### CONTEXT ASSESSMENT

When considering using digital adherence technologies within a country’s national TB programme it is vital to form an understanding about the target population (end user), supporting infrastructure, and the healthcare providers.

The assessment is primarily intended as a guide to gather data and stimulate thought about influencing factors for DAT implementation. One can weigh up the pros and cons of each technology within the country context. Following which an informed decision can be reached about which DAT/s will provide the most benefit and be the most viable for the target population and healthcare providers.

Secondly, and equally important, the assessment will highlight underlying areas that may require attention before implementation can be rolled out, for example, the provision of internet connectivity and devices for the healthcare providers to access the adherence platform.

Assessment

Once data about your context has been gathered to answer the questions within the assessment, you will be able to assess your answers within the framework of each technology’s implementation considerations and requirements.

This is a self-guided process to gather data and develop knowledge about the ecosystem in which the DAT will be implemented, as well as weigh the pros and cons for each technology within your own context. However, the DAT Task Force can assist during the process of completing the assessment should you require that. Contact us to schedule a consultation.

SECTION 1

Upon answering the questions in section 1, and in consultation with the [considerations and requirements for each technology](https://tbtreatmentsupporttechnologies.org/assess-country-preparedness/#considerations), one should be able to form a good understanding about how viable each technology is within the target population and context. This will then inform the choice of DAT, or combination of DATs within the specific context.

1. **Will the intervention be aimed at people affected by DS-TB or DR-TB, or a combination of DS-TB and DR-TB patients.**
   * DS-TB
   * DR-TB
   * Both groups
2. **What type of communication device does the target population have access to on a daily basis?**
   * A feature phone (able to make calls and send & receive SMSs)
   * A smart phone
   * None
3. **What type of network coverage does the target population have daily?**
   * Mobile data
   * Wi-Fi
   * None
4. **To what extent are people affected by TB stigmatized within the desired implementation context?** 
   * Frequently
   * Sometimes
   * Not at all
5. **What percentage of the population has a daily electricity supply to charge their phone (smart phone or feature phone)?**
   * Less than 50%
   * Between 50% and 70%
   * More than 70%
6. **How much time does the patient have available per day to submit treatment adherence?**
   * 1 minute per day
   * 3 minutes per day
   * 5 minutes per day
7. **How much time does the healthcare providers have available per patient, per day to review treatment adherence?**
   * 1 minute per patient, per day
   * 5 minutes per patient, per day
   * 10 minutes per patient, per day
8. **Do the healthcare providers have sufficient time available monthly to prepare the technologies for distribution?**
   * Yes
   * No
   * Unsure
9. **What percentage of the target population has a feature phone (able to send/receive texts and make calls) on a daily basis to report adherence with?**
   * Less than 50%
   * Between 50% and 70%
   * More than 70%
10. **How often does the target population have a positive airtime balance on their phone?**
    * Daily
    * Irregularly
    * Not at all
11. **Is the printing infrastructure within the country able to meet the requirements for tailor made medication sleeves?** 
    * Yes
    * No
    * Unsure
12. **What percentage of the target population has a smart phone on a daily basis to report adherence with?**
    * Less than 50%
    * Between 50% and 70%
    * More than 70%
13. **Would the patient target population have privacy concerns about submitting treatment adherence, specifically video recordings of themselves taking medication?**
    * Yes
    * No
    * Unsure
14. **Once the treatment has been completed are patients likely to return technologies distributed to them during their treatment?**
    * Likely
    * Unlikely
    * Unsure

#### SECTION 2

The questions in section 2 are designed to highlight areas that may need attention or further investigation before the DAT implementation can begin (irrespective of the type of technology being implemented).

1. **Do healthcare providers have access to a device (laptop; tablet; smartphone) at the facility to access the adherence platform?**
   * Yes
   * No
   * Unsure
2. **Do healthcare providers have access to sufficient mobile data / internet connectivity to access the adherence platform?**
   * Yes
   * No
   * Unsure
3. **Is there a communication device (with sufficient call time) available for healthcare providers to follow up personally with patients in need of additional support (phone-based counselling)?**
   * Yes
   * No
   * Unsure
4. **Does the facility have sufficient electricity supply to ensure uninterrupted access to the adherence platform?**
   * Yes
   * No
   * Unsure
5. **Does the national TB programme have funding allocated for the use of DATs in TB treatment?**

#### Designing the Intervention

Once the assessment has been completed you will have a good understanding about your context and framework to build the intervention design on.