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Draft country programme document**

Turkmenistan

Summary

The draft country programme document (CPD) for Turkmenistan is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$5,058,000 from regular resources, subject to the availability of funds, and \$7,160,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2010 to 2015.

* E/ICEF/2009/8.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2009.

<i>Basic data</i> [†] (2007 unless otherwise stated)	
Child population (millions, under 18 years)	1.8
U5MR (per 1,000 live births)	50
Underweight (% , moderate and severe, 2005)	8
Maternal mortality ratio (per 100,000 live births, 2002)	14 ^a
Primary school enrolment/attendance (% net, male/female, 2006)	99/99 ^b
Survival rate to last primary grade (% , 2000)	100 ^b
Use of improved drinking water sources (%)	^c
Use of improved sanitation facilities (%)	^c
Adult HIV prevalence rate (% , 15-49)	<0.1
Child labour (% , children 5-14 years old)	—
GNI per capita (US\$)	^d
One-year-olds immunized with DPT3 (%)	98
One-year-olds immunized with measles vaccine (%)	99

[†] More comprehensive country data on children and women are available at www.unicef.org.

^a The 2005 estimate developed by WHO/UNICEF/UNFPA and World Bank, adjusted for underreporting and misclassification of maternal deaths, is 130 per 100,000 live births.

^b Survey data.

^c MICS 2006 data: 71 per cent and 99 per cent for improved water and sanitation, respectively.

^d Classified as lower-middle-income (\$936 to \$3,705). World Bank PPP method shows GNI per capita at \$4,305. Official data show GDP growth at 11.6 per cent in 2007 and 10.5 per cent in 2008.

Summary of the situation of children and women

1. Situated in Central Asia, Turkmenistan became independent in October 1991. The country is well known for its vast reserves of natural gas. Turkmenistan is a signatory to seven out of eight core human rights conventions, and has ratified the Convention on the Rights of the Child and its Optional Protocols, and the Convention on the Elimination of All Forms of Discrimination against Women. With a renewed commitment to implementing human rights conventions, particularly on child rights, the Government has established an Inter-Ministerial Commission to monitor the compliance of national laws with international instruments. The Government initiative on reform has been started to raise the living standards of the population, expand democratization and strengthen national capacities to respond to a fast-changing global environment. The resulting atmosphere of change has potential for stronger programme cooperation.

2. With economic diversification in its initial phase, the economy still relies mainly on rising energy exports, which contributed to the increase in the gross domestic product by an annual average of 18.6 per cent beginning in 2000. This strong growth has allowed the allocation of additional financial resources for the social sector, reflecting the Government's commitment to reach vulnerable groups and to accelerate social development. Demographic trends show an improved population dependency ratio (measure of the portion of the population that depends on those of working age). Continued commitment to social protection allocations

will be critical in case revenue decreases during the current global economic downturn.

3. Having achieved significant results, the country is on track to meet most of the Millennium Development Goals by 2015. One such result is the reduction in the under-five mortality rate, from 94 to 50 per 1,000 live births between 2000 and 2007. This achievement points to the need to focus more intently on reducing neonatal mortality, which contributes to one third of infant deaths, and on accelerating progress in reducing malnutrition, which declined from 12 per cent in 2000 to 8 per cent in 2005. The target for countrywide immunization coverage is already reached. To achieve the Goals, improvement will also be needed in health policy, service delivery systems, and awareness of childcare standards (for the 0-3 age group) and practices among caregivers. The difference between the Government estimate of the maternal mortality ratio, 14 per 100,000 live births, and the estimate of 130 per 100,000 live births of the World Health Organization (WHO)/UNICEF/United Nations Population Fund (UNFPA)/World Bank needs further analysis.

4. The Millennium Development Goal targets in the education sector have already been achieved, including full gender parity. The Government has made education a national priority and has initiated reforms that pay special attention to the quality of education and to making the system more child-friendly. A baseline survey of early childhood education in 2007 showed that access to high-quality pre-school education (4-7 age group) is an important area for future attention and investment.

5. Regarding child rights, the Concluding Observations of the Committee on the Rights of the Child in June 2006 highlighted the need to achieve more comprehensive implementation of the Convention on the Rights of the Child through the development of a National Plan of Action and a regularly updated database, particularly on child protection issues. A review of child-related legislation in 2007 revealed a number of gaps between national legislation and international standards. The Presidential Decree banning child labour in 2005 was followed by the appointment in 2008 of the Prosecutor General to monitor the elimination of child labour. Reforming the juvenile justice system to bring it in line with international norms and standards is a priority for the Government.

6. The passage of a law in 2008 guaranteeing the equal rights of women opens improved economic and social opportunities for women, which are likely to generate a positive effect on children's growth and development. The Committee on the Elimination of Discrimination against Women noted that efforts are needed to improve the availability of data on the situation of women.

7. Although Turkmenistan is a low-prevalence country for HIV and AIDS, several main factors create a threat of substantial increase: injectable-drug use and risky behaviour among young people, and a lack of awareness on HIV prevention among adolescents. The Committee on the Rights of the Child observed the need to raise awareness about HIV/AIDS among boys and girls through the conducting of campaigns and the implementation of programmes having adequate financial resources.

8. In September 2008, Turkmenistan adopted a new Constitution, which includes several key laws strengthening local self-government at *velayat* (provincial) and

gengeshi (village) levels. UNICEF and the United Nations Development Programme (UNDP) are working in partnership to build the capacities of local government and improve the legislative environment for local authorities.

9. Turkmenistan is located in an active seismological zone and a water-deficient region. The Government recognizes the need for a well-prepared disaster reduction plan to mitigate the risks.

10. Government reforms, good progress on most Millennium Development Goals and growing fiscal ‘space’ for investment in children and women place Turkmenistan in a good position to gradually meet international standards and harmonize its laws and practices with international conventions. Government resources can be increasingly deployed for legislative reforms, an improved social policy environment, and a strengthening of service-delivery systems so that the rights of children and women can be progressively realized. The availability of accurate data will be critical to supporting these improvements and to achieving the Goals.

Key results and lessons learned from previous cooperation, 2005-2009

Key results achieved

11. In partnership with the Ministry of Health and Medical Industry, significant gains were made by the health sector, as shown in the results of the Multiple Indicator Cluster Survey 2006. Immunization rates are near-universal. The cold chain system was upgraded in 2007 with the assistance of the Government of Japan and Centers for Disease Control and Prevention. With funding from the United States Agency for International Development (USAID), an assessment carried out in 2007 showed that iodized salt-use rates had reached a high coverage of 86 per cent. In collaboration with WHO, Turkmenistan introduced the WHO-recommended definition of live birth, which helped to increase the understanding of the issues surrounding infant mortality. The Government also approved a new Safe Motherhood Programme in 2006 and funds the Baby-Friendly Hospital Initiative. More than 85 per cent of babies are now born in baby-friendly hospital environments. In addition, the Government fully funds several other programmes, including those providing micronutrients, immunization and essential drugs for Integrated Management of Childhood Illness. UNICEF supported the Government and other partners in all these efforts.

12. To improve education for young children, Turkmenistan adopted Early Learning and Development Standards (ELDS) in 2008. A team of experts from the Ministries of Education and of Health and Medical Industry, assisted by UNICEF and coordinated by the National Institute of Democracy and Human Rights (NIDHR), is preparing a national implementation plan for these standards. In the first national scale-up of efforts to train all teachers in child-friendly schools methods, about 45,000 teachers — 70 per cent of the total — received in-service training.

13. Turkmenistan achieved several milestones on child rights, with valuable support from member states from the European Union (EU), Organization for Security and Co-operation in Europe (OSCE), Office of the High Commissioner for

Human Rights, UNDP and the Japanese-funded United Nations Trust Fund for Human Security, and UNICEF. These included ratification of the two Optional Protocols of the Convention on the Rights of the Child. The country approved a landmark Child Labour Law in 2005, designed particularly to enforce Article 27.6 of the Law on the Guarantees of the Rights of the Child. Another achievement was the submission by Turkmenistan of its first Report to the Committee on the Rights of the Child in March 2005, which was followed by an interim response to extensive Committee Observations in September 2007.

Lessons learned

14. Much progress was made in both coverage and quality for universal salt iodization, flour fortification and immunization programmes, according to assessments. These were carried out from 2005 to 2007 by international experts, in partnership with UNICEF and senior Government officials from the Ministry of Health and Medical Industry, and were noted by the midterm review of the country programme. However, more could have been achieved if quality monitoring and evaluation systems had been strengthened. Therefore, ensuring such monitoring and evaluation is a priority for the current country programme. Evidence from the midterm review also indicated that micronutrient supplementation (including flour fortification), and immunization had reached an advanced stage where the Government could take over and programme interventions could be gradually phased out. For the current country programme, micronutrient supplementation and immunization have full funding by the Government, which will ensure both ownership and sustainability.

15. A review of the legislative environment for local governance in 2007 by a team of national and international experts was conducted as a part of the midterm review. The study confirmed that the focus of the previous country programme (2005-2009) on both policy development and service delivery had proven fruitful, with its emphasis on local-level monitoring of issues that affect children and women. However, it was noted that the evidence of this monitoring did not always reach central levels, and recommended that upstream feedback for policy reform be strengthened. It was also recommended that stronger synergies with the UNDP local governance work would benefit children. For these reasons, a main strategy of the new country programme is to strengthen local-level systems analysis and monitoring to provide feedback for policy and planning at all levels. Partnership with UNDP will be strengthened in several programme components related to local capacity-building for improved social policy.

16. The previous programme of cooperation supported pre-school education on a small scale. Evidence suggested that while pre-schools could benefit children, the quality of pre-school and early education needed improvement. As a result, the Government developed ELDS. A study on these standards in 2007 by an international expert recommended that (a) early stimulation, improvement of the home environment and school readiness receive further attention; (b) the standards be mainstreamed in the health and education sectors; and (c) disadvantaged and vulnerable groups be reached. The Government has decided to take implementation of ELDS to scale, with the new country programme aiming to ensure that 50 per cent of children 4-7 years old attend kindergartens implementing ELDS.

The country programme, 2010-2015

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Social policy and child rights advocacy	1 500	2 000	3 500
National and local systems strengthening	2 700	4 980	7 680
Cross-sectoral costs	858	180	1 038
Total	5 058	7 160	12 218

Preparation process

17. A dialogue on new programme directions began with the Government in early 2007 within the context of national reforms. A United Nations Development Assistance Framework (UNDAF) was developed in 2008, with the active participation of national counterparts and the United Nations country team. The following outcome areas were identified: (a) sustainable development and inclusive growth; (b) human development to achieve the Millennium Development Goals (with the working group chaired by UNICEF); (c) democratization and rule of law; and (d) peace and security. UNICEF provided substantial inputs for all UNDAF expected outcomes, particularly in the areas of capacity development and social policy development. Extensive discussions with key stakeholders validated the UNDAF results matrix.

18. The Government reforms provide the main basis for the country programme's expected results. In line with the Government's priority of complying with international standards and conventions, the country programme is based mainly on Observations of the Committee on the Rights of the Child, Millennium Development Goals and targets and the goals of *A World Fit for Children*. It is well aligned with the national priorities highlighted in UNDAF and is grounded in analysis of Millennium Development Goal trends relevant to the situation of children and women. Consultations with all major partners, including USAID, EU Member States, and the European Bank for Reconstruction and Development took place during the preparation. Discussions were held with all key Government counterparts, at the ministerial level in 2008, and a full review took place in January 2009.

Goals, key results and strategies

19. The overarching goal of the country programme is to support the progressive and sustainable realization of the rights of children and women, in line with the Convention on the Rights of the Child, Millennium Development Goals, *A World Fit for Children* and Convention on the Elimination of All Forms of Discrimination against Women. The country programme will also facilitate the implementation of the National Programme of Turkmenistan for Transformation of Social Conditions of the Population of the Villages, Settlements, Towns, and Districts up to 2020.

20. The country programme will contribute to the achievement of the following key results by 2015: (a) under-five mortality is reduced by at least one third, from 50 to 33 per 1,000 live births, by focusing on neonatal health, family care and community support; (b) underweight prevalence is reduced by at least one third, from 8 per cent to 5 per cent, through better infant feeding practices, elimination of micronutrient deficiencies and improved community support; (c) budget allocations for national plans on pre-school and basic education and juvenile justice are increased and equitable; (d) national child protection and gender policy frameworks are formulated with implementing mechanisms to detect, manage, refer and follow-up cases of abuse, exploitation and violence against girls and boys; (e) at least 50 per cent of children 4-7 years old attend kindergartens implementing quality pre-school education following approved pre-school ELDS standards, and at least 25 per cent of schools providing basic education apply child-friendly school standards; and (f) HIV risks and vulnerability among adolescent and pregnant women are reduced.

21. Within the context of expanded fiscal potential for investment in children, as well as the Government's declared commitment to reform the social sector and comply with international norms and standards, the country programme will increasingly facilitate the implementation of national priorities for improved outcomes for children. This will include support for knowledge management, especially regarding best-practice models.

22. Building on positive programme experience at the local level, a main strategy will be to use local-level systems analysis and monitoring of services for quality assurance and for providing feedback for policy and planning at all levels. Both systems and policy analysis will aim to move further from sectoral interventions to integrated interventions. Disaggregated data will be used to sharpen the focus of central interventions and foster gender equality.

23. Communication for Development will aim to improve awareness levels in the population, not only on the rights of children and women and obligations of service providers, but also on childcare practices, HIV/AIDS, and youth issues. Following best practices, different forms of media will be used to reach nationwide coverage. Advocacy will cover scaling-up and institutionalizing interventions for improved access to pre-school education; child-friendly schools and child-centred teaching methods; gender-sensitive youth-friendly services; and life skills-based health education.

24. Joint United Nations programme interventions will be enhanced by thematic convergence both at central and local levels, on HIV/AIDS, improving data availability and systems, including Turkmen-Info, local-level planning, gender mainstreaming and disaster preparedness.

Relationship to national priorities and the UNDAF

25. The country programme outcomes strategically contribute to the priorities of the ongoing Government policy reforms, in particular regarding compliance with international standards and human rights instruments. The overarching goal of the country programme is fully consistent with and supports the National Programme for Transformation of Social Conditions of the Population of the Villages, Settlements, Towns, and Districts up to 2020. Several outcomes of the Government development plans form the basis for the country programme: socioeconomic

development according to world standards; promoting democratic principles of governance and ensuring the supremacy of law; free education and health services for all in accordance with a State-guaranteed package; sustainable development; decreased mortality, especially infant and maternal mortality; increased life expectancy; equal rights for women; and social protection for citizens. UNDAF outcomes referring to respect for rights and freedoms of people and to the primacy of human resource development, as elaborated above, form the main basis for the country programme.

26. Specific strategies to support these priorities and outcomes include those in health, where the focus will be on policy analysis, quality assurance and support to monitoring of health service delivery, particularly for primary health care; and enhanced access to information and use of health services to consolidate gains in child and maternal mortality and malnutrition. In education, an emphasis on pre-school and basic education is expected to improve the quality and relevance of education. Support to child protection mechanisms complying with international standards will contribute to a protective environment for children. Bolstering all areas of cooperation will be a focus on capacity development at local and community levels, aiming to foster good governance and inclusive growth.

27. Continued work in disaster and emergency preparedness will contribute to the aim of the Government to effectively respond to natural disasters and other crises.

Relationship to international priorities

28. The achievement of several Millennium Development Goals will be emphasized: (a) reduced malnutrition; (b) universal primary education; (c) gender equality and the empowerment of women; (d) reduced child mortality; (e) improved maternal health; (f) and combating HIV/AIDS and other diseases. The continued emphasis on an enabling environment for child protection will help to increase protection of children from violence, abuse, neglect and exploitation, including in relation to the two Optional Protocols to the Convention on the Rights of the Child.

29. The goals of *A World Fit for Children* (protecting against abuse, exploitation and violence; promoting healthy lives; providing quality education; and combating HIV/AIDS), the priorities of the UNICEF medium-term strategic plan 2006-2013, and the recommendations of the Committee on the Rights of the Child are reflected in the country programme's strategic design and expected key results.

Programme components

30. There are two main programmes: social policy and child rights advocacy; and national and local systems strengthening. Gender equality and communication for development will be mainstreamed across all programmes.

Social policy and child rights advocacy

31. While Turkmenistan has made good progress on reporting and aligning national laws with international instruments, gaps still need to be addressed. This programme aims to strengthen the capacities of partners at all levels to formulate relevant social policies, build reporting capacity and improve the legislative environment. There are several expected results: (a) improved harmonization of national laws with the Convention on the Rights of the Child; (b) improved

awareness and capacity of State institutions to accurately report to the Committee on the Rights of the Child and implement its observations and recommendations; (c) improved availability of gender-disaggregated data for social sectors; and (d) knowledge of child rights acquired by at least 25 per cent of all girls and boys aged 6-16. A large part of the resources for this programme will be used to provide high-quality technical assistance and policy advice to the public and private sectors.

32. The **social policy** component will work with sectoral and inter-ministerial working groups and the Ministry of Foreign Affairs, UNDP and EU Member States to determine the costs of interventions for systems-strengthening at the local level for pre-school education, child protection, child-friendly schools, and disaster preparedness, taking into account gender dimensions. Along the same lines, knowledge services and technical assistance will be provided to line ministries to support sector-specific medium-term human resource development plans to improve capacities for implementation of reforms.

33. Working with Parliamentary Committees, the State Committee for Statistics and the NIDHR, the component on **monitoring children's and women's rights** will focus on raising awareness on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and strengthening the capacity of State institutions to strategically use disaggregated data for providing reporting and analysis to the two Committees for these Conventions. Legislative gaps will be addressed to bring national laws in line with international conventions. In partnership with OSCE, Office of the High Commissioner for Human Rights, UNDP and EU, the country programme will cooperate with the Parliament to strengthen local capacities to target resources for children. The country programme will support the establishment of a monitoring and follow-up system to manage child protection issues in a gender-sensitive and multi-disciplinary manner. Assistance will be provided to State Committee for Statistics in partnership with United Nations agencies to build capacities to conduct household surveys and a national census in 2012. In partnership with the United Nations Educational, Scientific and Cultural Organization, Education for All reporting will be improved.

34. The **communication for development** component will particularly emphasize work on activities to promote an increased level of awareness among children and legislators on children's and women's rights (up to 25 per cent), life skills concepts and HIV and AIDS among adolescents (up to 30 per cent), gender issues and disaster preparedness through a broad-based communication strategy providing national coverage. New partnerships with the media and other outlets will be explored. Pre- and post-intervention surveys will be carried out to ensure a more rigorous basis for measuring change.

35. Regular resources will be primarily used for policy development and addressing legislative gaps. Other resources will be mainly used for communication for behaviour change.

National and local systems strengthening

36. The Government reform programme has highlighted the need to pay attention to quality assurance and systems-strengthening of social services. Involving local authorities and UNDP, this programme aims to implement capacity-building interventions, particularly in the areas of planning, monitoring and coordination of

social sector development. Data will be used to design targeted interventions at the velayat level to address regional situations.

37. In partnership with the Ministry of Health and Medical Industry, the **health policies, systems and child survival** component will continue to consolidate the progress made in child health by further focusing on neonatal health. Through better targeting of resources, family care and community support for newborns will be improved to ensure that at least 30 per cent of families and caregivers are aware of appropriate early child care standards (0-3 years), practices and life skills. Maternal and newborn care and nutrition will be integrated into national emergency preparedness schemes. Knowledge and skills of health workers in cost-effective neonatal and child survival practices will be addressed.

38. At the policy level, development of a preventive health and nutrition policy and strategy will be pursued. Exclusive breastfeeding rates will be raised from the current 11 per cent to 33 per cent to contribute to reducing underweight prevalence from 8 per cent to 5 per cent. Attention will be given to the strengthening of government capacity for monitoring and evaluation and quality assurance of the immunization, flour fortification and salt iodization programmes to foster sustainability and maintain universal coverage. Elimination of vitamin A deficiency will be promoted through a supplementation programme to reach universal coverage by 2011. Support will also be given to the preparation and adoption of a plan to implement a national code on breast milk substitutes. Effective implementation of the national code will be promoted through development of a communication strategy and establishment of a surveillance system. A five-year plan will be developed for Government-funded procurement that is related to micronutrient interventions. Partners include WHO, USAID, EU, Centers for Disease Control and Prevention, and the Government of Japan.

39. The **pre-school and basic education** component will continue to provide technical assistance to support education reform, focusing on child-friendly principles and child-centred teaching and learning methods, with the aim that all the teachers in the country are familiar with, and at least 25 per cent of schools implement, the new and improved child-friendly school standards. Assistance will be expanded to strengthening pre-school education, with at least 50 per cent of children 4-7 years old attending kindergartens that implement the approved ELDS. UNICEF will provide technical assistance for the integration of child rights into the basic education curriculum. The EU, the British Embassy and other bilateral donors will be key international partners.

40. The **child protection** component will support the Government in the following areas: strengthening national knowledge on all forms of abuse, exploitation and violence in order to identify specific areas of child protection that need to be addressed highlighting gaps in service provision and improving planning capacity through the enhancement of data collection, monitoring and impact evaluation; and promoting maximum utilization of gender-sensitive data and information for advocacy, awareness-raising, national policy development and programme interventions. Two major expected results are to make disaggregated baseline data available on key child protection indicators, and to bring juvenile justice instruments in line with international standards. In partnership with OSCE, UNDP, Office of the High Commissioner for Human Rights and EU Member States, UNICEF will work with the NIDHR to build local capacity to provide effective

community rehabilitation schemes for young offenders and children at risk of becoming in conflict with the law. A new approach to child labour issues will focus on advocacy for vocational schooling for youth and monitoring of the child labour situation. UNICEF will explore with NIDHR the possibility of working on youth policy and disability issues, as requested by the Government.

41. Current indicators show the need for improved knowledge and change of attitude for prevention of HIV/AIDS. The **HIV/AIDS** component will focus on strengthening of institutional systems and capacities, taking into account the difficulty of changing attitudes. UNICEF will work closely with the Joint United Nations Programme on HIV/AIDS and the Ministry of Health and Medical Industry to achieve two key results: (a) at least 30 per cent of adolescents (10-18 years old), both in and out of school, have correct information and relevant skills and services to reduce HIV risk and vulnerability; and (b) at least 70 per cent of maternity facilities integrate prevention of mother-to-child transmission of HIV into effective peri-natal care. The National AIDS Plan will be improved and its implementation monitored. UNICEF will work closely with the United Nations Office for Drug Control to address issues emerging from drug abuse.

42. Regular and other resources will be used for interventions that will contribute directly to systems strengthening and for knowledge service provision.

43. **Cross-sectoral costs** will cover staff costs and provide for cross-cutting services for utilities, transport and information technology equipment.

Major partnerships

44. Each of the programme components will maintain strong partnerships with key sectoral ministries and United Nations partners, building upon previously established partnerships.

45. Important national partners will include the Ministry of Foreign Affairs, Parliament, NIDHR, State Committee for Statistics, Ministry of Finance, Institute for Strategic Planning, Ministry of Health and Medical Industry, Health Information Centre, Ministry of Education, High Council for Science and Technology, as well as *velayat* and *gengeshi* institutions. The Central Asian countries' ministerial and technical Forums on Maternal and Child Health, Education, and Child Protection will continue to be a platform for exchanging information and expertise on children's and women's issues. Important international partners will include EU, USAID, the British Embassy, and the Government of Japan, as well as the United Nations family, particularly UNAIDS, UNDP, UNFPA, United Nations Office for Drug Control, WHO, the United Nations Development Fund for Women and the United Nations Regional Centre for Preventive Diplomacy in Central Asia.

Monitoring, evaluation and programme management

46. The Ministry of Foreign Affairs will coordinate the country programme. Implementation and management will be carried out by the relevant line ministries and departments. Subnational results will be achieved in cooperation with *velayat* and *gengeshi* administrations. Annual work plans for each programme component will be monitored through annual reviews, feeding into national and UNDAF reviews. A harmonized approach to cash transfer will be adopted by the United Nations country team.

47. Expansion of the Turkmen-Info system will be used for gender-sensitive analysis as well as reporting on progress toward the Millennium Development Goals and national priorities. Specific surveys will be carried out to assess the impact of awareness campaigns and reformulate communication strategies. Joint visits to the *velayats* will be conducted with Government counterparts, and donor and United Nations partners to track progress of programme implementation. An evaluation of ELDS and child-friendly schools will be carried out to support national scaling-up. In close collaboration with the Government, studies, research and evaluations will be shared with partners for effective utilization. The country programme will continue to support better availability of disaggregated data on social sectors, coinciding with the UNICEF midterm review and the final assessment of achievement of the Goals by Turkmenistan.

48. Key indicators to track progress are: (a) per cent of teachers and schools implementing child-friendly standards; (b) per cent of girls and boys (4-7 years) attending kindergartens; (c) per cent of families practicing home management of diarrhoea; (d) exclusive breastfeeding rate; (e) per cent of males and females aged 10-18 with comprehensive accurate knowledge of HIV/AIDS; (f) per cent of maternal facilities implementing protocols for prevention of mother-to-child transmission of HIV; (g) national child protection policy framework approved and implemented; (h) national laws amended to harmonize with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; (i) timely submission of reports to Committees of both these conventions; (j) availability of gender-sensitive national coverage plans for pre-school education, child-friendly schools and juvenile justice; (k) national disaster management plan ready and fully funded from state resources; and (l) the percentage of children and legislators aware of child rights.

49. Major data-gathering activities for each programme component will be consolidated in an integrated monitoring and evaluation plan, linked to the UNDAF.