



Area: 488,100 sq km
Capital: Ashgabat
Population: 4,603,244
Population Growth Rate: 1.85% (2001 est)
Ethnic groups: Turkmen 77%, Uzbek 9.2%, Russian 6.7%, Kazakh 2%, other 5.1%
Life Expectancy: male 57.43 yrs; female 64.76 yrs
Birth Rate: 33.23 births/1,000 population
Infant Mortality: 73.25 deaths/1,000 live births
Per Capita Income: \$652 (IMF World Economic Outlook; 2002 estimate)
Religion: Muslim 89%, Eastern Orthodox 9%, unknown 2%
Language: Turkmen 72%, Russian 12%, Uzbek 9%, other 7%
Literacy: total 98%; male 99%; female 97%



President: Saparmurat Niyazov
 According to the Turkmen constitution, the President serves as de facto head of the cabinet.
Ambassador to the US: Mered Orazov

Development Challenge

Of the Central Asian Republics, Turkmenistan remains the most closed and least reformist – essentially a one-man state. The U.S. has a strong interest in development of Turkmenistan's energy potential, but its continued self-isolationism limits U.S. involvement and opportunities in this regard. It has the longest border with Afghanistan, and its supportive role in supplying humanitarian relief for Afghanistan has been essential: it facilitated over 30% of food aid for Afghanistan. Notwithstanding this cooperation, there appears little change in a regime characterized by patronage and corruption, a highly restrictive visa regime, suspicion of civic action and the media, and state-control over and distortion of the economy, as well as unsustainable water use.

Freedom House has consistently rated Turkmenistan as "not free", with the lowest ranking of political rights and civil liberties possible on the Freedom House scale. A weak judiciary follows the will of the President for Life and is unprepared to protect civil and commercial rights. Civic action is still very risky, though a handful of NGOs, such as water user associations, has taken up issues at the local level to some effect.

There is almost no competitive business sector in Turkmenistan, and over-regulation continues to stifle any potential for growth in this sector. Due to the lack of transparency and an unwillingness to share information, precise numbers on Turkmenistan's per capita GDP and debt are not available, although the International Monetary Fund (IMF) estimates that the GDP per capita income is \$652.

Due to the government's willingness, health reform shows some promise, although the situation is bad. The infant mortality rate in Turkmenistan is now the second highest in Central Asia, just behind Tajikistan, with 74 deaths per every 1,000 live births. According to the results of the 2000 Turkmenistan Demographic and Health Survey, 47% of women and 36% of children are anemic. This past year when Turkmenistan's neighbors sought relief for a drought in the region for several years, Turkmenistan's leadership would not publicly acknowledge or discuss the shortage of water. Agriculture consists of forced cotton and wheat production, state profiteering and wasteful water use. Despite these problems, USAID remains welcomed by the leadership and has had modest successes with local-level efforts in health, energy and training.

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Overview of USAID's Focus in Turkmenistan

Economic Reform and Private Sector Development USAID's program with Turkmenistan's small and medium sized enterprises (SMEs) provides training to present and future entrepreneurs in modern business skills and makes business information more available. Progress under this strategic objective in Turkmenistan was exceedingly difficult last year. The Government of Turkmenistan's direct control of the economy crippled private sector growth and international trade and investment. Consequently, results were minimal. To increase access to modern business information and skills, USAID increased the number of entrepreneurs who received training to 612. In addition, the EdNet enjoyed surprising participation from Turkmen universities, with 16 universities joining the network in less than a year. The EdNet also trained 11 professors (9 of them women) in market economics during its summer school, so that they can go on to modernize their course content in business and economics. Additionally, the return of Turkmen scholarship recipients from KIMEP created a forum for re-introducing citizens into the economic system with the knowledge and tools needed to advocate for more liberal economic policies in Turkmenistan. Restrictive economic policies will likely continue to prohibit USAID from pursuing significant reforms. It is expected that USAID assistance will equip the next generation of managers and entrepreneurs with the knowledge and skills to succeed in a healthy business environment and advocate for greater economic reform.

Water and Energy Management Through relationships in the energy sector, a Student Chapter of the Society of Petroleum Engineers has been started at the Polytechnic Institute in Ashgabat. Bucking recent trends, elected student leaders were able to attend the society's annual meeting in New Orleans. Turkmenistan adopted the regulatory structure that USAID developed in 2000. Its implementation in 2001 has met with high praise from western investors for the transparency that it fosters at this year's International Oil and Gas Exhibition in Turkmenistan. Staff of Turkmenistan's National Hydromet Service are full participants in the Regional Snowmelt Runoff Committee that meets semi-annually to improve water allocations for the Central Asia region. They have begun collecting and processing water data for which USAID provided equipment and training. The technological approach that this forum offers has brought Turkmenistan back to the table with regard to discussions of regional water allocations. The data gathered has also served to provide a more objective basis for discussion, leaving little room for some less rational arguments held in the past. USAID is helping to open new lines of regional communication with Turkmenistan, and in a sector least expected to do so.

Strengthening Democratic Culture and Institutions Registration remains one of the biggest challenges for the development of nascent civic organizations and only a dozen or so organizations have been registered during the past two years. Most of these are sport clubs or groups organized under quasi-NGOs, holdovers from the Soviet times. Given the registration constraint, Turkmen NGOs must be more innovative in obtaining legal status. Recently, several organizations were registered as cooperatives, which gives them most of the rights and benefits afforded to non-commercial organizations in the country. The Committee for National Security (KNB) actively restricts NGO activity, especially when NGOs' work attracts the attention and presence of international organizations. This negatively influences the attitudes of regional (velayat) and district (etrap) level officials towards NGOs, making it more difficult than in other countries in Central Asia for USAID to increase opportunities for citizen participation in governance. Democracy work is possible at the grassroots level through local counterparts who are willing to take risks and seek assistance from and cooperation with international organizations. The Water Users' Association Sarygamysh, established through USAID's NGO program, provides delivery of safe drinking water to its 12,000 members residing in Turkmenbashi Etrap in Dashoguz Velayat. Recently, the association successfully appealed the order of the Velayat Hyakimlyk (governor's office) banning the USAID-funded Reverse Osmosis Plant from filling 4 water trucks operated by Sarygamysh. The association appealed the ban to the Etrap Hyakimlyk (county mayor's office) which overruled the Velayat order and issued a written and stamped overruling.

Quality Primary Health Care Training in Integrated Management of Childhood Illness has been launched in two rural sites. In May 2001, the Family Medicine Training Center was officially opened in Ashgabat. Also through this UND partnership, the Ashgabat Emergency Services Training Center continued to upgrade the skills of the country's emergency service staff and to serve as a model for similar health partnerships elsewhere in Central Asia. In November 2001, the first Demographic and Health Survey of over 8,000 women in Turkmenistan was published and the data disseminated in a National Seminar. The survey is a landmark for accurate, reliable data on key health issues like the infant mortality rate and was noted locally for its broad participation by Turkmen scientists. Its acceptance by the Government of Turkmenistan, even of its more controversial components, makes it even more notable. USAID worked with the Ministry of Health and Medical Industry to implement the World Health Organization (WHO)-recommended DOTS pilot strategy for TB control in Ashgabat City, conducting clinical and laboratory DOTS training in the Central TB Hospital and Houses of Health. In addition, laboratory equipment and TB drugs were provided. A second pilot site was opened in Turkmenbashi city in August 2001. USAID helped promote a comprehensive government order on viral hepatitis that abolishes mandatory hospitalization. USAID also assisted in the successful Global Alliance Vaccines Initiative application, through which all newborns will be provided with Hepatitis B vaccine over the next 5 years (starts in October 2001). In 2001, with USAID support, UNAIDS/Turkmenistan implemented five national workshops on STI syndromic management for a total of 150 doctors and provided treatment for 3,000 STI patients. UNAIDS publications included a national STI manual, 17,000 copies monthly of "Serdar Yoly", and 3,000 copies monthly of "Lukman" (both serial publications on healthy lifestyles). Through the Maternal and Child Health Initiative, nine target health NGOs were identified and approved for small grants. Training activities were completed in three oblasts of Turkmenistan on HIV/AIDS, STIs, anemia, prenatal care, and water and sanitation. Having developed close relations with key health officials and numerous community groups in Turkmenistan, USAID is poised to extend health programs and outreach to a larger segment of the national population. It is expected that by the end of USAID's health activities, primary health care coverage will be expanded, and TB mortality will decline. Parents' increased knowledge of breastfeeding, appropriate use of antibiotics, and appropriate feeding for children with diarrhea will result in increased rates of child survival.