



# Bella Health Care Charitable Trust

## ANNUAL ACTIVITY REPORT

### 2016



# Table of Contents



- I. Message from our Founder
- II. Message from our Vice-President
- III. Thanks to our Donors
- IV. About Bella Health
- V. Bella Health Numbers
- VI. Overview
- VII. IMPACT to the community
- VIII. Geographic Scope
- IX. Programs
- X. Health Care Services
  - a. Health Education
  - b. Female Adolescent Reproductive Health
  - c. Male Adolescent Reproductive Health
  - d. Research
- XI. Monitoring and Evaluation
- XII. Big Days for Bella Health
- XIII. Future Goals
- XIV. The TEAM that makes it all happen!
- XV. Appendix
  - a. Patient Satisfaction Survey.
  - b. Patient Compliance Survey
  - c. Control v/s Intervention Study : FARH
  - d. FARH – Internal Review
  - e. MARH – Internal Review
  - f. Patient Diagnosis: Children
  - g. Patient Diagnosis: Chronic Diseases
  - h. Patient Diagnosis: Acute Diseases
  - i. Indicators to measure impact



**Mandeep Kaur conducting health education of women.**

# Message from Our Founder



The past one year has been one of some difficulties and tribulations but thanks to the staff of Bella that we have continued to stay true to our pledge and provide healthcare to the women and children of Uttarakhand. We have been able to stay focused because of our team members' hard work and their dedication.

Due to some unforeseen and unfortunate events over the last many months, Ms Colette Smith, our co-founder and COO Emeritus, has been unable to devote all her energies and resources to the growth of Bella Healthcare. However, the team that she has put in place, has followed her directions and continued to successfully strive to reach the goals set by her. Bella is now partnering with Max Foundation and providing health camps in a number of villages. We are also conducting classes in adolescent health education to the students of Uttarakhand Public Schools. These programs are very successful and with the support of our partners, we are looking forward to expanding them.

The future is bright. And we are impatiently waiting for Ms. Colette Smith to return and lead Bella to that bright future!

I want to take this opportunity to thank one and all, our staff members, our supporters and our partners (especially Ms Mohini Daljeet Singh) for their hard work, their support and their trust in our vision, called Bella.



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



# Message from Vice-President



Reproductive Health is at the very heart of development and crucial to delivering the Bella Health vision – a world where every pregnancy is wanted, every childbirth is safe, and every young person’s potential is fulfilled. Our program helps to dismantle the misconceptions about reproductive health and teach in depth about 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.



**The foothills of Dehradun**



**Colette N. Smith,  
Vice-President of Bella Health.**

# Thanks to Our Donors

Bella Health has been supported for the past five 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.



## Thanks to our Donors

- ❖ Ambuja Cement
- ❖ Max India Foundation
- ❖ Rama Surgical House
- ❖ Chandan Laboratories
- ❖ Vitamin Angles



Dr. Preeti seeing the patient

In 2015, Bella Health partnered with **Max India Foundation** to provide Bi-weekly health camps in village Dhakrani, Dehradun. We are conducting 8 visits in lower and upper Dhakrani village in a month and are covering maximum population of women and children. The patients with serious ailments are referred to Max Hospital and free treatment would be given to them. The free health camps started in the month of April 2015, involving 2 health camps on Mondays and Tuesdays of every week. We are also conducting free Immunization camps monthly in collaboration with **Max India Foundation**.

# About Bella Health



Bella Health Charitable trust is an NGO based in Dehradun, working tirelessly since 2011 for the enhancement of women health and quality of life, by empowering women to increase their ability to make informed family planning and reproductive health choices. The activities include 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 in and around Dehradun, and the upper reaches of Uttarakhand, North India.

**VISION: To enhance the health and quality of life of all, whom we serve and address health disparities in our communities.**

In the past 5 years, we have provided health care services to more than 1,63,181 women, children and adolescents. Approximately 2000 beneficiaries receive our services each month and with sustained funding this number would increase in future. 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.

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.

We have given a detailed table explaining the number of beneficiaries we have provided service to, in the past 5 years.



**Bharti, Family Planning Counsellor,  
providing counselling at health camp.**

# Bella Health Numbers



	<b>2016</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>TOTAL</b>
New Patients	3,903	3,668	8,197	3,979	3,997	<b>23,744</b>
Follow Ups	3,462	2,308	13,325	5,686	2,967	<b>27,748</b>
Health Education	13,301	10,222	10,221	20,279	7,912	<b>61,935</b>
ARH Education	22,168	8,921	14,036	4,629	-	<b>49,754</b>
<b>Total Beneficiaries</b>	<b>42,834</b>	<b>25,119</b>	<b>45,779</b>	<b>34,573</b>	<b>14,876</b>	<b>1,63,181</b>
Labs	1,830	1,673	3,660	4,861	3,553	<b>15,577</b>
Medicines Dispensed	124,284	178,411	241,954	147,945	281,632	<b>974,226</b>
Referrals	239	140	359	447	418	<b>1,603</b>
ANC/PNC	414	335	533	876	484	<b>2,642</b>

# 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, pre/post natal care 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 not only make the new generation healthier, but their families and communities healthier too.**

## Our Objectives

Triple the number of women who have access to quality reproductive health and family planning services in our target areas by 2019.

Identify women in the urban/rural slums, in our target areas that have unmet needs for contraception and family planning and introduce them to our services by end of 2019.

Provide modern contraception to all women in reproductive age who desire to space a family in our target area by 2019.

Decrease the prevalence and increase the awareness of Sexually Transmitted Infections's and Reproductive tract infections by 50% in our target areas by 2019.

Decrease the amount of unsafe abortions by 50% in our target areas by 2019.

Ensure there is not any UNMET need for contraception in our target areas by 2019.

Decrease the amount of adolescents who are pregnant in our target area by 2019

Decrease the rates of infertility by actively treating and educating women on Pelvic Inflammatory Disease in our target area by 50% in our target areas by 2019

# Our IMPACT to The Community



## Reproductive Health

Beneficiaries of Bella Health 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 they have safe abortions. Pregnant patients receive an average of 5 antenatal visits and 3 prenatal 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 at early stage and respective interventions were 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 ,child deaths and pregnant patients in our target area. The majority of sexually transmitted disease/reproductive track infection and pelvic inflammatory disease infections have been treated and the patients remain infection free, by 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. To summarise- 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 provides a foundation for overall health amongst beneficiaries.

# Geographic Scope



## District – Dehradun

### **Block: Doiwala**

Villages – Majri Grant, Raiwala, Balawala, Ajabpur Kalan, Khadri, Markham Grant, Majri Mafi, Miyanwala, Mothrowala, Bullawala, Majri Grant, Shergarh, Badowala, Barkot, Dudhali

### **Block: Vikas Nagar**

Villages - Dhakrani, Kunja Grant, Haripur,

### **Block: Raipur**

Villages - Lakhibagh, Maldevta, Bhagwanpur, Mehuwala, Majara, Nalapani, MKP, Raipur, Patel Nagar

### **Block: Sahaspur**

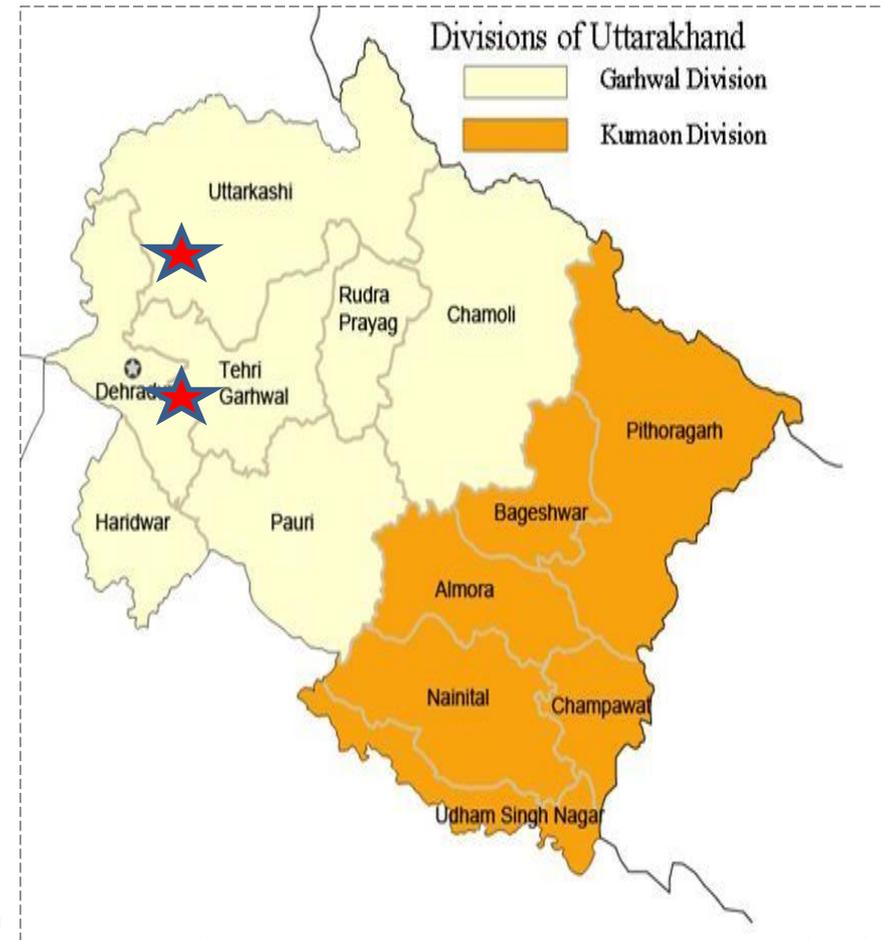
Villages – Premnagar, Panditwari, Garhi Cantt., Mussorie Road, Guniyal Gaon, Ballapur Chowk, Selaqui, Kunja Grant, Hariyawala, Charba, Paundha, Rampur kalan, Kaulagarh

## District – Haridwar

### **Block: Bhagwanpur**

Villages – Shirchandi, Sikandarpur, Khubbanpur, Chapur  
Villages – Shirchandi, Sikandarpur, Khubbanpur, Chapur

**We have operations in 4 blocks of Dehradun District and in 2 districts of Uttarakhand. In time, we will scale operations to reach 4 districts of Uttarakhand.**



# Our Programs



Health  
Care  
Services



Health  
Education



Adolescent  
Health  
Education



Research



**BELLA health** ENHANCING HEALTH AND QUALITY OF LIFE  
BELLA HEALTH PLAN

## BELLA HEALTH FOCUS AREAS THROUGH DEC 2016

**Reproductive Health Care services**  
Provided Health Care Services for over 51,492 patients

**Maternal and Child Health**  
Ensured safe pregnancies for 2,642 women.

**Health Education**  
Educated 61,935 members of our communities.

**Adolescent Sexual and Reproductive Health**  
Empowered over 49,754 adolescents.

The graphic also features several photographs: a woman at a desk, a woman with a child, a woman holding a baby, a group of women, and a classroom of students.

# 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.

## ▶ 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 outsourced for testing.

## ▶ Medications

- Formulary Medicines are given as per doctor's prescription 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 Care Services



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 Gynaecological diseases and risk. Reproductive choice is a concept that allows a woman to exert control of her reproductive process and dignity which refers to the social and psychological well being, which a 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. 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 1 doctor, 2 nurses, 3 educational specialists, 1 family planning counsellor 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 on 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 50 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 them on the spot. We give the patient enough medicines, to last 2 weeks or until we return.

# Reproductive Health Patients for 2016



Birth Control/ Family Planning	1,015
Reproductive Tract Infection/ Sexually Transmitted Infection	35
Pelvic Inflammatory Disease	480
Anaemia	344
ANC/ PNC	414
Dysfunctional Uterine Bleeding	257
Urinary Tract Infection	175
Infertility	83
Uterus Prolapsed	32
<b>TOTAL</b>	<b>2,835</b>

The table shows the number of patients seen in each quarter of 2015 for reproductive health issues. **Approximately 70% of total patients in 2015 were seen exclusively for reproductive health issues.**

<b>Patients seen exclusively for reproductive health issues</b>	<b>Numbers of Patients</b>	<b>Percent of total patients</b>
1 <sup>st</sup> Quarter 2016	1,025	78%
2 <sup>nd</sup> Quarter 2016	761	52%
3 <sup>rd</sup> Quarter 2016	933	62%
4 <sup>th</sup> Quarter 2016	1,308	79%
<b>TOTAL</b>	<b>4,027</b>	<b>68%</b>

# Maternal and Child Health Care Services



## The Problem

India has higher maternal mortality and morbidity rates than many neighboring 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 3 PNC visits are required for women going through pregnancy.



**A mother with her child at health camp.**

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.

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, counseling to promote institutionalized delivery with a skilled delivery person, D-worming, 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 Helps in improving lives, families and entire communities. Bella Health provides health education through classes for adults and children, through our Adolescent Reproductive Health Program and through our health camps and screenings. 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 towards 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 able to advocate for their health and the health of their families.

Education Classes 2016	
Total Number of Health Education Classes	1187
Number of FARH Classes	614
Number of MARH Classes	391
Number of Child Education Classes	182
Number of Patients who completed 6-8 Education classes	200
Number of Patients who completed 9-12 Education classes	19
Number of Patients who completed 13-18 Education classes	11

**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.

# Health Education Classes for Females



Bella Healthcare provides education to women and children who avail 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.

Month	Class 1	Class 2
January	Measles Mumps Rubella	Nutrition
February	Blood Pressure	Environmental Health
March	First Aid	Unsafe Abortion
April	Breast Cancer	Anemia
May	Pelvic Inflammatory Disease	Oral Rehydration Salt
June	Menstrual Cycle & Menstrual Hygiene	Nutrition
July	Menopause	Back Pain
August	Pregnancy	Environmental Health
September	Thyroid	Unsafe Abortion
October	Menstrual Cycle & Menstrual Hygiene	Vaginal Discharge
November	Diabetes	Puberty
December	Hypertension	Breast Cancer



**Sunmala Rawat is giving education on PID**

# Health Education Camps for Kids



Bella healthcare conducts 'Health Camps' in various villages/slums to provide health promotion and education to large number of people. Our outreach also targets children. We utilize multimedia learning such as DVDs, songs and activities to engage them on the issues listed below:

Hand washing



Nutrition



Personal Hygiene



First Aid



Childrens are enjoying after the Hand washing activity with Sunmala Rawat, and watching videos about it.

# 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 neither focus on adolescents exclusively nor 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.

## 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.



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. 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 its 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.



**Ruchi Uniyal , Health Educator with students during FARH class**

# Male Adolescent Reproductive Health (MARH) Program



Adolescents form a special group in society and have their own specific needs. Adolescence has become a more clearly defined developmental stage in human life and there is currently a greater recognition of this group's biological, psycho-social and health needs than before. Exploration and experimentation, the hallmark of adolescent behaviour, often propel adolescents towards risk taking, exposure to unwanted pregnancy, sexually transmitted disease/infections, substance abuse and unintended injuries. At the same time adolescents often face constraints in seeking services including their own misconceptions about their needs, having to deal with shame and embarrassment in disclosing their problems and provider's attitudes. To overcome these constraints to care seeking behaviour, it is imperative to develop specially designated services for adolescents.

The program offers age and culturally appropriate male 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, Sexually Transmitted Infections, HIV & AIDS, Risky Behaviour, violence against women 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 Risky Behaviour. These classes have been developed in cooperation with members of the target community with emphasis on respect for community values.

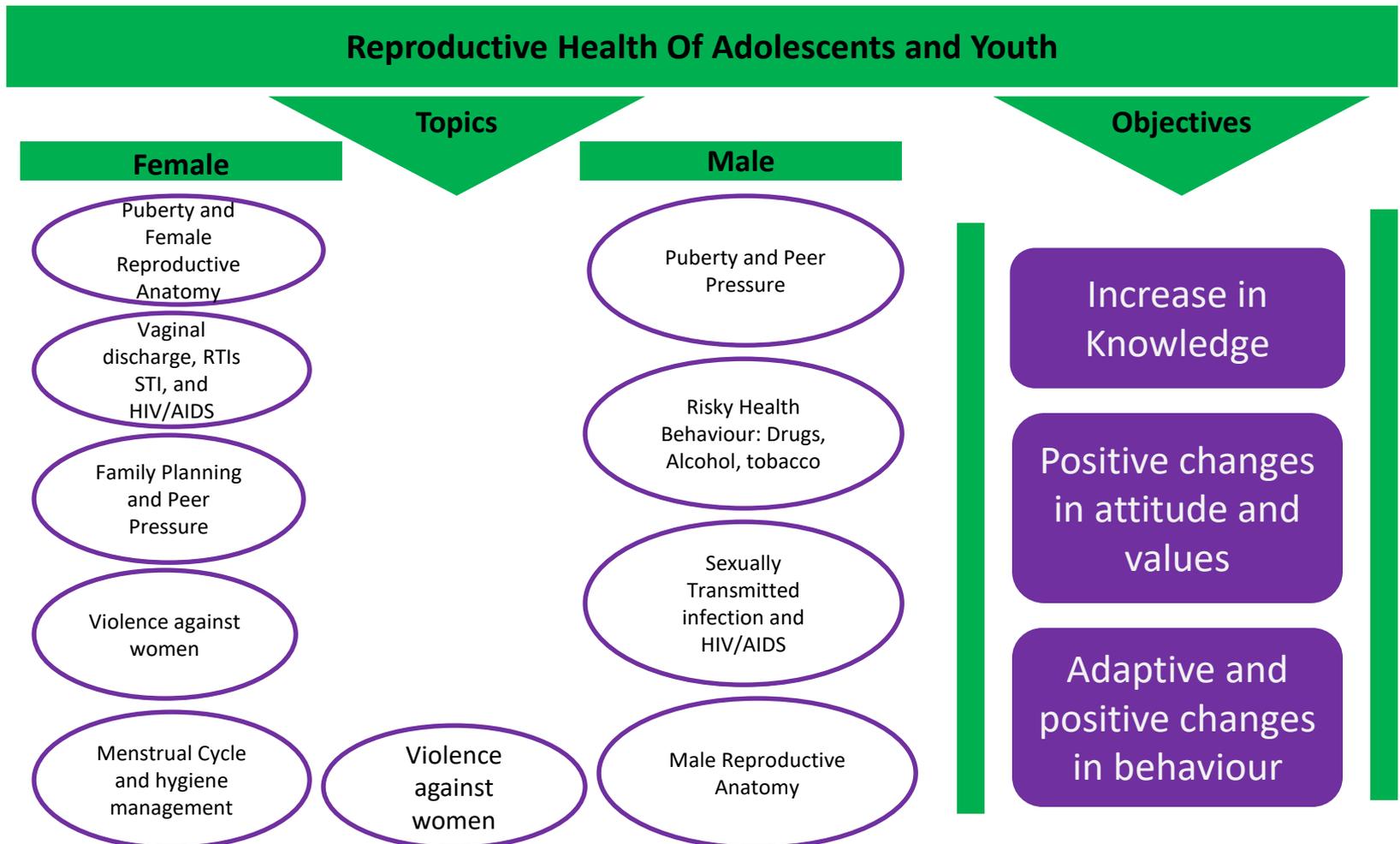


**Kailash Chandra with Adolescent boys during MARH class**

# Curriculum



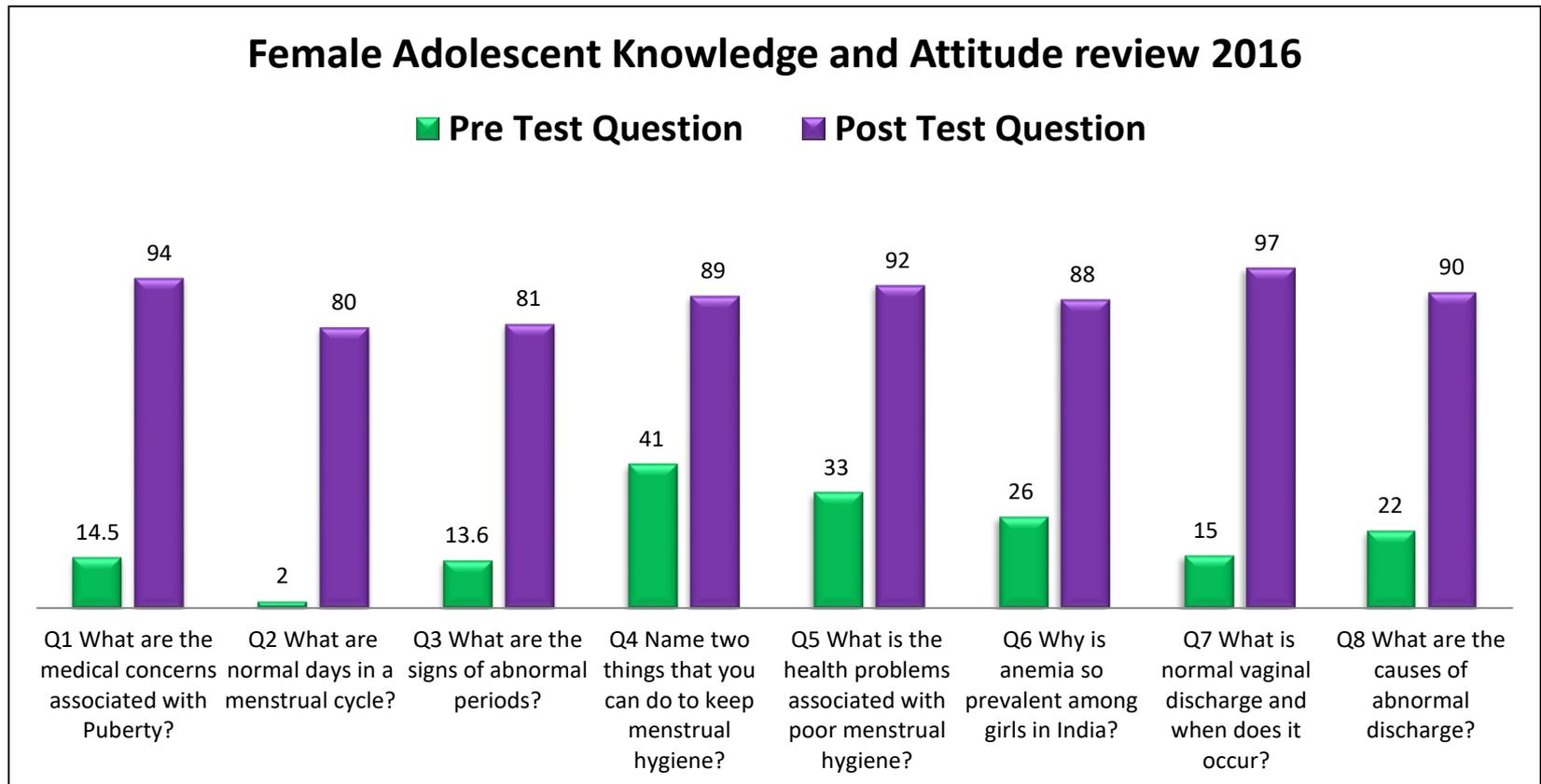
The curriculum, that the educators follow has been developed in house with the help of international public health professionals. Male educators teach male adolescents and female educators teach female adolescents. We do not like to propagate the sex differences, but the students feel more comfortable if their educator is of the same sex. The educators use 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.



# Evaluation of Female Adolescent Classes- Knowledge and Attitude



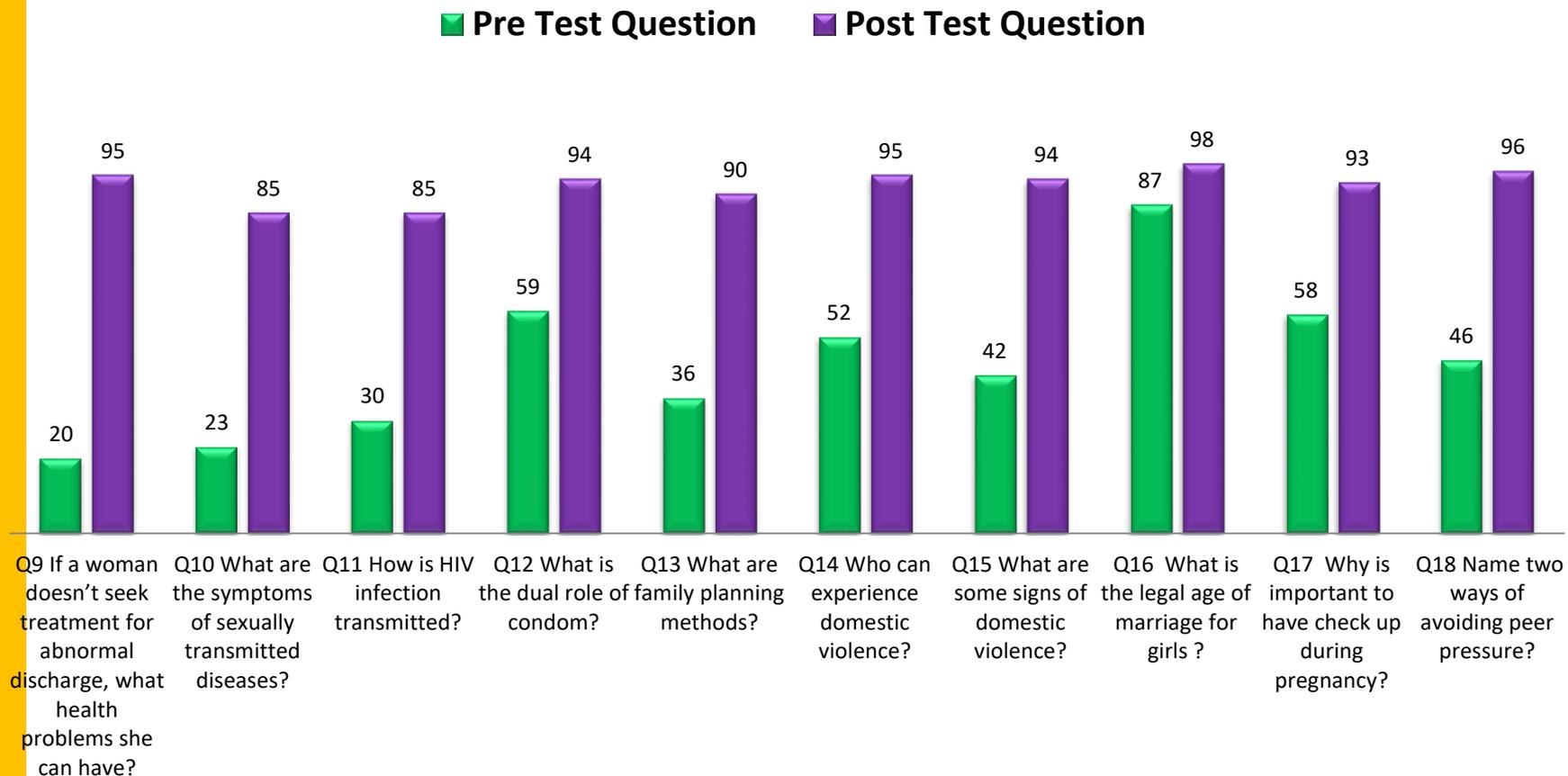
The impact of the Female Adolescent Reproductive health program is evaluated with the reproductive health knowledge test (Internal review) designed for this study. **Pretest** evaluated 'baseline knowledge' of the participants, and the **post test** measured the "gain in knowledge". This survey's purpose was to evaluate adolescents' knowledge, attitude and behavior about reproductive health before and after the program. The internal review was self-administered and completed by the respondents. We ask a total of 16 questions from the students. A sample of 8 questions is given below.



# Evaluation of Female Adolescent Classes- Knowledge and Attitude



## Female Adolescent Knowledge and Attitude Review Data 2016



# TOOL: Evaluation of Female Adolescent Classes- Adoption of Healthy Behaviours



**1. What dietary changes have you adopted to help prevent anemia? Have you made any adjustments to your diet to prevent anemia?**

**2. Have you sought medical care for any female health problems? Menstrual problems, vaginal discharge, etc?**

**3. Have you been able to identify any symptoms of irregular or abnormal discharge?**

**4. What are some behaviour changes you have adopted that ensure healthy menstrual hygiene? How do you ensure you have good menstrual hygiene?**

**5. Have you experienced peer pressure since the FARH program? How do you avoid peer pressure?**

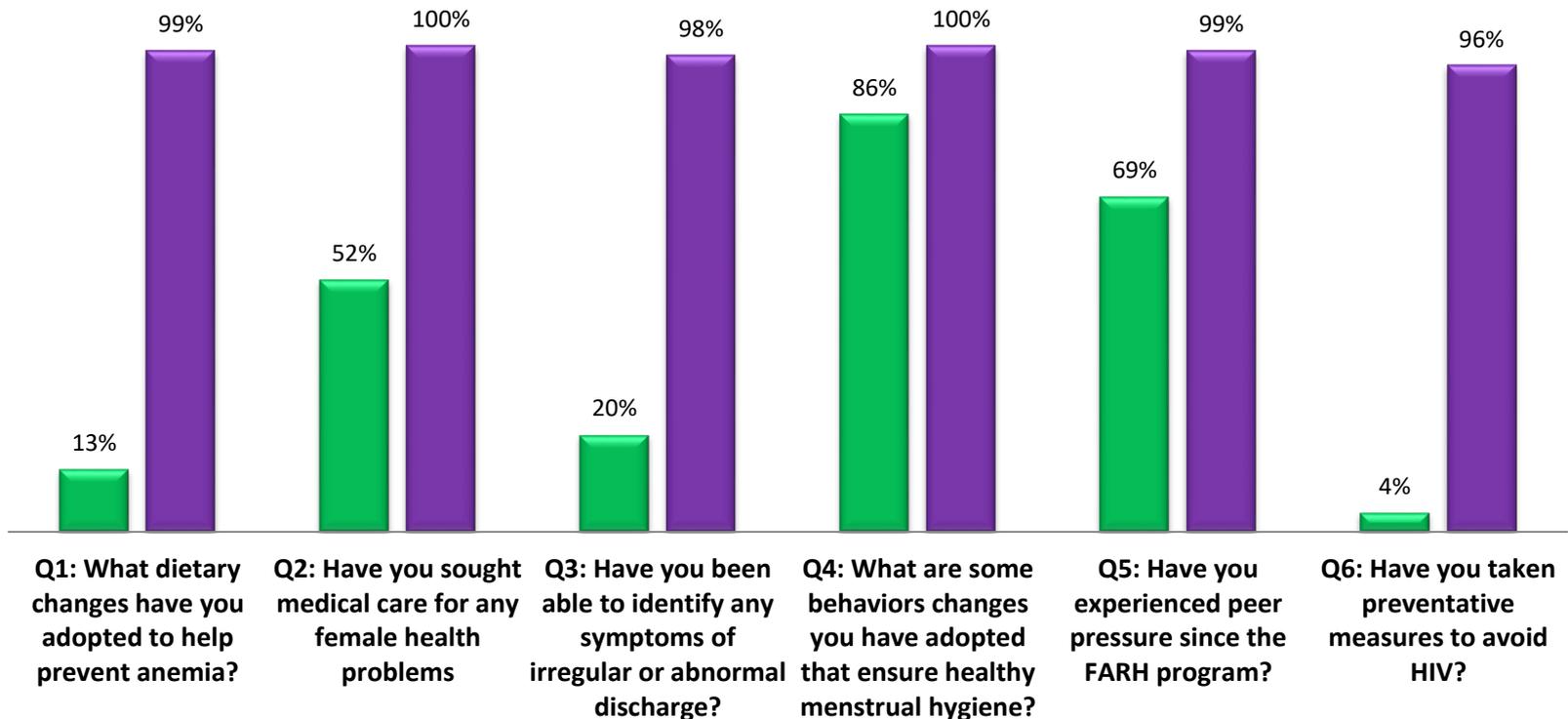
**6. Have you taken preventative measures to avoid HIV? How to you protect yourself from HIVs**

# Evaluation of Female Adolescent Classes- Adoption of Healthy Behaviours



## Control Study versus Intervention Study 2016

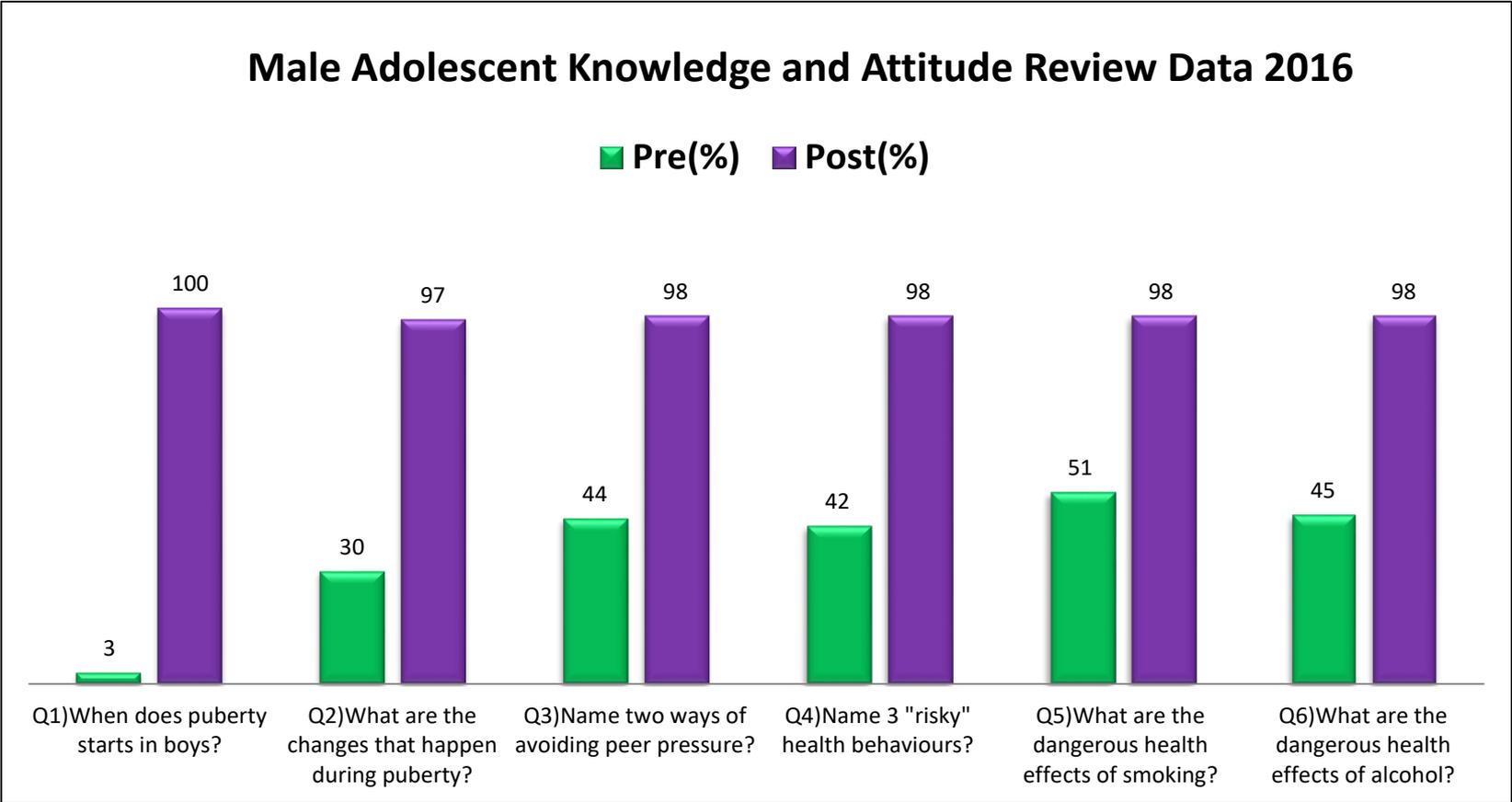
■ Control Study ■ Intervention Study



# Evaluation of Male Adolescent Reproductive Health Pilot Study-Knowledge and Attitude



The impact of the program is evaluated with the reproductive health knowledge test (Internal review) designed for this study. Pretest evaluated 'baseline knowledge' of the participants, and the post test measured the "gain in knowledge". This survey's purpose was to evaluate adolescents' knowledge, attitude and behavior about reproductive health before and after the program. The internal review was self-administered and completed by the respondents. Total of **1050 internal reviews** were conducted to collect the data. Out of 16 questions we had asked the students, a sample of 8 questions is given below.

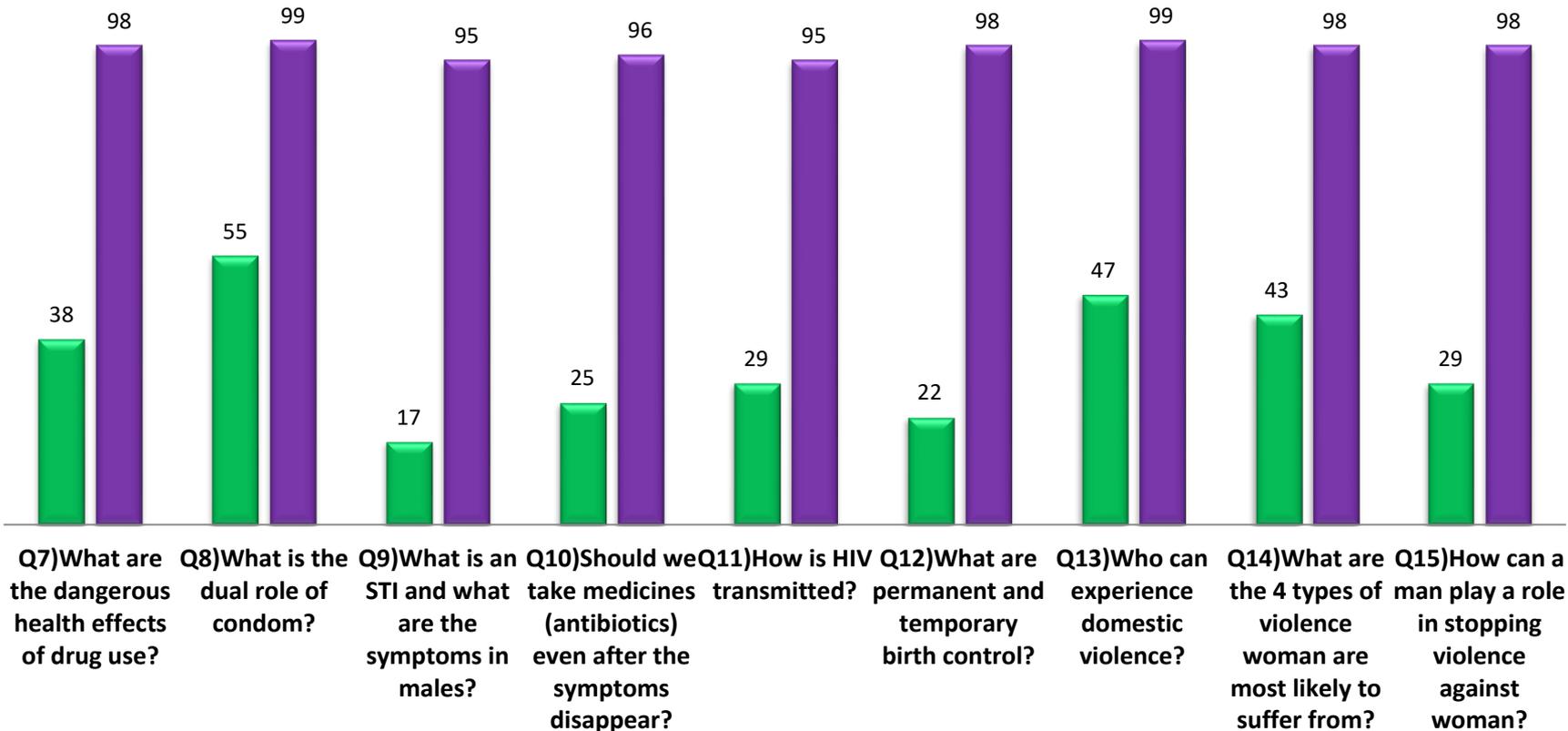


# Evaluation of MARH Pilot Study-Knowledge and Attitude



## Male adolescent reproductive knowledge and attitude Review-2016

■ Pre(%) ■ Post(%)



# 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 respective data collected in 2016:

- ❖ **Baseline and program monitoring** to compare 5 indicators to establish impact.
- ❖ **Patient Satisfaction:** Study Results are in the appendix
- ❖ **Patient Compliance:** Study Results are in the appendix
- ❖ **Control Vs. Intervention:** For Adolescent Health Results are in the appendix



Sunmala Rawat(Health educator) with FARH student.

# Monitoring and Evaluation of Bella Health Programs



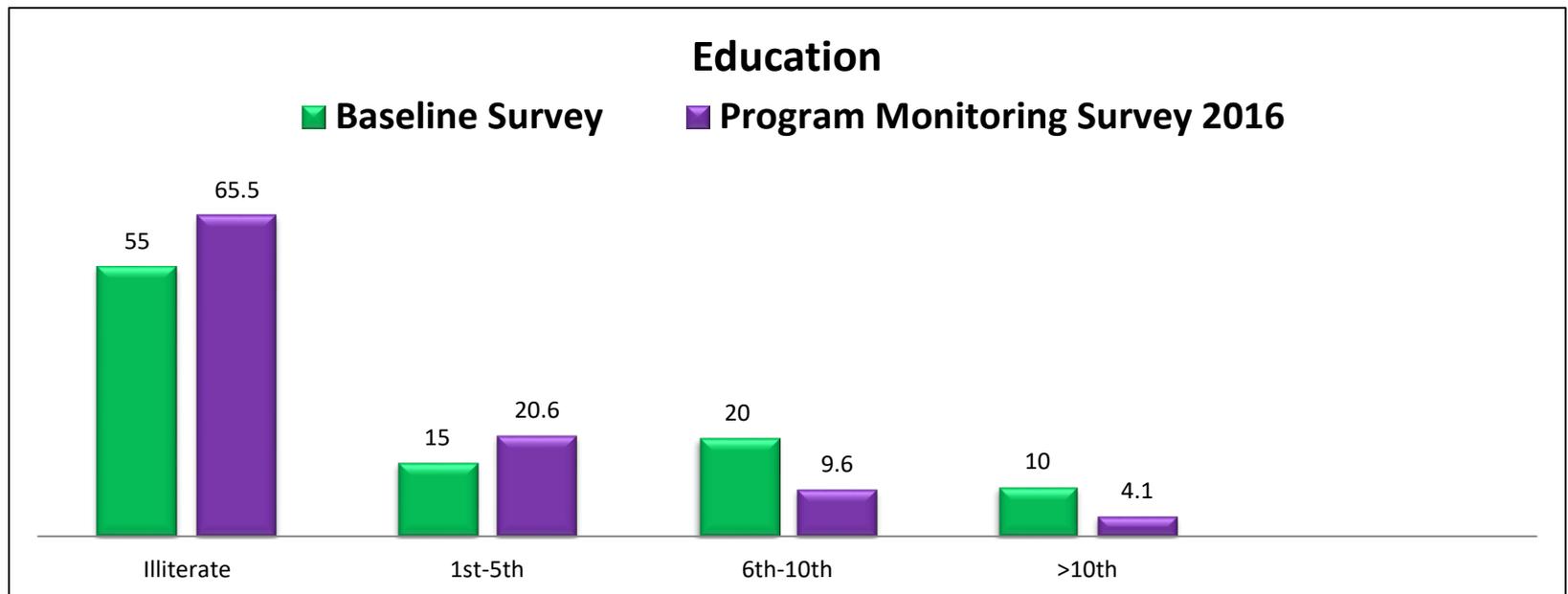
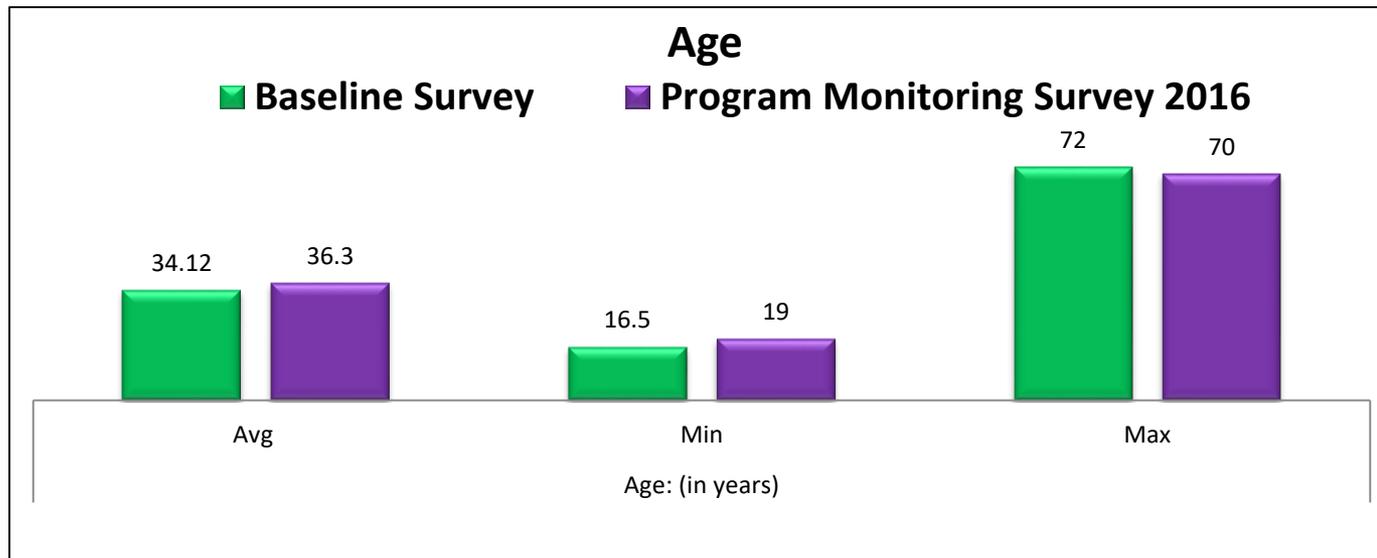
Bella health has created numerous surveys to monitor and measure the outcomes and impact the services have. Below are the tools we use to measure the impact and outcomes. They are a mix of quantitative and qualitative tools. Some are measured continuously while others are measured at certain points in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

Tool	Frequency	Methodology
Baseline of key indicators for health care services.	Before Intervention	Quantitative
Patient Satisfaction of health care services	Annually	Quantitative
Internal Evaluation of Female Adolescence Reproductive Health Program.	Before/After Class	Quantitative
Program Monitoring of health care services.	Annually	Quantitative

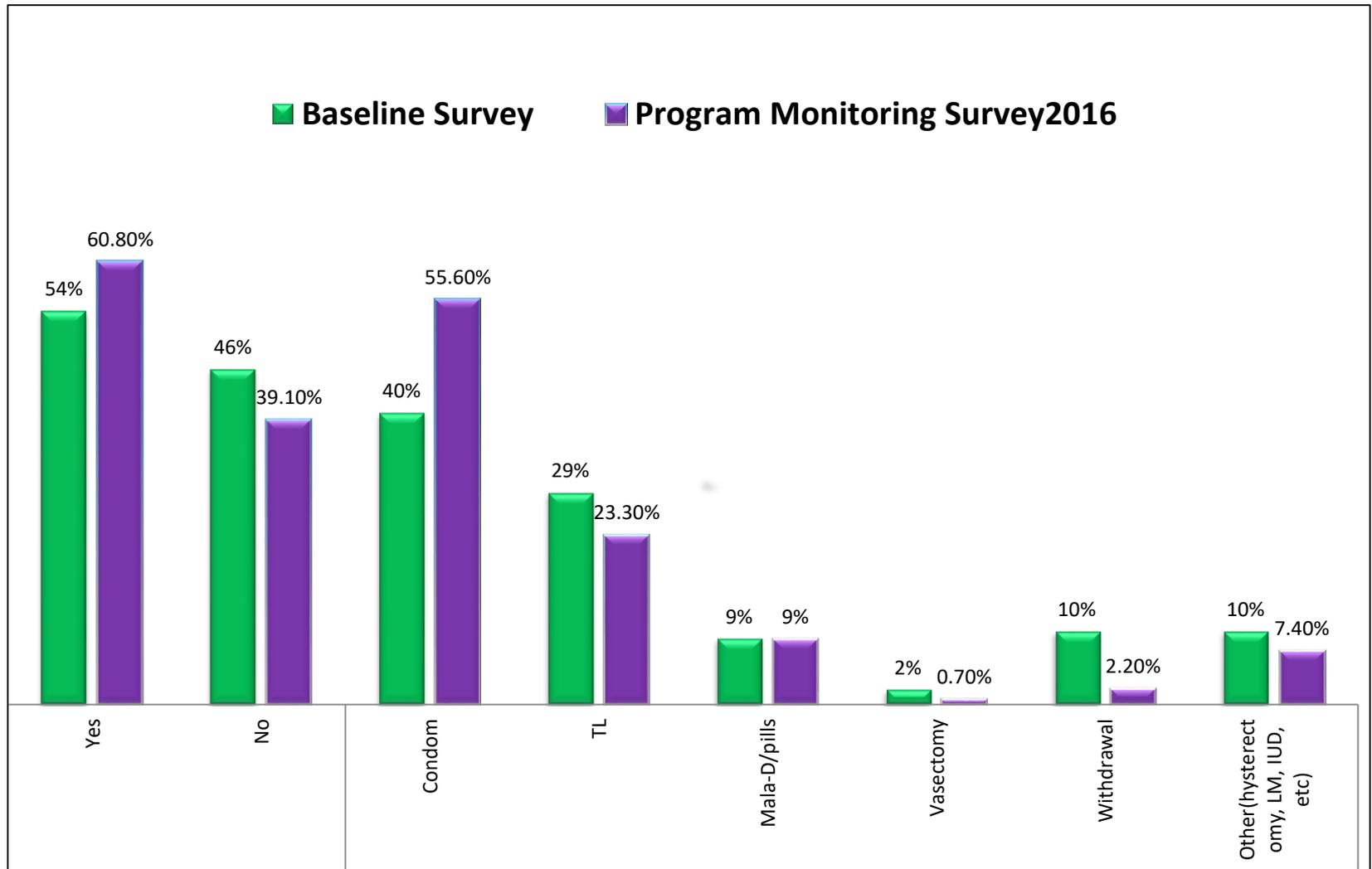
The graphs below compare the indicators in the baseline data which is collected before any intervention is launched and the indicators collected at the program monitoring mark of 18 months. This program is monitored with this indicators yearly. See the graphs below.

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

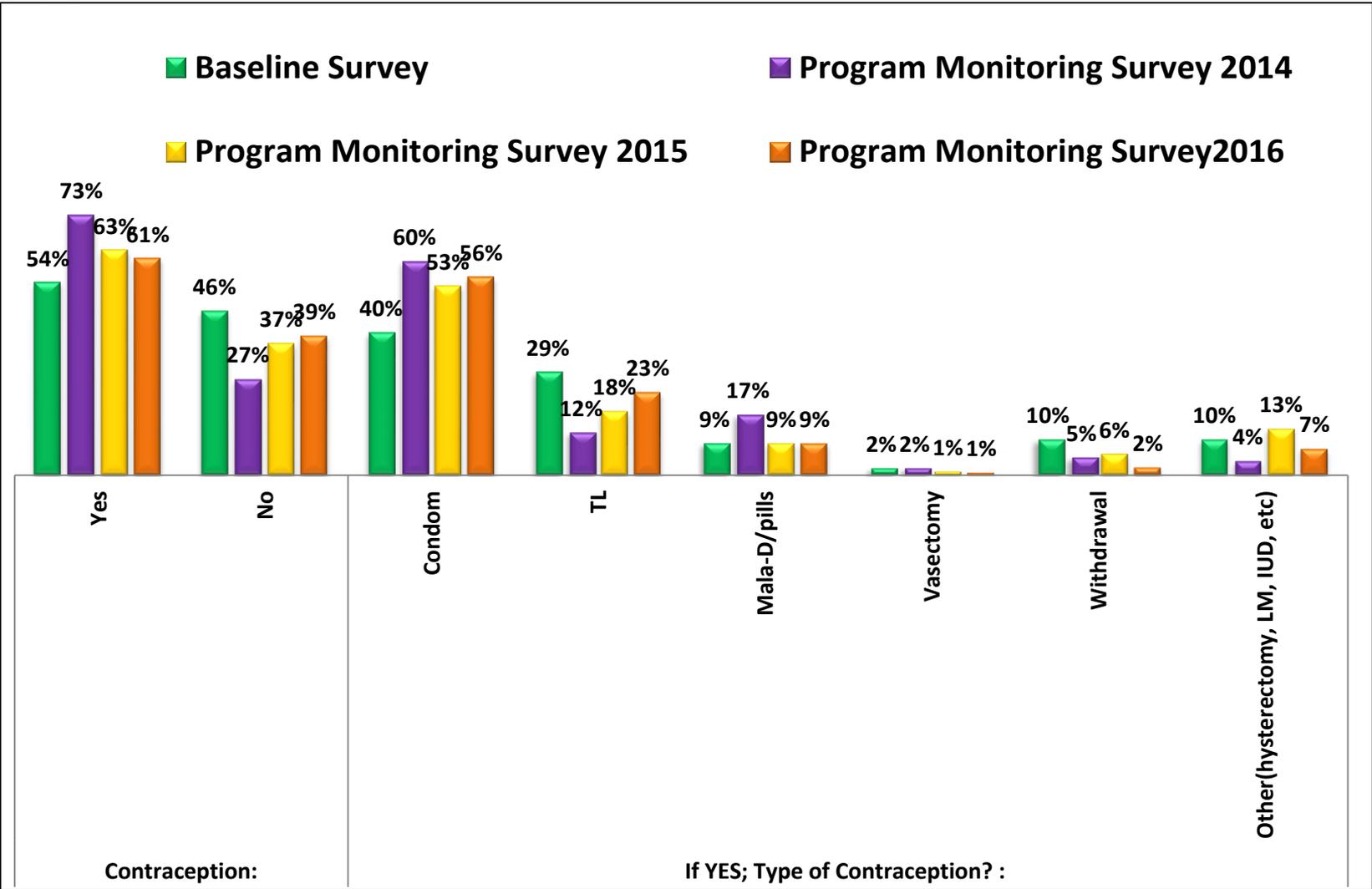
Demographics: The average age and educational level of the respondents are further presented graphically.



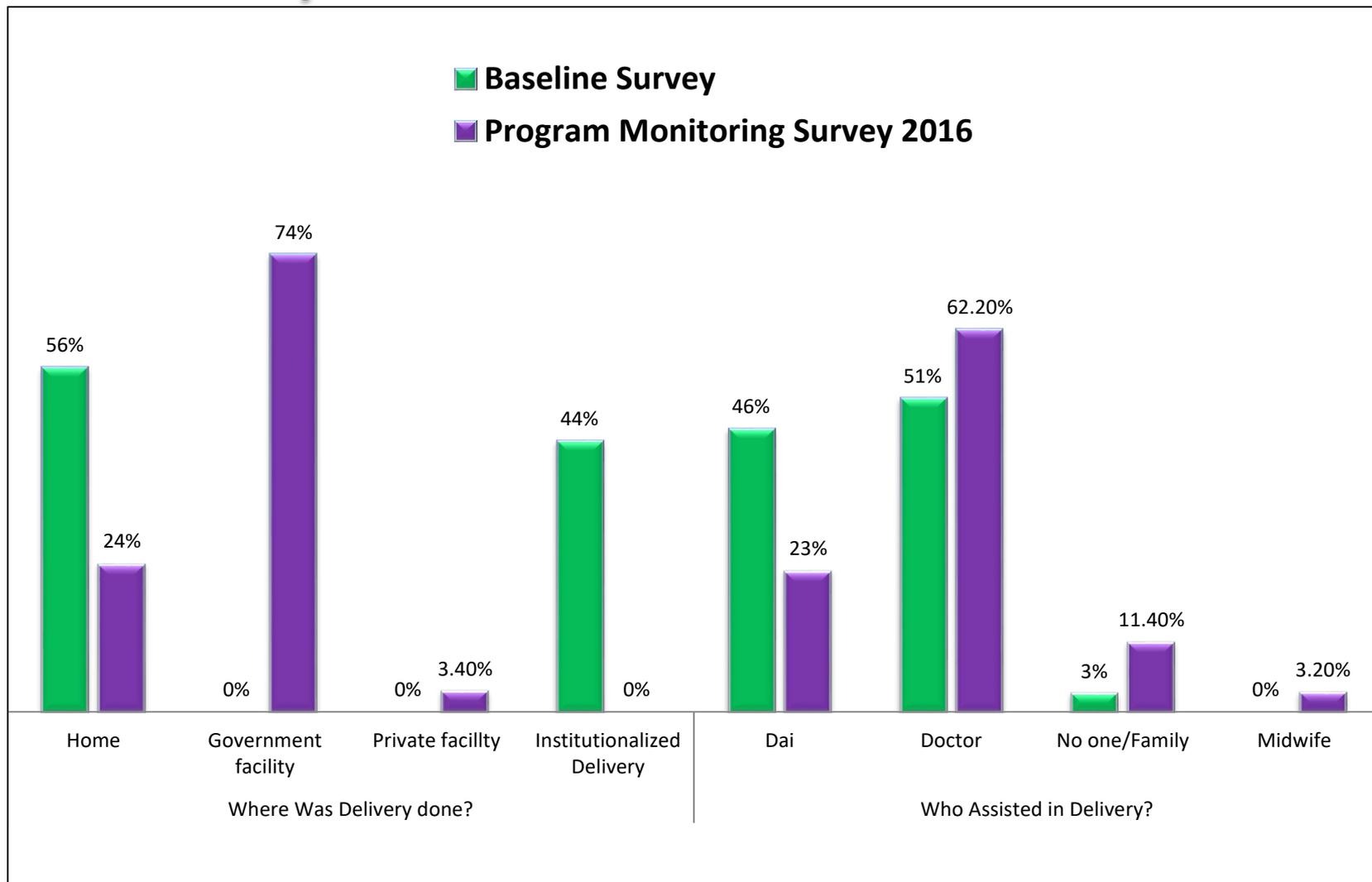
# Indicator 1: Are you Currently using a Method Of Contraception and Type of Contraception Used?



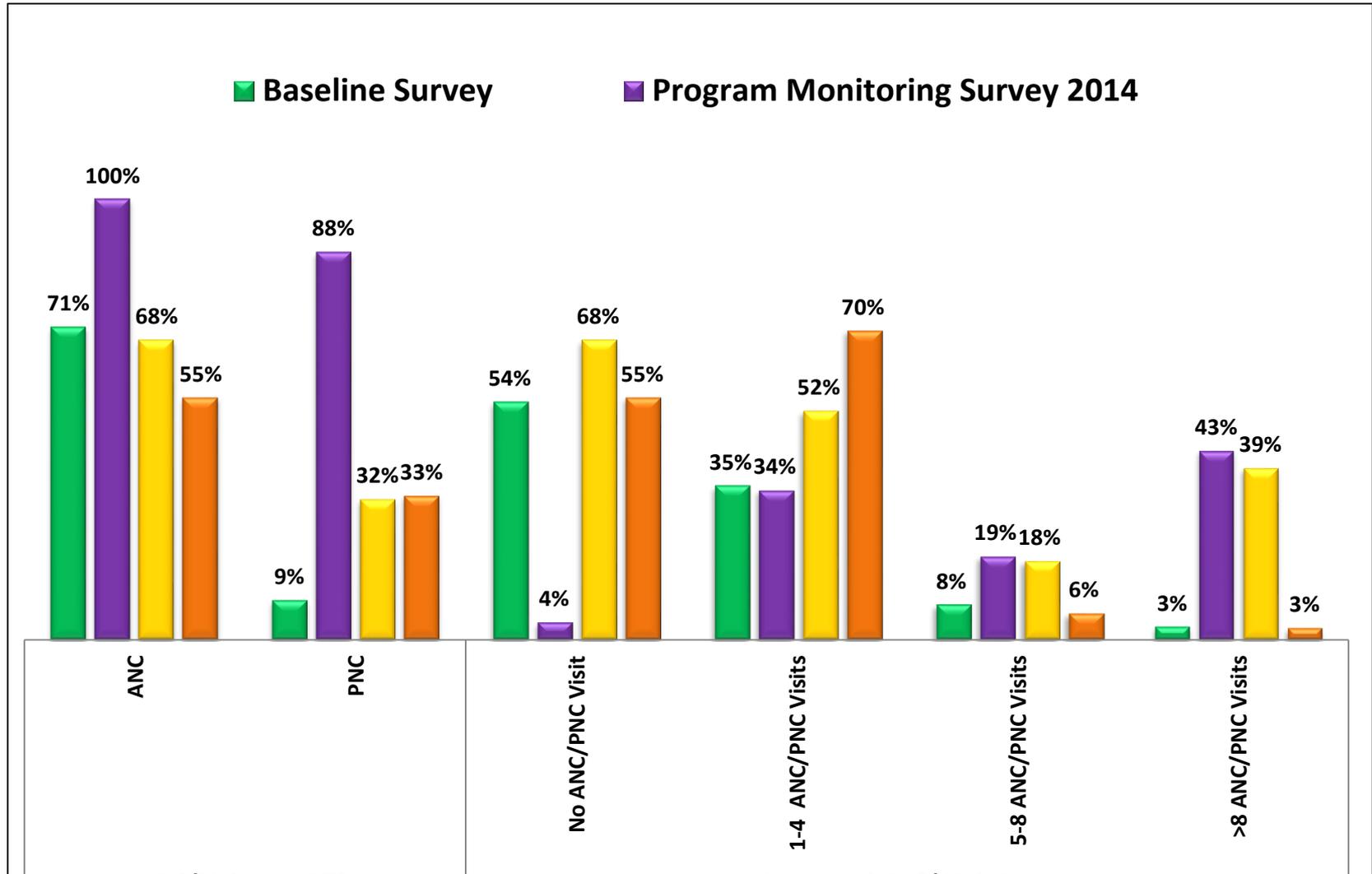
# Indicator 1: Are You Currently Using a Method Of Contraception and Type of Contraception Used ?



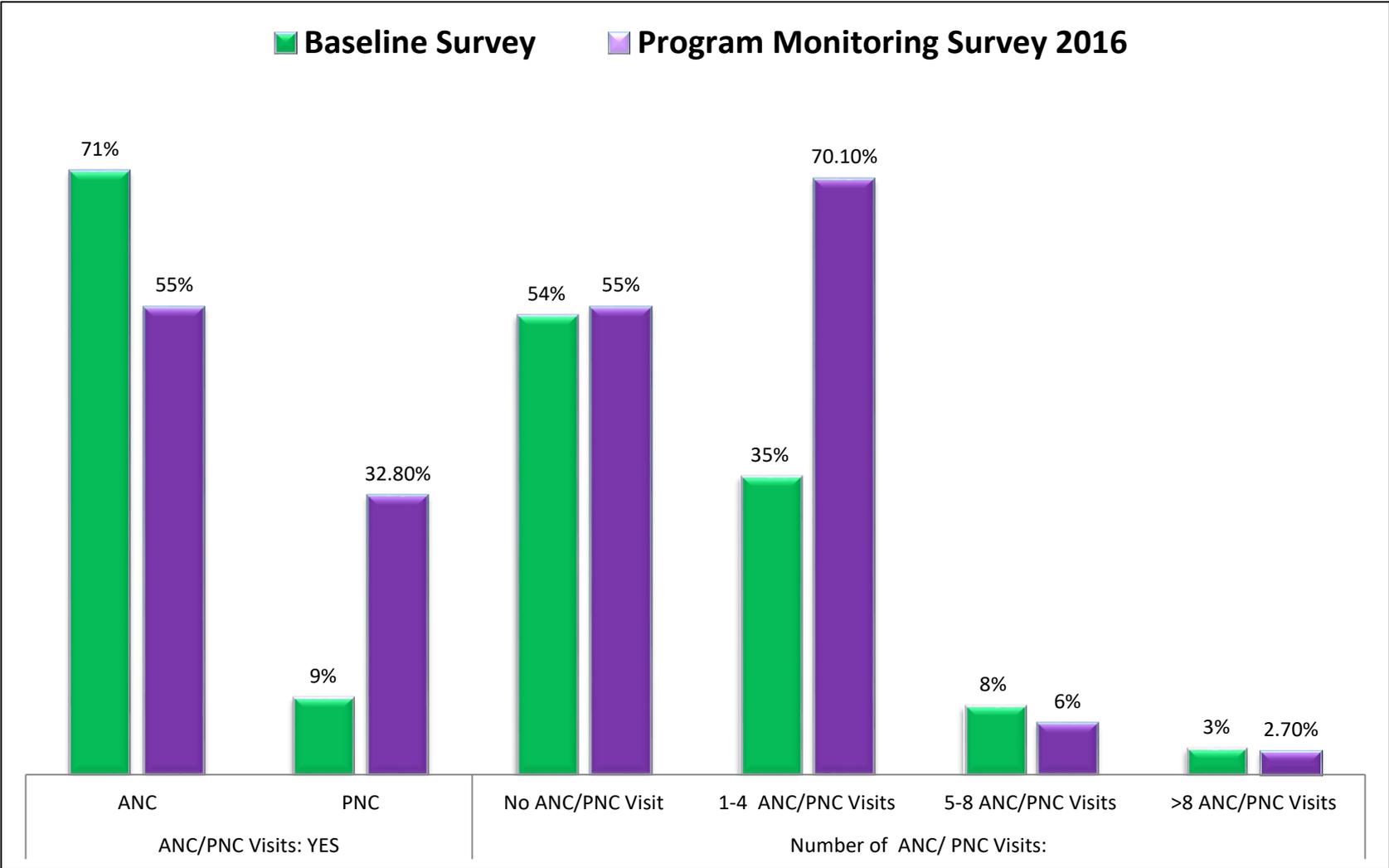
# Indicator 2: The Last Time You Gave Birth, Where Did You Deliver, Who assisted You In the Delivery?



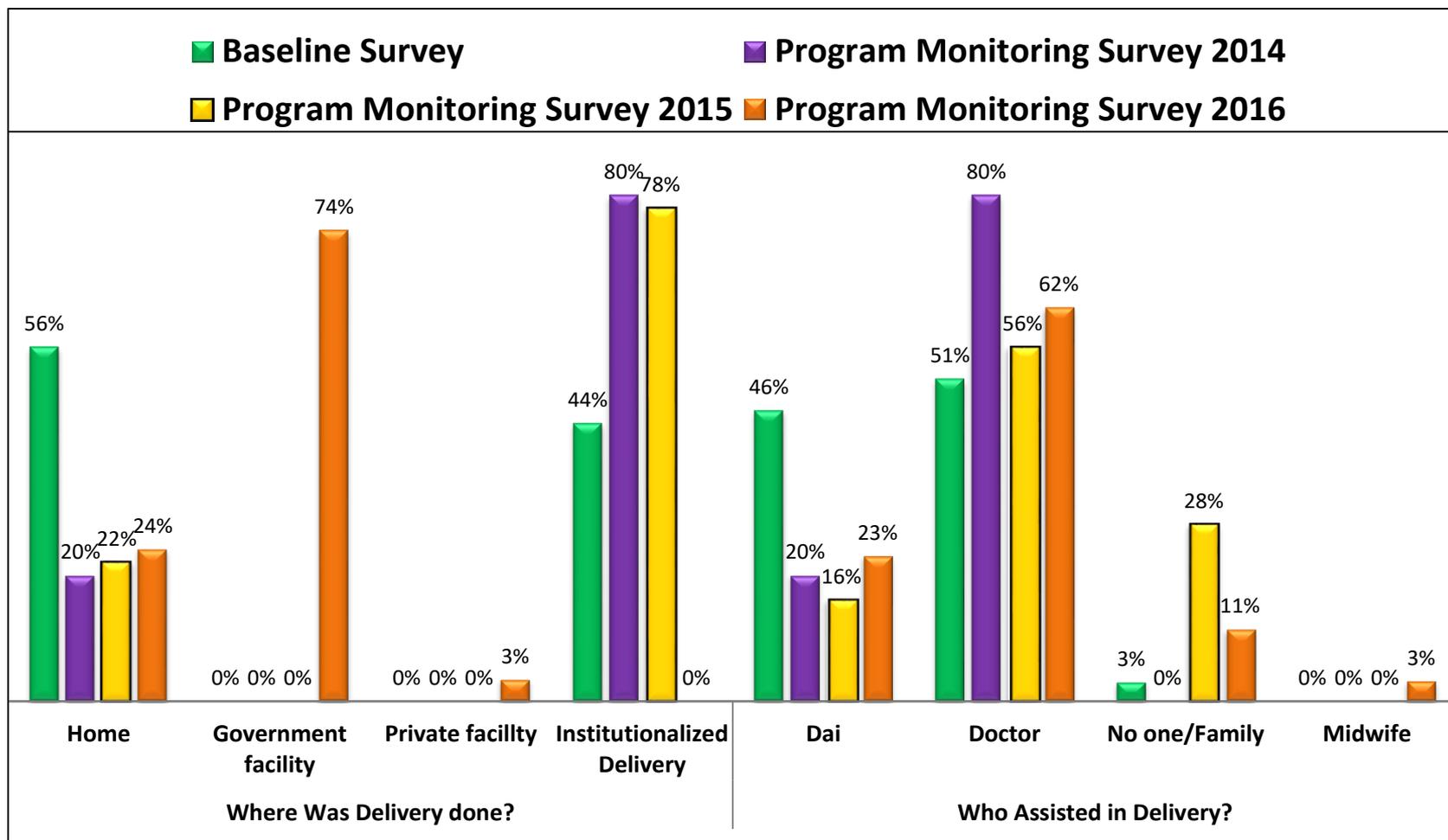
# Indicator 2: During Your Last Pregnancy, Did You Have ANC/PNC Visits?



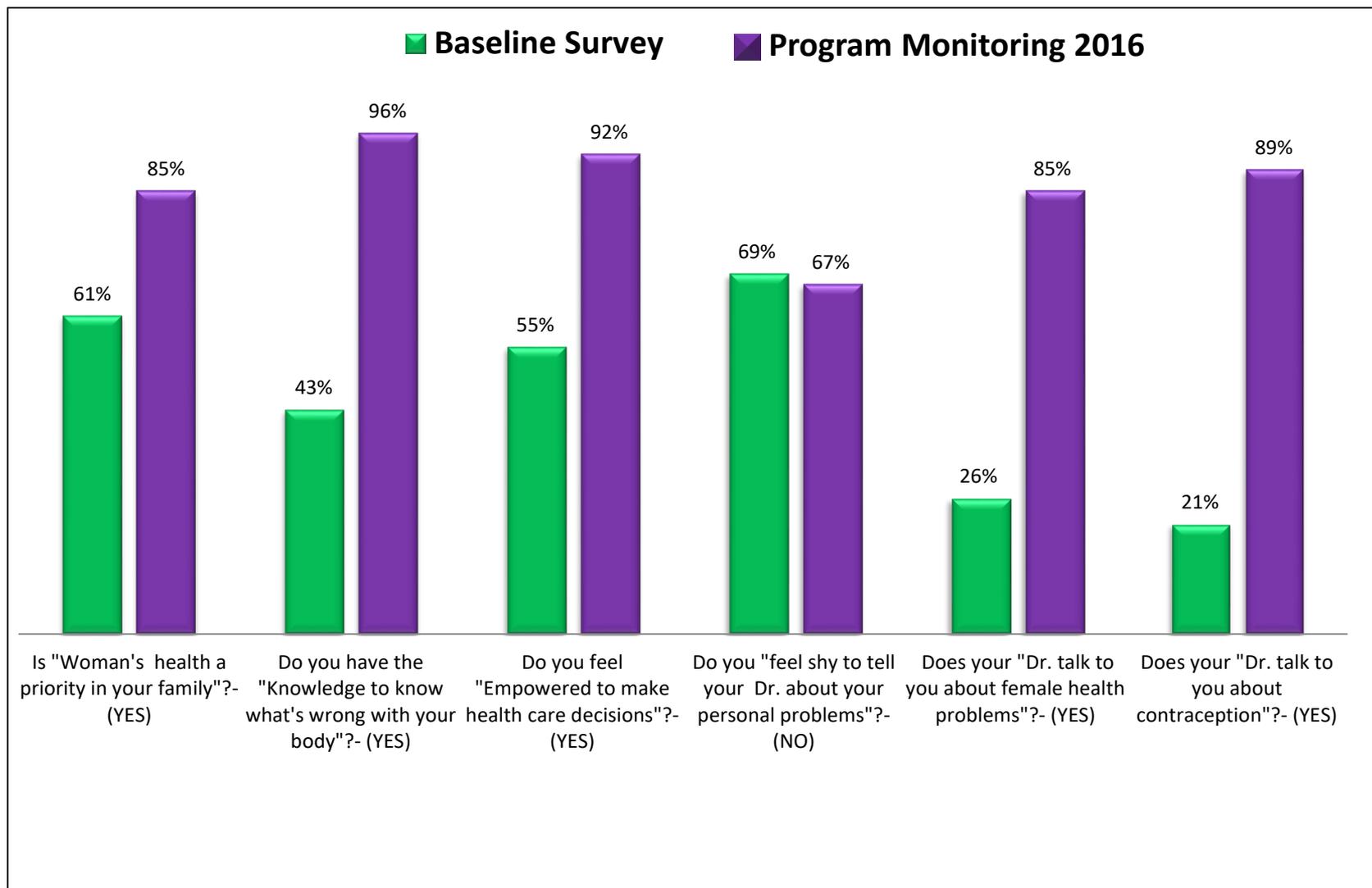
# Indicator 3: During Your Last Pregnancy, Did You Have ANC/PNC Visits?



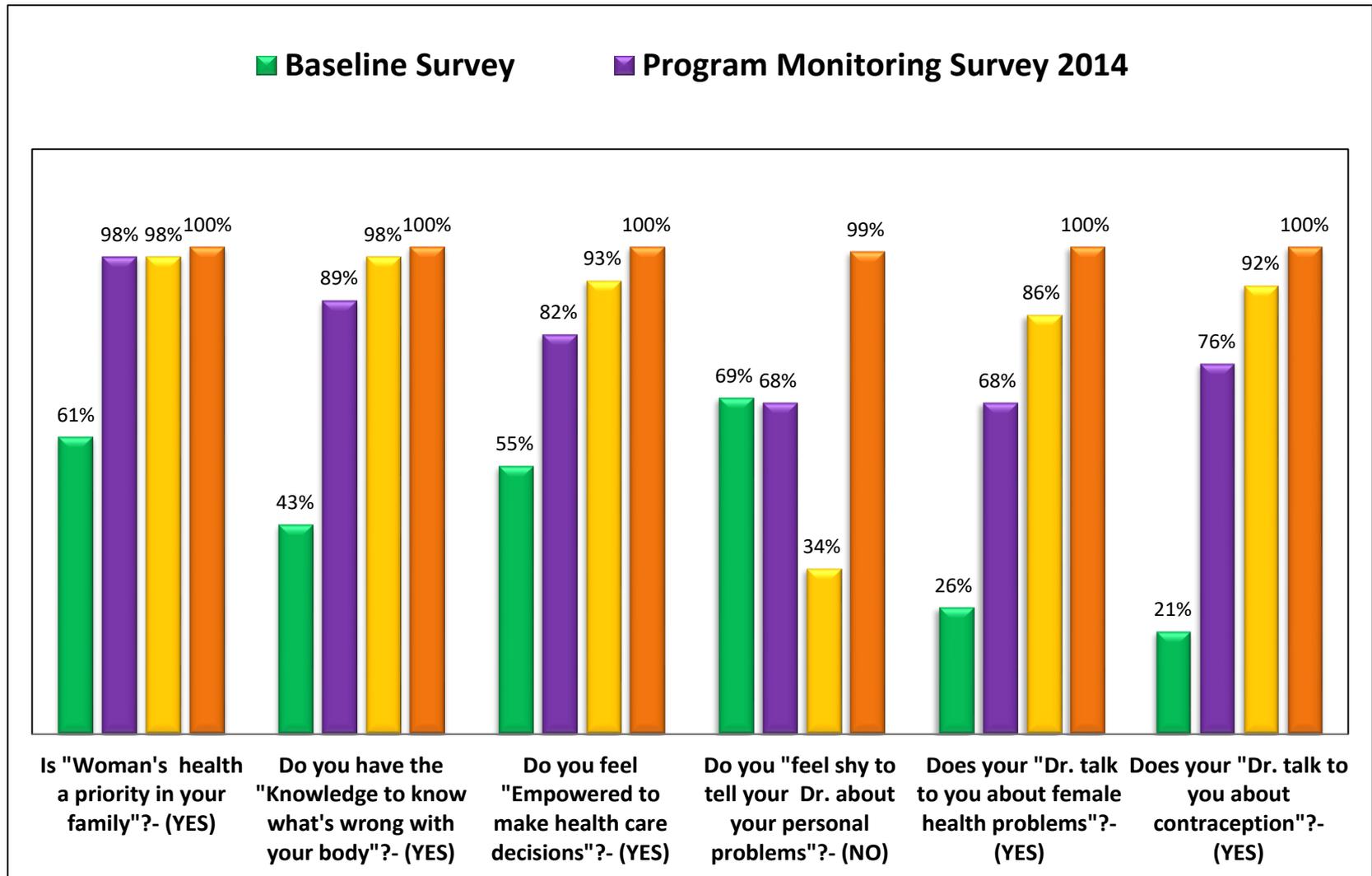
# Indicator 3: The Last Time You Gave Birth, Where Did You Deliver, Who Assisted You In The Delivery?



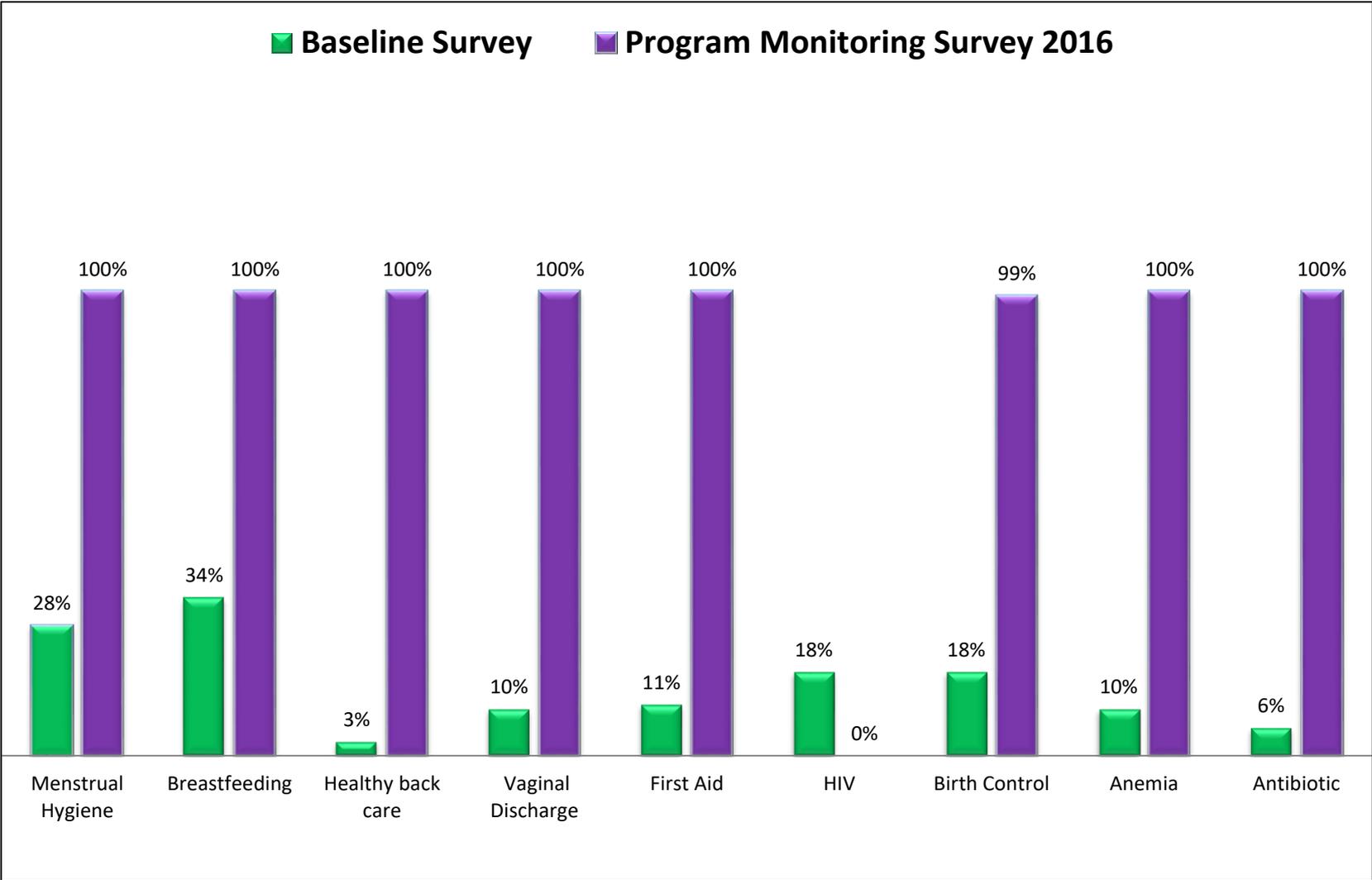
# Indicator 4: Perception On Woman's Health Care



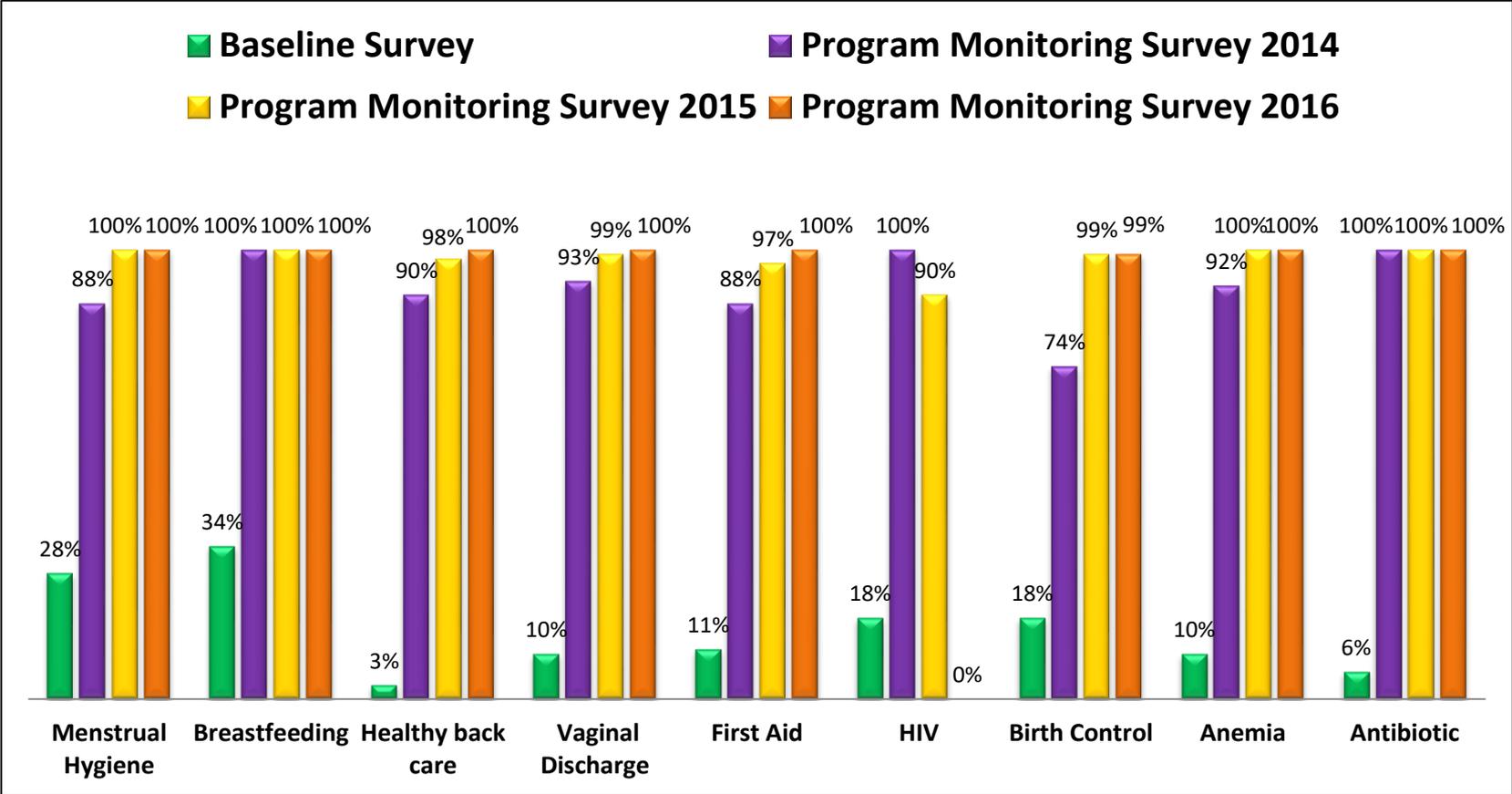
# Indicator 4: Perception On Woman's Health Care



# Indicator 5 : Measurement of Knowledge/ Understand



# Indicator 5: 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.

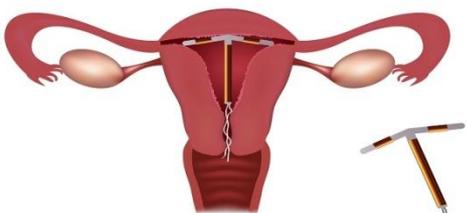
# Success Stories of Patients From Our Intervention Areas



The first stories pertain to patients with Reproductive health issues

**Rihana, 37 years old, Selaqui Dehradun**

A lady came to Bella health, named Rihana. Her chief complaints were lower abdomen pain, abnormal vaginal discharge with foul smell, backache, and fever. We took a sample of vaginal discharge and sent this to an outside lab. She was diagnosed with severe PID. When she returned, the Bella doctor did a full PV exam and the Bella doctor felt one thread in her cervix and swelling in the cervix and the uterus. The Bella doctor told her that there is Copper- T inside her uterus, however the patient did not know about this. She told the Bella doctor that previously she had gone to many hospitals for checkup and had even had PV exams done but no one told her that she had a Copper- T. A copper T once inserted can only stay for 36 months. If a copper T stays longer than 3 years, there is an increased risk of infection or embedment. Finally the Bella doctor removed the copper T as per procedure. She started treatment for the PID which included two different oral antibiotics for 10 days. On the next site visit after 2 weeks the patients returned to Bella Health, the Bella doctor again did her PV exam and she had no abdominal pain, back pain, vaginal discharge or fever. Rihana is now better with lot of improvements in her health and she is very thankful to Bella health



# Stories that Pertain to Patients with Reproductive Health Issues



## **Imrana , 35 years old, Lacchiwala Dehradun**

Imrana is 35 years and has 2 kids. She had come to Bella Health Camp for a general check up and was not aware of any family planning methods. She had attended the education class on family planning and received counseling on family methods. Initially she was uncomfortable about using family planning and did not want to use any family planning but eventually through various visits to the health camp and attending all the education she realized the importance of using family planning methods. 1 month later she again received the family planning counseling and decided to adopt a current family planning method, because she does not want to have any more children. She also encouraged her friends and relatives to come for family planning counseling.



## **Rehmat, 29 years old, Markham Dehradun**

Rehmat came to Bella health camp on 22/09/15 for the first time. When she came to us she was suffering with Urinary tract infection, osteoarthritis and Pelvic inflammatory disease . She has a boy who was born with C section in 2013. She wants to have more kids but due to the PID, she is not able to conceive. When she came to Bella Health camp her infection was on the second stage and had previously been treated by other Doctors. All the tests were again completed like lab tests and ultrasound and medicines such as calcium and antibiotics were prescribed to treat the PID and osteoarthritis. She was still trying to conceive but she had an abnormal shaped uterus so it would be difficult. She then came regularly for follow up and attended all the health education classes which also helped her maintain a healthier life style. She is now improving and is very happy. She is thankful to the Bella health team for organizing such camps where women can easily access the medical facilities



# Stories Pertain to Children Treated for Acute Issues



## **Saniya , 2 ½ years old, Dhakrani Dehradun**

Bella health care organizes health camp at Dhakrani Panchayat ghar. One woman came with her daughter last month to the camp. Her name is saniya and she is 2 ½ years old. Her mother said that she had urination problem and was crying during urination due of pain and burning. She said when we started treatment from Bella Health her daughter started feeling well and is recovering from the illness . She had taken treatment from other doctors in the past but there was no positive outcome. After getting treated at Bella Health camp, she is now happy and thankful.



## **Sahil, 15 month old, Selaqui Dehradun**

This story is about a young child named Sahil. He is 15 months old and lives in Shiva Nagar Slum near Selaqui's Industrial area. His mother came to the health camp and complained about severe diarrhea and vomiting. She told that she has spent around about Rs.3000 for his treatment but still the child is suffering and there is no improvement. When Dr. Mehta examined the child, he diagnosed severe dehydration. He prescribed medicines and the mother was counselled about ORS, personal hygiene by the nurse. The mother visited again and was extremely happy. She got the baby and told us that the baby 's condition has improved a lot and she has adopted what she was told about- cleanliness, keep breastfeeding her baby and giving ORS. She was also happy that she only had to spend less money on her child's health treatment and health camp is few steps away from her house , where she can easily visit for follow up.



# Stories Pertain to Bella Patients Treated for Health Issues



**Shabnam 34 years old, Dhakrani Dehradun**

Shabnam is a regular patient of Bella Health. She has a boy who was born with C section. She wants more kids but she was not able to conceive. She came to Bella Health camp in Dharkrani for the same.

In the camp, all the test were done and on checking the symptoms she was diagnosed with Pelvic inflammatory disease. She was given the medicine and was told to come for regular follow up. She has been very regular in education classes too. She took the treatment for almost a year as the infection was 2nd stage. She is now improving and she is very happy. She is thankful to the Bella health team for organizing such camps where women can easily access the medical facilities



# Stories of Bella Patients Treated for Health Issues



## **Matluban, 82 years old, Markham Dehradun**

Matluban who is 82 years old, came to Bella health camp some 8 months back. She had hypertension, diabetes and fungal infection. Before coming to Bella Health, she had seen many doctors but nothing helped. She heard about Bella Health care through another patient. She came to our health camps where all the tests were done with very nominal price. She was well informed about her current health condition. Our health educator told her about exercise, diet etc. She was told to come regularly for more health camp so that a proper follow up can be done. With regular check up, treatment and counselling she could now control her sugar level. She has improved a lot and is very thankful to Bella health Care the services.

## **Shakeela, 54 years old, Dhakrani Dehradun**

At camp in Dhakrani, one patient named Shakeela, came to us complaining about pain in whole body. She was suffering from Diabetic neuropathy. We checked her blood sugar and gave her medicine as per symptoms. One day during her follow up she came in very bad condition. She was feeling lot of drowsiness, dizziness not able to stand properly and also with previous complaint that was pain in whole body. Every time generally her sugar level use to be in control but at that time by seeing her symptoms , we felt that these symptoms might be due to decrease in sugar level than normal and then we did her RBS test, we found that her sugar level decreased very much than normal. We advised her to take glucose water at that time only and to stop Diabetes medicines and to contact with her Doctor from where she was taking her treatment of Diabetes. On her next follow up she told that, she followed our advice and felt very relief. Now she comes regularly to our camp for health check up.



# Stories of Bella Patients in Health Education Classes



## Rihana, Kunja Grant Dehradun

On 4 May, 2014, when I was giving education class on Thyroid at Kunja Grant. In that class women and girls were participants. When I was describing the symptoms of Hypothyroidism among participants. One of women named Rihana complained of the symptoms like weight gain, cold, irregular periods, hair loss etc. She asked should she go to doctor. I informed her about our health care services and treated by our doctor, took her blood sample for Thyroid profile and result was imbalanced TSH, T3 and T4 hormones. After that she took regular treatment from Bella Health and now she feel well and also take interest in education classes and also trying to learn more during education classes. She is thankful to Bella Health Care.



Women attending the education classes

# Stories of Bella Patients in Health Education Classes



## Shamshida, 29 years old from Rampur

Shamshida came to Bella Health camp about one and half year ago. Her chief complaints were burning sensation during urination, itching and swelling around vaginal area. She started her treatment from Premnagar Hospital, but could not continue due to the long distance. When she came to Bella Health, All of her tests were done and she was diagnosed with PID. The treatment started with all the required medicines. She also received education on these topics so that she is well informed about her conditions. She had been a very regular patients. She really adopted all the healthy behaviour which they were thought about in our health education classes.



## Reshma, 31 years old from Selaqui

Reshma came to Bella Health with chief complaints of severe lower abdominal pain, backache and fever. She had been to many doctors and have been taking medicines past 4 years. Instead of improvement, her health was deteriorating and couldn't do any more household chores because of her health. In the camp after the tests she was diagnosed with Pelvic Inflammatory disease. During pelvic exam, an infected Copper T was found. Bella donator told her to be very careful IUD insertion. I wasn't counseled about IUD, signs which I shouldn't ignore and the care needed. After I was told about Rekha clinic, I got myself checked and took treatment. I can see so much improvement in my health. Not only treatment but proper guidance and counseling which is provided to every patient here. The class on birth control has helped me in adopting a new contraceptive method.



# Stories of Bella Patients in Health Education Classes



**Ruchika, 30 years old, Gorakhpur Dehradun**

Ruchika came to Bella Health about a year ago. She met with an accident which left her with a broken leg and weak body. When she came to Bella Health she was unable to walk or stand without support. She shared with the counselor that she went to many doctor but there was no improvement. She was recommended to get her X ray done and given calcium supplement. She got education on proper diet and exercise. For few moths she regularly came for follow up. With her strong determination and support form the Bella team she improved is now able to walk slowly without support. She is improving and is very thankful to Bella team for the services and way of treating patients.



**Khushnaseeb, 33 years old Doiwala Dehradun**

Khushnaseeb came to Bella 8 months ago. She had problem of abdominal pain and swelling, vaginal discharge and body ache. After getting her pap smear done she was diagnosed with PID. Her treatment started with antibiotics which helped her. She also received our services when she got pregnant. Our nurse paid pre natal visits to her time to time. She got education on pregnancy and nutritious diet etc. she completed her course for iron-folic acid and calcium for Bella health. Regular follow ups not only helped her in smooth delivery but her PID also got cured.

# Stories of Bella Patients in Health Education Classes



**Hukmi Devi 65 years old, Dhakrani Dehradun**

For many years she was having high blood pressure and high blood Sugar. She saw many doctors but no one could even diagnose that she had high blood sugar. She kept taking medicines but it didn't help her. She also gained weight which attributed to her poor health. She visited Bella health camp and the doctor nurses Checked her blood sugar and it was very high and this is way she had gained so much weight. Bella health does not provide treatment for chronic diseases. She was referred to a doctor in the PHC. The doctor in the PHC started her medicines to control high blood sugar, she regularly follow up with Bella team and checked her blood sugar. Since she started medicines her blood sugar is under control. Bella team was able to counsel her so that she would comply with all treatment. Patients who have chronic disease need long term treatment. Counselling is paramount because it makes the patients to be complained come and follow doctors orders, follow diet and exercise, follow medications, and follow up. Bella equipped her with counselling and knowledge so that she can take care of herself.



# Stories of Bella Health ANC Patients



## **Sajida, 34 years old, Roorkee Haridwar**

Sajida came to Bella Health camp in 2014 when she was pregnant with her 5<sup>th</sup> child. All the blood tests were done and she was given the prenatal services. Our health educator told her about proper diet and exercise. She continued coming to our camps for checkups. She again had a girl. When she came to after delivery she was very weak. Her hemoglobin level had decreased. She again came in November 2016. She was feeling very weak and she had missed her periods. When her tests were done, she was 3 months pregnant. Though she did not want another child but it was too late. Doctor counselled her on to take a good and proper diet and kept coming for regular checkups. Family planning counsellor told her about family planning methods. Though she kept coming for check up she could not maintain a proper diet as she and her family is very poor and already having 6 children made the situation even more worst. The patient got very weak and her hemoglobin went so low that the child could not survive. The doctor consoled her and at the same time made her understand the importance of keeping gap between kids. She was told about the family planning methods so she could take care of herself.



## **Mobeen, 25 years old, Kunja Grant Dehradun**

Bella Health also organizes health camps in village Kunja Grant. During health camp, 24 years patient named Mobeen came. She was a month pregnant. She was treated in Bella camp. She said, her miscarriage had happened 4 times and also had taken treatment from many hospitals, but no improvement. Under supervision of Dr. Deepshikha, her blood test and the VDRL (Syphilis) test were done and the result came was positive, that's way the miscarriage was happening again and again. She started regular treatment from Bella Health and after 2 month her VDRL test was performed again and the report came was negative. She also get her ultrasound that is also normal .And know, She is still coming for Antenatal checkup. She is feeling well now, feeling happy and thankful to Bella.



# Stories of Bella Patients who Attended Hand washing Classes



**Children of village attending the hand wash education class**

On my second visit to Panchayat ghar, I had an experience with the children who were very happy and were eagerly waiting for us and teach them how to wash their hands. Before the session I asked them the procedure for how to wash and when to wash the hands? If they already know how to wash? And when? Those children had the habit of washing their hands regularly because they were taught every week during our visit. These habits in their everyday life will help them lead a healthier life.

# Stories of Bella Patients who Accessed Health Care Services



**Arpana 31 years old, Haripur Dhakrani Dehradun**

At our camp in Haripur, patient named Arpana is a UTI (**urinary tract infection**) patient. When she came to us for first time, she was complaining about burning sensations and itching in urine. We did her urine analysis and found she was suffering from UTI. We gave her medicines which gave relief but after few days she complained again about the same symptoms. On her follow up visit, we did her RBS test and then caught the reason behind this. She was suffering from diabetes due to which UTI was reoccurring again and again. After controlling her glucose level she got relief, but whenever her sugar level exceeded then normal she again experienced the same problem. Now she is totally following the advice and taking her medicine regularly for Diabetes.

## Stories of Bella Adolescent Health Classes

**Kajal 17 years old, Pondha Dehradun**

On 16<sup>th</sup> December, 2015 at GIC Poundha during FARH classes, there were girls of class 11<sup>th</sup> and 12<sup>th</sup> class. One girl named Kajal, 17 years old, very talented and interested about FARH was concentrating on health education. Suddenly she fainted. That was not her first time of fainting. The principle of school took her to hospital and Dr. checked her properly and also checked her hemoglobin and that was 7gm/dl. She had learnt during FARH classes about anemia, its prevention, diet and characteristics of anemia. Health educator also suggested her to check her hemoglobin regularly. After that she started taking proper diet for improving her hemoglobin. The principle of school thanked us for providing this kind of health education.



# In the Coming Future



## Year 2018:

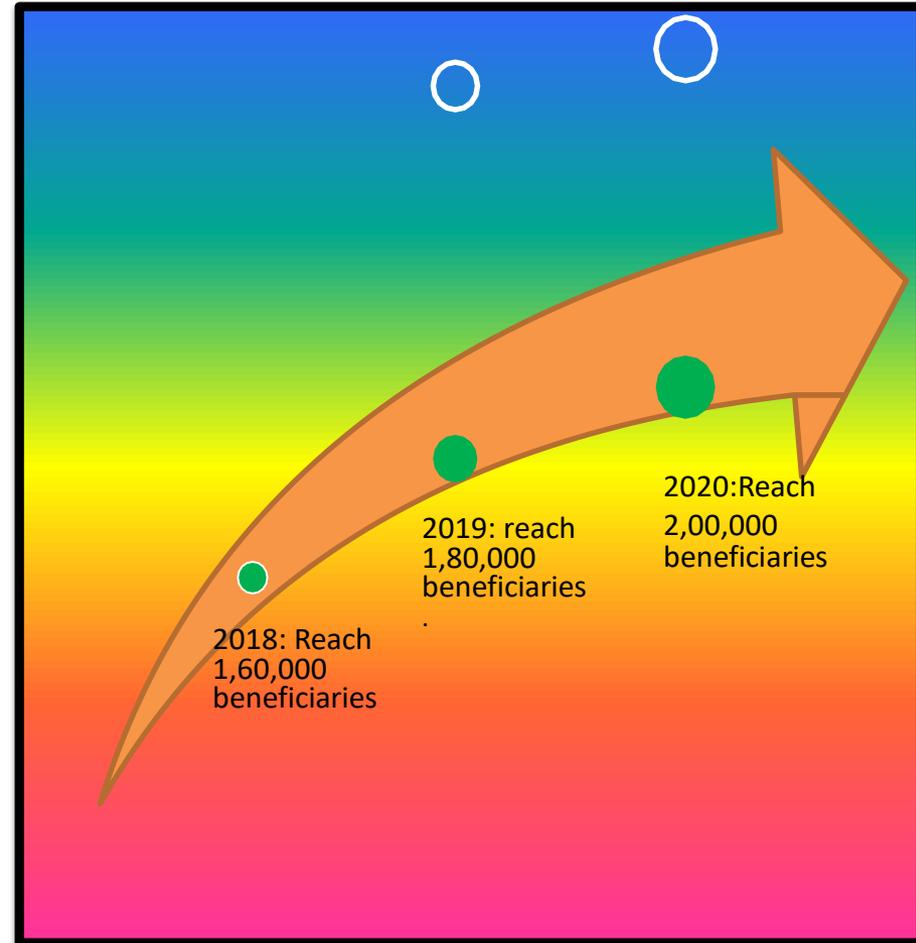
- Provide Health Care Services to 1,60,0000 beneficiaries.
- Scale the Adolescent health classes to reach 50,000 adolescents in 3 districts of Uttarakhand.
- Expand operations to Himachal Pradesh
- Continue to conduct research and publish

## Year 2019:

- Provide Health Care Services to 1,80,0000 beneficiaries.
- Scale the Adolescent health classes to reach 60,000 adolescents in 4 districts of Uttarakhand.
- Expand operations to Himachal Pradesh
- Continue to conduct research and publish

## Year 2020:

- Provide Health Care Services to 2,00,0000 beneficiaries.
- Scale the Adolescent health classes to reach 80,000 adolescents in 4 districts of Uttarakhand.
- Expand operations to Himachal Pradesh
- Continue to conduct research and publish



# The Team That Makes It All Happen !



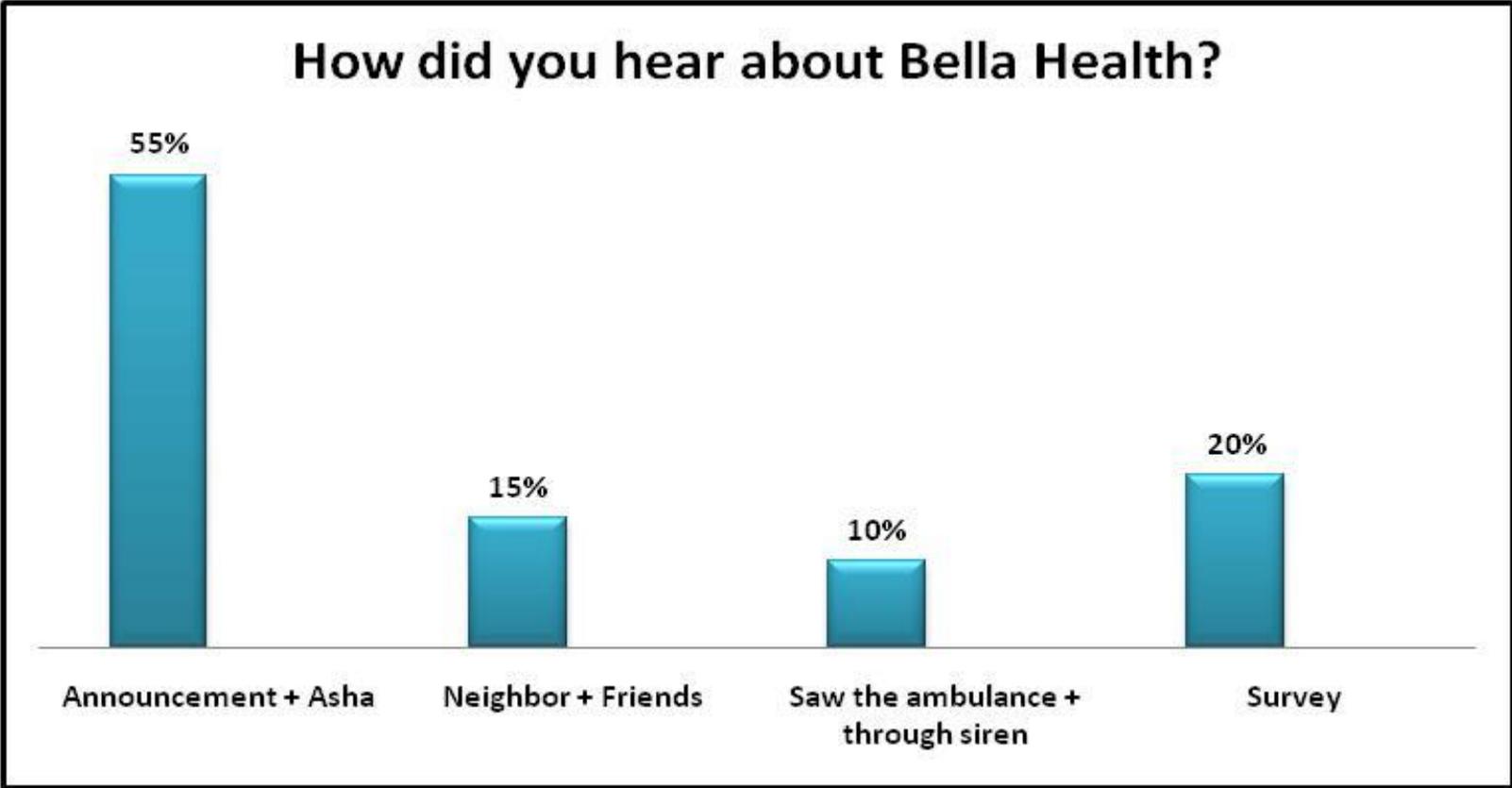
Name	Position on Governing Body	Qualifications	No. Years as Board	Other Offices
Dr. Vijay P. Agarwal	President & Founder	MD, MBBS	6	Practicing Physician in USA.
Colette Smith	Vice-President	BSN, RN, MPH	6	NA

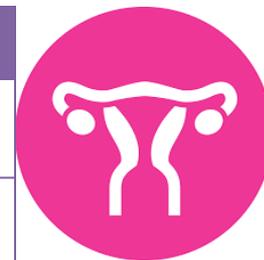
**Bella Health is so blessed to have such dedicated, passionate, hardworking and talented team members.**

- **Operations Manager:** Rashid Ahmad
- **Health Care Provider:** Dr. Preeti Deoli
- **Health Educators:** Sunmala Rawat, Ruchi Uniyal, Kailash Chand
- **Family Planning Counsellor:** Bharti Badoni
- **Data Enterer:** Damini Singh
- **Clinical Support staff :** Rani Parcha,
- **Nurse:** Leela Devi, Himani
- **Drivers:** Som Bahadur, Padam Singh
- **Non clinical support staff:** Meena



# Appendix: Patient Satisfaction Survey 2016



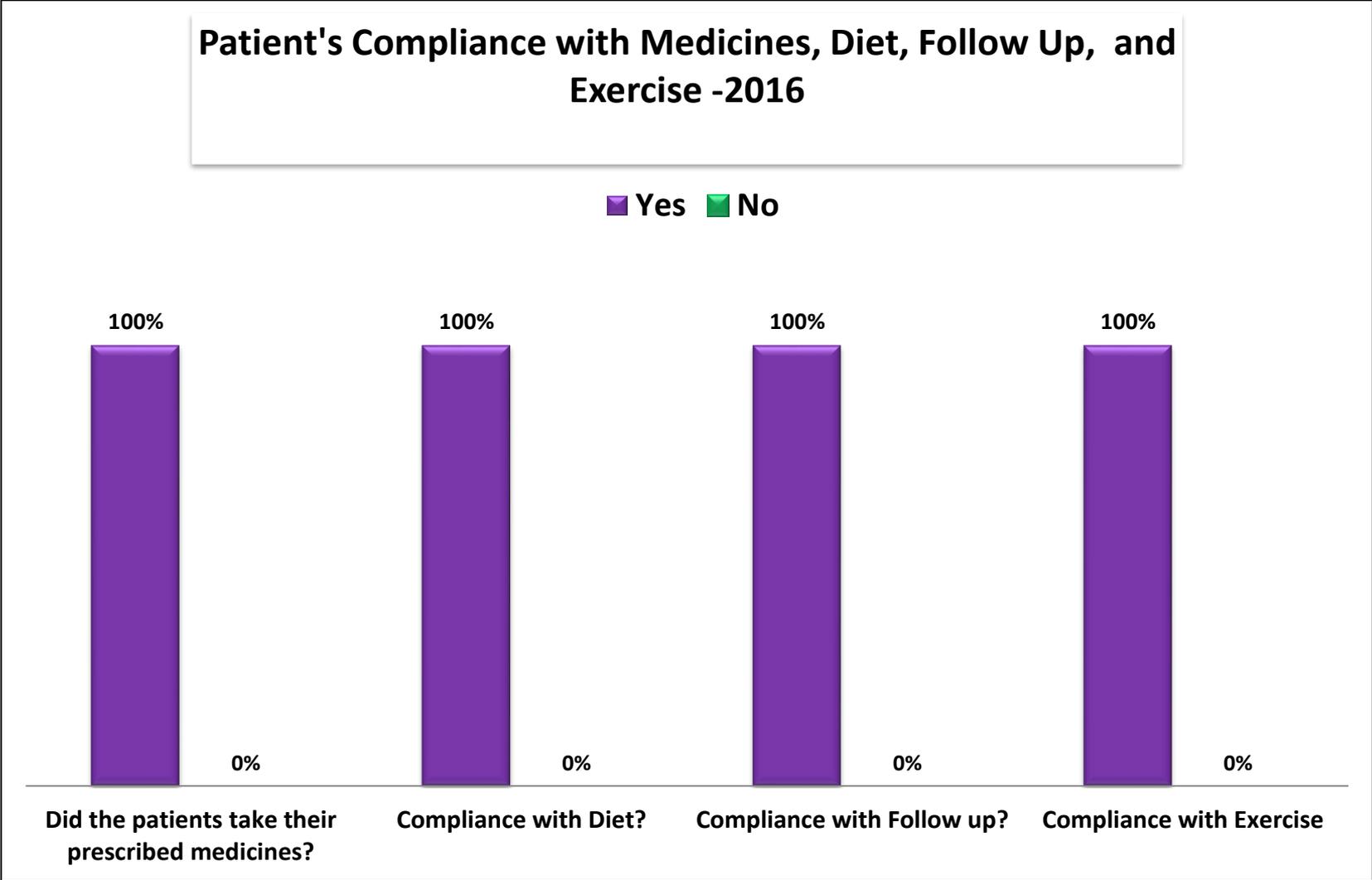


Questions	Descriptive Response
How was your overall experience with the visit to Bella Health?	100% patients described their overall experience with us as good
How long did you spend with Bella health?(minute)	On an average a patient spends around 42 minutes with Bella Health, where the minimum is 10 minutes and maximum is as long as 2 hours.
How long did the doctor spend with you?	On an average a patient spends around 6 minutes with the doctor, where the minimum is 5 minutes and maximum is 15 minutes.
Did the doctor and Nurse listen to your explanations and questions carefully?	100% patients were satisfied with the doctors and nurses in their listening and explaining of procedures and medicines.
Did the doctor and nurse answer your questions thoroughly and properly?	
Did the doctors and nurse explain the medicines ?	
Did the doctors and nurse explain the labs?	62% patients were able to understand about the labs procedures.
Were the doctors and nurses courteous and friendly? Was the receptionist courteous and friendly?	99% patients said the receptionist was courteous and friendly.
Was it easy for you to find the van?	All patients could easily locate the mobile health van.
Did you attend a health education class?	100% patients attended the health education classes.
Will you come back to an education class?	99% patients were interested in coming back for the education classes.
What should Bella Health START doing?	48% suggested radiology services like ultrasound and X-ray. 34% wanted childbirth services 18% were not sure.

# Compliance Survey 2016

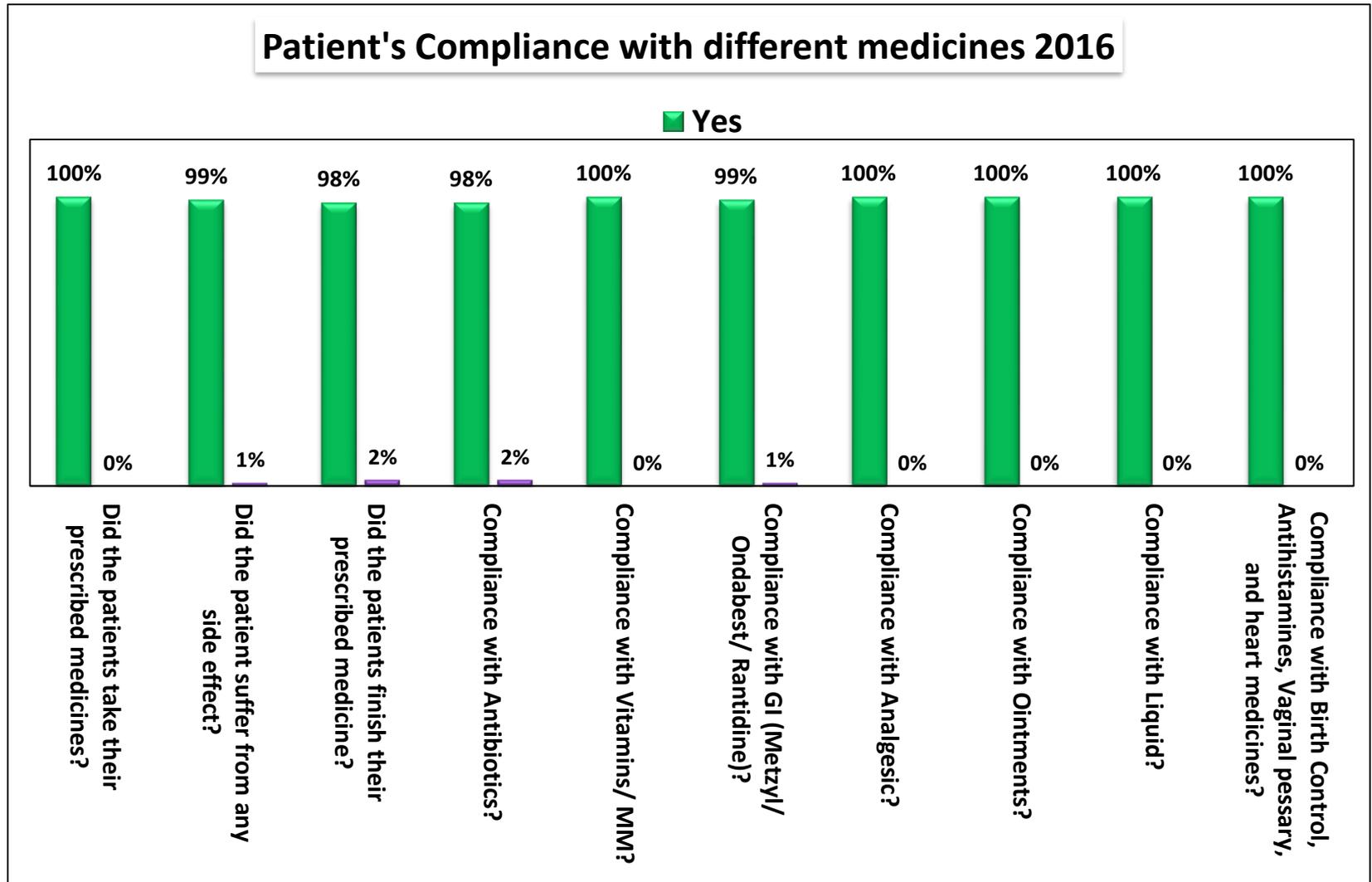


Below is a graph that measures how compliant patients are when following the Doctor's orders. This enables us to address the potential barriers that lead to non compliance.





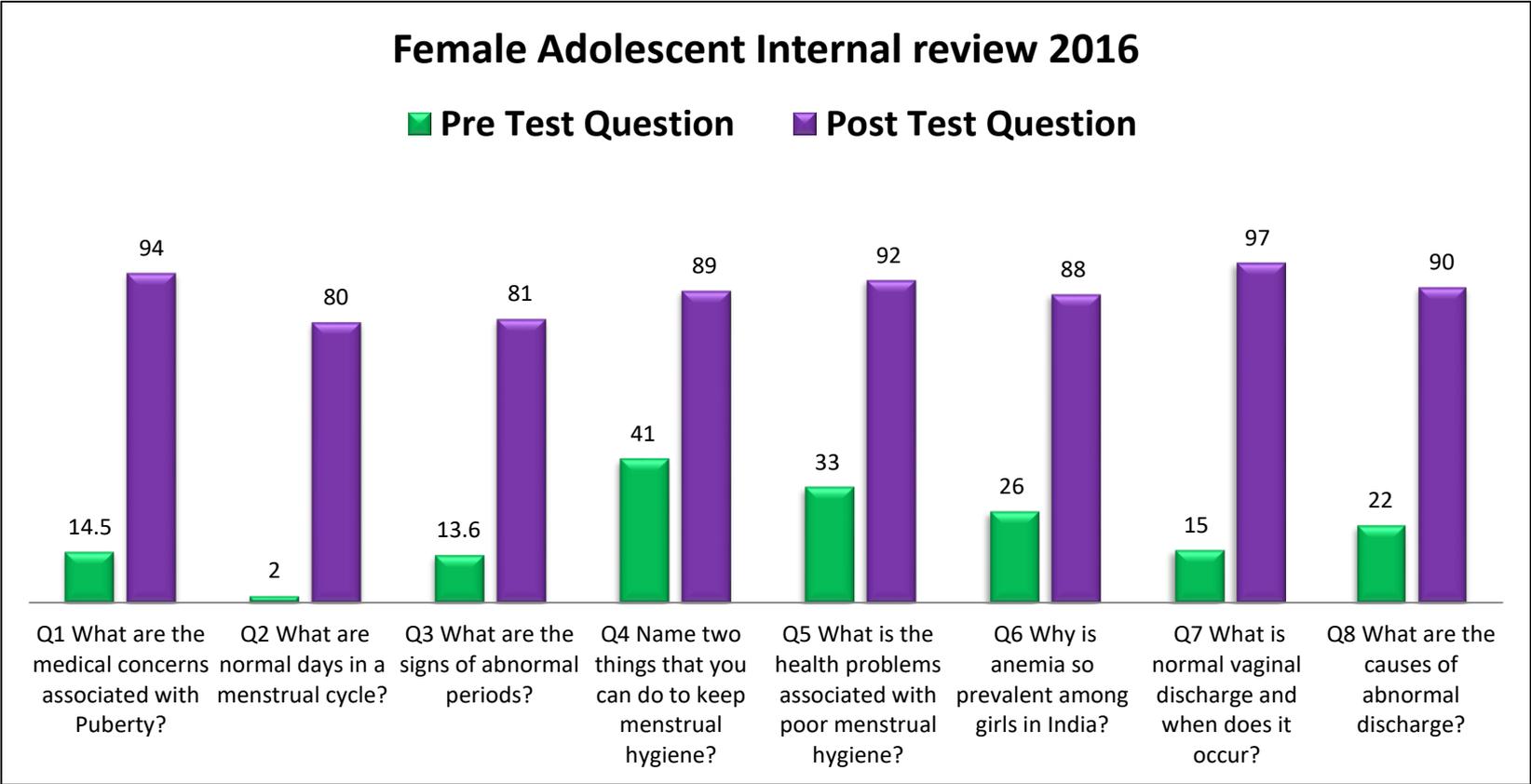
Below is a graph that shows patient's compliance with different medicines. It is important to measure the compliance so that we can see which medicines patients are not compliant to. Then we can address the barriers to their compliance. Often times, lack of compliance stems from lack of knowledge, so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



# Female Adolescent Reproductive Health Internal Review



The impact of the Female Adolescent Reproductive health program is evaluated with the reproductive health knowledge test (Internal review) designed for this study. **Pre test** evaluated ‘baseline knowledge’ of the participants, and the **post test** measured the “gain in knowledge”. This survey’s purpose was to evaluate adolescents’ knowledge, attitude and behavior about reproductive health before and after the program. The internal review was self-administered and completed by the respondents. We ask a total of 16 questions from the students. A sample of 8 questions is given below.

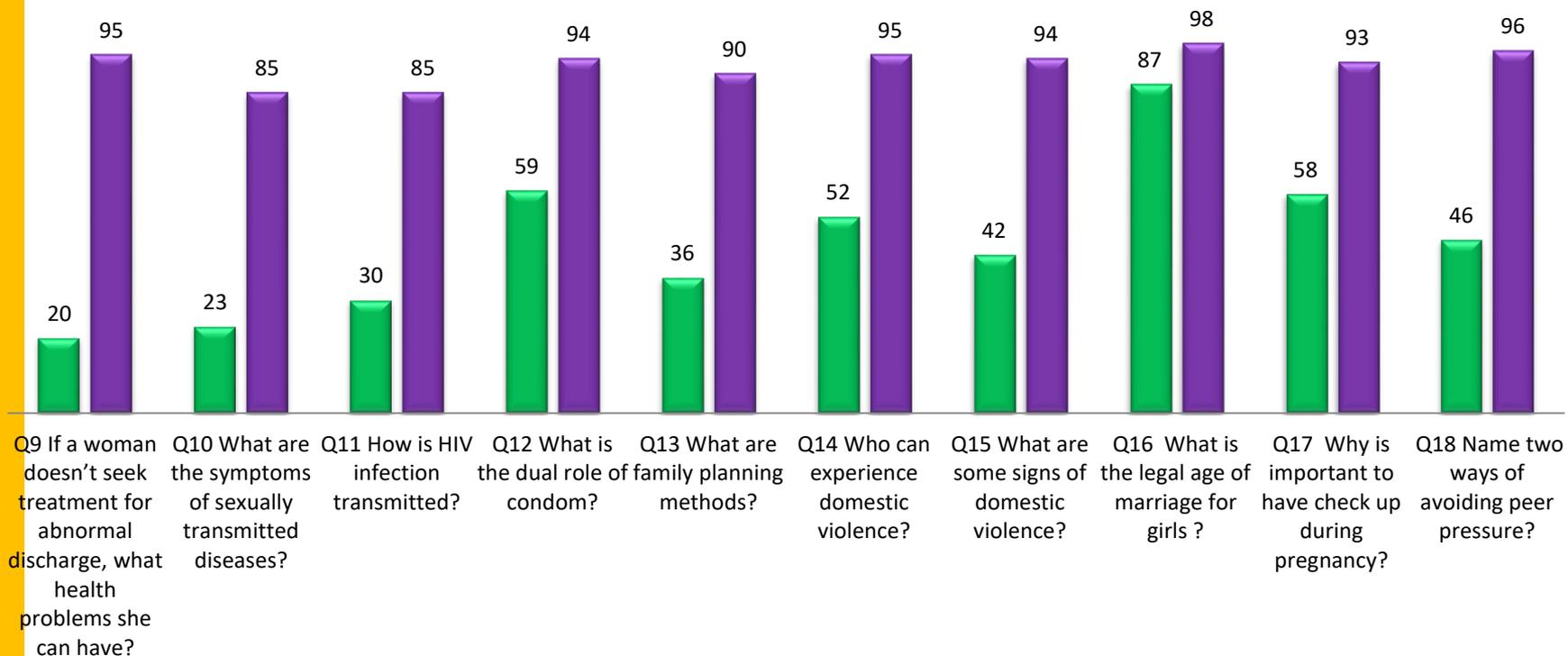


# Female Adolescent Reproductive Health Internal Review



## Female Adolescent Internal Review Data 2016

■ Pre Test Question    ■ Post Test Question



# Control Study versus Intervention Study

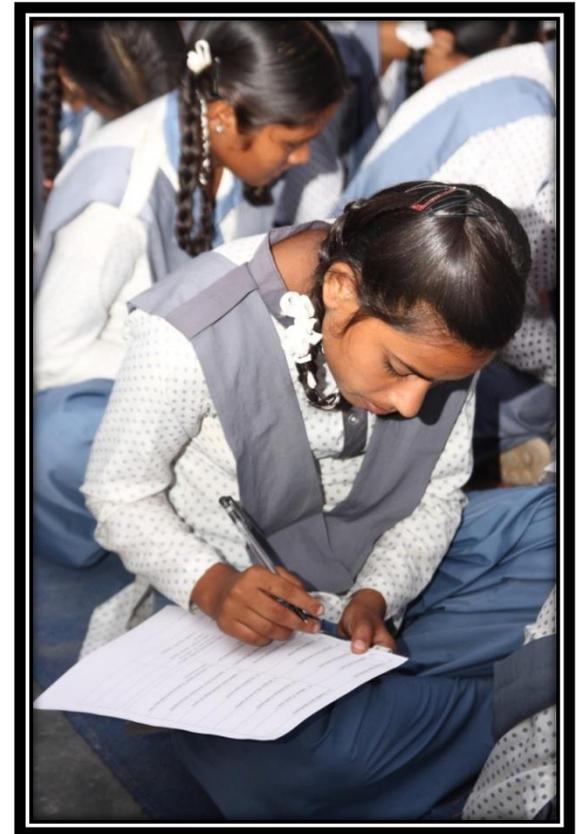
## FARH



Randomized control Study of Adolescent girls in North India to determine if Adolescents adopted healthy behaviors after the intervention.

### BACKGROUND

Bella Health had been conducting Female Adolescent Reproductive Health (FARH) education classes in government and private schools, with the aim of increasing awareness and increasing knowledge of reproductive health topics such as menstrual cycle and hygiene, abnormal vaginal discharge, sexually transmitted infection (STI), HIV/AIDS and domestic violence to empower adolescent to make informed reproductive health decisions a adopt healthy behaviours.



Adolescent girl student during FARH classes

# Why Adolescents?



- 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.
- Targeting girls can actually solve most problems related to women and children, especially in India; it is therefore essential to design programs specifically focused on adolescents needs.



**Adolescent girls during the FARH class**



## STATE WHAT IS LACKING IN THE CURRENT KNOWLEDGE

- There are very few sex education programs in North India. Sex education is not even part of their agenda. The word sex has actually been banned; hence our program is called adolescent reproductive health. State the objective of your study or the research question.
- The objective of this research is to measure, if the intervention has helped in, increased knowledge, changed attitudes and if the adolescents have adopted healthy behaviors.

## METHODS

- To monitor and evaluate if adolescents adopted the healthy behavior and or changed their behavior; the control vs. Intervention study was created to see if the behaviors of the intervention group varied from the control group. The control group was a group of female adolescent aged 13 to 18 in various villages in rural area.
- The study attempted to match the characteristics of control study as closely as possible of the intervention study. These characteristics include socioeconomic status, religion, age, gender and locality. Since the control study was taken from Bella Health target areas the knowledge, attitude and adoption of healthy is higher than other areas due to the fact that adolescents may be sensitized b their involvement in Bella Health programs. However none of the control study took the FARH class.
- The questions that were formulated had to measure whether a specific behaviour had been adopted.
- After a pilot project of 25 surveys, the questions were italicise to capture the specific behaviour.
- It was difficult to formulate questions to measure some of the adopted behaviours but after the pilot project, the interviewers were able to elicit the correct response. Only 2 persons were trained to conduct interviews to decrease the interviews bias.
- It was challenging to contact the students. The students were usually only available on Sunday and holidays due to their schedules. Due to the sensitive nature of the questions the students had to find a comfortable place to answer the questions.
- Students were contacted 3, 6, 9, and 12 months after completing the class to see if the adopted behaviour was sustained.



## DESCRIBED THE CONTEXT AND SETTING OF THE STUDY

The study was completed after a pilot done in March 2013

**Controls n= 200 in public secondary schools, Intervention n= 200 in villages, Dehradun district.**

A pilot surveys was launched 1<sup>st</sup>: In 2013. 25 pilot surveys were completed & the questions were fine tuned.

## SPECIFY THE STUDY DESIGN

The study design is a random control study. Controls were chosen in villages, Dehradun district Uttarakhand state. Interventions were done with adolescents who had the intervention in public secondary schools.

## DESCRIBE THE POPULATION

Female adolescents age 13-18, low socio economic status, Dehradun district Uttarakhand state, India

## DESCRIBE THE SAMPLING STRATEGY

Adolescences were chosen at random.

## DESCRIBE THE INTERVENTION

Interventions study includes the study done with adolescent girls from government school that completed the female reproductive health program. During the class, the students were asked to provide their phone number. After 3 months a group of students were randomly selected to complete in the study. There is an inherit bias that only students with phones were contacted. They were asked the same questions so that we can compare the impact of both the methods as to which one had the better impact.



**1. What dietary changes have you adopted to help prevent anemia?  
Have you made any adjustments to your diet to prevent anemia?**

**2. Have you sought medical care for any female health problems? Menstrual problems, vaginal discharge, etc?**

**3. Have you been able to identify any symptoms of irregular or abnormal discharge?**

**4. What are some behaviour changes you have adopted that ensure healthy menstrual hygiene?  
How do you ensure you have good menstrual hygiene?**

**5. Have you experienced peer pressure since the FARH program? How do you avoid peer pressure?**

**6. Have you taken preventative measures to avoid HIV? How to you protect yourself from HIVs**



- Identify the main study variable: *Adoption of behaviors*
- Adopted healthy diet to prevent health problems
- Sought medical care for female health problem
- Can identify symptoms
- Adopt measures to ensure MH
- Able to recognize & avoid peer pressure
- Able to prevent & protect self from HIV

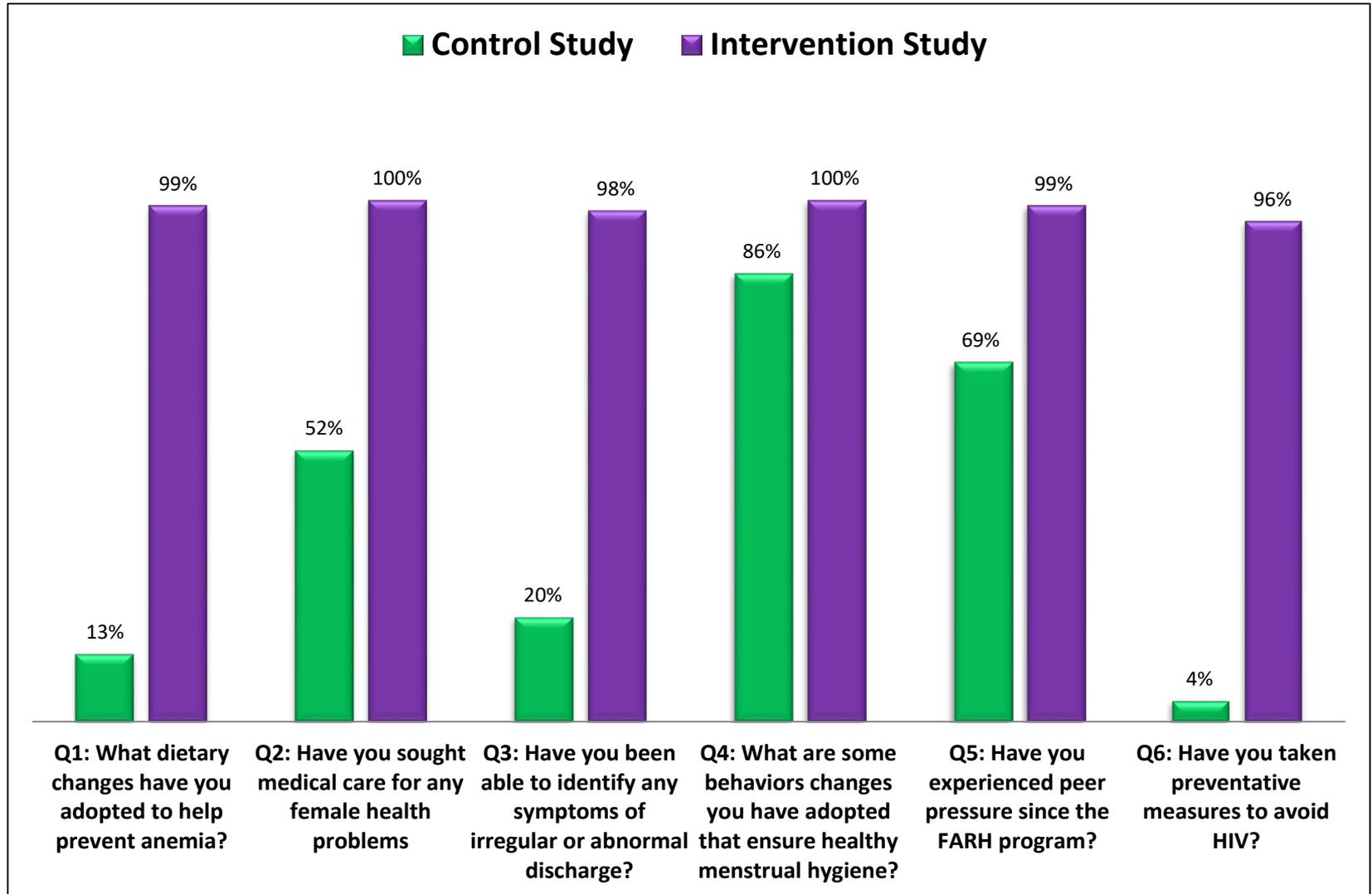
## DESCRIBE DATA COLLECTION INSTRUMENT AND PROCEDURES

- Data for controls was collected in villages by a trained surveyor
- Data was collected in schools by a trained surveyor.
- Data was collected from controls who were adolescent girls age 13-18 in the areas where a health camp takes places. The exclusion criteria; if they had taken the class previously or if they had attended a healthy camp education class.

## OUTLINE ANALYSIS METHODS

- Data was entered in excel sheet
- Data was analyzed using excel tools.

# RESULTS:- Control Study v/s Intervention Study 2016



# Bella Health Male Adolescent Reproductive Health Internal Review Report 2016



## BACKGROUND:

Bella Health conducted Male Adolescent Reproductive Health (MARH) education classes in government and private schools with the aim of increasing awareness & knowledge of reproductive health topics such as peer pressure, Sexually Transmitted Infections, HIV/AIDS, dangerous behavior and violence against women to empower adolescents to make informed reproductive health decisions & adopt healthy behaviors. MARH classes were conducted in two government schools as a pilot programme.

In this class, respondents received unbiased, research based information and counseling that was culturally appropriate. To evaluate the quality and effectiveness of this program, monitoring tools such as internal review was used.

## METHOD:

The impact of the program is evaluated with the reproductive health knowledge test (Internal review) designed for this study. **Pre test** evaluated 'baseline knowledge' of the participants, and the **post test** measured the "gain in knowledge". This survey's purpose was to evaluate adolescents' knowledge, attitude and behavior about reproductive health before and after the program. The internal review was self-administered and completed by the respondents. Total of 1932 student participated to collect the data.

The program was conducted over a 3 days period, – 2 hours each day and conducted using posters, PowerPoint Presentation, reproductive health materials diagrams, activities discussion & more. Educators made sure that the classes were conducted in a comfortable environment and sufficient privacy be given during discussions.

## ACTIVITIES DONE DURING INTERVENTION:

- Drawing and labeling the reproductive organs. Choose one student to draw the reproductive organs on the board, what is Peer pressure? How to avoid peer pressure?
- Conduct case studies and ask the students for their views.

- Ask two students from the team to list what they have heard about normal & abnormal penile discharge, any symptoms & color. After that mark out the wrong information and discuss the facts. **TIME: 15 minutes**
- Divide two teams and tell two people from the team to write on the board what they have heard about HIV/AIDS and transmission routes and justify their decisions to the class. This will help the group to distinguish facts from misinformation Violence Against Women ( Using presentation, discussion )
- Ask the group how they would define the term “domestic violence’. List responses on the board. Pick 4 students from groups and ask them to list 4 different types of violence with examples. Ask the group if they agree with it, if not how would they amend it?
- Compose a play of 5 minutes ( on any type of violence) **TIME: 20 minutes**



## RESULTS:

In total, 1932 questionnaires were distributed for the analysis. The pre and post test scores show a statistical difference. The average age of the respondents was 16, with minimum of 11 and maximum of 20 years.

## CONCLUSIONS:

Respondents need reproductive health program to improve their knowledge and behavior towards reproductive health and empower respondents to make informed choices and equip them with life-long skills concerning reproductive health. Besides, educational intervention, the respondents need to adopt healthy behavior and overcome social stigmas and the myths to change their attitude.

## DATA ANALYSIS:

This report is an internal review analysis carried out by Bella Health. It involves quantitative survey of 1932 adolescent boys aged 11- 20 years enrolled in two different district of Uttarakhand of government schools of Dehradun.

During the internal review, it was observed that out of the total number of respondents, 1932 anonymous questionnaires with 16 questions provided the data. These questions are clustered by topic so that the respondents don't get confused. The respondents can skip the question if they don't know anything about it. It was ensured that the questions were written in Hindi. First, students took the pre-test; then the educators conducted the intervention, then a discussion session followed to make respondents aware and improve knowledge of the various mentioned topics.



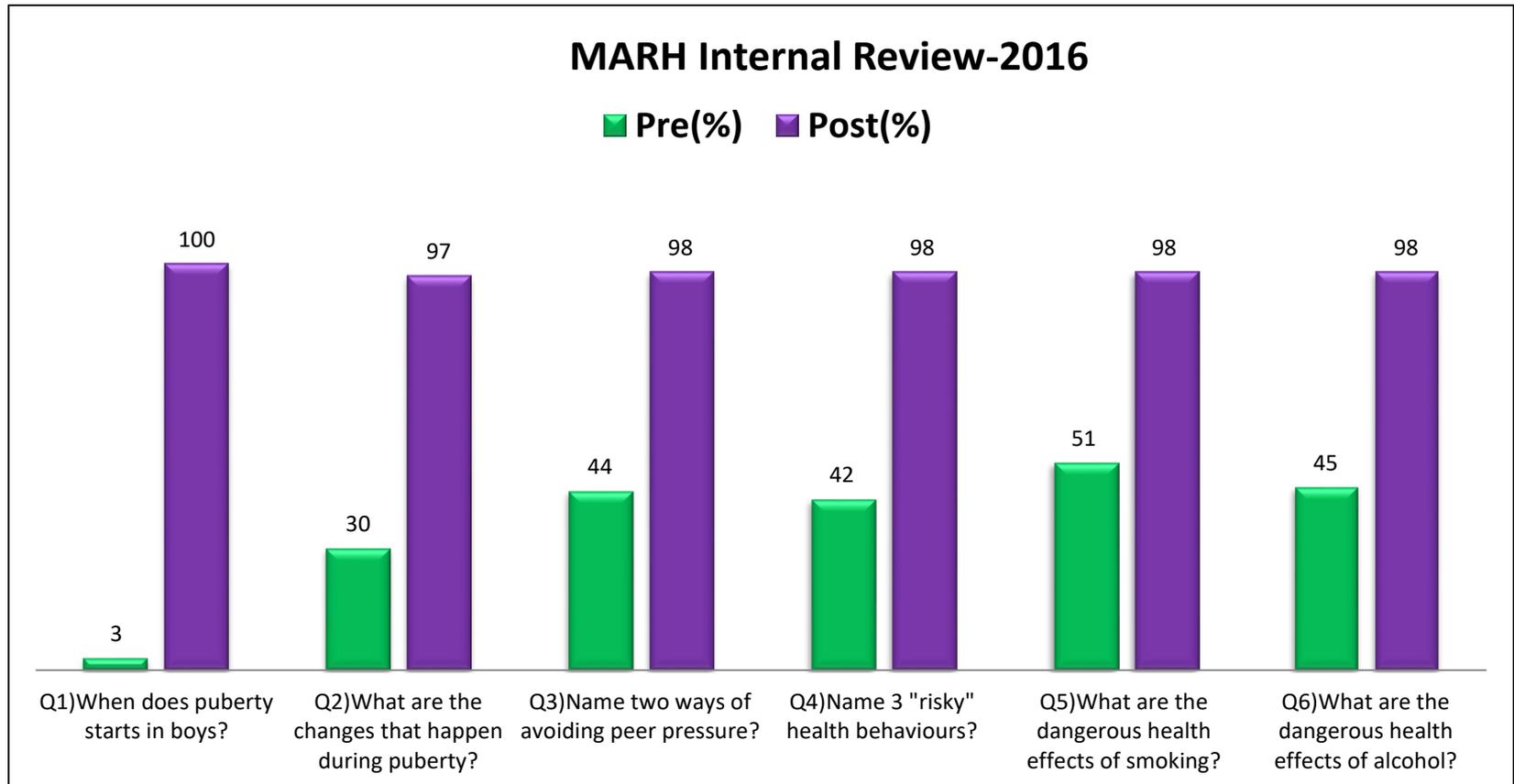
After the discussion, there was a post-test. The interval between pre-test and post-test was approximately 2 days. The score were 0 and 100. “Zero score” for those questions that are left unanswered or wrong answer and “100” score for those questions that are answered correctly & adequately.

Pre Test Questions	Post Test Questions
When does puberty start in boys?	When does puberty start in boys?
What are the changes that happen during puberty?	What are the changes that happen during puberty?
Name two ways of avoiding peer pressure?	Name two ways of avoiding peer pressure?
Name 3 "risky" health behaviors?	Name 3 "risky" health behaviors?
What are the dangerous health effects of smoking?	What are the dangerous health effects of smoking?
What are the dangerous health effects of alcohol?	What are the dangerous health effects of alcohol?
What are the dangerous health effects of drug use?	What are the dangerous health effects of drug use?
What is the dual role of condom?	What is the dual role of condom?
What is an STI and what are the symptoms in males?	What is an STI and what are the symptoms in males?
Which STI does not have any symptoms in men?	Which STI does not have any symptoms in men?
Should we take medicines (antibiotics) even after the symptoms disappear?	Should we take medicines (antibiotics) even after the symptoms disappear?
How is HIV transmitted?	How is HIV transmitted?
What are permanent and temporary birth control?	What are permanent and temporary birth control?
Who can experience domestic violence?	Who can experience domestic violence?
What are the 4 types of violence woman are most likely to suffer from?	What are the 4 types of violence woman are most likely to suffer from?
How can a man play a role in stopping violence against a woman?	How can a man play a role in stopping violence against a woman?

# Male Adolescent Reproductive Health Pilot Study – Internal Review



The impact of the program is evaluated with the reproductive health knowledge test (Internal review) designed for this study. Pretest evaluated 'baseline knowledge' of the participants, and the post test measured the "gain in knowledge". This survey's purpose was to evaluate adolescents' knowledge, attitude and behavior about reproductive health before and after the program. The internal review was self-administered and completed by the respondents. Total of **1050 internal reviews** were conducted to collect the data. Out of 16 questions we had asked the students, a sample of 8 questions is given below.





## COMPARISON BEFORE AND AFTER THE PROGRAM:

### **Q1. When does puberty start in boys?**

Before the intervention 3% knew about the onset of puberty in boys. After the intervention 100% of the respondents were able to answer the post test question.

### **Q2. What are the changes that happen during puberty?**

Before intervention only 30% of the respondents knew the changes that happen during puberty. After intervention, 97% of the respondents were able to answer and stated the changes like growth of pubic hair, change in voice, height, etc.

### **Q3. Name two ways of avoiding peer pressure?**

Before intervention, 44% of the respondents could answer this question. They stated “ignore them” as a way to avoid peer pressure, while remaining 98% had no information. Quantitative data suggests that the respondents are not at all aware about peer pressure. During the discussion, most of the respondents reported having faced peer pressure. After intervention, 64% learnt about the various ways to avoid peer pressure, remaining 34%, only mentioned one way to avoid peer pressure.

### **Q4. Name 3 "risky" health behaviors.**

Before intervention, only 42% were able to tell the various risky health behaviors. 98% respondents mentioned only one or no answer at all. It was really surprising to see this column to be left by majority of the participants. After intervention, 71% of the students responded.

### **Q5. What are the dangerous health effects of smoking?**

Before intervention, 51% of the respondents have some knowledge about the dangerous health effects of smoking. They knew only “Cancer” as the dangerous health effect of smoking. After intervention 98% of the respondents were able to state all the health effects of smoking. It showed that they were attentive during their class and is interested in learning about the health topics which are really important.



**Q6. What are the dangerous health effects of alcohol?**

Before intervention, only 45% of the respondents were able to reply to this question. Remaining respondents stated only “liver failure” as the dangerous health effects of alcohol.

After intervention, 98% learnt that alcohol affects not only liver but can give heart problems and affect the brain as well.

**Q7. What are the dangerous health effects of drug use?**

Before intervention, out of the total participants, only 38% had some information about it. They stated that drugs can affect the body in a dangerous way and no other information.

After intervention 98% were able to answer about the various ways drugs can affect a human body.

**Q8. What is the dual role of condom?**

Before intervention, 55% of the respondents had knowledge about the dual role of condom.

After intervention 99% were able to answer the dual role of condoms.

**Q9. What is an STI and what are the symptoms in males?**

Before intervention only 17% of the respondents knew about Sexually Transmitted Infections and its symptoms while remaining 83% had no information.

After intervention, 95% were able to tell about STI and its symptoms.

**Q9. What is an STI and what are the symptoms in males?**

Before intervention only 17% of the respondents knew about Sexually Transmitted Infections and its symptoms while remaining 83% had no information.

After intervention, 95% were able to tell about STI and its symptoms.

**Q10. Should we take medicines (antibiotics) even after the symptoms disappear?**

Before intervention, only 25% of the total participants, who took MARH classes, said that we should take medicines even after the symptoms disappear.

After intervention, 96% respondents confirmed that we should continue to take medicines even after the symptoms disappear.



**Q11. How is HIV transmitted?**

Before intervention, only 29% of the respondents knew the modes of transmission of HIV. Rest 71% either gave wrong answer or did not respond at all.

After intervention, 95% of the respondents were able to tell all of the modes of transmission of HIV.

**Q12. What are permanent and temporary birth control?**

Before intervention only 22% of the respondents were able to answer both the permanent and temporary method of birth control while most of the respondents did not answer.

After intervention 98% were able to identify the different methods of birth control.

**Q13. Who can experience domestic violence?**

Before intervention 47% respondents had no knowledge about what domestic violence is. Remaining respondents did answer but according to few of them, domestic violence can happen with women living in villages, illiterates, alcoholics and servants.

After intervention, perception of 99% of the respondents changed to “Anyone”, that means, domestic violence can happen with anyone, it doesn’t see the education or race of the person.

**Q14. What are the 4 types of violence woman are most likely to suffer from?**

Before intervention 43% of the respondents were able to answer the types of violence woman are most likely to suffer from. Rest of them did not answer.

After intervention 98% of the respondents were able to identify the various forms of domestic violence.

**Q16. How can a man play a role in stopping violence against a woman?**

Before intervention 29% of the respondents were aware that they can report the case with police to stop violence against a woman.

After intervention 98% of the respondents were able to answer this question.

## PROGRAMMATIC IMPLICATIONS:

**Strengthen preventative services:** Adolescents need comprehensive information on reproductive health in order to adopt healthy behaviors and to prevent risk of STI's, RTIs and HIV transmission. From the findings in this survey, programs for adolescent reproductive health need to be implemented in schools to provide awareness in a non-judgmental and supportive way.



## CONCLUSION:

The result of internal review describes the current state of reproductive health education among adolescents. It showed students' have low baseline knowledge and are able to learn. It is apparent that health education is nil among the adolescents. The findings indicate statistically significant difference in knowledge and attitude between pre-test and post-test. Trial with pre-test and post-test does show an increase in knowledge but no statistical difference in behavior between pre and post test. Changing behavior could be challenging and could be determine after following up with these respondents after a gap of 3- 6 months and find those indicators which could determine a behavioral change among them.

A school based reproductive health education, that is accurate and culturally appropriate, can bring a considerable change and can be implemented to prevent the negligent attitude to reproductive health among respondents and also the long term consequences of reproductive health infections. Besides not getting the opportunity to learn and becoming aware about the reproductive health, other reason of unawareness among them is that sometimes the source of information among these adolescents' is their friends only.

The school adolescent reproductive health education program could be a best way of reaching respondents as majority of them are enrolled in schools. This program will not only help the respondents in understanding the importance of health but can also develop a sense of quality life.



Adolescents boys during MARH class



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उत्तरांचल UTTARANCHAL A 603465

21 JUL 2011 TRUST DEED

THIS DEED of trust is made in the city of Rishikesh on 27<sup>th</sup> 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.

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.

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

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

Hereinafter jointly called "THE TRUSTEES" which expression shall, unless excluded 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.

Handwritten notes: 21/7/11, Memo, 27/7/11, Returned vide memo, 103 Std, 3/8/2011

ती.सं. 84(140)/निबन्धन/हरिद्वार/2010-11/तक 63351

दिनांक. 25.01.2012

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 करे।

(ग) यदि न्यास/संस्था के उद्देश्यों में कमी 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 पूर्व प्रयोजन की परिभाषा का उल्लंघन न हो।

(ङ) प्रीजेक्ट रिपोर्ट जो विभाग में दी गयी है उससे लगता है कि यह संस्था मुख्यतः महिलाओं की गर्भावस्था सम्बन्धित बीमारियों और जन्म के समय महिलाओं की जान को खतरे से बचाने के लिये काम करेगी। अगर ऐसा पाया कि यह मात्र किताबी यात्रा है और मात्र करमुक्ति के लिए स्वास्थ्य सम्बन्धी काम का तर्क है तो यह निबन्धन वापस ले लिया जायेगा। सम्बन्धित निर्धारण अधिकारी संस्था के चैरिटेबल होने के दावे को मुख्यतः निम्नलिखित कार्यों से जायेगा: महिलाओं के स्वास्थ्य के लिये क्या काम किया जा रहा है, कितने अवसरों 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 आथवा ऑडिटेड एकाउन्ट्स दाखिल करने की अंतिम निर्धारित तिथि अथवा न्यास/संस्था के उद्देश्यों में परिवर्तन की तिथि से निरस्त करने हेतु कार्यवाही की जाएगी।

Stamp: भारत सरकार, देहरादून





कार्यालय प्रधानाचार्य रा0इ0का0 सौडा सरोली (रायपुर) देहरादून।  
email:-gic.saurasaroli@gmail.com

प्रेषक,  
प्रधानाचार्य  
राजकीय इण्टर कालेज  
सौडा सरोली, देहरादून।

सेवा में,  
बैला हेल्थ केयर  
चेरीटेवल ट्रस्ट  
सी0-03 नेहरू कालोनी  
देहरादून।

पत्रांक:- वर्ष 2016-17 दिनांक 20-07-2016  
विषय:- स्वास्थ्य सम्बन्धी कार्यशाला आयोजन के सम्बन्ध में।  
महोदय,

रा0इ0का0 सौडा सरोली रायपुर देहरादून में दिनांक 19/07/16 से  
20/07/16 तक दो दिवसीय कार्यशाला का आयोजन किया गया है। कार्यशाला में निम्न  
विन्दुओं पर प्रकाश डाला गया-

छात्रों हेतु :-

छात्राओं हेतु :-

1. प्रजनन तन्त्र
2. यौवन अवस्था
3. नकारात्मक साधियों से बचने के तरीके
4. जोखिम भरा व्यवहार
5. एच0आई0वी0/एडस
6. सेक्सुअल ट्रान्समीटेड इन्फेक्शन
7. घरेलू हिंसा
1. यौवनावस्था
2. महिला प्रजनन तंत्र
3. माहवारी, मावारी चक और माहवारी के दौरान साफ-सफाई
4. योनी स्त्राव
5. यौन संचारित रोग
6. एच0आई0वी0/एडस
7. घरेलू हिंसा
8. नकारात्मक साधियों से बचने के तरीके

उपयुक्त विषयक पर विचार- छात्र/छात्राओं के लिए ए0आर0एच0 क्लास बहुत ही ज्ञानवर्धक एवं लाभदायक रही, यद्यपि विद्यालय में समय-समय पर जानकारी दी जाती है, पर इन्होंने किशोरावस्था से सम्बन्धित शारीरिक, भावनात्मक बौद्धिक परिवर्तनों को विस्तार से समझाया गया।

अतः मैं आशा करता हूँ कि भविष्य में भी बैला संस्था इस प्रकार की कार्यशाला का आयोजन करते रहेंगे।

भवदीय  
20/7/16  
प्रधानाचार्य  
राजकीय इण्टर कालेज  
सौडा सरोली, देहरादून

सेवा में- बैला हेल्प केयर,

सी-3 नेहरू कालोनी,

देहरादून।

विषय- तीन दिवसीय महिला स्वास्थ्य कार्यशाला के सम्बन्ध में।

महोदय,

दिनांक 10-02-2016 से 11-02-2016 तक बैला हेल्थ संस्था द्वारा रा0उ0मा0वि0 रामपुरकलां देहरादून में तीन दिवसीय महिला स्वास्थ्य कार्यशाला का आयोजन किया गया। जिसमें निम्न विषयों पर जानकारी दी गयी।

- 1- यौवनवस्था।
- 2- महिला प्रजनन तंत्र।
- 3- नकारात्मक साधियों की संगति।
- 4- माहवारी, माहवारी चक और माहवारी के दिनों साफ-सफाई।
- 5- योनी स्त्राव।
- 6- एच0आई0वी0/एडस
- 7- घरेलू हिंसा।
- 8- यौन संचारित रोग।

उपरोक्त विषयों पर विचार :- उक्त संस्था द्वारा इन विषयों पर पूर्ण जानकारी दी गयी जिसमें कि छात्राएँ इस ज्ञान को प्राप्त करके आगे भविष्य में ऐसी कोई भी समस्या से पीड़ित होने पर वह आसानी से उसको दूर करने में सक्षम हो सकती है।

प्रधानाचार्य  
राजकीय उच्चतर माध्यमिक विद्यालय  
रामपुर कलां देहरादून  
11-2-16



प्रेषक :- प्रधानाचार्य,  
रा0इ0का0 बड़ासी  
रायपुर, देहरादून

सेवा में,  
बैला हेल्थ केयर  
वैरीटेबल ट्रस्ट  
सी0-03 नेहरु कालोनी,  
देहरादून

पत्रांक 471 / वर्ष 2015-16 दिनांक 20.07.2016

विषय :- स्वास्थ्य सम्बन्धी कार्यशाला आयोजन के सम्बन्ध में।

महोदय,  
रा0इ0का0 बड़ासी रायपुर, देहरादून में दिनांक 19.07.2016 से 20.07.2016 तक दो दिवसीय कार्यशाला का आयोजन किया गया है। कार्यशाला में निम्न बिन्दुओं पर प्रकाश डाला गया -

उत्रो हेतु :-	छात्राओं हेतु :-
1. प्रजनन तंत्र	1. यौवनवस्था
2. यौवन अवस्था	2. महिला प्रजनन तंत्र
3. नकारात्मक साधियों से बचने के तरीके	3. महावारी, महावारी चक्र और महावारी के दौरान साफ-सफाई
4. जोखिम भरा व्यवहार	4. योनी स्त्राव
5. एच0आई0वी0 / एड्स	5. यौन संचारित रोग
6. सेक्सुअल ट्रान्समिटेड इन्फेक्शन	6. एच0आई0वी0 / एड्स
7. घरेलू हिंसा	7. घरेलू हिंसा
	8. नकारात्मक साधियों से बचने के तरीके

उपर्युक्त विषयों पर विचार :- छात्र/छात्राओं के लिए ए0अ0एच0का0 क्लास बहुत ही ज्ञानवर्धक एवं लाभदायक रही, यद्यपि विद्यालय में समय-समय पर ये जानकारी दी जाती रही है, पर इन्होंने किशोरावस्था से सम्बन्धित शारीरिक, भावनात्मक बौद्धिक परिवर्तनों को विस्तार से समझाया गया।

अतः में आशा करता हूँ कि भविष्य में भी बैला संस्था इस प्रकार की कार्यशाला का आयोजन करते रहेंगे।

भवदीय  
प्रधानाचार्य  
रा0इ0का0  
PRINCIPAL  
GATE NO. 3  
BADASI  
DEHRADUN

ग्राम पंचायत डेशवाला  
विकास खण्ड डोईवाला, देहरादून (उत्तराखण्ड)

रविपाल  
(ग्राम प्रधान)  
मो0 : 8937044807

निवास:-  
ग्राम-डेशवाला, केशवपुरी  
डोईवाला  
जिला-देहरादून (उत्तराखण्ड)

पत्रांक 1545 दिनांक 16/07/16

प्रमाणित जाता है कि हमारी ग्राम सभा  
डोईवाला ग्राम-केशवपुरी विकास खण्ड डोईवाला  
देहरादून उत्तराखण्ड में बैला हेल्थ केयर द्वारा  
13-1-2016 को पत्राई गयी चिकित्सा शिबिर  
में ग्राम की जनता को काफी फायदा हुआ  
और यह चिकित्सा शिबिर कार्य एवं सुविधा  
दे रहा है। बैला हेल्थ केयर द्वारा  
पत्राई जा रही शिबिरों में काफी भीड़  
होती है और ये तसली से चिकित्सा  
मोहैया करता रहे है। अरुका कार्य  
करा रहे है मैं ग्राम प्रधान इनके कार्यों  
से संतुष्ट हूँ मैं बैला हेल्थ केयर  
की उत्कलवक आवेदन को कामना करते  
हूँ।

ग्राम पंचायत डेशवाला  
16/07/16