data were analyzed and compared between prior to implementation and after implimentation.

The procedures used for data analysis were percentage distribution, Z-test. The results were as follows:

1. After the village health volunteers in urban community's implementation, the immunization coverages in children aged 0-4 years were significantly higher than prior to implementation. (P=.0018) and they were significantly higher than 10 percents in the past.(P=.0314)

2. After house wife volunteers' implementation, the immunization coverages in children aged 0-4 years were significantly higher than prior to implementation ($P<.001$) and they were significantly higher than 10 percents in the past.($P<.001$)

3. Drop out rates in children aged under 1 year after the village health volunteers in urban community's implementation

3.1 DTP1-DTP2 was 0 and it was lower than 2 percents in the past.

3.2 DTP2-DTP3 and OPV2-OPV3 were significantly lower than prior to the village health volunteers in urban community's implementation (P=.001) and they were significantly lower than 10 percents in the past. ($p<.001$)

3.3 DTP1-DTP3 was significantly lower than prior to the village health volunteers in urban community's implementation (P=.001) and they were significantly lower than 15 percents in the past.(P=.0268)

3.4 OPV1-OPV2 was 0 and it was lower than 5 percents in the past.

3.5 OPV1-OPV3 was significantly lower than prior to the village health volunteers in urban community's implementation (P=.001) and they were significantly lower than 10 percents in the past.(P<.001)

4. Drop out rates in children aged under 1 year after the house wife volunteers' implementation

4.1 DTP1-DTP2 was 0 and it was lower than 2 percents in the past.

4.2 DTP2-DTP3 and OPV2-OPV3 were significantly lower than prior to the house wife volunteers' implementation (P<.001) and they were significantly lower than 10 percents in the past.(P<.001)

4.3 DTP1-DTP3 was significantly lower than prior to the house wife volunteers' implementation (P<.001) and they were significantly lower than 15 percents in the past.(P<.001)

4.4 OPV1-OPV2 was 0 and it was lower than 5 percents in the past.

4.5 OPV1-OPV3 was significantly lower than prior to the house wife volunteers' implementation (P<.001) and it was significantly lower than 10 percents in the past.(P<.001)

5. Immunization coverages after the house wife volunteers' implementation were significantly higher than the village health volunteers in urban community's implementation. (P<.001)