Challenge Facility for Civil Society (CFCS)

Name of Organization: Multi dimensional Resource Centre (MRC) Nepal

COMPLETION REPORT

1. Please provide a copy of the grant budgeting expenses

(you may attach it to this report)

At the end of the financial report, please add an acquittal declaration signed by an appropriately authorised officer of the funded organisation stating the following:

I declare that:

- this report is complete and accurate
- the acquittal is a correct record of income and expenditure for this project
- the expenditure detailed in the acquittal has been extracted from the organisation's financial accounting records
- a detailed record of income and expenditure at an individual item level is available
- the funds allocated to this project were used in accordance with the contract and the Application Form, including any variations to the project approved by the Stop TB Partnership Secretariat in writing.

Signature: 

Full name of authorised officer: Bharat Bahadur Khadka

Position in the organisation: Chief Executive Officer

Date: 28th February, 2012

2. Abstract (10-line summary of the project results & outcome)

Since the project was designed for the services and benefit of the ultra poor and disadvantaged marginal community in far rural remote areas of Makwanpur district in Nepal, the significant result and outcome have achieved so far in terms of prevention, check up and treatment regularity of the TB patients. The post test data revealed that 96% of the sampled marginal people aware about the TB disease, its prevention and treatment services from the health post and hospitals whereas the pre test data showed that only 14% of the people aware about TB. Total case finding during the period in program areas (1 year) of 8 VDCs is 103 (43 female and 60 male). Among these patients, 12% of the patients motivated for regular treatment were in the position of dropping for the use of TB medicine because of tedious practices and far health posts from their residence.

Do you agree to this Completion Report being published on the Stop TB Partnership website?

[✓] **yes** [ ] **no**

Challenge Facility for Civil Society (CFCS)

Name of Organization: MRC Nepal, Hetauda

3.1 Summary Table

- Please read the document 'guidance for CFCS applicants' before completing this table
- Outputs are immediate results achieved as a consequence of the activities carried out. They are usually measured in units of service (for **example**, the number of persons you trained or number of policy meetings held).
- Outcomes are not what you do, but what changes for the people or groups you serve. They are measurable changes in health indicators, health care services, or policies. Outcomes should always be measured with indicators that describe your outcome in numerical terms (e.g. the number of people who go for testing, the % of patients who default, etc).
- Outcomes should be measured before the activity (baseline outcome indicator) and after (outcome achieved).
- Your planned output must use the same indicator as your achieved output. Similarly, the outcome should be measured using the same indicator both before (i.e. at baseline) and after (outcome achieved) the activity takes place.
- Your targets (output and outcome) are what you hope to achieve. Your targets are then compared to what you actually achieved.

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
1. To mobilize and empower the marginal community people socially and motivate them for strengthening local organization institutionally at least five in each VDC to cater all preventive and curative measures against TB through various level of awareness program	1.VDC selection	8 VDCs	8 VDCs	Feb-March 2011	➢ Except 1 government health post in each VDC, there was no any other existence of service provider organization in the areas ➢ Relevancy and need for the program in the areas(Yes/No) **Yes**	In each VDC, 5 community based organization/group developed for TB message delivery. All VDCs satisfied[1] with genuine program
	2. Program			March- Apr		100% of the covered VDCs and

Challenge Facility for Civil Society (CFCS)

Name of Organization: MRC Nepal, Hetauda

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
using different communication media in given time period.	Orientation 2.1 ward/ VDC / community level 2.2 District level	2.1 8 numbers 2.2 1 district	2.1 11 numbers 2.2 2 districts	2011	2.1 Not oriented in the past 2.2 Not oriented in the past	Community know and are aware about the program activities and its approaches
					Not oriented in the past	100% of the covered VDCs and Community know and are aware about the program activities and its approaches [3]
	3.Community group formation as demanded by the community	40 community group (5 per VDC) formation	43 community groups formed to act as a bridge of TB message	March-May2011	Not formed	75% of the formed community group (294 members) actively deliver TB messages [3]
	4. Members/ community motivators selections	Per group at least 5 members in total of 200 motivators	294 members/ motivators involved	March-May 2011	Not selected	75% of the strengthened motivators actively deliver TB messages • Initially in 1st half, 100% motivators involved in awareness raising, treatment and preventive measures of TB resulting 25% increase in case finding (based on last year this period), 22 defaulters (90%) brought back to treatment and 80% people of the area aware on prevention. In the later phase among 294 motivators, 75%(221) of the motivators very actively deliver TB message. (please find the interpretation attached in annex 1 below)

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Name of Organization: MRC Nepal, Hetauda

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
2. To capacitate community members and health technicians on preventive and curative measures against TB, MDR-TB and TB/HIV co-infection through various level of capacity building training at VDC level to ensure timely TB diagnosis and treatment.	5. Awareness Raising and campaign using different media 5.1 Street drama 5.2 Posters and pamphlet distribution 5.3 leaflet and brochure distribution 5.4 Mass meeting and speech 5.5Awareness campaign 5.6 Regular group meeting 5.7 Broadcasting and miking of TB message in mass gathering, FM radio,etc	At least 20,000 marginal people participate in the campaign	5.1 one district level and one VDC level street drama (participated 1150 people) 5.2 In all program VDC and outside program VDC in the district massively distributed (10,250) 5.3 In all program VDC and outside program VDC in the district massively distributed (3,500) 5.4 Sixteen mass meetings carried out at VDC level with mass people and two district level meeting carried out (950) 5.5 Twenty Four awareness campaign carried out (2,350) 5.6 Organised 225 group meetings(2,700) 5.7 In all program VDC and in the district level miking organised and TB message broadcasted(one time) and FM radio for 4 months	April-January 2012	The Pre Test data of the represented sample people showed 13%(39) of the people are aware about TB diseases, prevention and treatment measures associated with local health post and hospital	The Post Test data from a questionnaire [4] of the represented sample people showed that 96% of the people aware about TB diseases, prevention and treatment measures associated with local health post and hospital

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Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
3. To support TB patients through treatment and technical backstopping at VDC level periodically and to coordinate and collaborate among government and nongovernment institution	6. Capacity building training to community members, key persons and health technicians on preventive and curative measures of TB 6.1.1 Capacity building training on TB/ MDR-TB/ TB-HIV co-infection, its curative measures and prevention to community level motivators and key person of the groups 6.1.2 Capacity building training on TB/ MDR-TB/ TB-HIV co-infection, its curative measures and prevention to health	1.1 Five different types of capacity building training at various level organise 1.2 1 district level to health technicians	1.1 Seven capacity building training at VDC level carried out and capacitated 175 motivators 1.2 One district level capacity building training to health technician carried out and capacitated 23 health technicians	April-October 2011	1.1 20% of the [5] community motivators and key person of the group know about TB/ MDR-TB/ TB-HIV co-infection, its curative measures and prevention 1.2 Among 23 health technician, 60% (14) of the health technicians know about TB/ MDR-TB/ TB-HIV co-infection, its curative measures and prevention	1.1 96% (175 people) of the community [7] motivators and key person of the group know about TB/ MDR-TB/ TB-HIV co-infection, its curative measures and prevention 1.2 100%(23) of the health technicians known about TB/ MDR-TB/ TB-HIV co-infection, its curative measures and prevention

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Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
	6.2.1 Periodic TB examine, testing, treatment and prevention with doctors, health technicians visit and campaign 6.2.2 Collaboration, coordination, linkage, network and alliances with different stakeholders and line agencies at various level	3.1.1 At least one in a month at VDC level 3.1.2 Collaborative work relationship developed to at least 80% of the stakeholders.	3.1.1 Regular monthly visit by MRC staff and health technician at community level 3.1.2 225 group meeting conducted Strong coordination, rapport building and linkage with District Public Health Office (DPHO) and respective VDC Health post have built warm relationship (one DPHO and 8 health post)	April-January2012	20% of the services delivered by the Government level in the areas [6]	3.1.1 80% of the services delivered by MRC Nepal through coordinating various stakeholders and government institutions in the areas. Staff attended regular meeting of group at community level in total of 225 group meeting to date for reviewing the activities, progress, and planning for the next month. These meeting found effective and fruitful for TB message dissemination, information gathering, transparency, case finding, treatment status and prevention measures. 90% of the motivators attended the meeting. 3.1.2 Bi-monthly coordination meeting with relevant stakeholders and line agencies developed (6 meetings at district level and 32 meetings at VDC level health-post. 100% of the stakeholders aware and know about the Stop TB Partnership program)' 3.1.3 Among the testing of 556 motivated people (who are at

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Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
						doubt of TB) 18.52% found TB positive in the areas (see Table 1 below). 3.1.4 25% (10) of the strengthened TB group developed as a community based organisation institutionally and developed as a grass root level stakeholders

1. Attendance of VDC representative in the meeting, recommendation letter for joint/likely intervention and speech from representative.
2. 100% (11 stakeholders and 294 motivators) relevant stakeholders and motivators attended in the meeting/orientation program (Attendance/Presence).
3. Not any existed before. Among 294 members in the community 75% (221) of the motivators have actively delivered TB messages.
4. Not any existed before. Among 294 members in the community 75% (221) of the motivators have actively delivered TB messages.
5. From 80 people, 20% derived (from 40 group, 2 people each).
6. Prevention activity by the motivators prioritized.
7. There were 175 people trained through 7 events in different location at VDC level. Those community people were the active key motivators from strengthened 43 groups (at least 4 members per group).

Table 1. Summary of the Sputum Smear Test

	No.	VDC	Sputum Smear Test								Total
			New +ve		Negative		Relapse		Failure		
			F	M	F	M	F	M	F	M	
MAKAWANPUR	1	Aambhanjyang	2	2	16	32	0	1	0	0	53
	2	Bhaise	4	3	16	21	0	0	0	0	44
	3	Sukaura	1	1	16	21	0	1	0	0	40
	4	Padampokhari	14	22	24	34	1	0	0	0	95
	5	Churiyamai	11	20	32	40	1	0	0	1	105
	6	Gadi	3	3	21	32	1	0	0	0	60
	7	Hatiya	3	3	45	40	0	0	0	0	91
	8	Harnamadi	2	3	37	26	0	0	0	0	68
Total (Check-up)			40	57	207	246	3	2	0	1	**556**
Total TB detected											**103**

3.2 Discuss 2 to 3 of the most important outcome(s) of the grant. These may be expected or unexpected outcomes.

The implementing organization MRC Nepal entered the community after critical assessment of Village Development Committee (VDC) selection, which represents the deprived areas/location where TB is a high risk and case finding was carried out. The outcome so far achieved during orientation program with a large number of community participation indicated the program is need based, community participatory, genuine and demand based. Similarly, enrollment in community group participation appeared difficult because of the large number of people that showed interest and commitment to be involved in the program.

Along with these, the number of groups strengthened at community level is also higher as per expected output which has significantly increased the results of case finding and prevention of TB. The following are some of the important outcomes achieved so far;

- Relevant stakeholders of district level and VDC level, coordination and linkage with strengthened community level Anti TB group found fruitful to deliver the services in partnership and joint venture. This also results long-term sustainability of the program.
- Community members at the grass-root level of strengthened Anti TB group committed for the delivery of the services actively which is reflected by the attendance of the meeting, training, and produced output and outcome from their hard effort. In each event there was 90% participation

On behalf of the implementing organization MRC Nepal, this is the encouraging and wonderful moment we have observed and felt that the following unexpected outcome were observed with the participation of community at the grassroots level;

- Women are the priority in this Stop TB program. In Nepal, women are treated as second class citizens (in rural areas rather serious) but in our program most of the community group members are women (82%). This plays the most significant role in women empowerment, social preparation and motivation to deliver TB message.
- Our program is inclusive i.e. there is no discrimination based on caste, gender, rich/poor. The program is located in the rural remote marginal village of Makawanpur district. The majority of the targeted beneficiaries are from disadvantaged ethnic minorities and marginalized society. In such situations, our counselling and motivation save the lives of 12 patients among 103 patients (12%) who are in the position of discontinuation of regular treatment (prone to defaulter).
- We planned to enroll 200 community motivators but achieved 294 motivators at the grassroots level.

3.4 Did the project encourage community members to come together to address TB or another health issue? These are not the planned activities in the grant proposal; these are activities that were carried out by community members after benefiting from your project.

Because of our hard effort on counselling, strong linkage, coordination and networking of all relevant stakeholders in the district, the strengthened community group and leaders come together in joint venture and alliances to address TB issues or any other related health issues. The project capacitate the community leaders to speak and stand for resolving any health issues in relation to the concerned organization. The project encouraged them to do so.

3.5 How did the gap/challenge/policy issue originally described in the application form (funding proposal question 1: introduction) change?

To address the serious problems as stated in the introduction chapter of funding proposal in rural marginal community of Makawanpur district, with the financial support from WHO/Stop TB Partnership, CFCS program, MRC Nepal has been working since February, 2011 to build a community free of TB providing them with knowledge, skills, awareness and motivation to visit nearest health post to diagnose their diseases. The program was mainly focused on the deprived group of people who are highly at risk of TB through social mobilization for community empowerment, awareness raising and prevention at community level of far rural remote setting.

With the entry of MRC Nepal with dedicated staffs, the community people were highly encouraged and expressed their feelings for the genuine services provided to people in need as they were suffering from the TB disease and were close to death. They are grateful to the WHO/CFCS/Stop TB Partnership programme. These all are reflected in the above summary progress table within the shortest period of one year from the active participation of community people.

With confidence, we like to express that we performed quality work with encouraging achievement in the community towards move in the elimination of TB. The problems and gap so far documented were addressed sequentially as far as possible for the benefit of TB patients as well as prevention. This certainly may add value for the global aim of eradicating TB from the foot of community first. Our approach of empowering community/ civil society by strengthening community based anti TB group is the proven tools for getting quantitative and qualitative outcome in the move against TB from the far rural settings of vulnerable people in the country like Nepal.

Initial gap/Problem	**Change after intervention/effort carried out**
Lack of adequate equipments, other resources and technicians at local health post to work for TB. Because of remoteness, technicians stays at district headquarter.	Because of effective message delivery, people of remote areas felt necessary to check up and themselves consult the health post. Lobbying initiated to stay at health post for health technician.
Lack of data base for the formulation and implementation of TB and TB-HIV co-infection activities in the district.	Transparent data at local health post and district hospital updated quarterly .
Lack of capacity building training to health personnel	Capacitated health technicians at district level and key

on TB, MDR-TB and TB-HIV co-infection.	motivators at VDC level.
Lack of community participation in anti TB programs and absence of local level plan and policy and monitoring of these programs.	Community participation increased because of effective TB message delivery.
Coordination and collaboration among government and nongovernment institution is lacking.	Rapport building and harmony developed among line agencies and relevant stake holders through various level of coordination meeting and joint venture intervention.
For many institutions, maintaining privacy of clients has become a major challenge.	An effort has been initiated for openness and transparency.
Lack of budget, test kits, training to service providers.	Capacity building training provided as per need.

3.6 How is the organization going to sustain the activities started with the grant?

The prime concern and uniqueness of MRC Nepal in any development intervention and support services is the sustainability of the activities and its impact in a long run. So our organization, from the very beginning developed such an approach which could sustainably exist and deliver in a long run. Exactly, for this project the program implementing approach was designed in this line and strengthened actively so far. The following are the strong foundation behind this fact;

- The strengthened viable community group at grass root level in an institutional manner
- Local Human Resources Development(LHRD) at grass root level by empowering the leaders through various level of capacity building training and technical backstopping support
- Periodic facilitation by MRC Nepal
- Strong coordination, linkage, networking and alliances of community group/leaders with relevant line agencies/ stakeholders in the district at various level.

Because of the positive impact and successful approach of the activities implementation, the demand, need, problems and interest from other areas/ district increased massively. So we expect for sparking/multiplication/replication in other needy areas. Hope from the Round 5 award.

4. Results: Only complete the indicators that are appropriate to the project. You may add more indicators as required (add indicators that are appropriate for the project).

Results	**Total numbers:**
Approximate number of beneficiaries reached in person: **(e.g. small awareness raising mtgs, house-to-house visits, etc.)**	**225 meetings**
Approx. number of beneficiaries reached through other means: **(e.g. radio, media, public events, large meetings)**	**54,500** [8]
Approx. number of people that received printed information about TB:	**10,250** [9]
Number of communities under-serviced by health sector are now serviced	**43**

[8] Total population in the program VDCs = 150,000 where 25% (37,500) of the people influenced from the TB message. Along with this 11.34% (15,000) of the population from adjoining VDCs equals to 54,500 people influenced from the TB message.

[9] Based on record of distributed material.

Number of institutions that the organization collaborated with during this grant	**12**
Number of motivated people for check up: See TABLE -1	**556**
Number of those resulting in TB diagnose:	**103** [10]
Number of defaulters traced:	**12**
Number of cases diagnosed with MDR-TB:	**0**

55 year-old Resham Bahadur Syangtan, Makawanpur, Nepal with pleasure said:-

A resident living in a modest hut in the far rural remote area of the Bhainse village development committee Ward no. 9, Ritthepani, Mr. Syangtan refused consultation and a check up for TB in a local health post until last year in June 2011 even though his symptoms of TB prevailed. Rather, he emphasized his treatment on traditional practices "Dhami Jhakri" and "Devi Devata". After an intensive session with MRC Nepal motivators and local health volunteers, when he reached severe symptoms of declining body weight and loss of appetite, etc., he was convinced to seek assistance and consulted with the local health post and hospital.

After his chest examination and sputum smear test, Mr. Syangtan was found TB positive in July, 2011. Mr.Syangtan in his own word expressed his gratitude to the MRC Nepal staff and Stop TB Partnership/WHO for granting him another chance at a new life with his wife and 3 children. He also explained that he gained weight and recovered the energy to do hard work as a laborer and bring in income to feed his family. Additionally, Mr. Syangtan belongs to the disadvantaged ethnic minority of poor who do not have food security. He has the burden of maintaining 3 young children and his wife. Mr. Syangtan stated that his TB case finding not only granted him a new life but also granted a livelihood and education for his young children. His wife is very happy expressing her husband is recovering well and is a regular patient in the DOTs program.

Do you agree to us publishing on the Challenge Facility / Stop TB Partnership website any of these success stories? YES

Do you have the written or verbal consent of the people on the picture that allows you and us to publishing it on the website? YES

[10] Among 556 motivated people to check up, 103 found TB positive.

Challenge Facility for Civil Society (CFCS)

Name of Organization: MRC Nepal, Hetauda

Please complete the 'CFCS Financial Report Form' (Annex I) and submit a detailed Financial Report.

ANNEX I

CFCS Financial Report Form

Part I: Funding Status

Recipient Organization: Name and complete address	Multi dimensional Resource Centre (MRC) Nepal Birendrapath, Huprachaur,Hetauda 4, Makwanpur Phone: +977 57-526651 + 977 9855055704 E-mail: info@mrcnepal.org Web:www.mrcnepal.org
Total grant approved (US$)	16,657

Grant Period from 22Feb. 2011 (DD/MM/YYYY) to 21Feb.2012 DD/MM/YYYY)

Period covered by this financial report 22Feb.2011 (DD/MM/YYYY) to 21Feb.2012 DD/MM/YYYY)

Funds status	Date received	Amount in US$
1st disbursement	**10th Apr.2011**	**8,328.5**
2nd disbursement	**22nd Sept. 2011**	**6663.8**
3rd disbursement		**0**
Total Funds received (sum of Tranches received as of the date of this report) **(A):**		**14,992**
Grant Awarded **(C):**		**16,657**
Amount Spent[11] **B:**		**16,709**
Unspent funds **(A-B):**		**0**
Undisbursed funds **(A-C):**		**1,665**

Note: Over expenses US$ 52 has paid by MRC Nepal

Certified by[12]:

Signature
Name:- Bharat Bahadur Khadka
Title:- CEO

[11] Spent means cash that has been paid out from the bank account into which grant money is being received.

[12] Certified by the Head of the Organization receiving funds

Challenge Facility for Civil Society (CFCS)

Name of Organization: MRC Nepal, Hetauda

Part II: Expenditure Status by Activities

Expenditure by budget line (please provide the same detailed tasks or budget lines and approved budget as per your approved proposal)

Task (budget line)	Approved budget to be spent in US$ (A)	Amount allocated[6] by Grantee from funds received to date, in US$ (B)	Actual expenditure in US$ (C)	Variance in US$ (B-C)	Comment
1. Activities (itemized as per approved budget)					
1. Awareness raising and campaign					
1.1 Program Orientation	983.0	977.2	977.2	0	As per planned
1.2 Group Formation & Strengthening	1,190.0	1,190.0	1188.6	1.4	In 1st half
1.3 Awareness Campaign & Social preparation	2,941.0	2,460.4	2954.6	(-) 494.2	US$ 26 over expenses paid by MRC Nepal
Sub Total	**5,114.0**	4,627.6	5120.4	(-) 492.8	
7. Capacity Building Training					
2.1 Community leader & people	2,381.0	2,250.3	2402.5	(-) 152.2	US$ 26 over expenses paid by MRC Nepal
2.2 Health Technicians and Working Staffs	1,821.0	1,720.2	1817.1	(-) 96.9	
Sub Total	**4,202.0**	3,970.5	4219.6	(-) 249.1	
8. Media Communication	**420.0**	420	420	0	
9. Monitoring	**1,611.0**	1,520.5	1631.6	(-) 111.1	
10. **Reporting**	**630.0**	350.3	637.9	(-) 287.6	
TOTAL PROGRAM	11,977.0	10,888.9	12,029.5	(-) 1140.6	

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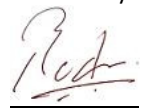
Total Administration And Management	**4,680.0**	4,103.1	4680.0	(-) 576.9	
Grand Total	**16,657**	14,992	16,709	(-) 1717	Due to pay to MRC Nepal US$1,665 (over expenses US$ 52 is paid by MRC Nepal)

Note: Credited amount to MRC Nepal US$1,665(to pay) and over expenses US$ 52 has paid by MRC Nepal)

Certified by[7]*:



Signature

I declare that:-

- this report is complete and accurate.
- the acquittal is a correct record of income and expenditure for this project.
- the expenditure detailed in the acquittal has been extracted from the organisation's financial accounting records.
- a detailed record of income and expenditure at an individual item level is available.
- the funds allocated to this project were used in accordance with the contract and the Application Form, including any variations to the project approved by the Stop TB Partnership Secretariat in writing.

Signature: 

Full name of authorised officer: Bharat Bahadur Khadka
Position in the organisation: Chief Executive Officer
Date: 7th February, 2012

[3] Distribution of funds received by activity planned in the first half of the grant duration
*Certified by the Head of the Organization receiving funds

Annex1:

Interpretation:

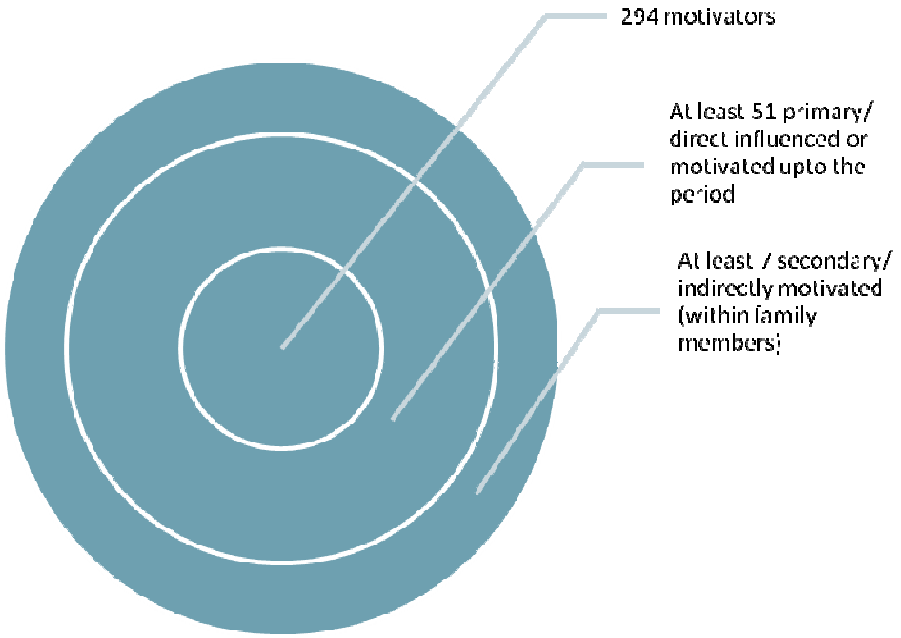


Figure: TB message delivery in the rural population

Interpretation:

The total number of motivators at community level is 294 who influenced or disseminated directly to 51 people (average) in the areas. These 51 people disseminate the message at least within their family members which multiplies with average family size (7) equal to 104,958 people. This indicates 75% of the population are aware about TB prevention (total population in the areas = 150,000). The base of measuring the percentage is from the sample people delivering the message in their families. The sample was taken from the primary influenced people through questionnaire who deliver the TB message within the family. Outside the families very few influenced people share the message.

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Annex 2:

Interpretation:

Awareness Raising and campaign using different media	No of people Influenced (Direct)	Total No. of People (Direct)	Average 7members family size in the areas (National average 6.2)	Total number of people Influenced in the areas
Street Drama	980	980	7	6860
16 Awareness campaign	16 x average 105	1312	7	9184
8 Mass meeting at VDC	8 x 95	760	7	5320
1 Mass meeting at District	253	253	7	1771
Mass gathering (Miking)	455	455	7	3085
Regular group meeting	225 x 18	4050	7	28350
Total		7500	7	54500

Total population in the program VDCs = 150,000 where 25% (37,500) of the people influenced from the TB message. Along with this 11.34% (17,000) of the population from adjoining VDCs equals to 54,500 people influenced from the TB message.

The influenced people directly attended in different activities will communicate and disseminate the message at least within the family members. So that total number of influenced people multiplies from average family size. They disseminate the message at outside level also which is not estimated here.

The bases of collecting the information are from the sample data of pre test and post test (questionnaire).

The above data are the base of relative judgment and assumption. The attended people may not necessary to disseminate the message but we assumed they definitely share the message at least within the family. On the other hand, posters, pamphlets, hoarding boards, miking, etc have influenced the people on TB message delivery, which exact figure cannot be calculated but assumed change in certain level.

Challenge Facility for Civil Society (CFCS)

Name of Organization: MRC Nepal, Hetauda

ANNEX-3

MRC Nepal, Hetauda

Grant Budgeting Expenses

Final Income and Expenditure Statement(22 Feb, 2011 – 21 Feb, 2012) **In US Dollar**

Budget Description	LF	A/c Code	Approved Budget	Expenditure	Balance	Remarks
1. Awareness raising and campaign	**1**	**AR**				
1.1 Program Orientation	**3**	**PO**	983.0	977.2	0	As per planned
1.2 Group Formation & Strengthening	**5**	**GFS**	1,190.0	1188.6	1.4	In 1st half
1.3 Awareness Campaign & Social preparation	**7**	**ACSP**	2,941.0	2954.6	(-) 494.2	US$ 26 over expenses paid by MRC Nepal
Sub Total			**5,114.0**	5120.4	(-) 492.8	
1. Capacity Building Training	**9**	**CBT**				
2.1 Community leader & people	**10**	**CL**	2,381.0	2402.5	(-) 152.2	US$ 26 over expenses paid by MRC Nepal
2.2 Health Technicians and Working Staffs	**11**	**HTS**	1,821.0	1817.1	(-) 96.9	
Sub Total			**4,202.0**	4219.6	(-) 249.1	
2. Media Communication	**12**	**MC**	**420.0**	420	0	
3. Monitoring	**14**	**Mon**	**1,611.0**	1631.6	(-) 111.1	
4. Reporting	**15**	**Rep**	**630.0**	637.9	(-) 287.6	
TOTAL PROGRAM			**11,977.0**	12,029.5	(-) 1140.6	
Total Administration And Management	**17**	**OP**	**4,680.0**	4680.0	(-) 576.9	
Grand Total			**16,657**	16709	(-) 1717	Due to pay to MRC Nepal US$1,665 (over expenses US$ 52 has paid by MRC Nepal)
Bank Account				**Nil**		
Advance/Credit Account				**(-)1,665**		**Credited to MRC**
WHO/CFCS Account	**36**	**CFCS**	**16,657**	**14,992**	**1,665**	**To receive**