Center for Development Management

Enhancing Tobacco Harm Reduction and Smoke Cessation in Malawi

Strengthening Frontline Health Worker Training, Continuous Professional Development, and Smoke Screening Protocols in Health Facilities

FACILITATOR GUIDE

For Certified Trainers Facilitating District and Facility-Level Cascade Trainings

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Prepared by

Alexander Thomas Mboma, MPH

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HOW TO USE THIS FACILITATOR GUIDE

This Facilitator Guide is intended exclusively for certified trainers who successfully completed the Training of Trainers (ToT) for the project: *Enhancing Tobacco Harm Reduction and Smoke Cessation in Malawi: Strengthening Frontline Health Worker Training, Continuous Professional Development, and Routine Smoke Screening in Health Facilities.*

This is not a teaching manual for subject-matter experts. It is a delivery standardization and quality assurance tool designed to support consistent, high-quality cascade training across districts and facilities.

Facilitators are expected to:

- Be fully familiar with the technical content of all modules.
- Use the approved slide decks and training tools without modification.
- Apply participatory adult-learning methods (discussion, role play, demonstrations).
- Maintain time discipline and complete all module activities.
- Ensure respectful, non-judgmental facilitation aligned to ethical and cultural standards.
- Complete and submit all required training documentation and reports.

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Section A: Facilitator Preparation Guide

A1. ADVANCED PREPARATION CHECKLIST (2 DAYS BEFORE TRAINING)

Purpose: Ensure the training team, materials, venue, and coordination arrangements are in place to deliver standardized cascade training.

Trainer readiness

- ☐ Confirm facilitator team composition, module assignments, and lead facilitator.
- ☐ Review the full Facilitator Guide and all 10 modules (technical content and flow).
- ☐ Rehearse demonstrations for:
    - ☐ Very Brief Advice (VBA) script (Ask–Advise–Act)
    - ☐ 5As counselling sequence
    - ☐ OARS (Motivational Interviewing core skills)
    - ☐ FTND/HSI scoring and interpretation
- ☐ Agree on standard language and key messages (avoid off-script additions).
- ☐ Confirm language plan (English/local language use and translation roles).

Coordination and participants

- ☐ Confirm training dates, venue, and daily schedule with district focal person.
- ☐ Confirm participant list, expected numbers, cadres, and facility representation.
- ☐ Confirm participant release approvals (facility managers / DHO where applicable).
- ☐ Confirm transport arrangements and arrival times for trainers and participants.

Materials and supplies

- ☐ Confirm availability of approved slide decks (Modules 1–10) and ensure they match latest versions.
- ☐ Print sufficient copies of:
    - ☐ Attendance register
    - ☐ Pre-/post-tests and answer key (facilitator only)
    - ☐ FTND/HSI tools and job aids (VBA, 5As, OARS)
    - ☐ Training evaluation forms
    - ☐ Cascade training report template
- ☐ Prepare stationery: flip chart pads, markers, masking tape, pens, notepads.

Logistics

- ☐ Confirm accommodation and meals (if applicable).
- ☐ Confirm per diem / allowances procedures and sign-off requirements.
- ☐ Confirm supervision plan (who will observe, when, and what tools to use).

Risk management

- ☐ Identify and plan for anticipated risks (power outages, low attendance, late starts, equipment failure).
- ☐ Prepare backup options (printed slides, battery speaker, extension cords, alternative room).

A2. DAY-OF-TRAINING CHECKLIST (ON-SITE)

Purpose: Verify readiness for delivery and ensure standardized implementation from the first session.

Before participants arrive (60–90 minutes prior)

- ☐ Arrive early; confirm room access and seating arrangement.
- ☐ Set up registration table and attendance register.
- ☐ Confirm projector, laptop connection, screen visibility, and audio (if needed).
- ☐ Check power supply; test extension cords and adapters.
- ☐ Prepare flip charts with headings for planned group discussions.
- ☐ Place materials at each seat (where applicable): notepad, pen, job aid pack.

At registration

- ☐ Ensure participants sign attendance (Day 1).
- ☐ Confirm participant cadre/facility recorded accurately.
- ☐ Orient participants to start time and ground rules.

During delivery

- ☐ Follow module timings and complete all activities (including role plays).
- ☐ Administer pre-test at the planned time and collect forms securely.
- ☐ Use participatory methods consistently; avoid extended lecture-only delivery.
- ☐ Ensure respectful facilitation and manage dominant voices.
- ☐ Record key issues and decisions for reporting.

End of day

- ☐ Summarize key learning points and preview next day (if multi-day).
- ☐ Secure completed forms (attendance, tests, evaluation tools).
- ☐ Confirm next-day start time and logistics.

End of training

- ☐ Administer post-test and end-of-training evaluation.
- ☐ Complete cascade training report template (Annex 9).
- ☐ Confirm documentation pack completeness before leaving venue.

A3. VENUE AND EQUIPMENT REQUIREMENTS

Purpose: Standardize minimum venue and equipment conditions for consistent training quality.

Venue requirements

- Minimum capacity: accommodates all participants comfortably with space for small-group work.
- Seating arrangement: U-shape or cabaret style preferred; classroom style acceptable.
- Adequate lighting, ventilation, and minimal noise interruptions.
- Clean toilets and handwashing facilities available on-site.
- Safe and accessible location for participants (including those with mobility needs).

Core equipment (mandatory)

- ☐ Projector + screen/white wall
- ☐ Laptop with HDMI/VGA connection (and adapters)
- ☐ Extension cables and power strips
- ☐ Flip charts (minimum 2 pads)
- ☐ Markers (at least 6, assorted colors)
- ☐ Masking tape / blu tack
- ☐ Speaker (only if video/audio is used)

Training supplies (mandatory)

- ☐ Printed attendance registers
- ☐ Printed pre-/post-tests and evaluation forms
- ☐ Printed FTND/HSI tools and job aids (VBA, 5As, OARS)
- ☐ Notepads and pens for participants
- ☐ Name tags (recommended)

Contingency requirements (recommended)

- ☐ Backup printed slides (handout format) for power failure
- ☐ Battery-powered speaker (if audio is critical)
- ☐ Backup laptop / USB with slide decks
- ☐ Mobile internet bundle (if needed for digital tools demonstration)

A4. DOCUMENTATION REQUIREMENTS (QUALITY ASSURANCE PACK)

Purpose: Define the minimum documentation required for accountability, supervision, and reporting.

Mandatory training documentation (to be completed at every training)

- ☐ Annex 1: Attendance Register (signed)
- ☐ Annex 3: Pre-test and Post-test tools (completed scripts)
- ☐ Pre-/post-test summary sheet (means and % change)
- ☐ Annex 10: End-of-Training Evaluation Questionnaire (completed by participants)
- ☐ Annex 9: Cascade Training Reporting Template (completed and signed)
- ☐ Annex 13: Training Materials Distribution Log (where items are issued)
- ☐ Session photos (optional unless required by donor; must follow protocol)

Quality assurance documentation (required if supervision occurs)

- ☐ Annex 5: Supportive Supervision & Observation Checklist (completed and signed)
- ☐ Annex 4: Trainer Performance Assessment Tool (if trainer observed)
- ☐ Annex 8: Corrective Action & Feedback Log (if issues identified)

Photographic documentation (if required)

- ☐ Follow Annex 14 protocol (consent; no patient-identifying data; proper labeling)

Submission and filing

- ☐ Submit complete documentation pack to the district focal person and project coordinator within 24 hours of training completion.
- ☐ Retain copies (soft or hard) according to data protection guidance.
- ☐ Store tests and forms securely; share only with authorized project staff.

Section B: Modules

MODULE 1: EPIDEMIOLOGY OF TOBACCO USE (GLOBAL & MALAWI)

Module Overview

This module introduces the **scale, patterns, and determinants of tobacco use**, with emphasis on Malawi, to justify routine integration of tobacco screening and cessation into clinical care.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Describe global and national patterns of tobacco use
2. Identify key population groups most affected in Malawi
3. Explain why frontline health workers are central to tobacco harm reduction

Time Required

25 minutes total

Activity	Time
Introduction & framing	2 min
Presentation	8 min
Group discussion	13 min
Recap & transition	2 min

Materials Needed

- Module 1 slide deck
- Projector and screen
- Flip chart and markers

Facilitator Preparation

- Review Malawi-specific prevalence slides
- Identify 1–2 local examples relevant to the district
- Prepare flip chart with heading: *"How tobacco affects our community"*

Activity 1: Introduction and Framing

Time: 2 minutes

Purpose: To orient participants to *why* tobacco use is a public health priority.

Facilitator – SAY:
"Before we talk about skills and counselling, we need to understand the size of the problem and why tobacco use must be addressed in routine care."

Facilitator – DO:

- Display slide 1
- Briefly state module objectives

Activity 2: Epidemiology Presentation

Time: 8 minutes

Purpose: To present key global and Malawi-specific tobacco use patterns.

Facilitator – SAY:
"Globally, tobacco use is shifting to low- and middle-income countries, including Malawi."

Facilitator – DO:

- Present slides 2–14
- Emphasize:
    - Gender differences
    - Age distribution
    - Socio-economic patterns
    - Urban vs rural differences

Facilitator Notes

- Do **not** read slides word for word
- Spend more time on Malawi data than global data

Activity 3: Group Discussion – Community Impact

Time: 13 minutes

Purpose:
To contextualize tobacco use within participants' lived experience.

Facilitator – SAY:
"In your groups, discuss how tobacco use affects people in your community."

Discussion Questions (display on slide / flip chart):

- What health problems do you see linked to tobacco use?
- How does tobacco affect families economically?
- Which groups are most affected?

Facilitator – DO:

- Divide participants into small groups
- Allow discussion
- Invite 2–3 groups to report back

Facilitator Tips

- Keep discussion focused on **health system relevance**
- Redirect debates about tobacco farming economics

Activity 4: Recap and Transition

Time: 2 minutes

Purpose: To consolidate learning and link to the next module.

Facilitator – SAY:
"Tobacco use is common, harmful, and patterned in ways that place certain groups at higher risk. This is why routine screening and counselling matter."

Transition Statement:
"In the next module, we will look at how tobacco directly causes and worsens the diseases you manage every day."

End of Module 1

MODULE 2: HEALTH IMPACTS OF TOBACCO USE

Module Overview

This module links tobacco use to the **major diseases and conditions routinely managed in Malawian health facilities**, reinforcing why tobacco screening and brief intervention must be part of everyday clinical practice.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Identify major health conditions caused or worsened by tobacco use
2. Explain the impact of second-hand smoke on vulnerable populations
3. Link tobacco use to poor outcomes in NCDs, TB, and maternal health
4. Justify routine tobacco screening in OPD and clinic settings

Time Required

20 minutes total

Activity	Time
Introduction & clinical framing	3 min
Presentation	9 min
Guided discussion	6 min
Recap & transition	2 min

Materials Needed

- Module 2 slide deck
- Projector and screen

Facilitator Preparation

- Review slides on NCDs, TB, pregnancy, and second-hand smoke
- Identify 1–2 local clinical examples (e.g., TB relapse, uncontrolled HTN)
- Be ready to redirect overly technical pathology discussions

Activity 1: Clinical Framing

Time: 3 minutes

Purpose: To anchor tobacco harms in participants' **daily clinical experience**.

Facilitator – SAY:
"This module focuses on what you already see in your clinics—how tobacco use worsens the conditions your patients are living with."

Facilitator – DO:

- Display opening slide
- Emphasize that this is not a pathology lecture

Activity 2: Health Impacts Presentation

Time: 9 minutes

Purpose: To present key evidence on how tobacco affects health across the life course.

Facilitator – SAY:
"Tobacco affects almost every organ in the body, and it directly worsens outcomes for many of the conditions we manage every day."

Facilitator – DO:

- Present slides covering:
    - Cardiovascular disease
    - Diabetes and hypertension
    - TB and respiratory disease
    - Pregnancy outcomes
    - Second-hand smoke (children, households)

Facilitator Notes

- Emphasize **clinical relevance**, not mechanisms
- Highlight second-hand smoke as a **household-level risk**
- Reinforce that brief advice is recommended at every visit

Activity 3: Guided Discussion – Priority Patients

Time: 6 minutes

Purpose: To help participants identify **where cessation support has the greatest impact**.

Facilitator – SAY:
"Think about your daily work. Which patients would benefit most from brief tobacco counselling?"

Prompt participants to mention:

- NCD clinic patients (HTN, diabetes)
- TB and respiratory patients

- Pregnant women and partners
- OPD clients with recurrent symptoms

Facilitator – DO:

- Encourage multiple responses
- Validate answers and link them to routine screening opportunities

Facilitator Tips

- Keep discussion focused on **practice**, not policy debates

Activity 4: Recap and Transition

Time: 2 minutes

Purpose: To consolidate learning and prepare participants for skills-based training.

Facilitator – SAY:
"Tobacco worsens the conditions we already struggle to manage. This makes screening and counselling a clinical responsibility, not an optional activity."

Transition Statement:
"In the next module, we move from why tobacco is harmful to how to assess and manage tobacco dependence in real clinical settings."

End of Module 2

MODULE 3: ASSESSING AND MANAGING TOBACCO DEPENDENCE

Module Overview

This module equips participants with **practical skills to assess tobacco dependence and deliver appropriate cessation support** using brief, evidence-based approaches suitable for busy clinical settings in Malawi.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Explain tobacco dependence as a chronic, relapsing condition
2. Assess tobacco dependence using simple validated tools
3. Determine readiness to quit
4. Deliver brief, appropriate cessation support based on assessment findings

Time Required

55 minutes total

Activity	Time
Pre-test	5 min
Introduction & core concepts	10 min
Assessing dependence	10 min
Brief intervention approaches	10 min
Role plays / case discussions	15 min
Post-test & recap	5 min

Materials Needed

- Module 3 slide deck
- Printed FTND and HSI tools
- Case study handouts
- Pens and flip charts

Facilitator Preparation

- Review FTND and HSI scoring and interpretation
- Prepare realistic OPD/NCD case examples
- Identify space for small-group role plays

Activity 1: Pre-Module Test

Time: 5 minutes

Purpose: To assess baseline understanding of tobacco dependence and cessation support.

Facilitator – SAY:
"This short test is not an exam. It helps us understand what we already know and what we will strengthen today."

Facilitator – DO:

- Distribute pre-test forms
- Allow quiet completion
- Collect forms

Activity 2: Introduction and Core Concepts

Time: 10 minutes

Purpose: To frame tobacco use as a **medical condition requiring ongoing support**, not a personal failure.

Facilitator – SAY:
"Tobacco dependence is a chronic condition. Like hypertension or diabetes, relapse can occur and does not mean treatment has failed."

Facilitator – DO:

- Present slides on:
    - Physical dependence
    - Psychological dependence
    - Withdrawal symptoms
- Emphasize that **compassion and follow-up** are essential

Facilitator Notes

- Avoid neurochemical detail
- Reinforce that relapse is common and manageable

Activity 3: Assessing Tobacco Dependence

Time: 10 minutes

Purpose: To enable participants to **quickly assess dependence in routine care**.

Facilitator – SAY:
"We do not need long assessments. Simple tools help us decide the level of support needed."

Facilitator – DO:

- Demonstrate:
    - Fagerström Test for Nicotine Dependence (FTND)
    - Heaviness of Smoking Index (HSI)
- Explain:
    - When to use each tool
    - How results guide counselling intensity

Facilitator Tips

- Emphasize feasibility in OPD and NCD clinics
- Reinforce that assessment should not delay care

Activity 4: Brief Intervention Approaches

Time: 10 minutes

Purpose: To link assessment results to **appropriate cessation support**.

Facilitator – SAY:
"Assessment guides what we do next. Not every patient needs the same level of support."

Facilitator – DO:

- Review:
    - 5As (Ask, Advise, Assess, Assist, Arrange)
    - 5Rs (Relevance, Risks, Rewards, Roadblocks, Repetition)
- Clarify:
    - When to use each approach
    - How to keep interventions brief

Facilitator Notes

- Emphasize *what can be done today*
- Avoid extended discussion of unavailable medicines

Activity 5: Role Plays / Case Discussions

Time: 15 minutes

Purpose: To practice **realistic counselling conversations**.

Facilitator – SAY:
"Now we practice how these conversations sound in real life."

Facilitator – DO:

- Divide participants into pairs or small groups
- Assign case scenarios (e.g., OPD client, NCD patient, TB patient)
- Observe interactions

Facilitator Tips

- Reinforce MI-consistent language
- Gently correct judgmental or directive statements
- Keep role plays focused and time-limited

Activity 6: Post-Test and Recap

Time: 5 minutes

Purpose: To reinforce key learning and assess improvement.

Facilitator – SAY:
"This post-test helps us see what we have gained today."

Facilitator – DO:

- Administer post-test
- Highlight key improvements

Module Recap and Transition

Facilitator – SAY:
"Assessment helps us meet patients where they are. Even brief, respectful support can make a real difference."

Transition Statement:
"In the next module, we focus on behavioural counselling and motivational interviewing—how to communicate in ways that support change."

End of Module 3

MODULE 4: BEHAVIOURAL COUNSELLING AND MOTIVATIONAL INTERVIEWING

Module Overview

This module strengthens participants' ability to deliver **patient-centered behavioral counselling** using **Motivational Interviewing (MI)** principles to support tobacco cessation and harm reduction in routine clinical care.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Explain behaviour change as a process rather than a single decision
2. Apply the Stages of Change model to tobacco cessation counselling
3. Demonstrate core Motivational Interviewing (MI) skills
4. Use non-judgmental, supportive language when counselling patients

Time Required

45 minutes total

Activity	Time
Introduction & framing	5 min
Behaviour changes concepts	10 min
MI core skills (OARS)	10 min
Role plays	15 min
Recap & transition	5 min

Materials Needed

- Module 4 slide deck
- Flip charts and markers
- Prepared role-play scenarios

Facilitator Preparation

- Review Stages of Change and MI principles
- Prepare simple counselling examples relevant to OPD and NCD clinics
- Identify common judgmental phrases to avoid

Activity 1: Introduction and Framing

Time: 5 minutes

Purpose: To reframe tobacco cessation as a **supportive conversation**, not a directive instruction.

Facilitator – SAY:
"Stopping tobacco use is a behaviour change process. Our role is to support patients through that process, not to force decisions."

Facilitator – DO:

- Display module objectives
- Ask participants to briefly share challenges they face when counselling smokers

Activity 2: Behaviour Change Concepts

Time: 10 minutes

Purpose: To help participants understand readiness to change and tailor counselling accordingly.

Facilitator – SAY:
"People are at different stages of readiness. Effective counselling matches the stage, not our expectations."

Facilitator – DO:

- Present slides on Stages of Change:
    - Pre-contemplation
    - Contemplation
    - Preparation
    - Action
    - Maintenance
- Link each stage to appropriate counselling approaches

Facilitator Notes

- Emphasize that relapse can occur at any stage
- Avoid labelling patients negatively

Activity 3: Motivational Interviewing Core Skills (OARS)

Time: 10 minutes

Purpose: To introduce practical communication tools that encourage patient engagement.

Facilitator – SAY:
"Motivational Interviewing helps patients hear their own reasons for change."

Facilitator – DO:

- Explain and demonstrate OARS:

- Open questions
- Affirmations
- Reflections
- Summaries

- Provide brief examples for each skill

Facilitator Tips

- Model respectful, empathetic language
- Reinforce listening more than talking

Activity 4: Role Plays – MI in Practice

Time: 15 minutes

Purpose: To practice MI-consistent counselling in realistic clinical scenarios.

Facilitator – SAY:
"Now we practise how these conversations sound in real life."

Facilitator – DO:

- Divide participants into pairs
- Assign roles (health worker / patient)
- Use OPD, NCD, or TB-related scenarios
- Observe and guide interactions

Facilitator Notes

- Correct judgmental language gently
- Reinforce reflective listening and affirmations
- Keep role plays brief and focused

Activity 5: Recap and Transition

Time: 5 minutes

Purpose: To consolidate MI principles and prepare participants for brief structured interventions.

Facilitator – SAY:
"Effective counselling respects autonomy, avoids judgment, and supports gradual change."

Transition Statement:
"In the next module, we focus on structured brief interventions—the 5A Strategy and Very Brief Advice—which can be delivered in just a few minutes."

End of Module 4

MODULE 5: 5A STRATEGY AND VERY BRIEF ADVICE (VBA)

Module Overview

This module equips participants to deliver **effective tobacco cessation support within routine consultations**, using either the **5A Strategy** or **Very Brief Advice (VBA)** in **30 seconds to 3 minutes**, depending on time and patient readiness.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Distinguish between the 5A Strategy and Very Brief Advice
2. Apply VBA confidently during routine clinical encounters
3. Deliver clear, compassionate cessation advice without judgement
4. Decide when to use VBA versus a full 5A approach

Time Required

25 minutes total

Activity	Time
Introduction & framing	3 min
5A Strategy overview	7 min
Very Brief Advice (VBA)	7 min
Skills practice	6 min
Recap & transition	2 min

Materials Needed

- Module 5 slide deck
- VBA script / demonstration video
- Flip chart and markers

Facilitator Preparation

- Review the VBA script carefully
- Practice delivering VBA within 30–60 seconds
- Prepare to model tone, posture, and language

Activity 1: Introduction and Framing

Time: 3 minutes

Purpose: To emphasize that **time constraints are not a barrier** to tobacco cessation support.

Facilitator – SAY:
"Many of us feel we don't have time to talk about tobacco. This module shows how we can make a real difference in just a few minutes."

Facilitator – DO:

- Display module objectives
- Reinforce that **every patient contact is an opportunity**

Activity 2: The 5A Strategy

Time: 7 minutes

Purpose: To review the structured approach for patients who are ready to engage.

Facilitator – SAY:
"The 5As guide us when a patient is ready for a more complete discussion."

Facilitator – DO:

- Briefly review each step:
    - **Ask** about tobacco use
    - **Advise** to quit clearly and compassionately
    - **Assess** readiness
    - **Assist** with a plan
    - **Arrange** follow-up
- Emphasize flexibility based on time and setting

Facilitator Notes

- Avoid presenting the 5As as rigid or time-consuming
- Reinforce clinical judgment

Activity 3: Very Brief Advice (VBA)

Time: 7 minutes

Purpose: To demonstrate how cessation advice can be delivered **quickly and effectively**.

Facilitator – SAY:
"Very Brief Advice focuses on three steps: Ask, Advise, Act."

Facilitator – DO:

- Play or demonstrate the approved VBA script
- Highlight:

- Neutral, respectful language
- Clear health message
- Offer of support

Facilitator Tips

- Keep advice brief and non-judgmental
- Avoid overwhelming the patient

Activity 4: Skills Practice – VBA Drills

Time: 6 minutes

Purpose: To build confidence through **repeated, short practice**.

Facilitator – SAY:
"Now we practise delivering VBA in under one minute."

Facilitator – DO:

- Pair participants
- Assign roles (health worker / patient)
- Conduct 30–60 second VBA drills
- Rotate roles

Facilitator Notes

- Focus on tone and clarity
- Correct language gently

Activity 5: Recap and Transition

Time: 2 minutes

Purpose: To reinforce feasibility and prepare for pharmacological options.

Facilitator – SAY:
"Even brief advice can save lives. You do not need long sessions to make an impact."

Transition Statement:
"In the next module, we look at pharmacological support for smoking cessation, and how to use available options safely and appropriately."

End of Module 5

MODULE 6: PHARMACOLOGICAL SUPPORT FOR SMOKING CESSATION

Module Overview

This module supports participants to **safely and appropriately use pharmacological options for smoking cessation**, while recognizing **availability constraints** and emphasizing that medication is **most effective when combined with counselling**.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Identify commonly used pharmacological options for smoking cessation
2. Explain indications, contraindications, and safety considerations
3. Adapt cessation support when medicines are unavailable or unaffordable
4. Integrate pharmacological support with behavioral counselling

Time Required

25 minutes total

Activity	Time
Introduction & framing	3 min
Overview of cessation medications	10 min
Safety and special populations	7 min
Discussion & recap	5 min

Materials Needed

- Module 6 slide deck
- Flip chart and markers

Facilitator Preparation

- Review slides on NRT, bupropion, varenicline, and cytisine
- Be familiar with medicines available (and unavailable) in Malawi
- Prepare to emphasize **non-pharmacological alternatives**

Activity 1: Introduction and Framing

Time: 3 minutes

Purpose: To clarify the **supportive role of medication** in smoking cessation.

Facilitator – SAY:
"Medicines can help some patients quit, but they are not the only way to support cessation. Counselling remains essential."

Facilitator – DO:

- Display module objectives
- Emphasize that **no patient should be excluded from support due to lack of medicines**

Activity 2: Overview of Pharmacological Options

Time: 10 minutes

Purpose: To familiarize participants with evidence-based cessation medications.

Facilitator – SAY:
"These medicines reduce withdrawal symptoms and cravings, making quitting more manageable."

Facilitator – DO:

- Present slides on:
    - Nicotine Replacement Therapy (gum, patch, lozenge)
    - Bupropion
    - Varenicline
    - Cytisine
- Briefly explain how each works

Facilitator Notes

- Avoid brand names where possible
- Emphasize **correct use** rather than promotion

Activity 3: Safety and Special Populations

Time: 7 minutes

Purpose: To ensure safe and ethical use of cessation medications.

Facilitator – SAY:
"Not every medication is suitable for every patient."

Facilitator – DO:

- Discuss safety considerations for:
    - Pregnant and breastfeeding women
    - Patients with cardiovascular disease

    - Adolescents
    - Patients with mental health conditions
- Reinforce referral where necessary

Facilitator Tips

- Avoid encouraging unsupervised prescribing
- Emphasize consultation and referral pathways

Activity 4: Discussion and Recap

Time: 5 minutes

Purpose: To adapt pharmacological support to real-world constraints.

Facilitator – SAY:
"In many settings, medicines may be limited or unavailable. This does not mean we do nothing."

Facilitator – DO:

- Facilitate discussion on:
    - Counselling-only approaches
    - Harm reduction strategies
    - Creative, ethical alternatives (e.g., behavioural coping strategies)

Transition Statement:
"In the next module, we focus on integrating cessation counselling into routine clinical care, so it becomes part of everyday practice."

End of Module 6

MODULE 7: INTEGRATING CESSATION COUNSELLING INTO ROUTINE CLINICAL CARE

Module Overview

This module enables participants to **embed tobacco-use screening and cessation counselling into existing clinical workflows**, ensuring sustainability without increasing workload.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Identify routine points of care where tobacco screening fits naturally
2. Apply 5As or VBA within OPD, NCD, TB, HIV, and ANC services
3. Use documentation and referral systems to support follow-up
4. Address common integration challenges in busy facilities

Time Required

30 minutes total

Activity	Time
Introduction & framing	4 min
Points of care mapping	8 min
Documentation & referral	8 min
Brainstorm & case discussion	8 min
Recap & transition	2 min

Materials Needed

- Module 7 slide deck
- Flip chart and markers

Facilitator Preparation

- Review examples of OPD and NCD workflows
- Prepare to guide participants in identifying integration points
- Anticipate challenges related to workload and documentation

Activity 1: Introduction and Framing

Time: 4 minutes

Purpose: To emphasize that cessation counselling is a **routine clinical responsibility**, not a parallel program.

Facilitator – SAY:
"Tobacco cessation works best when it becomes part of what we already do every day."

Facilitator – DO:

- Display module objectives
- Reinforce that integration improves efficiency

Activity 2: Identifying Points of Care

Time: 8 minutes

Purpose: To help participants locate **natural entry points** for screening and counselling.

Facilitator – SAY:
"Where in your daily workflow can tobacco use be identified and addressed?"

Facilitator – DO:

- Facilitate discussion on:
    - Vital signs assessment
    - OPD consultations
    - NCD clinic visits
    - TB/HIV services
    - ANC and postnatal care

Facilitator Notes

- Emphasize feasibility
- Avoid creating additional steps

Activity 3: Documentation and Referral

Time: 8 minutes

Purpose: To support continuity of care through **simple documentation and referrals**.

Facilitator – SAY:
"If we do not document, we cannot follow up."

Facilitator – DO:

- Review:
    - Recording tobacco-use status
    - Brief counselling notes
    - Referral pathways (mental health, specialized services)

Facilitator Tips

- Encourage use of existing registers
- Avoid parallel systems

Activity 4: Brainstorm and Case Discussion

Time: 8 minutes

Purpose:
To address real-world barriers to integration.

Facilitator – SAY:
"What makes integration difficult in your facility?"

Facilitator – DO:

- Brainstorm challenges:
    - Time constraints
    - Staffing shortages
    - Patient flow
- Facilitate solutions:
    - Task sharing
    - Use of VBA
    - Team-based approaches

Activity 5: Recap and Transition

Time: 2 minutes

Purpose: To reinforce sustainability and prepare for relapse management.

Facilitator – SAY:
"Integration ensures tobacco cessation becomes routine, not optional."

Transition Statement:
"In the next module, we focus on **relapse prevention and long-term follow-up**, recognizing that quitting is a process."

End of Module 7

MODULE 8: RELAPSE PREVENTION AND LONG-TERM FOLLOW-UP

Module Overview

This module prepares participants to **support patients over time**, recognizing relapse as part of the cessation process and emphasizing structured follow-up to improve long-term success.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Explain relapse as a common and manageable part of tobacco dependence
2. Identify triggers and high-risk situations for relapse
3. Apply relapse prevention strategies in routine care
4. Develop simple follow-up plans appropriate for their facility

Time Required

60 minutes total

Activity	Time
Introduction & framing	5 min
Understanding relapse	10 min
Relapse prevention strategies	15 min
Follow-up planning	15 min
Case discussion	10 min
Recap & transition	5 min

Materials Needed

- Module 8 slide deck
- Flip chart and markers

Facilitator Preparation

- Review common relapse triggers and coping strategies
- Prepare examples relevant to OPD and NCD follow-up
- Be ready to model empathetic, non-judgmental language

Activity 1: Introduction and Framing

Time: 5 minutes

Purpose: To normalize relapse and reduce stigma.

Facilitator – SAY:
"Relapse does not mean failure. It tells us that the patient needs more support."

Facilitator – DO:

- Display module objectives
- Reinforce that relapse is expected in chronic conditions

Activity 2: Understanding Relapse

Time: 10 minutes

Purpose: To explain why relapse occurs and how it fits into recovery.

Facilitator – SAY:
"Tobacco dependence affects both the body and behaviour. Stress, environment, and social factors all play a role."

Facilitator – DO:

- Present slides on:
    - Common relapse triggers
    - Early warning signs
    - Emotional and social influences

Facilitator Notes

- Avoid blame-focused language
- Emphasize learning from relapse

Activity 3: Relapse Prevention Strategies

Time: 15 minutes

Purpose: To equip participants with practical tools to reduce relapse risk.

Facilitator – SAY:
"We can help patients plan for difficult moments."

Facilitator – DO:

- Discuss strategies such as:
    - Identifying triggers
    - Coping skills (distraction, support seeking)
    - Strengthening motivation
- Encourage tailoring strategies to individual patients

Activity 4: Follow-Up Planning

Time: 15 minutes

Purpose: To develop realistic follow-up approaches within routine care.

Facilitator – SAY:
"Follow-up does not have to be complicated. Small, regular contact makes a difference."

Facilitator – DO:

- Facilitate planning for:
    - Clinic follow-up visits
    - Community health worker support
    - Phone or SMS check-ins
- Encourage use of existing systems

Activity 5: Case Discussion

Time: 10 minutes

Purpose: To apply relapse management in real scenarios.

Facilitator – SAY:
"Let's apply what we've discussed to a real-life case."

Facilitator – DO:

- Present a case scenario (e.g., patient relapses after 2 weeks)
- Guide group discussion on supportive responses

Activity 6: Recap and Transition

Time: 5 minutes

Purpose: To consolidate learning and prepare for ethical considerations.

Facilitator – SAY:
"Supporting patients after relapse builds trust and increases long-term success."

Transition Statement:
"In the next module, we address ethical, cultural, and psychological considerations in tobacco cessation."

End of Module 8

MODULE 9: ETHICAL, CULTURAL, AND PSYCHOLOGICAL CONSIDERATIONS IN TOBACCO CESSATION

Module Overview

This module ensures that tobacco cessation support is delivered in an **ethical, culturally sensitive, and psychologically supportive manner**, strengthening trust between health workers and patients.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Apply ethical principles in tobacco cessation practice
2. Respect patient autonomy and confidentiality
3. Adapt counselling to cultural and gender contexts in Malawi
4. Address stigma and psychological distress compassionately

Time Required

60 minutes total

Activity	Time
Introduction & framing	5 min
Ethical principles	15 min
Cultural & socioeconomic factors	15 min
Ethical dilemmas (case study)	15 min
Recap & transition	10 min

Materials Needed

- Module 9 slide deck
- Flip chart and markers

Facilitator Preparation

- Review ethical principles and Malawi cultural contexts
- Prepare to manage sensitive discussions respectfully
- Review case study scenarios in advance

Activity 1: Introduction and Framing

Time: 5 minutes

Purpose: To emphasize that ethics and culture are central to effective cessation support.

Facilitator – SAY:
"Tobacco use is sensitive. How we speak to patients matters as much as what we say."

Facilitator – DO:

- Display module objectives
- Reinforce confidentiality and respect

Activity 2: Ethical Principles in Tobacco Cessation

Time: 15 minutes

Purpose: To ground cessation support in ethical healthcare practice.

Facilitator – SAY:
"Ethical practice builds trust and improves outcomes."

Facilitator – DO:

- Review key principles:
    - Respect for autonomy
    - Beneficence and non-maleficence
    - Justice
    - Confidentiality and informed consent
- Provide brief clinical examples

Facilitator Notes

- Avoid moralizing tobacco use
- Reinforce patient choice

Activity 3: Cultural and Socioeconomic Factors

Time: 15 minutes

Purpose: To adapt cessation support to Malawi's cultural and social context.

Facilitator – SAY:
"Culture and circumstances shape tobacco use and quitting."

Facilitator – DO:

- Discuss:
    - Cultural norms around tobacco use
    - Gender roles and expectations

    - Socioeconomic barriers
- Highlight opportunities for culturally appropriate messaging

Facilitator Tips

- Encourage respect for community norms
- Avoid stereotyping

Activity 4: Ethical Dilemmas – Case Study

Time: 15 minutes

Purpose: To practice ethical decision-making in complex situations.

Facilitator – SAY:
"Let's work through a situation that has no simple answer."

Facilitator – DO:

- Present case scenario (e.g., patient prefers harm reduction over cessation)
- Guide discussion on balancing autonomy and health goals

Activity 5: Recap and Transition

Time: 10 minutes

Purpose: To consolidate ethical practice and prepare for digital tools.

Facilitator – SAY:
"Ethical, respectful care keeps patients engaged in the quitting process."

Transition Statement:
"In the final module, we explore digital tools and data systems that support cessation and follow-up."

End of Module 9

MODULE 10: USING DIGITAL TOOLS AND DATA SYSTEMS FOR TOBACCO CESSATION

Module Overview

This module introduces **simple digital and data systems** that support tobacco cessation training, follow-up, documentation, and reporting, aligned with Malawi's health information systems.

Learning Objectives (for Participants)

By the end of this module, participants will be able to:

1. Identify digital tools that support cessation services
2. Use basic data systems for documentation and follow-up
3. Understand privacy and consent in digital health
4. Explore opportunities to strengthen cessation reporting

Time Required

30 minutes total

Activity	Time
Introduction & framing	5 min
Digital tools overview	10 min
Data systems & documentation	10 min
Discussion & wrap-up	5 min

Materials Needed

- Module 10 slide deck
- Flip chart and markers

Facilitator Preparation

- Review examples of DHIS2, registers, and simple digital tools
- Prepare to emphasize privacy and feasibility

Activity 1: Introduction and Framing

Time: 5 minutes

Purpose:
To position digital tools as **supportive aids**, not replacements for care.

Facilitator – SAY:
"Digital tools help us organize care and follow-up—they do not replace human interaction."

Facilitator – DO:

- Display module objectives

Activity 2: Overview of Digital Tools

Time: 10 minutes

Purpose: To introduce practical digital options for cessation support.

Facilitator – SAY:
"We start with what is available and practical."

Facilitator – DO:

- Discuss examples:
    - DHIS2 integration
    - Simple electronic registers
    - SMS or phone follow-up
    - WhatsApp groups (where appropriate)

Facilitator Notes

- Emphasize feasibility and sustainability
- Avoid promoting complex systems

Activity 3: Data Systems and Documentation

Time: 10 minutes

Purpose: To support continuity of care and reporting.

Facilitator – SAY:
"If it's not recorded, it's easy to lose track of patients."

Facilitator – DO:

- Review:
    - Recording tobacco-use status
    - Counselling and follow-up documentation
    - Referral tracking

Facilitator Tips

- Reinforce confidentiality and consent

Activity 4: Discussion and Wrap-Up

Time: 5 minutes

Purpose: To reflect and close the training.

Facilitator – SAY:
"What simple digital practices can you start using in your facility?"

Facilitator – DO:

- Invite participant reflections
- Summarize key messages from the full training

End of Module 10

Section C: Resources

C1. Standardized Abbreviations and Definitions (Glossary) – *See Annex 16*

C2. Training Tools and Job Aids – *See Annex 17*

C3. Assessment Instruments (Pre/Post Tests) – *See Annex 18*

Section D: Annexes

Annex 1: Attendance Register

Annex 2. Training Tools (Job Aids) (FTND/HSI, 5As/VBA, OARS)

Annex 3. Pre- and Post-Test Tools -Questions and answers for all modules

Annex 4. Trainer Performance Assessment Tool

Criterion	Poor	Fair	Good	Excellent
Content mastery	☐	☐	☐	☐
Facilitation	☐	☐	☐	☐
Communication	☐	☐	☐	☐
Adaptation to audience	☐	☐	☐	☐

Overall Rating: _____
Mentorship Needed: ☐ Yes ☐ No

Annex 5. Supportive Supervision & Observation Checklist

Item	Yes	No	Comments
Trainer followed curriculum	☐	☐	
Participatory methods used	☐	☐	
Time managed appropriately	☐	☐	
Key messages delivered correctly	☐	☐	
Participant engagement	☐	☐	

Supervisor Name: _____
Signature: _____
Date: _____

Annex 6. Trainer Competency Assessment & Certification Form

Trainer Identification

Name: _____Cadre/Role: _____Region:_____

Competency Domains (Score 1–5)

Domain	Score	Comments
Technical knowledge (THR & SC)		
Facilitation skills		
Adult learning methods		
Use of training tools		
Communication & engagement		

Overall Assessment:
☐ Competent to cascade training
☐ Requires mentorship
☐ Not yet competent

Certified as Trainer: ☐ Yes ☐ No

Assessor Name & Signature: _____

Date: _____

Annex 7. Trainer Code of Conduct

All trainers commit to:

1. Delivering standardized content without distortion.
2. Respecting cultural, ethical, and professional standards.
3. Ensuring inclusive and participatory learning environments.
4. Avoiding personal opinions that contradict evidence-based guidance.
5. Completing all reporting and documentation requirements.

Trainer Name: _____
Signature: _____
Date: _____

Annex 8. Corrective Action & Feedback Log

Issue Identified	Action Required	Responsible	Timeline	Status

Annex 9: Cascade Training reporting Form

Trainer(s): _____
Location: _____
Dates: _____

Participants

- Total trained: _____
- Cadres: _____

Modules Covered

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Training Methods Used:

☐ Lecture ☐ Group Discussion ☐ Role Play ☐ Demonstration

Challenges Encountered:

Recommendations:

Trainer Signature: _____**Date:** _____

Annex 10. Training Evaluation Questionnaire (End-of-Training)

Rate from 1 (Poor) to 5 (Excellent):

1. Relevance of content ___
2. Trainer effectiveness ___
3. Practical applicability ___
4. Training materials ___

What worked well?

What can be improved?

Annex 11. Lessons Learned & Best Practices

Key Lessons:

Best Practices:

Recommendations for Scale-Up:

Annex 12. District-Level Training Schedule

District	Venue	Dates	Trainers	Participants

Annex 13. Training Materials Distribution Log

Item	Quantity	Location	Date	Received by	Signature
Manuals					

Annex 14. Transport and Logistics Plan (to be provided)

Vehicles assigned: Routes: Responsible officer:

Emergency contact:

END