



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the  
United Nations Office for  
Project Services**

Distr.: General  
27 June 2025

Original: English

---

**Second regular session 2025**

25 to 28 August 2025, New York

Item 10 of the provisional agenda

**UNFPA – Country programmes and related matters**

## **United Nations Population Fund**

### **Country programme document for Turkmenistan**

Proposed indicative UNFPA assistance:	\$6.21 million: \$3.31 million from regular resources and \$2.90 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Sixth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026–2030

*Note: The present document was processed in its entirety by UNFPA*

25-13304X (E) 210825



Please recycle 



## I. Programme rationale

1. Turkmenistan is an upper-middle-income country with a total population of seven million and a median age of 30 years. The country has a human development index of 0.74 when adjusted for inequality – 17 per cent lower than the adjusted value – and a gender equality index of 0.177, reflecting inequalities in education, health and income (2021-2022). With 35 per cent of the population under the age of 18 and a dependency ratio of 39.7 per cent, there is significant potential to drive socioeconomic transformation through tailored investments in health, education, empowerment, social protection and economic opportunity. A total fertility rate of 2.6 and a life expectancy of 69 years underscore the importance of evidence-based policies and investments that respond to the population's diverse needs and prepare the country for the future. Situated in an earthquake-prone zone, Turkmenistan also faces environmental risks, including extreme heat, sandstorms, and increasing water shortages.

2. Turkmenistan has made notable progress in maternal health, reducing maternal mortality from 26 to 5 deaths per 100,000 live births between 2000 and 2020, according to United Nations estimates. Despite this progress, challenges remain. A high prevalence of anaemia (33 per cent) and chronic diseases (12 per cent) among women of reproductive age continues to contribute to near-miss obstetric cases, largely due to inequitable access to quality, integrated health care across the three levels of care. The human papillomavirus (HPV) vaccination rate is high – 98.5 per cent for both boys and girls – with its impact on reducing HPV-related morbidity expected to be effective by 2040. Sexual and reproductive health (SRH)-related cancer mortality rates among women are now more than 10 times higher than maternal mortality, with up to 64 per cent of cancer cases diagnosed at late stages.

3. The demand for family planning using modern methods is 79.6 per cent (2019), and unmet need in family planning is 9.1 per cent. The highest unmet need is registered among rural women in two regions, women with anaemia and adolescents aged 15-19 years. The adolescent birth rate has increased from 22 per 1,000 women aged 15-19 years in 2019 to 27 in 2024, despite the legal provisions for the age group to access free services and contraceptives. To strengthen commodity security, the Government now procures contraceptives through UNFPA for specific groups: women with chronic diseases, adolescents, and women with disabilities. However, together these groups represent only 17 per cent of all women who need family planning services countrywide. Access to modern contraceptives is constrained by economic costs, gender norms and social barriers for population groups not eligible for free access to services and contraceptives.

4. School health education, screening, and timely treatment of infertility could prevent 27 per cent of diagnosed cases, including 21 per cent from timely treatment of sexually transmitted infections among young people, further justifying the need for policy changes to ensure access to comprehensive youth-friendly health services.

5. Deeply rooted social and gender norms contribute to a high acceptance of gender-based violence (GBV) and may help understand why 42.7 per cent of women and 48.2 per cent of men aged 15-49 years justify violence against women. Among women aged 18-59 years, 9.6 per cent have reported being subjected to physical and/or sexual violence by a spouse or a partner, while 62.1 per cent of women aged 15-49 years (married or in union) have indicated that they make informed decisions about sex and contraceptive use. Women currently hold 25.6 per cent of seats in parliament. The concluding observations of the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) urged Turkmenistan to take immediate action to adopt legislation against all forms of violence, including domestic violence.

6. Limited data availability across key measures of progress constrains evidence-based decision-making required to fully achieve transformative change. This includes data that highlights disparities across age-structure, sex, socioeconomic status or income groups, physical disabilities and regions, among other dimensions. This lack of data availability impacts the scale of data and evidence visibility required to reach populations furthest behind, address gaps in performance of institutional systems, unlock structural barriers and harness the untapped potential of youth. UNFPA supports further data strengthening and recognizes the need to scale

up, following the 2022 digital population and housing census, the 2023 multiple indicator cluster survey 7, and other thematic surveys.

7. The key achievements of the previous country programme (2021-2025) include the expansion of eligibility criteria for free-of-charge family planning services to women at risk; the expanded reach of cervical cancer screening to 75 per cent of women aged 29-55 years living in the countryside; the completion and publication of the first national survey on the health and status of a women in the family in Turkmenistan, providing critical data on GBV; the establishment of GBV services in six family support centres in the regional capitals and Ashgabat city; and the publication of the census 2022 results, as a consequence of strong UNFPA advocacy efforts.

8. Evaluative evidence from the previous programme cycle highlights the importance of promoting gender equality and protecting vulnerable populations, particularly women and girls. The focus is on: (a) promoting leaving no one behind and including gender equality and disability indicators across all outcomes; (b) ensuring that family planning becomes a tool to empower people (women in particular) to plan for their families and reach desired fertility; (c) addressing the limited progress recorded and unfinished business regarding Sustainable Development Goal (SDG) 5, particularly target 5.6, which focuses on universal access to sexual and reproductive health and rights (SRHR); (d) eliminating all forms of violence against women and girls (target 5.2) as a major area of concern, requiring stronger accountability, resourcing and expertise; (e) engaging opinion leaders and champions such as artists and sports figures and other community leaders as an effective mechanism for reaching and influencing communities; and (f) reiterating the corporate priority placed on maintaining senior gender and GBV expertise in UNFPA staff positions at all levels.

9. Lessons learned from the previous country programme underscore the importance of: (a) fostering demographic resilience by transforming policies and addressing restrictive gender and social norms, with a special focus on persons in vulnerable situations, including rural women, women with disabilities, and GBV survivors; (b) realizing reproductive rights and choices by promoting gender-responsive family policies and enhancing access to reproductive health services, modern contraceptives and addressing gender-based violence; (c) emphasizing the shift from fertility rates to desired fertility outcomes; (d) sustaining progress on ending preventable maternal deaths through a stronger focus on preventing and managing near-miss cases and chronic morbidities; and (e) strengthening communication for development through diverse platforms to facilitate knowledge dissemination on reproductive rights, improve health literacy among general population, and empower population groups furthest behind.

## **II. Programme priorities and partnerships**

10. The new country programme recognizes the potential and prospects of young people and the need to address underlying gender and social norms that constrain achievement of the demographic resilience required to achieve key national priorities. Specifically, the country programme contributes to the National Programme for the Socioeconomic Development of Turkmenistan (2022-2052), and the Programme of the President of Turkmenistan for the Socioeconomic Development of the Country (2022-2028), particularly its focus on improved health and science. Furthermore, it directly supports the national strategy on reproductive, maternal, newborn, adolescents and child health and is in line with the strategy for international cooperation of the youth of Turkmenistan (2023-2030). It will also be aligned with the next UNFPA strategic plan, for 2026-2029.

11. The country programme will leverage technical expertise and best practices from UNFPA global and regional demographic resilience programmes to support the Government and partners to apply a context-fit, tailored approach and framework to close gaps and accelerate the pace and scale of transformative change. UNFPA will provide policy advisory support for effective solutions to implement State budget funding for women's reproductive health. Expertise in SRHR, gender equality and population dynamics delivered through tailored technical assistance and evidence-based policy advocacy will contribute to the national

priorities of improved health and well-being, gender equality, youth empowerment and human capital development.

12. The programme was developed within the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026-2030, process in consultation with multiple stakeholders, including the Government, civil society organizations, bilateral/multilateral organizations, academia and the media. Guided by a human rights-based and gender transformative approach, it included representatives of populations at risk of being left behind, including women and youth-led organizations, and organizations of people with disabilities in the design process.

13. The programme will contribute to two outcomes of the Turkmenistan UNSDCF, 2026-2030, related to benefiting from (a) an accountable governance system; and (b) high-quality, inclusive and accessible health, education and social protection services.

14. UNFPA will apply the following key modes of engagement: (a) advocacy and policy dialogue; (b) partnership and coordination, including South-South and triangular cooperation; (c) knowledge management; (d) a focus on high-level results; and (e) scaling up successes from the previous programme.

15. UNFPA will work with the Government, non-state actors and United Nations organizations in prioritizing the strategic shifts and accelerators needed to scale up high-impact investments for policy and programme implementation that enable the realization of reproductive rights and empowerment of women and girls. UNFPA in Turkmenistan is strategically positioned to support acceleration towards achieving SDGs 3, 5, 10, 11, 13, 16 and 17 by addressing the structural and systemic root causes underpinning the slow progress and constraining future prospects. UNFPA will also foster an environment where women and girls can exercise their reproductive rights and live free from violence, and where young people can fulfil their potential. Tailored accelerators will be deployed to fast track the transformative change process and address discriminatory gender and social norms, harness positive masculinities, and generate policy and programme-relevant data and evidence to address pockets of inequality and include those furthest behind. Resilience and adaptation strategies – informed by monitoring and assessing the impact of climate change and other mega-trends on SRHR and gender equality – will be strengthened, and emergency preparedness will be supported to ensure timely provision of life-saving reproductive health and GBV services at the onset of an emergency. Human rights-based and gender-sensitive approaches, digitalization and leaving no one behind strategies will be integrated across the accelerators.

16. UNFPA will collaborate with national stakeholders, including the Ministry of Defence, as the national coordinating entity for national emergency preparedness and response. Efforts will focus on integrating SRH and GBV considerations into emergency preparedness and enhancing the continuity of reproductive health and GBV services during crises. Informed by consultations with target populations, collaboration will aim to address the unique vulnerabilities of women, girls and young people in emergency situations, in light of the environmental risks faced by Turkmenistan.

17. UNFPA intends to considerably strengthen and diversify its funding and financing relationships throughout the next programme cycle, prioritizing the maintenance and expansion of its partnership with the Government, recognizing its longstanding support of UNFPA demonstrated through financial contributions to the last two country programme cycles. To maximize impact, UNFPA will deepen engagements with the international financial institutions, donors and the private sector in line with the shift from funding to financing.

**A. Output 1. By 2030, formulated and implemented inclusive, rights-based, gender-sensitive legislation, social protection and accountability frameworks enable universal access to family planning, and prevention and response to gender-based violence.**

18. This output contributes to UNSDCF outcome 1 – By 2030, the people of Turkmenistan will have access to an accountable governance system through improved public administration and strengthened fiscal capacity, based on commitments to human rights, rule of law and gender

equality to ensure achievement of the SDGs. By integrating SRHR into universal health coverage benefit packages, equitable financing schemes, accountability mechanisms, and policies and plans related to primary health care, women, men and young people will have State-guaranteed, universal access to quality-assured services and commodities; protection of women and girls from GBV will be ensured; and the quality of life and well-being of the population will contribute to human capital development.

19. This output also aims to continue the integration of the three transformative results across multisectoral policies and laws, including policies related to resilience, emergency preparedness, SRHR and GBV in emergency response and disaster risk reduction. It will contribute to achieving universal health coverage through a strong equity focus, prioritizing populations in vulnerable situations – including women and girls in rural and remote areas, women with disabilities, GBV survivors, youth and adolescent girls. Given that 35 per cent of the population is under the age of 18, there is a critical need to strengthen education and awareness efforts to influence behaviours and support informed decision-making, including by engaging religious institutions and champions. The equity approach will also empower individuals in vulnerable situations with the knowledge, skills and support needed to make informed choices about family planning, maternal and child health, family well-being and GBV prevention and response.

20. An investment case shows that investing \$11 million in family planning will yield approximately \$80 million in public sector savings by 2030, reducing unmet need for family planning from currently 9.1 per cent to 3.5 per cent by 2030, and improving the well-being of women and families while contributing to economic and social development.

21. Strategic interventions under this output will include:

- (a) Strengthening health systems by integrating SRHR into a universal health coverage benefit package at the policy level and creating financial protection mechanisms that address out-of-pocket expenditures and improve equitable access to quality integrated reproductive health, including family planning services focused on rural women and young people from low-income families;
- (b) Expanding the eligibility criteria for free and accessible family planning services for the most marginalized women and girls, through an expanded concept of continuum-of-care that includes preconception counselling, choice from a method-mix of modern contraceptives, infertility counselling and referral, confidential and accessible STI testing, and postpartum family planning, with a focus on expanded coverage through primary health care and strengthened capacities of systems and human resources for health;
- (c) Integrating socioeconomic determinants of SRHR into relevant national policies and programmes through rights-based and life-course approaches. This includes using evidence and data on social policies in health, education and social protection that integrate the needs of women, youth, persons with disabilities, populations at heightened risk of GBV, and rural women and girls – ensuring that people-centred plans are developed within macroeconomic frameworks that support sustainable financing for SRHR and gender equality;
- (d) Providing policy advisory support to advance a legal framework that prohibits multiple and intersectional discrimination against women and girls and protects them from all forms of GBV, including domestic violence;
- (e) Strengthening national and subnational emergency preparedness by integrating SRHR and GBV into national emergency response plans;
- (f) Preventing and managing near-miss maternal morbidities and other SRH-related preventable mortality and morbidities, including cervical and breast cancer, by supporting an expanded SRH package of services that includes reproductive cancers;
- (g) Exploring the impact of climate change and extreme heat on reproductive health, including maternal health and newborn health and GBV, using evidence to guide decision-making for policies, programmes and financing; and

(h) Expanding health system strengthening blocks essential for implementing comprehensive strategies to fight cervical cancer and breast cancer through proper screening, digital registration, adequate and evidence-based treatment and care at all stages.

22. At the national level, UNFPA will pursue its evolving partnership with the parliament on legislation to ensure family well-being and protection of women from GBV and collaborate with the Office of the Ombudsman and organizations of people with disabilities on the reproductive rights of women with disabilities.

**B. Output 2. By 2030, strengthened capacities of communities and institutions to address discriminatory gender and social norms to advance gender equality, reproductive rights, and equitable access to quality GBV services and social protection systems.**

23. This output contributes to UNSDCF outcome 4: By 2030, all people, including persons in vulnerable situations, benefit equitably from quality and inclusive health, education and social protection systems and transformative social norms.

24. Strategic interventions under this output will be guided by lessons learned from previous programme cycles, the concluding CEDAW observations on the fifth periodic report of Turkmenistan and the universal periodic review recommendations. It will include: (a) enhancing multisectoral coordination of prevention and response to GBV by scaling up services to survivors; (b) strengthening access to high-quality essential services with referral pathways for women and girls; (c) improving gender and GBV data management, including use of population data to guide gender-responsive budgeting; (d) strengthening partnerships for women and girls' empowerment through economic and leadership programmes for GBV survivors in particular; (e) enhancing men and boys' engagement through targeted initiatives that challenge harmful gender and social norms, especially partnerships with faith-based organizations; and (f) amplifying community-awareness strategies through evidence-based communication campaigns that involve positive male role models. These interventions will ensure that survivor-centred approaches advance inclusivity, accountability and sustainability, towards gender equality, reproductive rights, and equitable access to quality GBV services and social protection systems.

25. UNFPA will also strengthen engagements with civil society organizations and local governments to reach and engage with young people and marginalized populations. The programme will build on the agreement with the National Red Crescent Society, which covers all regions of Turkmenistan for the provision of essential GBV services. The National Red Crescent Society is a member of the Interministerial Commission on Human Rights and is among very few State-supported non-governmental organizations that have the access to influence political priorities and decision-making processes in the country. UNFPA will continue to leverage its partnership to advance integration of GBV services into broader social support mechanisms and thereby strengthen multisectoral response to GBV.

**C. Output 3. By 2030, strengthened data systems and evidence factor population changes and other megatrends, including climate change, to inform the development and implementation of policies, programmes and financing on demographic resilience, gender equality and family planning.**

26. This output contributes to UNSDCF outcome 1: By 2030, the people of Turkmenistan will have access to accountable governance system through improved public administration and strengthened fiscal capacity based on commitments to human rights, rule of law and gender equality to ensure achievement of the SDGs. Strategic interventions under this output will include: (a) strengthening institutional capacity for digital registry-based censuses that draws on an improved civil registration and vital statistics system in a live format; (b) supporting greater availability of administrative and survey data and evidence from population situation analyses, demographic projections and sector-based data, which will guide policies and programmes that contribute to human capital development and close gaps in unmet need for family planning (this will include advancing analysis of the digital census and multiple indicator cluster survey 7 data to highlight the centrality of reproductive rights of women and young people, prevention and

response to GBV, as well as addressing other gender inequalities that limit socioeconomic transformation); (c) developing a gender-transformative demographic resilience strategy that takes into consideration the current and future demographic changes and includes tailored effective and inclusive policies and legal framework that enables the country to harness the demographic dividend; (d) raising demographic literacy within academia and strategic planning departments; (e) promoting a culture of evidence among decision-makers; (f) contributing to digitalization and forecasting in population dynamics; and (g) strengthening communication for impact as an integral component of the output that will also serve as a cross-cutting intervention throughout the country programme. Improved access to knowledge and information on SRHR, gender equality, women's empowerment, youth development, and demographic resilience will be supported through formats accessible to all, leveraging digital platforms such as Yashlyk, which currently receives 200,000 annual visitors.

### III. Programme and risk management

27. The Ministry of Foreign Affairs will serve as the coordinating government authority for the country programme, which will be implemented through UNFPA direct execution as guided by mutual agreement. The programme implementation modality will remain flexible to any emerging programme needs which may arise during the cycle.

28. Programmatic, operational and environmental risks have been identified with complementary mitigation strategies. These include persistent social and gender norms, shrinking space for civil society, limited donor landscape, and context-specific dynamics that constrain progress towards the transformative results and the SDGs. To mitigate these risks, UNFPA will (a) scale up efforts to generate and use evidence to guide sustained inclusion of civil society organizations in policy advocacy and communications for impact initiatives; (b) promote a multisectoral and integrated approach with State and non-state actors towards achievement of the three transformative results, underpinned by a need to achieve demographic resilience for present and future generations; (c) scale up strategic partnerships and resource mobilization strategies that will secure the scale of collective efforts of multiple partners towards a common shared agenda complemented by sustainable financing; (d) mainstream a context-fit resilience framework that strengthens preparedness and anticipatory actions in a timely and sustainable manner; (e) carry out thematic evaluations of GBV and social norms to facilitate evidence-based policy and programming, required to address discriminatory social norms; and (f) amplify the voices of beneficiaries through different platforms such as coordination meetings, progress reviews and communication strategies that include populations furthest behind.

29. Only a few non-governmental organizations are registered and permitted to work on social development and a limited number of international development partners and organizations on advancing human rights-based and gender transformative approaches towards achieving sustainable development. UNFPA is uniquely positioned to partner with and support the Government and the people of Turkmenistan in strengthening institutions and empowering communities and individuals to advance gender equality and make informed choices, ultimately contributing to demographic resilience for socioeconomic transformation.

30. UNFPA will continue to collaborate within the United Nations system in a collective approach to open up the civil society space, while focusing attention on strengthening the capacity of registered civil society organizations in UNFPA mandate areas. The 'One United Nations' approach to risk prevention and mitigation strategies will be applied within the United Nations country team mechanisms.

31. In order to close financing gaps and mobilize additional domestic resources, UNFPA will proactively adopt innovative resource mobilization strategies and strengthen evidence-based policy advocacy, leveraging macroeconomic arguments on the return on investment from social sector interventions. These efforts aim to scale up partnerships with academia, the national parliament, South-South and triangular cooperation platforms, bilateral and multilateral partners, and international financial institutions. UNFPA will also advance joint programme modalities, United Nations to United Nations agreements, and collaboration with multi-country and multilateral development funds earmarked for the Central Asian region.

32. UNFPA will continue to support and improve United Nations system-wide coherence and collaborations guided by Our Common Agenda, the Secretary-General's Agenda 2.0, the 2024 quadrennial comprehensive policy review (QCPR) of operational activities for development of the United Nations system, and the Pact of the Future as enablers for transformative change.

33. This country programme will deploy technical expertise efficiently and effectively, placing the right people with the right skills in the right place at the right time. It will align expertise with the strategic shifts required to deliver the country programme, including attracting new skills that can serve the country office and participate in a shared pool of expertise for Central Asia in the areas of gender and social policy, data analytics and demographic resilience, socioeconomic policy advice, sustainable financing, and accessibility.

34. The country office will use corporate technical expertise, knowledge exchange and learning facilitated by the Eastern Europe and Central Asia Regional Office and UNFPA headquarters. This will enhance the access of the country office to new knowledge, approaches and innovative solutions. The multidisciplinary expertise of the United Nations country team presents a significant opportunity to strengthen synergies and harness the collective strength of the United Nations system, thereby enhancing the impact of programme delivery.

35. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers will be ensured with respect to country programmes as prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

36. UNFPA is committed to ensuring the accountability of programme resources towards achieving results. In this regard, UNFPA will foster adaptive learning and agile knowledge management practices. The country office will collaborate with the Government, development partners, civil society organizations and other stakeholders, at national and subnational levels, to accelerate progress towards sustainable development. Coordination mechanisms that are mutually agreed on will be used to monitor progress and make relevant adjustments where required to enhance programme effectiveness and efficiency.

37. UNFPA will be aligned with the UNSDCF monitoring and evaluation actions, including contributions to UN-Info, annual reports and evaluation of the cooperation framework. UNFPA will support United Nations country team efforts in monitoring the implementation of the leave no one behind principle through the development and use of disaggregated data.

38. The country programme monitoring and evaluation plan will be implemented by: (a) monitoring outcome and impact-level indicators to measure progress and acceleration towards achieving the three transformative results (this will involve a dedicated monitoring and evaluation system initiated by UNFPA with baselines and targets to measure progress through result-based management approaches and tools across the entire programme); (b) contributing to the design and implementation of joint monitoring and evaluation efforts within the United Nations system, through quarterly and annual review meetings with line ministries and annual UNSDCF results groups meetings with all partners for collective indicators, and reporting through system-wide mechanisms such as UN-Info; (c) undertaking monitoring and mitigation actions through enterprise risk management frameworks covering strategic, programme, supply chain, financial, sexual exploitation and abuse, and environmental risks; (d) contributing to strengthening national monitoring and evaluation systems and frameworks that enable data availability for decision-making through national data management systems, to the extent possible within the country context; (e) leveraging data generated through real-time monitoring of progress to guide learning, resilience-building, adaptive management, and agile programming; (f) in collaboration with United Nations organizations, contributing to strengthening national capacities to monitor and report on progress towards achieving the national commitments towards the 2030 Agenda for Sustainable Development and the International Conference on Population and Development (ICPD) Programme of Action through voluntary national reviews, ICPD-related reporting, the universal periodic review, and treaty



body monitoring mechanisms; and (g) conducting a country programme evaluation in 2029. UNFPA will also contribute to the evaluation of the UNSDCF with assessments of specific programmes implemented, resources mobilized, lessons learned, documented good practices and programming adjustments undertaken, where required, to guide the design of successor programmes.

## RESULTS AND RESOURCES FRAMEWORK FOR TURKMENISTAN (2026-2030)

<p><b>NATIONAL PRIORITY:</b> 1. National Programme for the Socioeconomic Development of Turkmenistan 2022-2052 and the Programme of the President of Turkmenistan for the Socioeconomic Development of the Country 2022-2028: improved health, science, education and sport. 2. Sectoral plan/priority: national strategy on reproductive, maternal, newborn, adolescents and child health services for 2026-2030; elimination of preventable maternal deaths, expanding coverage of family planning services among women at risk, reducing mortality from cervical cancer and breast cancer. 3. Strategy for international cooperation of youth of Turkmenistan 2023-2030: Enabling young people to participate in society; and supporting them for safe motherhood, prevention of sexually transmitted diseases, and promotion of a healthy lifestyle.</p>				
<p><b>UNSDCF OUTCOME:</b> 1. By 2030, the people of Turkmenistan have access to accountable governance system through improved public administration and strengthened fiscal capacity based on commitments to human rights, rule of law and gender equality to ensure achievement of the SDGs. 4. By 2030, all people, including vulnerable groups, benefit equitably from quality and inclusive health, education and social protection systems and transformative social norms.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction in preventable maternal deaths has accelerated. 3. By 2025, the reduction of GBV and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome A1 indicator:</u></p> <ul style="list-style-type: none"> <li>Progress towards all 17 SDGs and related targets in % <i>Baseline: 67.13 (2024); Target: 100 (2030)</i></li> <li>Turkmenistan's demographic strategy, including the effective use of demographic dividends, has been developed <i>Baseline: No (2025); Target: Yes (2027)</i></li> <li>Legislation on services and protection of women from all forms of violence improved <i>Baseline: No (2025); Target: Yes (2027)</i></li> </ul>	<p><u>Output 1.</u> By 2030 formulated and implemented inclusive, rights-based gender-sensitive legislation, social protection and accountability frameworks enable universal access to sexual and reproductive health and rights, and prevention and response to GBV.</p>	<ul style="list-style-type: none"> <li>The number of policies and legislative acts addressing the needs of women in rural areas, adolescents and youth, and women with disabilities to ensure universal access to SRHR and GBV <i>Baseline: 3 (2025); Target: 5 (2029)</i></li> <li>Number of marginalized groups eligible for family planning services free of charge <i>Baseline: 5 (2025); Target: 9 (2030)</i></li> <li>Adaptation measures to extreme heat are reflected in the normative framework of reproductive health services <i>Baseline: No (2025); Target: Yes (2030)</i></li> <li>Clinical compliance rate with cancer treatment protocols <i>Baseline: 15% (2025); Target: 73% (2030)</i></li> <li>A legislative framework on protection of women and girls from violence is developed and enacted in compliance with international norms <i>Baseline: No (2025); Target: Yes (2030)</i></li> </ul>	<p>Ministry of Health and Medical Industry, Parliament of Turkmenistan; Ministry of Education; Office of the Ombudsman of Turkmenistan; State Committee of Turkmenistan on Statistics; Ministry of Internal Affairs; Institute of State Law and Democracy; Working Group of the Inter-Ministerial Committee on Human Rights</p>	<p>\$2.44 million (\$1.07 million from regular resources and \$1.37 million from other resources)</p>
<p><u>UNSDCF outcome C1 indicator</u></p> <ul style="list-style-type: none"> <li>Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease, oncology <i>Baseline: 22.5 (2023); Target: reduction by one third of the 2015 baseline (2030)</i></li> <li>Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive</li> </ul>	<p><u>Output 2.</u> By 2030, strengthened capacities of communities and institutions to address discriminatory gender and social norms to advance gender equality, reproductive rights, and equitable access to quality GBV services and social protection systems</p>	<ul style="list-style-type: none"> <li>Proportion of service delivery points that comply with quality standards and deliver multisectoral, survivor-centred services for women and girls subject to violence, including those with disabilities <i>Baseline: 0% (2025); Target: 30% (2029)</i></li> <li>A national coordination mechanism for multisectoral response to GBV is in place <i>Baseline: No (2025); Target: Yes (2029)</i></li> <li>Number of men and boys' engagement initiatives established countrywide to promote gender transformative approaches in all regions of the country <i>Baseline: 0 (2025); Target: 2 (men and boys engagement initiatives); (2029)</i></li> </ul>	<p>Ministry of Health and Medical Industry of Turkmenistan; Ministry of Labour and Social Protection of the Population; Ministry of Internal Affairs; State Committee on Physical Culture and Sports; National Red Crescent Society</p>	<p>\$2.21 million (\$1.04 million from regular resources and \$1.17 million from other resources)</p>

<p>use and reproductive health care <i>Baseline: 62.1% (2024); Target: 70% (2030)</i></p> <ul style="list-style-type: none"> <li>The number of laws and regulations in the country that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline: 3 (2022); Target: 5 (2030)</i></li> </ul>	<p><u>Output 3.</u> By 2030, strengthened data systems and evidence factor population changes and other megatrends, including climate change to inform the development and implementation of policies, programmes and financing on demographic resilience, gender equality and sexual and reproductive health and rights.</p>	<ul style="list-style-type: none"> <li>Demographic resilience strategy with focus on human capital development and demographic dividend is developed <i>Baseline: No (2025); Target: Yes (2028)</i></li> <li>Number of regional-level digital population-based registries is operational with the support of UNFPA <i>Baseline: 0 (2025); Target: 3 (2029)</i></li> <li>Number of research/analyses, projections, strategic planning initiatives developed by national institutions as a result of strengthened demographic literacy supported by UNFPA <i>Baseline: 2 (2025); Target: 10 (2030)</i></li> </ul>	<p>State Committee of Turkmenistan on Statistics; Ministry of Health and Medical Industry; Academy of the Government Service; Ministry of Education; Ministry of Justice; Civil Defence and Rescue Operations Directorate of the Ministry of Defence</p>	<p>\$1.31 million (\$0.95 million from regular resources and \$0.36 million from other resources)</p>
<p>Programme coordination and assistance</p>				<p>\$0.25 million from regular resources</p>