



Terms of Reference (ToR)

External Lead Trainer and Co-facilitator — Advanced training for professionals providing sexual and reproductive health and HIV services to people with migration and refugee experience: clinical casework and team-level implementation of cultural competence

Project name: Bridging Care — Comprehensive HIV Services for Ukrainian Refugees in Poland

Activity 2.1.2: Advanced two-day training for healthcare and psychosocial professionals working with people with migration and refugee experience in sexual and reproductive health and HIV.

Background

Plan International is an alliance of 83 countries who act together with one ambition: “All girls standing strong creating global change”. To make this a reality, Plan International addresses the root causes of rights violations and inequalities, which are often rooted in power structures, stereotypes, policies, and the level of youth engagement. Community action and data collection to support advocacy work at national, regional, and local levels can bring about significant changes in policy and behaviour.

Plan International started operating in Poland in March 2022 to provide humanitarian help to the increased number of refugees arriving from Ukraine. Since the start of the conflict more than 1.3 million people have entered Poland through the Polish-Ukrainian border to seek asylum, and as of June 2023, over 1,6 million refugees registered for Temporary Protection. Plan International Poland collaborates with National partner organizations to exchange experiences and strengthen capacities. Through a localized partner-led approach, we focus on the key issues faced by the most vulnerable children, especially girls, among refugee and host communities.

The main programme areas of intervention include Child Protection, Education, Mental Health and Psychosocial Support, Sexual Reproductive Health and Rights, and Gender Equality & Inclusion. We work directly at the border to Ukraine as well as in major cities in Poland. As of March 2023, a total of 37,40

The first in-person training event under the Bridging Care project (Warsaw, 28 March 2026) substantially exceeded its evaluation targets. The participant evaluation produced a clear and consistent demand for a deeper, more practical follow-up: approximately 85% of participants requested follow-up training, with explicit and convergent preferences for a two-day format with substantially more time devoted to real clinical case work, supervision-style facilitation, and implementation planning within home organisations.

In response, Plan International Poland aims to address this need with a two-day advanced training. This ToR governs the procurement of the External Lead Trainer for that advanced training and clarifies the division of labour with the SRHR/HIV Specialist



of Plan International Poland, who serves as the in-house Co-facilitator and Technical Co-Lead.

Objective of the Assignment

To co-design and co-deliver a participatory, case-based, two-day advanced training that deepens the clinical, communication and organisational competencies of professionals working with migrants and refugees in the area of sexual and reproductive health and rights (SRHR) and HIV, and strengthens the implementation of culturally competent practice within their teams and organisations.

Scope of Work

1.1 Curriculum co-design: structure modules; integrate advanced trauma-informed care, transcultural approaches, mental health in the SRHR/HIV context, and case-based clinical work; ensure thematic continuity with the toolkit and competency framework of the first training; co-design the supervision-style case consultation block (Balint-inspired format).

- **Delivery:** facilitate two consecutive **in-person (Warsaw-based)** training days (≈14 teaching hours, ≈70/30 practice-to-lecture split) for a group of up to 15 participants, including co-facilitation of case consultation in plenary and in sub-groups.
- **Materials:** contribute to an extended toolkit (continuing from the first training); develop case-study cards and reference materials on advanced trauma-informed care, transcultural approaches, and mental health screening within clinical SRHR/HIV interviews.
- **Post-training:** contribute to evaluation synthesis, recommendations and post-training report; participate in the follow-up review of implementation plans approximately two to three months after delivery.

1.2 Co-facilitator / Technical Co-Lead — SRHR/HIV Specialist (Plan International Poland)

In cooperation with the External Lead Trainer, the SRHR/HIV Specialist will:

- **Technical anchoring and contextualisation:** ensure alignment with national standards and the legal/policy framework for SRHR/HIV access for people with different residency statuses in Poland; review technical content of HIV/STI guidance used in the training package.
- **Continuity with the first training:** ensure thematic and instrument continuity with the first training (toolkit, competency self-assessment scale, evaluation methodology); maintain consistency with the project's evidence base.
- **Co-facilitation:** co-deliver modules on policy and legal framework, implementation planning, and intervision; co-facilitate the supervision-style case consultation block, including sub-group work; lead the implementation planning module and template.
- **Knowledge products:** contribute to project documents, evaluation outputs, and donor reporting.



Target Group and Language

- Maximum 15 participants. Eligible participants are professionals providing SRHR/HIV services or supporting refugees and migrants (NGOs, sexual health education, healthcare, psychosocial support).
- Priority is given to graduates of the first training (March 2026); the workshop is also open to new participants with documented experience in the field. Professional qualifications allowing case-based clinical work are required.
- Training language: Polish, with reference materials available partly in English.

Training Methodology (indicative)

- **Approach:** adult learning, experiential facilitation, safe-space and confidentiality principles, reflective practice on bias. The training is delivered with a strong emphasis on practice over lecture (approximately 70/30), in line with participant feedback from the first training.
- **Structure (indicative, two consecutive days):**
 - **Day 1 – Deepening clinical and communication competence:** group needs assessment and recap of key tools from the first training (first-visit card, stigma map, window of tolerance, equity checklist, screening tools); advanced trauma-informed care, including dissociation and retraumatisation risk; reproductive and sexual health of refugee women; mental health of migrants and refugees in the SRHR context.
 - **Day 2 – Case work and implementation:** supervision-style clinical case consultation (Balint-inspired; in plenary and in sub-groups), including the practice of working with cultural mediators and interpreters as it arises in case work; transcultural approaches in supportive and therapeutic work; health policy and legal framework for SRHR/HIV access in Poland; individual implementation planning and setting up peer supervision (interview) within home organisations.
- **Evaluation:** pre/post self-assessment of competence (continuing the 19-item, four-point scale used in the first training, extended with items covering the new modules); a workshop evaluation questionnaire; and a follow-up review approximately two to three months after delivery to verify implementation of participants' action plans.

Expected Deliverables

- Training agenda and facilitation plan for the two-day advanced workshop.
- Updated training methodology: learning objectives by module, pedagogical approach, inclusivity safeguards, assessment instruments (incl. the extended competency self-assessment scale), and case-consultation protocol for the Balint-inspired block (incl. sub-group structure).
- Training materials: extended toolkit (continuing from the first training), case-study cards, reference materials, individual implementation plan template.
- Attendance list and evaluation summary (pre/post competency results, workshop evaluation, qualitative feedback).



- Post-training report with lessons learned, recommendations, and indicators for ongoing monitoring.
- Follow-up review note (2–3 months post-delivery) on the implementation status of participants' action plans.

Duration and Timeline

- **Preparation:** 5 working days in the 3–4 weeks preceding delivery.
- **Training delivery:** 2 consecutive days, **in-person, in Warsaw.**
- **Reporting and follow-up review:** 2 working days (1 day reporting within 7 calendar days after delivery; 1 day for the 2–3-month follow-up review).

Qualifications and Experience

External Lead Trainer (Consultant):

- Advanced education in pedagogy/andragogy, sexology, psychology, public health, or a related field.
- Demonstrated experience of working with migrant and refugee populations in a health-related setting (clinical or educational).
- Established competence in sexual and reproductive health and HIV, including work with key populations.
- Documented experience of facilitating clinical case consultation, supervision, or workshop formats built around case work (Balint-inspired or comparable).
- Demonstrated background in trauma-informed care.
- Sensitivity to gender, sexual, and cultural diversity; familiarity with anti-discrimination and safeguarding principles.
- Excellent facilitation and communication skills; **fluent Polish, working English.**

Monitoring, Evaluation, Research and Learning (MERL) — Illustrative KPIs

The KPIs below have been calibrated to reflect the higher baseline of this audience (a significant share of participants are graduates of the first training and therefore enter at a higher starting level than the first cohort). The framework combines a competency-gain measure with implementation-focused indicators that capture downstream change in participants' practice and organisations.

- ≥ 15 participants registered; $\geq 90\%$ completion rate.
- Mean competency score (19-item self-assessment, extended with new-module items) \uparrow by $\geq 20\%$ (pre vs. post).
- $\geq 80\%$ of participants leave with a completed individual implementation plan.
- $\geq 70\%$ of participants, at the 2–3-month follow-up review, report implementation of at least one element of their plan within their home organisation.
- Mean workshop evaluation score $\geq 3.5/4.0$.

Coordination



The External Lead Trainer reports to the Plan International Poland Project Manager and coordinates with the Communication and MERL Specialist for content validation, logistics, participant recruitment, and alignment with national guidance. All training materials remain the property of Plan International Poland, with permission for internal reuse and adaptation.

Logistics and Ethics

- Venue, Audio-Visual equipment, and printing are arranged by Plan International Poland. **Any costs related to travel to Warsaw, local transportation, accommodation, meals outside those provided during the training, and other incidental expenses shall be included in the proposed fee (will not be covered by Plan International Poland separately).**
- Adherence to safeguarding, PSHEA, Do-No-Harm, confidentiality, and non-discrimination policies. All case content used in training is fully anonymised.
- Working in a supervision-style case consultation format, the External Lead Trainer is expected to uphold professional standards of confidentiality applicable to clinical case discussion.

Level of Effort (indicative)

- **Design and preparation:** 5 days
- **Delivery:** 2 days
- **Reporting and follow-up review:** 2 days
- **Total:** 9 working days