Hello, I'm

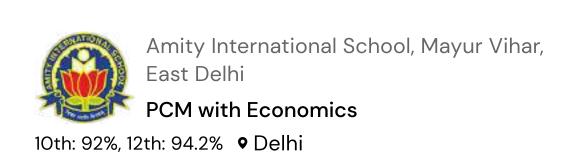
PRAKHAR BHARGAVA

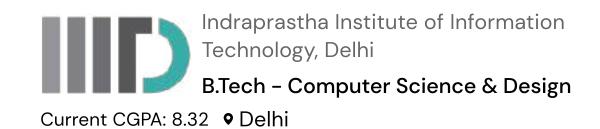
I'm an aspiring UX/UI Designer, Creating Unique and Human-Centered Digital Experiences

I have strong interest in UX/UI Design, UX Research, New Media Design, Storytelling

 $\underline{behance} \rightarrow \underline{medium} \rightarrow \underline{github} \rightarrow \underline{linkedin} \rightarrow \underline{instagram} \rightarrow$

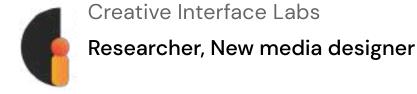
education

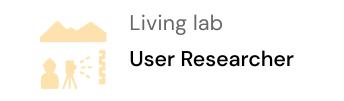




work experience









May 2023-July 2023 ♥ Delhi





August 2022-January 2023 ♥ Delhi







travel





photography



art & craft

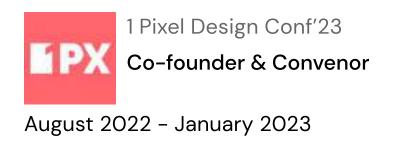


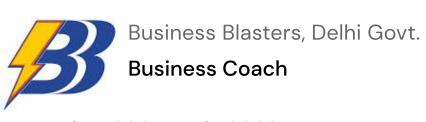
















December 2021 - July 2022

April 2021 - September 2021

AR Game for food nutrition

awareness



developed as 3rd party service



The Happy

Meal App

The Happy Meal App

Google Drive Me Crazy

Tele-Diagnostics

Sehyog

Tele-diagnostics app design for primary healthcare



app for socially driven individuals willing to bring a change



The Happy Meal App

Team Size: 4 | **Duration:** 8 Weeks Skills: Product Conceptualisation, New Media Design, Game Design, Research, Unity, 3D Asset Creation



PROJECT 2

The Happy Meal App

The Happy Meal app is an interactive AR game for kids aged **6-10**. It promotes **healthy eating habits** and helps children make informed choices about food. With features like recipe centers and **food label scanning**, it teaches kids about nutrition

problem statement

focus areas

ui design

media scans

Picky eating behaviors in children present challenges for parents in promoting healthy eating habits. These behaviors limit food preferences, discourage trying new foods, and result in imbalanced diets, inadequate nutrient intake, poor growth, and potential long-term health issues.

literature review

interview

design process

discover

Secondary Research **Primary** Research

define Personas

Affinity Diagram Scenarios & Storyboarding

develop **Userflow & Wireframing**

Design & Rapid **Prototyping**

Development deliver

Testing & feedback

Customer journey map



Team Size: 4 | **Duration:** 8 Weeks **Skills:** Product Conceptualisation, New Media Design, Game Design, Research, Unity, 3D Asset Creation

without body shaming or gender stereotypes. It's a **helpful tool** for parents and caregivers to **teach kids about healthy living**.

• Involving positive nutrition enforcement tactics. • Increasing nutrition and health awareness among children.

major challenges

• Designing engaging games for the age of 6-10.

• Designing for augmented reality.

key learnings







• Designing developer friendly user interfaces.







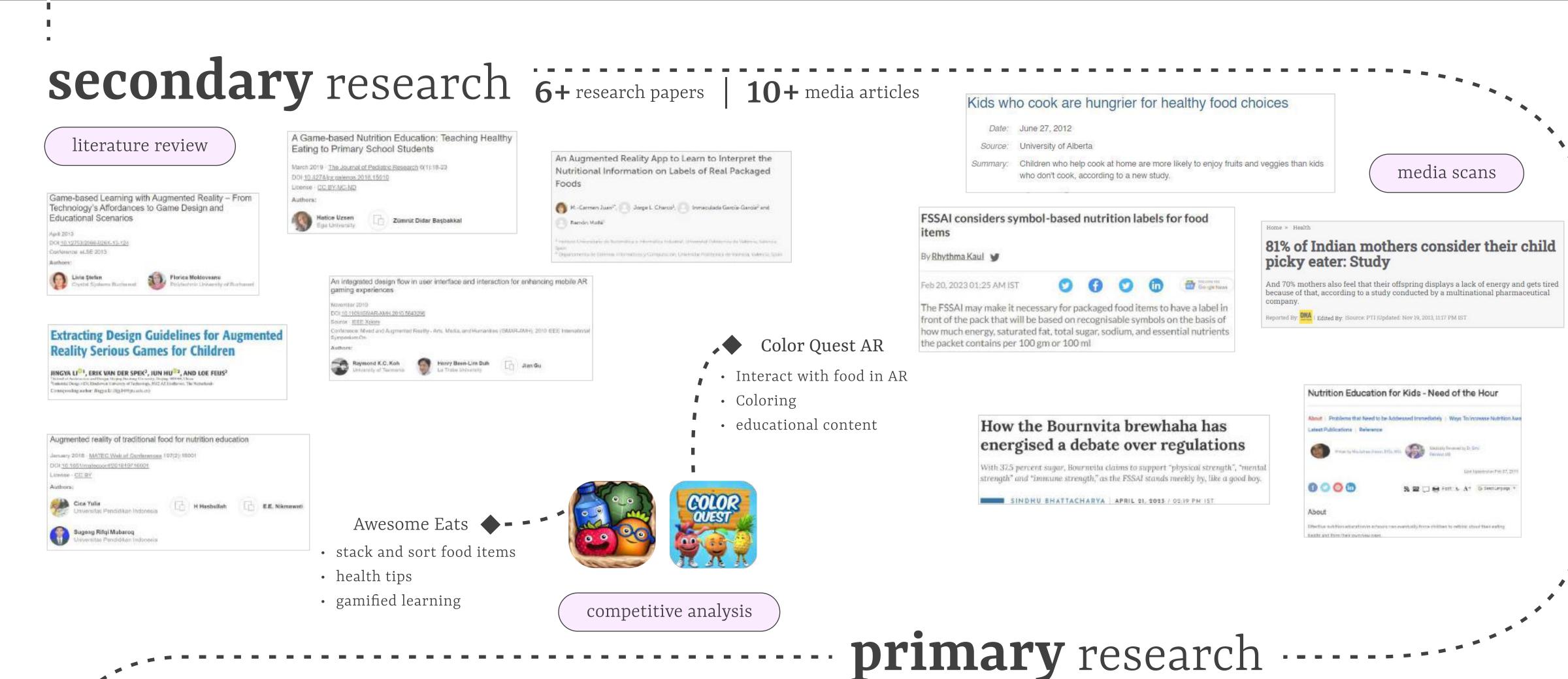




ideation



Scroll down to know more!



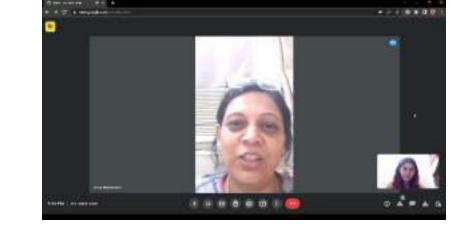
2 medical students (subject matter experts) **4** w/ teachers, parents



interview

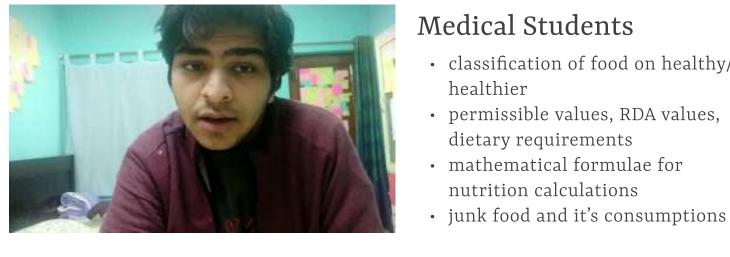
• Expect technology to be used as extension to existing methods kids are fussy eaters and run away from veggies children do not understand the value of food use entertainment as a means to make children eat

Parents



• Children showed their meals to teachers with pride children obeyed teachers more than parents children love to have idols / role models who could be involved in giving nutritional advise

Teachers



points

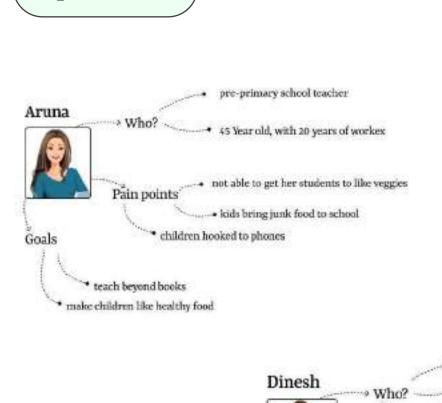
Medical Students classification of food on healthy/ healthier

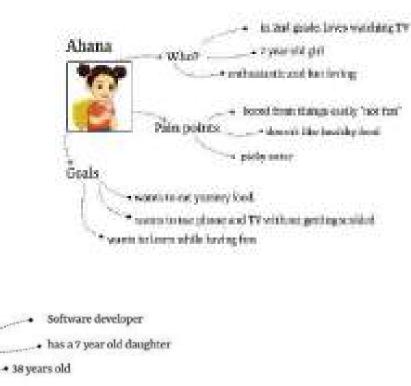
• permissible values, RDA values, dietary requirements mathematical formulae for nutrition calculations

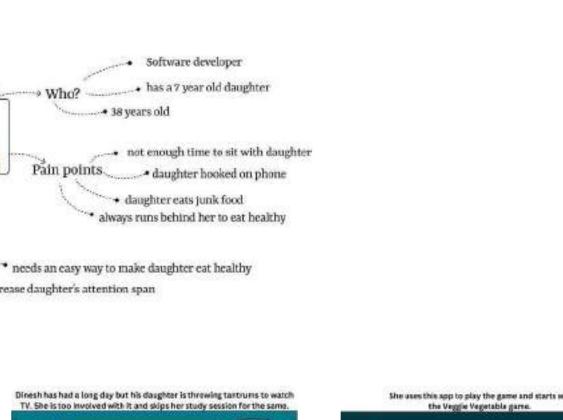
solution

define stage

persona









Diversion facility performance one staffing nations serving o'blinders from all female certains belongstrated.

Parental challenges in

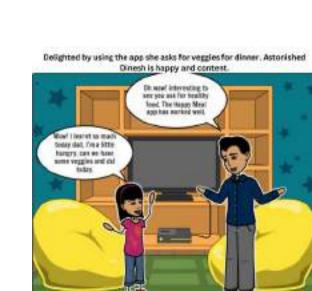


increase daughter's attention span Dinesh allows her to use it on one condition, is, if she uses it to play the newest game in the market, The Happy Meal. She agrees to it.









• Encourages making nutritious choices Cooking quest Cooking Quest ♦ - -• Offers no-flame cooking recipes for children • Encourages healthy habits • Teaches kids to prepare

nutritious meals Nutrient Navigator ◆ • Simplifies nutrient values on food labels





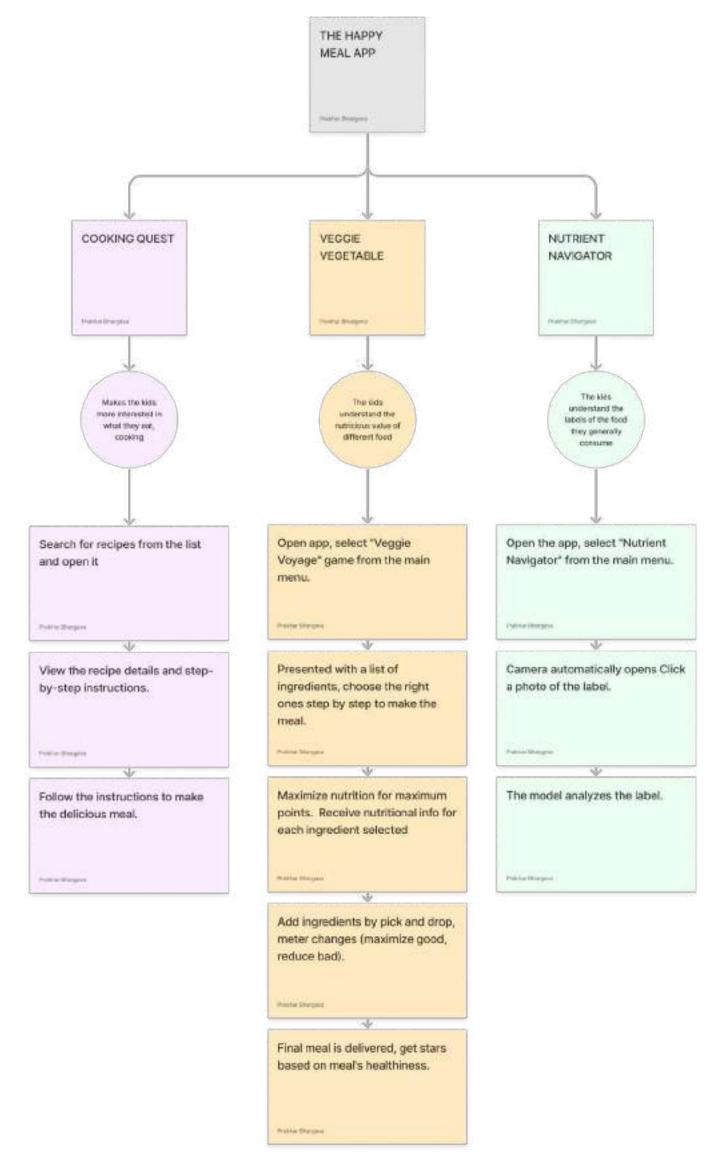


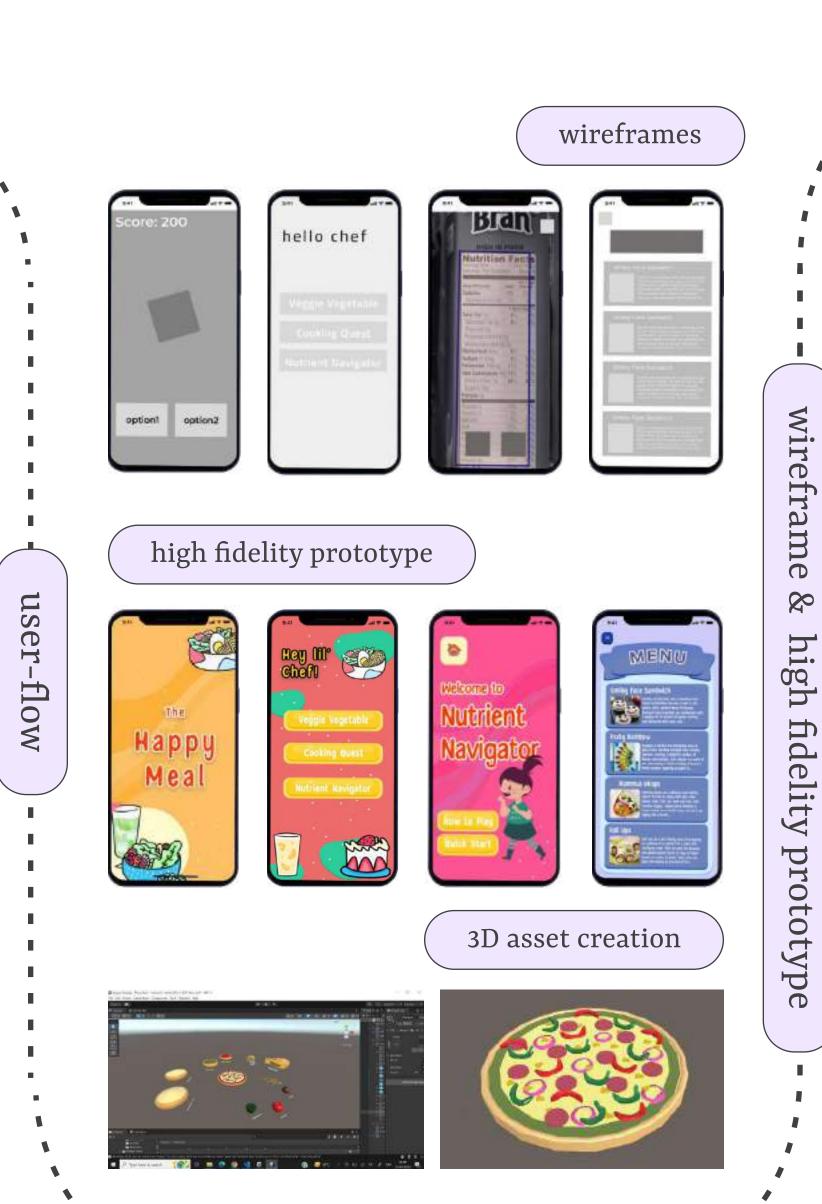


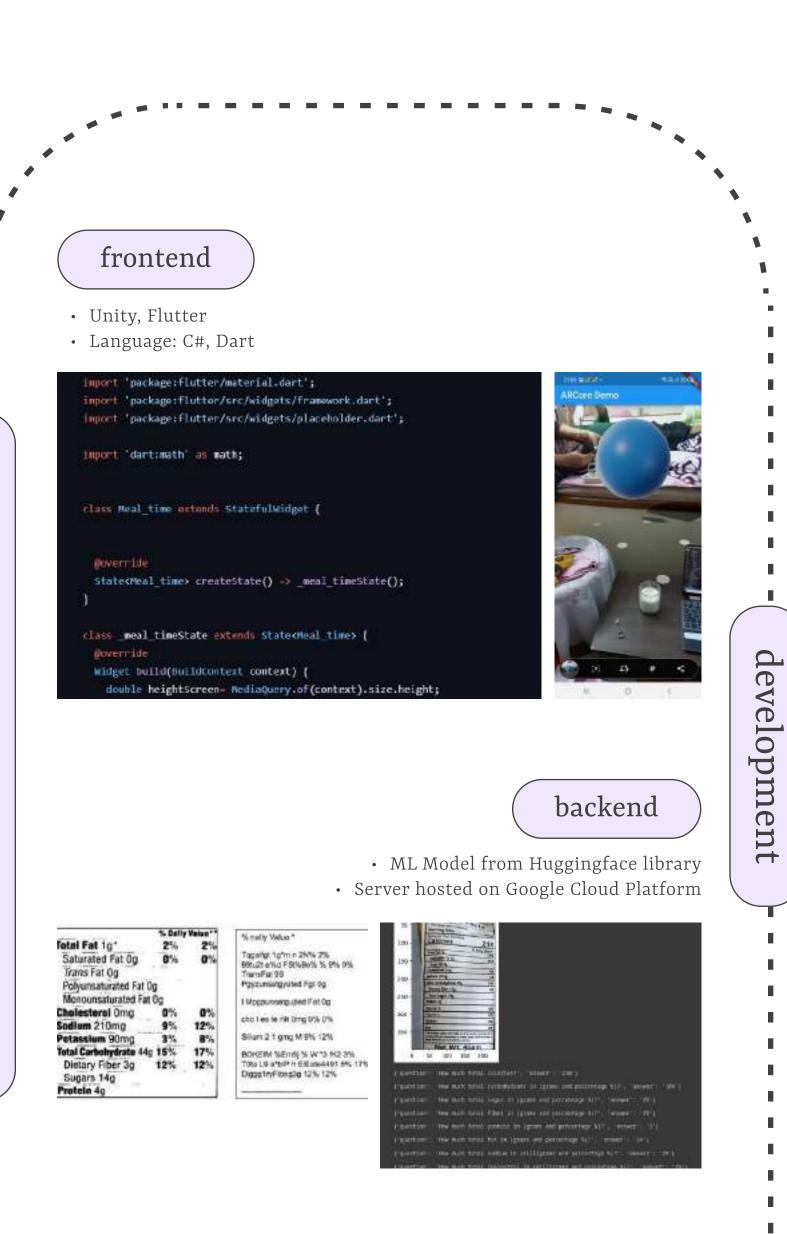
• Children can scan packaged food labels Visualizes essential nutritional content • Promotes informed and healthier food choices

scenario & story boarding

develop stage





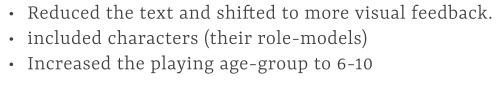


deliver stage

feedback

• Children of age group 5-7 found it difficult to read • Including nutritional facts step by step and not together • Text heavy game, less visual aspect • Issues in navigation in and out of game

incorporating feedback





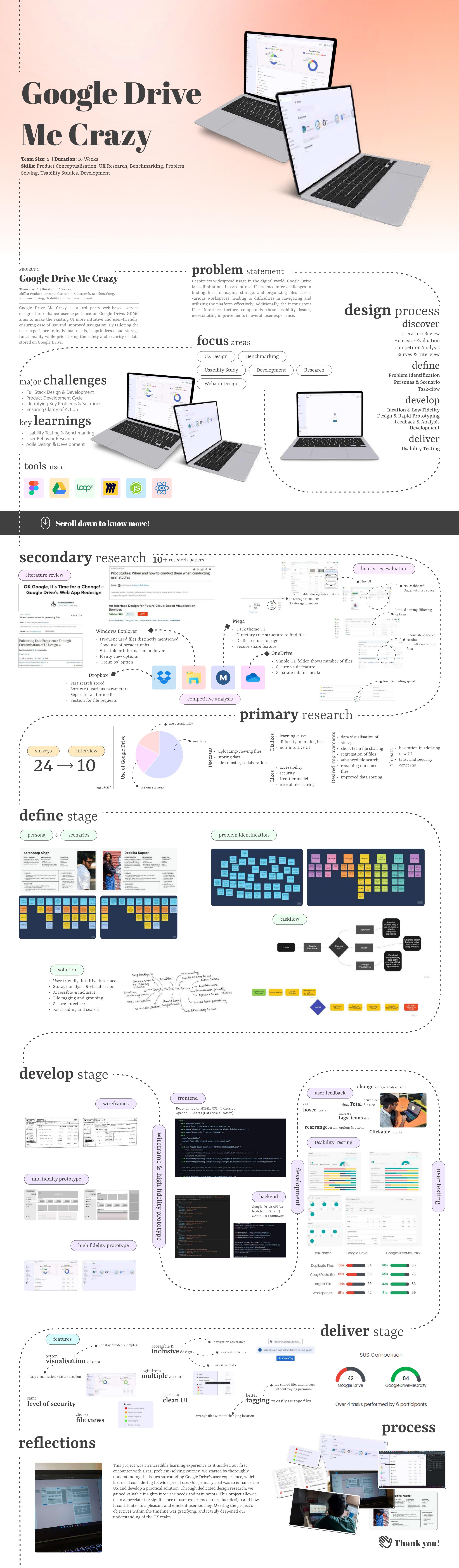


reflections



Working on the Happy Meal app deepened my understanding of nutrition and nutrition labels, emphasizing their importance for both children and adults. I learned to read and interpret labels, recognizing their role in making informed food choices. The project sparked my interest in label design and activism. It also expanded my skills in 3D design and video editing. Designing for kids allowed for more creative freedom, and I enjoyed incorporating interactive elements for an engaging experience. Despite team disagreements, they led to a clearer and better product, teaching me valuable lessons in collaboration and problem-solving. Seeking input from various sources broadened my perspective on nutrition's impact on different demographics.





Tele-Diagnostics

Team Size: 1 | **Duration:** 4 Days Skills: Primary Research, Secondary Research, Product Conceptualisation, UI Design, Service design



PROJECT 3

Tele-Diagnostics

Team Size: 1 | **Duration:** 4 Days Skills: Primary Research, Secondary Research, Product Conceptualisation, UI Design, Service design

major challenges

• Understanding the context setting of rural areas.

• Principles of service designs - building complete loop services

• Designing for Artificial Intelligence and Indian context

Designing for areas with low technical literacy

Understanding the primary healthcare sector

• Designing for inclusivity and accessibility

The telemedicine solution combines AI-powered diagnostic tools, **predictive analytics**, and **remote monitoring** to enhance patient outcomes. ASHA workers will collect essential diagnostic data, and local support and testing services will be provided. This approach allows remote diagnosis and treatment by doctors, enabling specialist care in underserved rural areas.

problem statement

focus areas

secondary research

inclusivity

ideation

The healthcare system in India faces a critical challenge of providing limited access to quality healthcare, particularly in rural areas. With a low doctor-to-people ratio and a concentration of specialists in urban regions, only a small percentage of the rural population can access primary health centers, sub-centers, and hospitals. An urgent need exists to find implementable solutions to improve access to specialist doctor care for the 70% of the population currently without it.

design for India

design for artificial intelligence

primary research

design process

discover **Secondary** Research

Primary Research define Stakeholder Mapping

> Personas Pain points Problem Statement

design Solution

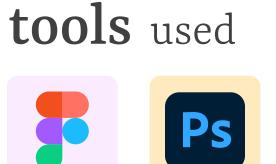
UI Design

deliver

Service Blueprint Customer journey map



key learnings









Health care in rural India: A lack between need and feed Author Information - Copyright and License Information <u>Discaimer</u> Dear Editor,

Health is not everything but everything else is nothing without health. "In the beginning desire which was the first seed of mind," says Rig-Veda, which probably is the earliest p literature known to mankind. Since antiquity India being the first state to give its citize health care as a uniform right. However in the present scenario Indian rural health car unmatched to any other social sector. Nearly 86% of all the medical visit in India are m ruralites with majority still travelling more than 100 km to avail health care facility of 80% is born out of pecket landing them in poverty[1]



changing distriction of the population. The releast parallel in growth all that he planning of community health and reading function of the population. The releast parallel in growth all that he planning of community health and reading function of these for reductively groups, of the feeth programs to under the community of the feeth programs to under the community of the feeth programs to under the community of the feeth programs and the feethers of health sension distance; to take the community of the feether than the destination of health sension distance; to take the community of the feether than the feethers of health sension and appearation of planning of the feethers. Key Fardy Privary leads and agreen greatest care party Facility Rejoral gallers lighter stems "Doctor population ratio for India - The reality"

- Automithirmation - Chaylegit and Discountributation - Discountry

See-contrasting "Metric a case by unicersal Hib immunication in toda over interaction for data" on page 638 India plans to establish some 200 new medical colleges in the next 10 years to meet the projected large shortage of 600,000 ductors. The projections are based on recommendations that have several caveats and therefore somewhat arbitrary". As compared to their pre-independence levels, all health parameters have shown remarkable progressive improvement even in rural ladia? Shortage of doctors for primary health care has been hyped. In fact, States like Maharashtre are now producing surplus MBBS doctors. The Government of Maharashtra has, therefore, decided to scrap



See commentary "The burder of carrier, Drug users & their familier" on page 606.



Rural India is struggling with shortage of doctors, paramedical staff



ural health care in India faces a crisis unmatched by any other sector of the economy. To mention just one dramatic fact, rural medical practitioners (RMPs), who provide 80% of outpatient care, have no formal qualifications for it. They sometimes lack even a high school In 2005, the central government launched the National Rural Health Mission (NRHM) under which it proposed to increase public expenditure on health as a proportion of the GDP to 3% from 1%. But increased expenditure without appropriate policy reform is unlikely to suffice. Experience to-date inspires little confidence in the ability of the government to turn the

in medical colleges

expenditures into effective service.

Specialist doctor crisis persists in rural India; no change in last five years despite rising seats

media scans

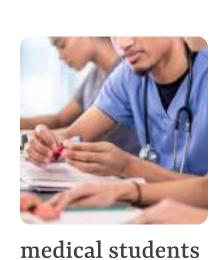
Experts say that specialists, particularly surgical and interventional, require a range of equipment to effectively practise their specialities. When Community Health Centres do not have these infrastructural support, they might be preferring to work in tertiary healthcare facilities where their skills could be more widely utilised and remunerated India's public health system in crisis: Too many patients, not

Will AI Eventually Replace Doctors? change dramatically. IN BASED ON THE RESEARCH OF David Dearson

Maybe not entirely. But the doctor-petient relationship is likely to



interview



 lack of resources · their college takes care of a lot of tasks, making situation under control • there are cases of referral as well

bad situation in PHCs

• people do not talk in hindi, but their local language • they prefer not to visit hospital because they might waste time

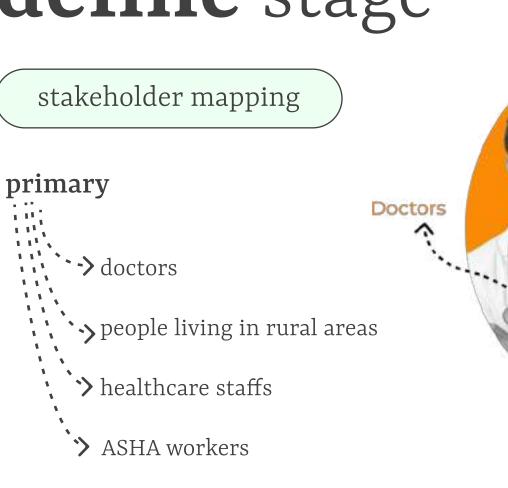


• prefers practicing in urban area (like delhi) · does not want to leave the comfort of Delhi • in rural areas, doctors have a lot more responsibilities • the patients are a lot in rural areas, while pay is less · need to take care of family as well here in city.

primary research

doctor in govt. hospital





·-> state y private players in healthcare problem statement

areas. This issue arises from a low Doctor:people ratio and concentration of specialists in urban regions, leaving 70% of the population without adequate access to specialized medical care. The disparity highlights the **urgent need to find implementable** solutions that ensure equitable healthcare services for all.



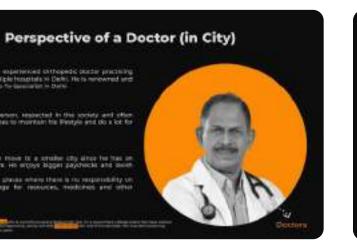


Doctor advised me to get

- > blood test. How to?

Should I go to the other

town for checkup?



How to make <

familiar icons: emojis

.--> simple UI

(recall from whatsapp)

ends meet?



Regulation Authorities / Policy Makers secondary

Healthcare system in India is confronted with a pressing challenge in providing access to **quality healthcare**, particularly in rural



Will I be alright? <---

It is expensive to go back to

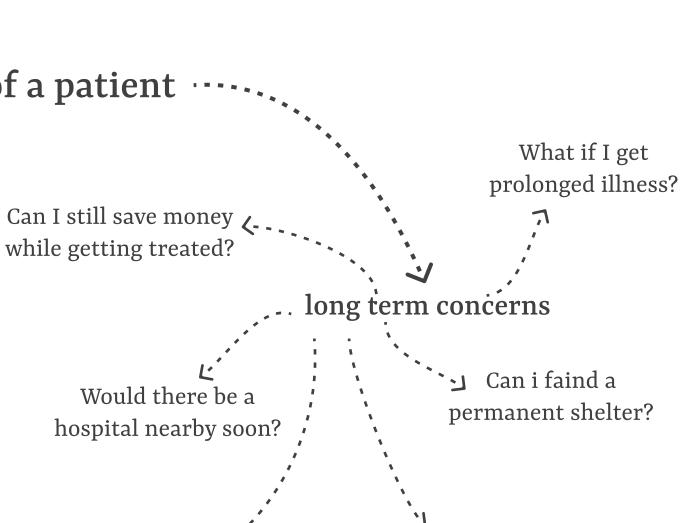
show reports to doctor.

short term concerns

I do not find comfortable to talk

about 'those' issues.





Would the new doctor know

about my past health record?

pain points

multi-language

accessible

user interface

develop stage



ASHA workers

rate, haemoglobin)

AI powered tele-medicine intervention affordable, high quality healthcare

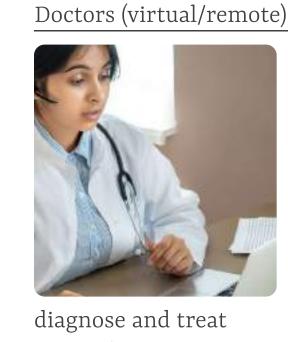
supported by network of ASHA workers

as intermediaries AI for remote diagnosis and treatment

Virtual Consultation Local support & Testing

AI Diagnostics + predictive analysis + remote monitoring = effective outcome





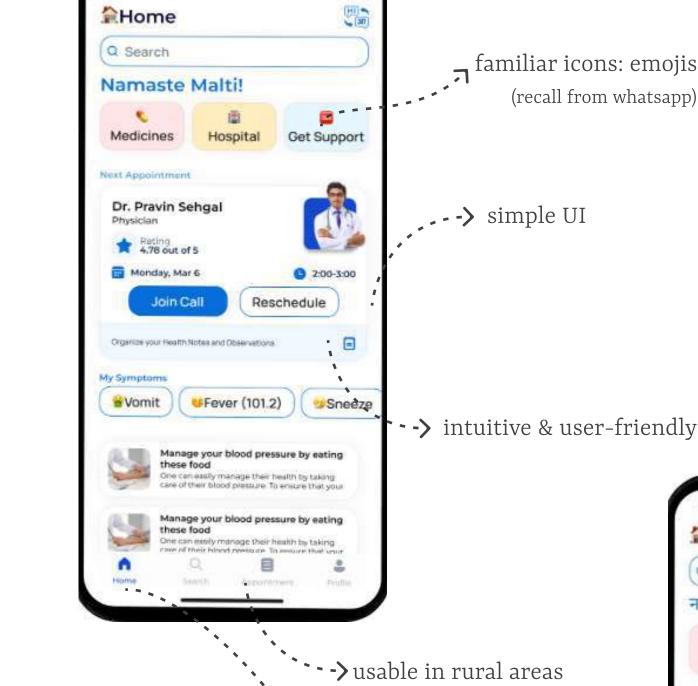
remotely



Al enabled Faster

Diagnosis

patients

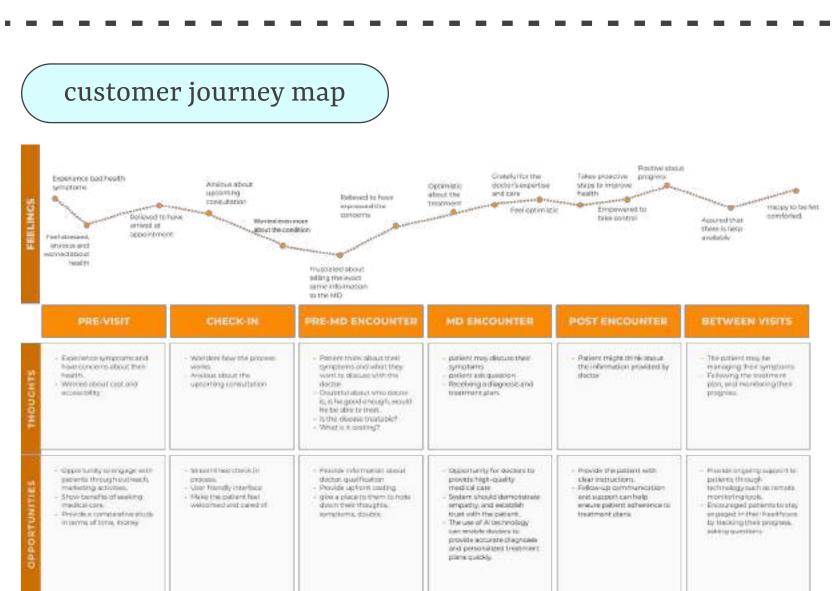


`--> usable in rural areas clear UX writing

Artificial Intelligence NLP based chatbot for followup and referral

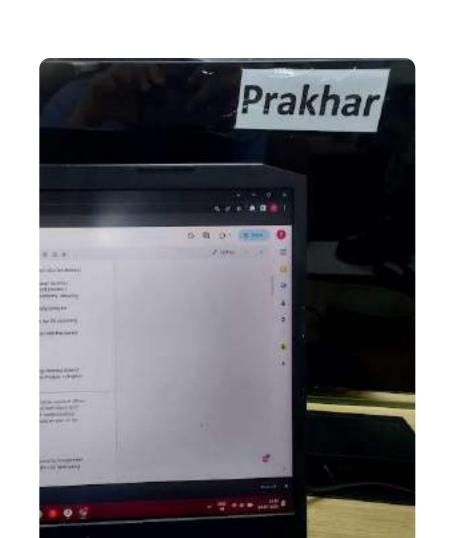
low connectivity areas with help of AI

≨Home Q स्वीज कर नमस्ते मालति! मदद ल डॉ. प्रवीण सहगल ★ 1101 4.78 out of 5 2:00-3:00 **ध्वस्वार** (101.2) इस फुढ को खाकर कंट्रोल करें अपना ब्लढ प्रेशर



deliver stage Service Blueprint Follow Up Service Use Initial Engagement Physical Continuous Feedback Local Broadcastin App Based Digital Health System Evidence User signs up on the platform and pays and Sives Regular Feedba pfront fee for enrolment Customer Users find out about service. xplores and contacts to avail the service Reviews the reports for Actions future purposes rain ASHA workers, provide them testing Setting up push notification Onstage gain regular feedback Advertisements, Word of mouth. Actions SHA Workers in villages Continuous Enabling, Maintenance and Inderstanding post-Backstage Collaborating with ASHA workers, cal stakeholders, decision maker Actions Building on new technology to enable fast

reflections



Undertaking this assignment was a rewarding experience that involved extensive research and interaction with healthcare professionals. Despite time constraints, I managed to gather valuable information from various sources. Given more time, I would have conducted further research and connected with more doctors in rural areas. The proposed solution has potential, but some shortcomings require additional analysis. A lack of personal touch and incomplete information about the supply chain and revenue models need to be addressed. A detailed analysis before defining the problem was also missed, which would have improved the project. Moreover, visiting a public healthcare center and interacting with locals would have provided valuable insights.

made for





Sehyog

Team Size: 5 | **Duration:** 16 Weeks Skills: Product Conceptualisation, UI Design, Branding, visual design

Storytelling



PROJECT 4 Sehyog

design, Storytelling

Team Size: 5 | **Duration:** 16 weeks **Skills:** Product Conceptualisation, UI Design, Branding, Visual

Sehyog is an app designed for 21st-century changemaker, providing a platform to file petitions, raise funds, connect with similar causes, and stay informed about current events. It empowers users to actively engage in social movements, contribute to meaningful causes, and track their impact, bridging the gap between citizens and social initiatives for a more informed and impactful world.

problem statement The lack of a proper ecosystem for socially aware individuals

working for public welfare has resulted in slower progress towards catalyzing change and various constraints. These individuals seek a platform that allows them to file petitions, raise funds, make contributions to causes they believe in, and stay informed about current events to effectively support others and ensure their contributions are impactful, especially in a world inundated with fake news and paid media.

design process

research discovery

survey competitor analysis analyse

insight analysis

persona

brainstorming solution

visual design branding design process

focus areas

major challenges

- Understanding the context setting of rural areas. Designing for areas with low technical literacy Understanding the primary healthcare sector
- key learnings
- Designing for inclusivity and accessibility
- Principles of service designs building complete loop services • Designing for Artificial Intelligence and Indian context
- - tools used











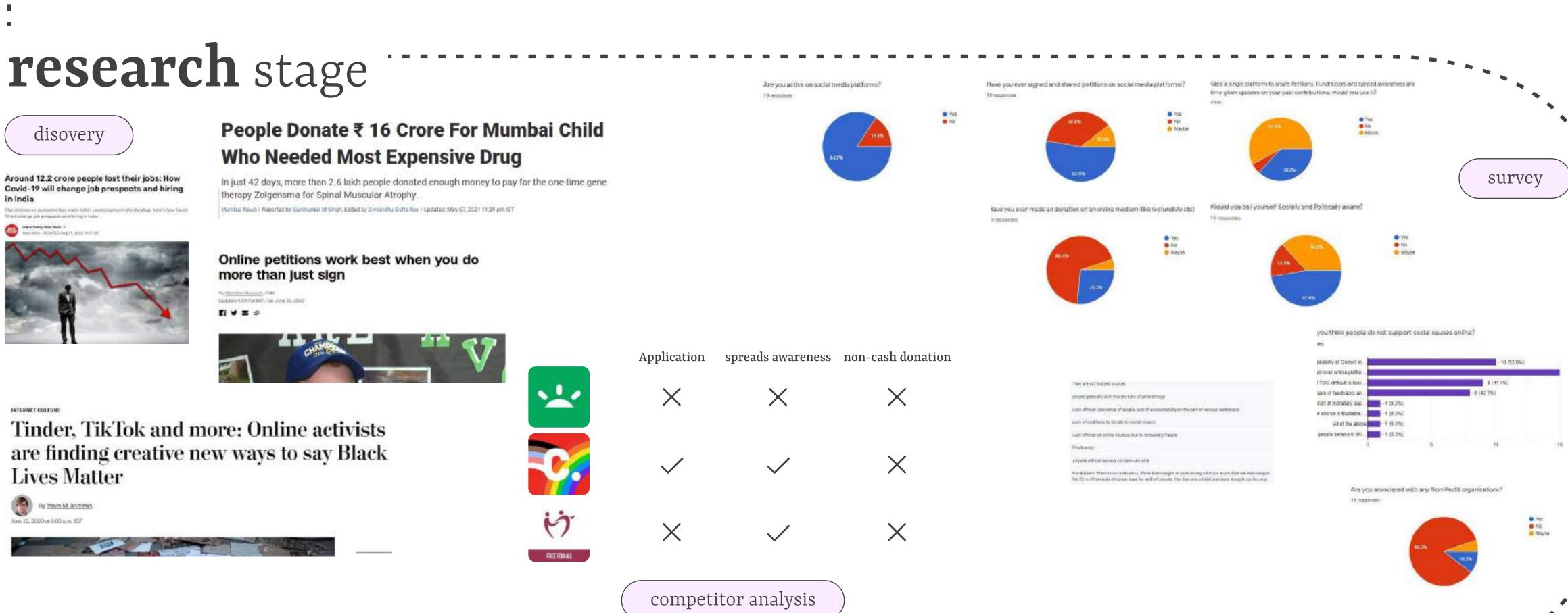


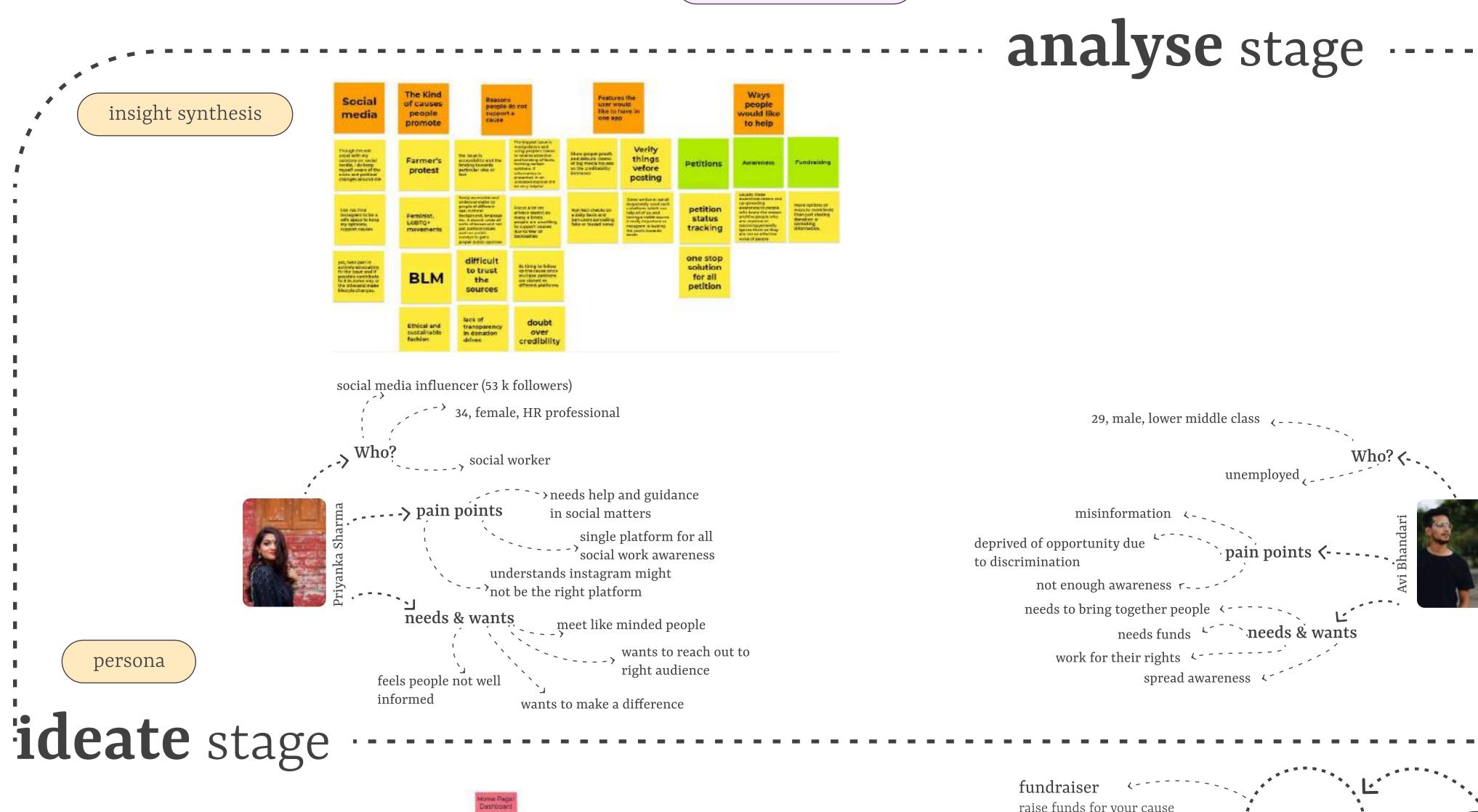


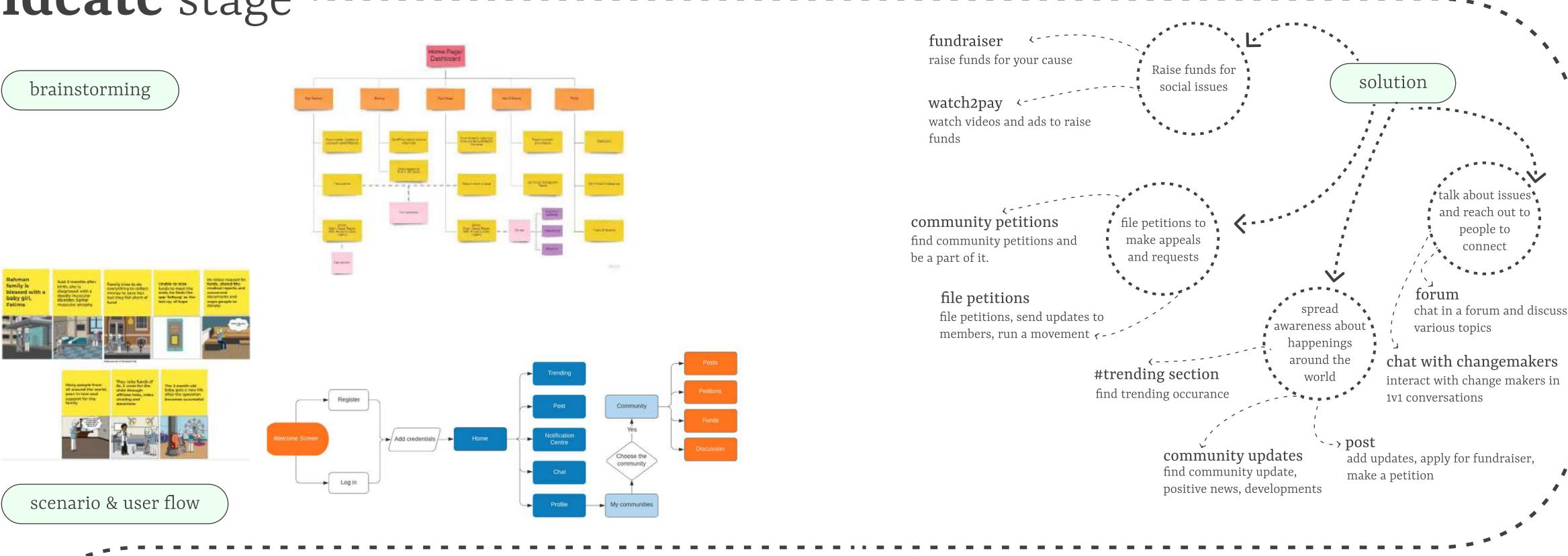
ui design

ideate scenarios & user flow design branding **UI** Design learn key takeaways





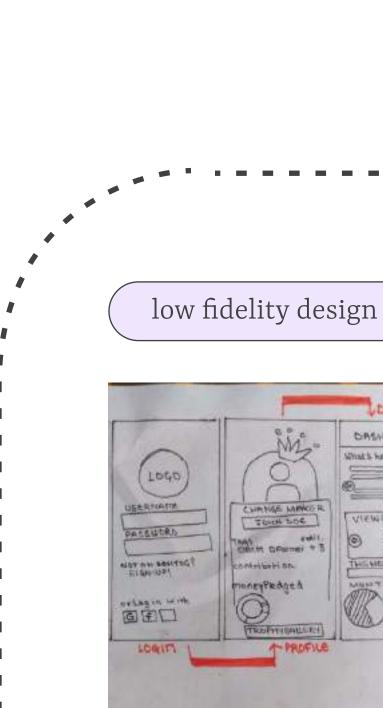








The colors symbolize the horizon, motivating us to work for others in need. Orange represents warmth and blue signifies kindness, fostering a more empathetic and promising future.



[50PPn k7

DASHBORKS C

THE WEEKS YOUR NITE

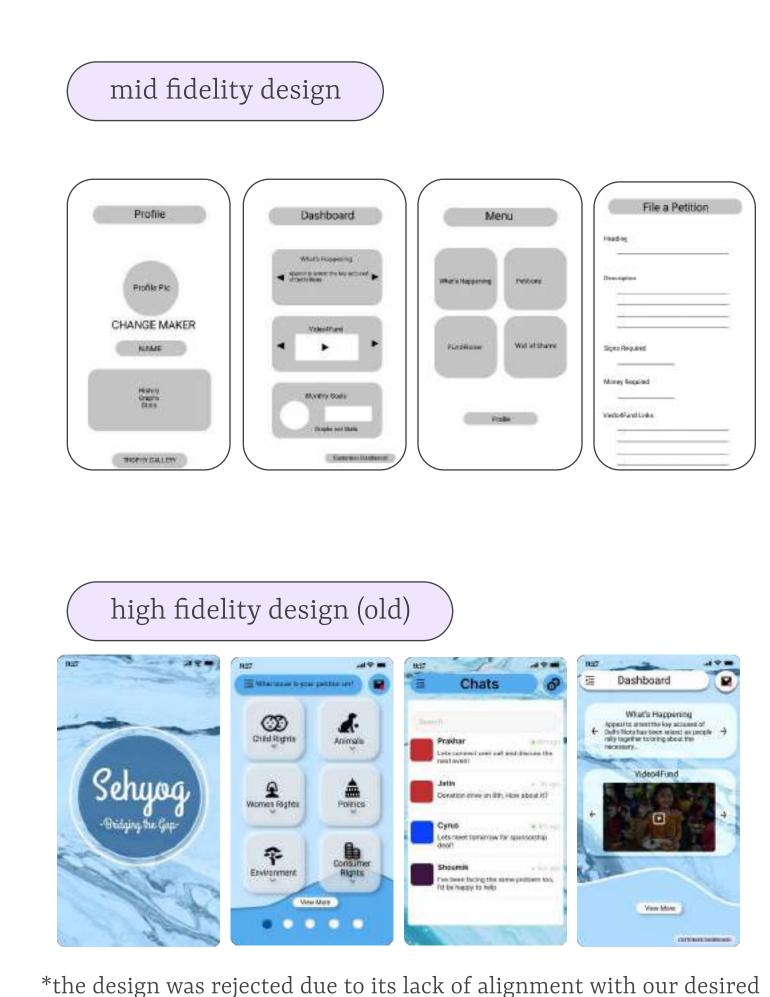
PETITION FILL ACHARA

FUNDAMISER MALLOFSHAME

PROFILE M

SEITING - MOUT

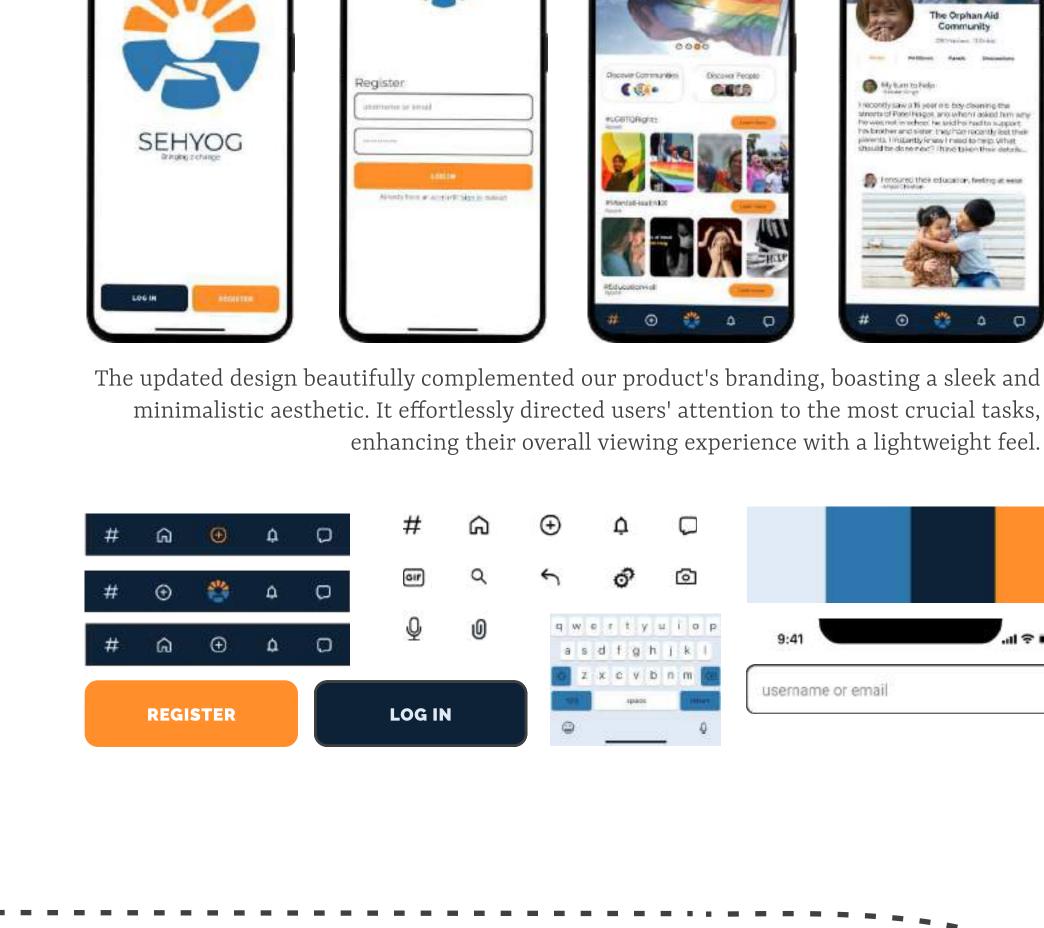
design stage



bulky and exhibited inconsistency throughout its elements.

color scheme and overall branding. Additionally, it appeared excessively

design stage final design & prototype



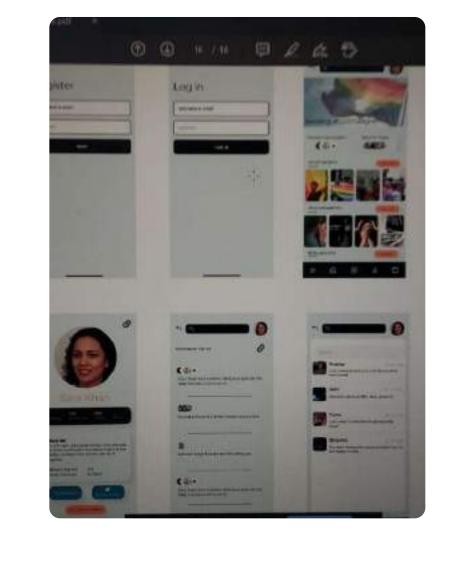
learn stage

• Older design: Too bright, disinterested users, wallpaper background poorly received.

feedback for older design

- · Icons and illustrations: Understood and appreciated for beautifying the design and aiding navigation. • Navigation: Some users navigated well, others required assistance.
- Missing back button: Profile page lacks a back button. • Mail section: Provision for returning back, but difficulty in understanding • Positive feedback: Overall interface is very good and pleasing, excellent use
- how to proceed further from the profile page. • Task flow: Appears archaic. • Font color: Some screens need darker font color.
- · Profile page: Looks compact and overcrowded. • Back buttons: Increase their size. • Login functionality: Should open the menu, not the profile.
- Button size: Most buttons are too small.
- of visual aid. • Improvement needed: Some pages are not understandable.

reflections



Project Sehyog was my first complete design project, where I delved into branding, visual design, logo design, and UI design. Looking back in my fourth year, I realized there were areas for improvement, especially in the app's UX. Nonetheless, this experience helped me grow as a designer and researcher. I've always been passionate about social projects, and this assignment reinforced that passion. Moving forward, I'm eager to apply these lessons and create designs that make a positive impact on society.

