

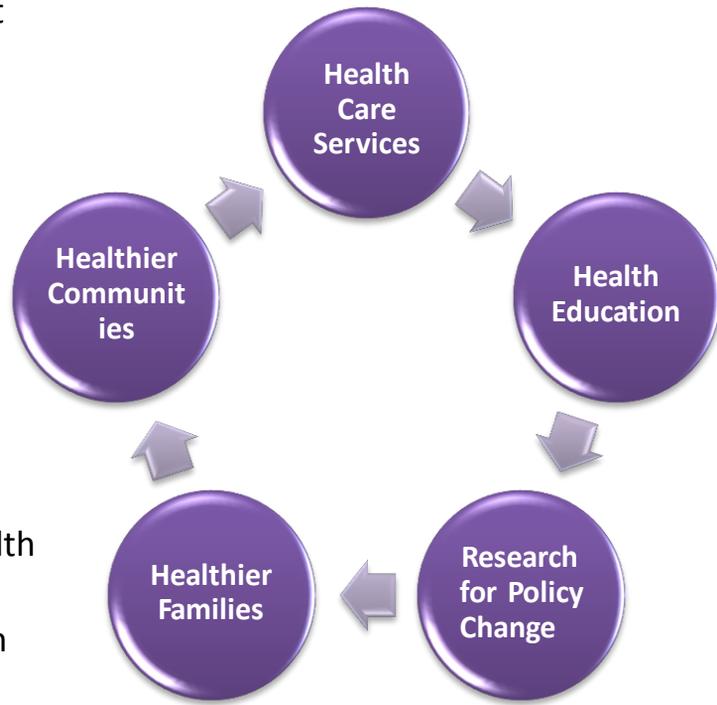


# Bella Health Care Charitable Trust 2013 Annual Report



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## Message from Our President and Founder

The year 2013 has seen Bella Health remain on course with its vision of empowering women through education, primary healthcare, and facilitation of specialty care. I believe that we should take preventative, palliative and curative healthcare to the people, and not demand they come to providers for healthcare. By taking healthcare and health education to patients' doorsteps, the team at Bella Health encourages greater participation through easier accessibility of our patients.

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

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

My vision of this organization is that Bella Health will be a pioneer in shaping the future of a universal healthcare system, in which 95% of healthcare will be delivered on an outpatient basis, and only 5% will be in-patient care. I see preventative, diagnostic, primary and specialty mobile medical vehicles and ambulances visiting all rural and select urban communities on a regular basis to meet their medical needs.

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

Last year's numbers of patients treated, of health camps held, of education classes conducted for students and under-educated women, of progressive interaction with government agencies, speak for themselves.



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

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

## Message from Our Vice President



**Colette Smith, MPH, Vice- President Bella Health Care**

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.

Reproductive health problems remain the leading cause of ill health and death for women of childbearing age worldwide. Some 222 million women who would like to avoid or delay pregnancy lack access to effective family planning. Nearly 800 women die every day in the process of giving life. About 1.8 billion young people are entering their reproductive years, often without the knowledge, skills and services they need to protect themselves.

Our program helps dismantle the misconceptions about reproductive health and teach in depth about such sensitive topics as family planning, delivery, personal hygiene, STI’s/ RTI’s and infertility. Our programs want to address the aforementioned problems by providing high quality health services supplemented with health education. We want to empower women with education, so they can have a healthier life. We also want this education to begin young, so that a healthy life course approach is adopted early in order to be better maintained throughout the different stages of life and health. In light of this, the adolescent program, which was piloted in 2013, has been a major success. The community feedback has been positive and we are leaving adolescents with knowledge that will shape their attitudes and lead to healthier behaviors. These tools will make the new generation healthier, their families and communities healthier.

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## Thanks to our Donors

Bella Health has been supported for the first two years though the generous donations of Dr. Vijay P. Agarwal. Dr. Agarwal, a native from Bombay 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.



Mandeep Kaur, counseling an adolescent patient at Rekha Clinic

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

- Ms. Krishna Agarwal
- Ms. Versha Gupta
- Himalaya Herbal
- NTL
- Mr. Mann and Ms. Gagan Mann of Doon International School
- E-Rotary Club of Dehradun
- Jakob Ruschkowski of JeySign
- Rotary Club of Dehradun
- Scott, Rosemary & Jacqueline Smith
- Dr. Huda Zurayk
- Tamara Drentel Brand
- Kareem El-Zein
- Rama Surgical House
- Rajiv Jindal, Chartered Accountant
- Paradigm Medivision



BH team with residents of Santosh Nagar, who completed 6 education classes



Doon Valley

## Introduction

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

**Vision:** “We enhance the health and quality of life of all we serve and address health disparities.”

**Mission:** Bella Health is a registered NGO in India that enhances the health and quality of life of those it serves and addresses health disparities in our community.

In the past two years, this organization has provide health care services to more than 46,000 women, children and adolescents. Bella Health provides health care services to women, children and adolescents in our community. Approximately 2000 beneficiaries receive our services each month and with sustained funding this number would increase. These beneficiaries are from poor urban slums, and poor rural villages. In one sample study of our patients, we found 20% were religious minorities (Sikhs, Muslims, Buddhists or Christians) and 56% were Schedule cast/ schedule tribe or other backwards caste. The majority, 90%, of the beneficiaries live below the poverty line.

	Total Beneficiaries	New Patients	Follow ups	Education	Labs	Medicines Dispensed	Referrals	ANC/PNC	RH Patients
<b>2013</b>	32137	3979	5686	20279	4861	147,945	447	876	6695
<b>2012</b>	14811	3997	2967	7912	3553	281,632	418	484	5819
<b>TOTAL</b>	<b>46,948</b>	<b>7,976</b>	<b>8,653</b>	<b>28,191</b>	<b>8,414</b>	<b>429,577</b>	<b>865</b>	<b>1,344</b>	<b>14,418</b>

BH has been a pioneer in the provision of Reproductive Health care services in North India. This is one of the only programs that provides exclusive and high quality reproductive health care services in the region. These beneficiaries are from poor urban slums, and poor rural villages. In one sample study of our patients, we found 20% were religious minorities (Sikhs, Muslims, Buddhists or Christians) and 56% were Schedule cast/ schedule tribe or other backwards caste. The majority, 90%, of the beneficiaries, live below the poverty line. Through our community-focused and mobile approach, including out highly skilled and dedicated team, we have broken down the barriers to access within 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 and improvement by encouraging them to prevent, and sustain positive health behaviors. The knowledge we impart stays in the villages and fosters a healthy life-course amongst beneficiaries, and their communities even when our programs are not there.

## Overview

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

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

### Objectives

Triple the number of women who have access to quality reproductive health and family planning services in our target areas by 2015.

Identify women in the urban/rural slums where we operate that have unmet needs for contraception and family planning and introduce them to our services by end of 2013.

Provide modern contraception to all women in reproductive age who desire to space a family by 2015

Decrease the prevalence and increase the awareness of STI's and RTI's by 50% in our target areas by 2015.

Decrease the amount of unsafe abortions by 50% in our target areas by 2015.

Ensure there is not any UNMET need for contraception in our target areas by 2015

Decrease the amount of adolescents who are pregnant.

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

## Impact to the Community

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

There have not been any maternal or child deaths. The majority of STI/RTI and PID infections have been treated and the patients remain infection free, as well having adopted some form of modern contraception. Most importantly, the beneficiaries perceive that woman's health is important. There has been a 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.

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 in an indicator that beneficiaries feel a greater sense of empowerment regarding their health, health care decisions and in their interactions with providers. The beneficiaries are empowered!

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



A patient with her child



A patient with her newborn

## Geographic Scope



**State – Uttarakhand ; District Dehradun ; Block Doiwala ; Villages-** Chidderwala, Markham Grant, Bullawala, Santosh Nagar, Bhagat Singh Colony, Nakraunda, Tunwala Grant (Chaktunwala), Kuanwala, Harawala, Khate, Lachiwala, KulGhatiBasti( Raiwala), Nathuwala, Nehru Gram( Bhirpur Khurd), Miyanwala, Balawala, Nepali Farm (Thakurpur)

**District- Dehradun ; Block- Vikas Nagar ; Villages-** Dhakrani, Kunj Grant, Kedarawala (Sorna)

**District – Dehradun ; Block Raipur ; Villages-** Gandhi Gram, Deep Nagar( Raipur), Kath Bangla (Dhobalwala), Indra Colony, Chunna Bhatti, Raipur, Ramgarh (Mothrewala), Kargi Chowk (Mothrewala)

**District – Dehradun ; Block – Chakrata; Villages-** Chakrata(Bhunar)

**District –Dehradun; Block –Shaspur ; Villages-** Shaspur, Chota Rampur( Rampur Kalan), Arkadia Grant (Dharawali)

**State Uttarakhand ; District – Tehri Gharwal ; Block – Juanpur ; Villages-** Saini (Sainji), Kandi  
**District Tehri Gharwal ; Block –Chamba; Villages-** Chamba

**We have operations in all 6 blocks of Dehradun District and in 3 districts of Uttarakhand. In time, we will scale operations to reach 4 districts of Uttarakhand and 2 districts of Himachal Pradesh.**

## Programs

Health Care  
Services

Health  
Education

Adolescent  
Health  
Education

School Age  
Project

Research



# BELLA HEALTH FOCUS AREAS

**Reproductive Health Care services**  
Provided health care services for over  
13,000 reproductive health issues.

**Maternal and Child Health**  
Ensured safe pregnancies for 1600 women.

**Health Education**  
Educated 30,000 members of our communities.

**Adolescent Sexual and Reproductive Health**  
Empowered over 6,000 adolescents.



## Health Care Services

**Health care services are provided through our mobile health ambulance that travels to villages and slums on a daily basis and our two permanent outpatient clinics- Rekha Clinic in Selaqui, and Krishna Clinic in Shastri Nagar.**

### **Reproductive Health:**

Reproductive health is defined as the ability of a woman to live through the reproductive years and beyond with reproductive choice, dignity and successful childbearing, and to be free of gynecological disease and risk. Reproductive choice is a concept that allows a woman to exert control of her reproductive process and dignity refers to the social and psychological wellbeing woman derives from the process of reproduction. A woman's health is not only a state of physical being, but it is an expression of the 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.

Our innovation is to bring high quality reproductive health care services to these underserved and impoverished slums and rural villages using our state of the art diagnostic mobile health center. Health care services are provided at the doorstep by dedicated and highly skilled staff . The van is staffed with 2 doctors, 1 midwife, 6 nurses, 3 educational specialists, 2 pharmacist and support staff. There are also two fully equipped clinics; one in Shastri Nagar the other in Selaqui. All service delivery sites are fully equipped to perform pelvic exams, draw labs, conduct screenings, and dispense medicines. We follow a schedule and visit each village alternate weeks which lets us visit each village two times per month. We see patients from 10:00 until 4pm. The patients know that we are visiting their village because we have a consistent schedule and also utilize ASHA workers to convey the message of our arrival. Once the ambulance is parked, patients arrive. We see approximately 40 to 80 patients in one day. As we register the patients we take a complete health, pregnancy and family history and check vital signs. Then the doctors and nurses see the patients. We have the latest diagnostic equipment including fetal heart monitor, rapid tests for pregnancy, blood glucose, hemoglobin, UA, blood type, Rh, syphilis, HIV, malaria, Hepatitis B and Hepatitis C. These rapid tests allow our doctors to diagnose and subsequently treat on the spot. We give the patient enough medicines to last 2 weeks or until we return.

### **The Problem**

Quality and affordable reproductive health services are non-existent in our communities leading to poor health outcomes. Lack of health awareness leads to poor health outcomes and health education is practically nil within the communities we serve. There are many misconceptions concerning reproductive health and it is often seen as a taboo topic. The confluence of lack of services and misconceptions/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.



**Rozalia, Examining a Patient.**

### Gynaecological Services

- Care for menstruation related abnormalities such as dysmenorrhoea; reproductive tract infections & sexually transmitted infections , pelvic inflammatory disease and polycystic ovary disease

### Maternal and Infant Health

- Pregnancy testing, antenatal care including tetanus toxoid injections and vitamin supplementation, counseling, post-natal care visits and counseling (including post-natal home visits, general clinic for mothers and children and family planning

### Contraceptive Services

- Oral Pills, Emergency pills, IUD, condoms, referral for sterilization, counseling and education services

### Services for Men

- Treatment and counseling for sexually transmitted infections, reproductive tract infections, and family planning

### Lab Services

- Pap smears, hemoglobin, blood sugar, urine tests, HIV, gonorrhea, chlamydia, HBV, HCV, blood group, malaria, pregnancy

### Medications

- Medications are dispensed per the doctor's orders. Enough medicines are given to last 2 weeks. The latest most effective medicines are used.

### Reproductive Cancer Services

- Pap smear test, counseling and referrals as well as screening for breast cancer

### HIV Related Services

- HIV testing, pre and post-test counseling, prevention counseling and referral for treatment.

### Acute CARE

- For children, adolescents and women for ACUTE CARE needs such as infections, fevers, injuries

### Chronic CARE

- For women who suffer from chronic diseases such as diabetes, hypertension, osteoarthritis, hypothyroidism and gastritis



Shristhti, with her son.

### *An Infertility Story*

Shrishti, from Selaqui, had been married for six years, but had no children. Her problem was infertility and abnormal vaginal discharge. She consulted many doctors about her problem, but nothing changed. She came to Bella Health for treatment in July of 2012. Three months later, Shrishti was pregnant. She gave birth to a healthy child in July of 2013.

Birth Control/ Family Planning	2453
Reproductive Tract Infection/ Sexually Transmitted Infection	1872
Pelvic Inflammatory Disease	1205
Anemia	897
ANC/ PNC	860
Dysfunctional Uterine Bleeding	732
Urinary Tract Infection	386
Infertility	384
Uterus Prolapse	96

The table shows the number of patients seen in each quarter of 2013 for reproductive health issues. **Approximately 90% of all total patients in 2013 were seen exclusively for reproductive health issues.**

Patients seen exclusively for reproductive health issues	Numbers of Patients	Percent of total patients
Quarter 1 2013	1599	70%
Quarter 2 2013	2083	94%
Quarter 3 2013	2484	88%
Quarter 4 2013	2504	100%
<b>Total 2013 :</b>	<b>8670</b>	<b>88.7%</b>

One patient said, "While I was pregnant, I started having abnormal vaginal discharge. I went to my doctor and was told that it was due to hormones, and after I give birth it would cease. After delivery, I started having pelvic pain and the discharge became heavy and smelly. I went to Rekha Clinic for a check up and found out that I had a reproductive tract infection. I learned about the abnormal vaginal discharge symptoms that shouldn't be ignored. From the Bella Health classes, I learnt that one shouldn't take health for granted. If someone has symptoms or if they are worried, they should take timely treatment before the problem increases."

Reshma came to our Rekha Clinic in Selaqui, complaining of severe lower abdominal pain, backache, and a frequent fevers. "I have visited many doctors and have been taking medicine for the past four years. But instead of improving, my health was deteriorating. I couldn't do any more household chores. After I was told about Rekha Clinic, I got myself checked and was diagnosed with Pelvic Inflammatory Disease. During my pelvic exam, an infected Copper T was found. I was shocked when I was told about the care which must be taken after IUD insertion. I hadn't been counseled about the signs not to ignore. Now, I can see so much improvement in my health. Besides quality treatment, counseling is also provided to every patient. The class on birth control has helped me in adopting a new contraceptive method."



A patient with Seema, BH Nurse.



Reshma with Geeta, BH nurse

## Maternal and Child Health



A patient with her child

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

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

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

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

## Health Education & Health Camps

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

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

Yakuban, from the village Markham Grant in Dehradun, said, “I was ignorant about the important biological functions of the female body. Things like the menstrual cycle and what is vaginal discharge and proper hygiene management during these days. After attending the class on menstrual hygiene, I feel empowered to make the right decisions about my health. I have become aware about the various sensitive health issues which are left ignored in our family”.



Yakuban, Markham

### 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.

<b>Total Number of Health Education Classes in 2013.</b>	<b>30,570</b>
<b>Number of Adolescent Health Classes</b>	<b>4,629</b>
<b>Number of Child Education Classes.</b>	<b>9,308</b>
<b>Number of Patients who completed 6 Education classes</b>	<b>125</b>
<b>Number of Patients who completed 12 Education classes</b>	<b>69</b>
<b>Number of Patients who completed 18 Education classes</b>	<b>29</b>
<b>Number of Education Classes in the School Age Project</b>	<b>870 Education Classes</b>
<b>No Participants at Health CAMPS</b>	<b>7868</b>

## Health Education for Females

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

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

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

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

Month	Class 1, Weeks 1 and 2	Class 2, Weeks 3 and 4
January	Nutrition	Breastfeeding
February	Pregnancy	Back pain
March	Environmental Health	Educating Girl Child
April	Smoking	Educating Girl Child
May	Diabetes	Blood Pressure
June	Unsafe Abortions	Birth Control
July	STI	Anemia
August	HIV	Domestic Violence
September	First Aid	Cancer
October	Unsafe Abortions	Vaginal Discharge, Menstrual Hygiene
November	Nutrition	Girl Child Education
December	Breast Feeding	Immunizations



Patients, attending a health class on pregnancy



Patients, from a village who completed 12 education classes

## Health Camps

Bella Healthcare conducts 'Monthly Health Camps' in various villages/slums to provide health promotion and education to large numbers of people. In 2013, Bella Health provided over 80 Health Camps among the target population, reaching nearly 8,000 participants.

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

**In 2013, we gave men health education classes on the following topics:**

Nutrition

HIV/AIDS

Condom  
Use

Family  
Planning

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

Handwashing

Nutrition

Personal  
Hygiene

First Aid

Preventing  
Dog Bites

Brushing  
Teeth



Children in a slum in Rajpur Kath



Children watching a movie on hand hygiene.

Name	Location	No. of participants /Topic
Doon hospitals (Govt. Hospital)	Dehradun	1029 participants on various topics.
Norell Company	Selaqui, Dehradun	2000 participants on anemia, nutrition, vaginal discharge, STI/RTI, stress management.
Drikung Kagyu Nunnery	Shastradhara Road, Dehradun	488 participants on Menstrual cycle/ hygiene, anaemia, nutrition, cancer and more.
Slums: Kath Bangla , Bhagat Singh, Deep Nagar	Dehradun	750 classes on various Reproductive health topics including: MC, MH, Abnormal Discharge , Birth Control , STI/RTI, HIV/AIDS,
Astitva , collaborating NGO	Dehradun	95 classes on nutrition, personal hygiene and environmental health

## Adolescent Reproductive Health Program

This program offers age- and culturally-appropriate 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.

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

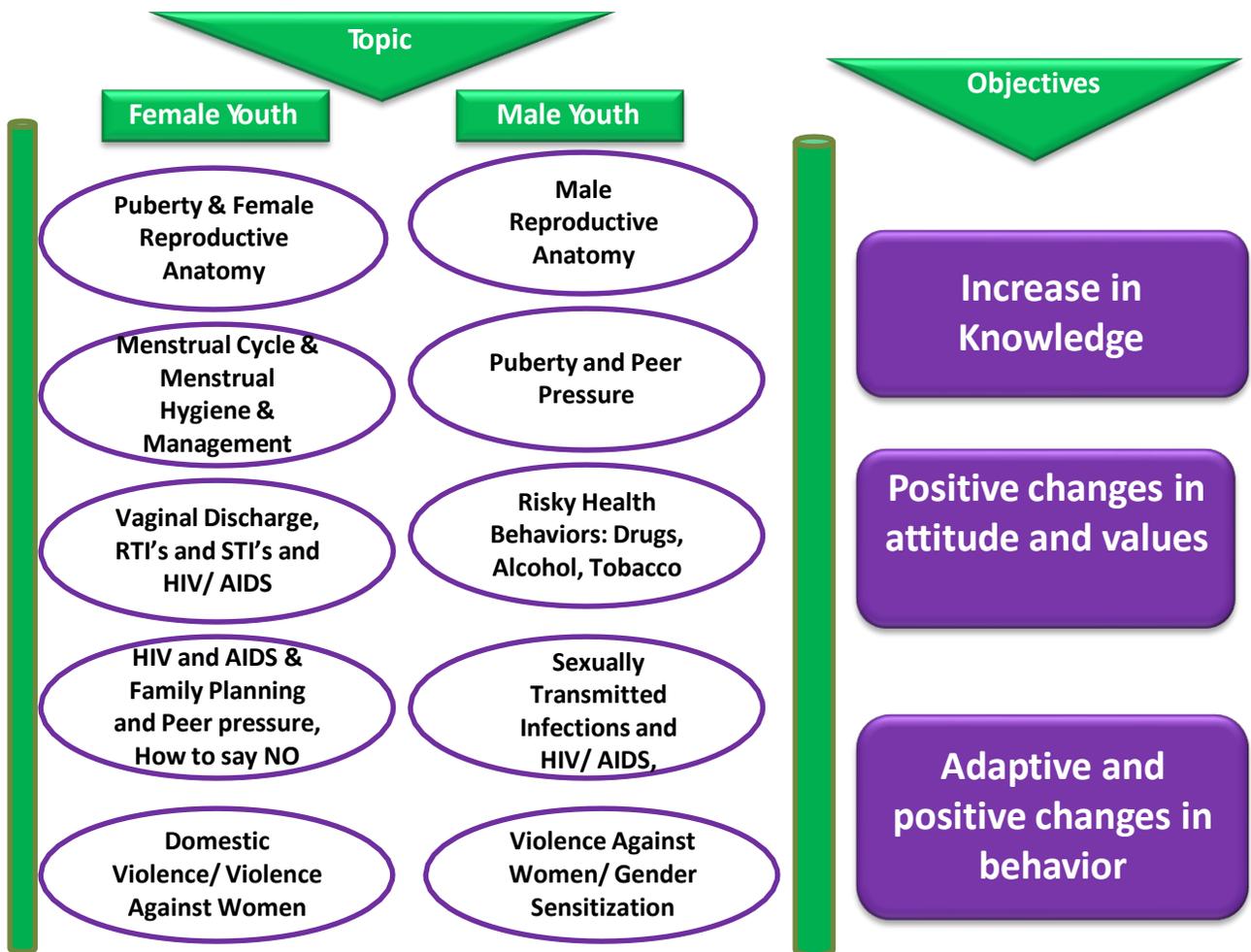
Girls are essential agents of change in breaking the cycle of poverty and deprivation. By investing in girls we can delay child marriage, address multiple issues such as maternal mortality, child survival, gender based violence and HIV. Educated and healthy girls become mothers who in turn produce healthy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

The pilot was implemented in Dehradun, in March 2013, and has provided education to 5,000 participants in 30 different slum areas. The effects of these classes have been apparent. In their post-tests, participants were able to understand puberty, their reproductive organs, menstruation, transmission of RTI/STI's including HIV. Participants had improved knowledge of their reproductive health, less misconceptions regarding myths they had been lead to believe, and a better overall attitude towards reproductive health compared to their pre-test scores.

The curriculum that the educators follow has been developed in house with the help of international public health professional.. Male educators teach male adolescents and female educators teach female adolescents. We do not like to propagate the sex differences, but the students feel more comfortable if their educator is the same sex. Pre/post test-questions are asked at the beginning to measure the baseline knowledge level and then post-test questions are asked after each topic is completed. These questions measure if objectives are being met or not met. This allows the educators to have immediate feedback and expand or repeat sections that are unclear. These pre/post test questions are administered verbally.

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

## Reproductive Health Of Adolescents and Youth



**A Patient Story:** Shabnam Ansari, from Dhakrani, says, "Through this class, I understood that irregular periods are not a healthy symptom. I've had this problem for the past two years. My mother told me it's normal and that there was no need to see a doctor, so I didn't. I attended this adolescent reproductive health class at my school. Various health topics related to female health were discussed. It was here that I learnt about menstrual symptoms which shouldn't be ignored, and when one must see a doctor immediately. After this class, we were told that if we had queries or problems regarding any health issue, counseling was available. I was counseled by the educator ma'am and visited the Bella Health Clinic with my mother. I share the knowledge I got from these education classes with my friends. I tell them to attend FARH at the Bella Health Clinic."

- Our Adolescent Health Program is based on the Health Belief Model: this model explains people's engagement or lack thereof as the confluence of beliefs, perceived barriers and benefits to action, as well as their own self-efficacy in accessing and using health knowledge or resources. In our program we use education to address beliefs and misconceptions, thus fostering greater understanding of the benefits, while minimizing the barriers to sexual health education. This education in turn increases their self-efficacy, placing their sexual health in their own hands and giving them appropriate information and access to resources to build upon and practically apply their knowledge.
- **If adolescents receive accurate health education and have access to quality health care services, then they will have better health outcomes and will be better equipped with resources to have a safe motherhood and family.** Community development work that supports adolescents, and young girls in particular, translates into a better future for women, children, and families, having an intergenerational impact. The benefits will be seen for generations to come and include delaying of early marriage, spacing of pregnancies, adoption of modern contraception, prompt treatment of reproductive tract infections, and informed and accurate information about anatomy, pregnancy, and birth control.
- Our program is an effective way to address the inadequate reproductive health literacy and knowledge amongst our target population as it considers both the male and female adolescent experience of sexual and reproductive health and provides culturally appropriate and specific education taught by young local educators. **We recognize the importance of including young men in the dialogue and more clearly framing their roles and responsibilities in terms of sexual and reproductive health. Regardless of gender, adolescents need correct health information, and judgment free health discourse in order to grow into healthy adults; the type of community and culturally appropriate health education provided by Bella Health encourages ownership of one's health and gives youth the foundational tools to maintain and build healthy life frameworks.**

### *Komal's Story*

Komal Thapa, from Bullawala, said, "I am studying at the Senior High School Government College in Bullawala. We have FARH classes at our school. These classes are conducted by Bella Health Care. The topics which are included in this class are menstrual hygiene, the menstrual cycle, vaginal discharge, puberty, STIs and domestic violence. **I was surprised how little we knew about the menstrual cycle, and how most of the information we got from our mothers was wrong.** I am glad now that I know about it and the complications related to an irregular menstrual cycle. This education class encouraged me to adopt better menstrual hygiene practices."



Komal, a senior in a high school

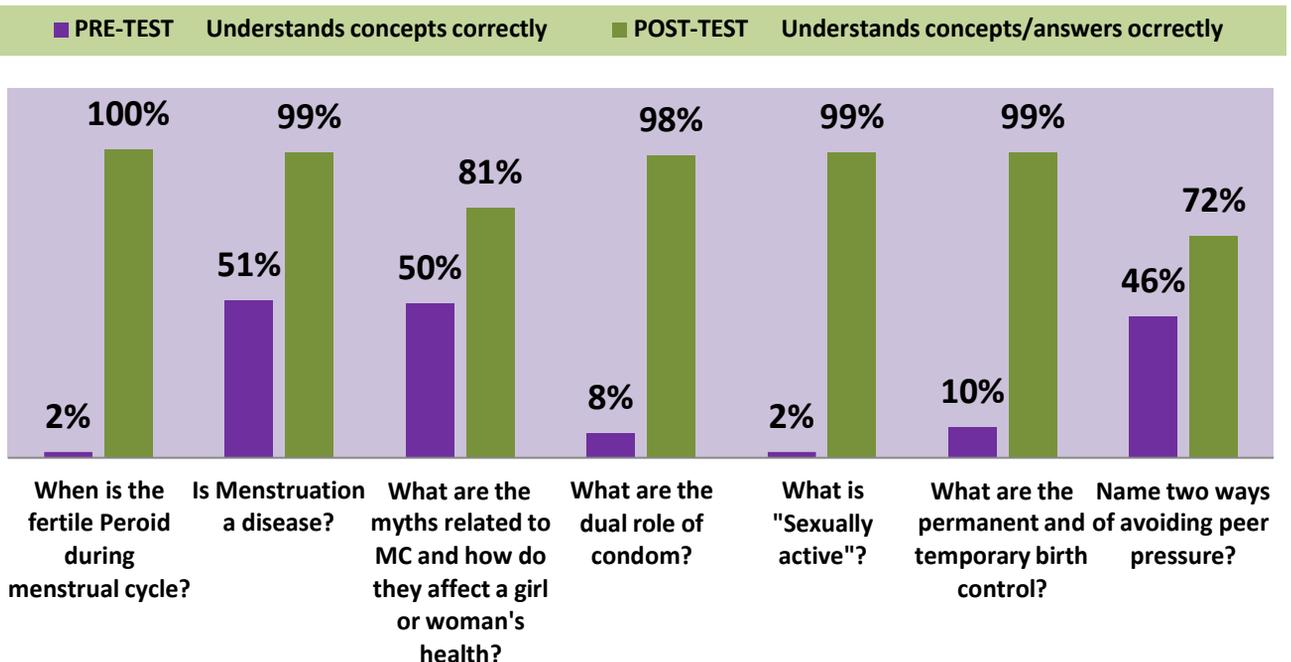
Rampur, which is around 25 kms away from Dehradun. It's a huge village with no access to health care services. The nearest public hospital is in Sahaspur, which is around 5 kms away from my village. "I used to feel very weak during my periods and would take to bed. I had been to many doctors but had no improvement in my health. One of the doctor said I had calcium deficiency and gave me calcium tablets. Even after taking the medicine, there was no change in my health. Before attending the adolescent health classes conducted by Bella health, I was totally ignorant about my body and health and also about various biological functions like menstrual cycle, vaginal discharge and many more. I considered menstruation as a disease as this topic is never openly discussed. My mother always told me to take bath on the 4<sup>th</sup> day of the period and never told me about the cleanliness that needs to be taken during these days. After attending the classes, I learnt about hygiene practices and menstrual cycle. I told my mother and she took me to Bella Health camp in our village. I was diagnosed with anemia and Dysfunctional uterine bleeding. I was counseled about the various signs and symptoms and about the diet. In the beginning I was hesitant to ask my queries, but the education classes are given in such a way, that we become comfortable and can share our knowledge or whatever we know (either wrong or right) in this class. This education class on female adolescent reproductive health has completely changed my view about my health now. Since that day, I have adopted healthy behavior, changed my diet and no more ignore symptoms."



**A student in Rampur attending adolescent health classes**

The graph below shows the change in knowledge, and attitudes from baseline to post intervention on the selected indicators, This demonstrates a radical shift in knowledge

### Evaluation of Adolescent Health Classes



## School Age Program

Health staff visit the schools and check the height, weight, near and far vision, color blindness, check for carries and any other health problems the children may have. The height and weight of the children are computed as a body mass index (BMI) and plotted on the growth chart. This is done to monitor each child's growth over years and detect any abnormalities, stunting or wasting. When the children are screened, any children who have acute illnesses are sent to the mobile health van or clinic for additional care. Any children who are found to have problems with their vision or teeth are referred to specialist and a letter is sent home to the parents.

Bella Health staff also provide age specific education to the students. So far the students have attended classes on nutrition, the importance of handwashing and brushing teeth.



Students at Garwhal English School registering

### The Problem:

Despite health improvements over the last thirty years, lives continue to be lost to early childhood diseases, inadequate newborn care and childbirth-related causes. According to UNICEF India, over two million children die every year from preventable diseases specifically pneumonia and diarrhea that are attributed to poor hygiene, poor sanitation, inaccessibility and inaffordability of quality health care services. Infant mortality in India is as high as 63 deaths per 1,000 live births and they are highest among marginalized groups such as scheduled castes and tribes, and females. Millions of children are at risk of becoming malnourished. Every third child in India is malnourished. 50% the child population below five is underweight. 44.9% of the children under three are stunted and 22.9% of children under three are wasted. Less than 50% of children receive full immunization during infancy despite universal immunization.

School Name	No. of Screenings completed	Students who received health care from BH doctors.	Numbers of Health Education Classes on:
Bal Vihar, 2 <sup>nd</sup> -8 <sup>th</sup> classes G block Nehru colony Dehradun, 295 students.	155		120
Himjyoti School, 5 <sup>th</sup> to 12 <sup>th</sup> classes, Sarhastdarah Road, Dehradun	216	150	260
Ranjeet English Medium School: 1 <sup>st</sup> -8 <sup>th</sup> classes. Jhabrawala, Grant-Markham, 384 students	290		380
Gharwal English Medium School, Nursery to 6 <sup>th</sup> . Sainji, Jounpur, Tehri Garhwal. 250 students	535	300	110
<b>Total</b>	<b>1196</b>	<b>450</b>	<b>870</b>

## Research

One ongoing program of Bella health Care to collect data on the health of the communities we work with. The aim of this research is to improve the quality of care that we provide to those needing our services. Some of our research topics include the following Studies and data collected in 2013:

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

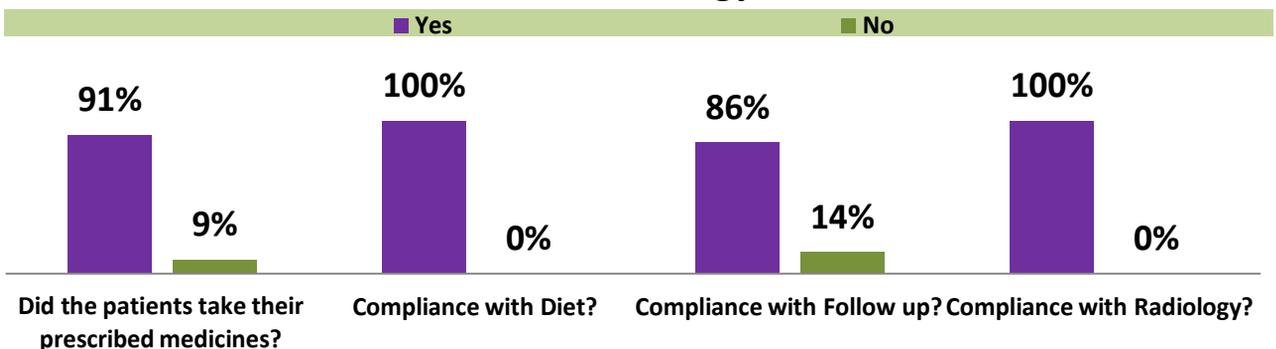
Total Number of Surveys= 326	Descriptive Response
Follow up/New	55% of the respondents were follow up patients and 45% were new patients
How was your overall experience with the visit to Bella Health?	77% of the respondents rated their experience with Bella health care as “very good”. 22.5% respondents stated their experience as “good”
Will you return to Bella Health	100% of respondents stated that they will return for Bella Health’s services.
How long did you spend with Bella health?(minute)	On average patients spent 82.83 minutes with Bella health.
Will you recommend the services of Bella Health to your family and friends?	100% of the respondents stated that they will recommend the services of Bella Health to their families and friends
How long did the doctor spend with you?	On an average, patients spent 15.58 minutes with Bella health care doctors.
Did the doctor and Nurse listen to your explanations and questions carefully?	100% of the respondents stated that the doctor and Nurse listen to them carefully.
Did the doctor and nurse answer your questions thoroughly and properly?	100% of the respondents stated that the doctors and Nurses answer to them in detail and properly.
Did the doctors and nurse explain the labs	100% of the respondents stated that the doctors and nurses explain the labs to them correctly.

Did the doctors and nurse explain the medicines	100% of the respondents stated that the doctors and nurses explain the medicines correctly.
Did the doctors explain things in a way you could understand	100% of the respondents stated that the doctor explain things in an easy to understand manner.
Did the doctors give you enough follow up information	100% of the respondents stated that the doctors give them enough follow up information.
Were the doctors and nurses courteous and friendly?	100% of the respondents stated that the staff was very friendly.
How did you hear about Bella Health?	26% of the patients heard about Bella health from the local ASHA worker, 25% were informed by neighbors and 15.5% by other local people .14.5% heard about the camp by seeing the ambulance, 9% were told about BH from their relatives. 6.5% heard the announcement of the ambulance and 3% of the patients learned about BH from written information and 2% from the survey.
Was it easy for you to find the van?	100% of respondents stated that it was easy for them to find the van.
Did you attend a health education class? If on what?	98% of the respondents did attend an education class.
Was it useful to you?	100% of the participants attended the education class stated that it was useful to them.
Will you come back to an education class?	99% of respondents stated that they will return to Bella Health for education class. And 1% said no because they don't have enough time for class.
What should Bella Health CONTINUE DOING?	77.5%of the respondents want Bella health to continue providing health care services. 14.5% want education classes to be continued. 4% want some new programs, 4% did not have any idea.
What should Bella Health START DOING?	42% did not have any idea, what BH should start doing. 47.5% want Bella Health to provide radiological and ultrasound. 11% of the respondents want other expanded health care services especially eye doctors and labor and delivery.

## Compliance Survey

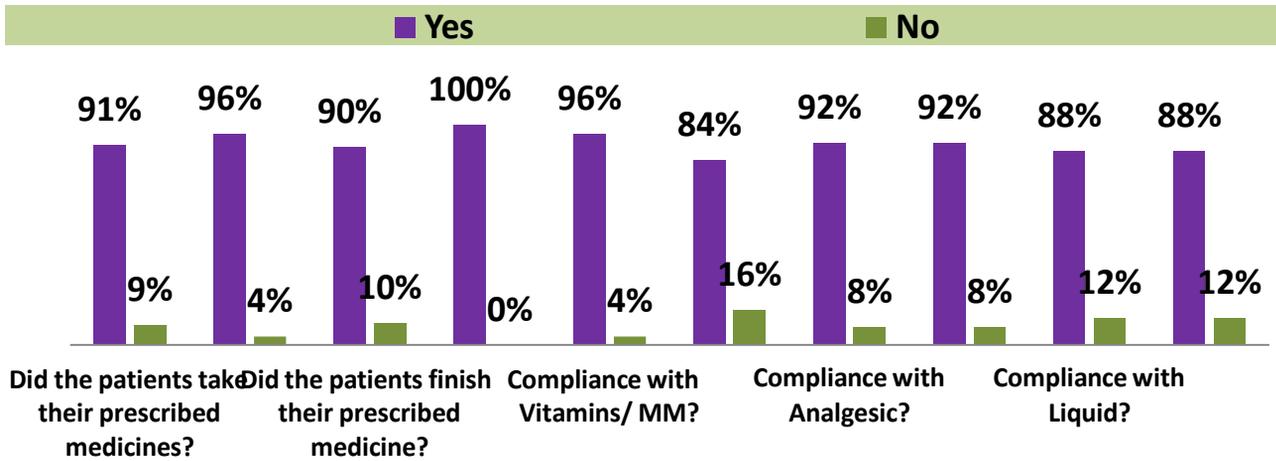
Below is a graph that measures how compliant patients when following the Doctor's orders. This enables us to address the potential barriers that lead to non compliance.

### Patients Compliance with Medicines, Diet, Follow Up and Radiology



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 counseling medication education.

### Patient's Compliance with different Medicines.

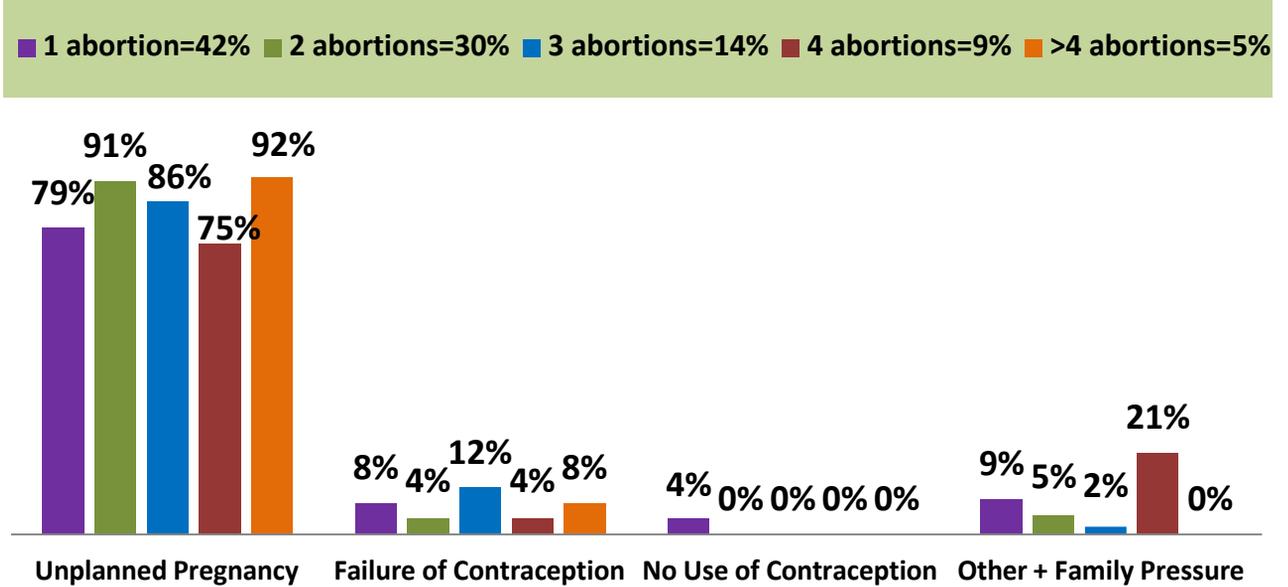


### Abortion Study Demographics:

<b>Education</b> 70% of the respondents are literate over 5 <sup>th</sup> standard and 30% of the respondents are illiterate	Illiterate=30% 1 <sup>st</sup> -4 <sup>th</sup> =35% 5 <sup>th</sup> -8 <sup>th</sup> =20% 9 <sup>th</sup> -12 <sup>th</sup> =13% >12 <sup>th</sup> =2%
<b>Village/Slum</b> 50% of the respondents lives in slum and 50% of the respondents lives in village	Slum=50% Village=50%
<b>Occupation</b>	Housewife=82% Labour + maid=6% Aganwari + Asha worker=5% Factory worker=4% Other=3%
<b>Number of Abortions.</b>	1 abortion=42% 2 abortions=32% 3 abortions=15% 4 abortions=6% 5 abortions=5% >5 abortions=0%

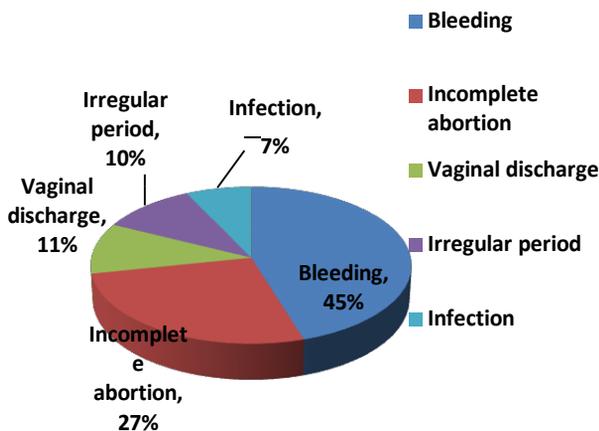
As the graph above illustrates, the overwhelming cause for all abortions is unplanned pregnancies.

### Number of abortions and Reason Why N=281

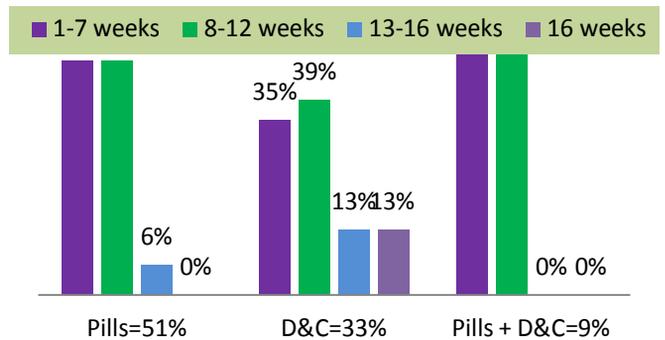


73% of the patients did Not have any complications after the abortion, and 21% of the respondents did have complications after the abortions. The graph below shows the type of complications that occurred:

#### *Type of complication after an abortion?* N=45



#### People who have the complication, how was their abortion induced?



As the graph above demonstrates, the majority of complications are caused by MTP pills, then D&C, followed by pills and D&C.

## Monitoring and Evaluation

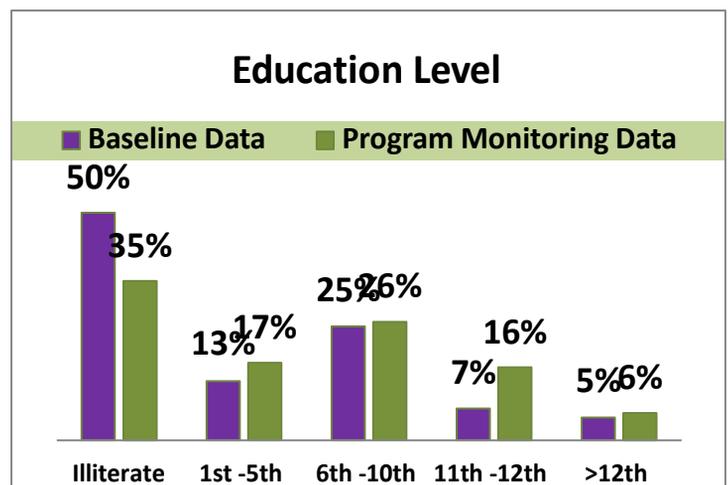
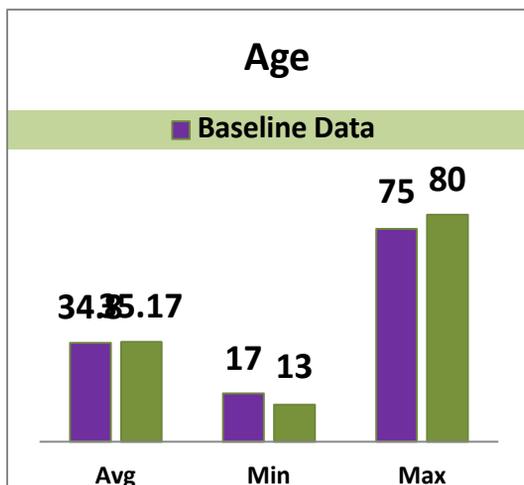
Bella health has created numerous surveys to monitor and measure the outcomes and impact the services have. Below are the tools we use to measure the impact and outcomes. They are a mix of quantitative and qualitative tools. Some are measured continuously while others are measured at certain points in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

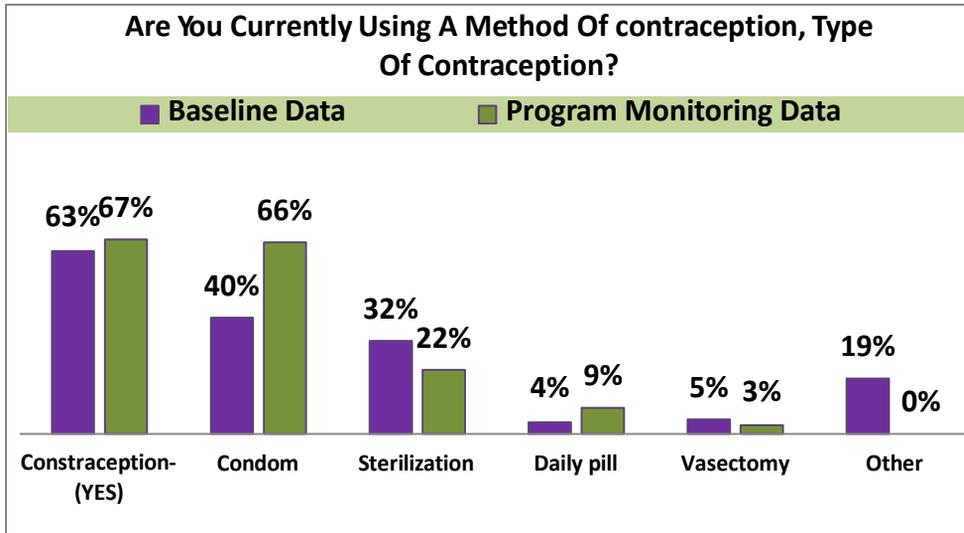
Tool	Frequency	Methodology
Focus Groups	Before Quarterly with parents and students.	Qualitative
Internal Evaluation	Before/ After Class	Quantitative
Participant Evaluation	After Completion	Qualitative
Pre-post test Every Topic	Daily	Quantitative
Control vs. Intervention.	Every 6 months	Mixed.
Cohort	Annually	Quantitative

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

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

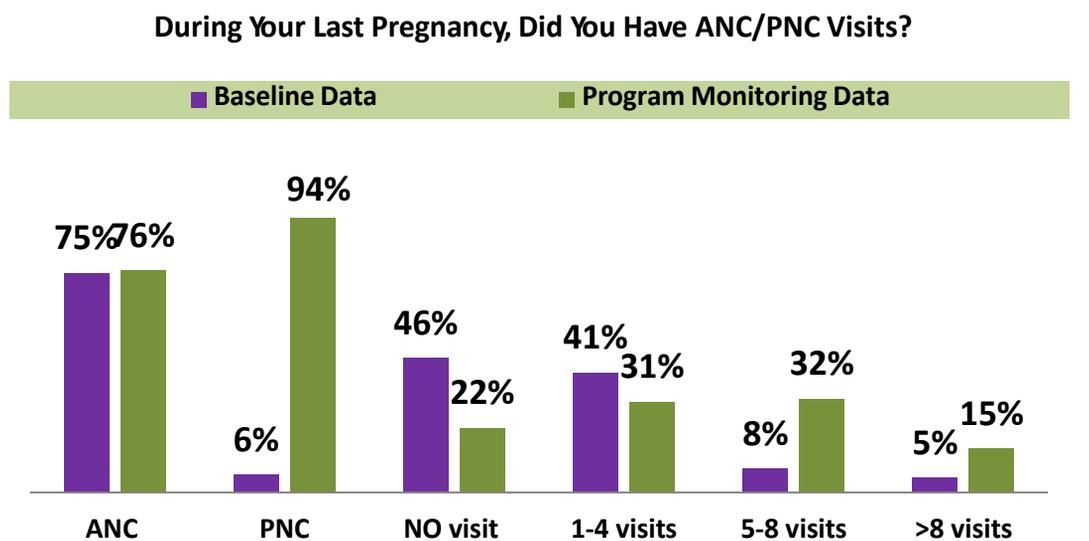
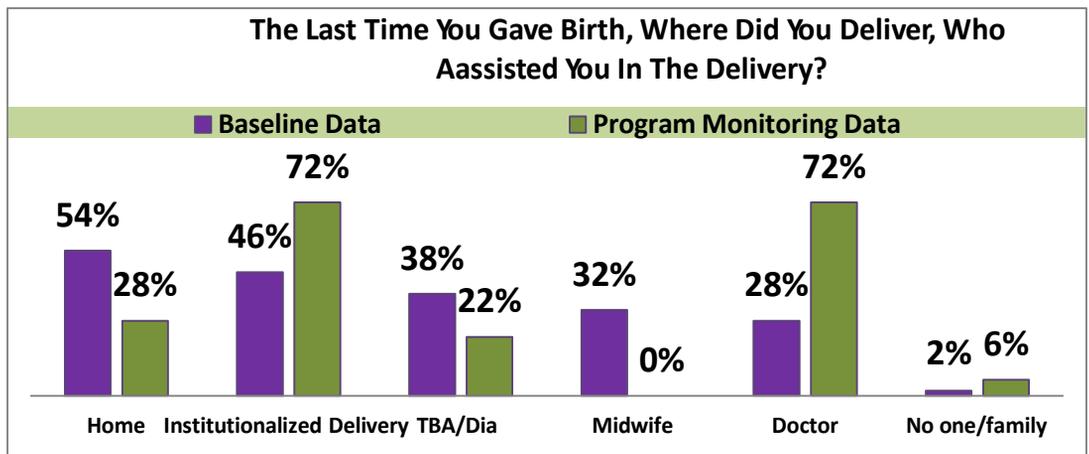
Demographics. The average age and educational level of the respondents :





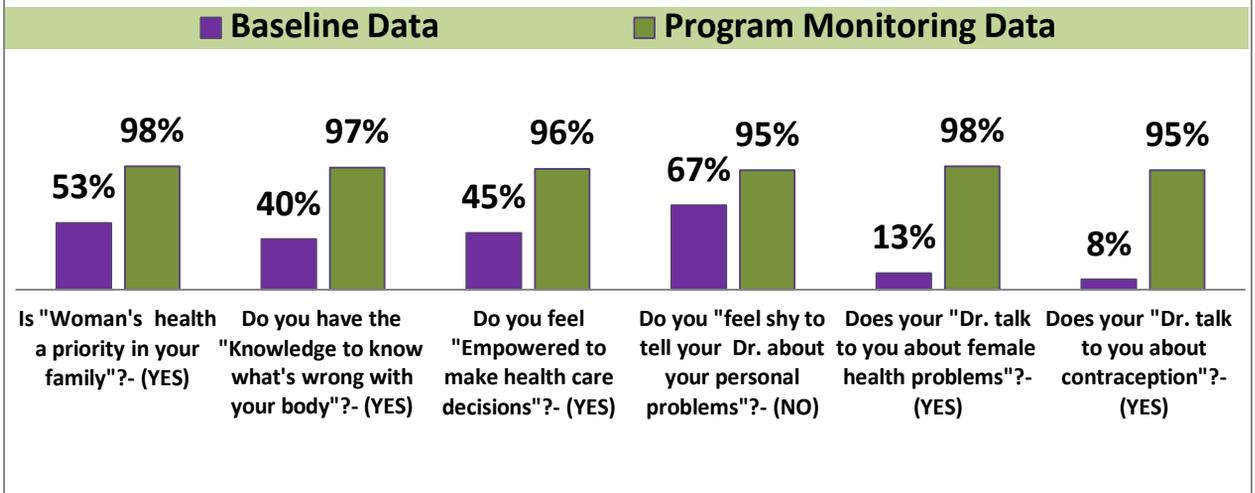
There has been an increase in contraception by 4%, There has been a 26% increase in condom use. Sterilization rates have decreased and the use of daily pills has increased in the program monitoring data. Other traditional forms or contraception have dropped to 0% as respondents have adopted modern methods.

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



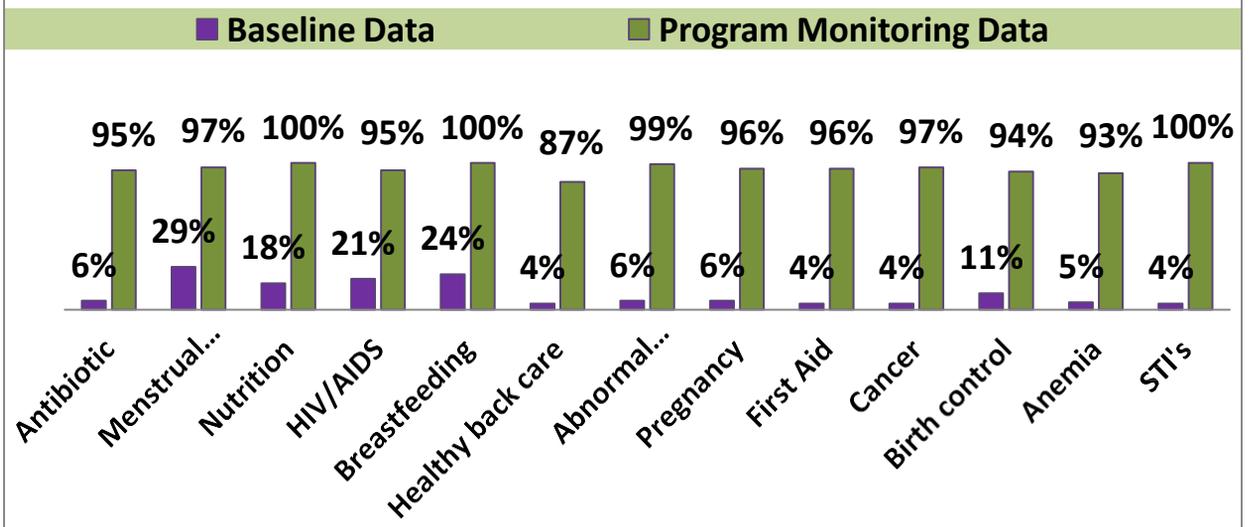
As you can see the rates of ANC/ PNC visits have increased compared to the baseline data.

## Perception of the importance of a Woman's Health



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

## Measurement Of Knowledge/Understanding



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

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

## Big Days for Bella Health



### Inauguration

The inauguration of Rekha Clinic in Selaqui was held on April 11, 2013. Rekha Clinic was inaugurated by the honourable Chief Medical Officer of Dehradun, Uttarakhand, Dr. Rajender Bhatt. Bella health care has opened the second out patient clinic to expand quality health care services to residents of Selaqui and surrounding areas. Predhans, ASHA workers and patients were invited to join the celebrations. 75 guests attended. The Ceremony commenced with the ribbon cutting by Chief Medical Officer. This was followed by the inauguration address from Dr. Vijay. P. Agarwal, CEO and Colette Smith, COO of Bella HealthCare Charitable Trust. Five Bella Health patients from Doiwala traveled to Selaqui to give their person testimony on Bella Health's services, which was the highlight of the day.



BH Team at the inauguration

### CMO VISIT

Dr. Rajender Bhatt, Chief Medical Officer, Dehradun, Uttarakhand visited Krishna Clinic and the mobile van at Bhagat Singh Colony. It is important, for Bella Health to be proactive and create participatory relationships within the government of Derhadun. Dr. Bhatt is extremely outgoing and has supported Bella Health throughout his tenure, and provided Bella Health with invaluable advice and suggestions.

### Sakya Nunnery

Bella health organized a health educationcamp

at Sakya Nunnery at Shastradhara Road. This is the only Sakya Nunnery outside of Tibet. The Nunnery has around 60 nuns ranging from the ages of 19 to 57 years. Some of the nuns come from Nepal, Bhutan and neighboring Himalayan regions. However, most of the nuns come from Tibet and have left behind family and friends. The Nunnery is their home and it is almost impossible for them to return, or even visit Tibet. The nuns spend their life in the nunnery studied the Buddhist texts. All of nuns have received the basic schooling. The health education classes were given each day over one week. They Nuns were excited and enthusiastic to attend this class and learn about various health concerns. They had not had the opportunity of attending such health education classes before. Classes were held at the Nunnery and fall into the following categories:

- Gastritis
- Backache and its care
- Medicines
- Environmental health
- Cancer- Breast cancer
- Anemia
- Nutrition
- Vaginal discharge , Menstrual Hygiene and cycle



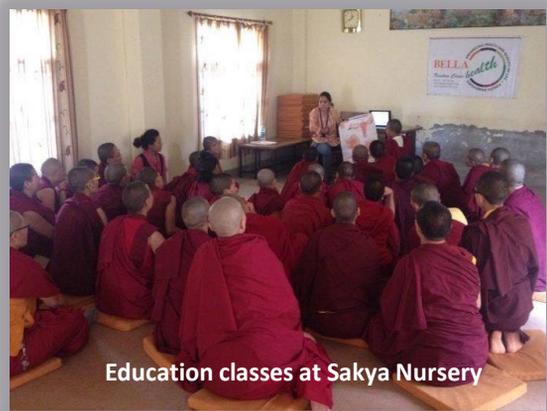
Dr. Bhatt, CMO, making a field visit to BH at Bhagat Singh Colony

“ I have learned a lot about our body and health in these 5 days of health education classes.”

Everyone was delighted and happy to attend the education classes.

### **Rotary Club**

Bella Health had a small ceremony to award the ladies who have completed 18 education classes. Dehradun Rotary E-Club visited Bella Health's Krishna Clinic to commemorate a milestone in Bella Health's community education initiative. Five ladies women from Gahrnivas have completed 18 education classes with Bella Health. To honour this achievement the Rotary Club generously donated Tata Swach "Namtech Water Purifiers to the women. The program started with an introduction of the importance of the education classes. Then the ladies, themselves gave a short speech on the importance of these education classes in their lives, community. The women who had completed the classes each spoke about how Bella Health has helped to improve their health knowledge. Originally there were only 4 women who attended the education classes in Garniwas, but those 4 women encouraged others to participate and now there are between 20 to 25 women attending these education classes. The E-Rotary club will continue to donate the water filters for the women who have completed 18 education classes.



Education classes at Sakya Nursery



Distribution of Water Filters by the Rotary Club  
Distribution of Water Filters by the Rotary Club



Distribution of Water Filters by the Rotary Club



Employee screening at Norell.

### **Health Education Classes & Screening at Norell, a Factory in Selqui.**

Norell is one of the largest electronic manufacturing units in Selqui, the industrial area. Bella Health provided health education classes and employee health screening to over 1000 employees. Health Education Classes: The education class started from lasted 2 weeks in May 2013. In total, there were 7001200 employees and included women of all age (18 to 45) and included the following health topics: Stress Management, anemia, reproductive tract infections/ sexually transmitted infections, menstrual cycle and menstrual hygiene. Health Screenings The employee health screenings were completed over 3 weeks and tested the following: Blood Pressure, Heart Rate, SPO2, Respiratory Rate, Height , Weight, vision tests, Lab tests: Hemoglobin and blood Blood group.

Bella Health Care feels honored to have such a good and positive response from all the employees of Norell. We believe that our small effort can bring great changes in their lives and all the employees of Norell will have a great and healthy life.

Feedback from Mr. P. Prasad, Plant Head:  
“We take this opportunity to convey our sincere thanks to you and your team for completing the Health Awareness Camp for all the female employees of our organization. The camp was so successful among the employees that they had shared their feelings with us about the usefulness of the information they had received. To our surprise it has come to our knowledge that most of the employees are not even aware of the basics prior to the camp. And people started coming back with the demand to conduct such kind of informative camps more often, which shows that people are getting motivated. Once again thank you very much to you and your team for the dedication and effort you had put in making this program a grand success”

Bella Health looks forward to expanding this program and working with more factory workers.



Education Class at Norell

## Him Jyoti

Bella Health Care, has joined forces with Him Jyoti school in Dehradun. Him Jyoti School is run by the Him Jyoti Foundation, established in 2005, with the aim of educating girl children from the rural areas around Dehradun. It is a boarding school from 5th to 12th grade, with over 250 students belonging to Uttarakhand and belong to under-privileged background. Bella Health has evaluated and screened, the 250 students for anemia, problems with near, or far vision, color blindness, carries, skin problems. We conducted 216 screenings of students, 150 students met with a health care provider from Bella Health and 260 health education classes were completed



Screenings at Him Jyoti School

## World Aids Day-Getting to Zero

December 1, 2013, marks WORLD AIDS Day. This is an international event that brings together people from around the world to raise awareness about HIV/AIDS and demonstrate international solidarity in the face of the pandemic. The day is an opportunity for public and private partners to spread awareness about the status of the pandemic and encourage progress in HIV/AIDS prevention, treatment and care in high prevalence countries and around the world. From 2011-2015, World AIDS Days will have the theme of "Getting to zero: zero new HIV infections. Zero discrimination. Zero AIDS related deaths". The World AIDS Campaign focus on "Zero AIDS related deaths" signifies a push towards greater access to treatment for all; a call for governments to act now.

Bella Health held a rally at Parade Ground from 9-1p. 200 participants from public high schools around Dehradun participated to raise awareness about HIV and AIDS. Bella Health gave 5000 high school students in 17 different high schools and colleges this week and HIV health education classes to both male and female students. The response was tremendous and it is great, we have all joined forces to combat HIV/AIDS



BH Team at the event on World AID's Day.



The Rally for World AID's Day near Gandhi Park

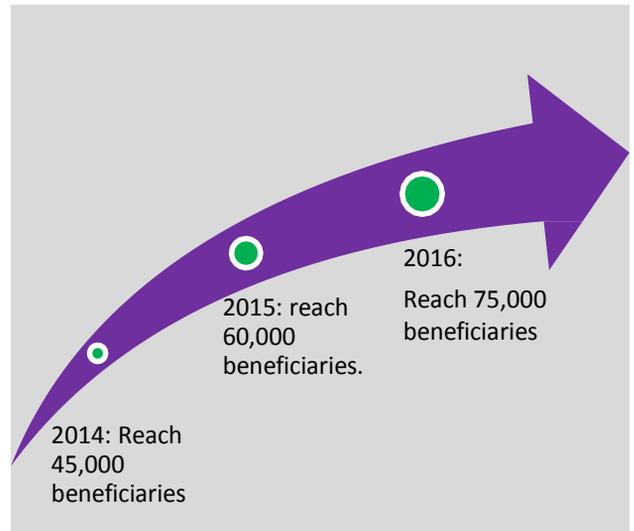


The students and Staff who came to support World AIDS Day

## In the coming future

### Year 2014:

- Provide health care services to 45,000 beneficiaries.
- Scale the Adolescent Reproductive health classes to reach 150,000 adolescents.
- Provide targeted interventions to increase male awareness of the importance of woman's health.
- Publish the Research on the determinants and outcomes of unsafe abortions North India.
- Educate Community Health Workers
- Train the Trainers: plan outreach education classes to train the trainers.
- Open one more Outpatient Clinic in a 3<sup>rd</sup> block of Dehradun District.

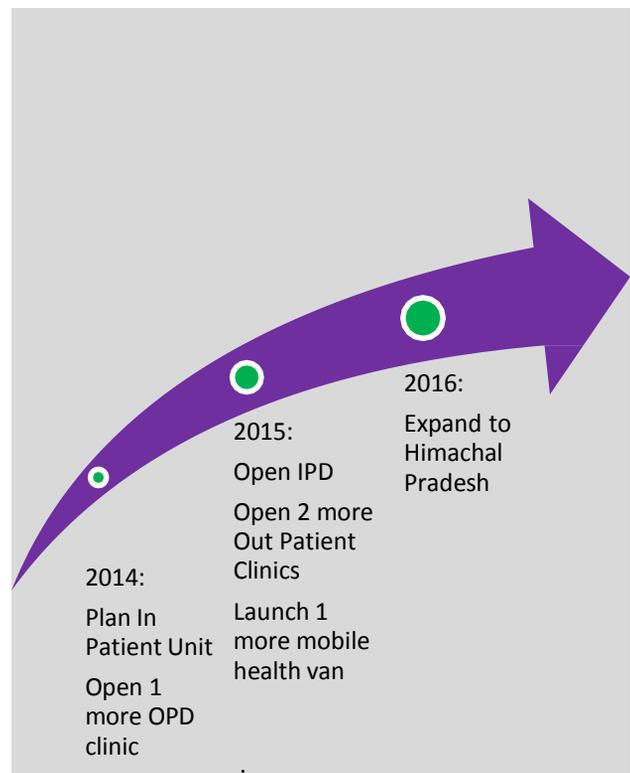


### Year 2015:

- Provide Health Care Services to 60,000 beneficiaries.
- Scale the Adolescent health classes to reach 200,000 adolescents.
- Plan for an Inpatient Facility
- Open one more Out patient Clinic in Dehradun District
- Expand operations to Himachal Pradesh.
- Continue to conduct research and publish
- Expand Mobile Health services with one more Mobile Health Center.

### Year 2016

- Provide Health Care Services to 90,000 beneficiaries.
- Open In Patient Facilities
- Scale the Adolescent health classes to reach 250,000 adolescents.
- Open one more Out patient Clinic in Himachal Pradesh
- Continue to conduct research and publish



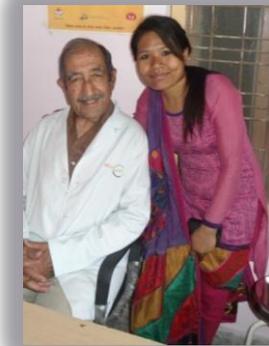
## The Team That Makes It All Happen!

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

- Operations Manager: Mandeep Kaur.
- Field Coordinator: Karishma Chaturvedi
- Physicians: Dr. S.P. Mehta & other per diem physicians.
- Midwife: Rozalia George
- Staff Educators: Rashid Ahmed, Sunmala Rawat, U ma Gusain
- Research Assistant: Purnima Bisht
- Clinical support: Ashok Negi
- The nurses: Geeta, Babita, Lila, Rekha, Seema, & Sapna
- And the many volunteers who come from all over the world to give back!



BH Team April 2013



Dr. S.P. Mehta with an extern student

The Governing Body of the Organization has 3 members and includes the following:

Name	Position on Governing Body	Qualification	No. Years as Board	Other Offices
Dr. Vijay P. Agarwal	President	MD, MBBS	3	Practicing Physician in New Mexico, USA.
Colette Smith	Vice President	BSN, RN, MPH	1	NA
Davender Berry	Managing Trustee	BSc.	3	Managing Mystic Lake resort in Mussorie

Quorum of 2 per trust deed & the members meet quarterly. Meeting minutes are available.

## Appendix:

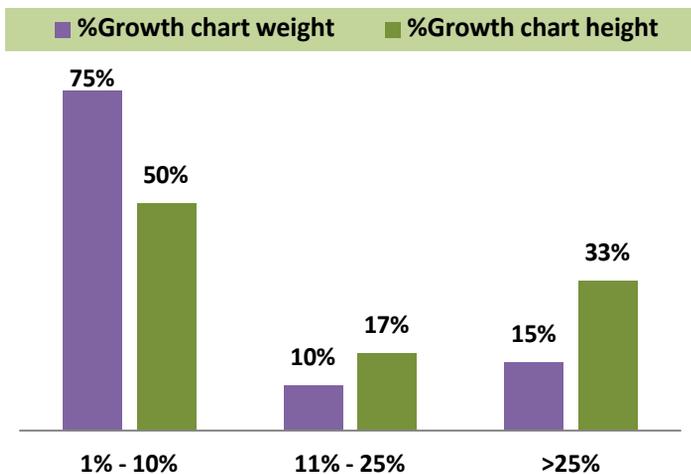
This section serves as an appendix containing data on the work of Bella Healthcare as well as information we've collected and analyzed about of patients.

### Data on Children who received Health Care Services from BH in 2013

**Demographics:** In 2013, 52% of our child patients lived in villages, while 48% lived in slums. Of this patient population, 54% were female and 46% were male. The average child patient age was 6.03 years old, with a minimum age of less than 2 weeks and a maximum age of 18 years.

<b>Location:</b>	Village	52%
	Slum	48%
<b>Gender:</b>	Female	54%
	Male	46%
<b>Age:</b>	Avg (in years)	6.03
	Min (in weeks)	2
	Max (in years)	18

### Weight + Height of Children by Percentage Growth Chart

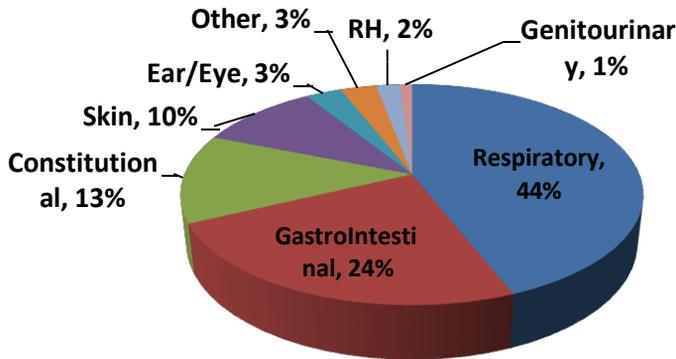


Growth charts are a standard part of any checkup, and they show health care providers how kids are growing compared with other kids of the same age and gender. They also allow doctors and nurses to see the pattern of kids' height and weight gain over time, and whether they're developing proportionately. The child's height and weight are charted on the WHO growth chart. We use this to identify any children who are malnourished or stunted. Of the data compiled, we found 75% of the children surveyed are malnourished and have a weight less than 1 percentile to the 10th percentile. And 50% of the children have a height of 1 percentile to the 10th percentile. For the 11th to 25th percentile: 10% of weight and 17% of height fell here. The remainder was classified over the 25th percentile and 15% of weight and 33% of height.

### Diagnosis of Total Visits

In 2013, Bella Health provided health care services to nearly 1,844 children. We have classified the type of ailments they suffered from. We have grouped their diagnoses into 7 categories. 44% had respiratory diagnosis; 24% had a gastrointestinal diagnosis; 13% had a constitutional diagnosis, 10% resulted in a skin diagnosis; 3% resulted in an ear or eye diagnosis, 3% resulted had miscellaneous diagnoses; 2% resulted in a RH diagnosis; and 1% resulted in a genitourinary diagnosis.

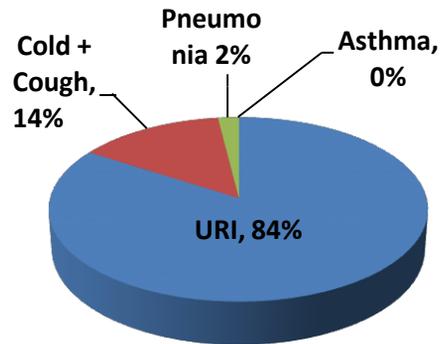
## Diagnosis of Children N=1844



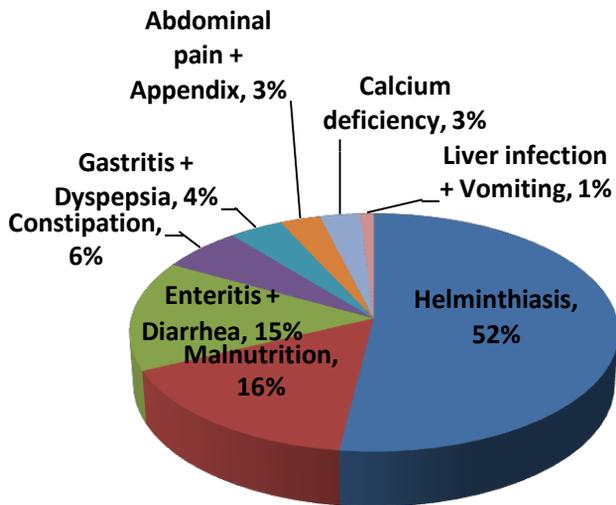
Bella Health provided health care services to 1844 children in 2013. 44% of the children were diagnosed with a respiratory illness, 24% were diagnosed with a gastrointestinal illness, 13% were diagnosed with a constitutional illness, 10% had skin, 3% eye/ear, 3% other, 2% Reproductive health issues and 1% were diagnosed with a genitourinary illness

Bella Health diagnosed 818 cases of respiratory diseases in child patients in 2013. Of these respiratory diagnoses, 84% were Upper Respiratory Infections; 14% were cold and cough related; 2% were pneumonia related; and <1% were asthma related

## Respiratory N=818



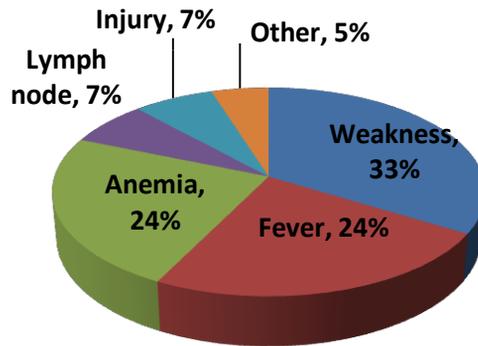
## Gastrointestinal N=443



443 cases of gastrointestinal diseases were diagnosed in child patients last year. Of these gastrointestinal diseases, 52% were cases of Helminthiasis; 16% were cases of malnutrition; 15% were cases of Enteritis or diarrhea; 6% were cases of constipation; 4% were cases of Gastritis or Dyspepsia; 3% were cases of abdominal or appendix pain; 3% were cases of calcium deficiency; and 1% of these total diagnoses were cases of liver infection or vomiting.

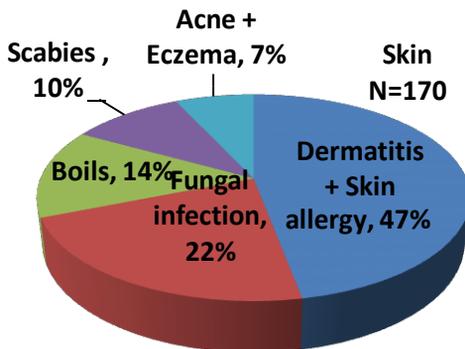
Bella Health diagnosed 246 cases of constitutional diseases in child patients in 2013. Constitutional diseases represent a group of symptoms that affect many body systems and are not very specific. Of these constitutional diseases, 33% were cases of weakness; 24% were cases of fever; 24% were cases of anemia; 7% were lymph node related; 7% were cases of injury; and 5% were miscellaneous constitutional diseases.

**Constitutional  
N=246**



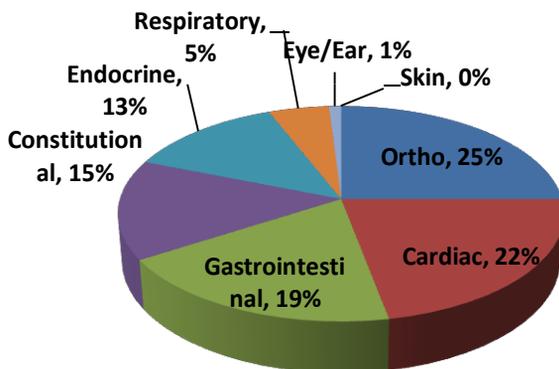
**Skin Diseases**

Bella Health diagnosed 170 cases of skin diseases in child patients in 2013. Within the skin diseases, 47% were cases of dermatitis or skin allergies; 22% were cases of fungal infection; 14% were cases of boils; 10% were cases of scabies; and 7% of these total cases were cases of acne or eczema.



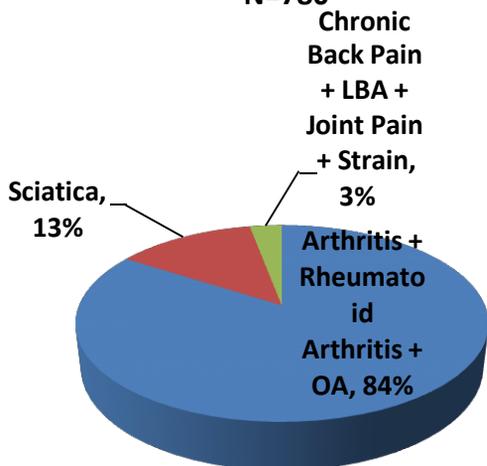
**Graphs on Chronic Disease Patients.**

**Diagnosis of Chronic Diseases  
N=3072**



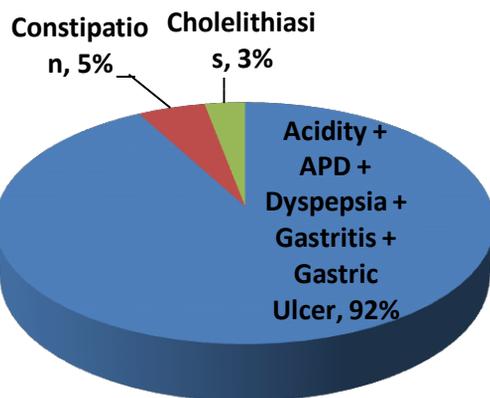
In 2013, Bella Health provided health care services to nearly 3072 patients who have chronic disease. We have classified the type of chronic diseases that they suffered from. We have grouped their diagnoses into 8 categories. 25% had a ortho diagnosis; 22% had a cardiac diagnosis; 19% had a gastrointestinal diagnosis; 15% resulted in a constitutional diagnosis; 13% had a endocrine diagnosis; 5% had a respiratory diagnosis; 1% had a eye or ear diagnosis; and less than 1% had a skin diagnosis.

**Ortho  
N=780**



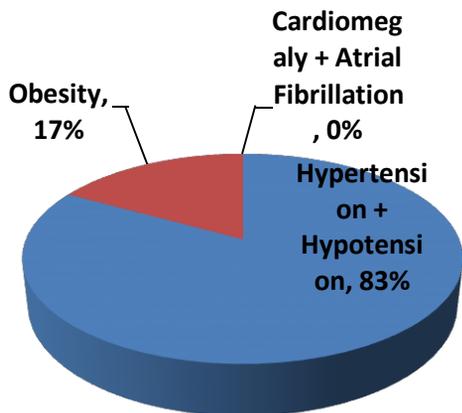
Bella Health diagnosed 780 cases of Ortho diseases in patients in 2013. Of these chronic ortho diseases, 84% were cases of arthritis related; 13% were cases of sciatica; and 3% were cases of back pain or lower back ache or joint pain or strain.

**Gastrointestinal  
N=571**



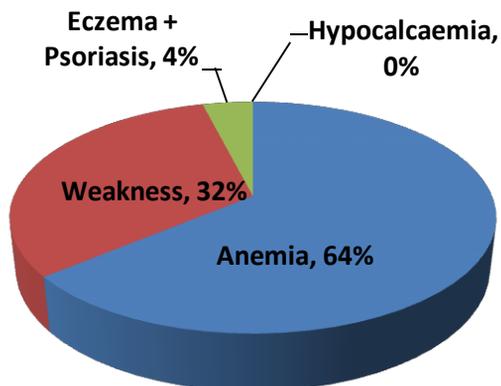
Bella Health diagnosed 571 cases of Gastrointestinal diseases in patients in 2013. Of these gastrointestinal diseases, 92% were cases of acidity or APD or dyspepsia or gastritis or gastric ulcer; 5% were cases of constipation; and 3% were cases of cholelithiasis.

**Cardiac  
N=686**



Bella Health diagnosed 686 cases of Cardiac diseases in patients in 2013. Of these cardiac diseases, 83% were cases of hypertension or hypotension; 17% were cases of obesity; and less than 1% was case of cardiomegaly or atrial fibrillation.

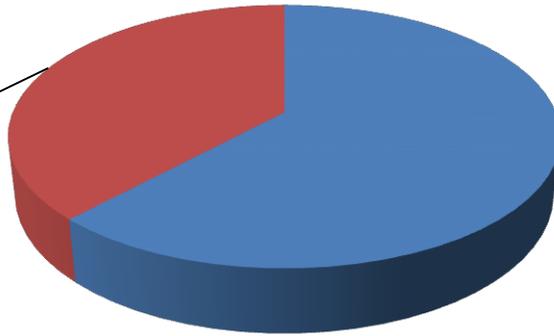
**Constitutional  
N=467**



Bella Health diagnosed 467 cases of Constitutional diseases in patients in 2013. Of these constitutional diseases, 64% were cases of anemia; 32% were cases of weakness; 4% were cases of eczema or psoriasis; and less than 1% were cases of hypocalcaemia.

## Endocrine N=388

Thyroid +  
Hyperthyroidism  
+  
Hypothyroidism  
+ Thyroxicosis,  
38%

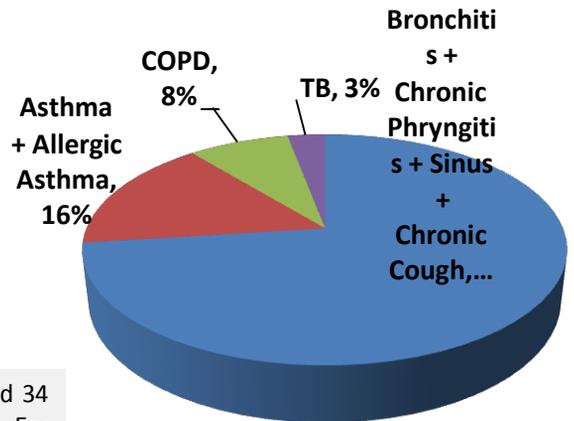


Diabetes +  
Diabetic  
Neuropathy +  
Neuropathy, 62%

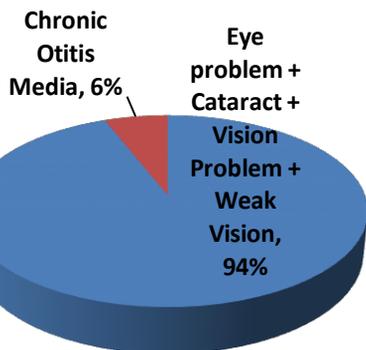
Bella Health diagnosed 388 cases of Endocrine diseases in patients in 2013. Of these endocrine diseases, 62% were cases of diabetes or diabetic neuropathy or diabetic neuropathy; and 38% were cases of thyroid related.

## Respiratory N=140

Bella Health diagnosed 140 cases of Respiratory diseases in patients in 2013. Of these respiratory diseases, 73% were cases of bronchitis or chronic phryngitis or sinus or chronic cough; 16% were cases of asthma related; 8% were cases of COPD; and 3% were cases of TB.

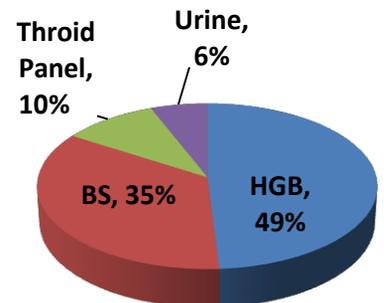


## Eye/Ear N=34



Bella Health diagnosed 34 cases of Eye or Ear diseases in patients in 2013. Of these Eye or Ear diseases, 94% were cases of cataract or vision related; and 6% were cases of chronic otitis media.

## Samples done of Patients N=602



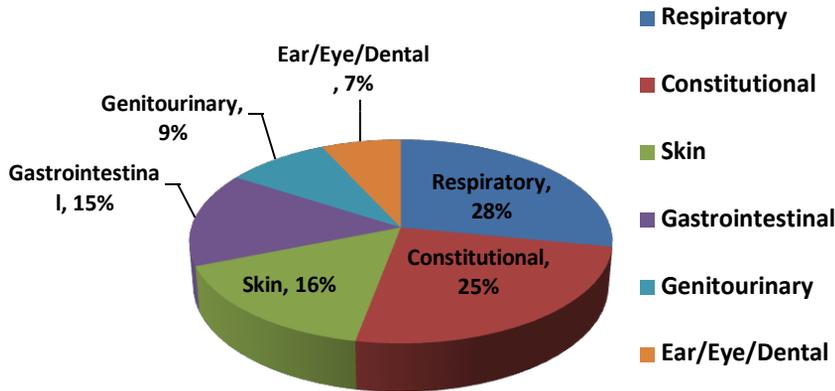
In 2013, Bella Health had done samples of 602 patients. Out of 602 patients, 49% of patients samples were done of HGB (Hemoglobin), 35% samples were done of BS (Blood sugar), 10% sample were done of thyroid panel and 6% samples were done of urine.

In 2013, Bella Health gave out medicines to all of the patients who suffered from chronic diseases. . Out of 2,253 patients, 100% of the patients were given medicines for their health problems.

# Graphs for Acute Diseases of Patients 2013

## Diagnosis of Patients

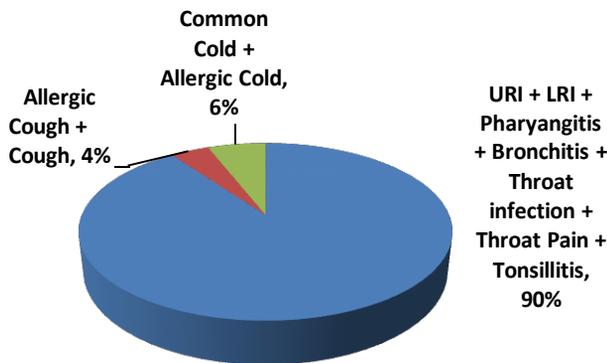
N=1289



In 2013, Bella Health provided health care services to nearly 1,289 patients. We have classified the type of ailments they suffered from. We have grouped their diagnoses into 6 categories. 28% had respiratory diagnosis; 25% had a constitutional diagnosis; 16% had a skin diagnosis, 15% resulted in a gastrointestinal diagnosis; 9% resulted in genitourinary diagnosis: and 7% resulted in an ear or eye diagnosis.

## Respiratory

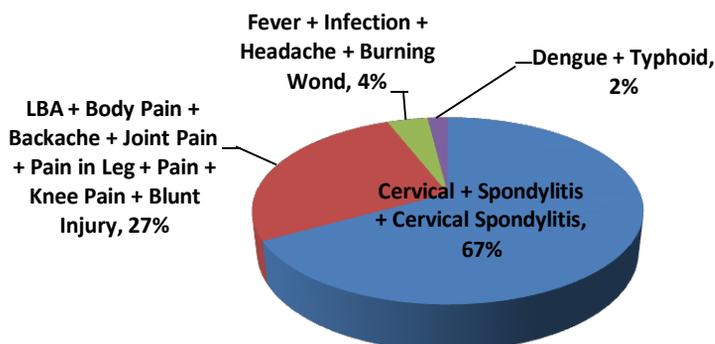
N=362



Bella Health diagnosed 362 cases of respiratory diseases in patients in 2013. Of these respiratory diseases, 90% were cases of Upper Respiratory Infections or Lower Respiratory Infections or Pharyngitis or Bronchitis or Throat Infection or Throat Pain or Tonsillitis; 4% were cases of Allergic cough or cough; and 6% were cases of Common Cold or Allergic Cold.

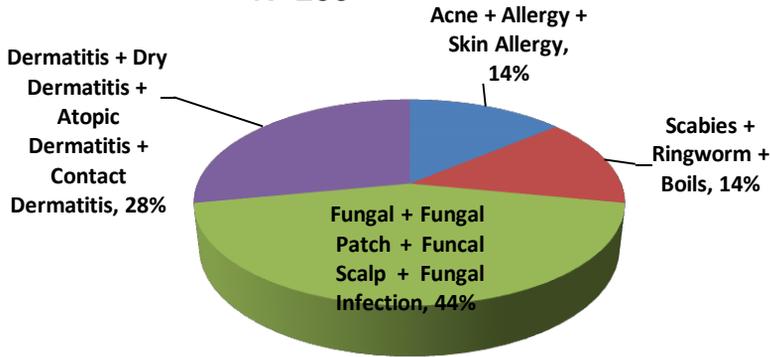
## Constitutional

N=329



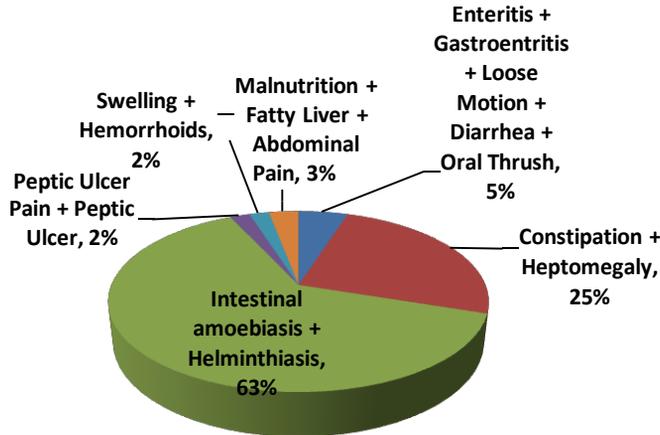
Bella Health diagnosed 329 cases of Constitutional diseases in patients in 2013. Of these constitutional diseases, 67% were cases of cervical or spondylitis or cervical spondylitis; 27% were cases of lower back ache or body pain or joint pain or blunt injury; 4% were cases of fever or infection or headache or burning wound ; and 2% were cases of dengue or typhoid.

## Skin N=200



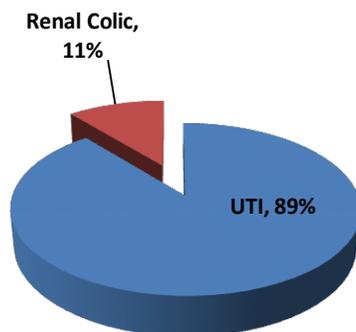
Bella Health diagnosed 200 cases of Skin diseases in patients in 2013. Of these skin diseases, 44% were cases of fungal problem; 28% were cases of dermatitis; 14% were cases of acne or skin allergy; and 14% were cases of scabies or ringworm or boils.

## Gastrointestinal N=187



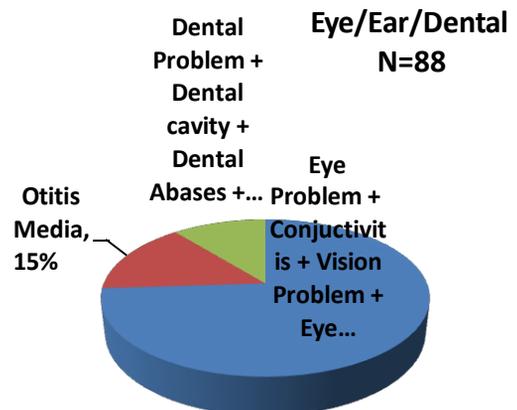
Bella Health diagnosed 187 cases of Gastrointestinal diseases in patients in 2013. Of these gastrointestinal diseases, 63% were cases of intestinal amoebiasis or helminthiasis; 25% were cases of constipation or heptomegaly; 5% were cases of enteritis or loose motion or diarrhea or oral thrush; 3% were cases of malnutrition or fatty liver or abdominal pain; 2% were cases of peptic ulcer pain or peptic ulcer; and 2% were cases of swelling or hemorrhoids.

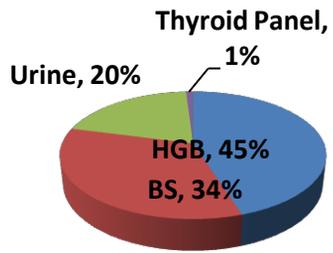
## Genitourinary N=123



Bella Health diagnosed 123 cases of Genitourinary diseases in patients in 2013. Of these genitourinary diseases, 89% were cases of UTI; and 11% were cases of renal colic.

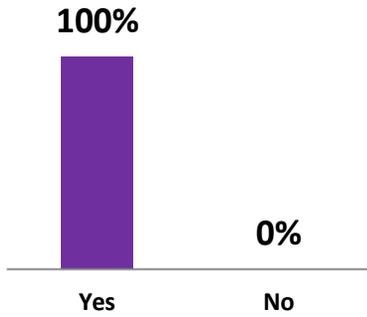
Bella Health diagnosed 88 cases of Eye/Ear/Dental diseases in patients in 2013. Of these Eye/Ear/Dental diseases, 74% were cases of conjunctivitis or vision problem or eye allergy; 15% were cases of otitis media; and 11% were cases of dental cavity or dental abases or toothache.





**Samples done of Patients  
N=160**

**Medicines given to Patients  
N=1170**



# Cumulative report on Focus Group conducted in total of 4 villages and 3 slums

**Background:** Bella Health conducted total of 7 focus groups, in 7 different areas in the year 2013 with 102 women.. There were 4 villages named Rampur, Garniwas, Bullawala and Markham and 3 slums: ISBT, Bhagat Singh Colony and Selaqui. The focus group was conducted in an unstructured and natural way where respondents are free to give views from any aspect.

**Goals and Objective:** The purpose of conducting these focus groups were to receive feedback on the health and education services being provided by Bella Health Care.

**Focus Group:** The focus groups were conducted in one of the participant's house. It was conducted by field coordinator Karishma Chaturvedi, and Operations Manager, Mandeep kaur. At the beginning of the focus group, each participant was asked to answer the questionnaire in order to capture views from everyone in the group. The questionnaire served as the discussion guide and provided more insight into the perceptions and opinions of participants about the services being provided by Bella Health Care.

## **How did the health care services of Bella health help you?**

"We are happy to receive the services and we are saving a lot on their transport expenses"

"Providers in Bella Health are spending substantial time with the patient and providing them the detailed information about the illness, which is a main barrier in other health care centers. This has helped us in getting to know the disease and the root cause of it."

## **How did the health education classes of Bella Health help you.**

"Education classes have completely changed our perception towards health and importance of preventative care"

"I like the concept of education classes and providing certificate and gift after completion of particular number of classes. This has encouraged most of the women in our community towards getting aware about their own body"

"We got to know about various health related issues and also the preventative measures we can adopt to combat them. Earlier we didn't have any knowledge about our body and how to take care of it. "

"Education provided by Bella healthcare has helped me a lot. I attended the class on abnormal vaginal discharge and got myself checked. The thing which I always thought normal, through education, I got to know that it really was not. I am really thankful to the doctors and want

Bella Healthcare to keep providing such education to the women of our village and help them knowing themselves better"

"Bella Health is providing us low cost, affordable quality health care. We don't have to leave our village to access quality medical care.

"Doctors/ nurses treat us with respect and dignity and also offer education classes which are being beneficial to us and our families"

"Transportation and distance was a considerable barrier for us as the health centers are very far from our areas. But since Bella has arrived in our area, it's no more an issue for us."

## **Do you feel better enabled/empowered with your health? How?**

"By attending health awareness classes, I have started learning how to respect my body, learning the causes and symptoms behind common health issues I hear about.

"Through Bella Health, I have come to the conclusion that self-care is the single most important aspect of our health. I can care for other by first caring about myself.

"I have learned to apply the education received and begin manifesting life of purpose, health and well-being of myself and my family."

"I feel more in control of my life and make informed health care decisions and feel more hopeful than helpless."

**Do you think Bella Health is has improved your quality of life? How?** "Bella health care provides us with quality health services and quality education and has helped in improving our quality of life"

**How can BH improve?** Many participants mentioned the desire to have one-stop medical facility where all the services (lab, x-ray etc) would be provided in a central location – in their words "under one roof" as a means to reduce health care travel expenses.

**Conclusion:** The focus group gave us feedback to understand what programs are working, what can be improved and how the community has benefited

# Elderly Quality of Life Study

## Aims & Objectives

The aim of the study was to quantify and better understand the quality of life (QOL) of elderly women served by Bella Health in order to better tailor health interventions or programs to meet the needs of the sample population.

The specific objectives of the study were through quantitative analysis of a staff administer questionnaire to 1) to get a snapshot of the socioeconomic status of elderly women in the study including where they access health care services 2) to quantify symptoms and illnesses reported, 3) to better understand the participants emotional state including causes of worry and sadness and 4) to determine factors that bring happiness to participants in order to best tailor interventions to meet the needs of elderly women in Dehradun.

## Methods

The study was a community based cross-sectional study conducted using a survey instrument designed by Bella Health to capture quality of life of elderly women in Dehradun and surrounding villages served by Bella Health (See Appendix A). The survey was administered between June and August 2013 in villages visited by Bella Health staff. Staff acting as a recorder administered the questionnaire in Hindi. Selection criteria were those women, 45 years old and above who attended the Bella Health site (be it ambulance, clinic or health camp) and agreed to participate. Exclusion criteria were men, those women below 45, those who do not use Bella Health services and those who were unwilling to participate.

As Bella Health is primarily concerned with reproductive health, the survey included standard questions on pregnancy history, as well as questions regarding last menstruation and onset of menopause.

## Results: Socioeconomic Summary

AGE	Avg: 60. 5	Min 55 Max 85
Marital Status	48.5% married	51.5% widowed
Living Arrangement	92.5% lived with husbands/ extended family.	7.5% lived alone

As family living arrangements are common amongst the survey population, we also surveyed as to whether elderly women had alternate places to stay in case of necessity. Only 54 women (27%) reported having an alternate place to stay, whereas 146 (73%) did not. **Daily Expenses:** Sons (46%), husbands (18.5%) or a combination of husbands and children (11%) were reported as paying for elderly women's daily expenses; however, 31 women (15.5%) felt they did not have enough money to pay for daily expenses, where as 169 women (84.5%) felt they did.

**Pocket Money:** Daily expenses were understood to encompass necessities and necessary expenses of daily living. Pocket money is that money which elderly women may choose to spend on personal items, activities or to otherwise use as they see fit. Of women surveyed, 111 (55.5%) felt that they had enough pocket money and 89 (44.5%) felt that did not. In turn, 87 women (43.5%) reported getting 0Rs. in pocket money, followed by 42 (21%) who had no idea how much pocket money they received. At the other end of the spectrum, 23 women (11.5%) reported getting 1000Rs in pocket money, although it should be noted that no time or frequency of receiving pocket money was noted.

Do you feel that you have enough money to pay for your daily expenses	
Yes	84.5%
No	15.5%
Do you have enough pocket money?	
Yes	55.5%
No	44.5%
How much pocket money do you get?	
0	43.5%
No idea	21%
1-500 rs	20%
>1000 rs	15.5%

## Healthcare Access

Respondents were asked to give up to 3 places where they access health care services. Of first responses, 81 respondents (40%) reported going to the chemist, followed by private doctor in the village (31.5%) and then government hospital (13.5%) See Table 1.5. Amongst second responses, 56 respondents (28%) reported going to a private doctor in a village, followed by private doctor in town (22%) and then government hospitals (19.5%). In third responses, 101 (50.5%) gave no response, followed by government hospitals (20%) and NGO doctor (18%).

Reported Symptoms	No.	%
Joint pain	171	85.5
Headaches	153	76.5
Dizziness	145	72.5
Trouble sleeping	145	72.5
Loss of Appetite	144	72
Teeth problems	136	68
Muscle pain	134	67
Eye problem	133	66.5
Tiredness	126	63
Muscle weakness	114	57
Chest Pain	100	50
Abdominal discomfort	96	48
SOB	95	47.5
Irregular Heartbeat	93	46.5
Prolonged Cough	63	31.5
Painful urination	59	29.5
Incontinence (urine)	43	21.5
Nausea	38	19
Diarrhea	25	12.5
<b>n=200</b>		

### Emotional State

Participants were asked to report on negative emotions they may experience regularly. "Worry" was the most commonly reported negative emotional state, (84%), followed by "sadness" (65.5%). See Table 1.8.

Reported Illnesses	No.	%
High blood pressure	128	64
Digestive troubles	82	41
Anemia	79	39.5
Arthritis	70	35
Diabetes	32	16
Heart problems	30	15
Cataracts	19	9.5
Cataract surgery	16	8
UTI	10	5
Hypertension	3	1.5
Physical disability	1	0.5
<b>n=200</b>		

Emotions	No.	%
Worry	168	84
Sadness	131	65.5
Loss of Interest	63	31.5
Stress	62	31
Irritability	56	28
Hopelessness	42	21
Lack of Purpose	28	14
None of these	21	10.5
Anxiety	9	4.5
Uncertainty	5	2.5
<b>n=200</b>		

Participants were then asked to identify factors that caused them to worry. Poor health (68.5%), debt (66.5%) and not enough money (61%) were the most frequent responses, see

Table 1.9. Cause, Table 1.9

Worry – Cause, Table 1.9	No.	%
Poor health	137	68.5
Debt	133	66.5
Not enough money	122	61
Not enough living space	31	15.5
Problems in your daughters marriage	27	13.5
None of these	24	12
Loss of respect	21	10.5
Unfinished family business	18	9
Disability	6	3
Lack of friends and companions	5	2.5
Not enough meaningful ways to spend time	4	2
Lack of places to go for pleasure	1	0.5
n=200		

Participants were also asked to identify factors that cause them to feel sad. Illness (67.5%) and poverty (66.5%) were the most frequently reported responses, followed by loneliness (34%) and loss of spouse (29.5%), see Table 1.10. Other studies (CITATIONS) had identified family difficulties or tensions as factoring into negative emotional states amongst the elderly. Participants were asked about their feelings about their family, see table below.

Feelings about Family (total)	No.	%
None of these	145	72.5
Neglected	44	22
Not respected	34	17
Not loved	33	16.5
A burden	30	15
Not appreciated	4	2
n=200		

