



ENGAGING A DPO TO ASSIST WITH PROVIDING DISABILITY ADVISORY SERVICES TO A HEALTH PROGRAM

Summary: DFAT recruited a disability advisor to support implementing partners develop and implement disability inclusion strategies within the health program in Timor-Leste. By stipulating that these services must be provided in partnership with a national DPO, DFAT was able to ensure DPOs were strongly engaged, but also supported, in providing advisory services. Through this engagement, the DPO developed new relationships with government and non-government partners and increased its capacity to provide advice on disability inclusive health.

Background

Australia is the largest bilateral donor supporting Timor-Leste's health sector and focuses support on improving maternal and child health. It invests in a range of activities implemented by government and non-government agencies to improve the continuum of care for maternal and child health, including family planning and antenatal care, delivery and postnatal care and critical care for infants and children. During the design of the program, DFAT recognised the need for targeted and ongoing advice regarding disability inclusion to ensure women and children with disabilities benefited from the program. It therefore budgeted for a two year disability inclusion advisor role to support implementing partners with developing and implementing inclusion strategies.

How the program engaged with DPOs to increase inclusion

In line with DFAT's *Development for All Strategy*, the health program wanted to ensure Disabled People's Organisations (DPOs) had a role in providing disability inclusion advice, but was also conscious of the limited capacity of national DPOs to take on this role independently. It therefore developed a Terms of Reference (TOR) for the advisor role which stipulated that applicants must sub-contract Ra'es Hadomi Timor Oan (RHTO), the national DPO of Timor-Leste, to deliver the advisory services. The TOR also required applicants to outline their approach to building the capacity of RHTO to provide independent advice on inclusive health in the future.

CBM Australia had existing strong relationships with RHTO and other stakeholders in Timor-Leste. It worked with RHTO to develop a proposal and was successful in securing the role. This enabled RHTO to recruit a health program officer who worked closely with CBM Australia to provide advisory services. The program officer served as the key in-country contact for health program implementing partners. His role included coordinating and managing relationships with different stakeholders, delivering training or referring requests for training, and recruiting DPO members and other people with disabilities to be involved in activities.



Orsula from Timor-Leste with her daughter and a nurse at the accessible Marie Stopes Health Clinic. Staff at this clinic have received disability inclusion training and the clinic has undergone an accessibility audit ©Erin Johnson for Room3/CBM Australia



CBM Australia managed the high level contract with DFAT and developed guidance notes and training materials, and supported the RHTO program officer to adapt and apply these through ongoing mentoring. CBM Australia and RHTO co-facilitated training until the program officer felt confident to run the training independently. Although the initial focus of the work was determined by the DFAT program design and CBM Australia's priorities, over time RHTO became much more involved in planning and prioritising activities.

What did the DPO get out of this engagement?

- Through this partnership, RHTO built relationships with mainstream health program partners, including the Ministry of Health, with whom it had not previously been able to engage.
- RHTO staff members strengthened their skills and knowledge in a range of technical areas, including health, international development and donor engagement, research methods, international advocacy and program management.
- The RHTO program officer in particular was able to significantly build his confidence and his communication, training and advocacy skills over time; by 2016, he was actively leading the work with DFAT.
- The profile and reputation of RHTO has been strengthened in Timor-Leste, with many organisations now wanting to work with the DPO.
- Having a program officer working on a national program enabled RHTO to increase its focus on high level, national advocacy messages, which complemented the local awareness-raising which its field officers were already doing.

High level lessons and recommendations

- Engaging a DPO in the provision of advisory services for implementing partners was successful in raising awareness about the need for disability inclusion, and in helping partners to identify barriers to inclusion and develop strategies to address these.
- The provision of funding for a dedicated program officer within RHTO ensured that the DPO had the resources to provide advisory services without distracting from their other organisational priorities.
- In this circumstance, it was not feasible for the DPO to take on the advisory role independently and partnering with a technical partner provided an important capacity development opportunity. In other country contexts where DPOs have greater capacity and experience, this role could be done by a DPO without external support.
- Providing advisory services through a contracting arrangement was a new way of working for the DPO. Sufficient time needs to be invested in ensuring the DPO understands the terms of the contract and has the opportunity to raise any concerns. DPOs may also need support with financial management and meeting reporting requirements.



CBM Australia and RHTO provide advocacy training for people with disabilities and disability organisations to increase demand for disability inclusive health services

