** Improved school latrines were established, with separate facilities for boys and girls. Hygiene education was widely promoted throughout the school system, in partnership with local non-governmental organizations. For the first time, senior students were involved in the monitoring and surveillance of the quality of water.

13. School children and young people now have access to more child-centred and relevant education. UNICEF introduced an innovative methodology for interactive teaching and learning, and for life-skills-based health education and HIV/AIDS prevention for adolescents. The Ministry of Education has recognized the value of this globally accepted methodology, which will be introduced nationwide. The use of life-skills education is increasing slowly but progressively, particularly in urban schools.

### **Lessons learned**

14. **The country programme should continue to focus on issues related to human development, participation of civil society and availability of reliable statistics and information.** The authorities are increasingly aware of the need for a rights-based approach in implementing development policies and have taken steps to be active in this sector. Various reports and the national media show that children's rights are now more incorporated in policy makers' language. UNICEF adopted a proactive approach to promote children's rights by engaging in regular consultations and dialogue with the Government. It is essential to prioritize key issues for advocacy and to ensure that culturally-sensitive and politically appropriate language is used in various forums, major documents and information, education and communication materials.

15. Successive annual reviews and the mid-term review of the country programme recommended continuity and expansion of programme activities at the *velayat* level. Based on the experience of ongoing early childhood development (ECD) initiatives, local authorities and existing mechanisms are able to respond more adequately when given the necessary mandate, technical support and skills for the planning and management of children's programmes. Service delivery is also more efficient when it is part of a coordinated and integrated effort. The provincial education management information system initiative in Dashoguz provides an important entry point for participatory data collection and school mapping, allowing linkages to activities in the areas of water and sanitation, ECD and education. This initiative can form a base for local-level planning through a participatory process involving all service providers, local **authorities, and families.** Greater decentralization of decision-making at the *velayat (province)* and *etrap (district)* levels provides opportunities for institutionalizing and mainstreaming children's development.

16. A 2003 study on child-rearing provided the impetus for emphasizing the role of parents **and families in children's upbringing.** The key lesson derived from the study is that rural extended family structures and immediate caregivers have to be considered in launching better parenting programmes. A framework for effective parenting was also developed as part of ECD initiatives, and in the next programme cycle, parents will also be taught problem-solving skills.

## **The country programme 2005-2009**

### **Summary budget table**

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Policy advocacy and development planning for children	700	-	700
Institutional capacity development	1 400	600	2 000
<i>Velayats programme for children</i>	1 700	700	2 400
Cross-sectoral costs	880	-	880
<b>Total</b>	<b>4 680</b>	<b>1 300</b>	<b>5 980</b>

### Preparation process

17. At the request of the United Nations country team (which also includes the United Nations Development Programme and the Office of the United Nations High Commissioner for Refugees), UNICEF led technical working groups that helped to develop the Common Country Assessment (CCA) and chaired the steering committee for the formulation of the United Nations Development Assistance Framework (UNDAF). Consultations with the Government during the UNDAF preparation process took place primarily through sectoral strategy meetings and the annual programme review. The Joint Strategy Meeting between the Government and the United Nations, held in February 2004; endorsed both the UNDAF and the UNICEF country programme.

### Goals, key results and strategies

18. The ultimate goal of the country programme is to contribute to sustainable improvements in health, development and social well-being of the children and women of Turkmenistan, **consistent with the goals formulated in the National Programme “Strategy of economic, political and cultural development of Turkmenistan till 2020”**, Millennium Development Goals and the commitments of *A World Fit for Children*. The country programme will support the Government and other partners in the development of a comprehensive, rights-based policy framework for ensuring quality, access and use of basic social services.

19. In the context of the UNDAF, UNICEF will support the formulation and implementation of sustainable, rights-based policies for children, young people and women; the improvement of systems and institutional capacities for improved quality health care, nutrition and education; and raising the awareness of families and changing mindsets for better child-rearing and parenting practices.

20. The country programme will achieve key results in the three areas identified in the CCA that have a crucial bearing on the situation of women and children: (a) the legal framework and law enforcement mechanisms are to be improved and harmonized with international commitments and other national laws; (b) standards and norms are to be used for improving the quality of programmes and services; and (c) families are to adopt positive child-rearing practices and provide a safe, enabling and conducive learning environment at home.

21. Three interrelated strategies will be pursued at the policy, system and community levels: (a) evidence-based advocacy and mobilization of policy and decision makers to place children at the centre of the development agenda; (b) decentralized adoption of a system-wide process and

mechanisms to improve basic social services, including developmental and preventive approaches; and (c) demonstration of models that create and sustain a social environment fit for children.

22. At the national level, the programme will focus on influencing policy decisions and enhancing the Government's ability to set priorities for children. It will support capacity and institutional development for improved health care, nutrition and education. Child protection will be integrated across all sectors. All interventions will be informed by gender analysis and response. Policies, standards, protocols and guidelines formulated at the national level will be adopted in the five *velayats* and 20 *etrap*s which will serve as models to demonstrate how communities can be made 'fit for children'. Best practices and lessons learned will be documented to inform national policies.

### **Relation to national priorities and the UNDAF**

23. The country programme will directly support the following nationalized Millennium Development Goals: (a) expanded access to high-quality education at all levels and achievement of international standards in education; (b) elimination of gender disparities at all levels of education; (c) reduction of infant and maternal mortality by one half from the current levels; (d) prevention of HIV/AIDS; and (e) reduction of the proportion of people without permanent access to safe drinking water.

24. The country programme is anchored in the UNDAF and corresponds to its outcomes: (a) policies to promote social well-being and human security in accordance with national goals and nationalized targets; (b) user-friendly and sustainable health care and nutrition services, in compliance with international standards, at national and subnational levels; (c) "child-friendly" and sustainable education services for the pre-primary, basic compulsory and vocational levels; and (d) a comprehensive approach to environmentally sustainable principles and practices at all levels and in community development, linked to improved social well-being.

25. Follow-up to global commitments is part of the policy agenda of both the UNDAF and the country programme. A law guaranteeing the rights of the child was enacted in 2002 following the country's 1994 ratification of the Convention on the Rights of the Child. Turkmenistan's first report to the Committee on the Rights of the Child has been under preparation since 2003 and is awaiting finalization.

### **Relation to international priorities**

26. The country programme will contribute to the achievement of the Millennium Development Goals for achievement of universal primary education, promotion of gender equality, reduction of child mortality, improved maternal health and fighting HIV/AIDS. The preparation of the country programme was guided by the UNICEF medium-term strategic plan and the goals of *A World Fit for Children*. It will give special emphasis to ECD and girls' education within the context of inclusive quality basic education. Interventions aimed at achieving a "child-friendly" learning environment and for immunization "plus" will focus on sustainability and better balanced nutrition. Consistent with regional HIV/AIDS priorities, the country programme will continue prevention of HIV and promotion of healthy life styles among young people. Child protection will intersect all programme components.

## Programme components

### Policy advocacy and development planning for children

27. **Greater** alignment between economic and social policies **can extensively improve** access to quality basic social services for children, young people and women. **Further strengthening the capacity of implementing agencies to utilize planning, and assessment tools can enhance the already existing framework of policies and laws.**

28. This programme is expected to yield the following specific results; all related to the creation of an enabling environment for children: (a) parliamentarians, policy-makers and local authorities are to be increasingly aware of, and better equipped with, skills for development and enforcement of child-rights-based legislation, policy-making and social development planning; (b) processes and mechanisms are to be in place for formulating new legislative measures and reviewing existing ones; and (c) a system will be developed for monitoring the implementation of these policies.

29. This programme will have two interrelated project areas: policy research, development planning and monitoring of results; and advocacy for children's rights. Social policy research and studies will be undertaken to launch a policy agenda and long-term vision for children. This will help to create a framework for rights-based, inclusive and protective policies for children. UNICEF will provide technical assistance to translate the National Plan of Action for Children into local plans, and to build local capacities for collecting and monitoring data. This programme component will also ensure that an emergency response plan is in place in case of man-made or natural disasters. UNICEF will support the Government to better align monitoring systems with national development goals through a centralized data repository and *DevInfo*. The programme will embark on wide advocacy and mobilization for promoting children's rights and follow up to the commitments of the Convention on the Rights of the Child, *A World Fit for Children* and the Millennium Development Goals. Various communication forums will be tapped and the involvement of the national and local media in promoting rights will be strengthened.

### Institutional capacity development

30. **The educational curricula in medical, pedagogical and other higher education institutes still have** to be updated fully in accordance with international standards and recommendations. Nationwide protocols and guidelines on care, prevention, development and protection of children and women need to be more comprehensive and consistent. National quality standards, indicators and tools for measuring developmental progress for young children and monitoring of learning achievements are to be **established**.

31. Key results expected at the system level include: (a) protocols and guidelines are to be adopted based on international standards for safe immunization, the Integrated Management of Childhood Illness (IMCI), nutrition, childhood disabilities, safe motherhood and neonatal care; (b) a financially sustainable plan on immunization will be in place; (c) an ECD curriculum will be aligned with development standards on psychosocial domains and school readiness, and be available and used in kindergartens and pre-schools; (d) protocols and resource materials will guide the development of "child-friendly" schools and "youth-friendly" health services; (e) parent and family checklists will be used for improved child-rearing, parenting and in-school activities; and (f)

food processing and other production facilities will fortify their products with iron and essential micronutrients.

32. UNICEF will support government efforts to **sustain current high level of measles immunization coverage; maintain** polio-free status; establish health and education information systems; increasing the rate of birth registration within one month after birth from 73 to 95 per cent; improve the quality of pre-school and primary education; and increase the number of young people aged 10-18 years with the knowledge, skills and means of protecting themselves from HIV/AIDS and sexually transmitted infections. The knowledge and skills of technical and field personnel on maternal and child care, including infant feeding practices, will be upgraded through extensive training.

33. There are three project areas under this programme component: a) maternal and child health (MCH) care and **better balanced nutrition**; b) inclusive quality basic education; and c) HIV/AIDS prevention. UNICEF will provide technical assistance for mainstreaming international standards, protocols and guidelines on updated and relevant health-care practices; the promotion of exclusive breastfeeding; vitamin A, iron and iodine supplementation; and curriculum development and teaching/learning methodologies, including measures for the prevention, identification and response to cases of violence, abuse, neglect and exploitation. A two-track approach will be adopted to improve managerial and/or technical competencies, targeting their integration in the higher education curriculum, as well as in-service capacity-building for health, education and social protection personnel. UNICEF will equip national core training teams with the skills and resource materials to build the capacities of family physicians on maternal, child and adolescent health care **and nutrition**.

### ***Velayats* programme for children**

34. The engagement of local authorities in children's programmes needs to be expanded, especially **for promotion of effective methods of child-rearing practices by parents and families. The capacity of local-level service providers and technical experts will continue to be enhanced** in the areas of early childhood stimulation, school preparedness, protection and **rehabilitation of children, and promotion of healthy lifestyles among young people. There is also a need for continuously raising awareness in hygiene and sanitary, as a means for promoting good health.**

35. This programme will operate at the *velayat* level, where it is expected to deliver the following results in 20 *etraps*: (a) at least 50 per cent of children aged 0-to7 years are to be prepared for school through improved access to and quality of ECD programmes; (b) at least 80 per cent of school-age children, both girls and boys, will have access to "child-friendly" schools; (c) at least 80 per cent of young people are to have life skills and access to "youth-friendly" services; and (e) at least 50 per cent of households are to practice improved hygiene and sanitation and have access to safe drinking water. To achieve these results, the country programme will support *velayat* and *etrap* administrations in the development of local plans for children. Service providers will be equipped with knowledge, skills and practices for applying technical and other standards to service delivery.

36. The programme will be coordinated and managed mainly at the *velayat* level and implemented in 20 *etraps* which represent 30 per cent of the country's total population. *Etraps* will be ranked according to the status of critical indicators for children and women (infant, child and maternal mortality, school enrolment, access to safe drinking water). These indicators will be

combined with other selection criteria such as geographic location, the size of the child population, the level of social infrastructure development and various manifestations of the commitment of local authorities to children's development. The selection of *etraps* will be done jointly with central and *velayat* authorities. In these *etraps*, the country programme will support implementation of national standards and protocols in the areas of ECD, "child-friendly" learning environments and "youth-friendly" services. Water, sanitation and hygiene education will be an additional project component. Child protection and gender concerns will be integrated within these interventions.

37. The country programme will equip local authorities with capacities to develop and implement local plans for children and mainstream them into development plans, and establish mechanisms for integrated programme management. Intensive support will be provided in documenting the process, strategies, resource requirements and, most of all, results. Periodic reviews at national and local levels with the Government will formalize recommendations for improvements.

38. The country programme will support the Government in carrying out interventions in **the areas of protection of newborns**, safe motherhood, immunization, community IMCI, disease surveillance, growth and physical monitoring, nutrition and school preparedness. Health workers will be trained in relevant health and nutrition interventions that are updated according to international standards. In addition, they will be trained to better identify and **report deaths related to diseases**. Teachers will be trained in interactive **teaching**. Hygiene education and access to safe water and sanitary facilities in schools, with separate provision for girls, will improve children's **health**.

39. Based on an assessment of the existing birth registration system, support will be provided for achieving universal birth registration. Provision of supplies and equipment will improve access, quality and utilization of MCH services and pre-school facilities. Life-skills-based health education will be scaled up in **schools through** peer education and "youth-friendly" services. Sustainable, low-cost water supply systems will promote viable and appropriate technological options for communities.

40. Parents will be encouraged to participate in making their homes and **schools environment** beneficial and to learn and adopt **effective** child-rearing practices. **Resources** will be mobilized for the operation, maintenance, management and monitoring the quality of water systems.

41. **Cross-sectoral costs** will cover staff, technical assistance and provide for cross-cutting services for such programmes as utilities, transport and information technology equipment.

### Major partnerships

42. New partnerships will be forged with the *Medjilis* (Parliament) and appropriate committees, the Cabinet of Ministers, and *velayat* and *etrap hakimliks* (governorates). Regular contacts will continue **with the line ministries and agencies**. Partners will include the Youth Union and Women's Union. International and donor partners will **include the** World Bank and USAID. Networking with international institutions for conducting studies, information exchange and state of the art technology will be encouraged. The Central Asian countries' ministerial forums on MCH and education will be a platform for exchanging information and expertise on issues related to women and children. The partnership with GAVI is expected to continue to achieve sustainable

immunization. The United Nations theme group on HIV/AIDS will remain a central forum for programme coordination in response to the epidemic.

### **Monitoring, evaluation and programme management**

43. The progress of programme implementation will be monitored through a set of key indicators to measure the development of policies, programmes and action plans for children, including budget expenditures for social sector development; the number of basic social services with improved quality care standards; rates of access of women and children to inclusive quality basic social services and their utilization; and knowledge, attitude and behavioural change among different groups of the target population.

44. The five-year integrated monitoring and evaluation plan will be developed and used for coordination of research, monitoring and evaluation activities of the country programme. The plan will include social policy analysis, evaluation of *velayat* and *etrap* models for making policy decisions and deciding on programmatic directions, and monitoring of child protection. In cooperation with other United Nations and bilateral agencies, UNICEF will support such major national surveys as the DHS and multiple indicator cluster survey. Collaboration will be maintained with the MONEE regional monitoring project.

45. The mid-term review of the country programme will be conducted in 2007. Key planned evaluations are planned of the better parenting programme, the ‘child-friendly’ schools initiative; the effectiveness of anaemia prevention interventions and a cost-benefit analysis of the implementation of the *etrap*-level model and its feasibility for replicability. The Government and the United Nations system will jointly carry out an evaluation of the UNDAF in 2008.

46. Yearly work plans will be prepared with national-level counterpart ministries and the *velayat* authorities as a key process for achieving the country programme’s goals and objectives. Programmes will be monitored through quarterly, mid-yearly and annual programme implementation reviews, regular field monitoring and periodic analyses of processes and outcomes with partners at national and *velayat* levels. The United Nations resident coordinator system will be fully utilized for joint programme review and negotiations with the Government.

47. The Ministry of Foreign Affairs serves as the overall coordinating government authority. The country programme will be managed jointly by the Government and UNICEF, with coordinators appointed from such major implementing partners as Medjlis (Parliament) and the Ministries of Health and Medical Industries, Education, **Interior, Adalat (Justice)**, Social Welfare, **and Public Organizations**. Under the support budget approved by the Executive Board in 2003, the UNICEF office in Turkmenistan will be upgraded to a full country office from 2005 and the office’s human resources have been strengthened accordingly.

**Summary Results Matrix: Turkmenistan Programme of Cooperation, 2005-2009**

UNICEF MTSP Priority Area	Key Results Expected in this Priority Area	Key Progress Indicators	Means of Verification	Major Partners and Partnership Frameworks	The Results in this Priority Area will Contribute to
1. Girls' Education	<p>1.1 Basic schools in 20 etraps offering a child-friendly learning environment documented and promoted for national expansion</p> <p>1.2 80% of girls and boys in 20 etraps (districts) complete primary schooling in child-friendly schools</p>	<p>1.1.1 % of basic schools certified child-friendly (inclusive and gender-sensitive)</p> <p>1.2.1 Gross enrolment rate, girls and boys</p> <p>1.2.2 Completion rate, girls and boys</p> <p>1.2.3 Primary school cohort survival rate, girls and boys</p>	<p>1.1.1 Special baseline survey following MoE assessment and certification</p> <p>1.2.1, 1.2.2 and 1.2.3 MoE periodic/routine reports</p> <p>1.2.2 and 1.2.3 MLA study</p>	<p>MoE, Dept. of Education, Local Authorities, UNESCO, WHO, USAID</p>	<p><b>UNDAF outcome:</b> By end of 2009, inclusive, child-friendly and sustainable education services are provided at pre-primary, primary and vocational levels</p> <p><b>WFFC goal:</b> Providing quality education</p> <p><b>MDG:</b> Achievement of universal primary education</p> <p><b>National MDG targets:</b></p> <p>(2) To expand access of people to high-grade of all levels and achievement of world standards in education</p> <p>(3) To eliminate by 2015 gender discrepancy at all levels of education and at third stage in particular</p>
2. Integrated Early Childhood Development	<p>2.1 One third health facilities in 20 etraps offer integrated package of health and nutrition services for children and women that comply with international standards and nationwide adoption by 2009 (Baseline: 57% estimated average for 6 etraps; diarrhoea prevalence rate 13,000 per 100,000 all ages; ARI 70% infants affected annually)</p> <p>2.2 National ECD curriculum is implemented progressively in 80% kindergartens in 20 etraps</p> <p>2.3 30% of family and primary caregivers' child rearing and parenting practices for children's optimal development are strengthened, and have skills to provide a quality learning environment</p>	<p>2.1.1% of targeted health houses offering integrated service package</p> <p>2.1.2 % of births attended by skilled attendants</p> <p>2.1.3 % of 0-7 year old children with diarrhoea/ ARI treated using IMCI protocols</p> <p>2.1.4 % of children completely immunized</p> <p>2.2.1 % of kindergartens implementing ECD curriculum</p> <p>2.3.1 % of families in 20 etraps report use of checklists/ECD resources in past month</p> <p>2.3.2 % of children 0-2 yrs. old monitored for BF, infant feeding practices growth and development</p> <p>2.3.3 ORT use rate</p>	<p>2.1.1-2.1.4 HIS, MICS</p> <p>2.2.1, MoE, DoE and NIE reports</p> <p>2.3.1 Baseline special survey (following adoption of parents' checklist)</p> <p>2.3.2 MoHI reports</p>	<p>MoHI, MoE, MSW and their Local Departments, Local Authorities, WHO</p>	<p><b>UNDAF outcomes:</b></p> <p>By end of 2009, user-friendly and sustainable health care and nutrition services are provided in compliance with international standards at the national and sub-national levels</p> <p>By end of 2009, inclusive, child-friendly and sustainable education services are provided at pre-primary, primary and vocational levels</p> <p><b>WFFC goals:</b></p> <p>Providing quality education</p> <p>Promoting healthy lives</p> <p><b>MDGs:</b></p> <p>Achievement of universal primary education</p> <p>Reduction of child mortality</p> <p><b>National MDG targets:</b></p> <p>(2) To expand access of people to high-grade of all levels and achievement of world standards in education</p> <p>(5) To reduce infant mortality during 2000-2015 by 2.1 times</p>

3. Child Protection	<p>3.1 New laws and codes are drafted for protection of children from violence and abuse (Baseline: Act Guaranteeing the Rights of the Child)</p> <p>3.2 Minimum standards of physical and health care for children in institutions are developed</p> <p>3.3 System for monitoring implementation of child rights -based policies are in place</p>	<p>3.1.1 No. of cases of violence and abuse identified, reported and referred within the Child Protection system</p> <p>3.2.1 % of schools and other child care institutions that respect physical integrity of children</p> <p>3.3.1 Monitoring system operational</p>	<p>3.1.1, 3.3.1 Government reporting systems (MoE, MoHI, MSW, police records)</p> <p>3.2.1 Records of institutions under MoHI, MSW and MoE</p>	<p>Medjlis, MSW, MoHI, MoE, MoJ, Police</p>	<p><b>UNDAF outcome:</b> By the end of 2009, policies to promote social well-being and human security are strengthened and expanded in accordance with national goals and the nationalized MDGs</p> <p><b>WFFC goal:</b> Protection of children against abuse, exploitation and violence</p> <p><b>Millennium Summit Declaration, Section VI:</b> Protect the vulnerable</p>
4. Immunisation Plus	<p>4.1 Financially sustainable plan on immunisation is in place (Baseline: 80% of vaccine funds covered by government. One year old - DPT 98%, measles 97%)</p> <p>4.2 Country specific and sustainable strategy implemented to fortify staple foods with essential micronutrients (iodine, iron, folic acid) used by 100% of population</p>	<p>4.1.1 % of funding for routine immunisation is met from government budget</p> <p>4.1.2 No. of etraps with sustained DTP3 and Measles coverage rate &lt;90%</p> <p>4.2.1 % of population using iodized salt and fortified foods</p> <p>4.2.2 No. of mills with fortification facility</p>	<p>4.1.1 and 4.1.2 DHS, MoH routine report, AEFI and AFP surveillance data</p> <p>4.2.1 and 4.2.2 Nutrition surveys, NIS, MICS</p>	<p>MoHI, MSW,, MOF, Turkmen Chemistry, NIS, Local Departments WHO, USAID, GAVI, ICC, National Fortification Committee</p>	<p><b>UNDAF outcome:</b> By end of 2009, user-friendly and sustainable health care and nutrition services are provided in compliance with international standards at the national and sub-national levels</p> <p><b>WFFC goal:</b> Promoting healthy lives</p> <p><b>MDG:</b> Reduction of child mortality</p> <p><b>National MDG target:</b> (5) To reduce infant mortality during 2000-2015 by 2.1 times</p>
5. Fighting HIV and AIDS	<p>5.1 90% of young people aged 12-18 years know how to protect themselves against HIV/AIDS.</p> <p>5.2 Life skills -based health education offered in 600 schools nationwide and at least in 18 youth clubs</p> <p>5.3 50% women and adolescents and new born have improved access to professional and better-equipped health services</p>	<p>5.1.1 % of young people who can identify ways of preventing HIV transmission and reject major misconceptions</p> <p>5.2.1 % schools and youth clubs offering LSBHE</p> <p>5.3.1 % of pregnant women covered with PMTCT services</p>	<p>5.1.1 KAP Study, MICS</p> <p>5.2.1 MoE reports, monitoring</p> <p>5.3.1. MoH and local departments routine reports</p>	<p>MoH, National AIDS Centre, Medical Institute, MCH Centre, Local Departments WHO, UNFPA, UNAIDS</p>	<p><b>UNDAF outcome:</b> By end of 2009, user-friendly and sustainable health care and nutrition services are provided in compliance with international standards at the national and sub-national levels</p> <p><b>WFFC goals:</b> Combating HIV/AIDS; Providing quality education; Promoting healthy lives</p> <p><b>MDG:</b> Combat HIV/AIDS, malaria and other diseases</p> <p><b>National MDG target:</b> (7) To prevent HIV/AIDS incidence in the country</p>