

**COMPUTERIZED ASSESSMENT OF THE
IMPACT OF NATIONAL PROGRAMMES ON
IMMUNIZATION (N P I) IN NIGERIA**

BY

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COMPUTER SCIENCE**

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CERTIFICATION

I certify that this work was carried out by BALOGUN ADEKUNLE ADEBAYO in the Department of Mathematics and Computer science, Federal University of Technology Minna.

SUPERVISOR

(MAL. AUDU ISAH)

DATE

HEAD OF DEPARTMENT

(DR. S.A. REJU)

DATE

EXTERNAL EXAMINER

DATE

DEDICATION

This project is dedicated to almighty God for his loving kindness in my life.

ACKNOWLEDGEMENT

My gratitude goes to Almighty God who gave me strength and guidance throughout the course of my study. To my supervisor Mallam Isa Audu whose supervision of this project work was marked with patience, maturity, beauty, professionalism and intellectual appeal, I shall ever remain grateful for your co-operation and understanding throughout the period of this project work.

Without any reservation, I wish to express my sincere gratitude to my elder brother Mr. P. O. Balogun for his sponsorship of my educational career.

I wish to express my sincere gratitude to the following people:

Mr. Badmus(the programmes co-ordinator), Mr & Mrs Lanko, Mallam Tawfiq, Mr. Garba Joseph, Mr. Lekan Akindele, Doctor Adeyemo, Miss Helen, My Godly praying pastor on whose grave are the words: Ida Duewel-Intercessor; and many people I may not be able to mention their names.

May God reward all of you abundantly. (Amen).

I am very grateful to my parents and entire Balogun family, they have all contributed positively to the success of this project. May God bless the entire family.

I give due regards to Head of Department in person of DR. S.A. REJU, MR. L.N. EZEAKO (the current programme co-ordinator), DR. YOMI AIYESIMI, MR. ABDULRAHEEM K. and to other lecturers in the department of Mathematics and Computer Science. May God bless you all.

ABSTRACT

This project was on computerization of the assessment of the impact of the National Programmes on Immunization in Nigeria. The data used for this project was collected by making use of abstract published statistics which was compiled by the Federal office of statistics. The data was analyzed using test of difference proportion. The analysis was computerized using Q Basic computer language. This project will be useful to students, Health workers, Nurses and government because it contains a clear analysis of basic principles of statistics which any reader, regardless of his own personal specialty, will find very useful. Also the programs written on the analysis can be used to assess other related data.

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1.6 DATA COLLECTION.

	DIPHTERIA		MEASLES		POLIOMYELITIS		WHOOPIING COUGH		TETANUS		TUBERCULOSIS	
	CASES	DEATH	CASES	DEATH	CASES	DEATH	CASES	DEATH	CASES	DEATH	CASES	DEATH
1980	970	15	156571	1095	1620	117	88626	101	3943	411	12170	343
1981	914	10	154261	1010	1340	181	83722	221	3553	368	11341	416
1982	890	4	139785	985	1456	199	77830	73	3419	372	10949	334
1983	275	-	136778	983	1719	170	70024	77	2577	226	10212	208
1984	733	-	182591	1431	1207	188	62751	61	2437	209	10677	161
1985	1996	8	161768	1721	1038	116	92266	166	2679	219	14934	354
1986	1871	26	115743	1991	707	-	42193	101	2269	157	14071	575
1987	1979	32	140405	491	769	3	54303	112	2296	106	15113	602
1988	1779	23	138095	662	830	1	49400	99	2062	102	13322	314
1989	3797	7	30436	304	318	5	44497	81	2308	196	12232	300
1990	1768	2	115682	1399	873	29	39594	96	3763	134	20122	213
1991	2819	59	44026	388	842	-	34691	66	3353	195	19100	471
1992	2351	3	85965	94	957	1	29788	76	3440	N.A	14802	16
1993	4042	2	54734	58	383	1	24844	73	4075	4	11601	12
1994	1363	-	106081	695	502	-	19981	56	2643	75	14854	352
1995	1556	-	49880	671	439	4	15078	60	2774	130	10040	407
1996	1372	-	121929	607	541	-	10174	61	2174	103	10776	132
1997	1020	-	119620	621	492	-	5271	61	2112	116	11340	210

SOURCE: FEDERAL MINISTRY OF HEALTH AND SOCIAL SERVICES

1.7 TEST OF DIFFERENCE OF PROPORTION

Our interest here is to compare the period before the introduction of UNICEF programme with the period after the introduction of the programme.

We consider the null hypothesis that there is no difference in the level of treatment between the two periods i.e. period one=period two.

The null hypothesis are denoted by H_0 and hypothesis alternate to the null hypothesis is denoted by H_1 .

The maximum probability with which we would be willing to risk the rejection of hypothesis when it should be accepted is called level of significance of the test. This probability is denoted by α , is generally specified before any samples are drawn so that results, obtained will not influence our choice. In practice a level of significance of 0.05 or 0.01 is customary.

For the purpose of easy identification the periods under study will be classified as follows:

PERIOD ONE: Children that did not receive any of the UNICEF programmes.

PERIOD TWO: Children that received either of the UNICEF programmes.

This test will show if there is significant difference since this programme started in Nigeria.

CHAPTER TWO

LITERATURE REVIEW

2.1. THE COMPUTER

The computer has become many things to many people: to some, it is a terrible complex invention which is best avoided, while to others, it is the ultimate solution to all problems. These are only two examples of several misconceptions about the computer. While the former view depicts a deliberate and ultimate futile attempt to ignore an overwhelming technological development, the later view is rather simplistic, as it invariably leads to disappointments and frustration.

The fact is that computer is basically a machine. It cannot think, it has no intelligence and it will do only what it is told to do.

In fact, it is just a dumb, silent machine full of switch-circuits that will do absolutely nothing until someone gives it complete instructions (a programme) on what activities to perform. It works with lightning speed, nonetheless, it's still just a machine. It is this speed factor which really makes the computer such a modern marvel. Actually the computer does not do anything that a human being cannot do just as well, but it does so with such incredible speed that it completely alters the entire nature of human activity.

WHAT IS A COMPUTER?

A computer is an automatic electronic data processing machine.

AUTOMATIC: means that a computer can carry out a sequence of operations on its own following a set of instructions known as program.

ELECTRONIC: means that a computer is made from solid-state electronic components, commonly known as chips.

DATA: is for information. It is used to describe the information in a form which can be processed by a computer.

PROCESSING: Describes the type of work done by a computer, which includes storing, locating, selecting and sorting data, doing calculations and making simple decisions.

MACHINE: Is a reminder that a computer is a device that requires maintenance and can break down like any other machine such as a car, fan, sewing machine, e.t.c. Most of the works which a computer can do are summarized by the words INPUT, PROCESSING, and OUTPUT.

INPUT: Is the act of supplying data to the computer from the environment. Data can be input to a computer through the keyboard, mouse, e.t.c.

OUTPUT: Is the act of supplying data from the computer to the environment. This can be achieved in a number of ways; display screens, paper or microfilms (through the printer or plotter), disk e.t.c. Most computers can also store, retrieve and communicate with other computers or suitable devices.

One of the major limitations of a computer is based on the fact that, everything a computer does is a response to instructions in a programme. Therefore, a computer cannot respond to an unforeseen circumstance. Although a computer can take simple decisions based on questions which have 'YES or NO'. It cannot think for itself. Similarly, a computer cannot make a moral judgement. Finally, computers only understand natural languages like English or French, though they can store texts in natural languages. All the programming languages, such as BASIC, LOBOL, PASCAL used to instruct computers are simple than natural languages, even though they may contain complicated mathematical formulae.

2.2 COMPUTER SYSTEM

This can be defined as a group of component which relates together in order to help computer perform the task of data processing.

The components are Hardware, software and humanware.

HARDWARE:

This is the physical component of a computer system, it is the mechanical, electrical, magnetic and electronic devices.

HUMANWARE: Constitute the group of people that puts computer into one use or the other. This group includes the system analyst, the programmers, the system engineer, the computer operators etc.

SOFTWARE: These are the programs being used to control the activities and operations of the computer. It is with the introduction of the s/w that we are being able to explore the capabilities of a computer.

TYPES OF SOFTWARE

There are two types of software namely:

System software and application software.

The system software are program written by the manufacturer of a computer which aid easy access and operations of the computer.

Examples of system software are operating system, translators, utility programmes e.t.c

Application software is the set of programmes written by the computer users in order to carry out some operations on the computer. There are two types of Application software which include application packages and home-made packages.

Application packages are programs written by group of experts for a particular use e.g. The word processing packages, spreadsheet packages, Data base management system, statistical packages, Desktop publishers, Graphics packages etc.

HOME-MADE PACKAGES: Constitute the programs written by the user to solve a local problem. This is where programming comes in.

2.3 THE CONCEPT OF PROGRAMMING

Programming can be defined as an out of writing programs. A program is a set of instructions given to computer to carry out a particular task.

COMPUTER LANGUAGE

This is the language with which we use to communicate with the computer. There are difficult types of programming languages which can be categorised as follows. Machine language, assembly language and high level language.

We shall use high level language to achieve the aims and objectives of this project work.

2.4 NATIONAL EXPANDED PROGRAMMES ON IMMUNIZATION:

Each year, more than 80 million children are born in the developing countries. About five million of these children die from diphtheria, whooping cough, tetanus, poliomyelites, measles, and childhood tuberculosis. In addition to those who die, many are disabled through brain damage, paralysis, stunted growth, chronic lung illness, deafness and blindness (FMH). Also measles and whooping cough can prevent a child from eating and therefore become clinically malnourished.

None of these should happen because children can be protected against all these diseases. There are safe vaccines available. The vaccines for the six diseases lost little to protect each child in the developing world for life.

The government of Nigeria has planned a national expanded programme on immunization (EPI) to control these six childhood diseases throughout the federation.

These are tuberculosis, measles, whooping cough, Diphtheria, tetanus and poliomyelitis.

Set objectives and goals: the ultimate goals of the WHO was to reduce to barest minimum the number of sickness and deaths through EPI.

Target Age Group: the target age group are children from the very day they are born to 2 years (0-2yrs), and pregnant women. The definition of age is important as in the former immunization programme of children 0-5 years brought a lot of wastages of vaccines, high defaulter rate and therefore provided very little protection.

There was therefore little impact on the prevalence of those diseases. Pregnant women were not protected against tetanus and there was high neonatal and maternal deaths (FMH & UNICEF 1986)

2.5 IMMUNIZATION:

Immunity is the state of resistance of the body to agents foreign to it. Among which environmental and especially, infections agents are the best known, immunity is not necessarily and absolute nor a permanent state. It may be natural dependant on the species, or the individual. In the later case, it may be genetic (e.g. resistant strains of animals) actively acquired (e.g subclinical infections) or passively acquired e.g. by means of maternal antibodies passively transferred through placental or colostrum).

Immunity may also be provided artificially by active or passive immunization.

Active immunization by means of vaccines provides usually effective and long lasting immunity. While passive immunity acquired by injection of ready-made antibodies is short-lasting and less effective (GAT 1983).

2.6 EPIDEMIOLOGY:

Is derived from the word epidemics. Epidemics is any sudden increase in the incident rate of a disease. The rate must be in excess of the normal, but the actual value required to justify the name epidemics is not fixed.

Epidemiology is the study of the distribution and causes of disease in population and technique for establishing such knowledge. Epidemiology deals with questions about circumstances which allow a disease to developed and flourish, what permitted some member to escape and what brought the epidemic to an end. Epidemiology was until recently dominated by the study of acute epidemics and contagious diseases and by the search for infections, agents. Today the subject covers all types of disease – physical as well as mental, noninfectious as well as inectious and Epidemiologists study all types of population characteristics and agents- social and psychological as well as biological and physical- that may help to describe or explain the prevalence disease.

Some of the infectious diseases that influences the growth of our children are discussed below:

1. TUBERCULOSIS:

Tuberculosis is a bacterial diseases that can be transmitted from one person to the other by droplet infections. The droplets from the spitum of the sufferer, when inhaled or ingested by another person may manifest itself later.

The newborn babies have no immunity from the mother and is prone to the disease as early as the first day of life.

Overcrowding and poor feeding predisposes one to infection. With our social pattern of collective living and the typical slums in the urban areas the incidence of this disease has not reduced appreciably.

B.C.G. is the vaccine used as early as the first day of life to protect the newborn babies.

It is important to know the local names for each disease and educate people on early immunization for babies and the evil effect of overcrowding and poor personal and environmental hygiene.

2. WHOOPING COUGH:

Whooping cough is another bacterial disease that affects the respiratory tract. It is passed from one person to the other through droplets from the sputum of the patient and inhaled by another person.

The name describes rightly the characteristics of the cough. The cough starts and prolongs with a whoop. The prolonged cough prevents air entering the lungs and lack of oxygen to the blood vessels. The child vomits in the process. The eyes become swollen and red due to the pressure built up in the blood vessels during the period of whooping. Malnutrition results from persistent vomiting.

By immunization combined with tetanus and Diphtheria (DPT) this is the best form of protection and prevention.

3. MEASLES:

Measles is one of the commonest causes of death among children. It is caused by a virus. The infection is passed to another child through droplet infection. The infection is passed to another child even before the appearance of rashes.

Measles usually affect children above six months of age. Before six months the child is under protection of inherited immunity from the mother.

The well fed babies, when affected, are better able to resist the complications that develop following the initial episode.

Measles is well known disease characterized by catarrh with discharge from the nose and mouth.

The use of measles vaccine is the best means of protection. The lifetime protection is the one that results from a previous measles infection and from the successful immunization.

Mother should be mobilized to bring children for measles immunization and to complete the doses.

4. POLIOMYELITIS:

This is a viral disease that affects the central nervous system thereby causing paralysis of the areas supplied by the nerve. It does not affect sensory component but the motor (action) muscles. It is a disease of poor sanitation. The infection is passed through the stool or urine, via water to the next victim where there is indiscriminate disposal of faeces the transmission is favoured.

The cause of disease is usually unnoticed with slight fever and short diarrhoea episode. It is the paralysis (weakness of an arm or leg).

The mother complains that her child, usually a toddler or bigger child suddenly stopped walking. The affected limbs weak within a few weeks the affected area, due to lack of use, become wasted.

If one leg is affected it becomes thinner than the unparalysed leg. Because the muscles are not equally affected contracture occurs resulting in lameness.

Oral polio vaccine is the most effective method of protection even in developed countries where sanitation is no more a problem. It can be disastrous if a common source of water gets contaminated, all the unprotected children in the population can develop the disease resulting in epidemics.

5. TETANUS

Tetanus is a bacterial disease. The organism exists in the soil contaminated by cow dung or horses stool.

A person gets infected through contamination of the wound by the soil. A baby can be infected from the first day of life through the umbilicus. The traditional way of putting cow dung on the umbilical cord by some elderly women encourages early infection and the rate of development of the disease depends on the amount of contamination. The heavier the infection the more deadly.

PROTECTION:

Immunization of babies with DPT or tetanus toxoid.

Immunization of pregnant women with tetanus toxoid.

6. DIPHTHERIA:

This disease is not common in Africa but when it occurs, it is highly fatal. It is a bacterial disease passed from one victim to the other through droplet infection.

The disease affects the upper respiratory tract. It forms very thick highly inflamed covering on the back of the throat. This can cause obstruction and suffocation

2.7 NUTRITIONAL DISEASES

The human body is made up of many substances, all of which are derived from foods, in addition, foods provide the body with the heat and energy required to maintain normal body temperature, to perform all functions essential to human life (heart beat, breathing, digestion of food e.t.c.) and to carry out all other bodily activities from the slight muscular activity required in sitting, reading and writing to strenuous exertions called for in athletics and heavy labour.

Most infants thrive well on their mother's milk alone in the first 3 to 4 months of life. This is a period of rapid growth the average infant is expected to increase his birth weight by more than half and grows in length by a percent during this time. But after 4 to 6 months other foods are needed. Ideally the child should continue to be breast fed until he is at least 2 years (24 months).

The process of introducing foods other than milk to the infant's diet and gradually taking him off the breast is referred to as weaning. The process of weaning is very fundamental to the growth development and upbringing of a child and it must be carried out in such a way that will enhance these processes. Practical experience in the act of weaning could be helpful and for an inexperienced mother, there is the need for her proper education on the procedure of weaning. If weaning is not properly carried out, children tend to develop malnutrition and other nutritional diseases that are often difficult and expensive to cure e.g. Kwashiorkor, Marasmus, Anaemia, Xerophthalmia etc.

The breastmilk of a healthy mother is regarded as a balanced diet and if this source of food is to be gradually displaced, it must be replaced by a food whose formation and composition is very close to that of breast milk.

$$= \frac{46.9225275 + 75.04158974}{5360}$$

$$= \frac{121.9641172}{5360}$$

$$= 0.022754499$$

$$q = 1 - P$$

$$= 1 - 0.022754499$$

$$= 0.977245501$$

$$\delta_{Ps1 - Ps2} = \sqrt{P(1-P)\left(\frac{1}{N1} + \frac{1}{N2}\right)}$$

$$= \sqrt{(0.022754499)(0.977245501)\left(\frac{1}{1816} + \frac{1}{3544}\right)}$$

$$= \sqrt{0.000018451937}$$

$$= 0.0043034$$

TEST STATISTICS: Z_c

$$Z_c = \frac{Ps1 - Ps2 - 0}{\delta_{Ps1 - Ps2}}$$

$$\delta_{Ps1 - Ps2}$$

$$= \frac{0.025838396 - 0.021174263}{0.0043034}$$

$$= 0.0046647$$

$$0.0043034$$

$$= 1.083825$$

Z table

$$Z_{1 - \frac{\alpha}{2}} = Z_{.975} = 1,96$$

DECISION RULE:

Reject H_0 if $Z_c > Z_{1-\alpha/2}$ otherwise do not reject H_0 .

Conclusion: Since $Z_c < Z_{1-\alpha/2}$ that is $1.084 < 1.96$ we have no statistical reason to reject H_0 and conclude that there is no difference in the level of treatment. I.e. NPI has no impact in the diseases.

WHOOPING COUGH

1ST PERIOD

YEAR	CASES	DEATH
1980	88626	101
1981	83722	221
1982	77830	73
1983	70024	77
1984	62751	61
1985	92266	166
TOTAL	475219	699

2ND PERIOD

YEAR	CASES	DEATH
1986	42193	101
1987	54303	112
1988	49400	99
1989	44497	81
1990	39594	96
1991	34691	66
1992	29788	76
1993	24884	73
1994	19981	56
1995	15078	60
1996	10174	61
1997	5271	61
TOTAL	369854	942

$$= \sqrt{0.00000194108}$$

$$= 0.001393$$

TEST STATISTICS: Z_c

$$Z_c = \frac{P_{s1} - P_{s2} - 0}{\delta P_{s1} - P_{s2}}$$

$$= \frac{0.0077542 - 0.000710940}{0.001393}$$

$$= \frac{0.00704326}{0.001393}$$

$$= 0.0006448$$

$$0.001393$$

$$= 0.46281035$$

$$Z_{Table} = Z_{1-\alpha/2} = 1.96$$

Decision Rule

Reject H_0 if $Z_c > Z_{table}$ otherwise do not reject H_0

Conclusion:

Since $Z_{compared} = 0.46281035$ is less than $Z_{1-\alpha/2} = 1.96$ we have no statistical reason to reject H_0 and conclude that there is no difference in the level at treatment.

TUBERCULOSIS DISEASES

1ST PERIOD

YEAR	CASES	DEATH
1980	12170	343
1981	11341	416
1982	10949	334
1983	10212	208
1984	10677	161
1985	14934	354
TOTAL	70283	1816

Ho: $P_{s1} = P_{s2}$ (There is no different in the level of treatment)

HI: $P_{s1} \neq P_{s2}$ (There is difference in the level of treatment)

$\alpha = 0.05$ (level of significant)

$P_{s1} = D/M$ where D = number of Death

M= Total no. of cases

P_{s1} = Proportion of group

I = 1, 2

$$P_{s1} = \frac{699}{475219} = 0.0014709$$

$$P_{s2} = \frac{942}{369854} = 0.00254695$$

P is used as an estimate of the period proportion

$P = \frac{N_1 P_{s1} + N_2 P_{s2}}{N_1 + N_2}$ = pooled estimate of the standard error.

$N_1 + N_2$

$$= \frac{699 (0.0014709) + 942 (0.00254695)}{699 + 942}$$

$$= \frac{1.0281591 + 2.3992269}{1641}$$

$$= \frac{3.427386}{1641} = 0.0020886$$

$$= \frac{3.427286}{1641} = 0.00208866$$

$q = 1-p$

$$= 1 - 0.0020886$$

$$= 0.99791$$

$$\begin{aligned} \delta P_{s1} - P_{s2} &= \sqrt{P(1-P)\left(\frac{1}{N_1} + \frac{1}{N_2}\right)} \\ &= \sqrt{(0.0020886)(0.99791)\left(\frac{1}{699} + \frac{1}{942}\right)} \\ &= \sqrt{0.0000051943} \\ &= 0.0022791 \end{aligned}$$

TEST STATISTICS Z_c

$$\begin{aligned} Z_c &= \frac{P_{s1} - P_{s2} - 0}{\delta P_{s1} - P_{s2}} \\ &= \frac{0.0014709 - 0.00254695}{0.0022791} \end{aligned}$$

$$= -0.472138$$

$$Z \text{ table} = Z_{1 - \alpha/2} = 1.96$$

Decision Rule

Reject H_0 if $Z_c > Z \text{ table}$ otherwise do not reject H_0

Conclusion

Since $Z_c < Z_{1 - \alpha/2}$ we have no statistical reason to reject H_0 and conclude that there is no difference in the level of treatment.

POLIO DISEASE

1ST PERIOD

YEAR	CASES	DEATH
1980	1620	117
1981	1340	181
1982	1456	199
1983	1719	170
1984	1207	188
1985	1038	116
total	8380	971

2ND PERIOD

YEAR	CASES	DEATH
1986	707	-
1987	769	3
1988	830	1
1989	318	5
1990	873	29
1991	842	-
1992	957	1
1993	383	1
1994	502	-
1995	439	4
1996	541	-
1997	492	-
TOTAL	7653	44

HO: $P_{s1} = P_{s2}$ (There is no different in the level of treatment)

HI: $P_{s1} \neq P_{s2}$ (There is difference in the level of treatment)

$\alpha = 0.05$ (level of significant)

$P_{si} = D/M$ where D = number of Deaths

M= total number of cases

P_{si} = Proportion of group I

I = 1, 2

$P_{s1} = 971 = 0.115871121$

$$Ps_2 = \frac{44}{7653} = 0.0057494$$

P = is used as an estimate of the period proportion

$$P = \frac{N_1 Ps_1 + N_2 Ps_2}{N_1 + N_2} = \text{The pooled estimate of the standard error}$$

$$= \frac{971(0.005871121) + 44(0.0057494)}{971 + 44}$$

$$= \frac{112.7638312}{1015}$$

$$= 0.11109737$$

$$q = 1 - p$$

$$= 1 - 0.11109737$$

$$= 0.888902629$$

$$\sigma_{Ps_1 - Ps_2} = \sqrt{P(1-P)\left(\frac{1}{N_1} + \frac{1}{N_2}\right)}$$

$$= \sqrt{(0.11109737)(0.888902629)\left(\frac{1}{971} + \frac{1}{44}\right)}$$

$$= \sqrt{0.00234613}$$

$$= 0.048436866$$

TEST STATISTICS : Z_c

$$Z_c = \frac{Ps_1 - Ps_2 - 0}{\sigma_{Ps_1 - Ps_2}}$$

$$= \frac{0.115871121 - 0.0057494}{0.048436867}$$

=0.110121721

=2.2735104

Z (Table)

$Z_{1 - \alpha / 2} = Z_{.975} = 1.96$

DECISION RURE

Reject H_0 if $Z_c > Z$ table otherwise do not reject H_0

CONCLUSION:

Since Z compared = 2.2735104 is greater than Z table = 1.96 we reject H_0 and conclude that there is different in the level of treatment.

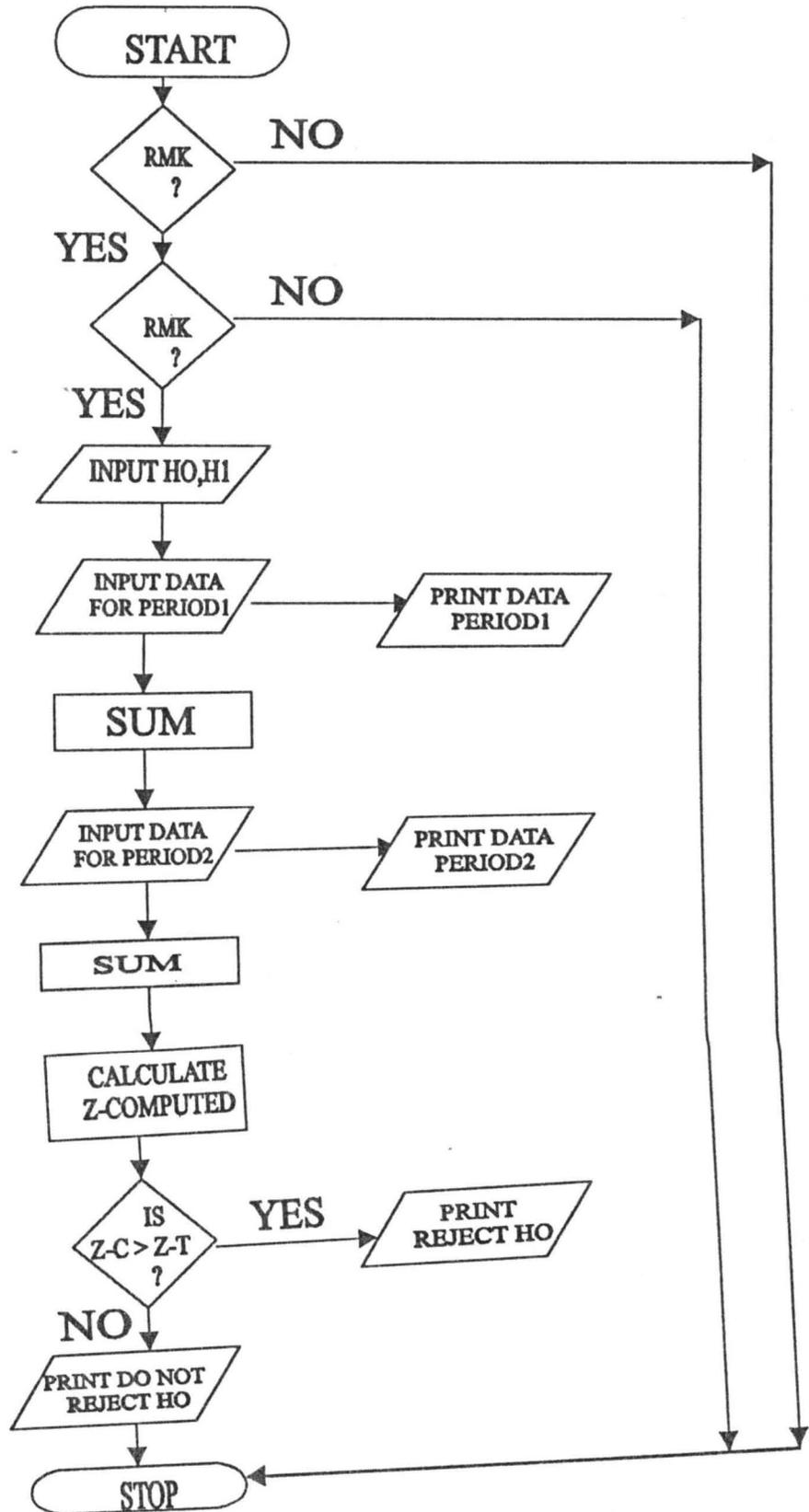
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APPENDIX A

SYSTEM FLOW CHART

FLOW CHART



APPENDIX B

PROGRAM CODES

```
CLS

REM MAIN MENU

FOR M = 5 TO 22
FOR N = 15 TO 70
LOCATE M, N
PRINT "*"
NEXT N
NEXT M

FOR L = 7 TO 20
FOR R = 17 TO 68
LOCATE L, R
PRINT " "
NEXT R
NEXT L

LOCATE 9, 22: PRINT "THIS PROGRAM IS DESIGN"

LOCATE 11, 20: PRINT "FOR THE TEST OF HYPOTHESIS"

LOCATE 13, 21: PRINT "USING DIFFERENT OF PROPORTIONS AS"

LOCATE 15, 21: PRINT "STATISTICAL TOOL"

LOCATE 17, 21: INPUT "DO YOU WISH TO USE THIS TOOL (Y/N) :",
QUES$

IF QUES$ = "N" THEN GOTO 1000

IF QUES$ = "Y" THEN

CLS
```

```
INPUT "DISEASE NAME:", HP3$

CLS

LOCATE 8, 29

PRINT " DISEASE NAME :"; HP3$

LOCATE 10, 24

INPUT "HOW MANY YEAR FOR THE 1ST PERIOD:", A

D = 0

F1 = 0

K = 14

LOCATE 12, 20: PRINT " YEAR      CASES      DEATH "

10 LOCATE K, 20

INPUT YI

LOCATE K, 30

INPUT C1

LOCATE K, 39

INPUT D1

SUM2 = SUM2 + C1

SUM3 = SUM3 + D1

K = K + 1

D = D + 1

IF D = A GOTO 30

GOTO 10

30 REM PRINT SUM2, SUM3

CLS

LOCATE 8, 24

INPUT "HOW MANY YEAR FOR THE 2ND PERIOD: "; B
```

POLIO DISEASES

HOW MANY YEAR FOR THE 1ST PERIOD:6

YEAR	CASES	DEATH
? 1980	? 1620	? 117
? 1981	? 1340	? 181
? 1982	? 1456	? 199
? 1983	? 1719	? 170
? 1984	? 1207	? 188
? 1985	? 1038	? 116

HOW MANY YEAR FOR THE 2ND PERIOD:? 12

YEAR	CASES	DEATH
? 1986	? 707	? 0
? 1987	? 769	? 3
? 1988	? 830	? 1
? 1989	? 318	? 5
? 1990	? 873	? 29
? 1991	? 842	? 0
? 1992	? 957	? 1
? 1993	? 383	? 1
? 1994	? 502	? 0
? 1995	? 439	? 4
? 1996	? 541	? 0
? 1997	? 492	? 0

```
LOCATE 8, 20: PRINT "TEST STATISTICS=Z - COMPUTED"
ZC = (PS1 - PS2) / TS3
ZT = 1.96
IF ZC > ZT THEN
LOCATE 15, 20: PRINT "REJECT HO SINCE Z-COMPUTED IS GREATER
THAN Z-TABLE"
LOCATE 17, 20: PRINT "CONCLUSION: THERE IS DIFFERENCE"
ELSE
LOCATE 15, 20: PRINT "DO NOT REJECT HO SINCE Z-COMPUTED IS
LESS THAN Z-TABLE"
END IF
REM PRINT"P=";P
REM PRINT"Q=";Q
REM PRINT"TS=";TS2,TS3
REM PRINT"ZC=";ZC
END IF
END IF
LOCATE 10, 20: PRINT "Z-COMPUTED="; ZC
LOCATE 12, 20: PRINT "Z-TABLE="; ZT
1000 END
```

POLIO DISEASES

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PS1=PS2 :THERE IS NO DIFFERENCE IN THE LEVEL OF TREATMENT

PS1<>PS2 :THERE IS DIFFERENCE IN THE LEVEL OF TREATMENT

ALFA=0.05 LEVEL OF SIGNIFICANCE

TEST STATISTICS=Z - COMPUTED

Z-COMPUTED= 2.273511

Z-TABLE= 1.96

REJECT HO SINCE Z-COMPUTED IS GREATER THAN Z-TABLE

CONCLUSION: THERE IS DIFFERENCE

key to continue

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Our Ref



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DEPARTMENT OF MATHEMATICS & COMPUTER SCIENCE

Head of Department:

Dr. Sunday A. Reju
(B.Sc., M.Sc., Ph.D., MMAN, MCOAN, MSTAN, MNSA)

30th September, 1999

TO WHOM IT MAY CONCERN

BALOGUN A. ADEKUNLE

This is to introduce with registration number

POSTGRADUATE

PGD/MCS/635/97/98 to your organisation. He/She is an

student of this Department.

He/She would like to use your organisation for some information regarding his/her

project topic:
COMPUTERIZED ASSESSMENT OF THE IMPACT OF NATIONAL

PROGRAMS ON IMMUNIZATION (NPI) IN NIGERIA.
.....

Please kindly give him/her the necessary assistance.

Thanks for your cooperation.

DR. S.A. REJU
Head of Department.