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ONLINE MEDICINE DONATION SYSTEM

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Abstract:

This project seeks to give unneeded medications and treatments. Unused remedies may be given to a needy person for future use. This software enables users to donate unneeded medications to non-profit organizations. Admin, NGO, and User are the three individuals who make up this organization. The administrator will log in and manage users, barring and deleting those who are using inappropriate or outdated medications. Admin also has a consultant who must approve of the appointment requested by the NGO. The administrator receives a monthly noise of provided cures. Using authorizations, NGOs can register and log in. They can advertise an appointment request that will be placed more appropriately and listed by the administrator. The stock is managed by an NGO, which aids in keeping track of the available treatments. There are three people in this organization namely administrator, NGO, and user. Admin will log in and manage users by removing and blocking users providing incorrect or expired medication. Admin also has a consultant who likes the appointment requested by the NGO. Admin has a monthly noise of remedies that have been added. NGO can register and log in using authorization. They can promote a meeting request that will be added more suitable and will be a list by the admin. The NGO manages the inventory, which helps maintain a record of available remedies. In case of security, the NGO can also change its password. Users can register and login using credentials. They can donate the remedies by providing the details of the remedies and raising the demand, further it will be agreed by the admin and the NGO, they will schedule the donation date. users can also review their previous remedial transaction data.

Keywords: PHP, XAMPP, APACHE, HTML, CSS.

1. Introduction:

When properly planned and managed, a tablet donation can prevent death and lessen suffering. Budgets for development funding may be reduced because of actual contribution patterns, allowing these facilities to be put to better use. The "Online Medicine Donation System" connects a vast network of drug contributions with non-profit organizations and old age homes. A non-profit organization (NGO) is one that is independent of governments and other broad administrative bodies. Although they frequently receive blessings, some fully forgo government money and are operated by volunteers. In the past year or two, there has been a significant growth in Internet users, and that number is continually rising. As a result, using a website has become relatively simple for users. We are aware that there are several current donation sites for



pharmaceutical products, however many falls short of expectations and need additional human data processing. To solve this issue in the future, new and emerging image processing technologies can be developed. With the help of this technology, we can overcome all the aforementioned issues and create a website that is incredibly user-friendly.

Tablet donation, if well organized and monitored, can save lives and alleviate suffering. Real Donation Practices it can bring savings in development finance budgets so that these facilities can be used for other purposes. "Online medicine Donation system" serves as a bridge between the huge network of drug donation and NGOs. Old age home. An NGO is an NGO revenue-driven self-governing organization of states and all general administrative organizations. They are usually supported by a blessing yet some eschew official funding altogether and are run by soulful volunteers. The number of Internet users has grown rapidly in the last one or two years and counting, the site is very easy for users to use. As we are aware, there are several current donation sites for pharmaceutical items, do not conform to standards and require more manual data processing. We can develop new and upcoming image processing technology to overcome this problem in the future. With this technology, we can solve all the problems mentioned above and they have a very user-friendly website.

Life is an important issue in humans. A lot lately people suffered from health problems. In development countries, health care is an essential part of life. Due to shortage doctors and medical personnel, people in developing countries have limited access to medical facilities. Hence healthcare is in high demand in these countries.

India is among the developing countries. India has developed public health programs and organizations and raisins in private sector. Also access to health services in India

after the merger, it plays an important role:

1. India is a populous country. The population of India is around 1.38 billion by 2021. India's population is 382 of people per square km.
2. There are an estimated 1.34 doctors per 1,000 Indians citizens according to the World Health Organization (W.H.O).
3. Poverty removes the well-being of people and people poverty of the nation while raising public



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health concerns. About 6.7% of the entire population of India lives under the country's poverty line (an average income of \$2 each day).

Because in these contests most people living under the poverty line does not pay for health care. Besides "drugs dosage" is the most important for most of them. Therefore, they cannot afford good medical facilities and medicines, suffer from several types of diseases and several people are giving their lives for this problem. People living in extreme poverty can afford many kinds of necessary medicine and may also retain medication for further use.

Here we intended to create a website that could help collection of unused drugs from donors through NGOs and it also provides to people with low incomes or those who cannot afford good medical services and accredited doctors suggest some medication for low-income people who take this place. We also help monitor the availability of essential medicines for a non-governmental organization.

Due to poverty, many people in the country are underprivileged and he can't buy expensive medicine and many people can't take the medicine correctly. From the survey we have saw that 86.9% of people felt it should be there be a trusted platform where they can donate their unused or leftover medicines and also found our portal to be trustworthy platform and are ready to donate medicines on our portal and help needy or poor people by donating medicines to them and then we can conclude that we have this reason as a the main reason for the development of this web portal. We left the survey open as a discussion forum about why people don't want to get medicine from a trusted platform or trusted web portal where some people are they discussed many reasons behind them, and the main reason is trust factor or expiration date verification. People also have many doubts about the expiration date of the drug, so we decided also to create an algorithm to verify the expiration date on the portal itself. That's why we're introducing a validity limit medicines.

4. Literature Survey:

This website makes use of leftover items or materials that a less fortunate person can use. This website includes all of the necessary depressed needed by the various NGO that will acknowledge our client's gift. Clients will have access to the complete file history. Guidelines for Donations of Remedies, 2010 Data from the World Health Organization Library's catalogue of publications Guidelines for drug donations were



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updated in 2010.

1. Pharmaceutical supplies and distribution preparations.
2. Essential medicines for distribution and supply.
3. Aid operations.
4. Emergencies
5. Relations between institutions.
6. Instructions World Health Organization rating: 330 for ISBN 9789241501989. Initial publication: 1996; second printing: 1999; third printing: The third iteration of the Guidelines for Remedies Donations was created by the World Health Organization (WHO) in conjunction with significant international development and humanitarian aid organizations. The Guidelines' main goal is to raise the standard of drug donations for international relief efforts and disaster relief. Both donors and recipients are interested in donation preparation for good remedies.

There are various portals that have donated fund for support health analysis and also the cost of treating the poorest people-MESCO Social and Environmental Management Organization: Give India was founded on April 28, 2000, with an assurance that equal opportunity is the cornerstone of civilization. All people should have the same opportunity to prosper in life, regardless of their circumstances. However, this is not true. Diversified economy in India has seen growth rate of 10.91% in 2016–17 compared to 8.50% in 2015–16. India has also created a high rate of the most expensive of people with a growth rate of 9.5% compared to Asian growth rate of 7.5%. and to date 36% of under five children in India are malnourished, it is 51% of women of reproductive age concerns about anemia 33 million children do not go to school and work in various forms of child abuse, 350 million Indians still face an open problem evacuation due to unavailability of sanitary facilities, a nearly 18,000 million villages in India still do not have access to water storage areas. Give India interest to change this diversity. They do this by connecting people who want to donate and organizations that strive to make a difference. The consequences of poverty are many and affect family's generation. Educating a generation or securing an income can help families reduce the cycle of birth defects.



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India is a populated country, and our people are important to us. If each of us promises to help, we will be strong enough to solve this our problems. we can be confident enough that as a society we are we will need support if we follow the way of life. Friendship NGO, Donate - Savings to support or improve life in amazing way - NGO Friendship:

Friendship is a global social work movement led by a vision and a world in which there are people, especially those who are hard to reach and unspoken, have an equal chance to live with dignity and hope.

A Social Purpose Organization (SPO) is an organization that deals with social issues and always puts interests the communities they serve first.

The idea of friendship has hardly changed in the last 20 years and is more important than ever in the world they face growing global challenges such as exclusion, environment destitution, extreme poverty, inequality, and injustice.

Medshare.org, provides medical services - Med Share: Med Share is a charity that actively helps light quality of life for people, our planet, and communities by providing as well as managing the supply of more and more drugs of supplies and services at the level of communities in need in the vicinity ours. Med Share supports increasing health size administration and maintaining feasibility by handing over live resource training and health care service delivery professionals and medical organizations helping people in need. Med Share distribution of executive medical and mechanical of products has reduced our nation's performance and brought healing, health, and the promise of better lives for hundreds of people nations and countless patients.

Opportunity and challenges for developing countries strengthen the foremost facility in health management Information System (HMIS) which are also discussed in the study.

Some countries mean that there are some opportunities like increase in internet usage, ICT based applications development, & especially adoption of telemedicine where many of the issues are availability rates and availability of ICT services, quality and quantity of data and proper use. In another study by Roxane al. argues that perceived waste and ease of use by the disabled person interest in supporting eHealth in rural and urban clinics in various areas regions in Eastern Cape Town, South Africa. One more thing Health services research was conducted to estimate perspective of their better use.



5. Objectives:

The suggested approach aims to make it possible to use ICTs to bring NGOs together and provide a more efficient means of organizing their shared operations. The benefits of this system include It assists the needy with their medication. Many in need will receive treatment. Through the usage of, all resources can be made available to all member institutions operating concurrently in various fields. Additionally, an NGO can link to external sources directly with the aid of web-based tools. Online Job Center: NGOs can easily make online announcements for volunteers with the help of this center. Additionally, job seekers and volunteers can email their resumes to the related institutions or NGO's.

Because of poverty, poor people cannot buy expensive things medicines, while many people waste large amounts medicines. We know from the survey that 91.1% of people.

remember a trusted web portal where they can donate theirs unused medicines to help poor people and that is the main thing the reason for building our web portal. We also kept the forum open to know why people are not willing to get medicine from a trusted web portal where people mentioned various reasons and one of the main reasons is the trust issue. People have doubt about the expiration date of the drug, that's why we thought of listing limiting the shelf life of the drug.

6. Tools and Technology:

6.1 PHP:

PHP is an object-oriented, open source, interpreted scripting language that can be run on the server. Web development works nicely with PHP. Hypertext Pre-processors, or PHP. Since PHP is an interpreted language, compilation is not necessary. Compared to other scripting languages like ASP and JSP, PHP is faster. PHP is a server-side programming language that is used to control the website's dynamic content. HTML allows for the embedding of PHP. An object-oriented language is PHP. An open-source programming language is PHP. The most recent PHP version, 7.4.0, was made available on November 28...



6.2 My SQL:

Currently, MySQL is the database management system software most used to manage relational databases. The Oracle Company maintains this open-source database program. In comparison to Oracle Database and Microsoft SQL Server, it is a database management system that is quick, accessible, and simple to use. For developing robust and dynamic server-side or web-based enterprise applications, it is frequently used in conjunction with php scripts.

4.3 Apache:

The most popular web server software is Apache. Apache is open-source software that is provided for free and is created and maintained by the Apache Software Foundation. On 67% of all web servers in use today, it is active. It is quick, trustworthy, and secure. By utilizing extensions and modules, it can be highly customized to match the requirements of numerous diverse contexts. Most WordPress hosting companies use the Apache web server. WordPress can, however, also function on other web server applications...

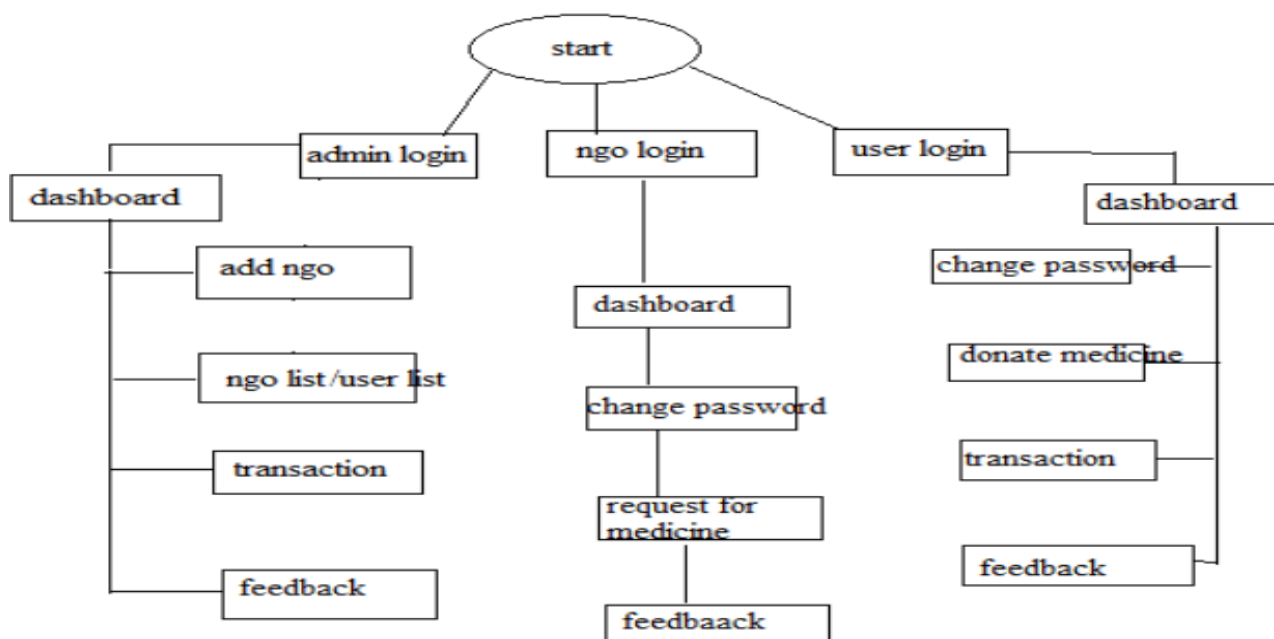
7. Proposed Methodology:

The web program would be a gap between authorized sources (non-governmental organizations) and users who will supply medicines to those in need people. Sponsors can distribute their medicines through this web portal and a registered doctor can recommend the medicines to them patients who cannot afford these expensive drugs.

Participants in our program are pharmacist providers, beneficiaries who will receive free medicines and bridging resources to which any NGO can respond by maintaining a list of drugs, donor information, recipient information, drug availability and can respond by collecting drugs from donors and prescribing medicines to the beneficiaries and thereby complete the program.

NGOs and pharmacists or providers must create an account on our web portal, where the system will verify the account and information provided by the provider and non-governmental organizations. During registration, name, address, registration email ID and password user will be mandatory. The conceptual system is shown in the figure:

7.1 Data Flow Diagram:



NGOs and pharmacists or providers must create an account on our web portal, where the system will verify the account and information provided by the provider and non-governmental organizations. During registration, name, address, registration email ID and password user will be mandatory.

At the same time, the recipient can receive medication from to non-governmental organizations in person by presenting the given official regulation doctors for treatment. Alternatively, the patient needs call a doctor who is registered in the program and if the patient cannot pay for the medicine, then the doctor can request the medicine through the portal and suggest it to him visiting an NGO for a link to get medicines. Therefore, recipients do not need direct access to the portal which overcomes their power as well as the technological problems associated with it smart devices and internet usage. Before shipmen medicines for beneficiaries are kept by the relevant administrator and check the availability of the prescribed medicine.

As we have a problem statement that we also saw earlier like:

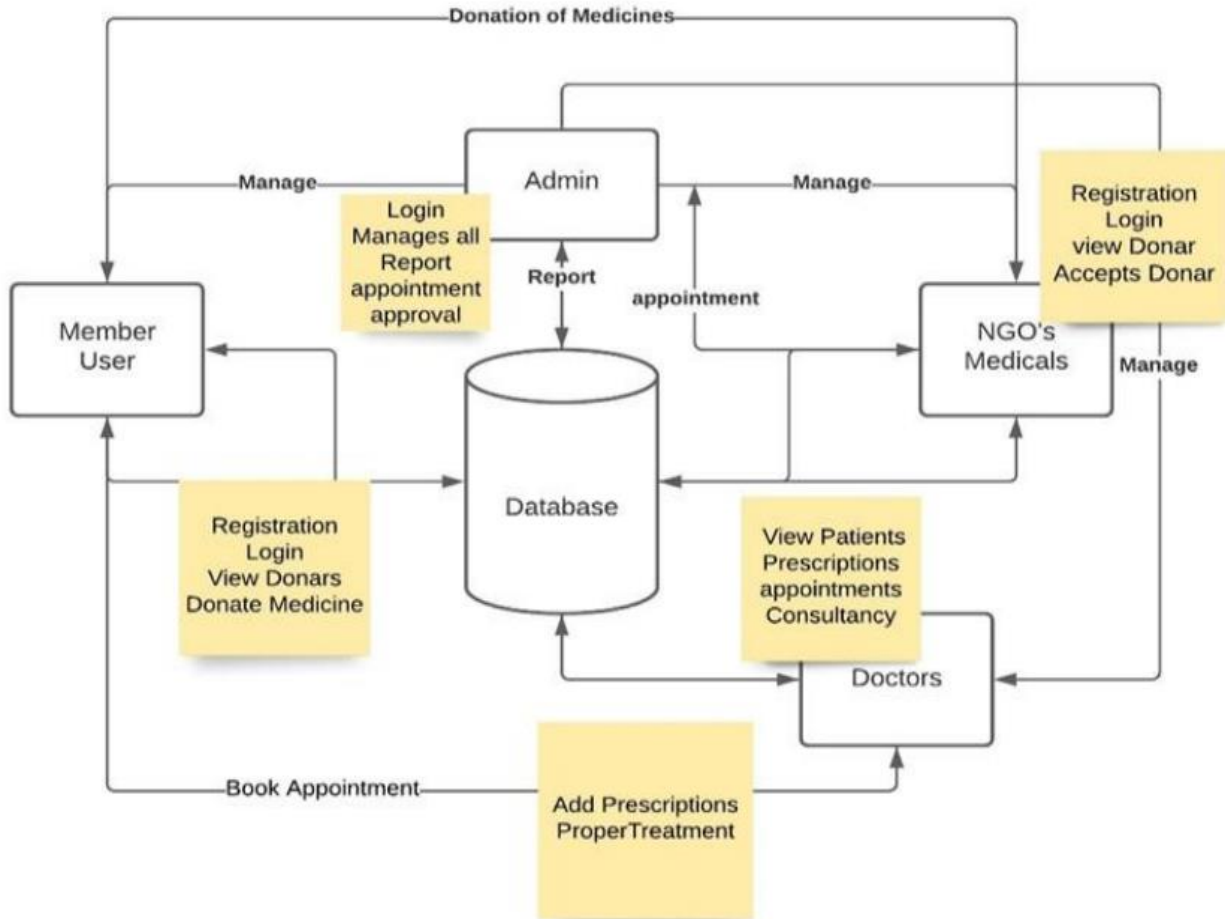
1. Loss of human power
2. Some medicines are very expensive.

3. It's hard to find the right people.
4. It is also difficult to use or find leftovers medicines.

Our proposed methodology is intended to provide some major changes in the system such as:

1. It helps poor people for medicine.
2. It will also help in maintaining records of medicines.
3. Many needy people are cured.
4. Admin can also check the expiry date automatically.

SYSTEM ARCHITECTURE DESIGN





we are making medicine donation portal. We divided the development phase into 3 parts as shown in Figure:

1. End of server and database
2. Safety features
3. User display

1. End of server and database:

At the beginning, we prepared the Entity Relationship diagram database (ER) recipients as required portal & then uses the database on the MongoDB server interface with sufficient security barriers to prevent external unauthorized access. To protect the privacy and security of our portal, we are used two different credentials (admin and user) so no other person can access or update the existing control panel configuration. The control panel will verify the delivery program from the user record and keeps the entire system regulated and current.

2. Safety features:

All users must first register to access the portal and then the registration would be successful only after that verification and verification of necessary data and required information. we used traditional HTTPs authentication which authorizes a strong user-encrypted password, which is verified by email id with encrypted offer. Meeting user login and authentication-based access will be verified to an existing user logs out of the portal or system inevitably deleted after the exact session end time. Therefore, to enable this kind of core security features, we to try to make our web portal more reliable and secure existing users. We also used input validation for better and real registration like no one can enter email address without using any domain name or no one can enter it contact number containing less than 10 digits.

3. User interface:

On our web portal, secure access is provided for customization user information where portal content differs according to user standards (donor/NGO or recipient). The portal will display the content according to the login details whether the user is an administrator, an NGO, or the public. It has got certain device and browser compatibility in a user-friendly environment a way to facilitate access to the real user in development lifecycle we used the MERN stack technologies like MongoDB, Express, React & NodeJS etc. MongoDB is a document-oriented database, Express JS is an open-source web application framework



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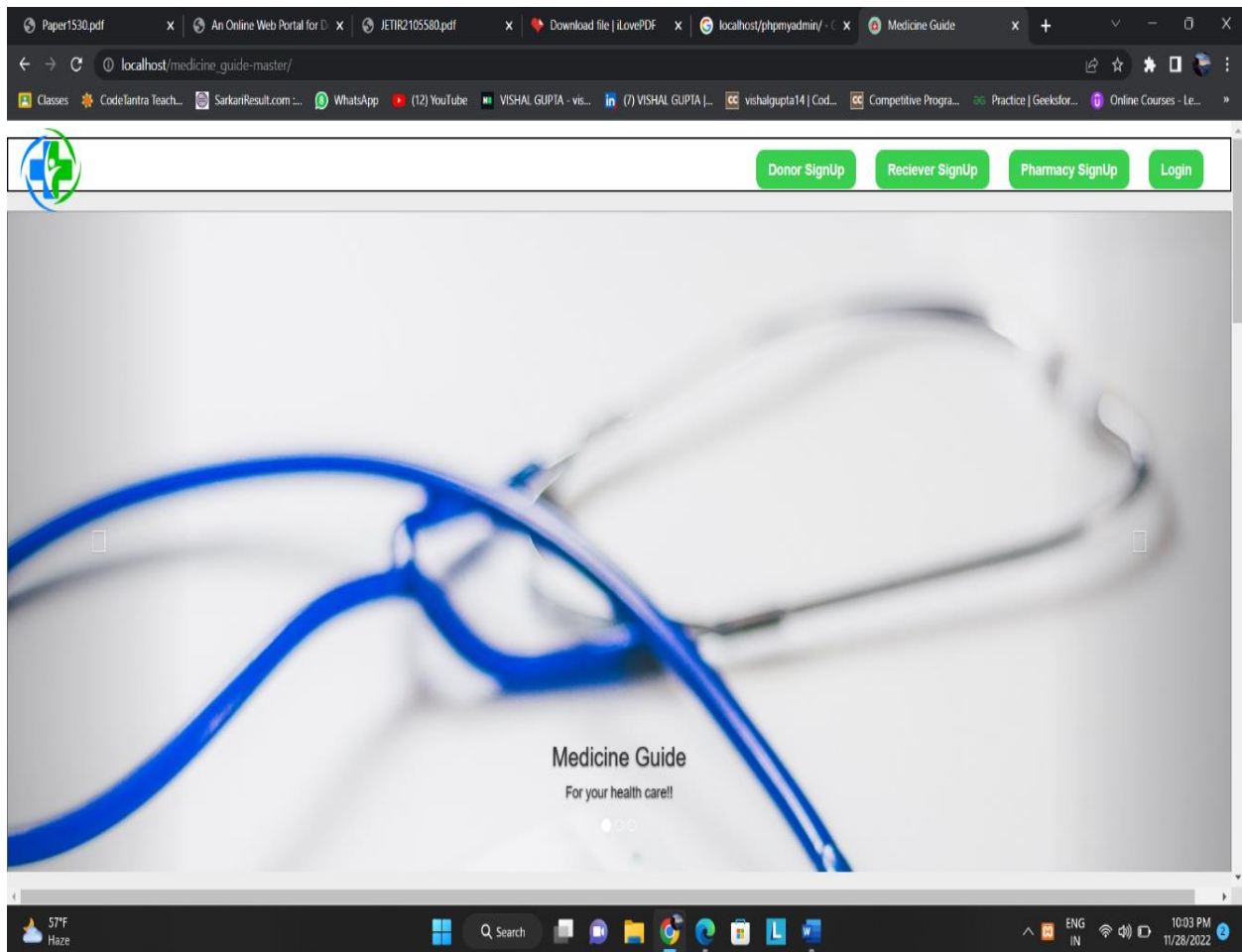
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written in JavaScript to create fast, scalable, and robust web applications, ReactJS is a JavaScript library for creating user interfaces. We used MERN for flexibility and scalability and It also allows for easy data editing and searching.

7.2 Index Page:





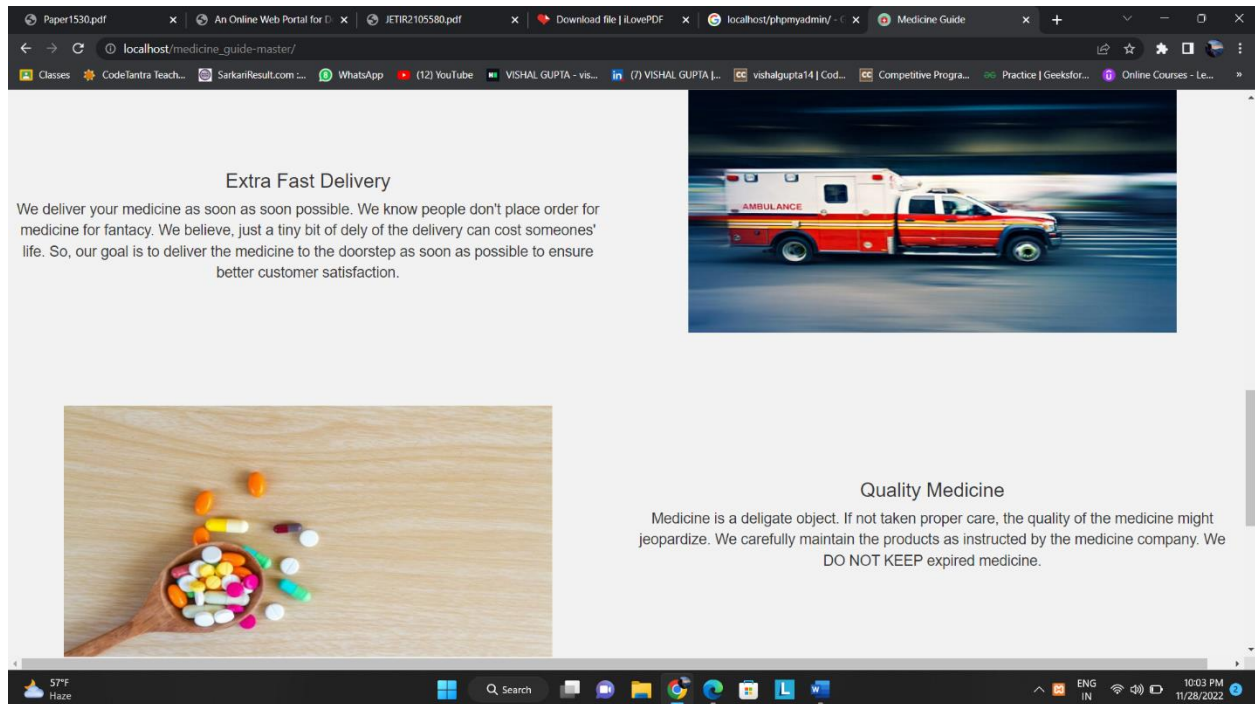
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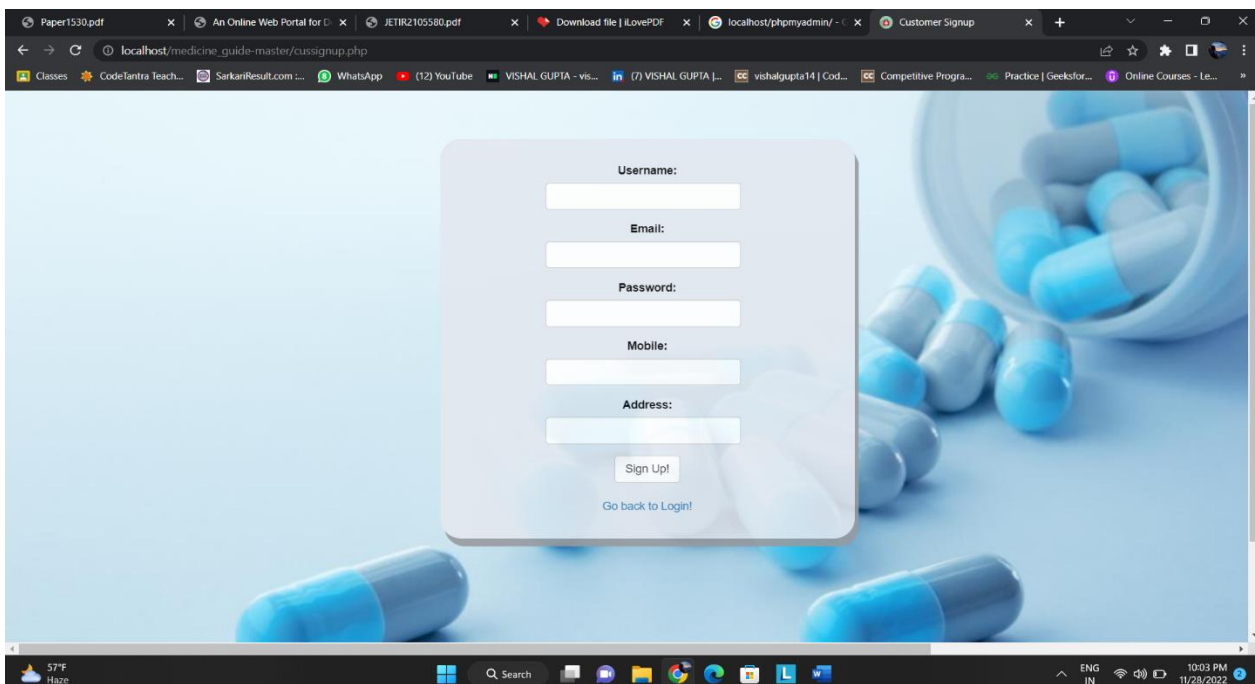
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7.3 Dashboard Page:



7.4 Login Page:





8. Advantages, Disadvantages and Applications:

8.1 Advantages:

1. Some online pharmacies share useful information about drugs and diseases. Provides links to useful information as well as important medical resources, universities, and government agencies.
2. Ordering prescription drugs through E-Pharmacy is very easy. Especially for people who live far from a conventional pharmacy, the elderly, the disabled and those who work very intensively, this system is a very easy and at the same time a very fast way of obtaining medicines. Plus, shipping costs are much cheaper than going to a traditional pharmacy.
3. One of the most important advantages of the E-Pharmacy application is time saving. You can order your medication within minutes, and you will receive your prescription medication very quickly. All you must do is place your order by entering your recipe through the mobile app or the web. You don't have to go to the pharmacy, and you won't have to deal with waiting in line at the pharmacy.
4. Buying drugs online also saves money. Studies show that buying drugs online can save you a third of your money in total.
5. Another advantage that E-Pharmacy offers is privacy and confidentiality. This system provides great convenience especially to those who are afraid to speak face to face with doctors and pharmacists. In addition, people can order medicines without any disadvantages in particular issues such as sexuality or adolescence that may be a source of embarrassment.
6. E-Pharmacy, which offers a much wider range of options than a traditional pharmacy, provides a great advantage to patients. It is not possible to find every drug in a physical pharmacy in a certain area, but many more drugs are available at regular drug stores.
7. Most legal stores that work with E-Pharmacy have a drug verification process. These stores request a prescription from a personal doctor or apply for the supply of medicines after filling out a questionnaire about the patient's health. These questionnaires are approved by a physician before distribution.



8. Aids in obtaining free medicine.
9. It aids those in need of medication.
10. Maintaining medication records will be beneficial.
11. Many underprivileged individuals will be cured.

8.2 Applications:

1. It can be used in the medical field to obtain medications or treatments from people in India and give them gratis to underprivileged families.

8.3 Disadvantage:

1. One of the biggest disadvantages of the online pharmacy model is the lack of physical assessment capability. In some cases, a physical evaluation can be done and a situational analysis can be done very effectively. Although the online evaluation process is done, the process will not be performed by licensed health professionals.
2. One of the disadvantages of E-Pharmacy is that there is no one to contact face to face. When patients want to ask about the medications they are taking, it is very difficult for them to contact a licensed pharmacist. For this reason, it may not be possible for patients to access their medication on the same day.
3. Some online pharmacies can dispense medication to patients without a prescription. In such a case, patients may become much more seriously ill instead of recovering. When buying medicines from a pharmacy, pharmacists must therefore request a prescription. Some illegal online pharmacies sell over-the-counter drugs and thus endanger human health and it is very difficult to prevent this.
4. One of the issues that raise questions about the E-Pharmacy application is the privacy of personal and financial information. Therefore, online pharmacies should create their own privacy policy pages on their websites and ensure that personal and financial information is not shared with third parties.
5. This application requires an active internet connection.



6. The user must enter the correct data, otherwise it behaves non-standardly.

9. Result & Discussion:

Before we started working on our project, we tried to acknowledge the main need of a web portal from the end user's point of view. We have also followed some procedures for accessing the main field requirements, we first opted for online survey, we too talked to some people about this condition.

For an effective way to conduct research, we have created a google form where end users asked about some situation questions, their age and an optional field for their profession. We also want to know about the human doctor relationship, such as how often they visit the doctor or make appointments meeting with him, and how they use up their unused one's medicines and about their interest in doing welfare or charity work with your unused medication. We passed the survey to the public via emails or via social media platforms, we also sent an email to the entire university domain. We sent more than 150 emails to different people and their expectations valuable opinion through this sent out form so that we can have some observations and approximately data.

While sometimes the incorrect navigation and frequent requests for assistance were low; therefore, they finished the job well. While the table I shows that the user fulfillment scores collected for all users (doctor, donor, manager, and recipient) were very high. [11]

We can conclude that everyone is agrees that this portal will surely introduce new ways to provide improved health & medication services to needy people [12]. Briefly from the experimental research, we can say that our system is functionally fit, efficient, and ready to use.

It could be appropriate to ask Dame Elisabeth Buggins to lead another Taskforce. And considering the 2008 Taskforce reports, perhaps influential medical organizations should reevaluate the support they provided for implied consent in the early 2000s [3,4]. In 2013, the Royal College of Surgeons of England released a policy statement that took a neutral stance [7], after being identified by the BMA [5] and the media in 2008 [6] as a proponent of implied consent.

10. Conclusion and Future Scope:

The modern era has started. People from all socioeconomic backgrounds and levels of literacy are now concerned about their health. The fact that aware poor people cannot devote much time to their health care routine due to their low income is a source of sadness. NGO's and Our Website show remarkable effort by



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giving needy people free medical care. However, in the majority of cases, people receive treatment rather than pricey cures. As a result, they no longer see any value in this fantastic project. This essay offers a succinct outline of the planning and creation of a website that will be very successful and make a significant contribution to getting health services to those in need. This website has helped to cut down on remedy waste.

The modern era has begun. Privileged and unprivileged, literate, and illiterate people are now aware of their own health. It is a matter of sorrow to be conscious poor people cannot pay much attention to their health care because of their low income. The government is taking a big initiative by providing free treatment to poor people. But most of cases, they will receive treatment, not expensive drugs.

Therefore, a great initiative becomes worthless for them. The article provides a brief overview of the design and development a web portal that will be very efficient and will carry well contribution to get health services for these poor or low-income people in Bangladesh. A lightly weighted rating the study also highlighted that the portal is useful, effective, efficient, and an innovative way of obtaining health services.

One of the main limitations of this research was the number of participants accepted into the evaluation study was comparatively low. Therefore, further research is possible an extensive empirical study with many real users to improve the usability and technical side of the portal function. Future research can also be done on the design and develop a mobile application of this portal and assess performance compared to this web portal.



11. References:

1. S. Jahan and M. M. H. Chowdhury, “mhealth: A sustainable healthcare model for developing world,” *American Journal of Modeling and Optimization*, vol. 2, no. 3, pp. 73–76, 2014.
2. M. R. Hoque, M. Mazmum, and Y. Bao, “e-health in bangladesh: current status, challenges, and future direction,” *Int Tech Manag Rev*, vol. 4, no. 2, pp. 87–96, 2014.
3. Department of Health *Organs for transplants. A report from the Organ Donation Taskforce*. London: DH, 2008.
4. Department of Health *The potential impact of an opt out system for organ donation in the UK. A report from the Organ Donation Taskforce*. London: DH, 2008.
5. BMA press release archive BMA briefing paper - presumed consent for organ donation.
6. Boseley S. Taskforce opposes ‘presumed consent’ for organ donors. 18 November 2008.
7. The Royal College of Surgeons Policy position regarding organ donation. February 2013.
8. WHO. *Guidelines for Medicine Donations*. 3rd ed. 2011
9. IRJET-V7450 *International Research Journal of Engineering and Technology (IRJET)*
10. *International journal of Creative research thoughts (IJCRT)*
11. Kuppuswamy, V.; Bayus, B.L. *Crowd funding Creative Ideas: The Dynamics of Project Backers. In the Economics of Crowd funding: Startups, Portals and Investor Behavior*, 1st ed.