

# Share The Spare

Rethinking unused medicine management

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Lastly thanks to my family for their love, encouragement and firm support.

Anuja More  
October, 2017



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## Introduction

A number of barriers prevent people from accessing the medicines they need: Unaffordable costs, ineffective distribution chains, mismanagement of supply chains, difficulties in forecasting demand, policy limitations – all contribute to this problem. Included in this list, and perhaps even a symptom, is the issue of drug wastage. The World Health Organization estimates that more than half of all medicines are prescribed, dispensed or sold inappropriately, & that half of all patients fail to take them correctly. This contributes to wastage of scarce and essential resources.

India experiences wastage of at least 50 percent of vaccines stocked by various entities like households, pharmacies, hospitals and eventually end up in waste-bins. (3)

Hence, there is a need to connect dots between widespread medicine wastage and lack of access through medicine recycling initiatives, which seek to improve access for low-income groups.

What if we were able to take the millions and billions of potentially wasted medicines and redirect them to those who lack access?

# User Study

## Critical Incident Technique (CIT)

The CIT is a qualitative research method being used and talked about as early as 1975.(1) It remains one of the popular method in service research. In CIT the users are asked to narrate any event, incident, process or issues that are critical to them. It helps in understanding what incidents (service encounters) are critical to the users and make maximum impact on them. It also helps to gain an understanding of an incident from the perspective of user with the cognitive, affective and behavioural elements taken into account.

The CIT is good at eliminating biases from the reserachers' end as he has no preconceived answers to look for. Though this technique being largely dependant on the memory of the user is quetioned for its credibility. In spite this flaw CIT still remains as one of the best ways in service research area as it helps reveal many things, (e.g. beliefs, behavioural patterns) which would hard to find using a structured approach.

On the basis of the advantages that CIT method has offered, it was chosen as one of the method of user investigation. Also, it is often seen when one starts speaking about their current scenario at home, one gets very emotional and get carried away and provide unnecessary information. Asking the user to narrate incidents helps to structure the study as well as realise the points which make maximum impact on the experience of the user.

All interviews were taken as part of the primary data collection.

## User stories and semi-structured interviews

While talking to hospitals who already deal with so many incidents on a daily basis doing a semi-structured interview regarding the issues faced by them made more sense. Where as with donors, receivers, doctors, the CIT method or the User stories method helped a lot.

Data was collected from many patients at four government hospitals, one charitable trust in Mumbai. Along with the study was also conducted amongst my relatives and friends, pharmacies, doctors nearby my house in Dombivli.

### Hospitals:

1. Thane Civil hospital, Thane
2. Central Hospital, Ulhasnagar
3. Tata Memorial Hospital, Mumbai
4. K.E.M. Hospital, Mumbai
5. Giants International

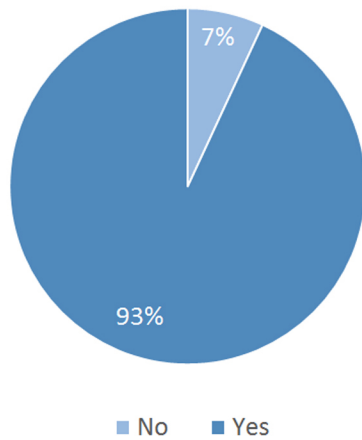
Interviews were conducted with **Stakeholders:**

- 30 patients ( medicine receivers)
- 35 donors
- 4 hospital administrative officers
- 3 pharmacists
- 2 doctors
- 1 charitable trust



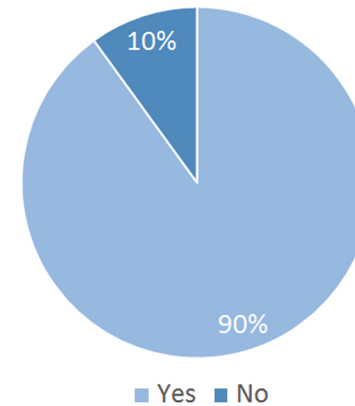
## User Study responses

Stockpiling and discarding medicines



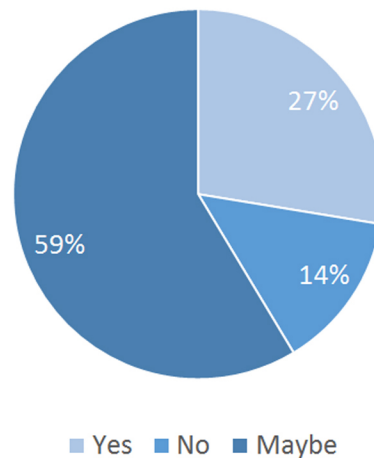
*More than 90% people accept the fact that they stockpile and discard medicines knowingly or unknowingly.*

Discarding medicines is not good and medicines can be put to better use.



*90% of the wealthy crowd accepts, it is a waste of money to throw medicines. It can be better planned.*

Acceptance of donated medicines



*Only 27% people agree to accept medicines from others.*

*73% people are unsure about accepting medicines due to trust issues.*

## User stories

Using User Stories as a method gave very interesting insights and glimpses for understanding how people thought, acted & reacted regarding certain concepts and in certain situations.



I skip medications as I can't afford both food and medicines.

*A patient at K.E.M. hospital sharing how he has lack access to medicines due to poverty.*



Here I get medicines at subsidised rate but that too is costly for me.

*A patient at Thane Civil Hospital, telling how medicines are beyond his reach.*



I feel bad when I throw unused medicines. It's such a waste of money. What about people who can't afford?

*A lady talking about wastage of money spent on medicines. Also showing empathy towards underprivileged part of the society.*



70% amount of hospital overall expenditure is being spent on buying medicines itself.

*Administrative officer at Central Hospital, Ulhasnagar talking about the huge expenses of hospital on medicines.*

## Problems

Post the primary data collection, some issues were identified related to major activities in the system.

1. Society has a general opinion of insecurity towards second hand medicines. They think these medicines are hazardous to health though they are sealed and unused.
2. Privileged people have trust issues with these medicines as they doubt the efficacy of such medicines.
3. Excessive medicines are being trashed away by the privileged part of the society.
4. They are also worried about money spent on these unused, excessive medicines as at the end of day it goes in vein.
5. People under poverty line have to choose either food or medicines due to overpricing of medicines.
6. Most of them are in medical debts in order to survive or get cured from ailments.
7. Sometimes these poor people get some assistance from the charitable trusts but that is so rare. very few organisation show interest in providing long term medications like in case of chronic diseases.
8. As they can't afford private healthcare they approach government hospitals for the treatment. Government hospitals provide medicines at subsidised rate i.e. at 10% discount on M.R.P. Even that amount is also not managable with such lower income.
9. Hospitals spends almost 70% amount of overall expenditure on medicines itself. It's hard for them to manage other services expenses within allowed budget.



## Insights

Primary data collection also gave insights which could lead to design interventions.

1. People who can afford to buy medicines, they deny second hand medicines for their treatment. So, they will play role of a donor only.
2. If free medicines are made available to the underprivileged a positive change can be brought in their lives.
3. If government hospitals will accept unused medicines from the privileged part of the society and provide those to the hospitalised patients, the amount being spent to buy bulk medicines which is biggest part of overall expenses can be reduced at some degrees. Eventually hospitals will be able to invest in other necessary services needs to be offered.

## Secondary research

After understanding the problems it was important to find out what was being done to solve this problem. The following initiatives were found where people or organisations were trying to solve the problem in their own unique ways. All these efforts as mentioned earlier were isolated and not enough to solve the task at hand. Though some of them could be moulded into design interventions that work.



Onkar Nath, a retired lab technician widely known as 'Medicine baba' in Delhi, travels daily and asks for unused medicines to people who can easily afford to donate and then give those collected medicines in nearby clinics.



## DROP UNUSED MEDS, BOOKS, TOYS HERE

Helping Hands Donation Box set up near Kushaiguda Police Station will provide space for donors and hand it over to the needy

### Express Features

Helping Hands "Donation Box," a novel initiative by Zone info Media supported by Lions Club ECIL - Elite, was launched in near Kushaiguda Police Station this week. Donors can give unused (but usable) medicines, toys, clothes, books, stationery, and any other utilities which will reach the needy through this initiative.

The initiative seeks to evoke community response on sensitive issues like health,

poverty, concern for the under privileged who require a helping hand from the larger society. Principal architect of the initiative, S.Kushal, says, "We often come across people who want to donate unused items in their house to the needy, but don't know where to donate. Based on our earlier experiences we thought of having a point which will act as a sensitising agent to the society."

So he set up the box after deliberating the installation process with government bodies like the Kushaiguda police and the Lions

Club ECIL - Elite who supported the initiative.

The Lions Club ECIL-Elite District Governor Lion Dr Sunaina Aminha inaugurated the box and appreciated the initiative. ACP Syed Rafeeq said that their department would extend their maximum support to the activity.

The youth promised support to Zone Adds, the Implementation partner. The ad agency has been promoting "Donate Un-used medicines" since May 2015.

Thur, 02 February 2017  
epaper.newindianexpress.com/c/23255912



A 'Donation box' has been installed in Hyderabad where people can donate unused medicines, books and toys which afterwards will be provided to needy people.





# Dimensions of the problem

## Characteristics of a service

After understanding the problem from all ends, it seemed more like a service design problem as it had all the characteristics of a service.

### Intangibility

The possible service will be provided by the involved entities would not be seen or touched, but their effects would be visible, i.e. free availability of medicines to needy people.

### Perishability

Services could not be stored and kept for use later. Donated medicines has to reach to the needy people before its expiry.

### Inseparability

Both service provider and receiver need to be present for the service to be used or consumed. In absence of medical officer correct sorting of medicines won't happen and the service inspite of being available would never get consumed.

### Non-ownership

The consumer can't secure complete ownership on the service like product. He only pays for what gaining access to or using the service. Though this feature will not apply on this service as it falls under free help zone.

Apart from all these features, the problem dealt with,

Various stakeholders

Multiple touchpoints

Interactions changing over a period of time

Multiple places of interactions

All this makes this problem a service design problem.

## Project scope

Once enough understanding about problem was developed the project scope was decided.

### Experience of the service

The reason why a person should collect unused medicines from his house and donate them to needy people is due to the empathy he has towards the underprivileged part of the society. The entire service is based on the empathy and joy derived out of helping a needy, which are experiential factors.

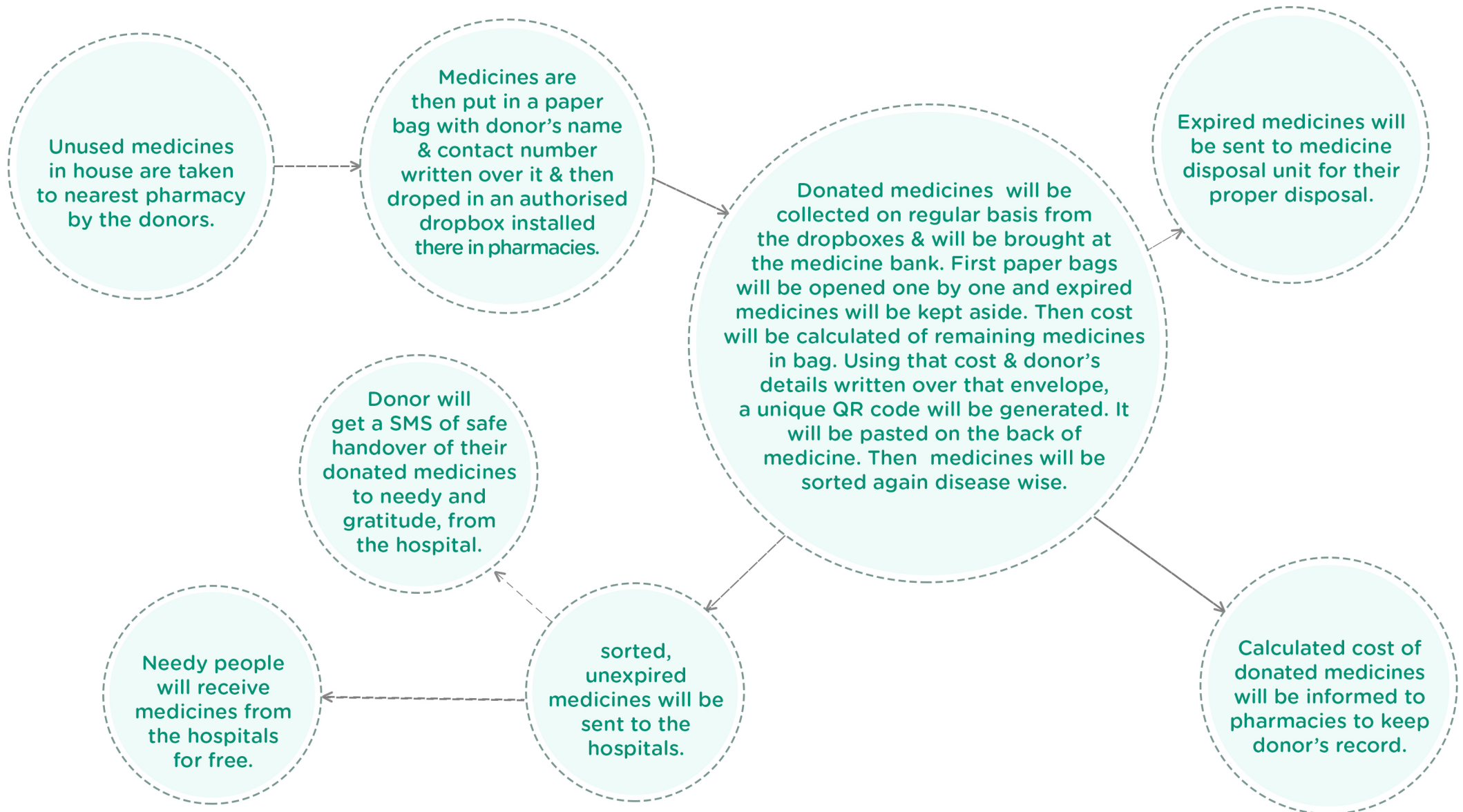
**Consumers of the service i.e. donors are people who have empathy towards less fortunates while the ultimate beneficiaries are the needy people.**

The aim will be to help people with empathy for underprivileged come forward and contribute to the system.

### The focus will be to foster the feeling of empathy

Since all activities start and end with this feeling, the solution will be focused on fostering this feeling as this will make sure that people will keep contributing to the system.

## An overview of the system





# Ideation

## Incentive-centered design

To induce desirable behaviors from users, such as participation and cooperation and to achieve goal of the system, incentives play pivotal role. It can help systems benefit their users and ultimately achieve better results.

And hence, it is necessary to provide stakeholders of the system with the incentives. In order to achieve the same three main stakeholders are focused, donors, pharmacies and hospitals.

# Ideation

## Donor's problem

Because of many reasons people end up with spare medicines and then they don't have option other than trashing those medicines. They also think that, instead of throwing these medicines, these could be used by one who in need.

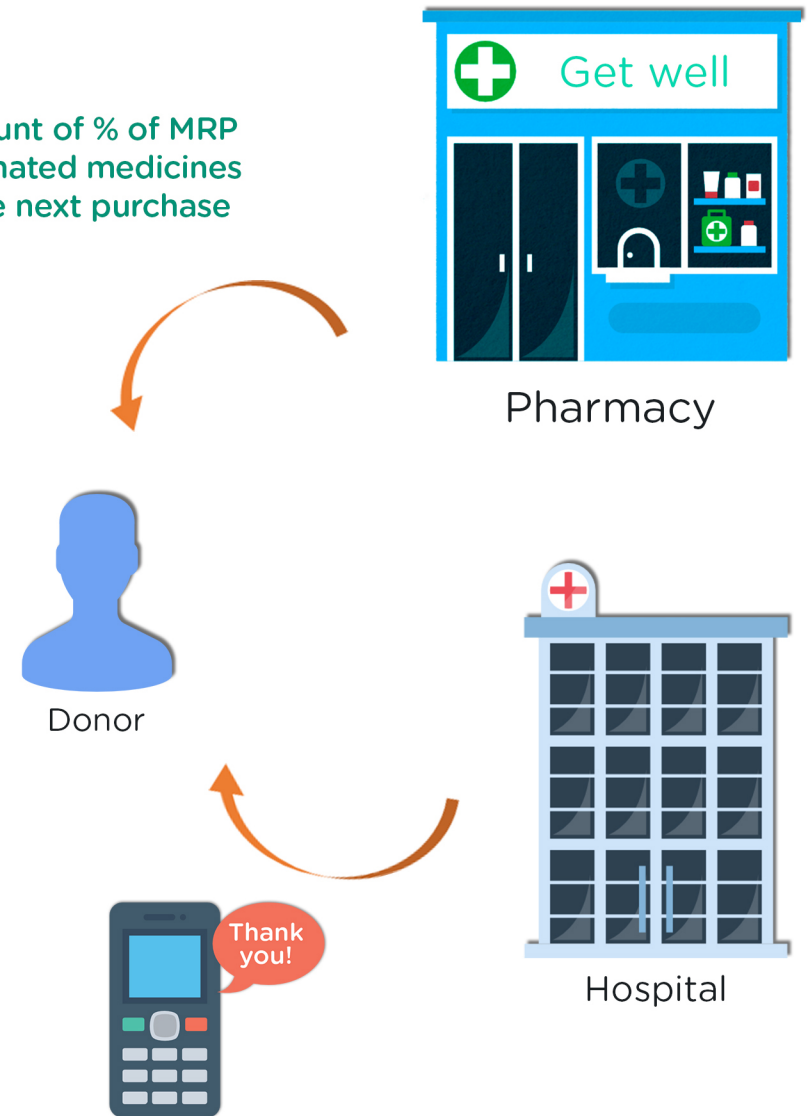
## Solution

People can donate their spare medicines out of the empathy towards people with lack access. But, somewhere they had spent money to buy those medicines and it won't be a fair idea to keep them empty handed.

so, a strategic incentive plan could be designed.i.e. donors will drop their unused medicines in a dropbox at nearest authorised pharmacy, covered in an envelope on which they have to write down their name and contact number. So that, the pharmacy can keep their donation record and the certain percentage of discounts of M.R.P. of donated medicines can be offered to avail by the donors on their next medicine purchase from the same pharmacy. This will give them an opportunity to show their empathy towards needy people and indirectly motivate them to contubute more to the system.

Also, when a poor hospitalised patient will receive the donated medicine, donor of that medicine will receive a SMS of gratitude which certainly give the donor a joy of helping.

Discount of % of MRP  
of donated medicines  
on the next purchase



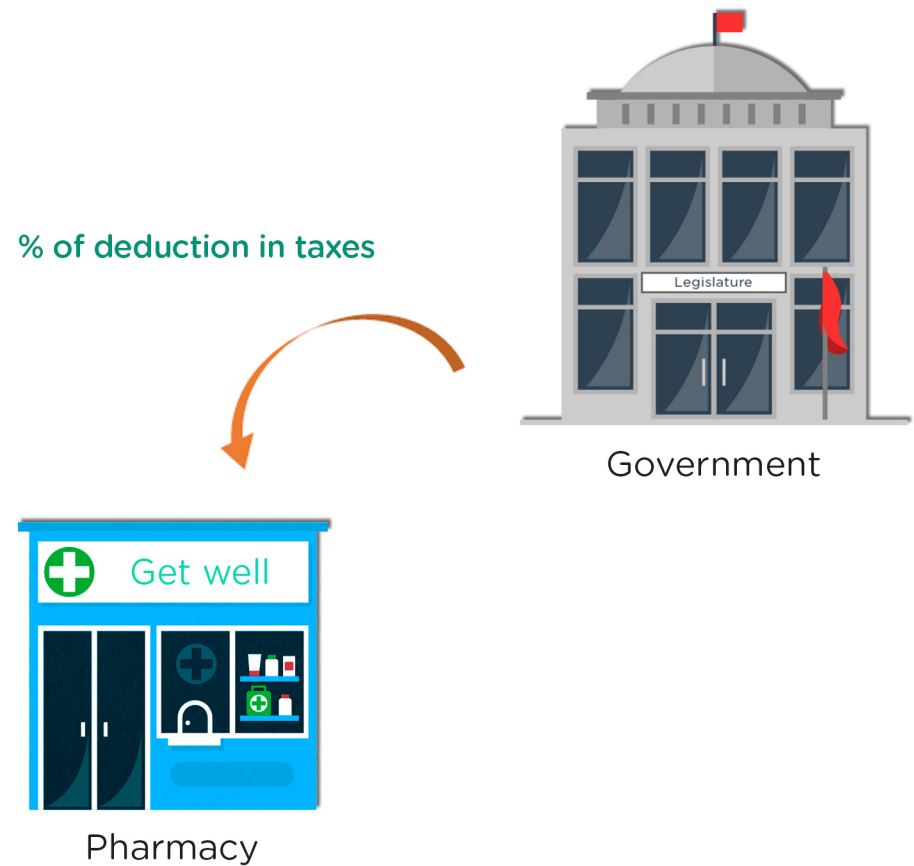
# Ideation

## Pharmacies

Pharmacies will provide space to install medicine dropboxes. They will also keep the record of donation in order to make donors available with the discounts. They will be playing an important role in running the system and hence it is necessary to motivate them with the incentives.

## Solution

The pharmacies will be able to avail certain percentage of deduction in their yearly taxes.



# Ideation

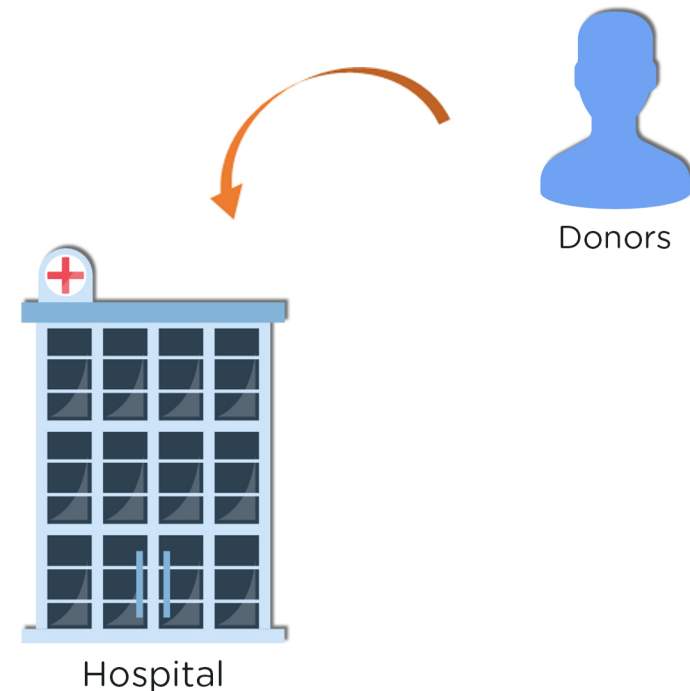
## Problems faced by government hospitals

Government hospitals spend 70% amount of their overall expenditure just to buy medicines in bulk for the hospitalised patients.(2) Eventually they end up with small amount for other necessary facilities and in spite of getting enough budget, it affects the overall quality of facilities being provided by the government hospitals.

## Solution

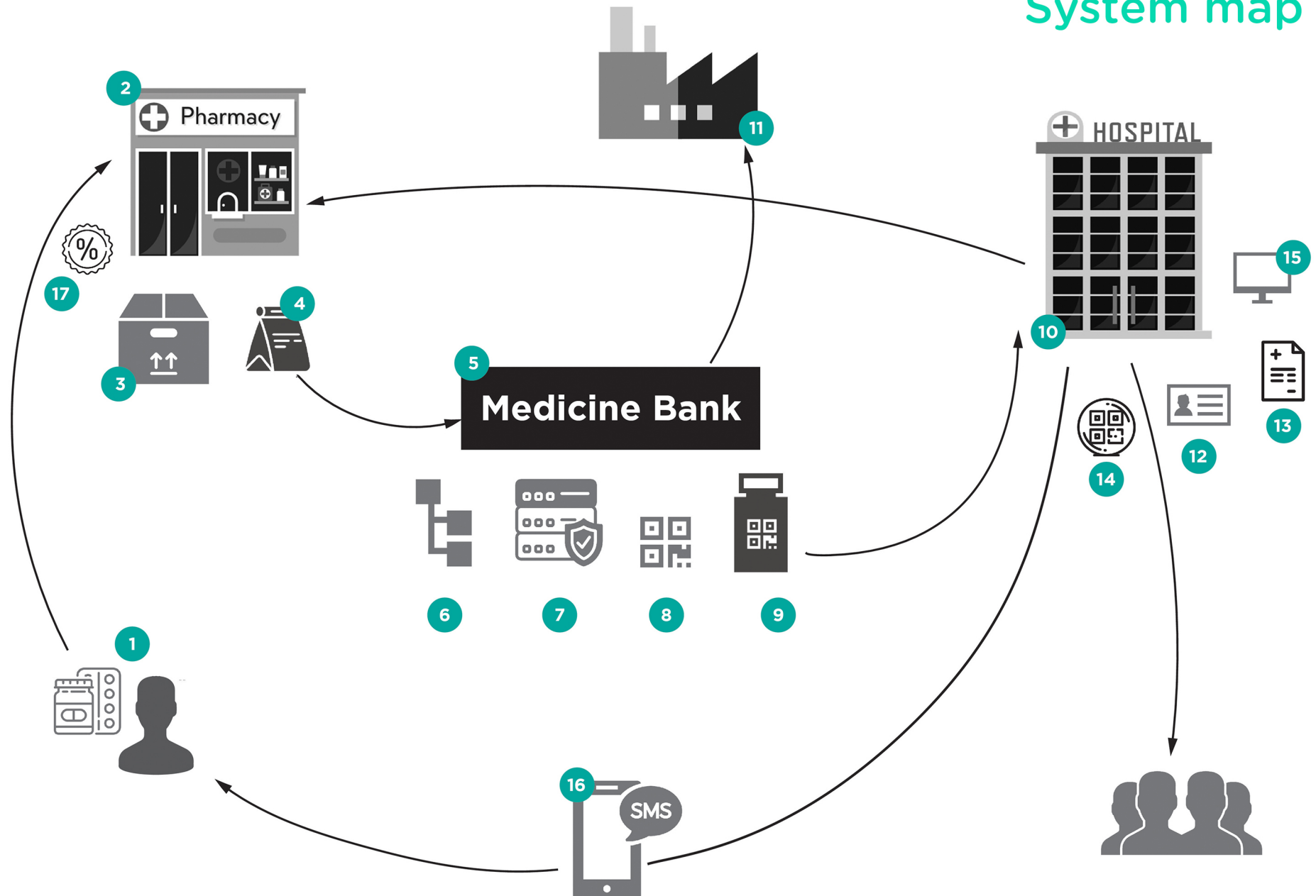
If government hospitals will accept medicine donations from wealthy people and distribute them to the poor hospitalised patients, they can trim down huge medicine expenses at some degree which will be an incentive to the hospital, in a way and will be able to cater better medical services too.

## Medicine donations





## System map



## System map

- After substantial amount of ideas were generated, these ideas were mapped on a system map to see which part of the journey they fall into.

- Though the journey is shown as a linear one in the map, it is important to note that it may not be so in reality as contributors and context can vary.

- The possible activities and emotions involved at every stage of the journey are noted along touchpoints used by the entities to interact with the service.

The proposed system is demonstrated in system map.

*(Please refer to the system map on previous page. The map has been marked for all features listed below. The feature number is indicated within a blue circle on the map.)*

1. The system starts with the people who have stockpiled, unused medicines.
2. A donor will collect all his unused medicines and will take them to the nearby pharmacy which will be authorised by the system.
3. At that pharmacy a medicine drop box will be installed.
4. Pharmacy will also have paper bags,
  - first of all donor needs to get a paper bag from them.
  - then the donor needs to keep all his medicines together in it.
  - he should write down his name & contact number on it with he pen attached to the dropbox.
5. Medicine bank will collect medicines from the dropboxes on regular basis.
6. At medicine bank sorting will be done on two level,
  - collected medicines will be sorted as expired & unexpired.
  - in second round medicines will get sort out diseases wise.
7. At medicine bank, when each paper bag will get open, all details mentioned over it with pharmacy details will be store to a cloud database and a QR code will be generated with the help of it. Every donor's donation details will be sent to pharmacy by the bank via a safe cloud database server.

8. This QR code will help pharmacy to track down donation history of donor.
9. This QR code will get pasted on the back of each of the donated (unexpired) medicines from the respective envelope.
10. Medicines with QR code will be sent to the government hospitals to distribute amongst their patients.
11. Expired medicines will be sent to drug disposal unit for their safe disposal.
12. Government hospitals follow certain rule while providing free treatment and medicines at subsidised rate. Only those are under poverty line can avail these facilities. People have to provide valid proofs (like aadhar card/ yellow ration card which is usually given to the people under poverty line) in order to avail these facilities.
13. Only those people who produces these proofs, can get treatment for free of cost. Because they genuinely can't afford the treatment and medicines. Same procedure will be followed to avail free medicines with the valid prescription from the doctor in that specific hospital itself. Otherwise it will be difficult to keep the track of malpractices if free medicines will be distributed to anyone asking for it.
14. While giving free medicines to people, QR code on the back of the medicines will be scanned first.
15. QR code which carries donor's name and contact number. Those details will be verified with the data in the database. All these tasks will be taken care of by the separate administrative department in the hospital.
16. The database will send, donor a SMS of appreciation and safe handover of their donated medicine to the needy people.
17. As mentioned earlier, pharmacies will receive donor's donation record sent by medicine bank from the database. When donor will come to the pharmacy to purchase medicines, pharmacy will offer discount on it depend upon his donation record, if he asks for it.

## System rules

To avoid malfunctioning and malpractices in the system some rules has to be followed. These practices will help to ensure the smooth system flow.

1. Medicines have to be kept together in a paper bag provided besides medicine dropbox at the pharmacy with donors' name & contact number written over it. As it will help system to keep the record of his donated medicines and further in the system flow while sending the gratification SMS when these medicines will be received by the needy people at the government hospitals.
2. Donor should avoid donating medicines without expiry date (e.g. loose tablets and pills don't have expiry date printed over them), otherwise such medicines will be counted as expired medicines as it involves risk to reuse these medicines for the treatment.
3. If donated medicines includes any expired medicines, those won't be taken into account while offering discounts in its return.
4. Free medicines will be available only to the people who are under poverty line.
5. Free medicines can be availed by needy people at the government hospital only where he or she is taking treatment and only after showing prescription by an authorised medical practitioner in that specific hospital.
6. Donor have to choose single pharmacy near his or her house for medicine donation as once registered with the system, data server will generate a unique Donor ID for each donor which will be used further to keep record of all his/ her transactions during whole system usage.
7. In the same manner, to avoid misuse of incentive method, redemption of incentives ( in the form of discounts in return of donations) offered by the system can be availed by the donor at the same pharmacy only where he/she has donated medicines.



## Known constraints and assumptions

Following are some of the known constraints and assumptions.

1. The system assumes that all the stakeholders will be willing to work together and will pool their resources.
2. It is assumed that establishing the back end operations will be possible.
3. There will be enough people, establishments and businesses that will sign up as partners.
4. The thank you message might not be sent in case the donated medicines will not be required by any receiver.
5. There will be enough funds available with the system to employ working staff and pay them regularly.

## Final design

Once the ideas were mapped to the journey map it gave a better view of which ideas could be combined to form the system. Though not all ideas were not converted into design they were not abandoned. Due to duration constrains, they have been kept aside. Given time they can be worked upon to integrate them into the proposed system.

Hence, out of whole proposed system, have focused on the Medicine bank. Final design will be the online record management platform of the medicine bank.

# Wireframes

## Share The Spare

Administrator login

User name:

Password:

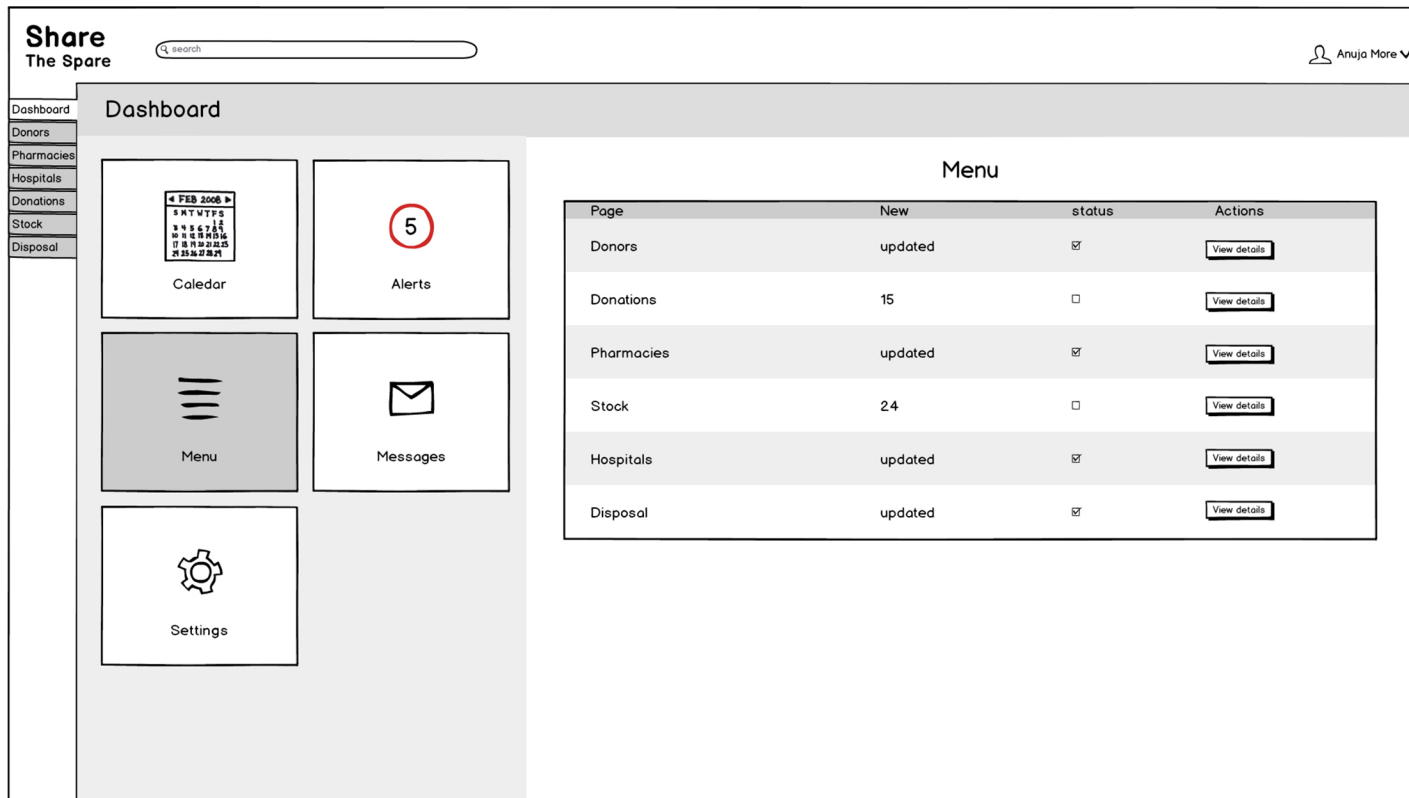
[Forgot your password?](#)

New user? [Register](#)

### Login Page

Clicking on login tab, administrator will be redirected to the dashboard.

Options of forgot password and register are also available.



## Dashboard

It will show current updates of all the transactions happened in the medicine bank on that day.

Administrator can manage menu, look through schedule of medicine collection and delivery, any official messages shared by other administrators, any important alerts like data syncing, etc.



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Here you can access through the list of medicine donors.

This list can be printed or mailed if needed.

In the same manner record of pharmacies, hospitals, donations, medicine stock in the bank, disposal of medicines can be accessed.

Share

The Spare

search

Anuja More

Dashboard  
Donors  
Pharmacies  
Hospitals  
Donations  
Stock  
Disposal

Donors

210 donors

Date of donation  
09 / 02 / 2017

Area, city  
start typing...

Pharmacy  
start typing...

Name (Donor ID)  
Prashant Kulkarni 1129  
Jigyasa Shah 708  
Anvita Dutt 1111  
Trupti tulsankar 0001  
Aditi Vedpathak 0304  
Prashant Kulkarni 1129  
Jigyasa Shah 708  
Anvita Dutt 1111  
Trupti tulsankar 0001  
Aditi Vedpathak 0304  
Prashant Kulkarni 1129  
Jigyasa Shah 708  
Anvita Dutt 1111

Contact Number  
788213667  
8929567856  
8452044673  
9619450167  
8543679032  
788213667  
8929567856  
8452044673  
9619450167  
8543679032  
788213667  
8929567856  
8452044673

Pharmacy (Area)  
Get Well Pharmacy Tlaknagar Dombivli (east)  
Aniruddha Medical Panvel sector 12  
Khajal Medical Store Pendse Nagar Dombivli (east)  
Vinayak Pharmacy Mulund check Naka  
Alankar Medical Shivaji Chowk Kalyan (west)  
Get Well Pharmacy Tlaknagar Dombivli (east)  
Aniruddha Medical Panvel sector 12  
Khajal Medical Store Pendse Nagar Dombivli (east)  
Vinayak Pharmacy Mulund check Naka  
Alankar Medical Shivaji Chowk Kalyan (west)  
Get Well Pharmacy Tlaknagar Dombivli (east)  
Aniruddha Medical Panvel sector 12  
Khajal Medical Store Pendse Nagar Dombivli (east)

Donation Date  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017  
09/02/2017

Actions  
View details  
View details  
View details  
View details  
View details  
View details  
View details  
View details  
View details  
View details  
View details  
View details  
View details

+ New donor

Mail

Print

<<

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7

8

9

10

11

>

>>

## Donors

Here administrator can access through the list of medicine donors.

Results can be filter by the donation date, area, pharmacy, etc.

This list can be printed or mailed if needed.

On clicking 'view details' button will redirect the user to donors' details page

In the same manner record of pharmacies, hospitals, donations, medicine stock in the bank, disposal of medicines can be accessed.

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The screenshot displays the 'Share The Spare' web application interface. The top navigation bar includes the logo, a search bar, and a user profile 'Anuja More'. The left sidebar contains a menu with 'Donors' selected. The main content area shows a list of 210 donors. A pop-up form titled 'Add new donor' is overlaid on the list, containing fields for donor information and donation details.

**Donors Page Header:**

- Donors
- Pharmacies
- Hospitals
- Donations
- Stock
- Disposal
- Settings

**Filter By:**

- Date of donation: 09 / 02 / 2017
- Area, city: start typing...
- Pharmacy: start typing...

**Donor List Table:**

Name (Donor ID)	Contact Number	Pharmacy (Area)	Donation Date	Actions
Prashant Kulkarni 1129	788213667	Get Well Pharmacy Tilaknagar Dombivli (east)	09/02/2017	View details
Jigasa Shah 708			09/02/2017	View details
Anvita 1111			09/02/2017	View details
Trupti 0001			09/02/2017	View details
Aditi V 0304			09/02/2017	View details
Prashant 1129			09/02/2017	View details
Jigasa 708			09/02/2017	View details
Anvita 1111			09/02/2017	View details
Trupti 0001			09/02/2017	View details
Aditi V 0304	8543679032	Shivaji Chowk Kalyan (west)	09/02/2017	View details
Prashant Kulkarni 1129	788213667	Get Well Pharmacy Tilaknagar Dombivli (east)	09/02/2017	View details
Jigasa Shah 708	8929567856	Aniruddha Medical Panvel sector 12	09/02/2017	View details
Anvita Dutt 1111	8452044673	Khayal Medical Store Pendse Nagar Dombivli (east)	09/02/2017	View details

**Add new donor Form:**

Donor's name: Prashant Kulkarni Donor ID: 1129

Contact no: 788213667 Pharmacy: Get Well Pharmacy Dombivli (E)

**Donation details:**

Donation ID: 1211 Donation date: 09 / 02 / 2017

Medicine: Glycomet Quantity: 2 full strips

Expiry status: Unexpired Cost: Rs. 380

Buttons: Add medicine, Add donor

### Add new donor


By clicking green button at the top left side of the donors page, administrator can add new donors to the list.

On clicking that button, a pop-up window can be seen with the necessary fields needs to be fill-up in order to feed donors details to the data server.

In the same manner record of pharmacies, hospitals, donations, medicine stock in the bank, disposal of medicines can be accessed.

# Graphical User Interface

## Login Page



Share the Spare

**Sign In**

[Forgot password?](#) [New user? Register](#)



# Graphical User Interface

## Donors

15
 Anuja M ▾

### Donors

< Thursday, 09 February 2017 >

[+ New donor](#)

**FILTER BY**

**Donation date**  
09 / 02 / 2017

**Area, city**

**Pharmacy**

**Donor ID**

**210 donors**

< 1 2 3 4 5 ... 10 20 >

DONOR ID	DONOR NAME	NUMBER	PHARMACY	DONATION DATE	ACTIONS
1129	Prashant Kulkarni	788213667	Get Well Pharmacy, Tilaknagar, Dombivli (E).	09/02/2017	<a href="#">View details</a>
708	Jigyasa Shah	8929567856	Aniruddha Medical, sector 12, Panvel.	09/02/2017	<a href="#">View details</a>
1111	Anvita Dutt	8459044173	Khayal Pharmacy, Pendse Nagar, Dombivli (E).	09/02/2017	<a href="#">View details</a>
5005	Trupti Tulsankar	9619450167	Rahat Medical, Mulund check Naka, Mulund.	09/02/2017	<a href="#">View details</a>
304	Aditi Vedpathak	8543679032	Alankar Pharmacy, Shivaji Chowk, Kalyan (W).	09/02/2017	<a href="#">View details</a>
2690	Paarijat Jain	9833679021	Royal chemist, Kalachowki, Mumbai.	09/02/2017	<a href="#">View details</a>
7206	Shashwat Tripathi	8734984511	Yashodeep Medical, Shivaji Park, Dadar (W).	09/02/2017	<a href="#">View details</a>
3200	Roger Federer	9201639700	Pankaj Medico, D. N. Nagar, Andheri (W).	09/02/2017	<a href="#">View details</a>
956	Anwesha Dasgupta	8753499944	Wellness forever, Hiranandani, Powai.	09/02/2017	<a href="#">View details</a>
5661	Kirit Solanki	6961770011	Classic Medico, Sector 17, Vashi, Navi Mumbai.	09/02/2017	<a href="#">View details</a>
4892	Achnit Kaur	7691450174	Family Medical Store, Padma Nagar, Borivali (W).	09/02/2017	<a href="#">View details</a>
3232	Harry Potter	9831670012	Mama's Medical, Sundar Nagar, Bhandup (E).	09/02/2017	<a href="#">View details</a>

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# Graphical User Interface

## Donor details

The screenshot displays a web application interface for managing donors and donations. The main header includes a search bar, a notification bell with 15 alerts, and the user's name 'Anuja M'. The left sidebar contains navigation icons for various functions. The main content area is titled 'Donors' and shows a list of 210 donors. A modal window is open, displaying the details for Donor ID 1129, including their name, contact number, pharmacy, and area. Below this, the 'Donation history' table lists two donations with details on medicine, quantity, expiry status, cost, and date.

**Donor details**

Donor ID: 1129  
Name: Prashant Kulkarni  
Contact No.: 788213667

**Donation details**

Pharmacy: Get Well Pharmacy  
Area: Tilakangar  
City: Dombivli (East)

**Donation history**

Donation ID	Medicine name	Quantity	Expiry Status	Cost	Donation date
1211	Glycomet Galvas Met Razel	2 strips half strip 3 strips	Unexpired About to expire Unexpired	Rs. 380 Rs. 500 Rs. 420	09/02/2017
2089	Volini Betadin	half strip 1 strip	Unexpired Unexpired	Rs. 250 Rs. 150	09/02/2017

**Donors**

210 donors

DONOR ID	DONOR NAME	NUMBER	PHARMACY	DONATION DATE	ACTIONS
1129				09/02/2017	View details
708				09/02/2017	View details
1111				09/02/2017	View details
5005				09/02/2017	View details
304				09/02/2017	View details
2690				09/02/2017	View details
7206				09/02/2017	View details
3200				09/02/2017	View details
956	Anwesha Dasgupta	8753499944	Wellness forever, Hiranandani, Powai.	09/02/2017	View details
5661	Kirit Solanki	6961770011	Classic Medico, Sector 17, Vashi, Navi Mumbai.	09/02/2017	View details
4892	Achnit Kaur	7691450174	Family Medical Store, Padma Nagar, Borivali (W).	09/02/2017	View details
3232	Harry Potter	9831670012	Mama's Medical, Sundar Nagar, Bhandup (E).	09/02/2017	View details

# Graphical User Interface

Add new donor

The screenshot shows a web application interface for managing donors and medicines. A modal form titled "Add new donor" is open, allowing users to add a new donor and their donation details.

**Donors Section:**


- Header:** Donors, Thursday, 09 February 2017, + New donor
- Filter by:** Donation date (09 / 02 / 2017), Area, city (Start typing...), Pharmacy (Start typing...), Donor ID (Start typing...)
- Table:** 210 donors. Columns: DONOR ID, DONOR NAME, NUMBER, PHARMACY, DONATION DATE, ACTIONS.


**Add new donor Modal:**


- Name:** Prashant Kulkarni
- Contact No.:** 788213667
- Pharmacy:** Get Well Pharmacy
- Area:** Tilaknagar, dombivli (E)
- Donation details:**
  - Donation ID:** 1211
  - Medicine:** Glycomet
  - Expiry status:** Unexpired
  - Donation date:** 09 / 02 / 2017
  - Quantity:** 2 full strips
  - Cost:** Rs. 380
- Buttons:** View details, Add donor


# Graphical User Interface


## Hospitals




















search

15

Anuja M

Hospitals


All

+ New hospital

FILTER BY

Last delivery

—/—/—



Area, city

start typing...

Hospital name

Start typing...

Hospital ID

Start typing...

60 Hospitals


< 1 2 3 4 5 >


Mail Print


HOSPITAL ID	HOSPITAL NAME	NUMBER	ADDRESS	DELIVERY	ACTIONS
1129	Civil Hospital	25471409	Thane (W).	09/02/2017	<a href="#">View details</a>
708	Central Hospital	2705505	Press Bazar, Ulhasnagar.	11/05/2017	<a href="#">View details</a>
1111	Sion Hospital	24092020	Sion (W).	23/08/2016	<a href="#">View details</a>
5005	J. J. Hospital	23739031	Nagpada, Mumbai Central.	18/11/2016	<a href="#">View details</a>
304	K. E. M. Hospital	24131763	Parel, Mumbai.	31/06/2016	<a href="#">View details</a>
2690	Wadia Hospital	24129786/7	Parel, Mumbai.	05/03/2017	<a href="#">View details</a>
7206	Tata Memorial Hospital	24146750	Parel, Mumbai.	10/12/2016	<a href="#">View details</a>
3200	Cama Albless Hospital	22611654	Fort, Mumbai.	09/02/2017	<a href="#">View details</a>
956	Mental Hospital	2582 1810	Thane (W).	08/05/2017	<a href="#">View details</a>
5661	Centenary Gen. Hospital	25564069	Kandiwali (W).	05/03/2016	<a href="#">View details</a>
4892	Municipal Eye Hospital	23088609	Byculla.	23/07/2016	<a href="#">View details</a>
3232	Sewri T. B. Hospital	24139784	Sewri (E).	15/12/2016	<a href="#">View details</a>


# Graphical User Interface


## Pharmacies


















### Pharmacies

FILTER BY

Collection date



Area, city

Dombivli

Pharmacy name

Pharmacy ID

< Dombivli >

+ New pharmacy

1

2

3

...

10

Mail

Print

PHARMACY ID	PHARMACY NAME	NUMBER	ADDRESS	COLLECTION DATE	ACTIONS
1129	Get Well Pharmacy,	788213667	Tilaknagar, Dombivli (E).	09/02/2017	<div>View details</div>
708	Aniruddha Medical	8929567856	Rajaji Path, Dombivli (E).	11/05/2017	<div>View details</div>
1111	Khayal Pharmacy	8459044173	Pendse Nagar, Dombivli (E).	23/08/2016	<div>View details</div>
5005	Rahat Medical	9619450167	Vishnu Nagar, Dombivli (W).	18/11/2016	<div>View details</div>
304	Alankar Pharmacy	8543679032	Gupte Road, Dombivli (W).	31/06/2016	<div>View details</div>
2690	Royal chemist	9833679021	Ramnagar, Dombivli (E).	05/03/2017	<div>View details</div>
7206	Yashodeep Medical	8734984511	Nandivali, Dombivli (E).	10/12/2016	<div>View details</div>
3200	Pankaj Medico	9201639700	Garibacha Wada, Dombivli (W).	09/02/2017	<div>View details</div>
956	Wellness forever	8753499944	Near Kranti store, Dombivli (W).	08/05/2017	<div>View details</div>
5661	Classic Medico	6961770011	Ayare Road, Dombivli (E).	05/03/2016	<div>View details</div>
4892	Family Medical Store	7691450174	Sarvoday Garden, Dombivli (E).	23/07/2016	<div>View details</div>
3232	Mama's Medical	9831670012	Opp. Model College, M.I.D.C., Dombivli, (E).	15/12/2016	<div>View details</div>



# Graphical User Interface

## Donations

Donations

FILTER BY

Collection date

Area, city

Dombivli

Pharmacy name

Start typing...

Pharmacy ID

Start typing...

Status

☐ Sorted

☐ Un-sorted

☒ Delivered to hospital

☐ Not delivered to hospital

< Collected from Dombivli, delivered to hospital >

300 Donations

< 1 2 3 ... 10 >

Mail

Print

DONATION ID	DISEASE	STATUS	ADDRESS	DONATION DATE	ACTIONS
1129	Diabetes Jjint pain	Delivered to hospital	Tilaknagar, Dombivli (E).	09/02/2017	<div>View details</div>
708	Fungal skin infection	Delivered to hospital	Rajaji Path, Dombivli (E).	11/05/2017	<div>View details</div>
1111	Diabetes	Delivered to hospital	Pendse Nagar, Dombivli (E).	23/08/2016	<div>View details</div>
5005	Low B.P.	Delivered to hospital	Vishnu Nagar, Dombivli (W).	18/11/2016	<div>View details</div>
304	Diarrhea	Delivered to hospital	Gupte Road, Dombivli (W).	31/06/2016	<div>View details</div>
2690	Asthama	Delivered to hospital	Ramnagar, Dombivli (E).	05/03/2017	<div>View details</div>
7206	Diabetes Jjint pain	Delivered to hospital	Nandivali, Dombivli (E).	10/12/2016	<div>View details</div>
3200	Fungal skin infection	Delivered to hospital	Garibacha Wada, Dombivli (W).	09/02/2017	<div>View details</div>
956	Diabetes	Delivered to hospital	Near Kranti store, Dombivli (W).	08/05/2017	<div>View details</div>
5661	Low B.P.	Delivered to hospital	Ayare Road, Dombivli (E).	05/03/2016	<div>View details</div>
4892	Diarrhea	Delivered to hospital	Sarvoday Garden, Dombivli (E).	23/07/2016	<div>View details</div>
3232	Asthama	Delivered to hospital	Opp. Model College, M.I.D.C., Dombivli, (E).	15/12/2016	<div>View details</div>

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## Resources acknowledgement

Adobe Creative Suite  
Microsoft office  
Google forms  
Balsamiq

### Fonts

Gotham Rounded by Tobias Frere-Jones  
Gotham Rounded medium for headlines | 24 pt  
Gotham Rounded medium for titles | 12 pt  
Gotham Rounded book for body text | 10 pt  
Gotham Rounded book for notes | 8 pt  
Comic sans by Vincent Connare for wireframes

### Vectors and images

[www.flaticon.com](http://www.flaticon.com) for various icons  
[www.istockphoto.com](http://www.istockphoto.com) for report cover image

## Papers

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Drug donation in US by Mark Thomas

Targeted Drug Donations: A Necessary Evil in Need of a Global  
Harness and a Possible Cure for TRIPS Shortcomings  
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