		Response	For patients with DS-TB	If using DAT For patients with DR-TB
Project and respondent information	1. Name of the project	Text		
	2. Country	Text		
	3. Name of respondent	Text		
	4. Position of respondent	Text		
	5. e-mail of respondent	Text		
	6. Phone	Text		
	7. Date the questionnaire was filled	YYYY - MM - DD		
1a	What is the typical regimen used to treat patients with active TB?	Standard (2 month HRZE/4 month HR)		
		Other (Specify):		
1b	Is dosing daily throughout, or something else (specify)?	Daily throughout		
		Intermittent for part or all (specify in 1c)		
		Other (Specify)		
1c	Specify details (Intermittent for part or all?)			
2a	Are patients typically hospitalized during treatment initiation?	Yes		
		No		
2b	If so, what is average length of stay (approximately)?	_____Days		
3a	How frequently/when do patients come back to see **the nurse** (for clinical reassessment not treatment observation) during the intensive and continuation phases of outpatient treatment	Weekly		
		Monthly		
		Other (Specify)		
3b	How frequently/when do patients come back to see **the physician** (for clinical reassessment not treatment observation) during the intensive and continuation phases of outpatient treatment	Weekly		
		Monthly		
		Other (Specify)		
4a	Is DOT (in person/face to face by individual designated by the TB program) provided to all, some, or no patients?	All		
		Some (Please complete 4b)		
		None		
4b	If only some TB patients are on DOT, what is the approximate proportion on DOT?	% on DOT		
5a	For those who are on DOT, how often are they observed in person?	Daily		
		Once per week		
		Multiple times per week (Specify number of times observed): _____		
		Other (Specify)		
5b	Does this change over the treatment course (ie. differences between intensive and continuation phase)?	Yes		
		No		
5c	If yes, specify how and when it changes?	Explain: _____		
6	For those who are on DOT, where are they usually observed? (select all that apply)	Health facility/centre		
		Pharmacy		
		Home		
		Other (specify)		
7a	For those who are provided DOT, who observes the patient taking their medication? (select all that apply)	Health facility worker / CHW or similar / Pharmacy, / Family member / Other community member / Other	Health facility worker / CHW or similar / Pharmacy, / Family member / Other community member / Other	Health facility worker / CHW or similar / Pharmacy, / Family member / Other community member / Other
7b	What is the average hourly wage of person who most commonly observes patient taking their medication?	Calculated from monthly salary divided by the number of hours this individual works in a month.		
7c	What is the typical duration of a DOT visit for a health care worker (including travel time if relevant) and administrative work (in minutes)?			
8	If policy is for all patients to be on DOT, are there any circumstances under which patients are not obligated to be routinely observed?	Explain: _____		
9a	If only some TB patients are on DOT, what is the approximate proportion on DOT?	% on DOT		
9b	How are patients selected for DOT vs. other arrangements?	Explain: _____		
10	If you do not routinely use DOT, do you have another way you usually check with patients to ensure they are taking their medication (e.g. using phone or text message, pill counts, home visits etc)	Explain: _____		
11a	What is the usual INITIAL protocol for ensuring adherence in patients who are lost to follow up, or not taking their medication as prescribed?	Brief description of typical initial steps taken		
11b	What is the usual ESCALATION protocol for ensuring adherence in patients who are lost to follow up, or not taking their medication as prescribed?	Brief description of typical escalation procedure		

	Question	Response	For patients with DS-TB	For patients with DR-TB
Project and respondent information	1. Name of the project	Text		
	2. Country	Text		
	3. Name of respondent	Text		
	4. Position of respondent	Text		
	5. e-mail of respondent	Text		
	6. Phone	Text		
	7. Date the questionnaire was filled	YYYY - MM - DD		
1a	Who will be given the DAT ?	All patients initiating treatment		
		Select group (specify criteria)		
1b	If you chose "a select group in 1a", give a brief description of the select group that will use DAT			
2	For those who get the DAT, will treatment frequency and/or dosing change because of the device?	Yes / No / If yes, how?		
3	For those who get the DAT will policy on hospitalization change?	Yes / No / If yes, how has it changed? (specify details)		
4a	For those who get the DAT, will the frequency with which patients come back to see **the nurse** (for clinical reassessment not treatment observation) change because of the device?	Yes / No / If yes, how?		
4b	For those who get the DAT, will the frequency with which patients come back to see **the physician** (for clinical reassessment not treatment observation) change because of the device?	Yes / No / If yes, how?		
5a	For those who are given the DAT, how will the device affect in person DOT visits?	Replace DOT entirely / Replace DOT in part (Explain in 5b) / Will not change DOT (used in addition to DOT) / Other (specify)		
5b	If it is replacing DOT in part, explain details			
6	Will the implementation of the DAT result in a reduction of clinic visits for patients (NOT DOT visits)?	Yes / No / If yes, provide details		
7	If DOT continues to be used during the project, will the frequency with which people are observed change because of the device?	Yes / No / If yes, how?		
8a	If DOT continues to be used for only some patients, will the proportion change because of the DAT ?	____% anticipated to be on DOT after introduction of the DAT		
8b	Explain why this has changed:	Explain what has changed:		
9a	For those who are using the device, how has the protocol changed for INITIAL steps to ensure adherence in patients who are lost to follow up, or not taking their medication as prescribed?	Brief description of changes to INITIAL steps		
9b	For those who are using the device, how has the protocol changed for ESCALATION steps to ensure adherence in patients who are lost to follow up, or not taking their medication as prescribed?	Brief description of changes to ESCALATION steps		

Cost Category	Cost components	Details/Formula	Value
Project and respondent information	1. Name of the project	Text	
	2. Country	Text	
	3. Name of respondent	Text	
	4. Position of respondent	Text	
	5. e-mail of respondent	Text	
	6. Phone	Text	
	7. Local currency used in the country	Text	
	8. Date the questionnaire was filled	YYYY - MM - DD	
	9. Was anything donated to the project? (e.g. equipment, technical support, training sessions offered as donations,etc.)	Yes, No	
	10. List detailed items and services that were donated to the project	Text	
Population	**I. Number of patients who used 99DOTS during the project**	N	
a) Phone and accessories *(purchased by the project for patients as part of the project)*	A1. Number of phones that were purchased	N	
	A2. Unit cost of phone purchased	$	
	A3. Number of SIM cards that were purchased	N	
	A4. Unit cost of SIM card	$	
	A5. Number of charger or solar batteries that were purchased	N	
	A6. Unit cost of charger or solar batteries	$	
	A7. Number of phone lines provided with airtime	N	
	A8. Total cost for airtime per phone line for the entire duration of the project	$	
	A9.Total cost of phones (includes phone, SIM card and airtime)	(A1*A2) + (A3*A4) + (A5*A6) + (A7*A8)	$
	Pro rated per patient cost for phone and accessories	**A9/I**	**#DIV/0!**
b) Platform / infrastructure costs	B1. Initial configuration/customization costs (setting up phonelines and or platform at sites)	$	
	B2. Type of configuration (portable, toll-free or SMS)	$	
	B3. Total fixed cost of renting toll free phone lines / SMS line or any other system used to support 99DOTS platform for the entire duration of the project	$	
	Per patient fixed cost of the platform/infrastructure	**(B1 + B3)/I**	**#DIV/0!**
c) Envelopes	C1. Total cost of 99DOTS envelope printing (including secondary packaging, labels, etc.)	$	
	C2. Total cost for shipping of 99DOTS envelopes (including customs, etc.)	$	
	Per patient cost for envelopes	**(C1+C2)/I**	**#DIV/0!**
d) Medication Preparation	D1. Typical amount of time to wrap and prepare one medication envelope (in minutes)	Minutes	
	D2. Type of staff wrapping medication	Job Category	
	D3. Wage of staff (per hour)	$	
	D4. Cost of labour for wrapping per envelope (Total time for wrapping an envelope)	D1*D3/60	$
	D5. Number of envelopes required per patient for the entire duration of treatment	N	
	Per patient preparation cost for entire duration of treatment	**D4*D5**	**$ -**
e) 99DOTS Calls/SMS costs	E1. Average number of calls/SMS made by a patient to 99DOTS during the entire duration of treatment	N	
	E2. Amount the project paid per call/SMS made by a patient to 99DOTS	$	
	E3. Per patient call/SMS to 99DOTS cost for entire duration of treatment	E1*E2	$
	E4. Average number (per patient) of 99DOTS reminder/education SMS sent by the system for missed doses	N	
	E5. cost the project has to pay per 99DOTS system SMS	$	
	E6. per patient cost of 99DOTS adherence reminders for the entire duration of treatment	E4*E5	$
	Total per patient cost (TO AND FROM) 99DOTS system call/SMS for entire duration of treatment	**E3 + E6**	**$ -**
f) Adherence monitoring by HCW using 99DOTS platform	F1. Type of HCW who does adherence monitoring using 99DOTS platform	Job Category	
	F2. HCW wage (per hour)	$	
	F3. Typical amount of time (in min) spent by HCW monitoring adherence on the platform per patient (duration of project)	N	
	Per patient cost of 99DOTS adherence monitoring	**F3*F2/60**	**$ -**
g) Systems, Data management and technical support	G1. Amount spent for staff working on data management for 99DOTS platform (salaries paid for support of DAT platform)	$	
	G2. Number of days that technical support was provided or number of times specific technical services were provided (beyond initial setup)	N	
	G3. Cost per day or per activity reported in G2	$	
	G4. Total cost of technical support for 99DOTS platform	G2*G3	$
	G5. Amount paid for health facility hardware (laptops, desktop or tablet computer to track adherence)	$	
	G6. Payments made for monthly plans for technical services such as data plans and phone plans for HCW and health facility	$	
	Per patient cost for Systems, Data management and technical support	**(G1 + G4 + G5 + G6)/I**	**#DIV/0!**
h) Escalation in case of non-adherence and HCW response *(to improve adherence)*	**Escalation related phone calls:**		
	H1. Number of patients who required follow up by phone as part of adherence escalation procedure	N	
	H2. Average number of phone calls made by HCW per patient (for entire duration of the project)	N	
	H3. Average HCW time per call (in minutes) required to speak to a patient who requires adherence follow up	minutes	
	H4. Total time (in minutes) spent by HCW with patients on a phone for adherence follow up	H1*H2*H3	-
	H5. Type of HCW who usually makes phone calls	Job Category	
	H6. Average HCW wage (per hour)	$	
	H7. Additional fees associated with phone call follow up (per call)	$	
	H8. Total cost for Phone calls	**(H4*H6/60min) + (H1*H2*H7)**	**$ -**
	Escalation related Home Visits:		
	H9. Number of patients who required a home visit as part of escalation procedure	N	
	H10.Average number of home visits per individual who requires home visits	N	
	H11.Amount of time per visit (including travel)	minutes	
	H12. Total time (in minutes) spent by HCW on home visits for patients who required adherence follow up	H9*H10*H11	-
	H13.Type of HCW doing home visit	Job Category	
	H14.HCW wage (per hour)	$	
	H15.Additional costs for HCW per visit (e.g. Travel/transport costs, incentives, etc.)	$	
	H16. Total cost for Home visits	**(H12*H14/60) + (H9*H10*H15)**	**$ -**
	Pro rated per patient cost for escalation activity	**(H8 + H16)/I**	**#DIV/0!**
i) DAT Training for HCWs *(Trainee costs)* *(list up to three most common types of HCW trained)*	**1st Category of HCW trained**	Job Category 1	
	I1.1 Number of HCW trained	N	
	I1.2 Typical amount of time for training (in minutes) (per HCW in category 1)	Minutes	
	I1.3 Total time in minutes for training all HCW in category 1	I1.1*I1.2	-
	I1.4 HCW wage (per hour)	$	
	I1.5 Total cost for training all HCW in category 1	I1.3*I1.4/60	$ -
	2nd Category of HCW trained	Job Category 2	
	I2.1 Number of HCW trained	N	
	I2.2 Typical amount of time for training (in minutes) (per HCW in category 2)	Minutes	
	I2.3 Total time in minutes for training all HCW in category 2	I2.1*I2.2	-
	I2.4 HCW wage (per hour) (category 2)	$	
	I2.5 Total cost for training all HCW in category 2	I2.3*I2.4/60	$ -
	3rd Category of HCW trained	Job Category 3	
	I3.1 Number of HCW trained	N	
	I3.2 Typical amount of time for training (in minutes) (per HCW in category 3)	Minutes	
	I3.3 Total time in minutes for training all HCW in category 3	I3.1*I3.2	-
	I3.4 HCW wage (per hour) (category 3)	$	
	I3.5 Total cost for training all HCW in category 3	I3.3*I3.4/60	$ -
	I4. Total cost for training	I1.5 + I2.5 + I3.5	$ -
	Pro rated per patient training cost	**I4/III**	**#DIV/0!**
j) Additional training costs *(Trainer costs)*	**Choose the training scenario for your project**		
	Scenario I: training was provided by individuals who were paid for each training session		
	J1. Most common job category of staff providing the training sessions for HCW on how to use the 99DOTS	Job category (trainer)	
	J2. Typical amount of time spent by a trainer on training (including preparation and delivery) (in hours)	Hours	
	J3. Approximate hourly salary of someone doing training (trainer)	$	
	J4. Number of trainers		
	J5. Total trainers' wage directly related to 99DOTS training	J2*J3*J4	$ -
	Scenario II: training was conducted by an outside organization or paid as a package		
	J6. Total trainers' cost	$	
	J7. Additional expenditures related to training (including travel, training venue, subsistence for trainers and trainees, etc. but not time spent by or salary paid to trainers or trainees)? Specify in column C and enter the cost in column C	$	
	Pro rated per patient cost of running training sessions (not including time for HCW who are being trained)	**IF Scenario I: (J5 + J7)/III** **IF Scenario II: (J6 + J7)/III**	**#DIV/0!**
	Total per patient cost for 99DOTS is SUM of the following categories	Pro rated per patient cost for phone and accessories	**#DIV/0!**
		Per patient fixed cost of the platform/infrastructure	
		Per patient cost for envelopes	
		Per patient preparation cost for entire duration of treatment	
		Total per patient cost (TO AND FROM) 99DOTS system call/SMS for entire duration of treatment	
		Per patient cost of 99DOTS adherence monitoring	
		Per patient cost for Systems, Data management and technical support	
		Pro rated per patient cost for escalation activity	
		Pro rated per patient training cost	
		Pro rated per patient cost of running training sessions (not including time for HCW who are being trained)	

Cost Category	Cost components	Details/Formula	Value
Project and respondent information	1. Name of the project	Text	
	2. Country	Text	
	3. Name of respondent	Text	
	4. Position of respondent	Text	
	5. e-mail of respondent	Text	
	6. Phone	Text	
	7. Local currency used in the country	Text	
	8. Date the questionnaire was filled	YYYY - MM - DD	
	9. Was anything donated to the project? (e.g. equipment, technical support, training sessions offered as donations,etc.)	Yes, No	
	10. List detailed items and services that were donated to the project	Text	
	I. Type of patients (DS-TB or DR-TB)	N	
	II. Length of a full course of treatment (in months)	Months	
	III. Number of patients who were followed using MERM (evriMED or FLOW e-monitors) during the project	N	
a) Drug dispenser and accessories	A1. Unit cost of a drug dispenser (including accessories such as batteries, chargers and modules)	$	
	A2. Unit cost of a dispenser SIM card (where applicable (i.e. where SIM cards are bought separately))	$	$ -
	A3. Total unit cost for drug dispenser	A1 + A2	$ -
	A4. Unit cost of shipping and customs (per pill dispenser)	$	
	A5. Unit cost of assembly/distribution per dispenser (in country assembly and distribution cost)	$	
	A6. Total number of dispensers purchased by the project	N	
	A7. Number of drug dispensers that failed during the project and had to be replaced - (subset of A6)	N	
	Per patient fixed cost for drug dispensers	(A3 + A4 + A5)*A6/III	#DIV/0!
b) Phone and accessories *(purchased by the project for patients as part of the project)*	B1. Number of phones that were purchased	N	
	B2. Unit cost of phone purchased	$	
	B3. Number of SIM cards that were purchased for patient phones	N	
	B4. Unit cost of SIM card	$	
	B5. Number of charger or solar batteries that were purchased	N	
	B6. Unit cost of charger or solar batteries	$	
	B7. Number of phone lines provided with airtime	N	
	B8. Total cost for airtime per phone line over the course of treatment	$	
	B9.Total cost of phones (includes phone, SIM card and airtime)	(B1*B2) + (B3*B4) + (B5*B6) + (B7*B8)	$ -
	Pro rated per patient cost for phone and accessories	B9/III	#DIV/0!
c) Platform / infrastructure costs	C1. Total amount spent on software licence (if applicable) for the entire duration of the project	$	
	C2. Initial Configuration costs (setting up MERM platform in country)	$	
	C3. Total amount spent to develop a MERM software or platform for a project not using an already existing system (if applicable)	$	
	Per patient fixed cost of the platform/infrastructure	(C1 + C2 + C3)/III	#DIV/0!
d) MERM platform hosting, support and reminders	**SCENARIO I: MERM components supplied SEPARATELY - if applicable**		
	D1. Total cost of MERM platform hosting by the vendor/provider (e.g. Wisepill) for all patients	$	
	D2. Total cost of airtime for the dispenser module to transmit data if it is not covered by system providers	$	
	SCENARIO II: MERM components supplied as a PACKAGE - if applicable		
	D3. Total cost of MERM platform hosting by the vendor/provider	$	
	D4. List components included in the hosting package provided by the vendor/provider	List	
	Reminders		
	D5. Typical number (per patient) of MERM reminder/education SMS sent by the system for missed doses	N	
	D6. Cost the project has to pay per MERM system SMS	$	
	D7. Per patient cost of MERM adherence reminders for the entire duration of treatment	D5*D6	$ -
	D8. Total cost for MERM platform hosting/support for all patients (depending on scenario)	IF Scenario I: D1+D2 & IF Scenario II: D3	$ -
	Per patient cost for MERM platform hosting, support and reminders (for total duration of treatment)	D7 + D8/III	#DIV/0!
e) Adherence monitoring by HCW using MERM platform	E1. Type of HCW who does adherence monitoring using MERM platform	Job Category	
	E2. HCW wage (per hour)	$	
	E3. Typical amount of time (in min) spent by HCW monitoring adherence on the platform per patient (duration of project)	N	
	Per patient cost of MERM adherence monitoring	E3*E2/60	$ -
f) Systems, Data management and technical support	F1. Amount spent for staff working on data management for MERM platform (salaries paid for support of DAT platform)	$	
	F2. Number of days that technical support was provided or number of times specific technical services were provided (beyond initial setup)	N	
	F3. Cost per day or time support is provided	$	
	F4. Total cost of technical support for MERM platform	F2*F3	$ -
	F5. Amount paid for health facility hardware (laptops, desktop or tablet computer to track adherence)	$	
	F6. Payments made for monthly plans for technical services such as data plans and phone plans for HCW and health facility	$	
	Per patient cost for Systems, Data management and technical support	(F1 + F4 + F5 + F6)/III	#DIV/0!
g) Escalation in case of non-adherence and HCW response *(to improve adherence)*	**Escalation related phone calls:**		
	G1. Number of patients who required follow up by phone as part of adherence escalation procedure	N	
	G2. Average number of phone calls made by HCW per patient (for entire duration of the project)	N	
	G3. Average HCW time per call (in minutes) required to speak to a patient who requires adherence follow up	minutes	
	G4. Total time (in minutes) spent by HCW with patients on a phone for adherence follow up	G1*G2*G3	-
	G5. Type of HCW who usually makes phone calls	Job Category	
	G6. Average HCW wage (per hour)	$	
	G7. Additional fees associated with phone call follow up (per call)	$	
	G8. Total cost for Phone calls	(G4*G6/60min) + (G1*G2*G7)	$ -
	Escalation related Home Visits:		
	G9. Number of patients who required a home visit as part of escalation procedure	N	
	G10. Average number of home visits per individual who requires home visits	N	
	G11. Amount of time per visit (including travel)	minutes	
	G12. Total time (in minutes) spent by HCW on home visits for patients who required adherence follow up	G9*G10*G11	-
	G13. Type of HCW doing home visit	Job Category	
	G14. HCW wage (per hour)	$	
	G15. Additional costs for HCW per visit (e.g. Travel/transport costs, incentives, etc.)	$	
	G16. Total cost for Home visits	(G12*G14/60) + (G9*G10*G15)	$ -
	Pro rated per patient cost for escalation activity	(G8 + G16)/III	#DIV/0!
h) DAT Change	H1. Specify what technology switched to	DAT	
	H2. Number of patients for whom DAT support was switched during the project	N	
i) DAT Training for HCWs *(Trainee costs)* *(list up to three most common types of HCW trained)*	**1st Category of HCW trained**	Job Category 1	
	I1.1 Number of HCW trained	N	
	I1.2 Typical amount of time for training (in minutes) (per HCW in category 1)	Minutes	
	I1.3 Total time in minutes for training all HCW in category 1	I1.1*I1.2	-
	I1.4 HCW wage (per hour)	$	
	I1.5 Total cost for training all HCW in category 1	I1.3*I1.4/60	$ -
	2nd Category of HCW trained	Job Category 2	
	I2.1 Number of HCW trained	N	
	I2.2 Typical amount of time for training (in minutes) (per HCW in category 2)	Minutes	
	I2.3 Total time in minutes for training all HCW in category 2	I2.1*I2.2	-
	I2.4 HCW wage (per hour) (category 2)	$	
	I2.5 Total cost for training all HCW in category 2	I2.3*I2.4/60	$ -
	3rd Category of HCW trained	Job Category 3	

	I3.1 Number of HCW trained	N	
	I3.2 Typical amount of time for training (in minutes) (per HCW in category 3)	Minutes	
	I3.3 Total time in minutes for training all HCW in category 3	I3.1*I3.2	-
	I3.4 HCW wage (per hour) (category 3)	$	
	I3.5 Total cost for training all HCW in category 3	I3.3*I3.4/60	$ -
	I4. Total cost for training	I1.5 + I2.5 +I3.5	$ -
	Pro rated per patient training cost	**I4/III**	**#DIV/0!**

	Choose the training scenario for your project		
	Scenario I: training was provided by individuals who were paid for each training session		
	J1. Most common job category of staff providing the training sessions for HCW on how to use the MERM	Job category (trainer)	
	J2. Typical amount of time spent by a trainer on training (including preparation and delivery) (in hours)	Hours	
j) Additional training costs *(Trainer costs)*	J3. Approximate hourly salary of someone doing training (trainer)	$	
	J4. Number of trainers		
	J5. Total trainers' wage directly related to MERM training	J2*J3*J4	$ -
	Scenario II: training was conducted by an outside organization or paid as a package		
	J6. Total trainers' cost	$	
	J7. Additional expenditures related to training (including travel, training venue, subsistence for trainers and trainees, etc. but not time spent by or salary paid to trainers or trainees)? Specify in column C and enter the cost in column C		
	Pro rated per patient cost of running training sessions (not including time for HCW who are being trained)	**IF Scenario I: (J5 + J7)/III** **IF Scenario II: (J6 + J7)/III**	**#DIV/0!**

		Per patient fixed cost for drug dispensers	
		Pro rated per patient cost for phone and accessories	
		Per patient fixed cost of the platform/infrastructure	
	Total per patient cost for MERM is the SUM of the following categories	**Per patient cost for MERM platform hosting, support and reminders (for total duration of treatment)**	#DIV/0!
		Per patient cost of MERM adherence monitoring	
		Per patient cost for Systems, Data management a	
		Pro rated per patient cost for escalation activity	
		Pro rated per patient training cost	
		Pro rated per patient cost of running training sessions (not including time for HCW who are being trained)	

Cost Category	Cost components	Details/Formula	Value
Project and respondent information	1. Name of the project	Text	
	2. Country	Text	
	3. Name of respondent	Text	
	4. Position of respondent	Text	
	5. e-mail of respondent	Text	
	6. Phone	Text	
	7. Local currency used in the country	Text	
	8. Date the questionnaire was filled	YYYY - MM - DD	
	9. Was anything donated to the project? (e.g. equipment, technical support, training sessions offered as donations,etc.)	Yes, No	
	10. List detailed items and services that were donated to the project	Text	
	I. Type of patients (DS-TB or DR-TB)	N	
	II. Length of a full course of treatment (in months)	Months	
	III. Number of patients who were followed using MERM (evriMED or FLOW e-monitors) during the project	N	
a) Phone and accessories *(purchased by the project for patients as part of the project)*	A1. Number of phones that were purchased	N	
	A2. Unit cost of phone purchased	$	
	A3. Number of SIM cards that were purchased	N	
	A4. Unit cost of SIM card	$	
	A5. Number of charger or solar batteries that were purchased	N	
	A6. Unit cost of charger or solar batteries	$	
	A7. Number of phone lines provided with airtime	N	
	A8. Total cost for airtime per phone line for the entire duration of the project	$	
	A9. Total cost of phones (includes phone, SIM card and airtime)	(A1*A2) + (A3*A4) + (A5*A6) + (A7*A8)	$ -
	Pro rated per patient cost for phone and accessories	**A9/III**	**#DIV/0!**
b) Data	B1. Average size of a video recording in Megabytes (MB)	N	
	B2. Cost per MB of data	$	
	B3. Total number of video calls/recordings made by all patients in the project	N	
	B4. Total cost for data for all patients	B1*B2*B3	$ -
	Per patient cost for data	**B4/III**	**#DIV/0!**
c) Platform / infrastructure costs	C1. Total amount spent on software licence (if applicable) for the entire duration of the project	$	
	C2. Initial Configuration costs (setting up VDOT platform in country)	$	
	C3. Total amount spent to develop a VDOT software or platform for a project not using an already existing system (if applicable)	$	
	Per patient fixed cost of the platform/infrastructure	**(C1 + C2 + C3)/III**	**#DIV/0!**
d) Adherence monitoring by HCW using VDOT platform	**Routine adherence monitoring using VDOT**		
	D1. Type of HCW who does adherence monitoring using VDOT platform		
	D2. HCW wage (per hour)	$	
	D3. Typical amount of time (in min) spent by HCW monitoring adherence on the platform per patient (duration of project)	N	
	D4. Per patient cost of VDOT routine adherence monitoring	D3*D2/60	$ -
	Video recordings viewing		
	D5. Type of HCW who usually views video recordings		
	D6. HCW wage (per hour)	$	
	D7. Average number of minutes per patient per recording	N	
	D8. Average number of recordings made by a patient in the project	B3/III	#DIV/0!
	D9. Per patient average amount of time (in minutes) of recordings over the course of treatment	D7*D8	#DIV/0!
	D10. Per patient cost of viewing video recordings	D9*D6/60	#DIV/0!
	Per patient cost of VDOT adherence monitoring (routine + viewing of recordings)	**D4 + D10**	**#DIV/0!**
e) Systems, Data management and technical support	E1. Amount spent for staff working on data management for VDOT platform (salaries paid for support of DAT platform)	$	
	E2. Number of days that technical support was provided or number of times specific technical services were provided (beyond initial setup)	N	
	E3. Cost per day or per activity reported in E2	$	
	E4. Total cost of technical support for VDOT platform	E2*E3	$ -
	E5. Amount paid for health facility hardware (laptops, desktop or tablet computer to track adherence)	$	
	E6. Payments made for monthly plans for technical services such as data plans and phone plans for HCW and health facility	$	
	Per patient cost for Systems, Data management and technical support	**(E1 + E4 + E5 + E6)/III**	**#DIV/0!**
f) Escalation in case of non-adherence and HCW response *(to improve adherence)*	**Escalation related phone calls:**		
	F1. Number of patients who required follow up by phone as part of adherence escalation procedure	N	
	F2. Average number of phone calls made by HCW per patient (for entire duration of the project)	N	
	F3. Average HCW time per call (in minutes) required to speak to a patient who requires adherence follow up	minutes	
	F4. Total time (in minutes) spent by HCW with patients on a phone for adherence follow up	F1*F2*F3	-
	F5. Type of HCW who usually makes phone calls	Job Category	
	F6. Average HCW wage (per hour)	$	
	F7. Additional fees associated with phone call follow up (per call)	$	
	F8. Total cost for Phone calls	(F4*F6/60min) + (F1*F2*F7)	$ -
	Escalation related Home Visits:		
	F9. Number of patients who required a home visit as part of escalation procedure	N	
	F10.Average number of home visits per individual who requires home visits	N	
	F11.Amount of time per visit (including travel)	minutes	
	F12. Total time (in minutes) spent by HCW on home visits for patients who required adherence follow up	F9*F10*F11	-
	F13.Type of HCW doing home visit	Job Category	
	F14.HCW wage (per hour)	$	
	F15.Additional costs for HCW per visit (e.g. Travel/transport costs, incentives, etc.)	$	
	F16. Total cost for Home visits	(F12*F14/60) + (F9*F10*F15)	$ -
	Pro rated per patient cost for escalation activity	**(F8 + F16)/III**	**#DIV/0!**
g) DAT Training for HCWs *(Trainee costs)* *(list up to three most common types of HCW trained)*	**1st Category of HCW trained**	Job Category 1	
	G1.1 Number of HCW trained	N	
	G1.2 Typical amount of time for training (in minutes) (per HCW in category 1)	Minutes	
	G1.3 Total time in minutes for training all HCW in category 1	G1.1*G1.2	-
	G1.4 HCW wage (per hour)	$	
	G1.5 Total cost for training all HCW in category 1	G1.3*G1.4/60	$ -
	2nd Category of HCW trained	Job Category 2	
	G2.1 Number of HCW trained	N	
	G2.2 Typical amount of time for training (in minutes) (per HCW in category 2)	Minutes	
	G2.3 Total time in minutes for training all HCW in category 2	G2.1*G2.2	-
	G2.4 HCW wage (per hour) (category 2)	$	
	G2.5 Total cost for training all HCW in category 2	G2.3*G2.4/60	$ -
	3rd Category of HCW trained	Job Category 3	
	G3.1 Number of HCW trained	N	
	G3.2 Typical amount of time for training (in minutes) (per HCW in category 3)	Minutes	
	G3.3 Total time in minutes for training all HCW in category 3	G3.1*G3.2	-
	G3.4 HCW wage (per hour) (category 3)	$	
	G3.5 Total cost for training all HCW in category 3	G3.3*G3.4/60	$ -
	G4. Total cost for training	G1.5 + G2.5 +G3.5	$ -
	Pro rated per patient training cost	**G4/III**	**#DIV/0!**
h) Additional training costs *(Trainer costs)*	Choose the training scenario for your project		
	Scenario I: training was provided by individuals who were paid for each training session		
	H1. Most common job category of staff providing the training sessions for HCW on how to use the DAT	Job category (trainer)	
	H2. Typical amount of time spent by a trainer on training (including preparation and delivery) (in hours)	Hours	
	H3. Approximate hourly salary of someone doing training (trainer)	$	
	H4. Number of trainers	N	
	H5. Total trainers' wage directly related to VDOT training	H2*H3*H4	$ -

	Scenario II: training was conducted by an outside organization or paid as a package			
	H6. Total trainers' cost	$		
	H7. Additional expenditures related to training (including travel, training venue, subsistence for trainers and trainees, etc. but not time spent by or salary paid to trainers or trainees)? Specify in column C and enter the cost in column C			
	Pro rated per patient cost of running training sessions (not including time for HCW who are being trained)	**IF Scenario I: (H5 + H7)/III** **IF Scenario II: (H6+H7)/III**		**#DIV/0!**
	Total per patient cost for VDOT is SUM of the following categories	**Pro rated per patient cost for smart phone**		#DIV/0!
		Per patient cost for data		
		Per patient fixed cost of the platform/infrastructure		
		Per patient cost of VDOT adherence monitoring by HCW		
		Per patient cost for Systems, Data management and techni		
		Pro rated per patient cost for escalation activity		
		Pro rated per patient cost for HCW training		
		Pro rated per patient trainers' cost		

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