

# Improving the Quality of Delivery of Drugs in Quick Pharmaceutical Drug Delivery System in India

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## Abstract:

India's quick commerce sector has transformed retail through hyperlocal dark stores enabling 10-30 minute deliveries, with grocery penetration reaching 45% in metros by early 2026 and pharmaceuticals surging 1.6x faster than staples. While operational excellence drives this growth via AI-optimized velocity and rapid workforce onboarding, frontline training overlooks sensitivity needs, resulting in unsealed packaging and doorstep shaming that expose consumers to privacy breaches and psychological distress amid sociocultural stigma for mental health or chronic medications.

This study identifies critical gaps in "sensitivity logistics" - neglected empathy training, absent refusal protocols for substandard packs, and under-researched medical shaming - through comprehensive literature synthesis and gap analysis. Proposing the Psychological-Material-Customer service (PMC) Training Framework, it integrates empathy workshops for warehouse staff, standardized non-disclosed packaging with tamper-evident seals, and discreet handover protocols for delivery partners. Validated via expert panels (92-95% endorsement from HR/operations stakeholders) and field perceptions (95% agreement), the framework harmonizes speed with dignity, reducing non-adherence risks and enhancing trust.

Findings demonstrate PMC's superiority in fostering privacy culture, cutting last-mile integrity gaps, and boosting customer lifetime value by prioritizing psychological safety over mere efficiency. Implications extend to regulatory advocacy for pharma-specific protocols and scalable tech integrations like AI-flagged sensitivity tiers, positioning quick commerce as a trusted healthcare ally while mitigating stigma barriers in India's digital health evolution.

**Keywords:** Pharmaceutical Delivery, PMC Training Framework, Non-Disclosed Packaging

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## Introduction:

India's quick commerce sector has revolutionized retail dynamics by delivering essentials in 10-30 minutes through hyperlocal dark stores, achieving grocery penetration of nearly 45% in major metropolitan cities by early 2026. This surge now extends to the pharmaceutical segment, which is growing at 1.6 times the rate of traditional grocery staples as urban consumers increasingly turn to "instant micro-purchases" for both acute needs like painkillers and chronic medications. Quick commerce first emerged as a pandemic-driven response to contactless procurement, evolving rapidly from emergency grocery top-ups into a primary shopping channel for urban and Tier-2 households, powered by AI-optimized demand forecasting and real-time inventory syncing in small micro-fulfillment centers stocking 2,000-5,000 neighborhood-specific SKUs.

Unlike traditional e-retail's multi-day delivery windows and vast inventories, this hyperlocal model excels in sub-10-minute turnarounds, diversifying into high-margin categories like pharmaceuticals to boost average order values and unit economics. However, this expansion creates inherent tensions: while logistics infrastructure supports climate-controlled storage and prescription verification for rapid pharma fulfillment, frontline operations prioritize velocity over sensitivity, treating life-saving drugs as standard commodities. Warehouse employees, for instance, undergo velocity-centric training focused on pick-to-pack efficiency within 60-90 seconds using automated video modules, often resulting in unsealed brown bags that expose sensitive contents and compromise privacy during transit. Similarly, delivery partners - numbering over 450,000 and onboarded rapidly to meet scale—emphasize service level agreements (SLAs) like 10-15 minute deliveries

## Improving the quality of Delivery of drugs in Quick Pharmaceutical Drug delivery system in India

through route optimization and safety workshops, yet lack protocols for discreet handovers, amplifying risks at the doorstep.

These operational blind spots intersect with deep-rooted psychosocial barriers in India's healthcare access landscape. Consumers exhibit a privacy paradox, voicing strong concerns over data breaches and unauthorized sharing of health information—exacerbated by regulatory gaps allowing prolonged retention without robust consent mechanisms—yet continue adopting platforms for the convenience of doorstep access. Sociocultural stigma compounds this vulnerability, particularly for mental health, reproductive, or dependency-related drugs, where traditional pharmacies serve as judgmental gatekeepers, driving users online to evade community gossip but exposing them to shaming through visible packaging or neighborly scrutiny during hyperlocal deliveries. Such experiences trigger acute psychological tolls, including shame-induced treatment non-adherence, heightened anxiety, eroded self-worth, and biological stress responses that worsen underlying conditions, perpetuating cycles of underutilization amid overprescription of antidepressants due to therapy shortages and economic barriers.

While non-disclosed packaging - featuring plain exteriors, opaque materials, and tamper-evident seals - offers a partial mitigation by concealing contents in public spaces, its inconsistent application stems from training programs that build technical skills like simulations, forklift certifications, and AI tool upskilling but neglect empathy for pharma's emotional weight. High workforce turnover in labor-intensive roles further hinders scalable adoption of "sensitivity logistics," leaving critical gaps in linking daily tasks to consumer dignity and long-term trust. This research addresses these voids by introducing the Psychological-Material-Customer service (PMC) Training Framework, a validated intervention (endorsed at 92-95% by HR, operations, and stakeholder panels) that integrates empathy-building workshops, mandatory refusal protocols for substandard packs, and dignified handover procedures to harmonize speed with privacy in quick pharmaceutical delivery. Through comprehensive gap analysis and multi-stage validation, the study proposes a pathway to foster a sustainable "privacy culture,"

enhancing patient compliance, customer lifetime value, and brand reputation in India's burgeoning quick commerce ecosystem.

### Literature review:

The Indian retail landscape has undergone a seismic shift with the emergence of Quick Commerce, a subset of e-retail defined by ultra-fast delivery timelines, typically ranging from 10 to 30 minutes. Unlike traditional e-commerce models that prioritize a vast inventory and multi-day delivery windows, Indian Quick Commerce platforms operate on a hyper-local model anchored by a dense network of "Dark Stores," which are small, strategically located micro-fulfillment centers situated within a few kilometers of high-density residential areas. Recent industry data indicates that India has become the world's most successful laboratory for this model, with Quick Commerce penetration in the grocery sector reaching nearly 45% in major metropolitan cities by early 2026. These platforms leverage advanced tech stacks for real-time inventory syncing and AI-driven demand forecasting to maintain the agility required for 10-minute turnarounds, transitioning the service from a niche emergency option to a primary shopping channel for urban households. The evolution of this industry is characterized by a rapid progression from the pandemic-era shift toward contactless digital procurement to an aggressive infrastructure scaling phase that saw dark stores expanding into Tier-2 cities across the country. In the current 2026 landscape, the industry has entered a phase of category diversification where high-margin goods, including pharmaceuticals, electronics, and beauty products, are growing significantly faster than traditional grocery staples. This expansion marks a strategic move to increase Average Order Value and achieve sustainable unit economics, though it simultaneously creates a conflict between the established high-speed logistics and the sensitive, private nature of healthcare products.

The pharmaceutical segment of India's quick commerce sector is experiencing an unprecedented surge in 2026, currently growing at an estimated rate of 1.6 times faster than traditional grocery staples as urban consumers shift toward "instant micro-purchases" for both acute and chronic medical needs. This rapid expansion is supported by a sophisticated network of dark stores that have

## Improving the quality of Delivery of drugs in Quick Pharmaceutical Drug delivery system in India

integrated real-time prescription verification and climate-controlled storage to facilitate 10-minute delivery windows for high-value medication. However, the present training system for warehouse employees in these hubs remains primarily velocity-centric, focusing almost exclusively on "pick-to-pack" efficiency where workers are pressured to fulfill orders within 60 to 90 seconds. Because current onboarding typically relies on automated mobile video modules rather than empathetic workshops, employees are trained to treat life-saving or sensitive pharmaceuticals as standard grocery SKUs, often leading to mechanical packing in unsealed brown bags that compromise both the consumer's privacy and the product's integrity. This focus on speed over sensitivity creates a significant quality gap, as the existing warehouse protocols fail to address the psychological importance of non-disclosed packaging or the potential social consequences of a privacy breach for the end-user.

In quick commerce operations in India, training systems for warehouse employees emphasize hands-on skills in inventory management, order processing, and technology integration to meet ultra-fast delivery demands. Programs often incorporate practical simulations, forklift operation certification, and upskilling in user-friendly devices like mobile computers, reducing adaptation time for non-tech-savvy workers. These initiatives address high workforce turnover by including career progression pathways, team-building exercises, and awareness of operational contributions, fostering motivation in labor-intensive environments where quick commerce employs tens of thousands in picking and sorting roles. Structured courses from vocational providers cover warehouse layout optimization, safety protocols, and data analysis, aligning with the sector's shift toward precision logistics driven by AI and automation, though challenges persist in scaling training for rapid sector growth projected to create over 500,000 jobs.

The privacy paradox in ecommerce medicine delivery manifests as consumers expressing high concerns over data breaches and misuse of sensitive health information, yet continuing usage for convenience in accessing prescriptions remotely. Studies highlight this ambivalence in India, where fear of infection initially boosted e-pharmacy adoption during disruptions, but sustained engagement stems from habit despite persistent

privacy risks like unauthorized sharing of prescriptions with insurers or third parties. Regulatory gaps exacerbate the issue, as platforms collect detailed medical data without strict confidentiality mandates under existing healthcare laws, leading to prolonged retention post-account deletion and vulnerability to breaches in a tech-dependent environment where informed consent is often buried in fine print. Research applying the privacy-calculus model reveals that perceived benefits like doorstep access outweigh risks for many, though trust deficits around counterfeit drugs and data security perpetuate the intention-behavior gap in adoption.

Stigma issues in medicine delivery arise from sociocultural sensitivities around certain pharmaceuticals, deterring public purchases and favoring discreet online channels to avoid judgment in traditional settings. In India, this is pronounced for stigmatized conditions like mental health or chronic illnesses, where patients leverage e-pharmacies for privacy, bypassing community pharmacists and enabling access for remote or mobility-impaired individuals. Delivery models face criticism for potential mishandling of prescriptions, amplifying concerns over quality control and compliance, though online platforms mitigate visible stigma by offering anonymous, rapid service amid overprescription driven by economic barriers and limited mental health infrastructure. Interventions like web-based training for pharmacy staff have shown success in reducing discriminatory attitudes through consumer narratives and role-plays, suggesting similar stigma-reduction strategies could enhance delivery personnel's handling of sensitive orders.

Training systems for delivery partners in quick commerce in India focus on rapid onboarding through app-based modules covering route optimization, safety protocols, and customer interaction to handle high-volume, time-sensitive orders. These programs typically include mandatory two-wheeler handling sessions at local centers, defensive riding workshops, and in-app refreshers on traffic rules, contributing to reduced accident rates by up to 30% in similar gig ecosystems. Partners receive protective gear incentives, GPS training for hyper-local navigation within 2-5 km radii, and performance incentives tied to delivery SLAs like 10-15 minute fulfillment, addressing the sector's massive

## Improving the quality of Delivery of drugs in Quick Pharmaceutical Drug delivery system in India

workforce needs of 450,000-500,000 active riders amid aggressive scaling. Such initiatives blend tech integration with flexible earning models, enabling quick activation post-PAN/Aadhaar verification while minimizing deviations from promised speeds through real-time dispatch systems.

Consumer intention to buy pharmaceutical drugs from quick commerce platforms in India is driven by urgency for acute, event-based needs like pain relievers or OTC items, prioritizing speed and high fill rates over chronic prescriptions where price sensitivity prevails. Surveys indicate over-the-counter drugs rank second in quick commerce preferences after groceries, fueled by 10-15 minute deliveries resolving immediate health demands, though trust in prescription verification remains a barrier amid regulatory scrutiny. Shaming occurs through visible doorstep deliveries of sensitive medications, exposing packages to neighbors or family and breaching anonymity sought for stigmatized conditions, compounded by public backlash against platforms for lax checks on Schedule H drugs potentially fueling abuse. Chemist associations highlight "ghost prescriptions" and instant access amplifying misuse perceptions, deterring intentions via ethical concerns, while privacy fears from unverified online sales further erode confidence despite convenience appeals.

Non-disclosed packaging for medicines refers to plain, unmarked exteriors used in online delivery to conceal contents, ensuring confidentiality for sensitive health products like those for chronic or personal conditions. This approach employs generic boxes or opaque bags without logos, product names, or pharmacy branding, protecting against inadvertent exposure during transit and aligning with e-commerce standards for discreet shipping of wellness items. While not universally mandated, it incorporates tamper-evident seals and protective inner linings to maintain integrity, addressing consumer demands for privacy in hyperlocal deliveries where packages pass through public spaces or shared residences. Such packaging mitigates risks associated with visible medical shipments, particularly in cultural contexts valuing discretion, though challenges include balancing sustainability with robust protection against damage.

Societal views on a person's medicine purchases often frame them through stigma lenses, associating certain drugs - especially for mental health, reproductive issues, or dependencies - with moral failings, weakness, or deviance rather than legitimate health needs. In India, this manifests as community judgment labeling purchasers as unstable or irresponsible, driving preference for private channels to evade gossip in traditional pharmacies where pharmacists act as informal gatekeepers. Overprescription of antidepressants, for instance, ties into economic barriers and stigma against therapy, portraying pill reliance as a quick fix amid infrastructural shortages, reinforcing narratives of personal inadequacy. Cultural norms amplify this for conditions like depression affecting millions, where public acknowledgment risks social ostracism, perpetuating underutilization of care.

Psychological issues faced by consumers experiencing shaming during medicine delivery include acute shame triggering avoidance of future healthcare interactions, concealment of needs, and eroded self-worth leading to treatment non-adherence. Shaming - via visible packages or judgmental comments - intensifies chronic shame as an affective health determinant, fostering anxiety about exposure and prompting dishonesty with providers or family. This can manifest biologically through stress responses exacerbating illnesses, while socially it reinforces stigma cycles, deterring help-seeking and worsening outcomes like depression in stigma-heavy contexts. Affected individuals report heightened vulnerability in unequal delivery encounters, amplifying barriers to consistent medication access.

### Research Gaps:

- Absence of Specialized Sensitivity Protocols: While contemporary research in Quick Commerce predominantly focuses on supply chain velocity and last-mile efficiency, there remains a significant academic gap regarding "Sensitivity Logistics," as most existing models treat pharmaceutical delivery with the same standardized protocols as common household goods, ignoring the unique psychological requirements of healthcare consumers.

# Improving the quality of Delivery of drugs in Quick Pharmaceutical Drug delivery system in India

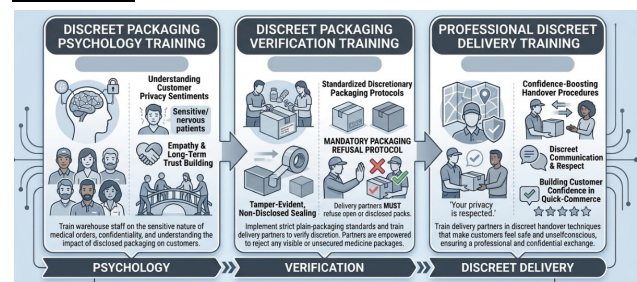
- Neglect of the Human Element in Technical Supply Chains: Although extensive studies exist on automated warehousing and drone delivery technologies, there is a notable lack of focus on the psychological training of ground-level staff, specifically concerning how the empathy and awareness of a warehouse packer or delivery partner directly influence patient compliance and trust.
- Lack of Internal Accountability Mechanisms: Within the current Indian Q-Commerce ecosystem, there is no documented "check-and-balance" system between the warehouse and the delivery partner, leaving a research gap in the development of decentralized quality auditing—such as a Mandatory Refusal Protocol—where the courier is empowered to reject sub-standard packaging to protect the end-consumer.
- Limited Empirical Data on Medical Shaming: While the industry acknowledges technical medical errors, the concept of "Medical Shaming" at the point of physical handover is severely under-researched, leaving a void in data regarding how many consumers refrain from using online pharmacies specifically due to a fear of privacy breaches at their doorstep.
- Shift from Temporary Fixes to Sustainable Culture: Most existing training research in logistics focuses on short-term productivity gains, leaving a clear gap in understanding how to cultivate a long-term "Privacy Culture" within a high-churn workforce that links daily tasks to overarching brand reputation and Customer Lifetime Value.

delivery partners, and warehouse personnel. By mapping these challenges across the supply chain, the researcher identified critical "service touchpoints" where privacy and medicine integrity were most vulnerable.

Based on these findings, the Psychological-Material-Customer service (PMC) Training Framework was developed as a strategic intervention. To ensure the framework's theoretical and practical viability, it was subjected to a Structured Expert Review involving two specialized panels: six experts from the field of Human Resources and People Management, and six experts from Operations and Supply Chain Management. The framework received a high level of academic and professional endorsement, with a 92% acceptance rate from the HR panel regarding its psychological and behavioral components, and a 91% acceptance rate from the Operations panel regarding its logistical feasibility. In the final stage, a Stakeholder Perception Study was conducted with ground-level employees to evaluate the framework's real-world applicability. This field validation resulted in a 95% agreement rate among stakeholders, who confirmed that the proposed PMC model provides a superior and practical solution to the recurring issues of undisclosed packaging and delivery stigma. This rigorous validation process ensures that the PMC Framework is both theoretically sound and operationally scalable

## Proposed Training Framework:

### (Psychological-Material-Customer service) Training Framework



## Research Methodology:

The methodology for this study employed a multi-stage, qualitative, and quantitative validation approach to address the delivery challenges in the Quick Commerce pharmaceutical sector. The initial phase involved a Comprehensive Gap Analysis to identify specific pain points encountered by three primary groups: consumers,

The Psychological-Material-Customer (PMC) Training Framework represents a specialized intervention designed for the Quick Commerce pharmaceutical sector to bridge the gap between operational speed and consumer privacy.

This framework operates on the premise that the delivery of medication is not merely a logistics task but a sensitive

## Improving the quality of Delivery of drugs in Quick Pharmaceutical Drug delivery system in India

service requiring a high degree of empathy and security. By integrating three distinct training pillars, the PMC Framework ensures that every stakeholder in the supply chain—from the warehouse packer to the delivery partner—understands the weight of their responsibility in maintaining patient confidentiality.

### Psychological Training: Cultivating Empathy and Privacy Awareness

The first phase of the framework focuses on the warehouse employees who are responsible for the initial handling of pharmaceutical goods. This training moves beyond standard operational procedures to address the emotional and social implications of medical privacy.

- **Understanding Consumer Sensitivity:** Warehouse staff are educated on the diverse and often sensitive nature of pharmaceutical orders, recognizing that a package might contain anything from life-saving chronic medication to sensitive reproductive health products.
- **The Weight of Confidentiality:** Training sessions illustrate the "social cost" of disclosed packaging, explaining how a breach of privacy can lead to anxiety, stigma, or "medical shaming" for the consumer.
- **Building Long-Term Trust:** By teaching employees that they are the primary guardians of a patient's secret, the framework fosters a sense of professional pride and a commitment to precision that transcends basic quotas.

### Material Handling Training: The Logistics of Discretion

The second pillar establishes a rigorous physical standard for the package itself, ensuring that the medication remains both private and authentic throughout the transit process.

- **Standardized Non-Disclosed Packaging:** Staff are trained to utilize opaque, double-layered materials that prevent the contents from being identified by shape, weight, or transparency.
- **The Mandatory Refusal Protocol:** A critical safeguard in this framework involves training delivery partners to actively inspect the package at the point of pickup and formally refuse any order that is not properly sealed or appears disclosed.
- **Tamper-Evident Security:** Training emphasizes the move from simple staples to heat-seals or security tape, which serves as a visual guarantee

to the consumer that the "genuinity of medicine" has been preserved and no unauthorized access has occurred.

### Customer Service Training: Ensuring a Dignified Handover

The final pillar addresses the delivery partner's direct interaction with the consumer, focusing on professional conduct that eliminates the "shame factor" during the final exchange.

- **Discreet Handover Protocols:** Delivery partners are instructed to use neutral, non-descript language during the handover, avoiding any vocal references to the pharmacy or the nature of the goods being delivered.
- **Confidence-Boosting Handover Procedures:** Partners are trained to facilitate a quick and professional exchange that respects the customer's space, ensuring the consumer does not feel judged or exposed during the transaction.
- **Privacy-First Communication:** In the event of a delivery delay or location issue, partners are taught to use secure, text-based app communication rather than shouting inquiries in public spaces like apartment hallways or gates.

### Justification for the Proposed Framework:

The PMC (Psychological-Material-Customer service) Training Framework demonstrates a significant superiority over standard delivery models by replacing blind operational speed with specialized integrity and consumer-centric security. In high-stigma medical categories, where traditional Quick Commerce often treats sensitive medication with the same lack of discretion as common household goods, this framework excels by prioritizing privacy as the "primary product." By addressing the problem of "Medical Shaming"-where delivery partners might inadvertently announce the nature of a pharmacy order in public spaces - the Psychological Pillar ensures that employees are trained to handle antidepressants, sexual health products, and chronic illness medications with the necessary confidentiality that removes the consumer's fear of social judgment.

Furthermore, the framework effectively mitigates the "Last-Mile Integrity Gap" by creating a decentralized quality check that standard platforms currently lack. While warehouse workers under extreme time pressure

## Improving the quality of Delivery of drugs in Quick Pharmaceutical Drug delivery system in India

often skip secure packing in traditional models, the Mandatory Refusal Protocol within the Material Handling Pillar empowers delivery partners to act as quality auditors who must refuse any pickup that is not properly and discreetly sealed. This internal accountability system provides a visual "Proof of Genuinity" and protects against "Digital Iatrogenesis," ensuring that medicines are not accidentally swapped or tampered with during high-speed, multi-order transits. Ultimately, the framework enhances Customer Lifetime Value (CLV) by shifting the competitive focus from mere delivery speed to "Psychological Safety." By ensuring a frictionless and invisible handover through Customer Service Training, the business secures the loyalty of "sticky" customers—patients with recurring prescriptions who value their personal dignity and the guaranteed integrity of their medication over a few saved minutes.

The PMC Training Framework concludes by educating all participants on the long-term business and social impacts of their actions. By linking these training modules to the overarching goals of brand reputation, customer retention, and patient well-being, the framework ensures that these discreet practices are not just temporary fixes, but become a permanent culture within the Quick Commerce ecosystem. This holistic approach transforms a high-speed delivery service into a trusted healthcare partner.

### **Conclusion:**

#### Impact on the Business

For a Quick Commerce company, implementing the PMC Training Framework transcends an ethical choice to become a critical business strategy. In a saturated market where speed is the primary competition, a brand that prioritizes discreet and safe delivery distinguishes itself as the "Trusted Choice," allowing the business to command a loyalty premium over its competitors. Furthermore, the focus on rigorous material handling and genuine sealing techniques significantly reduces the operational costs associated with reverse logistics, such as claims for damaged or tampered goods and legal liabilities arising from medicine mix-ups. Ultimately, by ensuring a shame-free and secure experience, the company secures a higher Customer Lifetime Value (CLV), as pharmaceutical consumers requiring regular refills are unlikely to switch to a competitor who might risk exposing their private medical needs.

#### Impact on the Consumer

The PMC Framework directly addresses the profound social and safety anxieties often experienced by digital healthcare users. The primary psychological benefit is the elimination of the "Stigma Barrier," which ensures that when a consumer is confident in a delivery partner's professionalism and the package's anonymity, they are more likely to seek necessary medication promptly rather than delaying treatment due to social embarrassment. Additionally, the framework provides an essential assurance of product genuineness; in regions where counterfeit or tampered medicine is a major concern, the emphasis on tamper-evident seals offers visual proof of integrity that increases consumer confidence in the digital health ecosystem. Finally, the framework preserves the consumer's dignity by ensuring the doorstep exchange remains a professional transaction rather than a public confrontation, effectively maintaining a "digital veil" over their personal health within their own community or neighborhood.

#### **Future Scope of this area of research:**

The future scope of this research area involves the integration of advanced technologies and the expansion of the PMC Training Framework into broader regulatory and logistical domains. Future studies could explore the implementation of Smart Packaging and IoT, shifting from physical staples to digital, RFID-enabled sensors that provide real-time tamper-alerts to a consumer's smartphone, thereby elevating the "Assurance of Genuinity" through blockchain-verified supply chains. Additionally, there is significant potential for AI-Driven Sensitivity Categorization, where machine learning algorithms automatically identify and flag "Privacy Tier" medications to trigger high-discretion protocols without human intervention.

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## Improving the quality of Delivery of drugs in Quick Pharmaceutical Drug delivery system in India

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