



Bella Health Care Charitable Trust

Annual Report 2014



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Message from Our Founder

Bella Healthcare is our way of giving back to our society.

Equal, accessible and affordable healthcare is our goal for all Indians.

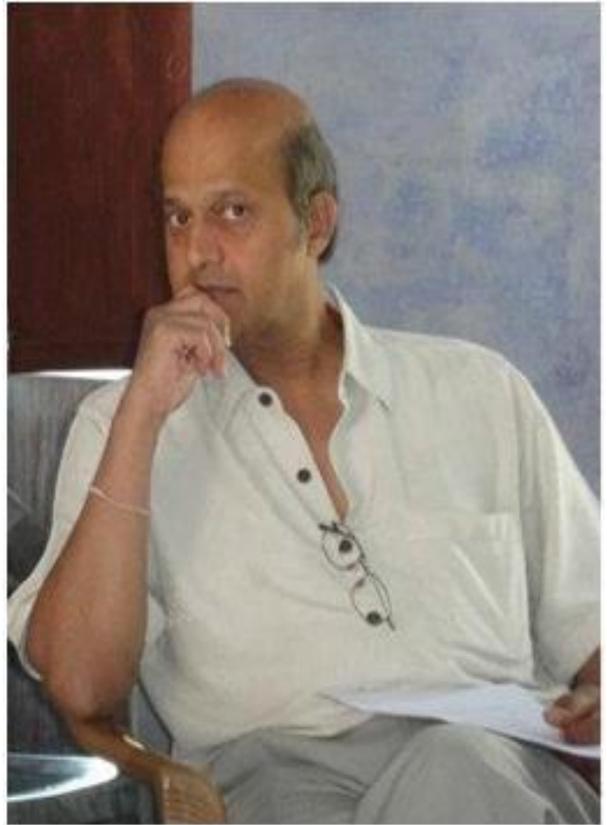
The vision of Bella healthcare is shared by all of us at our NGO: we believe that healthy women and children are the keys to a stable family and prosperous society. There should be only ONE standard of care for all human beings and through Bella Healthcare, we are striving to provide good healthcare to our fellow citizens through education, preventive measures and acute care at their doorstep, at minimal or no cost.

I believe healthcare is not about options and choices; healthcare is about compassionate care provided with respect for patients' privacy, treating them with dignity and always remaining mindful of the ultimate trust our patients repose in us. The staff of Bella Health is our strongest asset and the reason for our organization's success.

Ms. Smith and her support staff are true role models. They are why we have achieved what we have in the past three years. Their commitment to the cause is the fuel of this engine called Bella Health.

We want women to feel empowered so that they can demand and seek equal healthcare for themselves and their children, without fear of their fathers, husbands, in-laws or of society. We hope to establish a world-class healthcare system in and around Dehradun with a focus on preventive and early-intervention care for women and children.

Bella health has been successful in empowering women by educating them about their health, informing them of diseases processes so they can separate myth from reality, treating their physical ailments and raising their expectations when it comes to gender disparity.



Dr. Vijay P. Agarwal, Founder and President of Bella Health Care.

Last year's number of patients treated, health camps and health education classes conducted – they bear testimony to many successes of Bella Health, and reflect the trust earned by our organization in the community in the short span of three years. Our patient testimonials further illustrate the achievements of our organization, and our commitment to the community we serve.

Message from Vice-President

Reproductive Health is the very heart of development and crucial to delivering the Bella health vision – a world where every pregnancy is wanted, every childbirth rate is safe, and every young person's potential is fulfilled.

2014 was an exciting year and with much persuasion we were able to launch our adolescent class in proscribed public schools. The program has been a great success. The content, educators and students have made this program high impact with documented substantial changes in positive knowledge, attitude and behaviour. The rigorous evaluation speaks volumes of itself. The community feedback has been positive and these tools will make the new generation healthier, their families and communities healthier.



Colette Smith, Vice President of Bella Health, attended the awards ceremony for the Girl Power Award in Mumbai.

Our program helps to dismantle the misconceptions about reproductive health and teach in depth about such sensitive topics. Our programs want to address the problems by providing high quality health services supplemented with health education.

We want to empower women with education, so they can have a healthier life. We also want this education to begin young, so that a healthy life course approach is adopted early in order to be better maintained throughout the different stages of life and health.

Our small NGO was acknowledged at a national level for this program as a finalist for Dasra's Girl Power Award. It was an honour to spread the details of our work across India.

The new CSR bill is promising and will allow smaller NGO's to scale up impactful programs. We plan to grow with new corporate partners as a result of this bill.

Volunteers from around the world have enriched our program by volunteering their time and skill sets. They have come from their unique corners of the world and have helped our program grow and filled some gaps in our team. They donated their time and have returned to their own countries alive with a new experience and doing some beneficial charity work.

I personally continue to grow as a leader and have been accepted as SOCIAL leader in Harvard Business Schools Social leader program with Dasra. We look forward to a bright future but owe our current success to our dedicated team who works daily to empower women and adolescents.

Thanks to Our Donors

Bella Health has been supported for the past four years through the generous donations of Dr. Vijay P. Agarwal. A native of Mumbai, he has dedicated his life to medicine and helping people indiscriminately to achieve health and well-being. He is a dedicated physician and admired by all of his patients and colleagues. Dr. Agarwal has supported Bella Health with his firm belief in our mission and vision to improve the lives of women in India.



Bella Health team at a health camp sponsored by Ambuja Cement Foundation.

Thanks to those Donors who gave in cash or kind (less than 40,000 INR)

- ❖ Ms. Krishna Agarwal
- ❖ Ms. Versha Gupta
- ❖ Himalaya Herbal
- ❖ Rotary Club of Dehradun
- ❖ Scott, Rosemary & Jacqueline Smith
- ❖ Kareem El-Zein
- ❖ Rama Surgical House
- ❖ Paradigm Medivision
- ❖ Syncom



Geeta, Bella Health nurse with a patient

About Bella Health

Bella Health is an NGO in India that aims to empower women to increase their ability to make informed family planning and reproductive health choices. It provides health care services that address maternal, child and reproductive health issues and enhance the health and quality of the life of the women, girls and adolescents in our target areas. Our group was formed in 2011 to address the disempowered women in and around Dehradun, and the upper reaches of Uttarakhand, North India.

VISION: To enhance the health and quality of life of all we serve and address health disparities.

In the past 4 years, we have provided health care services to more than 78,000 women, children and adolescents. Approximately 2000 beneficiaries receive our services each month and with sustained funding this number would increase. These beneficiaries are from urban slums and rural villages. In one sample study of our patients, we found 20% were religious minorities (Sikhs, Muslims, Buddhists and Christians) and 56% were SC/ST/OBC. The majority around 90% of the beneficiaries were below the poverty line.

	2014	2013	2012	TOTAL
Total Beneficiaries	31,743	32,137	14,811	78,691
New Patients	8,197	3,979	3,997	16,173
Follow Ups	13,325	5,686	2,967	21,978
Education	10,221	20,279	7,912	38,412
Labs	3,660	4,861	3,553	12,074
Medicines Dispensed	2,41,954	1,47,945	2,81,632	6,71,531
Referrals	359	447	418	1,224
ANC/PNC	533	876	484	1,893
RH Patients	7,754	6,695	5,819	20,268

Bella Health has been a pioneer in the provision of Reproductive Health care services in North India. Through our community focused and mobile approach, including our highly skilled and dedicated team, we have broken down the barriers to access within these communities. The health care services we provide are supplemented with health education; this health education not only empowers women and their communities but sets them on a path to continuous health maintenance by encouraging them to prevent, and sustain positive health behaviors. The knowledge we impart stays in the villages and fosters a healthy life-course amongst beneficiaries and their communities even when our programs are not there.

Overview

While the underlying causes of these challenges are complex and systemic in nature, much can be done by providing health services and education at the primary and community care level. Focusing on reproductive health - there is a huge need to go back to basics and teach people about proper menstrual hygiene. Our program helps dismantle the misconceptions about reproductive health and teach in depth about such sensitive topics such as family planning, delivery, personal hygiene, STI's/ RTI's and infertility. Our programs want to address the aforementioned problems by providing high quality health services supplemented with health education. We want to empower women with education, so they can have a healthier life. We also want this education to begin young, so that a healthy life course approach is adopted early in order to be better maintained throughout the different stages of life and health. In light of this, the adolescent program, which was piloted in 2013, has been a major success. **The community feedback has been positive and we are leaving adolescents with knowledge that will shape their attitudes and lead to healthier behaviors. These tools will make the new generation healthier, their families and communities healthier.**

Our goals are to decrease fertility rates, decrease the number of unwanted pregnancies, increase the rates of contraceptive use and decrease the rates of complications due to early child birth and poorly spaced pregnancies. We can accomplish this by providing access to safe and effective family planning and other reproductive and general health services. Through these activities, we will empower women with the knowledge to make informed decisions about their reproductive health and we will empower men to support women in making these decisions.

Objectives

Triple the number of women who have access to quality reproductive health and family planning services in our target areas by 2017.

Identify women in the urban/rural slums where we operate that have unmet needs for contraception and family planning and introduce them to our services by end of 2016.

Provide modern contraception to all women in reproductive age who desire to space a family by 2016.

Decrease the prevalence and increase the awareness of STI's and RTI's by 50% in our target areas by 2016.

Decrease the amount of unsafe abortions by 50% in our target areas by 2016.

Ensure there is not any UNMET need for contraception in our target areas by 2016

Decrease the amount of adolescents who are pregnant.

Decrease the rates of infertility by actively treating and educating women on PID.

IMPACT to the Community

Reproductive Health

Beneficiaries of BH services have increased awareness of reproductive health issues and have better health outcomes. Beneficiaries have no UNMET needs for contraception. The rates of modern contraception use is 25% higher than at baseline. The rates of unintended modern pregnancies have decreased, as have safe abortions. Pregnant patients receive an average of 5 ANC visits and 3 PNC visits, which is 200% increase from baseline data. The beneficiaries are also more likely to have an institutionalized delivery. Additionally, they are more aware of dangerous conditions during pregnancy that will lead to early treatment, which in turns protects the health of both mother and infant. All obstetric emergencies have been identified early and intervention sought immediately. Dangerous conditions for the mother and the baby have been reduced through these early interventions, knowledge and proper counselling for the mother and family.

Maternal Health

There have not been any maternal or child deaths. The majority of STI/RTI and PID infections have been treated and the patients remain infection free, as well having adopted some form of modern contraception. Most importantly, the beneficiaries perceive that woman's health is important. There have been 75-100% increase in the perception of indicators such as: the importance of woman's health, feeling empowered to seek treatment, feeling empowered to know what is wrong with their health and feeling comfortable talking to their health care providers about family planning.

Health Education

Knowledge has increased 70-100% in health topics. Beneficiaries are educated and have increased their knowledge on contraception, HIV/STI's, abnormal vaginal discharge and other reproductive health focused topics. They have increased awareness in the prevention, transmission and treatment for sexually transmitted infections and reproductive tract infections. This increased knowledge is an indicator that beneficiaries feel a greater sense of empowerment regarding their health, health care decisions and in their interactions with providers. The beneficiaries are empowered!

Adolescents

Children and adolescents have improved knowledge to adopt healthy behaviours, which will in turn, mould their attitudes so they adopt and maintain healthy behaviours across their life course. Some of the healthy behaviours the beneficiaries have been encouraged to adopt are proper hand hygiene, menstrual hygiene, diarrhoea prevention and prevention of reproductive tract infections – all valuable health knowledge assets that provide a foundation for overall health amongst beneficiaries.



Dr. Rozalia George speaking at an event at the Pacific Mall, Dehradun.

Geographic Scope



District – Dehradun

Block: Doiwala

Villages - Chidderwala, Markham Grant, Bullawala, Santosh Nagar, Bhagat Singh Colony, Nakraunda, Tunwala Grant (Chaktunwala), Kuanwala, Harawala, Khate, Lachiwala, Kul Ghati Basti (Raiwala), Nathuwala, Nehru Gram (Bhirpur Khurd), Miyanwala, Balawala, Nepali Farm (Thakurpur)

Block: Vikas Nagar

Villages - Dhakrani, Kunja Grant, Kedarwala (Sorna)

Block: Raipur

Villages - Gandhi Gram, Deep Nagar (Raipur), Kath Bangla (Dhobalwala), Indra Colony, Chunna Bhatti, Raipur, Ramgarh (Mothrewala), Kargi Chowk (Mothrewala)

Block: Shaspur

Villages - Shaspur, Chota Rampur (Rampur Kalan), Arkadia Grant (Dharawali)

District - Tehri Garhwal

Block: Juanpur

Villages - Saini (Sainji), Kandi

We have operations in all 6 blocks of Dehradun District and in 3 districts of Uttarakhand. In time, we will scale operations to reach 4 districts of Uttarakhand.

Programs

Health
Care
Services

Health
Education

Female
Adolescent
Reproductive
Health

Research



BELLA HEALTH FOCUS AREAS

Reproductive Health Care services
Provided health care services for over
Over 20,000 reproductive health issues.

Maternal and Child Health
Ensured safe pregnancies for 19,00 women.

Health Education
Educated 50,000 members of our communities.

Adolescent Sexual and Reproductive Health
Empowered over 14,000 adolescents.



Health Care Services

Health care services are provided through our mobile health ambulance that travels to villages and slums on a daily basis and our permanent outpatient clinic - Krishna Clinic in Nehru Colony .

Gynaecological Services

- Treatment and diagnosis of menstrual cycle problems, reproductive tract infections, sexually transmitted infections, pelvic inflammatory disease, infertility, pelvic pain.

Maternal And Infant Health

- Ante-natal care visits, post-natal care visits, with comprehensive and quality treatment and immunizations.

Contraceptive Services

- Family planning counselling, provision of contraception, referral for sterilization.

Services for Men

- Counselling for sexually transmitted infections and family planning methods.

Lab Services

- Rapid labs available for 10 tests. Other labs are sent out for testing.

Medications

- Formulary Medicines are given as per doctor's orders for 7-14 days.

HIV Related Services

- Awareness, testing and counselling.

Acute CARE

- Basic non-emergent health conditions are treated on a primary health level.

Reproductive Health

It is defined as the ability of a woman to live through the reproductive years and beyond with reproductive choice, dignity and successful childbearing, and to be free of gynecological diseases and risk. Reproductive choice is a concept that allows a woman to exert control of her reproductive process and dignity refers to the social and psychological wellbeing woman derives from the process of reproduction. A woman's health is not only a state of physical being, but it is an expression of many roles she performs as a wife, mother, care-giver and wage earner, as well as her interaction with the social, cultural and economic world which influences her daily life.

The Problem

Quality and affordable reproductive health services are non-existent in our communities leading to poor health outcomes. Lack of health awareness leads to poor health outcomes and health education is practically nil within the communities we serve. There are many misconceptions concerning reproductive health and it is often seen as a taboo topic. The confluence of lack of services and misconceptions or lack of awareness in these communities leave the population vulnerable to greater morbidity and mortality from preventable causes, particularly in regards to reproductive health. In India, 1 woman is dying every 2 hours from unsafe abortions, even though India has one of the most liberal MTP laws. Unsafe abortions continue to outweigh safe abortions. Within our communities many women seek unsafe methods of abortion due to lack of access and lack of education, putting their lives and health at risk. RTI's are rampant causing PID and in some cases infertility. RTI's causing PID are seen in adolescents- even before they are sexually active and are seen in the majority of women after they deliver or undergo an abortion.

Our Solution

To bring high quality reproductive healthcare services to these underserved and impoverished slums and rural villages using our state of the art diagnostic mobile health center. Health care services are provided at the doorstep by dedicated and highly skilled staff. The van is staffed with 2 doctors, 1 midwife, 6 nurses, 3 educational specialists, 2 pharmacist and support staff. All service delivery sites are fully equipped to perform pelvic exams, draw labs, conduct screenings, and dispense medicines. We follow a schedule and visit each village alternate weeks which lets us visit each village two times per month. We see patients from 10:00 until 4pm. The patients know that we are visiting their village because we have a consistent schedule and also utilize ASHA workers to convey the message of our arrival. Once the ambulance is parked, patients arrive. We see approximately 80 patients in one day. As we register the patients we take a complete health, pregnancy and family history and check vital signs. Then the doctors and nurses see the patients. We have the latest diagnostic equipment including fetal heart monitor, rapid tests for pregnancy, blood glucose, hemoglobin, UA, blood type, Rh, syphilis, HIV, malaria, Hepatitis B and Hepatitis C. These rapid tests allow our doctors to diagnose and subsequently treat on the spot. We give the patient enough medicines to last 2 weeks or until we return.

Reproductive Health Patients for 2014

Birth Control/ Family Planning	1,771
Reproductive Tract Infection/ Sexually Transmitted Infection	1,926
Pelvic Inflammatory Disease	1,017
Anemia	670
ANC/ PNC	533
Dysfunctional Uterine Bleeding	922
Urinary Tract Infection	515
Infertility	253
Uterus Prolapse	147
TOTAL	7,754

The table shows the number of patients seen in each quarter of 2014 for reproductive health issues. **Approximately 70% of total patients in 2014 were seen exclusively for reproductive health issues.**

Patients seen exclusively for reproductive health issues	Numbers of Patients	Percent of total patients
1 st Quarter 2014	2,214	71%
2 nd Quarter 2014	2,256	74%
3 rd Quarter 2014	1,635	73%
4 th Quarter 2014	1,649	70%
TOTAL	7,754	70%

One of our patients from Dharawali was found to be anemic.

“I never knew what was anemia and what could happen if your blood count drops down. I used to feel weak and had chest pain and tingling in my arms. I got myself checked and my blood test for Hemoglobin was done and the result was surprising to me and it was only 7.5 – which is dangerously low! The Doctor at Bella HealthCare explained to me the cause of my weakness and what I should do. I also attended the class on anemia. After one month, I again retested my Hemoglobin and now it has improved a lot to 12.6. I am happy that organization like Bella HealthCare exists – it not only provides treatment also educates us on various health issues, which we ignore in our day to day life”.



A anaemic patient from Dharawali

Maternal and Child Health

The Problem

India has higher maternal mortality and morbidity rates than many neighbouring countries, even though its economy is booming. But this development has not equally benefited all parts of India, and in some places health indicators are actually regressing. The government has the policies in place to provide maternal health, but they are not implemented effectively. The government has failed when it comes to providing adequate health care facilities, trained medical staff, safe sterilization services, essential medicines, and an effective and timely facility referral system. *Uttarakhand has some of the worst health indicators for maternal and child mortality rates in India.* Antenatal care (ANC) and prenatal care (PNC) visits are essential to decreasing maternal and child mortality rates because they lead to early treatment and prevention of mother/child deaths. The WHO suggests that a minimum of 4 ANC visits and 3PNC visits are required for women going through pregnancy.



A mother with her child at our mobile health van.

Our innovation is to bring maternal and child health care to these underserved and impoverished slums using our state of the art diagnostic mobile health van. Health care services will be provided at patients' doorsteps by a dedicated and highly skilled staff. The program provides ANC/PNC visits at the urban slums in and around Dehradun. Our programs address primary and preventative health of the mother and baby in order to foster better overall health of mother and baby, as well as to prevent emergencies and allow for prompt recognition of emergency situations.

To achieve the full life-saving potential that ANC promises, a minimum of four visits will be provided which include: Identification and management of obstetric complications, such as preeclampsia, tetanus toxoid immunization, identification and management of infections including HIV, syphilis and other sexually transmitted infections, counselling to promote institutionalized delivery with a skilled delivery person, deworming, treatment of anaemia, supplementation, IFA distribution, promotion of exclusive breast feeding, and the need for post natal visits. Labor, delivery, emergencies and ultrasounds will be referred to the hospital.

The most dangerous time for the mother and baby is within the first 24 hours of delivery. 50% of child deaths occur in the first 28 days and this is when, due to cultural norms, women and their babies rarely leave the house. PNC visits will be conducted at the *home* by a registered nurse. The PNC will incorporate preventive care practices and routine assessments to identify and manage or refer complications for both the mother and baby including: vital signs, feeding habits, and for the mother, signs or symptoms of infection, etc.

Health Education

Health education is our passion at Bella Health. Health education empowers our participants by giving them the knowledge necessary for adopting healthy behaviours. Health education betters lives, families and entire communities. Bella Health provides health education through classes for adults and children, through our Adolescent Reproductive Health Program, through our health camps and screenings, and through our School Age Project.

Health Education classes are provided to all patients who access our health care services. We encourage patients to return for health classes even when they are feeling better. Health education sets Bella health apart from other organizations. We hope this education will sustain the health of the community! The education we impart on them, will stay with them, encourage them to adopt healthy behaviour, take a proactive approach to their health and have an intergenerational impact making families healthier. When we “exit” we hope people will be empowered with the tools and resources to adopt a healthy life and be better able to advocate for their health and the health of their families.

The Problem

Low health awareness leads to poor health outcomes. One study found that 200 million women in India have NO understanding of menstrual hygiene and the associated healthcare. 88% of menstruating women do NOT have access to sanitary napkins and use alternatives such as cloth, dried leaves, ash, hay or plastic. And the incidence of Reproductive tract infections is 70% more common in women who use unhygienic materials during menstruation. If we invest for improved menstrual hygiene education, it will enable the millions of girls to have healthier and more dignified lives.



Rashid Ahmad, Health Educator shows children handwashing video

Education Classes 2014

Total Number of Health Education Classes	24,321
Number of FARH Classes	14,036
Number of Child Education Classes	3,444
Number of Patients who completed 6 Education classes	37
Number of Patients who completed 12 Education classes	11
Number of Patients who completed 18 Education classes	7
Number of Patients who completed 24 Education classes	1

Health Education for Females

Bella Healthcare provides education to women and children who present themselves for health care services. The majority of patients who receive treatment also complete a health education class. Many women return to take health education classes, after their treatment is over, to learn more. Participants are awarded a gift and certificate when they complete 6, 12, or 18 classes.

Our health educators have their Masters in Social Work and are trained at Bella Health to conduct health education classes. Depending on the sensitivity of the topic, classes are taught by male or female educators.

Classes are supplemented with videos, posters, handouts to make it interesting, interactive and relevant. The number of classes that the participants attend is also tracked to ensure that the participants of 6/12/18 classes receive the awards/ certificates.

To measure the effectiveness of the education we ask the participants pre-/post-test questions. We ask the participants the “pre” questions before the class to measure their baseline information and then ask the “post” questions after the class to ensure that the objectives of the class were met. This allows our team to evaluate the effectiveness of the education and endorse a more participatory learning environment. We also track the number of classes the participants attend. After the participants attend 6 classes they receive a certificate and present from Bella Health.



A child at Bella Health Camp.

Month	Class 1	Class 2
January	Female Feticide	PID/DUB
February	Thyroid	Infertility/Birth Control
March	Environmental Health	Birth Control/Family Planning
April	Importance of Girl Education	Back Ache
May	Preventing Back Injury	Anaemia
June	Breastfeeding	Diabetes
July	Unsafe Abortion	Vaginal Discharge/ Menstrual Cycle & Hygiene
August	Pregnancy	Pelvic Inflammatory Disease
September	Nutrition	Environmental Health
October	Vaginal discharge /Menstrual Cycle & Hygiene	Birth Control/Family Planning
November	Unsafe Abortion	Antibiotic
December	Birth Control/Vaginal Discharge	Pregnancy

Health Camps

Bella Healthcare conducts 'Monthly Health Camps' in various villages/slums to provide health promotion and education to large numbers of people. In 2014, Bella Health provided over 40 Health Camps among the target population, reaching nearly 4,000 participants.

Health camps are tailored to educate families, with special emphasis on reaching head of the households. Since men are often responsible for allocating family resources for healthcare, food, education, medical treatment, hygienic supplies, and family planning, it is crucial to include and educate them on health topics. Classes are held in evenings and Sundays, when men are readily available.

In 2014, we gave men health education classes on the following topics:



Our outreach also targets children. We utilize multimedia learning such as DVDs, songs and activities to engage them on the issues listed below:



Rashid Ahmad, Health Educator with a group of students.

Female Adolescent Reproductive Health (FARH) Program

Girls are essential agents of change in breaking the cycle of poverty and deprivation. By investing in girls we can delay child marriage, address multiple issues such as maternal mortality, child survival, gender based violence and HIV. Educated and healthy girls become mothers who in turn produce healthy children. Focusing on girls translates into better futures for women, children and families, thereby creating intergenerational impact. Most program do not focus on adolescents exclusively and either focus on children or mothers. Targeting girls can actually solve most problems related to women and children, especially in India.

The Problem

India is home to one of the highest concentration of young people in the world, with over 300 million youth and adolescents under the age of 25. Adolescents do not receive any sort of sex education in school and have little access to quality and confidential reproductive health counselling. Adolescent girls in India are a largely invisible population and extremely vulnerable with prevailing socio-cultural customs that leaves them powerless to decide their future.. Misogynistic and ageist attitudes about adolescent girls are fairly universal across India and are manifested in key aspects of their lives: gender- based discrimination, early marriage and pregnancy, lack of education, and a dearth of formal employment opportunities. Adolescent reproductive health is nonexistent in this community. Parents, family members, peers, community and religious leaders, and politicians are either ignorant or choose to ignore the complex issues pertaining to adolescents, their sexuality, education, and the consequences of depriving them of this information. When adolescents do not receive accurate information, their knowledge instead derives from friends, media, porn, and other outlets that perpetuate unhealthy or unrealistic ideas about their reproductive and sexual health. Poor reproductive health indicators show that a lack of this kind of education directly affects physical health through high rates of unsafe abortions, STIs, and RTIs, early marriage and pregnancy, and unmet needs for contraception. Many adolescents lack autonomy and they are extremely vulnerable – they are often forced into marriage, suffer from violence at home, lack education and proper health services. . 22% of girls aged 15-19 in India face physical or sexual violence, the majority within their own homes. 43% of all women aged 20-24 are married before the age of 18. Maternal mortality among adolescents is twice the rate of maternal mortality in ages 20-34 years old.

Our Solution

The program offers age and culturally appropriate female reproductive health information in a safe environment to adolescents who come from poor and middle-income families in North India. The classes cover topics ranging from puberty, anatomy, pregnancy, STIs and RTIs, unhealthy habits, violence and sexual assault. Adolescents receive unbiased and research-based information and counselling that is culturally appropriate. Youth develop skills in communication, refusal, and negotiation. Information that is medically accurate will be provided with clear goals for preventing HIV, STIs and early pregnancy. These classes have been developed in cooperation with members of the target community and respect community values.

CURRICULUM

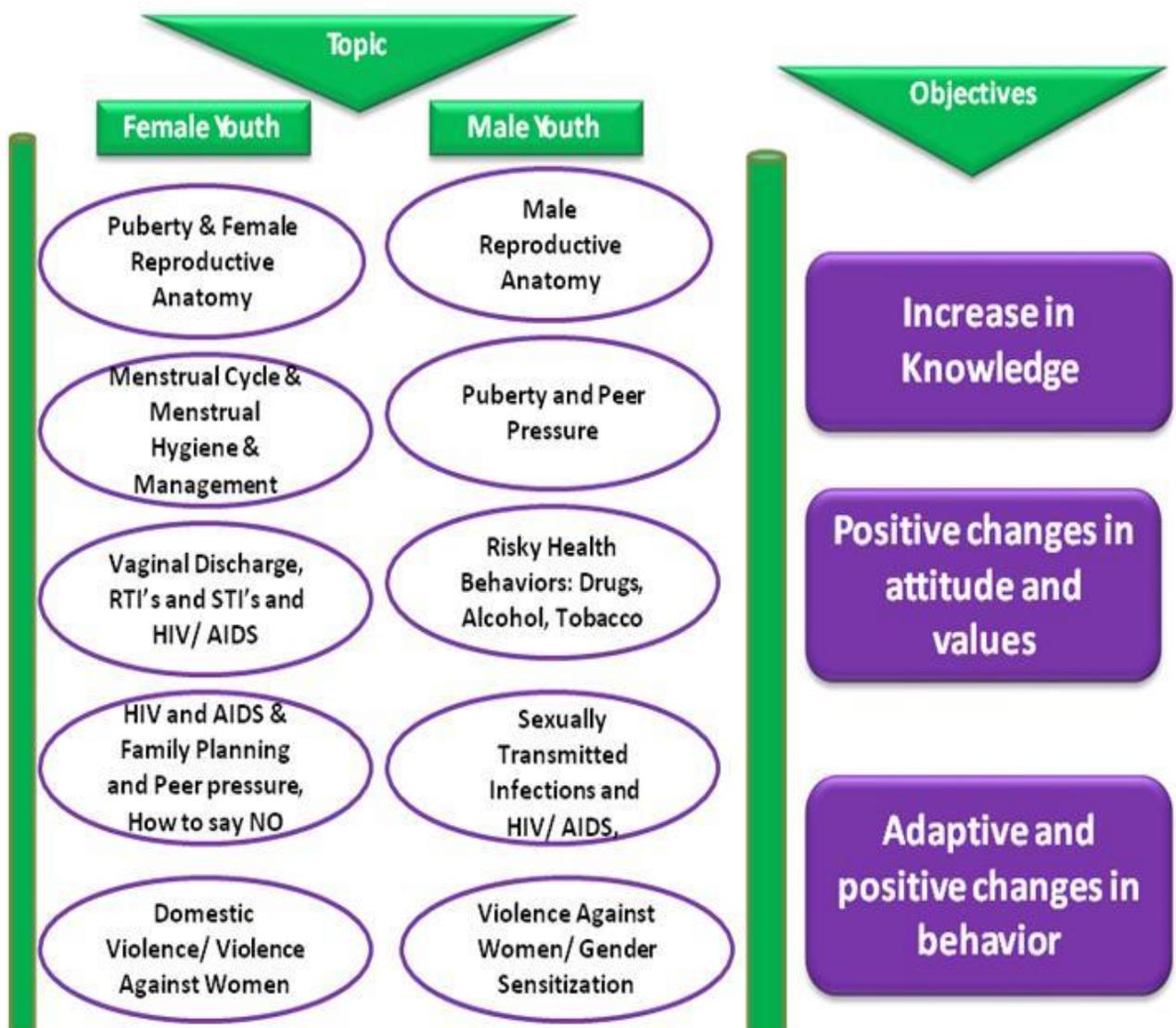
The curriculum that the educators follow has been developed in house with the help of international public health professional.

Male educators teach male adolescents and female educators teach female adolescents. We do not like to propagate the sex differences, but the students feel more comfortable if their educator is of the same sex.

Pre-test questions are asked at the beginning to measure the baseline knowledge level and then post-test questions are asked after each topic is completed. These questions measure if objectives are being met or not met. This allows the educators to have immediate feedback and expand or repeat sections that are unclear. These pre/post test questions are administered verbally.

The educators also have a written program evaluation tool. This tool is used to evaluate the program for internal review. These tools are reviewed by the educators and the program facilitator to rectify issues in teaching. It is a tool to give feedback for the class in general. The questions are not yes/ no but more critical thinking questions to really assess if the students have the knowledge that we hope to have imparted on them.

Reproductive Health Of Adolescents and Youth



Our **Female Adolescent Reproductive Health Program** is based on the Health Belief Model. This model explains people's engagement or lack thereof as the confluence of beliefs, perceived barriers and benefits to action, as well as their own self-efficacy in accessing and using health knowledge or resources. In our program we use education to address beliefs and misconceptions, thus fostering greater understanding of the benefits, while minimizing the barriers to sexual health education. This education in turn increases their self-efficacy, placing their sexual health in their own hands and giving them appropriate information and access to resources to build upon and practically apply their knowledge.

If adolescents receive accurate health education and have access to quality health care services, then they will have better health outcomes and will be better equipped with resources to have a safe motherhood and family. Community development work that supports adolescents, and young girls in particular, translates into a better future for women, children, and families, having an intergenerational impact. The benefits will be seen for generations to come and include delaying of early marriage, spacing of pregnancies, adoption of modern contraception, prompt treatment of reproductive tract infections, and informed and accurate information about anatomy, pregnancy, and birth control.

Our program is an effective way to address the inadequate reproductive health literacy and knowledge amongst our target population as it considers both the male and female adolescent experience of sexual and reproductive health and provides culturally appropriate and specific education taught by young local educators. We recognize the importance of including young men in the dialogue and more clearly framing their roles and responsibilities in terms of sexual and reproductive health. Regardless of gender, adolescents need correct health information and judgment free health discourse in order to grow into healthy adults. The type of community and culturally appropriate health education provided by Bella Health encourages ownership of one's health and gives youth the foundational tools to maintain and build healthy life frameworks.

Shabnam Ansari, from Dhakrani, says, "Through this class, I understood that irregular periods are not a healthy symptom. I've had this problem for the past two years. My mother told me it's normal and that there was no need to see a doctor, so I didn't.

I attended this adolescent reproductive health class at my school. Various health topics related to female health were discussed. It was here that I learnt about menstrual symptoms which shouldn't be ignored, and when one must see a doctor immediately.

After this class, we were told that if we had queries or problems regarding any health issue, counselling was available. I was counselled by the educator ma'am and visited the Bella Health Clinic with my mother.

I share the knowledge I got from these education classes with my friends. I tell them to attend FARH at the Bella Health Clinic."



Shabnam Ansari, FARH student

RESEARCH

One ongoing program of Bella Health Care is to collect data on the health of the communities we work with. The aim of this research is to improve the quality of care that we provide to those needing our services. Some of our research topics include the following Studies and data collected in 2014:

- ❖ **Focus Groups:** Results are in the appendix.
- ❖ **Health Care Provider Interviews:**
We interview all of the health care providers to ensure that the health care services which are provided are aligned with our mission and vision.
Excerpt from Dr. SP (Brigade) Mehta: “Treatment and investigation facilities are provided to the women and children at their doorstep, in out- of the way places which have poor health facilities and for women and children in the slums, in and around Dehradun who can’t afford good medical care. We are doing a very good job in this field . BH is very serious about health education- mainly concerning health of women and kids of urban slums. In this field also an excellent job is being done by giving lectures and handing over small papers concerning healthcare. And also women get incentives in the form of gifts for attending classes. BH is collecting data concerning the health of women and children (plus other things) in rural areas and slums around Dehradun . This can become the basis of healthcare policies for the Health Department of Uttarakhand and may be in other provinces of India”
- ❖ **Patient Satisfaction:** Results are in the appendix
- ❖ **Patient Compliance:** Results are in the appendix
- ❖ **Unsafe abortions:** Results are in the appendix

One of our patients in Markham was suffering from abnormal vaginal discharge and a sexually transmitted infection for the past 2 years. She didn't have a clue about what it was and what it was caused by. “I got myself checked from hospitals in the city and continued my medicine for a year, but still I could find no improvement in my condition and it made me depressed. I thought that I won't ever be able to regain my health. One day, I learned about Bella Health mobile services and visited the camp and got myself checked. The doctor explained me everything about my health condition, the nature, causes and prevention of it. My husband and I, we both were counseled by the doctor and we took the recommended medicine. I am grateful for the care provided by Bella HealthCare. Doctor sees patients and they really understand it inside and out, which is a major strength of Bella Health Care”



A patient in Markham

Monitoring and Evaluation

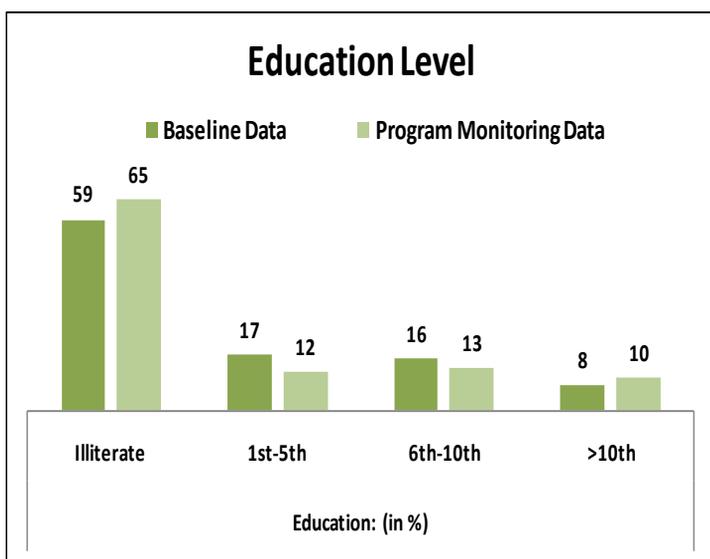
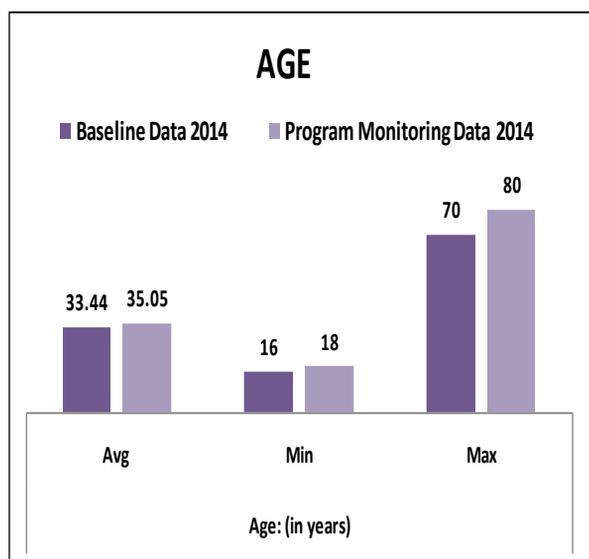
Bella health has created numerous surveys to monitor and measure the outcomes and impact the services have. Below are the tools we use to measure the impact and outcomes. They are a mix of quantitative and qualitative tools. Some are measured continuously while others are measured at certain points in the year.

Tool	Frequency	Methodology
Baseline	Before Intervention	Quantitative
Focus Groups	Before Intervention and 6 months	Qualitative
Patient Satisfaction	Annually	Quantitative
Internal Evaluation	Before/After Class	Quantitative
Program Monitoring	Annually	Quantitative
Patient Compliance	Annually	Quantitative

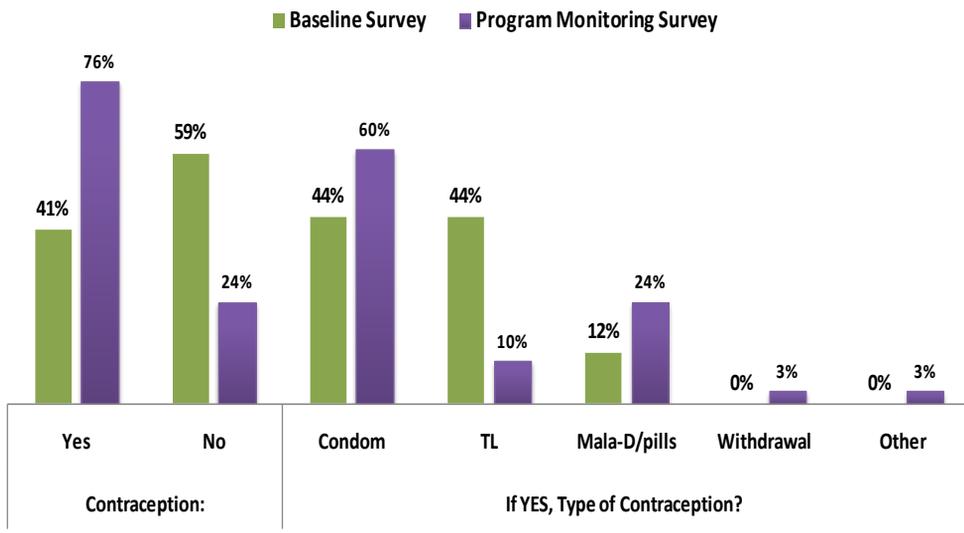
The graphs below compare the indicators in the baseline data which is collected before any intervention is launched and the indicators collected at the program monitoring mark of 18 months. This program is monitored with this indicators yearly. See the graphs below.

- Are you using Birth Control, If yes type
- The last time you gave birth, where did you delivery and who assisted you?
- Number of ANC/PNC visits in the last pregnancy
- Perception of the importance of Woman's Health (5 questions)
- Knowledge of selected Reproductive health topics (12 topics)

Demographics. The average age and educational level of the respondents :



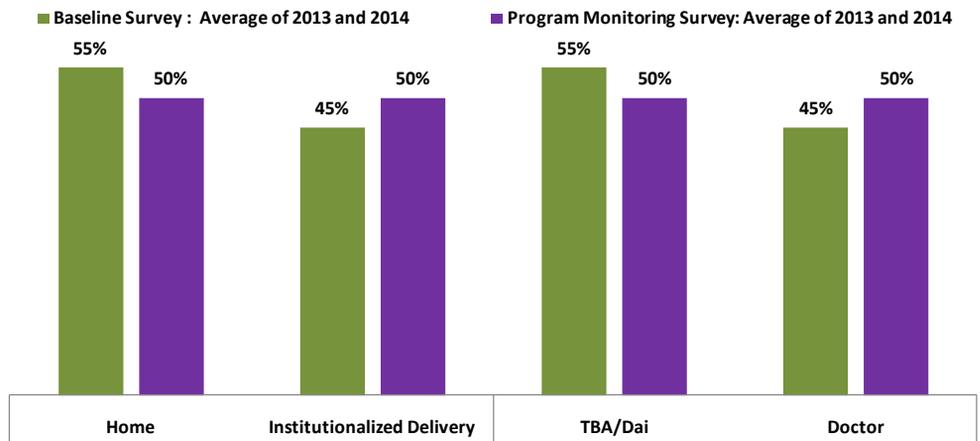
Are You Currently Using A Method Of Contraception, Type Of Contraception?



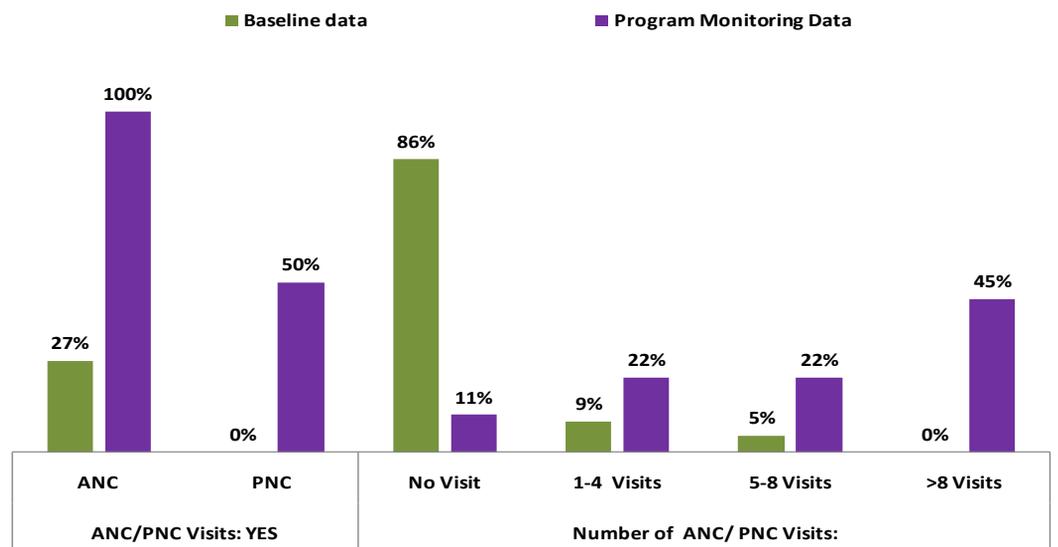
There has been an increase in contraception by 35%, There has been a 16% increase in condom use. Sterilization rates have decreased and the use of daily pills has increased in the program monitoring data. Other traditional forms or contraception have dropped to 0% as respondents have adopted modern methods.

As you can see the rates of home deliveries have declined. There has been a radical increase in institutionalized deliveries and deliveries with doctors compared to baseline data. However this is not the result of Bella Health's programs alone but a combined effort of many stakeholders included the Government of India.

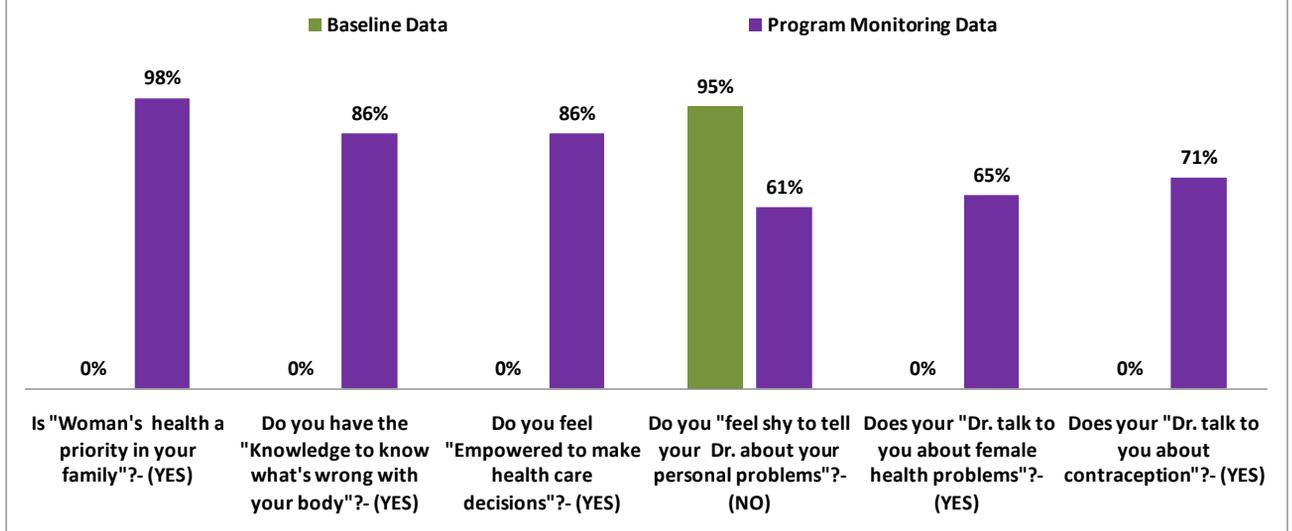
The Last Time You Gave Birth, Where Did You Deliver, Who Assisted You In The Delivery?



During your last pregnancy; Did you have ANC/PNC visits?

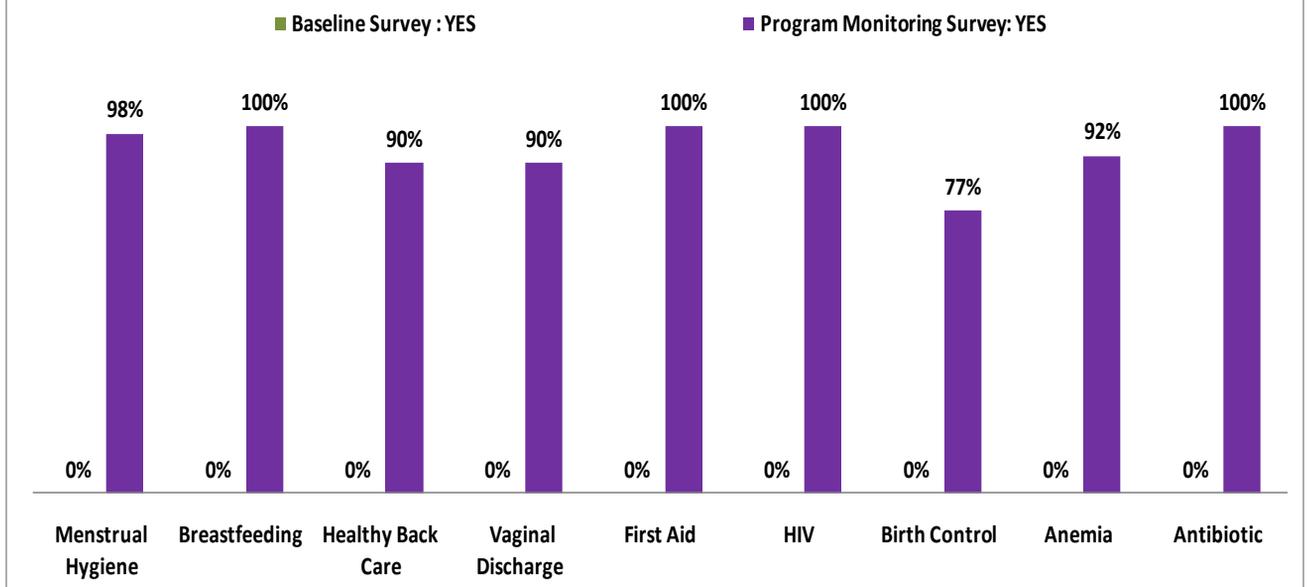


Perception on Woman's Health Care



As the graph above shows, women perceive their health to be much more important than in baseline and feel empowered to make health decisions and seek health care.

Measurement of Knowledge/Understanding



As the graph above shows, there has been a radical shift in knowledge on selected health topics. We believe that through education our impact will be sustained in the villages and the community will be empowered to seek and demand quality health care.

This study allows us to measure key indicators to compare the progress of our program. It allows us to measure the impact in a quantitative form. As you might have noticed, we have added many impact stories of patients throughout this newsletter so you also experience the qualitative impact and power of anecdotal evidence.

Big Days for Bella Health

Colette Smith, Vice President of Bella Health attended a **7 day conference** in Mumbai on **Strategies for Scale**. The conference was held at Fountain Head Leadership Resort in Alibagh. The aim was to help NGO's learn how to communicate effectively, develop tools to grow! We also learned about impact assessment, theory of change and business models. At the end of 7 days, we gave a short 5 minute presentation in front of peers. It was an excellent point to network and meet other NGOs' in various sectors. we were able to discuss our challenges and able to help each other to see what worked in their ideas!



Colette Smith at a conference in Mumbai.

Bella Health was one of the few NGOs invited to attend the **National Conference on Development Imperatives: The Role of Gender**. This was held at Doon University on February 22-23.

The Bella Health team set up an exhibit to showcase our work, and Vice President, Colette Smith, gave a speech to the audience describing our "solution" to the many problems that were discussed this day. Throughout the day, different PhD candidates described their research that involved women. Colette was the only person to speak on behalf of the NGOs, and gave a nice presentation highlighting our operating model and impact assessment tools.



Bella Health exhibit at Doon University.

Colette, Vice President of Bella Health, was also invited to be a **guest speaker at Doon Business School** on February 12.

Students who attend the business school attended the presentation and learned about Bella Health's activities and business model.

The students were encouraged to give back to their community and be good citizens. Many students wanted to get involved in Bella Health's program by volunteering.



Colette Smith as a guest speaker at Doon Business School.

Bella Health is excited to announce our new **Partnership with Syncom Healthcare Ltd.!** Syncom has generously agreed to regularly donate much-needed medicines and medical supplies for treating our patients. Bella Health will distribute these medications to distant villages and urban slums`.

To show our appreciation for Syncom's donations, Bella Health conducted health education classes and health screenings for Syncom employees.



Partnership with Syncom Healthcare

Colette Smith, Vice President of Bella Health, attended the awards ceremony for the Girl Power Award in Mumbai on the 5th of March. **Bella Health was a finalist for the Girl Power Award in the Health Sector.** Our program did not win, but it was great that we made it to the top 5! Congrats to the winner.



Colette Smith at the Girl Power Award ceremony.

Bella Health is excited to announce that our Vice President, Ms. Colette Smith, has been **selected by Dasra as one of the 38 leading social entrepreneurs of India** whose organizations have a wider impact on the country.

Subsequently, Ms. Colette Smith will be a participant of Dasra Social Impact Leadership program in conjunction with Harvard Business School in Mumbai.

This program vectors are Strategy and Leadership, Human Resources and Effective Boards, Fundraising and Financial systems as well as communications and Outreach.

The program is designed to help pro-actively its participants to address their most pressing challenges and takes place through 4 workshops, each 6 days long, in Mumbai.



Bella Health is collaborating with 90,8 Radio Station at Graphic Era University in order to cover adolescents' doubts on health issues and to improve their socio-health education.

On 31 May, **Colette Smith, Vice President of Bella Health, was interviewed in a radio talk show conducted by Sweta.**

This show of 35 minutes is the first of a series of five in which Bella Health Care providers will be conducting question/ answer sessions with adolescent and young students



Rotary International, the worldwide network of inspired individuals who translate their passion into social causes to improve the lives of the communities, organized an event on Lodge Siwalik last 31st May. Bella Health was invited to this event. Ms. Colette Smith, Vice President of Bella Health, Mandeep Kaur, Operations Manager, Purnima, Research Assistant, and two international volunteers, Gemma and Matilde attended it. The event started at 5:30 pm and lasted for 3 hours. At the beginning of the event, presentation ceremony of 40/25 years long term service was conducted followed with honouring the Rotarians and the Grand Master, Mr Singh. After this, Renovated Temple was inaugurated by Mr. Masuraker, the Grand Master- Grand Lodge of India. The event started at 5:30 P.M. and lasted for 3 hours. At the beginning of the event, a ceremony in order to commemorate the 40/25 years long term service of some freemasons was conducted. After this ceremony, the Grand Master of Rotary in Mumbai, the Woshipful Master, Mr Sudhir Jain, and the secretary, Mr Summit Nanda, donated medicines to Bella Health. The event was followed by a typically Indian dinner banquet. Bella Health's Vice President, Colette Smith, all the staff of Bella Health and the volunteers appreciate the generosity shown by the Rotarians.



Bella Health team at the event organized by Rotary International

On the 4th of July, **Bella Health** organized an **HIV/AIDS** conference for various stakeholders in the **Dehradun community**. This conference was a collaborative effort from Bella Health staff and interns. The student interns, from Botswana, have been volunteering through the AIESEC program with Bella Health for a total of six weeks.

Those in attendance included the president of JRDR Foundation, staff from PHC, USACS, Astiva, and AIESEC. Members of the Bella Health and Dehradun community were also in attendance. Outcomes of this conference were positive, having gained insight into various interventions currently being employed by both India and Botswana. Review of success and challenges of HIV/AIDS interventions provided attendees opportunity to assess methods and program implementation as well as served as a reminder of the work still needed to be done



WORLD AIDS DAY EVENT

In this program , total of 4,084 students were educated about HIV AIDS . This week proved to be as an ideal week to educate adolescents and learn how to best reduce HIV/AIDS-related stigma and discrimination. The awareness week involved awareness about HIV AIDS through posters, PowerPoint , games and quizd .This program included one male and two female educators.

A day before, World AIDS Day, Bella health also organised HIV AIDS Awareness rally at Parade Ground on 30th November, and marking WORLD AIDS Day.

The theme of this event was : *"Getting to zero: zero new HIV infections. Zero discrimination. Zero AIDS related deaths"*. The World AIDS Campaign focus on *"Zero AIDS related deaths"*

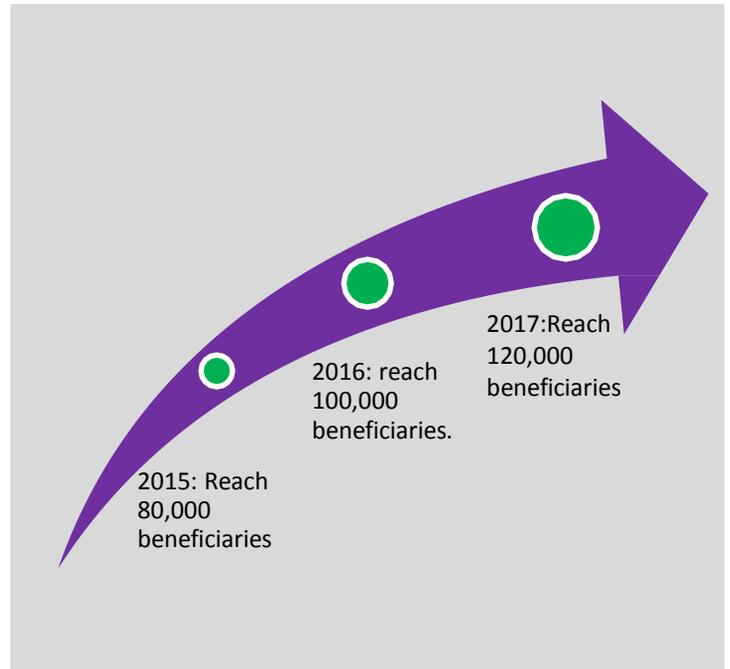
Around 100 participants from public schools and Doon Business School took part in the rally to raise awareness about HIV and AIDS. JR & DR Foundation also collaborated in this awareness program. Opening speech was given by Dr Rozalia George , doctor at Bella Health NGO & Ms. Asha Tamata (Founder of JR & DR Foundation). Other Guests were Ms Mercedes, lecturer at Doon University, Volunteers from UK and New Zealand.



In the coming future

Year 2015:

- Provide health care services to 70,000 beneficiaries.
- Scale the Female Adolescent Reproductive health classes to reach 150,000 adolescents.
- Provide targeted interventions to increase male awareness of the importance of woman's health.
- Publish the Research on the determinants and outcomes of unsafe abortions North India.
- Educate Community Health Workers
- Train the Trainers: plan outreach education classes to train the trainers.



Year 2016:

- Provide Health Care Services to 100,0000 beneficiaries.
- Scale the Adolescent health classes to reach 200,000 adolescents.
- Continue to conduct research and publish.
- Expand Mobile Health services with one more Mobile Health Center.
- Publish the research on the determinants and outcomes of unsafe abortions.

Year 2017:

- Provide Health Care Services to 120,0000 beneficiaries.
- Scale the Adolescent health classes to reach 250,000 adolescents.
- Expand operations to Himachal Pradesh
- Continue to conduct research and publish



The Team That Makes It All Happen !

Bella Health is so blessed to have such dedicated, passionate, hardworking and talented team members. Our team is the reason why we have met such great success!

- **Operations Manager:** Mandeep Kaur
- **Physicians:** Dr. S. P. Mehta & other per diem physicians
- **Health Care Provider:** Rozalia George
- **Health Educators:** Rashid Ahmed, Sunmala Rawat, Uma Gusain
- **Research Assistant:** Purnima Bisht
- **Clinical Support:** Ashok Negi, Parveen
- **Nurses:** Geeta, Babita, Seema, Lila, & Sapna
- And the many **volunteers** who come from all over the world to give back!



The Governing Body of the Organization has 5 members and includes the following:

Name	Position on Governing Body	Qualification	No. Years as Board	Other Offices
Dr. Vijay P. Agarwal	President & Founder	MD, MBBS	1	Practicing Physician in New Mexico, USA.
Colette Smith	Vice President	BSN, RN, MPH	1	NA
Mandeep Kaur	Member	Msc.	3	Operation Manger, Bella Health Care
Dr. S. P. Mehta	Member	MBBS, MD, DM	2	Retired physician from Army
Mercedes Alfonso Garcia	Member	M.Phil	1	Professor in Doon University

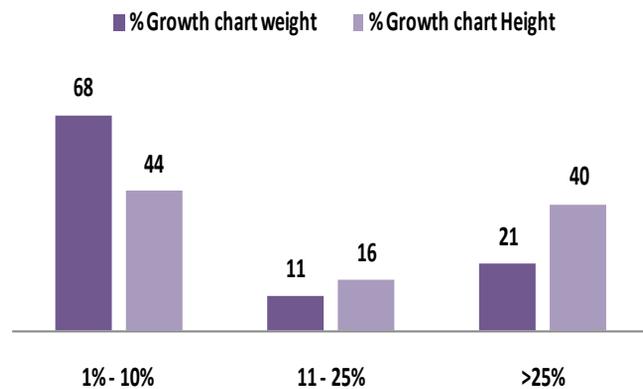
Appendix

This section serves as an appendix containing data on the work of Bella Healthcare as well as information we've collected and analyzed about of patients.

Demographics: In 2014, 52% of our child patients lived in villages, while 48% lived in slums. Of this patient population, 46% were female and 54% were male. The average child patient age was 7.66 years old, with a minimum age of less than 2 weeks and a maximum age of 18 years.

Location	Village	52%
	Slum	48%
Gender	Female	46%
	Male	54%
Age	Average (in years)	7.66
	Min. (in weeks)	2
	Max. (in years)	18

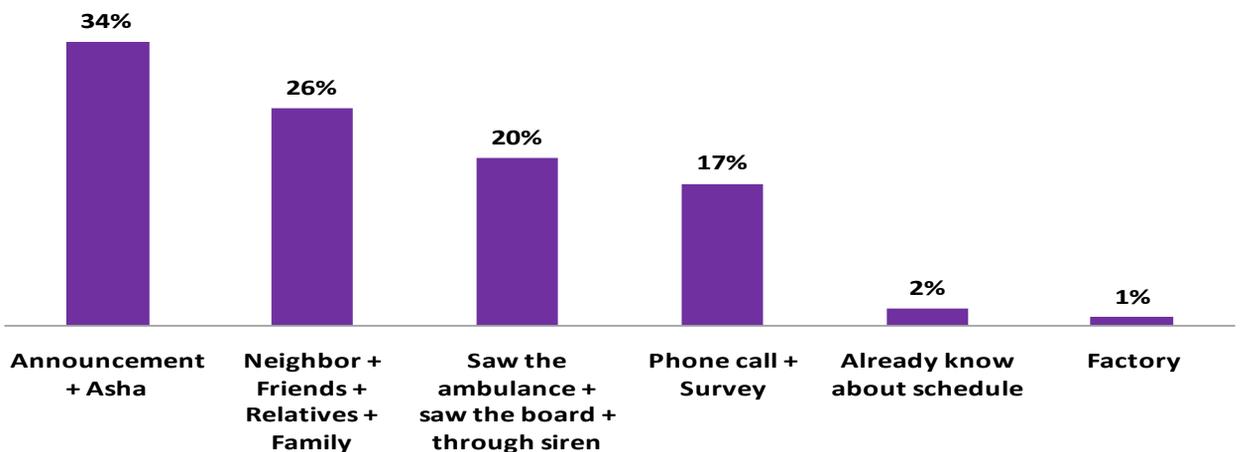
Weight + Height of Children by Percentage Growth Chart



Growth charts are a standard part of any checkup, and they show health care providers how kids are growing compared with other kids of the same age and gender. They also allow doctors and nurses to see the pattern of kids' height and weight gain over time, and whether they're developing proportionately. The child's height and weight are charted on the WHO growth chart. We use this to identify any children who are malnourished or stunted. Of the data compiled, we found 68% of the children surveyed are malnourished and have a weight less than 1 percentile to the 10th percentile. And 44% of the children have a height of 1 percentile to the 10th percentile. For the 11th to 25th percentile: 11% of weight and 16% of height fell here. The remainder was classified over the 25th percentile and 21% of weight and 40% of height.

How did you hear about Bella Health?

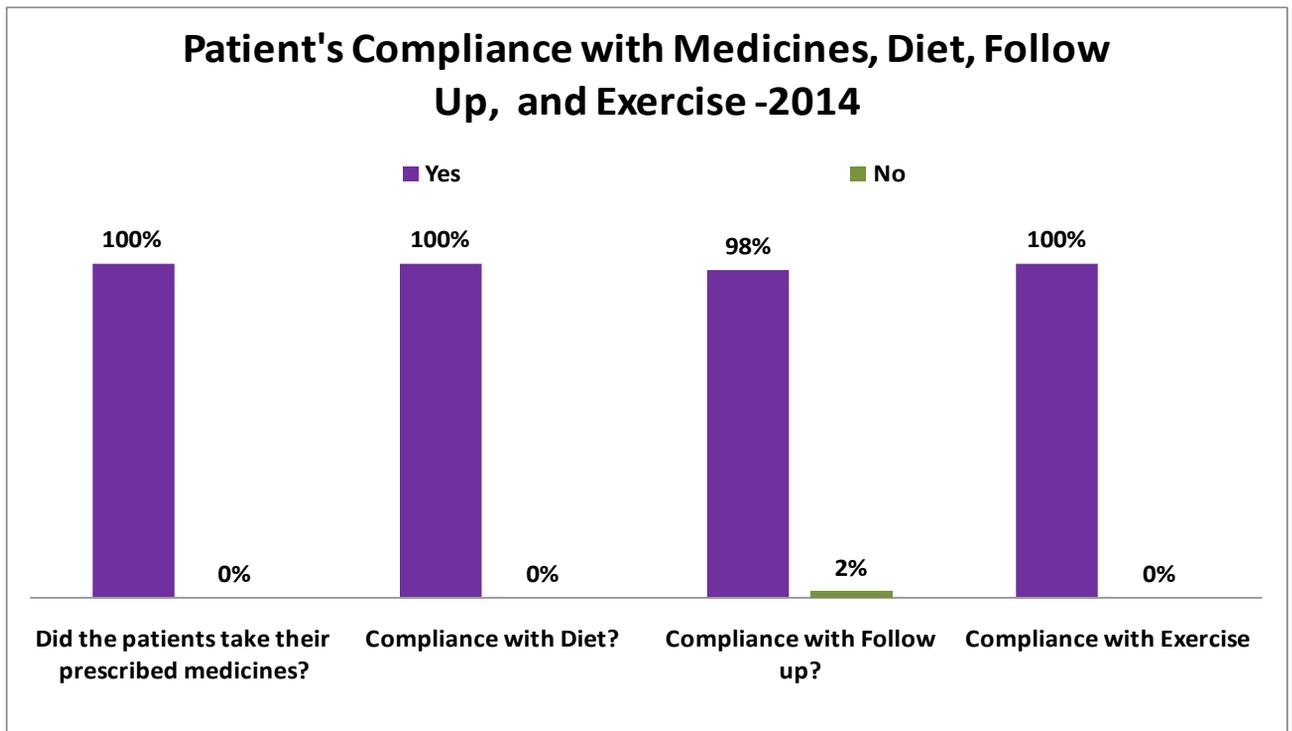
N=179



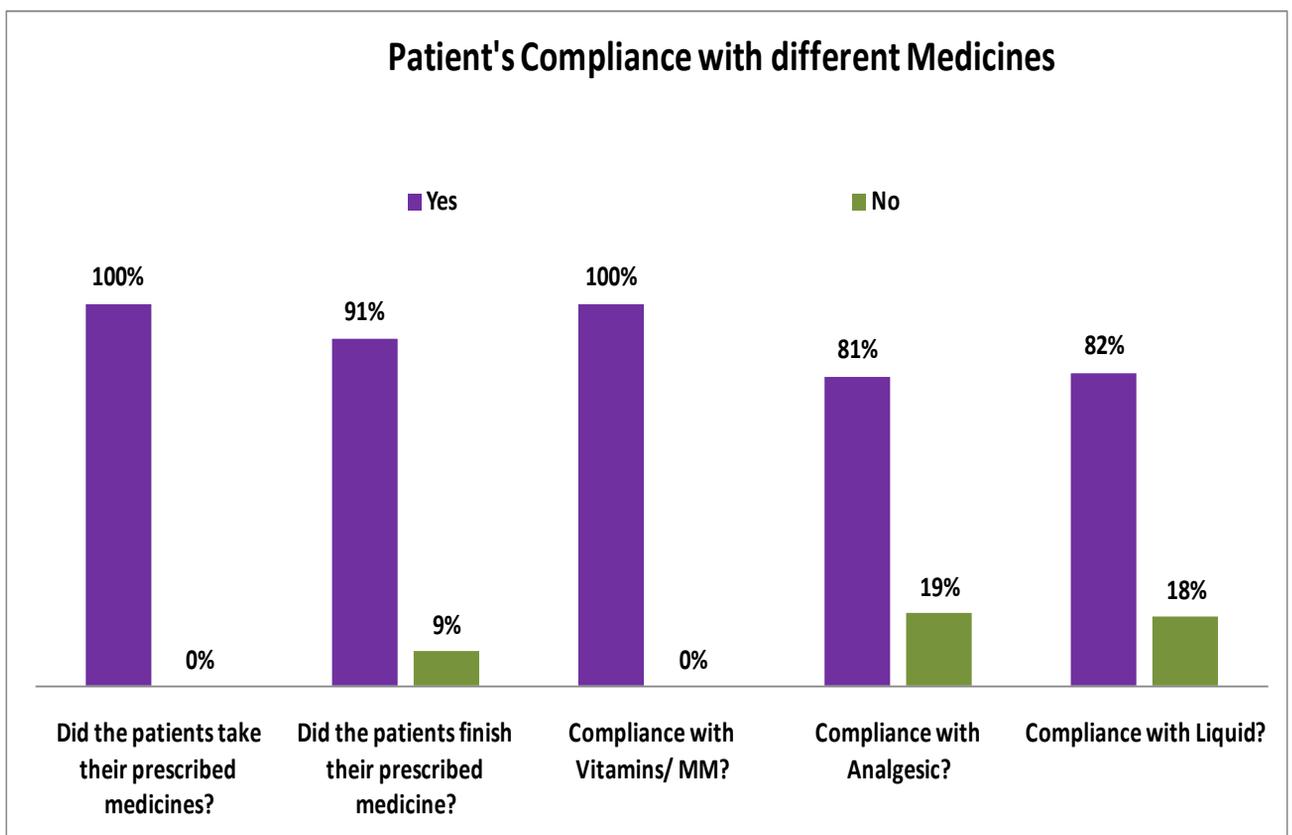
Questions	Descriptive Response
Follow up/New	48% of the respondents were follow up patients and 52% were new patients
How was your overall experience with the visit to Bella Health?	86% rated their experience with Bella health care as "very good". 14% respondents stated their experience as "ok"
Will you return to Bella Health	100% stated that they will return for Bella Health's services.
How long did you spend with Bella health?(minute)	On an average patients spent 103.81 minutes with Bella Health.
Will you recommend the services of Bella Health to your family and friends?	100% of the respondents stated that they will recommend the services of Bella Health to their families and friends.
How long did the doctor spend with you?	On an average, patients spent 12.73 minutes with Bella health care doctors.
Did the doctor and Nurse listen to your explanations and questions carefully?	100% of the respondents stated that the doctor and Nurse listen to them carefully.
Did the doctor and nurse answer your questions thoroughly and properly?	100% of the respondents stated that the doctors and Nurses answer to them in detail and properly.
Did the doctors and nurse explain the labs?	62% of the respondents stated that the doctors and nurses explain the labs to them correctly.
Did the doctors and nurse explain the medicines	99% of the respondents stated that the doctors and nurses explain the medicines correctly.
Did the doctors explain things in a way you could understand	100% of the respondents stated that the doctor explain things in an easy to understand manner.
Did the doctors give you enough follow up information	100% of the respondents stated that the doctors give them enough follow up information.
Were the doctors and nurses courteous and friendly?	100% of the respondents stated that the staffs were very friendly.
Was it easy for you to find the van?	100% stated that it was easy for them to find the van.
Did you attend a health education class?	82% of the respondents did attend an education class.
Was it useful to you?	100% of the participants attended the education class stated that it was useful to them.
Will you come back to an education class?	99% of respondents stated that they will return to Bella Health for education class. And 1% said no because they don't have enough time for class.
What should Bella Health CONTINUE doing?	89% of the respondents want Bella health to continue providing health care services. 9% want education classes to be continued. 2% want to continue providing both services and education classes.
What should Bella Health START doing?	64% want Bella Health to provide radiological services. 36% want expanded health care services.

Compliance Survey

Below is a graph that measures how compliant patients are when following the Doctor's orders. This enables us to address the potential barriers that lead to non compliance.



Below is a graph that shows patient's compliance with different medicines. It is important to measure the compliance so that we can see which medicines patients are not compliant to. Then we can address the barriers to their compliance. Often times, lack of compliance stems from lack of knowledge, so this can be addressed by giving proper counselling on medication education.



UNSAFE ABORTIONS

In the Abortion Study, we analyze the patients who had 1 or more than 1 abortion. In this we ask the patients their education level, occupation, number of previous abortions, reasons, complication after an abortion, etc.

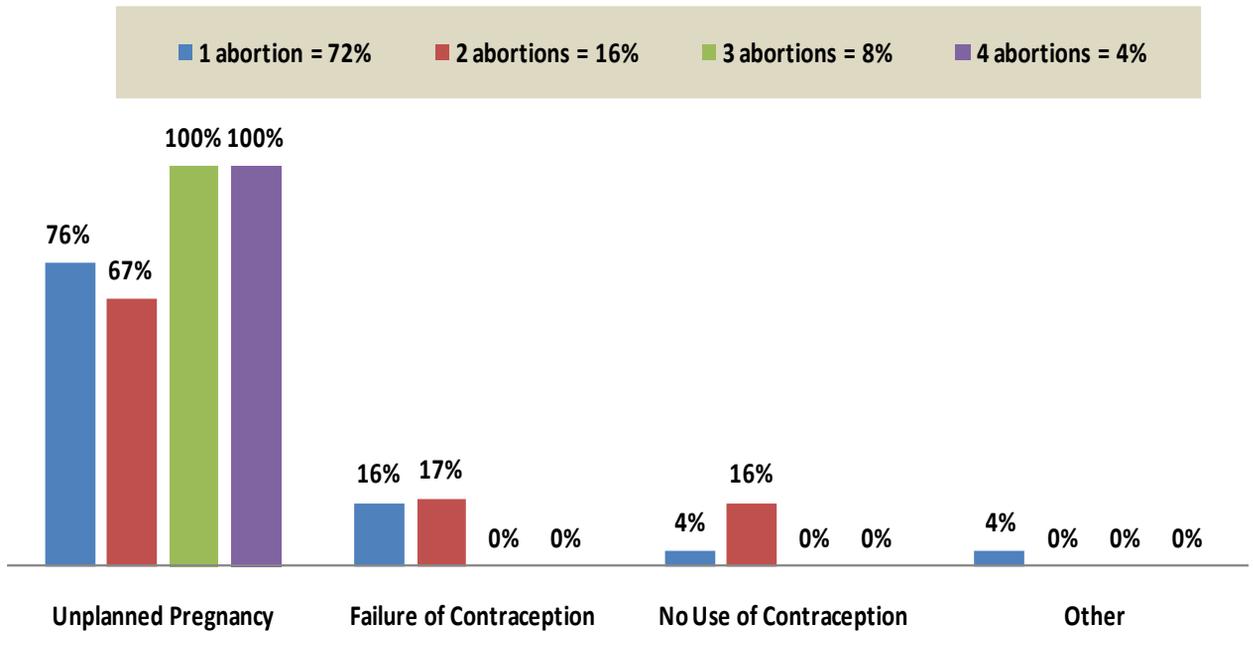
It is important to find out the main reason for abortions so that we can understand why so many patients go for abortions. Then we can overcome the barriers leading to it.

As we can see that Unplanned Pregnancy is the biggest reason for abortions. Unplanned pregnancy stems from lack of knowledge about birth control methods, so this can be addressed by giving proper counselling on family planning and various contraceptives.

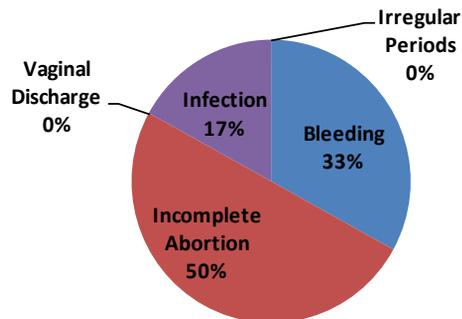
Abortion Study Demographics

Education	70% of the respondents are literate over 5 th standard 30% of the respondents are illiterate Illiterate= 52% 1 st -5 th = 8% 6 th -10 th = 12% 11 th -12 th = 12% >12 th = 16%
Village/Slum	50% of the respondents lives in slum 50% of the respondents lives in village Slum = 50% Village = 50%
Occupation	Housewife = 88% Aganwari worker = 4% Private Company = 8%
Number of Abortions	1 Abortion = 72% 2 Abortions = 16% 3 Abortions = 8% 4 Abortions = 4%

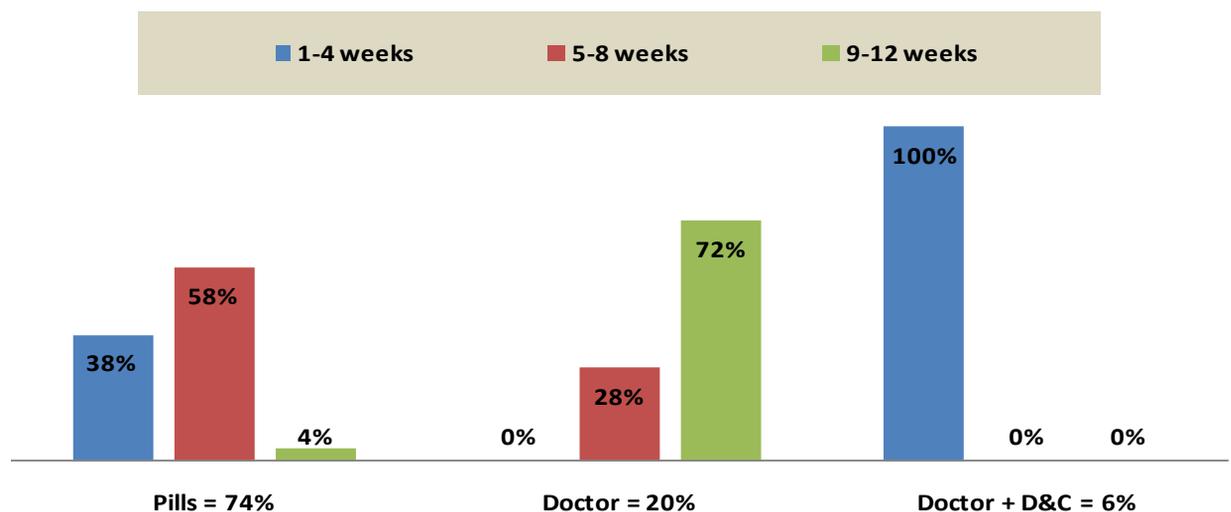
Number of Abortions and Reason Why



Type of complication after an abortion



How was the abortion induced?

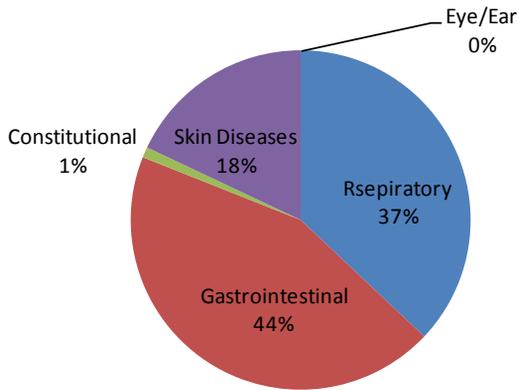


Diagnosis of Total Visits

In 2014, Bella Health provided health care services to nearly 314 children. We have classified the type of ailments they suffered from. We have grouped their diagnoses into 5 categories. 37% had respiratory diagnosis; 44% had a gastrointestinal diagnosis; 1% had a constitutional diagnosis, 18% resulted in a skin diagnosis; 0% resulted in an ear or eye diagnosis.

Diagnosis of Children

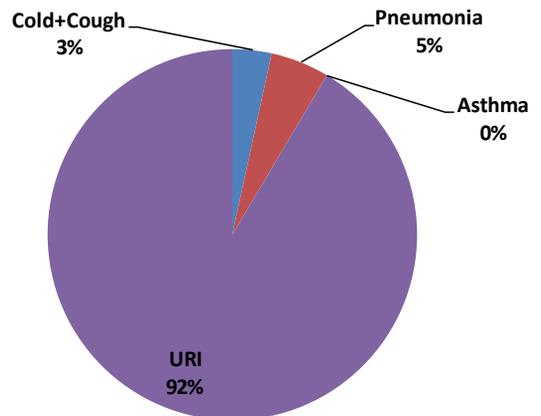
N = 314



Bella Health provided health care services to 314 children in 2014. 37% of the children were diagnosed with a respiratory illness, 44% were diagnosed with a gastrointestinal illness, 1% were diagnosed with a constitutional illness, 18% had skin, 0% eye/ear issues.

Respiratory

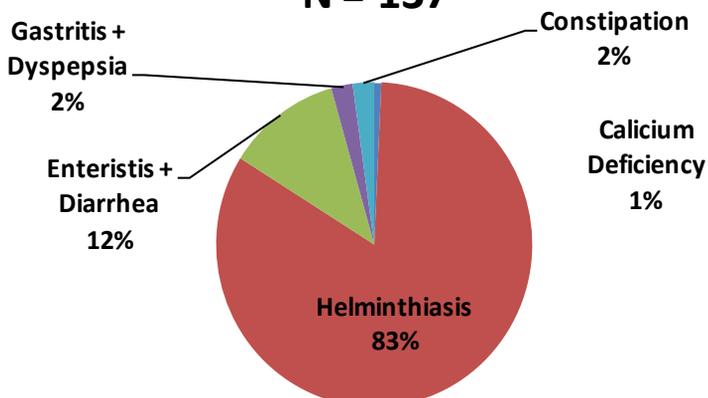
N = 117



Bella Health diagnosed 117 cases of respiratory diseases in child patients in 2014. Of these respiratory diagnoses, 92% were Upper Respiratory Infections, 3% were cold and cough related, 5% were pneumonia related and <1% were asthma related.

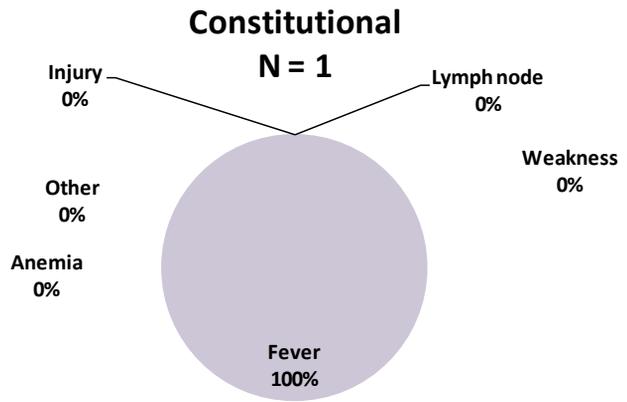
Gastrointestinal

N = 137



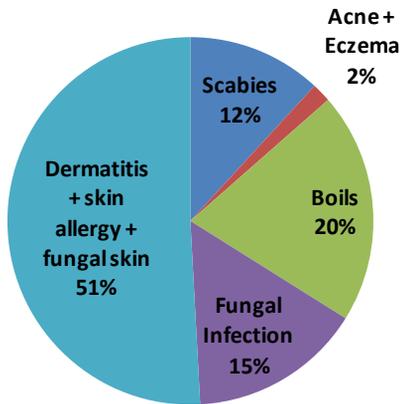
137 cases of gastrointestinal diseases were diagnosed in child patients. Of these, 83% were cases of Helminthiasis, 12% were cases of Enteritis & Diarrhea, 2% were cases of Gastritis & Dyspepsia, 2% were cases of constipation and 1% of these total diagnoses were cases of calcium deficiency.

Bella Health diagnosed 1 case of constitutional disease in child patients in 2014. Constitutional diseases represent a group of symptoms that affect many body systems and are not very specific. Of these constitutional diseases, 0% were cases of weakness; 100% were cases of fever; 0% were cases of anemia; 0% were lymph node related and 0% were cases of injury.



Skin Diseases

N = 59

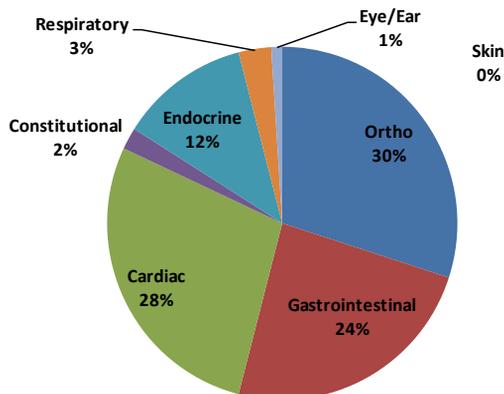


Bella Health diagnosed 59 cases of skin diseases in child patients in 2014. Within the skin diseases, 51% were cases of dermatitis or skin allergies; 15% were cases of fungal infection; 20% were cases of boils; 12% were cases of scabies; and 2% of these total cases were cases of acne or eczema.

Graphs on Chronic Disease Patients.

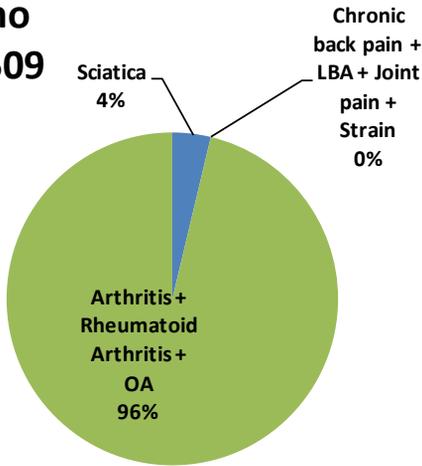
Diagnosis of Chronic Diseases

N = 1674



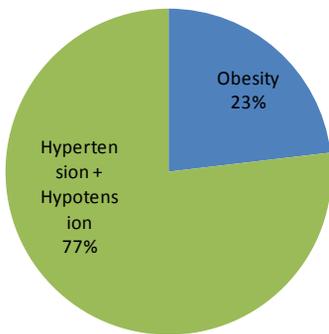
In 2014, Bella Health provided health care services to nearly 1674 patients who have chronic disease. We have classified the type of chronic diseases that they suffered from. We have grouped their diagnoses into 8 categories. 30% had a ortho diagnosis; 28% had a cardiac diagnosis; 24% had a gastrointestinal diagnosis, 2% resulted in a constitutional diagnosis; 12% had a endocrine diagnosis; 3% had a respiratory diagnosis; 1% had a eye or ear diagnosis; and 0% had a skin diagnosis.

Ortho
N = 509



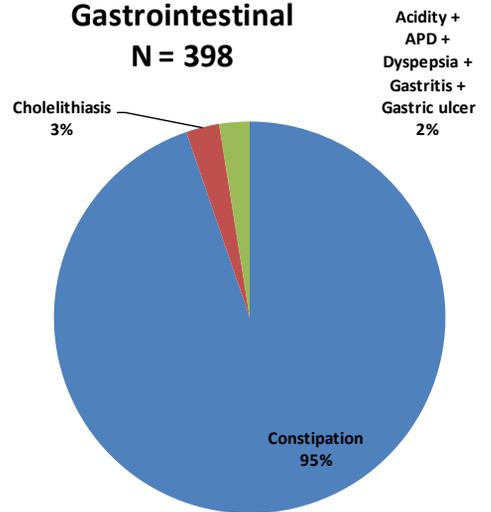
Bella Health diagnosed 509 cases of Ortho diseases in patients in 2014. Of these chronic ortho diseases, 96% were cases of arthritis related; 4% were cases of sciatica; and 0% were cases of back pain or lower back ache or joint pain or strain.

Cardiac
N = 474



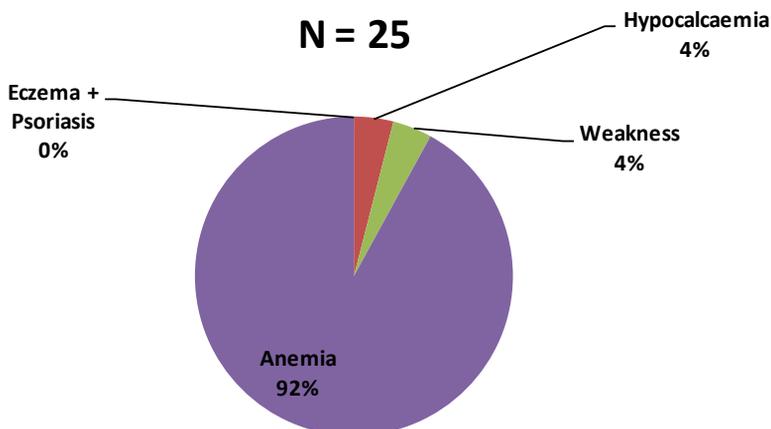
Bella Health diagnosed 474 cases of Cardiac diseases in patients in 2014. Of these cardiac diseases, 77% were cases of Hypertension or hypotension, 23% were cases of obesity.

Gastrointestinal
N = 398



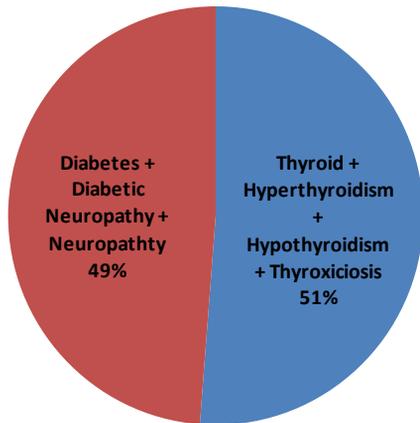
Bella Health diagnosed 398 cases of Gastrointestinal diseases in patients in 2014. Of these gastrointestinal diseases, 2% were cases of acidity or APD or dyspepsia or gastritis or gastric ulcer; 95% were cases of constipation; and 3% were cases of cholelithiasis.

Constitutional
N = 25



Bella Health diagnosed 25 cases of Constitutional diseases in patients in 2014. Of these constitutional diseases, 92% were cases of anemia; 4% were cases of weakness; 0% were cases of eczema or psoriasis; and less than 4% were cases of hypocalcaemia.

Endocrine N = 205

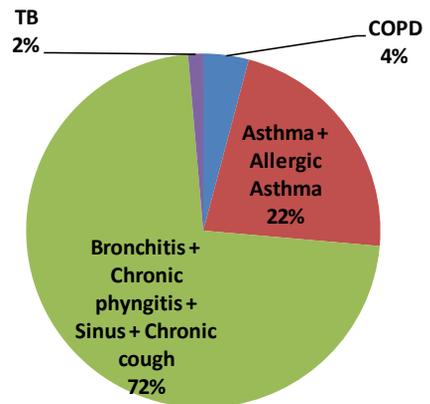


Bella Health diagnosed 205 cases of Endocrine diseases in patients in 2014. Of these endocrine diseases, 49% were cases of diabetes or diabetic neuropathy and 51% were cases of thyroid related.

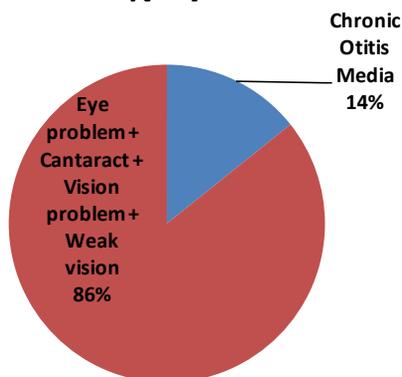
Bella Health diagnosed 56 cases of Respiratory diseases in patients in 2014.

Of these respiratory diseases, 72% were cases of bronchitis or chronic phryngitis or sinus or chronic cough; 22% were cases of asthma related; 4% were cases of COPD; and 2% were cases of TB.

Respiratory N = 56



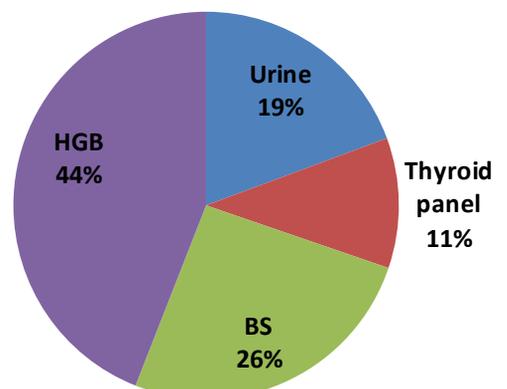
Eye/Ear N = 7



Bella Health diagnosed 7 cases of Eye or Ear diseases in patients in 2014.

Of these Eye or Ear diseases, 86% were cases of cataract or vision related; and 14% were cases of chronic otitis media.

Sample done of patients N = 377

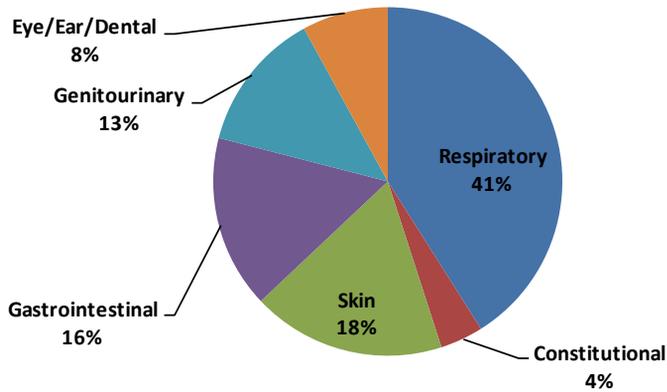


In 2014, Bella Health had done samples of 377 patients. Out of 377 patients, 44% of patients samples were done of HGB (Hemoglobin), 26% samples were done of BS (Blood sugar), 11% sample were done of thyroid panel and 19% samples were done of urine.

In 2014, Bella Health gave out medicines to all of the patients who suffered from chronic diseases.

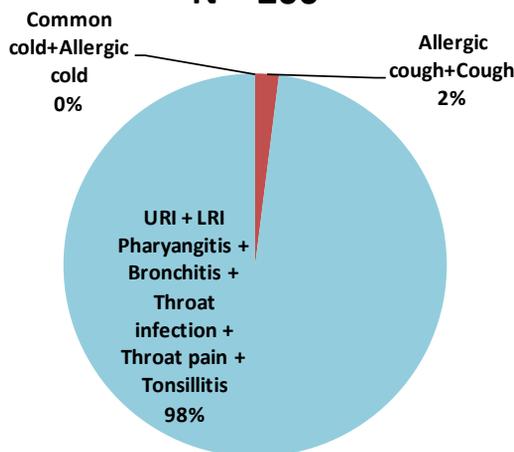
Graphs for Acute Diseases of Patients 2014

Diagnosis of Patients N = 487



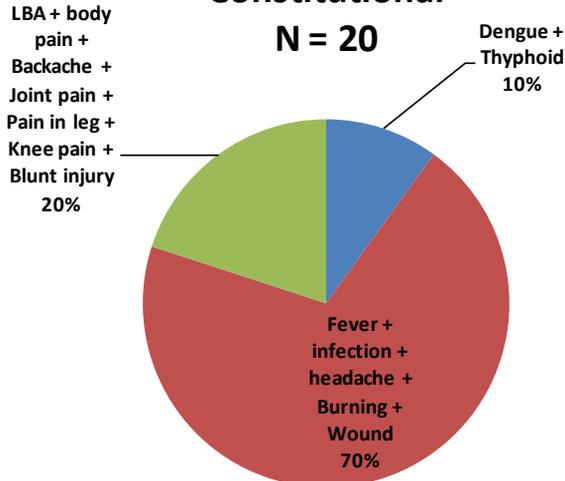
In 2014, Bella Health provided health care services to nearly 487 patients. We have classified the type of ailments they suffered from. We have grouped their diagnoses into 6 categories. 41% had respiratory diagnosis; 4% had a constitutional diagnosis; 18% had a skin diagnosis, 16% resulted in a gastrointestinal diagnosis; 13% resulted in genitourinary diagnosis; and 8% resulted in an ear or eye diagnosis.

Respiratory N = 200



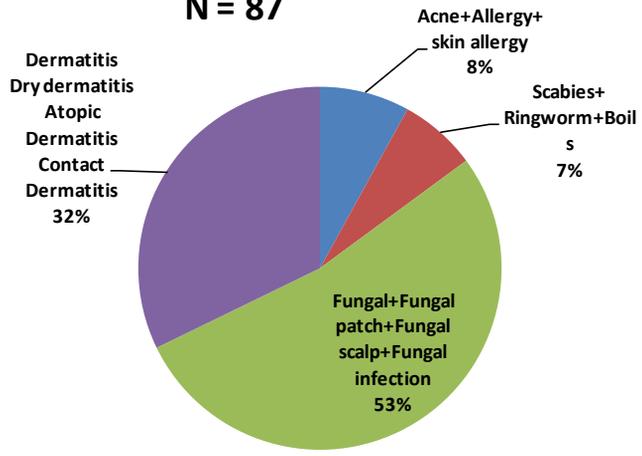
Bella Health diagnosed 200 cases of respiratory diseases in patients in 2014. Of these respiratory diseases, 98% were cases of Upper Respiratory Infections or Lower Respiratory Infections or Pharyngitis or Bronchitis or Throat Infection or Throat Pain or Tonsillitis; 2% were cases of Allergic cough or cough; and 0% cases of Common Cold or Allergic Cold.

Constitutional N = 20



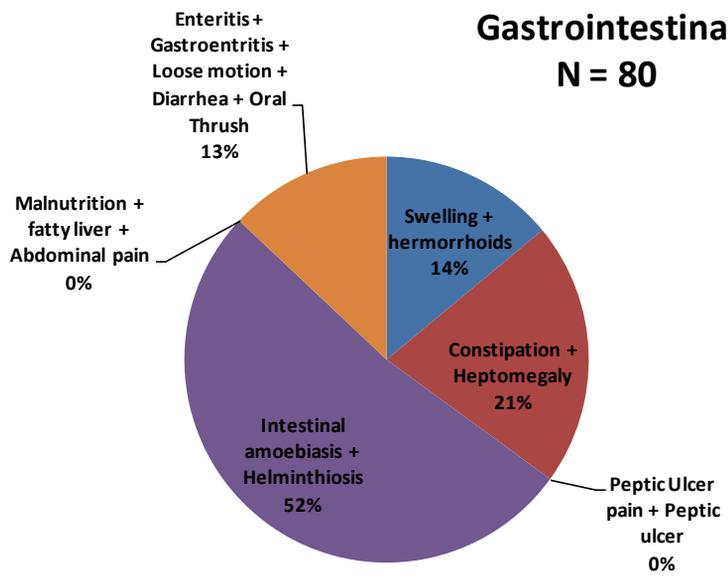
Bella Health diagnosed 20 cases of Constitutional diseases in patients in 2014. Of these constitutional diseases, 20% were cases of lower back ache or body pain or joint pain or blunt injury; 70% were cases of fever or infection or headache or burning wound; and 10% were cases of dengue or typhoid.

Skin N = 87



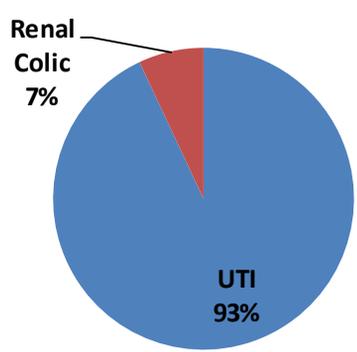
Bella Health diagnosed 87 cases of Skin diseases in patients in 2014. Of these skin diseases, 53% were cases of fungal problem; 32% were cases of dermatitis; 8% were cases of acne or skin allergy; and 7% were cases of scabies or ringworm or boils.

Gastrointestinal N = 80



Bella Health diagnosed 80 cases of Gastrointestinal diseases in patients in 2014. Of these gastrointestinal diseases, 52% were cases of intestinal amoebiasis or helminthiasis; 21% were cases of constipation or heptomegaly; 13% were cases of enteritis or loose motion or diarrhea or oral thrush; 0% were cases of malnutrition or fatty liver or abdominal pain; 0% were cases of peptic ulcer pain or peptic ulcer; and 14% were cases of swelling or hemorrhoids.

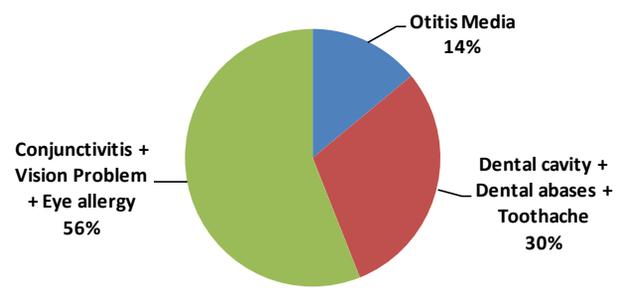
Genitourinary N = 64



Bella Health diagnosed 64 cases of Genitourinary diseases in patients in 2014. Of these genitourinary diseases, 93% were cases of UTI; and 7% were cases of renal colic.

Bella Health diagnosed 36 cases of Eye/Ear/Dental diseases in patients in 2014. Of these Eye/Ear/Dental diseases, 56% were cases of conjunctivitis or vision problem or eye allergy; 14% were cases of otitis media; and 30% were cases of dental cavity or dental abases or toothache.

Eye/Ear/Dental N = 36



REPORT ON FOCUS GROUPS

BACKGROUND:

Bella Health conducted series of 5 focus groups in the month of June, 2014 in 4 villages named Rampur, Kunja Grant, Dhakrani and Selaqui and one slum named Kath Bangla. Out of the total 4 villages, 3 villages are the one where Bella health is still providing health services past a year through mobile health van and one village Rampur, where Bella Health has stopped its services but still residents have access to health services through the clinic in Selaqui.

The participants in the focus group were females within age group of 18-39 years and it was conducted with their informed consent. The focus group was conducted in an unstructured and natural way where respondents were free to give their opinions from any aspect. It involved open-ended questions and involved descriptions of experiences they have had when seeking health services as well as health education.

GOALS AND OBJECTIVES:

The purpose of conducting these focus groups is:

- To gain insight into the health care perceptions, and attitudes of women towards the health as well as educational services being provided by Bella health care
- To receive feedbacks from the participants who have been receiving health care services at Bella Health.
- To understand their view and opinions about health care facilities, providers in Bella Health organization and accessibility to care in their villages.

PARTICIPANTS DEMOGRAPHICS:

In total, 28 participants were involved in all the 5 focus groups. Each focus group had about 5-6 females. Participants were the residents of the villages who had attended the health camp for regular treatment for their health conditions. They were of varied age group (18- 39), and they have been taking health services provided at Bella health. All the participants were married and with 2-4 children. Women belonged to lower middle class, less educated (majority were illiterate) and were housewives.

FOCUS GROUP:

The focus groups were conducted on the day the health camps were conducted in the respective villages. There was no specific timing for the focus group. In the health camp, 5-6 participants, who were ready to participate in the focus group, were gathered together. Before starting the focus group, the participants were provided with the general description of the questionnaire that was asked for the collection of data.

The focus group was conducted by educators Sunmala Rawat and Mandeep Kaur, who were keeping notes about the feedback given by the participants. A permissive and comfortable environment was created which was conducive to all the participants to openly share their opinions and health care experiences with Bella Health. In the beginning of the focus group, the staff introduced themselves and explained why the focus group is being conducted. Each participant was invited to introduce themselves. They were then asked to answer the questionnaire that provided an insight into the perceptions and opinions of participants about the services being provided by Bella health care.

The focus group was conducted in the month of June, 2014 in the following villages:

Date	Village Name	Number of focus group
17 June, 2014	Dhakrani	6
18 June	Rampur	8
20 June, 2014	Kath Bangla	7
24 th June, 2014	Kunja Grant	10
26 th June , 2014	Selaqui	5

Following questions were included in the focus groups:

Q1. How did the health care services of Bella Health help you?

“There is no clinic near our place. Bella health services are helping us by providing health care at our doorstep.”

“We are getting doctors in our area and check up at very nominal rate”

“The best part about Bella health is that we are being provided with medicines in our own village where there isn't any efficient health clinic. The medicine has been really effective.”

“We can now save time and money on health services. We are getting cost effective treatment and we are getting aware about various diseases through health education class.”

“My health has really improved. Doctors at Bella Health spend time with patients and counsel us.”

“Health services for poor people, affordable quality health care.”

“Bella Health care services have helped me and family and my health has improved.”

“The Antenatal and post natal services provided by Bella Health care have been really helpful for us. I have been receiving antenatal care past 2 years and have received so much information about antenatal care. For us, the services are easy to access and affordable.”

“My health is better than before. I had high blood pressure during pregnancy and the hospital where I was getting myself checked, didn't help my symptoms but since I have visited Bella health care, I have been feeling much better and feel enabled.”

“Bella Health provides affordable health care services at our doorstep. Besides check up, we are provided with medicines and also services of rapid lab tests.”

“I have become more aware about pregnancy. We have been given a booklet which contains all the info about pregnancy, warning signs, diet, exercises and other important information.”

“Because of Bella health services in our village, I was able to get all check up done during pregnancy and even tetanus vaccination at a very nominal cost. After my first visit all my test and medicines have been free of charge. And I have been counseled about my diet and care”

Q2. How the health education classes of Bella Health did helped you and there is increase in your knowledge?

“Knowledge about health has helped us. We know about various illnesses now and can take better care of ourselves.”

“I did gain some knowledge about my health. I feel better and now can make health decisions herself”.

“My various doubts and queries are answered by attending education class.”

“I have received knowledge through health education classes and these have helped me in adopting healthy behavior.”

“Health education classes have helped me in knowing about thyroid and diabetes. I have been counseled about my diet and this has been really helpful.”

“My children have learnt a lot from this health camp. They learnt about importance of hand washing and about healthy food eating habits and personal hygiene”

Q3. Do you feel better enabled empowered with your health? How?

“Bella health has enabled us to lead a better and informed life. It has improved the quality of life. Bella health has developed a sense of responsibility in us towards our health.”

“There is improvement in quality of life and I feel empowered. Earlier I couldn’t work because of my health issues but now I can work.”

“My health has drastically improved after coming to Bella health. We are provided with way less expensive and efficient health services. . I have been attending mostly all the health education classes and adopted what have been taught to us. My Quality of life has changed because of getting proper health education and counseling. Few women of my village come to Bella Health camp and have been getting many health benefits from Bella Health.”

Q4. Do you think Bella health has improved your quality of life? How?

No response was given when asked about how Bella Health services have helped in improving their quality of life. Participants gave us the same response when they were asked about feeling empowered with their health.

Q5. Do you think Bella health has empowered women in your community? How?

The response to this question was given by 2 or 3 participants with rest of them with the common response that *“We have no idea about the other women in our community and we have no interest in their health or life.”*

Q6. Has Bella health increased the quality of life in your community? How?

Majority of the participants didn't reply to the questions about change in the health of their community or quality of life in their community. Few responses are as follows:

"There has been change in the mindset of the women in our community who attend Bella Health education classes. We are more aware about our health and empowerment."

"Bella health has improved my quality of life. I don't know if Bella health has made any impact on the community, but on me and my family, there has been positive impact."

Other feedbacks were:

"Bella Health has helped the patients in many different ways by providing them lab tests, antenatal care, post natal care, family planning counseling and this has proved very beneficial to women of our community"

"Education classes were a new thing for me. Every woman need to be aware about her health and other common health issues. We can see a change in the health of women of our community."

Besides the above mentioned responses by the participants, there were negative feedbacks also which are as follows:

"Bella Health is doing well for women and children of our village. But as far as my health is concerned, I haven't seen any positive changes in my health"

"I didn't see any improvement in my health."

"Bella Health conducts health camp just once in a month. It becomes a problem for us. Then we have to consult local doctors. I have stopped going to the health camp because of the long gap."

"Its good that we are getting health services at our doorstep, but still for ultrasound and other lab tests, we have to go so far to Dehradun. So I think it's better to go to the doctor in the city and get myself checked. But still I do get my children here for health check-up."

Following questions were asked from the participants belonging to the area that Bella health doesn't visit any more. The name of the village is Rampur and it's located at around 2.5 kilometers away from Bella Health's stationary clinic at Selaqui.

Q7. How many times have you come to Bella Health in the past year and for what problem? If not why did you stop?

Most of the participants in the focus groups are still visiting the health camp. Following were there responses:

"I had high blood pressure during pregnancy and the hospital where I was getting myself checked, didn't help my symptoms but since I have visited Bella health care, I have been feeling much better and feel enabled. I have been visiting the health camp on regular basis"

"I visited the health camp only once and didn't see any improvement and stopped". When asked why she didn't come for follow up, she said "I thought of going to the other doctor."

Q8. Do you feel healthier?

Most of the patients feel healthier and cured. The feedback on health care services as well the providers were positive.

“Bella health has been a blessing for me. My health was really going down. But after getting myself checked at Bella health and getting counseled, I feel positive about my health.”

“I can see sudden change in my health. I feel more energetic and healthy”

Q9. Has your QOL improved and how?

“Bella Health has improved my quality of life. I don’t know if Bella health has made any impact on the community, but on me and my family, there has been positive impact.”

“I have received knowledge through health education classes and these have helped me in adopting healthy behavior.”

Recommended Changes

It is clear from the responses and discussions that the participants are taking benefits of health services that are being provided at their doorstep. The suggestions given by few participants are as follows:

“Instead of coming to our village once a month, it would be good if Bella Health can visit it twice. We are happy that we are being provided with health services but once in a month don’t help us much and we end up visiting some other doctor. We can come to the clinic but it’s far for us”

“Bella Health should provide all services for ANC. Besides lab tests, ultrasound and deliveries be conducted too.”

Conclusion

The focus group achieved the goal of gaining feedback on perceptions, views and opinions surrounding health care from residents living in above mentioned villages of Dehradun. It highlights the efforts and hard work being put in by the Bella Health team. What the focus group findings do provide are windows of opportunity like provisions of low-cost health care clinic in their villages, implementation of health education and health education programs so as to make more positive impact on the health care of rural area. Bella Health Care mobile van is visiting and to meet their need for quality health care.

PPNO-52 254-IV-2011



F22

उत्तरांचल UTTARANCHAL

A 603465

21 JUL 2011

TRUST DEED

Postpaid vide

THIS DEED of trust is made in the city of Rishikesh on 27th Day of July, 2011 by DR. VIJAY PREMCHAND AGARWAL S/O SH. PREMCHAND SHAMLAL AGARWAL R/O KEMPTY FALL VIA MASSOURIE, UTTARAKHAND, Aged 58 years hereinafter refer to as Founder & Settler which expression shall mean and include his heirs, legal representative and assignees.

MB No. 97/27 II

WHEREAS the executants named above is desirous of creating a charitable trust by setting apart Rs. 1100/- (Rupees One Thousand One Hundred) only for charitable purposes and which have been acquired by his out of his personal savings and which belong to his entirely and absolutely.

SR

Returned vide MB No. 103 Std 3/8 2011

AND WHEREAS, the executants has himself appointed as Founder-Cum-Life Trustee along with :-

DEVENDER BERRY S/o SH. NARAYAN DAS BERRY R/o LAKEMIST BUNGLOW KI KANDI KAMPTY TEHRI GARHWAL

MANAGING TRUSTEE

Vijay P Agarwal



Hereinafter jointly called "THE TRUSTEES" which expression shall, unless exclude by or repugnant to the contest or meaning thereof be deemed to include them and trustees, for the time being for these presents and their survivor or survivors and successor or successors in office.

RISHIKESH Suboffice Reg. No. UTTARANCHAL

copy of passport witness - copy of form copy copy of land



भारत सरकार
(वित्त मंत्रालय)
कार्यालय आयकर आयुक्त
13-ए, सुभाष रोड, देहरादून

सेवा में,

बेला हेल्थ केयर चैरिटेबल ट्रस्ट,
PAN - AABTB447M
119, मनिराम रोड, ऋषिकेश,

विषय - आयकर अधिनियम 1961 की धारा 12-कक में निबन्धन हेतु।

न्यास/संस्था का नाम एवं पता. बेला हेल्थ केयर चैरिटेबल ट्रस्ट, PAN - AABTB447M 119, मनिराम रोड, ऋषिकेश, दिनांक 27.07.2011 को न्यास/संस्था ज्ञापन द्वारा गठित उपर्युक्त न्यास/संस्था ने आयकर अधिनियम 1961 की धारा 12-कक के अन्तर्गत निर्धारित फार्म में पंजीकरण हेतु आवेदन दिनांक 10.10.2011 को प्रस्तुत किया है। संस्था को आयकर अधिनियम 1961 की धारा 12-कक (1) प्रावधानों के अन्तर्गत दिनांक 10.10.2011 से निबन्धन स्वीकृत किया जाता है।

2. यह प्रमाण पत्र निम्नलिखित शर्तों के अधीन प्रदान किया जाता है :-

(क) न्यास/संस्था आयकर अधिनियम के अन्तर्गत निर्धारित अवधि के भीतर प्रत्येक वर्ष संबंधित कर निर्धारण अधिकारी के समक्ष आयकर रिटर्न दाखिल करे।

(ख) न्यास/संस्था द्वारा कार्यालय में ऑडिटेड एकाउन्ट्स की प्रति प्रत्येक वर्ष रिटर्न दाखिल करने की अंतिम निर्धारित तिथि से पहले प्रस्तुत करें।

(ग) यदि न्यास/संस्था के उद्देश्यों में कभी परिवर्तन किया जाता है तो न्यास/संस्था को फिर से धारा 12-क के अन्तर्गत आवेदन इस कार्यालय को प्रस्तुत करना होगा।

(घ) ट्रस्ट/सोसायटी आयकर अधिनियम की सभी धाराओं का पालन करने के साथ-साथ यह सुनिश्चित करेगी कि आयकर अधिनियम में उल्लिखित पूर्त प्रयोजन की परिभाषा का उल्लंघन न हो।

(ङ) प्रोजेक्ट रिपोर्ट जो विभाग में दी गयी है उससे लगता है कि यह संस्था मुख्यत महिलाओं की गर्भावस्था सम्बंधित बीमारियों और जन्म के समय महिलाओं की जान को खतरे से बचाने के लिये काम करेगी। अगर ऐसा पाया कि यह मात्र किताबी दावा है और मात्र करमुक्ति के लिए स्वास्थ्य सम्बंधी काम का तर्क है तो यह निबन्धन वापस ले लिया जायेगा। सम्बंधित निर्धारण अधिकारी संस्था के चैरिटेबल होने के दावे को मुख्यतः निम्नलिखित कार्यों से जाचेगा: महिलाओं के स्वास्थ्य के लिये क्या काम किया जा रहा है, कितने अवसरो पर जन्म के समय महिलाओं को डाक्टरों की सेवा उपलब्ध कराई गयी और उनकी जान को सुरक्षित रखने के प्रयत्न में क्या खर्चा किया गया और उनके स्वास्थ्य परीक्षण के लिए कितने दूरस्थ गांवों में संस्था पहुंची, इन उद्देश्यों की पूर्ति न होने पर निबन्धन निरस्त की सिफारिश की जायेगी।



यदि उपरोक्त पांचो शर्तों में से किसी एक का भी उल्लंघन न्यास/संस्था के द्वारा किया जाता है तो यह प्रमाण-पत्र रिटर्न दाखिल करने अथवा ऑडिटेड एकाउन्ट्स दाखिल करने की अंतिम निर्धारित तिथि अथवा न्यास/संस्था के उद्देश्यों में परिवर्तन की तिथि से निरस्त करने हेतु कार्यवाही की जाएगी।

3. आवेदन की प्रविष्टि कार्यालय में रखें गये धारा 12-कक के आवेदन रजिस्टर में प्रपत्र संख्या 84/20010-11 पर की गई है।

sd
(डी०.पी०. सेमवाल)
आयकर आयुक्त, देहरादून

मोहर
प्रतिलिपि प्रेषित :-

1. न्यास/संस्था उपरोक्त को सूचनार्थ
2. आयकर अधिकारी-सहायक आयकर आयुक्त/उपायुक्त आयकर/ वार्ड-1, ऋषिकेश को यथोचित कार्यवाही हेतु प्रेषित।
3. अपर आयकर आयुक्त, हरिद्वार को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।
मुख्य आयकर आयुक्त, देहरादून को सूचनार्थ प्रेषित



शरद
(शेर सिंह)
आयकर अधिकारी (तकनीकी)
कृते आयकर आयुक्त, देहरादून



भारत सरकार
(वित्त मंत्रालय)

कार्यालय आयकर आयुक्त
13-ए, सुभाष रोड, देहरादून

सेवा में,

बेला हेल्थ केयर चैरिटेबल ट्रस्ट,
PAN - AABTB8447M
119, मनिराम रोड, ऋषिकेश,

विषय : आयकर अधिनियम की धारा 80 जी के अधीन कर मुक्ति प्रमाण पत्र।

उपर्युक्त विषय पर आपकी याचिका जो कि इस कार्यालय में 10.10.2011 को प्राप्त हुई के सन्दर्भ में आपको सूचित किया जाता है कि बेला हेल्थ केयर चैरिटेबल ट्रस्ट, PAN - AABTB8447M 119, मनिराम रोड, ऋषिकेश, को दिया गया संदान आयकर अधिनियम 1961 की धारा 80 जी के अन्तर्गत दानदाता के पक्ष में कर मुक्ति के लिए दिनांक 10.10.2011 से वैध है।

(डी०पी० सेमवाल)

आयकर आयुक्त, देहरादून

नोट :-

- 1 दानदाता को जारी की जाने वाली रसीद में इस आदेश की संख्या और दिनांक लिखा होना चाहिए और स्पष्ट रूप से यह भी लिखें कि यह प्रमाण पत्र दिनांक 10.10.2011 से वैध है।
- 2 प्राप्तियों और खर्चों के हिसाब का वार्षिक विवरण आयकर अधिकारी के पास अवश्य प्रस्तुत करें।
- 3 यदि भविष्य में यह पाया जाता है कि सोसायटी/ट्रस्ट अपने उद्देश्यों के अनुरूप कार्य नहीं कर रही है तो ऐसी स्थिति में सोसायटी/ट्रस्ट को जारी किये गये इस कर मुक्ति प्रमाण पत्र को कभी भी इस कार्यालय द्वारा निरस्त किया जा सकता है।

ट्रस्ट/सोसायटी आयकर अधिनियम की सभी धाराओं का पालन करने के साथ-साथ यह सुनिश्चित करेगी कि आयकर अधिनियम में उल्लिखित पूर्व प्रयोजन की परिभाषा का उल्लंघन न हो।



सं. संख्या और दिनांक

प्रतिलिपि प्रेषित :-

1. आयकर अधिकारी/सहायक आयकर आयुक्त/आयकर उपायुक्त/वार्ड -1 ऋषिकेश को सूचनार्थ एवं आवश्यक कार्यवाही हेतु। यदि कोई न्यास/संस्था अपने जन कल्याण उद्देश्य के विपरीत फण्ड का दुरुपयोग करता है तो उसकी सूचना इस कार्यालय को भेजना सुनिश्चित करें।
2. अपर आयकर आयुक्त रेंज - हरिद्वार को सूचनार्थ एवं आवश्यक कार्यवाही हेतु।
3. मुख्य आयकर आयुक्त, देहरादून को सूचनार्थ प्रेषित।
4. निर्धारित समिति

(अजुन सिंह)

आयकर अधिकारी (तकनीकी)
कृते आयकर आयुक्त, देहरादून

प्रधान ग्राम पंचायत खुशहालपुर, विकास खण्ड-सहसपुर(देहरादून)

निवास :

नूरजहाँ परवीन
प्रधान



ग्राम -खुशहालपुर, पो0-सहसपुर
जिला-देहरादून (उत्तराखण्ड)

फोन : 9412916871

पत्रांक

दिनांक 10/09/14

प्रमाणित किया जाता है कि हमारे ग्राम
 खुशहालपुर विकास खण्ड-सहसपुर जिला-देहरादून (उत्तराखण्ड)
 में बैला हेल्थ केयर द्वारा 4 मई 2014 को चलाये जाये
 चिकित्सा शिविर में ग्राम की जनता को काफी लाभदा
 हुआ है और यह चिकित्सा शिविर अभी भी जारी है और
 जनता इससे लाभदा उठा रही है। बैला हेल्थ केयर द्वारा
 चलाये जा रहे शिविरों में काफी भीड़ होती है और यह
 लोगों को तसल्ली वक्य चिकित्सा मुहैया करा रही है।
 यह अच्छा कार्य और सराहनीय काम कर रहे है।
 में भी उपयुक्त कार्य में शक कार्य में सन्तुष्ट हूँ।
 में बैला हेल्थ केयर के इस्लाम अभियान
 की प्रशंसा करती हूँ।



ग्राम पंचायत ढकरानी

वि०ख०, विकासनगर जनपद-देहरादून (उत्तराखण्ड)

अय्यूब

प्रधान

मो०: 94120194552
9761024006

निवास:

वार्ड नं० 5,
ग्राम व पो०, ढकरानी कालौनी
जिला- देहरादून (उत्तराखण्ड)

प्रत्रांक /

दिनांक / २९/१०/१५.

प्रमाणित किया जाता है कि लैला हेल्थ केयर द्वारा
हमारे गाँव ढकरानी वि० ख० विकासनगर जनपद देहरादून
में १/१०/२०१३ से निकित्सा सुविधा उपलब्ध करायी जा
रही है यह सुविधा अभी तक जारी है। इस निकित्सा
शिविर में गाँव के लोगों को काफी लाभदा हुआ है
तथा इस शिविर में स्वास्थ्य से जुड़ी जानकारी
भी मरीजों को दी जाती इस तरह का कार्य
एक सराहनीय कार्य है। मैं लैला हेल्थ केयर
उपलब्धता अभिव्यक्ति की कामना करता हूँ।

२९/१०/१५



ग्राम पंचायत कुन्जा-ग्रान्ट

वि०ख०, विकासनगर जनपद-देहरादून (उत्तराखण्ड)

मौ० गालिब

प्रधान

मो० 9719947206

निवास:

वार्ड नं० 9,

ग्राम कुन्जा-ग्रान्ट

जिला- देहरादून (उत्तराखण्ड)

प्रत्राक

दिनांक / 2/9/2014

प्रमाणित किया जाता है कि हमारे गांव कुन्जा ग्राम में
वि० ख० विकासनगर जिला देहरादून में बैला हेल्थ के
द्वारा चलाई गई चिकित्सा शिविर में गांव के लोग
ने बहुत फायदा लिया है यह चिकित्सा शिविर
10-12-2013 से हमारे ग्राम कुन्जा ग्राम में प्रारंभ
किया गया था। और लोगों तक चल रहा है
यह एक सराहनीय कार्य है। मैं बैला हेल्थ केयर
के उत्कृष्ट कार्य की सराहना करता हूँ।



ग्राम पंचायत जस्सोवाला

वि०ख०, विकासनगर जनपद-देहरादून (उत्तराखण्ड)

प्रदीप कुमार

प्रधान

मो: 8650445845

9675308154

निवास:

ग्राम व पो०, जस्सोवाला
जिला- देहरादून (उत्तराखण्ड)

पत्रांक /

दिनांक / 10/11/14

प्रमाणित किया जाता है कि बेला हैल्थ केयर हमारे यहाँ 09 जून 2014 से ग्राम जस्सोवाला जिला देहरादून में हर महीने कैम्प आयोजित करता है जिसमें तरह-2 की बीमारियों का इलाज एवं जांचकारी दी जाती है। इससे हमारे गाँव के लोगोंके काफी फायदा हुआ है इसके इलाज इसे हम सभी ग्रामवासी सतुंष्ट हैं।

प्रदीप कुमार

प्रधान

ग्राम पंचायत जस्सोवाला
वि० खण्ड विकासनगर (दे० दून)

Colette Smith, RN BSN, MPH
Vice President
Bella Health Care Charitable Trust
Rishikesh
India

Dear Sir/Mam,

It was really beneficial for our young girls to have adolescent Reproduction Health class conducted by Bella Health Care Charitable Trust in our school. The girls were provided with every kind of information that is essential for them to know regarding their hygiene and health. Different topics were covered like menstrual cycle, hygiene during menstruation, physical changes among girls, vaginal discharge, HIV AIDS, STI, Domestic violence. As mother of girls were also ^{invited to} attend the workshop, they were also guided to take care of their daughter and themselves in terms of health and hygiene.

We thank you for conducting such a wonderful and beneficial workshop and look forward to have such more classes in future.

Thank you.

प्रधानाध्यापक
राजकीय उच्चतर माध्यमिक विद्यालय
रामपुर कर्मा, देहरादून
R.P. Mandala,
Principal.

बेला हेल्थ केयर

7-156 Third Floor

नेहरू कालोनी रिंग रोड देहली

विषय - कार्यशाला हेतु धन-भवाङ्क व पुच्छनेच्छ

दिनांक 18, 19, 22 दिसम्बर 2014 को स्वास्थ्य शिक्षा का आयोजन किया गया, इस कार्यशाला में 9वीं से 12वीं तक की छात्राओं में प्रतिभाग किया, इस कार्यशाला में निम्न विषयों पर छात्राओं को जानकारी प्रदान की गई

- ① योनावस्था व मासिक धर्म व स्वच्छता
- ② असामान्य मोटि हानि व एडपीआई
- ② एच० आई० वी०/ घरेलू हिंसा
- ④ नकारात्मक लगभियों का दबाव

छात्राओं की प्रतिक्रिया -

इस कार्यशाला में छात्राओं को भ्रष्टाचारी से सम्बन्धित समस्याओं व लक्षणों का ज्ञान प्राप्त हुआ। भ्रष्टाचारी सम्बन्धित ग्राम डू टूथ से I V किन कारण से फैलता है उसकी जानकारी प्राप्त हुई, इस वृत्त के कार्यक्रम विद्यालय के समय-समय पर आयोजित किये जाने चाहिये।

दिनांक: 22/12/14
रूम नं० ६० बा० वि० होटल
देहरादून (उत्तरांचल)

प्रतिलिपि - स्वच्छ शिक्षा अधिकारी, कार्यशाला देहली की सूचना प्रेषित,

दिनांक: 22/12/14
रूम नं० ६० बा० वि० होटल
देहरादून (उत्तरांचल)

वेला हेल्थ केयर:

I-156 IIIrd Floor

Nehru Colony Ring Road. D. Dun.

विषय - कार्यशाला हेतु धन्यवाद एवं पृष्ठपोषण

दिनांक 2,3,4 दिसम्बर 2014 को संस्था द्वारा 9वीं व 11वीं की छात्राओं के लिये स्वास्थ्य कार्यशाला का आयोजन किया गया इस कार्यशाला में इन विषयों पर जानकारी दी गयी -

- 1- यौनारोग्य व महिला रचना व मासिक धर्म
- 2- स्वच्छता व असामान्य श्वास व STD
- 3- HIV / धरेलू हिंसा
- 4- नकारात्मक साधियों का दवाव

छात्राओं की प्रतिक्रिया -

कार्यशाला में दिए गए प्रशिक्षण में छात्राओं के अंदर जागरूकता आई है। AIDS तथा अन्य यौन संचारित रोग के प्रति सावधान रहने की प्रवृत्ति का विकास हुआ है। धरेलू हिंसा से आत्मरक्षण के उपायों की जानकारी प्राप्त हुई। मासिक धर्म के दौरान स्वच्छता का महत्व ज्ञात हुआ। नकारात्मक साधियों से बचाव करना, आपस में जानकारी प्राप्त हुई।

रवण्ड शिक्षा अधिकारी हेतु प्रतिलिपि -

प्रधानाचार्य
राजकीय इंटर कालेज
भालदेयता, देहरादून

सेवा में,

बैला हेल्थ केंटर

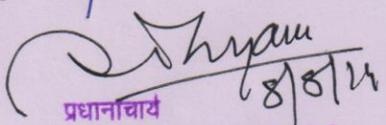
घाउस नं० 14 शास्त्री इन्कलेव

शास्त्री नगर, देहरादून

विषय - कार्यशाला के लिए धन्यवाद व पृष्ठपोषण

दिनांक 30 जून 1 अगस्त 2014 को आपके संगठन द्वारा जी. आई. सी. बड़ोवाला जॉलीग्रंट में कक्षा 11th व 12th कि छात्राओं को स्वास्थ्य सम्बंधित समस्याओं पर तीन दिवसीय कार्यशाला का आयोजन किया गया, जिसके अंतर्गत दैनिक-जीवन में महिलाओं में महिलाओं व किशोरियों की होने वाली समस्याएँ (भारिक, योनि स्राव एवं पुजनन क्षमता घरेलू हिंसा आदि) से संबंधित महत्वपूर्ण जानकारी प्रदान की गई, जो प्रशिक्षणार्थियों के लिए वर्तमान तथा भविष्य में बहुत ही उपयोगी सिद्ध होगी, कार्यशाला में बैला हेल्थ केंटर के अनुदेशकों द्वारा उपरोक्त विषय सम्बंधित समस्याओं पर बहुत ही सरल व प्रभावशाली ढंग से चर्चा की गई तथा छात्राओं की समस्याओं का समाधान भी किया, बैला हेल्थ केंटर के अनुदेशकों द्वारा आयोजित उपरोक्त कार्यक्रम को इतने प्रभावशाली व सरल तरीके से पूर्ण करने पर जी. आई. सी. बड़ोवाला जॉलीग्रंट उनका धन्यवाद करता है एवं भविष्य हेतु शुभकामनाएं देता है।

दिनांक - 8/8/14


प्रधानाचार्य
रा० ड० का० बड़ोवाला (जोडी)

प्राचार्य -
जी. आई. सी. जॉलीग्रंट