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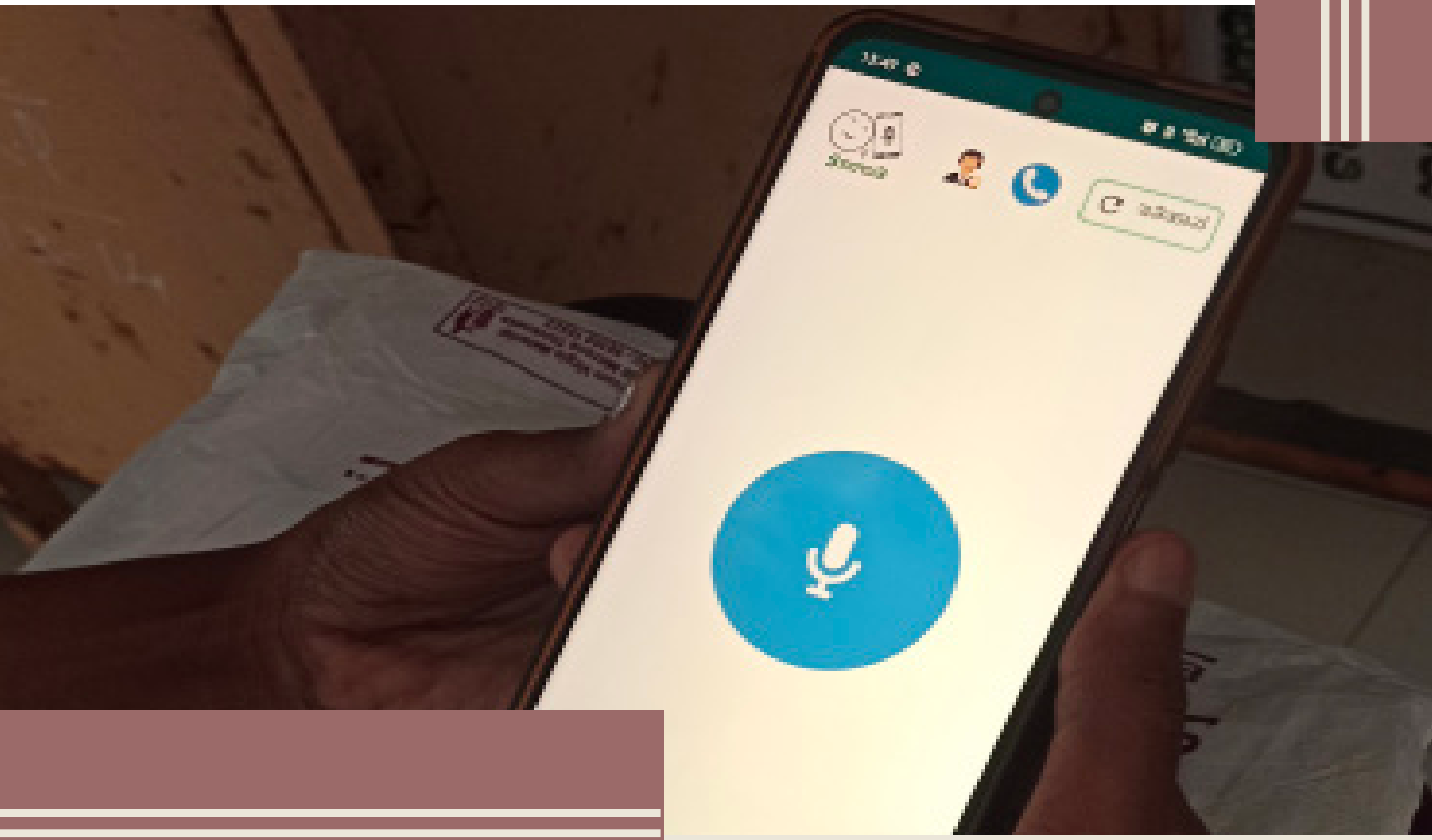

User Experiences with the Sangaati Voice Bot: Findings from a Qualitative Study on TB Health Information Access

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Acknowledgements

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Our heartfelt appreciation goes to the study participants, including persons affected by TB and their families, who candidly shared their experiences of using the, forming the foundation of this analysis. We acknowledge the contribution of the research assistant, program team members in mobilization of participant and in data collection.

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KHPT
IT Park, 5th floor,
1-4, Rajajinagar
Rajajinagar Industrial Area behind
KSSIDC Admin office Rajajinagar,
Bengaluru, Karnataka 560044

Ph: +91 80 4040 0200
Fax: +91 80 4040 0300
Website: www.khpt.org
Email: khptblr@khpt.org

Contributors
Ashwini Pujar
Ambuja Kowlgi
Arin Kar
Bisujaksha V S
Praveen Kumar

Layout and design
Praveen Hudedavara

Photography
KHPT staff

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INTRODUCTION

Background of the Study

Despite progress in TB prevention and treatment, persistent challenges such as misconceptions about the disease, limited access to timely information, and difficulties in effectively engaging patients and caregivers continue to hinder outcomes. Overcoming these barriers requires the use of regional languages, local dialects, and personalized communication strategies to ensure better understanding and adherence. To address these gaps, KHPT with support from ACT philanthropy, has developed an innovative voice bot designed to provide personalized responses and engaged users through interactive, conversational exchanges. The assumption is that this would improve awareness, treatment adherence, reduce stigma and eventually the treatment outcomes.

A pilot study conducted in 2024 demonstrated the technical feasibility and functionality of the voice bot. Building on these results, KHPT now plans to implement the intervention across 11 districts of Karnataka-Bengaluru Rural, Chamarajanagar, Ramanagara, Mandya, Vijayanagara, Yadgiri, Tumakuru, Ballari, Mysuru, Raichur, and Bengaluru City (BBMP)-covering 106 Tuberculosis Units as of April 2025. The forthcoming study will evaluate the effectiveness and impact of the voice bot on patient engagement and treatment outcomes across these districts, generating insights for potential state-wide scale-up.

Objectives

To explore users' experiences and perceptions of the Sangaati app.

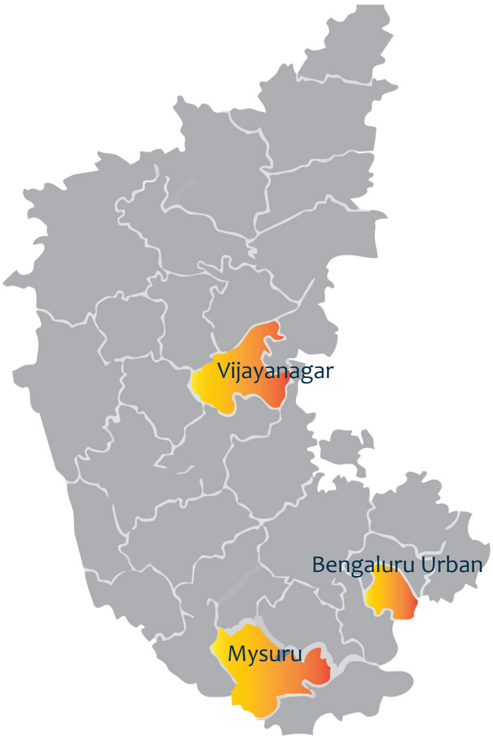
To identify the key facilitators and barriers that influence its uptake, effective use and sustained engagement.

METHODOLOGY

This report presents the findings from the qualitative component of the study: Understanding user experience and frontline worker perspectives on the Sangaati App. The study employed a semi-structured in-depth interviews with key stakeholders including PwTB, caregivers, and health workers such as ASHA, TBHV, STS, etc…). The interviews explored participants perceptions, and experience related to the use of the Sangaati app, focusing on its influence on treatment adherence and outcomes. Usability and functionality and challenges and facilitators affecting its adoption and use.

Study setting

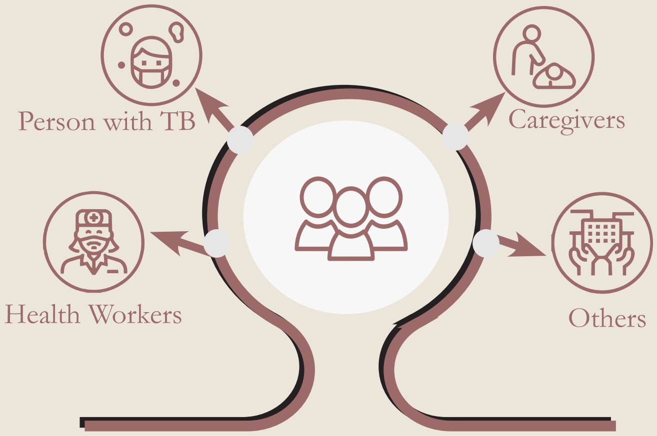
The data collection for this study was carried out between October and November 2025 across three districts of Karnataka: Bengaluru Urban, Vijayanagar, and Mysuru, representing the state's metropolitan, southern, and Mid regions. These districts were purposively selected considering the practical challenges of reaching PwTB and mobilizing participants. The selection was also guided by the presence of the KHPT field teams in these locations, which facilitated participant engagement and provided necessary on-ground support during data collection.



Study design

This study uses a mixed-methods approach combining quantitative and qualitative methods to assess the impact and user experience of the Sangaati App. The quantitative component follows a quasi-experimental design to evaluate whether app use improves treatment adherence and outcomes among PwTB. The qualitative component explores user experiences, challenges, and facilitators in using the app through interviews with different stakeholders. This will provide deeper insights into app usability and implementation challenges.

Study participants



Selection criteria and recruitment of primary stakeholders

The districts were the primary sampling units for the qualitative study. A convenience sampling approach was adopted for district selection, prioritizing locations with a relatively higher number of Sangaati app downloads to ensure the inclusion of users with adequate exposure to the app.

Participants were purposively selected from among those included in the quantitative telephonic survey, specifically individuals currently on TB treatment and users of the Sangaati App. A sampling line list from the quantitative survey was used to identify potential participants. The final sample was determined in consultation with the program team, who also supported participant mobilization. In each selected district, the respective KHPT field teams met with shortlisted stakeholders -PwTB and caregivers to ensure their willingness to participate and share their experiences.

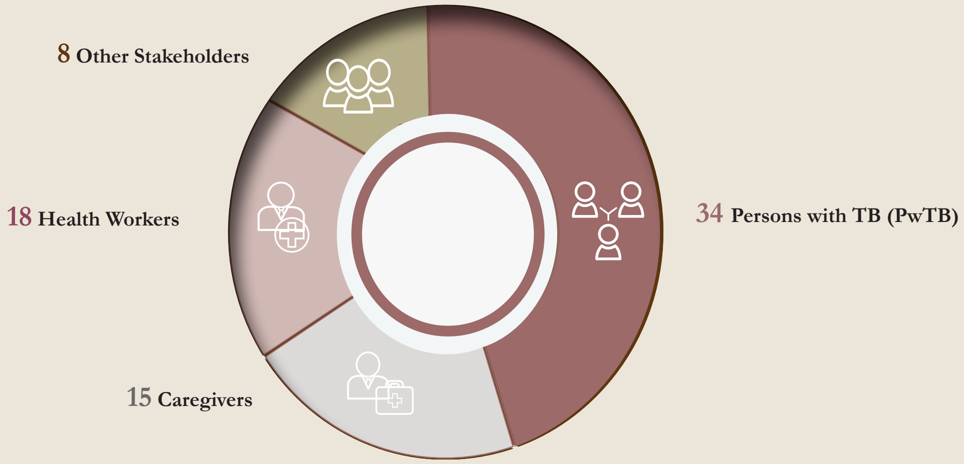
Additionally, health workers who were actively involved in promoting the app and encouraging its use among PwTB were included. One Tuberculosis Unit (TU) in each district was selected for data collection based on these criteria. From each district, approximately 10-12 PwTB, 5-6 caregivers, and around six health workers were purposively selected for in-depth interviews.

Data collection

Qualitative methods of IDIs and informal interactions were used for data collection:

- Thirty-four (34) IDIs with Person with TB (PwTB), eighteen (15) IDIs with caregivers, eighteen (18) IDIs with health workers (ASHA, TBHV, STS, STLS, HIO) and other stakeholders (08) like CBO, NGO staff and volunteers.
- The interviewers collected demographic information from stakeholders including age, marital status, occupation, and educational qualification, status of TB treatment.

Distribution of Participants in TB Study



Separate, pre-tested semi-structured interview guides were used for conducting the in-depth interviews. Interviewers were trained to use guides in a flexible, and adaptive manner- allowing them to rephrase, skip or probe questions depending on the context and flow of the conversation. The IDIs were conducted by a female field investigator in collaboration with qualitative research team at KHPT in the language the participants are familiar with.

The field investigator was trained intensively on qualitative research methods, ethical principles, interview techniques and tool administration. Prior to each interview, oral consent was obtained from all the study participants for both participation and audio recording of the interview. Participants were briefed on the purpose and importance of the study, as well as on how the collected information would be used. Confidentiality was strictly maintained; each interview was anonymized and assigned a unique code to prevent identification of respondents.

Interviews began by exploring participants' perceptions of the Sangaati App, including its usefulness, frequency of use, challenges, and facilitating factors. For health workers, questions also focused on how the app supported their routine work. Each interview lasted approximately 15-20 minutes and was audio-recorded with informed oral consent. The recordings were transcribed verbatim and entered directly into an Excel-based analysis matrix. Internal quality checks were carried out by the KHPT qualitative research team to ensure accuracy and completeness of the data.

Data analysis

Data was translated verbatim from Kannada to English to the analysis Excel matrix sheet by an external team familiar with the study geography and the local dialect. The data has been sorted into categories that are relevant to the study's purpose. Inductive analysis was used in the next step to make sense of the collected data. The patterns emerging have been revisited by the research team to reduce bias. The data presented in the results in the following section includes perspectives of the stakeholders as well as the interpretation from the consolidated analysis. The voices of the stakeholders are presented as quotes in italics and are retained in the verbatim format.

Socio-demographic profile of the PwTB and caregivers

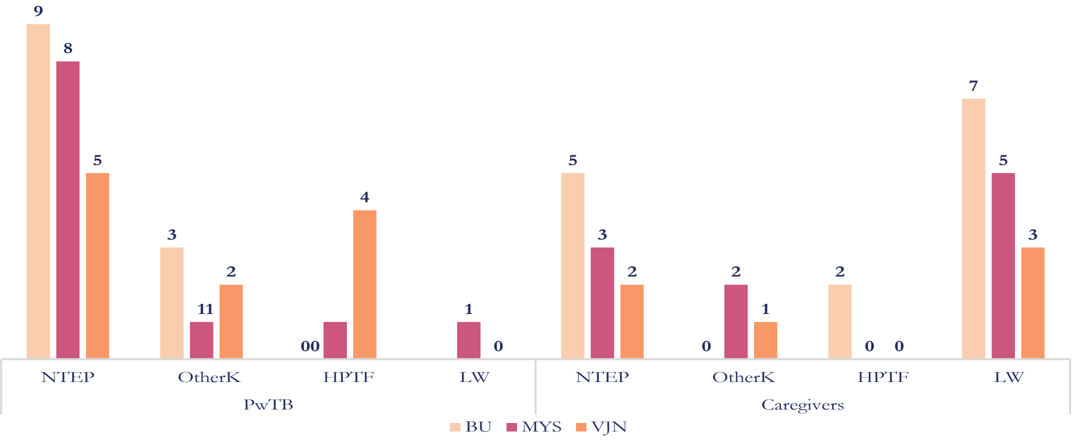
Categories	PwTB (34)		Caregiver (15)		Total (49)
	Male (14)	Female (20)	Male (8)	Female (7)	
Age					
20-30	3	9	2	3	17
31-40	4	2	1	2	9
41-50	2	6	3	2	13
50+	5	3	2	-	10
Education					
Primary	2	1	3	-	6
High school	3	6	1	1	11
PUC	4	3	3	3	13
Graduation	1	4	1	1	7
No education	4	6	-	2	12
Occupation					
Labor	3	2	1	-	6
Business	7	1	6	-	14
Home maker	-	8	-	7	15
Student	1	6	1	-	8
Private	3	3	-	-	6
Treatement Month					
1-2 months	4	3	-	-	7
3-4 months	6	8	-	-	14
5-6 months	3	8	-	-	11
6+	1	1	-	-	2

The above table presents the socio-demographic details of 49 participants, including 34 PwTB and 15 caregivers. Among PwTB, females (n=20) numbers slightly more than males (n=14), while caregivers include eight males and seven females. Participants range from 20 to over 50 years, with the largest number in the 41-50 age group. Education and occupation patterns are diverse, reflecting varied social and economic backgrounds. While some participants have completed graduation, a notable proportion reported no formal education. Business-related work was most common among PwTB, like pan shop, tailoring, cloth shop, studio, and electric shops, while caregiving participants were mainly homemakers. PwTB were at different stages of treatment from one month to over six months, with most being in their third or fourth month of treatment (n=14). This diversity in gender, age, education, occupation, and treatment stage enriches the qualitative insights drawn from the study.

FINDINGS

Discovering the app and motivation to install

PwTB and caregivers primarily discovered Sangaati app in the public health facilities, largely with assistance from healthcare providers like STS, TBHV, STO during the routine visits for treatment and care. In the community setting awareness about the app was particularly through ASHAs.



The app was promoted as a simple and effective tool for clearing doubts about TB regarding causes, symptoms, and management. The healthcare providers not only provided information but also at times helped the PwTB or their caregiver via live demos on PwTB's phones.

> I came to know about the app in the hospital. Sir (NTEP staff) told me if you download it in your phone it will give you answer for any questions you may have about TB. That is why I thought I should download the app. (PwTB, female, 25 years, BU37)

The motivation for the PwTB/caregivers for downloading the app included curiosity about learning more about the disease, lingering doubts and trust on the health care providers advice to download app. Many participants reported downloading and actively using the Sangaati application after being introduced to it, particularly when they had questions or doubts related to their condition. During the initial phase of installation, most PwTB and caregivers used the app three to four times, while a few reported more frequent engagement, using it up to seven or eight times. Usage during this period was primarily oriented towards clarifying concerns related to TB transmission, dietary practices, symptoms, treatment regimens, and potential side effects as there was limited awareness about TB prior to diagnosis.

> Yes, I have downloaded the app, someone from the hospital had called and told me to download the app. They said you download and ask whatever you want, it will give answer. I am using the app now. (PwTB, male, 54 years, BU)

Information-seeking patterns and nature of queries

Data indicates that the Sangaati application was predominantly used to seek clarification on various aspects of the illness and its treatment. The most frequently asked questions are depicted in images 1 and 2. In addition to information-seeking, a small number of PwTB reported using the app out of curiosity to explore its features and functionality "I just wanted to see if the app works." The questions however largely focused on concerns about the TB journey.

The experiences of going through the disease and the treatment raised questions like cause of TB, the question of "why it happened to me" was most often asked. The other questions which were repetitive were diet during treatment, modes of transmission, symptom recognition, prevention measures, side effects and guidance on course and duration of treatment. PwTB also sought clarification on medication-related issues and general self-care practices during treatment. In comparison, caregivers primarily used the app to seek information regarding persistent symptoms inspite of taking treatment, dietary practices, weight loss, precautions, self-care measures. The questions were focused on PwTB and also as caregivers what they were required do while supporting PwTB. Together, the pattern of questions indicates that the app functioned as an information source addressing both patient-specific treatment concerns and caregiver-oriented care and prevention concerns.

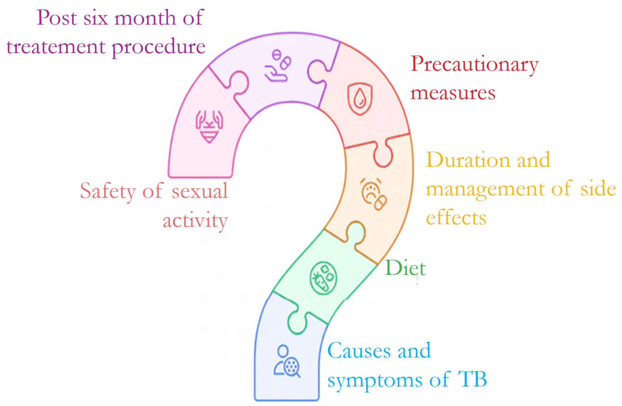


Image 1: PwTB Queries

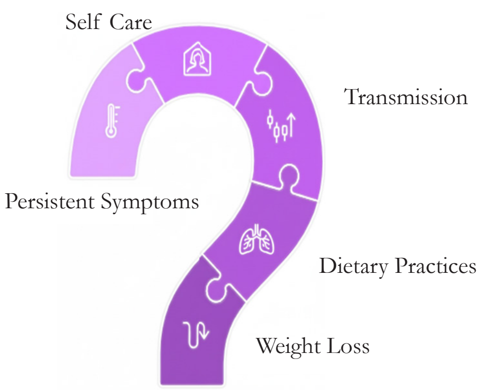


Image 2: Caregivers Queries

Sangaati - ease of usage and trust in app

Across participants, most PwTB and caregivers with direct or indirect access to smart phones described the Sangaati application as easy to use, with ease of access emerging as a dominant theme. Participants frequently highlighted the voice-based functionality as a key enabling feature, particularly for those who were not literate, could not type, or were not confident in using smartphones. Several participants emphasised that they could simply press the microphone icon and ask questions, receiving responses within seconds. This immediacy and simplicity were often compared to familiar tools such as voice searches, reinforcing perceptions of the app as intuitive and user-friendly.

Complementing the ease of use, trust in the app emerged when participants found that the information provided closely aligned with their lived symptoms and experiences, such as explanations of chest pain, tiredness, sputum, or infection spread. This perceived accuracy reinforced confidence in the app and increased willingness to follow its guidance. Some participants described the app as a reliable reference point where answers could be revisited through the history function, reducing the need to repeatedly ask the same questions. The toll-free nature of the service and the option to escalate queries to a call centre were also seen as supportive features, even if not actively used by all participants.

> “We don’t have to type. Voice thing is easy for me. Privacy will be there with this app. In hospital many people will be there we can’t ask all our doubts but here in the app we can. (PwTB, male, 54 years, BU)”

> “We can ask our doubts easily in this app. In this there is voice option so they can ask easily. If we have any doubt, instantly we have to touch the mike, and speak and then we can get answers. (PwTB, female, 25 years, BU)”

Familiarity of language and usage of app

Language emerged as a central mechanism through which the application facilitated user engagement by reducing both cognitive and social distance from health information. The use of Kannada enabled participants to articulate symptoms, concerns, and everyday practices in their own idiom, rather than translating these into medically sanctioned or "correct" terminology. This supported more spontaneous and confident questioning, as users did not have to search for appropriate words or worry about whether their expressions would be understood, allowing information-seeking to remain closely aligned with how concerns were experienced and discussed in daily life.

This effect was further reinforced by the app's voice-based Kannada responses, which were perceived as conversational rather than instructional. Participants contrasted this with information-seeking through Google or YouTube, where they felt required to read, interpret, and cross-check content. In comparison, the app was experienced as information being "told" rather than merely displayed, which aided comprehension among users with limited literacy and fostered reassurance and trust. Language thus functioned not only as a medium of access, but also as a facilitator of understanding and confidence, enabling engagement with health information without intermediaries or apprehension.

Ease of use and trust in the application were closely linked to this linguistic familiarity. While most participants valued the ability to ask questions in Kannada, a few who were less fluent reported minor difficulties in using the app independently. In such instances, family members- particularly children, supported continued use by initiating questions or assisting with interpretation. Overall, language familiarity appeared to subtly reorient information-seeking behaviour by normalising the practice of directly articulating health-related questions. Some participants noted that the app prompted them to voice doubts they might otherwise have ignored or postponed, especially around food practices, daily precautions, and family interactions, indicating a shift from passive receipt of instructions to more deliberate and engaged questioning.

> "It is in Kannada, it is local language, you can speak in the speaker. It will give answer in local language. I have liked when I liked. If we don't like then we can dislike. they will also come to know what to do. (PwTB, female, 35 years, VJN)"

Lived Experiences and Perceived Satisfaction of App Use

Participants valued the application for reducing dependence on health staff for routine doubts, particularly in situations where healthcare providers were unavailable or unable to respond immediately. The app was described as a practical and time-saving resource for clarifying concerns related to medicines, symptoms, disease transmission, and everyday care practices, helping users avoid unnecessary hospital visits and manage moments of uncertainty. Importantly, the ability to seek information privately, without having to disclose concerns to others or visit a facility, was seen as especially valuable for sensitive or repeated questions. For some, this supportive and discreet role aligned closely with the app's name, with Sangaati perceived as a companion that could be relied upon between formal healthcare interactions.

The immediacy of responses reinforced confidence and ease of continued use. Participants appreciated being able to access information at the moment a doubt arose, often in private settings, which supported reassurance and greater autonomy in managing routine queries while still recognising the importance of consulting doctors for more serious or complex issues. Many also noted that receiving information through spoken explanations, rather than written text, facilitated clearer understanding of health-related concepts and reduced effort in interpretation.

> This is specific app is about one disease means if we go to the hospital there are many doctors are there in the hospital, but we will not go to all doctors, for one kind of disease we will go to the specific doctor right. So, this app is like that. If we want to search something in google, it will give 90% answers are general, but here we will feel like talking to someone, in person. Google you search and it tells that is normal this is in person so gives good feel.
> (CG, Male, 21 years, BU)

Perceived usefulness extended beyond obtaining answers to feeling informed, reassured, and more in control of one's care. Privacy and confidentiality were central to this experience, as users felt able to ask questions without fear of judgment, disclosure, or social scrutiny. The combination of local-language explanations, confidentiality, perceived accuracy, and the ability to revisit information positioned the app as a trusted supplementary resource rather than a substitute for clinical care. Several participants described a subtle shift in information-seeking behaviour, using the app as a first point of reference for routine questions that arose outside hospital hours or after returning home, thereby reducing reliance on general internet searches or informal advice from acquaintances.

Participants frequently contrasted Sangaati with commonly used information sources such as Google and YouTube, noting differences in trust and perceived reliability. While online searches were described as overwhelming, inconsistent, or difficult to interpret, the app was viewed as providing focused, condition-specific responses aligned with their immediate concerns. Participants expressed greater trust in the app because information was perceived as relevant, accurate, and delivered in a familiar language, reducing the need to cross-check across multiple platforms. This trust, combined with the app's private and non-judgmental interface, positioned Sangaati as a preferred source for routine doubts, particularly when questions arose outside clinical settings or required discretion.

Overall, satisfaction with the app was shaped by how well it supported discreet, timely, and self-directed access to information, contributing to reduced anxiety, improved confidence, and more autonomous engagement with health-related concerns.

Reasons for dissatisfaction

Perceptions of limited usefulness of the Sangaati application were comparatively fewer but reflected specific gaps in content, clarity, and technical performance. Some participants reported that they did not feel the need to use the app extensively, either because they already possessed adequate knowledge about TB or because they were not inclined to ask questions at that stage of their illness. For a few, emotional responses to the diagnosis itself reduced motivation to engage with the app, rather than dissatisfaction with the tool per se.

> The answers are repetitive; it keeps saying 'call and ask.' There should be different answers and more information I thought. Sometimes I ask just to see if it changes, but nothing so I left using it. (PwTB-55, Female, 42 years, MYS)
>
> I understand the kannada it speaks to some extent. Not fully. I have to listen two three times to understand. (PwTB, Male, 31 years, VJN)
>
> Some words we are not able to grasp easily. Example, paushtika ahara means what? I don't understand that. The only thing is whatever words are in academic (accha) Kannada those words I don't understand. (PwTB, Male, 24 years, VJN)

Content-related limitations were a recurring concern. Several participants noted difficulty understanding certain terms used in the app, particularly technical or formal words such as nutrition, nutritious diet (paushtika ahara), which affected comprehension. Others reported that responses were sometimes repetitive, partial, or unavailable, with the app advising them to contact an ASHA worker or call centre instead. This was seen as limiting, especially when users expected direct answers to practical questions related to diet, food restrictions, financial entitlements such as DBT, or everyday care practices. In some instances, participants felt that only a few responses were clearly relevant, while others did not fully address the question asked or provided contradictory information.

Technical and connectivity issues further contributed to dissatisfaction among a small group of users. Network-related problems, unexpected logouts, and instances where the app exited when information was unavailable were reported, particularly in village settings. Participants suggested that clearer indications when information was not available would be preferable to abrupt closure of the app.

Despite these challenges, some participants clarified that their limited use did not necessarily imply the app was ineffective, but rather that it was useful primarily for certain users, most often PwTB themselves, while caregivers engaged with it indirectly or relied on information shared by the patient. Overall, dissatisfaction largely stemmed from expectations around clearer language, more comprehensive and specific information, and improved technical responsiveness, rather than fundamental rejection of the application.

Would they recommend to others

Recommendation behaviour appears shaped by three intersecting factors: personal disease experience, perceived utility in urgent or private information-seeking, and persistent stigma surrounding TB. While trust in the app's language accessibility and immediacy supported positive recommendation intent, concerns related to social disclosure, limited content depth, and uneven response coverage constrained wider dissemination.

Most participants expressed a willingness to recommend the app to others, particularly within their family or social circle, but this intent was strongly conditional on perceived relevance and disclosure comfort. Recommendations were primarily framed around usefulness for people experiencing prolonged cough, TB-related symptoms, or those already diagnosed. Participants felt the app could help others obtain quick, local-language information, clarify doubts when doctors were unavailable, and enable early action such as hospital visits or treatment adherence. Several respondents indicated that their own experience with TB motivated them to suggest the app to others so that "others should not suffer like me," positioning recommendation as a form of experiential knowledge-sharing rather than general advocacy.

> If I tell someone about the app, I have to tell I have this disease they will look at me in a different way. So I have not told. (PwTB, Female, 18 years B)

At the same time, a substantial number of participants hesitated or refrained from recommending the app due to stigma and fear of social distancing once TB status became known. Some explicitly stated they had not informed neighbours, friends, or extended contacts about either the disease or the app, anticipating avoidance or discriminatory behaviour. For them, recommendation was restricted to close family members or individuals who openly reported symptoms. Others perceived the app as being "only for TB patients" and therefore not relevant to the broader population, limiting proactive sharing. A few also questioned the value of recommending the app when responses were perceived as limited, incomplete, or occasionally mismatched to questions, expressing uncertainty about its usefulness beyond basic queries.

Healthcare Provider Perspectives and Engagement

Healthcare providers perceived the Sangaati app as a situational, on-demand support tool rather than a resource intended for continuous or routine use. As articulated by an ASHA worker, the app was compared to a household staple that is accessed when required, underscoring its value as a readily available source of clarification when doubts arise. From the provider perspective, the presence of the app on the user's phone was itself considered significant, as it enabled timely access to information without necessitating frequent visits to health facilities.

Healthcare providers functioned as primary intermediaries for app uptake- STS, TBHVs, ASHAs, and facility staff played a critical role in introducing the Sangaati app, often assisting PwTB with installation and demonstrating its use during facility visits. Therefore the provider endorsement influenced trust and legitimacy. They consistently framed Sangaati as an aid for addressing routine doubts and reinforcing counselling messages, while maintaining that diagnostic and treatment decisions should be discussed with doctors.

Some providers observed that frequently asked questions related to diet, transmission, duration of treatment, and general precautions could be partly addressed through the app, potentially reducing repeated explanations during follow-up visits. Providers perceived value in the app's ability to respond to PwTB queries outside OPD hours, particularly for patients who hesitated to visit facilities frequently or lived at a distance and also for PwTB with limited literacy, reducing dependence on caregivers or health workers for basic information.

A case story of how the app helped

> An ASHA worker narrated,"Sangaati app is a confidential space for addressing sensitive issues that patients often hesitate to discuss openly, particularly matters related to sexual relations and intimacy especially by men, and women often seek privacy before asking. There was a newly married couple who were confused about resuming intimacy after the wife's TB treatment. When they asked me, the husband was not fully convinced, thinking I might discuss it with his wife. When he asked the app directly, he felt reassured, and it helped the couple. Now they are doing well, and I may soon be giving their tayi card."

Some healthcare providers expressed caution about limited responses, incomplete explanations, or the app's inability to answer complex or case-specific clinical questions. Providers were clear that while the app could reinforce counselling, it should not replace interpersonal communication, clinical judgement, or follow-up interactions.

Challenges for app usage

- **Misconceptions:** The app was at times perceived as relevant only for PwTB, rather than as a resource for caregivers or family members. Users also expressed uncertainty regarding how to frame queries effectively, including assumptions that questions needed to explicitly mention "TB." Additional confusion related to perceived language availability and app capabilities, such as expectations of personalised dietary advice.

- **Barriers:** Limited literacy and digital skills, emotional distress associated with illness, treatment fatigue, and uneven access to smartphones, particularly among older users and those without personal devices, constrained sustained engagement. Interest among the general population remained comparatively low, especially among those without immediate TB-related concerns.

- **Language-related challenges:** While the availability of Kannada was widely appreciated and facilitated access, comprehension was occasionally hindered by the use of complex terminology or dialectal variations. Users from specific linguistic contexts, including Muslim communities and North Karnataka regions, reported difficulty relating to certain terms and expressions.

- **Perceived relevance and engagement inertia:** Residual doubts regarding TB transmission, causation, duration of treatment, and curability, particularly among those with extrapulmonary TB led to limited or no engagement with the app. Reliance on treating doctors as the primary source of information, a subjective sense of already "knowing enough," also reduced motivation to ask questions. In some cases, constrained phone access, especially among older women and those dependent on family members' devices, further inhibited regular use, resulting in passive adoption (e.g., app downloaded but rarely utilised).

Limitations of the study

The study was conducted with a specifically and purposively selected group of participants who had prior experience using the Sangaati application, in order to explore user experiences in depth. As a result, the perspectives of individuals who did not use the app, or were unable to access it were not captured. This limits the ability to assess barriers to adoption, reasons for non-use, or comparative experiences between users and non-users, and findings should therefore be interpreted as reflective of user experiences rather than broader population-level acceptability or effectiveness.

CONCLUSION

The Sangaati initiative demonstrates the potential of carefully designed digital interventions to strengthen patient engagement and informational equity within TB programmes. Qualitative findings suggest that the application supported users in navigating routine uncertainties related to treatment, symptoms, and everyday care practices, particularly through features such as local-language, voice-based responses, private access, and the ability to seek information on demand. These elements reduced dependence on health staff for non-clinical queries and enabled more timely, self-directed information-seeking, while being widely perceived as complementary rather than substitutive to formal healthcare interactions.

At the same time, the study highlights important variations in user experience and clearly articulated areas for improvement, including limitations related to language fluency, content completeness, and differential ease of independent use. The findings underscore that perceived usefulness was shaped not only by access to information, but also by trust, reassurance, and the ability to engage without fear of judgment or disclosure. As the intervention moves towards wider geographic coverage, these insights provide a grounded evidence base to inform decisions related to scalability, integration within existing health systems, and the long-term sustainability of digital support tools within TB care pathways.

KHPT
IT Park, 5th Floor,
1-4, Rajajinagar Industrial Area,
Behind KSSIDC Admin office, Rajajinagar,
Bengaluru, Karnataka - 560 044

Ph: + 91 80 4040 0200
Fax: + 91 80 4040 0300
Email: khptblr@khpt.org
Website: www.khpt.org

Scan Here