**Literature Survey**

* The prevalence of obesity, which is defined as a [body mass index](https://www.sciencedirect.com/topics/medicine-and-dentistry/body-mass-index) (BMI) greater than 30, has increased dramatically in the United States since the late 1990s. So much so that recently obesity has been officially recognized as a disease by the American Medical Association, an action that could put more emphasis on the health condition by doctors and insurance companies to minimize its adverse effects. Currently, rates of obesity exceed 30% in most sex and adult age groups, whereas its prevalence among children and adolescents, defined as a BMI of more than the 95th percentile, has reached 17%.
* The alarming rates of the high prevalence of obesity have posed a significant public health concern as well as a substantial financial burden on our society because obesity is known to be a risk factor for many chronic diseases, such as type 2 diabetes, cancer, hypertension, asthma, myocardial infarction, stroke, and other conditions. To understand the economic [burden of obesity](https://www.sciencedirect.com/topics/medicine-and-dentistry/burden-of-obesity), several studies have attempted to estimate the attributable costs of obesity, following the burden-of-illness literature on other disease areas. A previous cost-of-illness study estimated that healthcare spending attributable to the rising prevalence of obesity has increased by 27% between 1987 and 2001 .
* The information flow used is a one directional system where the receptionist refers patient to doctors, doctors referring patients to the pharmacist either in or out patients and the same way out. The system that is hospital is entirely manual. When a patient requests drugs from the staff, all the information is recorded manually from the drug dispenser (Pharmacist). Similarly when the supplier delivers drugs all the information from the dispenser to the account on drugs is recorded manually. The following are the weaknesses of the current system at the hospital:

1. The hospital staff finds it tiresome and time consuming when computing patient data, drug supplier and staff Payment receipts and voucher cards this leads to delay in medical reports.

2. The hospital Administration currently uses health record files for storing patients and drug supplier’s information. This system of information storage is susceptible to security problems such as illegal modification and update of records.

3. The Staff usually waste a lot of time in retrieving data.

* 4. The paper work reduces the efficiency of the System.