



Bella Health Care Charitable Trust

**ANNUAL REPORT
2015**



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Message from Our Founder

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

Due to some unforeseen and unfortunate events over the last many months, Ms Colette Smith, our co-founder and COO Emeritus, has been unable to devote all her energies and resources to the growth of Bella Healthcare. However, the team that she has put in place, has followed her directions and continued to successfully strive to reach the goals set by her.

Bella is now partnering with Max Foundation and providing health camps in a number of villages. We are also conducting classes in adolescent health education to the students of Uttarakhand Public Schools. These programs are very successful and with the support of our partners, we are looking forward to expanding them.

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

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



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

Message from Vice-President

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

2015 was an exciting year and the Female Adolescent Reproductive Health program has been a great success. With much persuasion, we were able to launch out adolescent class in proscribed public schools in 2014. The content, educators and students have made this program high impact with documented substantial changes in positive knowledge, attitude and behaviour. The rigorous evaluation speaks volumes of itself. The community feedback has been positive and these tools will make the new generation healthier, their families and communities healthier.



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

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

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

Bella hosted 2 Vodafone employees this year, in collaboration with Vodafone’s World of Difference, CSR project. It was amazing to be among the chosen NGO’s to host employees of Vodafone. The process also entailed our employees to attend workshops in Delhi and give a presentation about Bella Health’s work at the Dasra Philanthropy Week in Mumbai to a large, international audience.

Thanks to Our Donors

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



Thanks to those Donors who gave in cash or kind

- ❖ Max India Foundation
- ❖ Ambuja Cement
- ❖ Himalaya Herbal
- ❖ Rama Surgical House
- ❖ Chandan Laboratories
- ❖ State Bank of India, Neshvilla Road Branch

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

About Bella Health

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

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

In the past 5 years, we have provided health care services to more than 1,20,000 women, children and adolescents. Approximately 2000 beneficiaries receive our services each month and with sustained funding this number would increase. These beneficiaries are from urban slums and rural villages. In one sample study of our patients, we found 20% were religious minorities (Sikhs, Muslims, Buddhists and Christians) and 56% were SC/ST/OBC. The majority around 90% of the beneficiaries were below the poverty line.

Bella Health has been a pioneer in the provision of Reproductive Health care services in North India. Through our community focused and mobile approach, including our highly skilled and dedicated team, we have broken down the barriers to access within these communities. The health care services we provide are supplemented with health education; this health education not only empowers women and their communities but sets them on a path to continuous health maintenance by encouraging them to prevent, and sustain positive health behaviors. The knowledge we impart stays in the villages and fosters a healthy life-course amongst beneficiaries and their communities even when our programs are not there. We have given a detailed table explaining the number of beneficiaries we have provided service to, in the past 5 years.



Leela Devi, ANM, immunizing a child at our monthly immunization camp.

Bella Health Numbers

	2015	2014	2013	2012	TOTAL
New Patients	3,668	8,197	3,979	3,997	19,841
Follow Ups	2,308	13,325	5,686	2,967	24,286
Health Education	10,222	10,221	20,279	7,912	48,634
FARH Education	8,921	14,036	4,629	-	27,586
Total Beneficiaries	25,119	45,779	34,573	14,876	1,20,347
Labs	1,673	3,660	4,861	3,553	13,747
Medicines Dispensed	1,78,411	2,41,954	1,47,945	2,81,632	8,49,942
Referrals	140	359	447	418	1,364
ANC/PNC	335	533	876	484	2,228
Reproductive Health Patients	4,027	7,754	6,695	5,819	24,295

Overview

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

Our Objectives

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

Identify women in the urban/rural slums, in our target areas that have unmet needs for contraception and family planning and introduce them to our services by end of 2017.

Provide modern contraception to all women in reproductive age who desire to space a family by 2017.

Decrease the prevalence and increase the awareness of Sexually Transmitted Infections's and Reproductive Tract Infections's by 50% in our target areas by 2017.

Decrease the amount of **unsafe abortions** by 50% in our target areas by 2017.

Ensure there is not any UNMET need for contraception in our target areas by 2017.

Decrease the amount of adolescents who are pregnant.

Decrease the rates of infertility by actively treating and educating women on Pelvic Inflammatory Disease.

IMPACT to the Community

Reproductive Health

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

Maternal Health

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

Health Education

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

Adolescents

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

Geographic Scope

District – Dehradun

Block: Doiwala

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

Block: Vikas Nagar

Villages - Dhakrani, Kunja Grant, Haripur,

Block: Raipur

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

Block: Sahaspur

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

District – Haridwar

Block: Bhagwanpur

Villages – Shivchandi, Sikandarpur, Khubbanpur, Chhaapur

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



Programs

Health
Care
Services

Health
Education

Adolescent
Health
Education

Research



BELLA HEALTH FOCUS AREAS

Reproductive Health Care services
Provided Health Care Services for
over 24,295 patients



Maternal and Child Health
Ensured safe pregnancies for 2,228 women.



Health Education
Educated 48,634 members of our communities.



Adolescent Sexual and Reproductive Health
Empowered over 27,586 adolescents.



Health Care Services

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

Gynaecological Services

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

Maternal And Infant Health

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

Contraceptive Services

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

Services for Men

- Counselling for sexually transmitted infections and family planning methods.

Lab Services

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

Medications

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

HIV Related Services

- Awareness, testing and counselling.

Acute CARE

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

Reproductive Health

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

The Problem

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

Our Solution

To bring high quality reproductive healthcare services to these underserved and impoverished slums and rural villages using our state of the art diagnostic mobile health center. Health care services are provided at the doorstep by dedicated and highly skilled staff. The van is staffed with 1 doctor, 2 nurses, 3 educational specialists, 1 family planning counsellor and support staff. All service delivery sites are fully equipped to perform pelvic exams, draw labs, conduct screenings, and dispense medicines. We follow a schedule and visit each village alternate weeks which lets us visit each village two times per month. We see patients from 10:00 until 4pm. The patients know that we are visiting their village because we have a consistent schedule and also utilize ASHA workers to convey the message of our arrival. Once the ambulance is parked, patients arrive. We see approximately 50 patients in one day. As we register the patients we take a complete health, pregnancy and family history and check vital signs. Then the doctors and nurses see the patients. We have the latest diagnostic equipment including fetal heart monitor, rapid tests for pregnancy, blood glucose, hemoglobin, UA, blood type, Rh, syphilis, HIV, malaria, Hepatitis B and Hepatitis C. These rapid tests allow our doctors to diagnose and subsequently treat on the spot. We give the patient enough medicines to last 2 weeks or until we return.

Reproductive Health Patients for 2015

Birth Control/ Family Planning	1,086
Reproductive Tract Infection/ Sexually Transmitted Infection	878
Pelvic Inflammatory Disease	499
Anemia	398
ANC/ PNC	335
Dysfunctional Uterine Bleeding	540
Urinary Tract Infection	154
Infertility	91
Uterus Prolapse	46
TOTAL	4,027

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

Patients seen exclusively for reproductive health issues	Numbers of Patients	Percent of total patients
1 st Quarter 2015	1,025	78%
2 nd Quarter 2015	761	52%
3 rd Quarter 2015	933	62%
4 th Quarter 2015	1,308	79%
TOTAL	4,027	68%

Maternal and Child Health

The Problem

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

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

To achieve the full life-saving potential that ANC promises, a minimum of four visits will be provided which include: Identification and management of obstetric complications, such as preeclampsia, tetanus toxoid immunization, identification and management of infections including HIV, syphilis and other sexually transmitted infections, 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.



A mother with her child at our mobile health van.

Health Education

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

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

Education Classes 2015

Total Number of Health Education Classes	19,143
Number of FARH Classes	8,921
Number of Child Education Classes	2,352
Number of Patients who completed 6-8 Education classes	207
Number of Patients who completed 9-12 Education classes	37
Number of Patients who completed 13-18 Education classes	7

The Problem

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

Health Education 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.



Health Education Class For Women In Panchayat Ghar Dhakrani Village

Month	Class 1	Class 2
January	Measles Mumps Rubella	Nutrition
February	Blood Pressure	Environmental Health
March	H1N1	Pelvic Inflammatory Disease
April	Anemia	Menstrual Cycle & Menstrual Hygiene
May	Measles Mumps Rubella	Thyroid
June	Tuberculosis	Girl Child Education
July	Menopause	First Aid
August	Nutrition	Anemia
September	Mental Health	Unsafe Abortions
October	Menstrual Cycle & Menstrual Hygiene	Vaginal Discharge
November	Birth Control	Measles Mumps Rubella
December	Menopause	Pelvic Inflammatory Disease

Health Camps

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

Handwashing

Nutrition

Personal Hygiene

First Aid



Children enjoy the interactive Handwashing videos we play for them at health camps

Female Adolescent Reproductive Health (FARH) Program

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

The Problem

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

Our Solution

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

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

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

Our program is an effective way to address the inadequate reproductive health literacy and knowledge amongst our target population as it considers both the male and female adolescent experience of sexual and reproductive health and provides culturally appropriate and specific education taught by young local educators. 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.



Sunmala Rawat, Health Educator with her students during FARH class

Male Adolescent Reproductive Health (MARH) Program

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

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



Adolescent boys during MARH class

Curriculum

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

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

Reproductive Health Of Adolescents and Youth

Topics

Female Youth

Puberty & Female Reproductive Anatomy

Menstrual Cycle & Menstrual Hygiene & Management

Vaginal Discharge, RTI's and STI's and HIV/ AIDS

HIV and AIDS & Family Planning and Peer pressure

Domestic Violence/ Violence Against Women

Male Youth

Male Reproductive Anatomy

Puberty and Peer Pressure

Risky Health Behaviors: Drugs, Alcohol, Tobacco

Sexually Transmitted Infections and HIV/ AIDS

Violence Against Women/ Gender Sensitization

Objectives

Increase in Knowledge

Positive changes in attitude and values

Adaptive and positive changes in behavior



Pooja Bhatt, Health Educator taking FARH classes

RESEARCH

One ongoing program of Bella Health Care is to collect data on the health of the communities we work with. The aim of this research is to improve the quality of care that we provide to those needing our services. Some of our research topics include the following Studies and data collected in 2015:

- ❖ **Patient Satisfaction:** Results are in the appendix
- ❖ **Patient Compliance:** Results are in the appendix
- ❖ **Control Vs. Intervention:** Results are in the appendix
- ❖ **Male Adolescent Reproductive Health (MARH) Pilot Study:** Results are in the appendix
- ❖ **Child Database:** Results are in the appendix
- ❖ **Chronic Diseases Database:** Results are in the appendix
- ❖ **Acute Diseases Database:** Results are in the appendix



Monitoring and Evaluation

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

Tool	Frequency	Methodology
Baseline	Before Intervention	Quantitative
Patient Satisfaction	Annually	Quantitative
Internal Evaluation	Before/After Class	Quantitative
Program Monitoring	Annually	Quantitative
Patient Compliance	Annually	Quantitative

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

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

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

Age

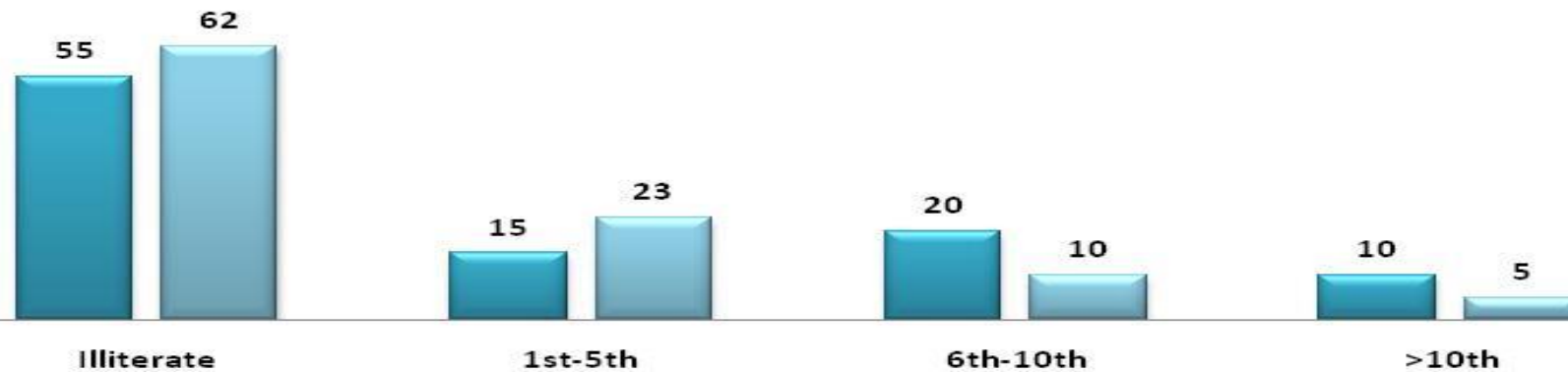
■ Baseline Survey ■ Program Monitoring Survey



Age: (in years)

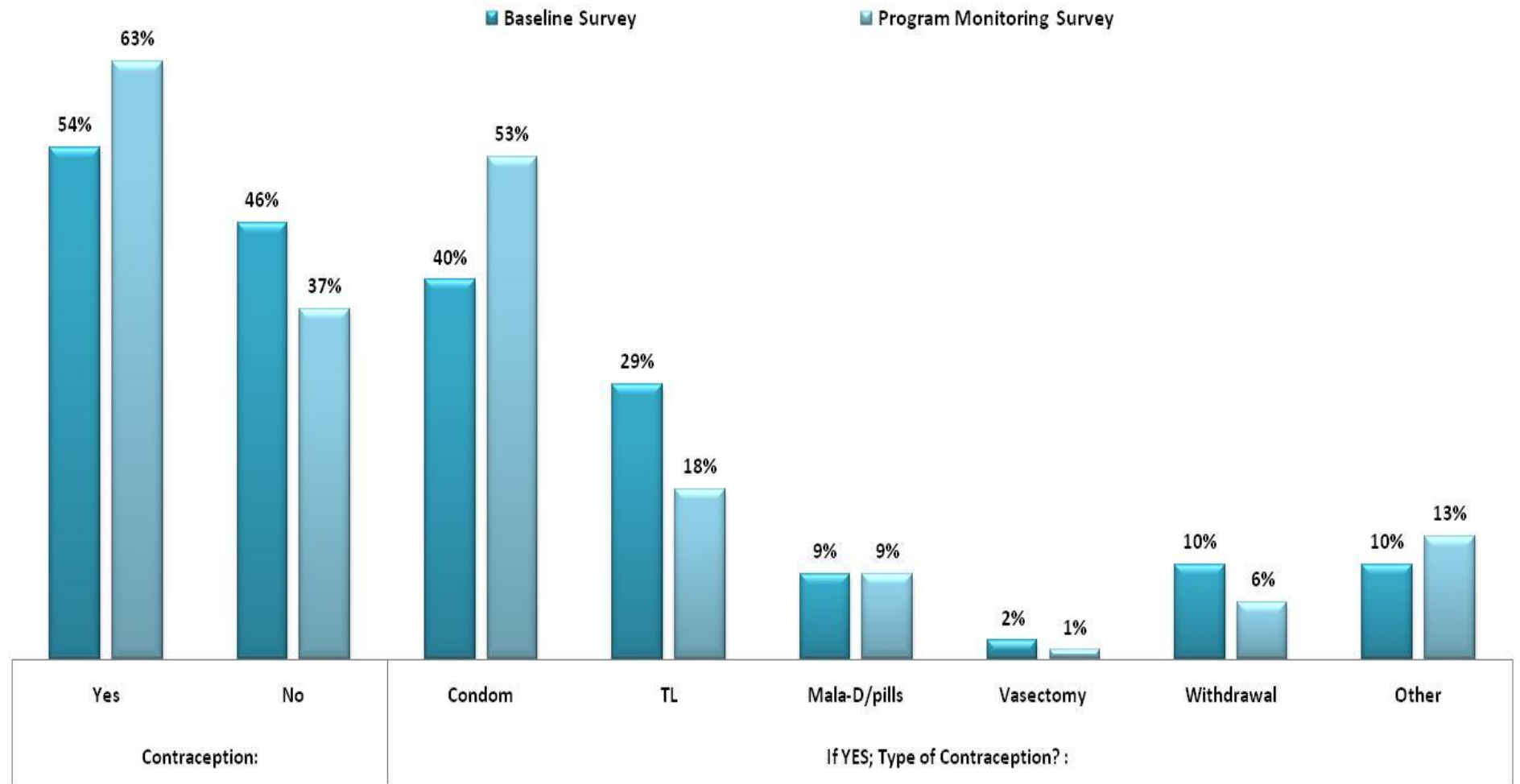
Education Level

■ Baseline Survey ■ Program Monitoring Survey



Education : (in %)

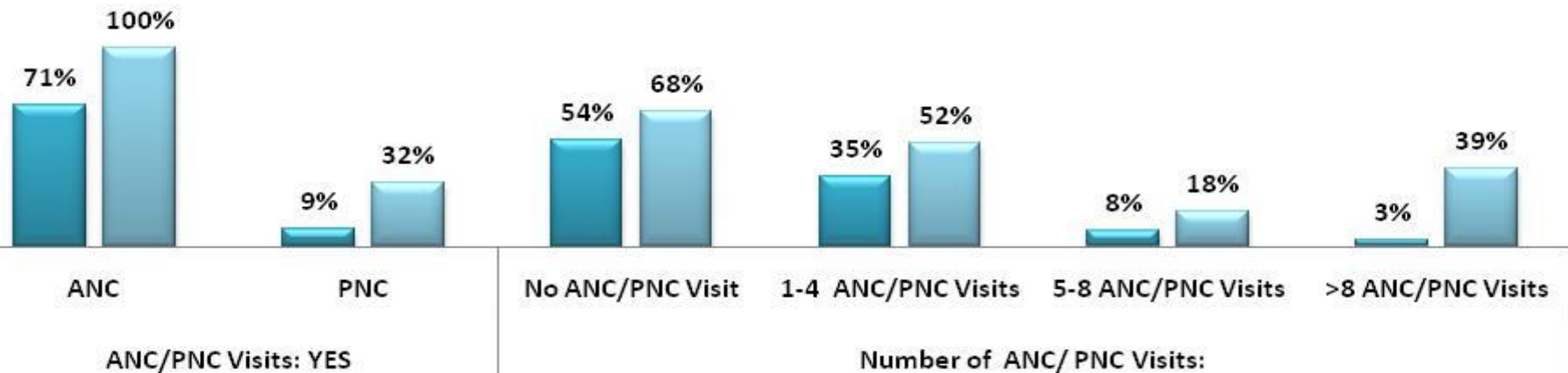
Are you currently using a method of Contraception and type of contraception used?



During Your Last Pregnancy, Did You Have ANC/PNC Visits?

■ Baseline Survey

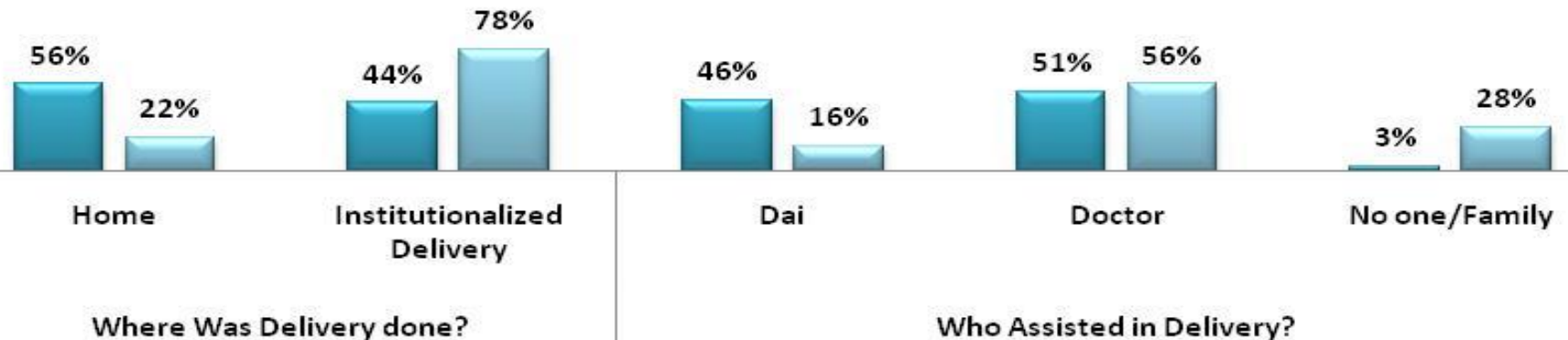
■ Program Monitoring Survey



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

■ Baseline Survey

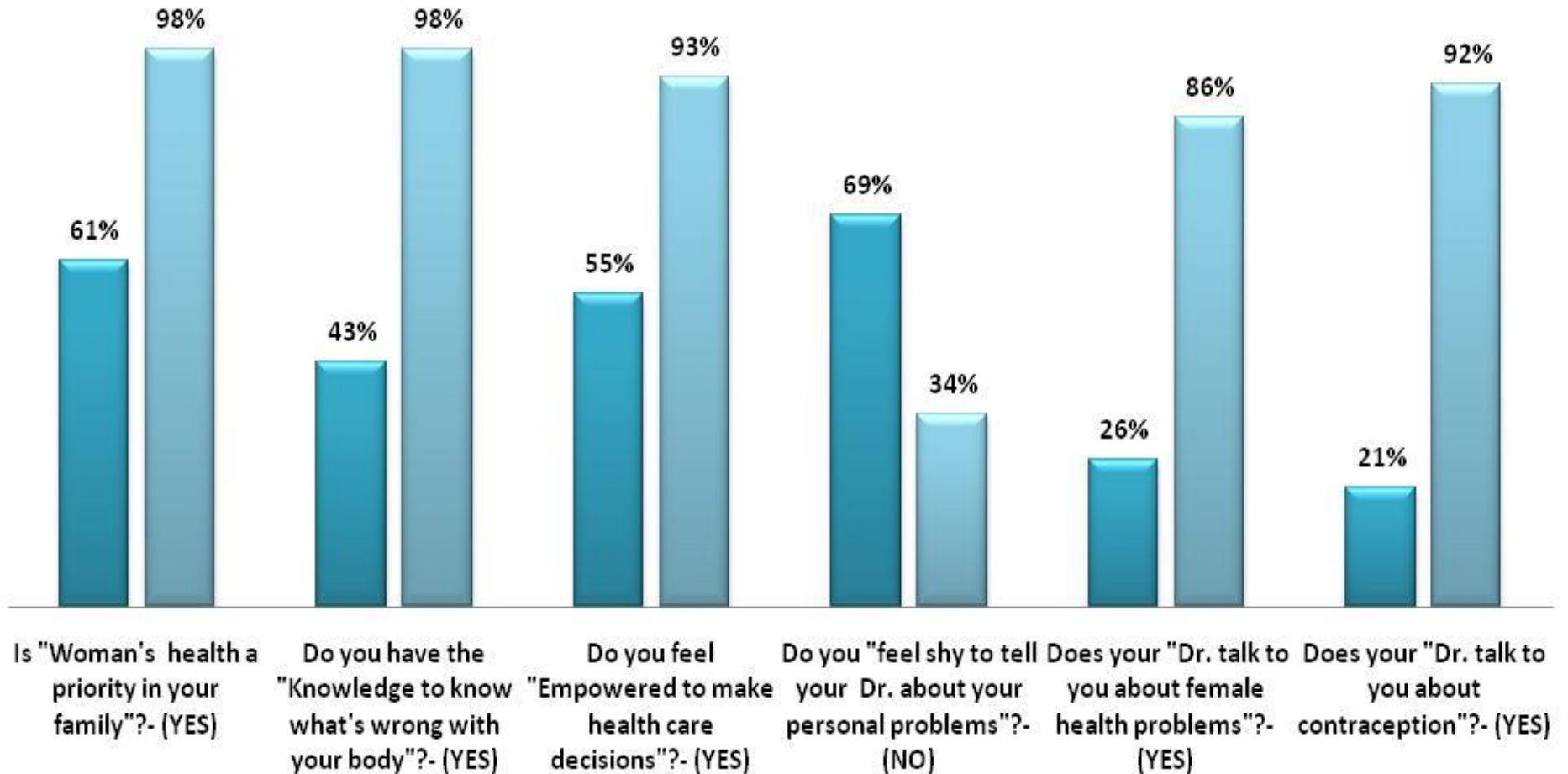
■ Program Monitoring Survey



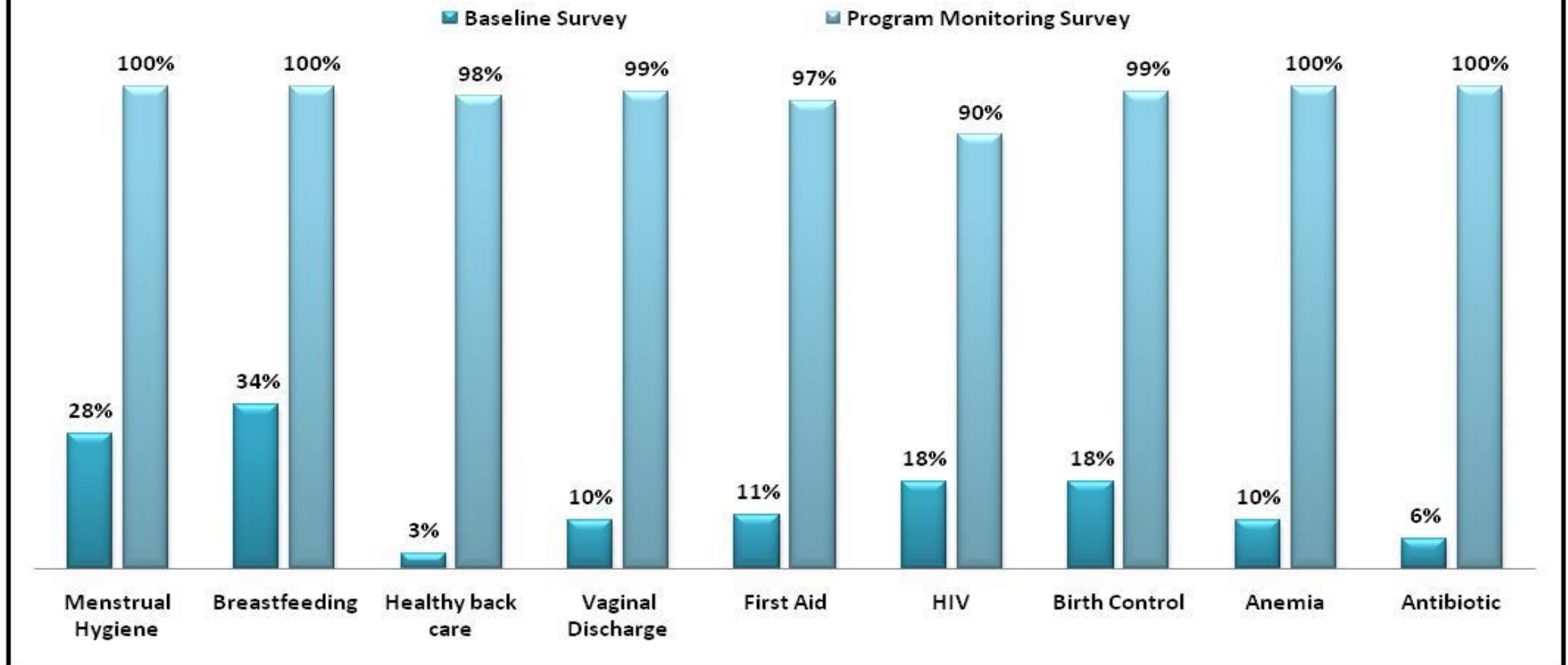
Perception On Woman's Health Care

■ Baseline Survey

■ Program Monitoring Survey



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

World of Difference- Dasra Social Impact accelerator program was attended by Mr. Rashid Ahmad, program manager of Bella Health Care on 13-16 January 2015 at TERI Retreat campus, Faridabad. It was a good opportunity to have an idea about the needs of the initiative, Organizational capacity building focuses on developing the capabilities of organizations to accomplish their missions in ways that are faster, better organized, and more effective. It was attended by senior representatives of 38 organizations as varied as the Bella Health Care ,Hunger Project (India), PRS Legislative Research, the Public Affairs Centre (PAC), Apnalaya, CHETNA, and the Child in Need Institute (CINI). Participants spent the five days learning from and contributing to sessions, focusing on their theory of change, monitoring and assessing the impact of their organization and crafting effective elevator pitches.



Dasra conducted its 6th Edition of the DPW (Dasra Philanthropy Week) in Mumbai , bringing together prominent philanthropist , social entrepreneurs, foundation heads to discuss, debate and address urgent societal challenges.

Rashid Ahmad, FARH program Manager at Bella health care , was part of this 3 day event.

This event provided a great opportunity to get critical feedback from these funders and knowing the various strategies that could be adopted. By creating an environment that fosters peer learning, network-building, and collaboration, the DSI Accelerator Program this year aims to strengthen the ecosystem of organizations working on Governance, particularly mobile for governance and mobile for health.

Partnering with Max India Foundation

Bella Health has partnered with Max India Foundation to initiate free medical health camps at village Dhakrani. Bella health under Max India Foundation, has been providing free healthcare services to women and children.

We would be conducting 8 visits in lower and upper Dhakrani village and would be covering maximum population of women and children. The patients with serious ailments would be referred to Max Hospital and free treatment would be given to them.

The free health camps would be starting in the month of April onwards, involving 2 health camps on Mondays and Tuesdays of every week.

We are also conducting free Immunization camps monthly in collaboration with **Max India Foundation**.



To mark the occasion of Women's day and celebration of womanhood, Bella Health Care conducted a free health check up camp for women , who were invited guests by Times of India at Silver City and was in association with Vodafone, Indian Oil Corporation, Bhartiya Mahila Bank and VLCC.

In this free camp, around 50 women got themselves checked. They were happy to see a medical camp at the venue. Free blood pressure, HgB test, weight and general health check up was carried out.

This program wouldn't have been a success without the help of Vodafone volunteers and support from Times of India. As we celebrated this momentous occasion, each of us carried good memories.



Bella Health team at SilverCity mall



Jinsy Philip and Dipali Patel at Krishna Clinic

Bella Health has been really excited to get experienced Vodafone employees , Jinsy Philip & Dipali Patel ,as our volunteers, for a period of 55 days, under World of Difference Program by Vodafone Foundation.

Jinsy Philip assisted the health educator during her visits to various public schools and educated adolescents girls on various related topics in an interesting fashion.

Dipali Patel was involved in FARH program and our health care services for a week, so as to get an idea about the work being done at Bella Health and identify gaps in current fund raising strategy.

Bella Health conducted a 2-day Workshop on “ Female Reproductive Health” with Mahila Samakhya, in Haridwar from 20th & 21st March. Mahila Samakhya is a government organization that aims to provide education and empower women in rural areas, particularly women from socially and economically marginalized groups. The total number of participants in this workshop were 45, within age group of 19 to 65 years of age, who were associated with Mahila Samakhya.

The objectives of this workshop was to make the participants aware about various issues related with women health and to provide them with the necessary support structures and information to create opportunities for health education and awareness. The workshop focused on enhancing the self confidence and self awareness about health and recognize their contribution to society.



Max India Foundaton Launched its Village Adoption Project in the presence of Honorable Chief Minister of Uttartakhand, Harish Rawat on 3rd July by adopting the village Dhakrani in Dehradun district of Uttarakhand. The programme envisages multiple interventions in the chosen village aimed at improving the residents’s overall quality of life.

Our Healthcare Provider, Dr. Rozalia George and Operations Manager, Rashid Ahmed attended the event as representatives of Bella Health Care Charitable Trust. We have been organizing bi-weekly health camps in partnership with Max India Foundation, in which free consultation and medicines are provided to the villagers.



World AIDS Day Awareness Event and Health Education Classes

Bella Health had organized an event at the Parade Ground, Dehradun on this occasion. Our main objective was to spread awareness and provide support to HIV/AIDS affected people. Dr. Rozalia George had started the event by giving the introduction of our organisation. She also shed some light on the cases of HIV and AIDS in the state of Uttarakhand and mentioned the importance of World AIDS Day. Thereafter, we had organised various activities in which students from Government Inter College, Vani Vihar had actively participated. Students from Himalayan Institute of technology had also joined us.

From 23rd November to 30th, HIV/AIDS classes were conducted in 14 government schools for boys and girls from classes 9th-12th. The classes were of 1 hour in each school. The response rate of students was 100%. Our Health Educators had used charts and PowerPoint presentations to explain about HIV and AIDS to students. They had also distributed handouts to give information.

With our HIV/AIDS education classes we were able to educate a total of 2,982 students.



In the coming future

Year 2016:

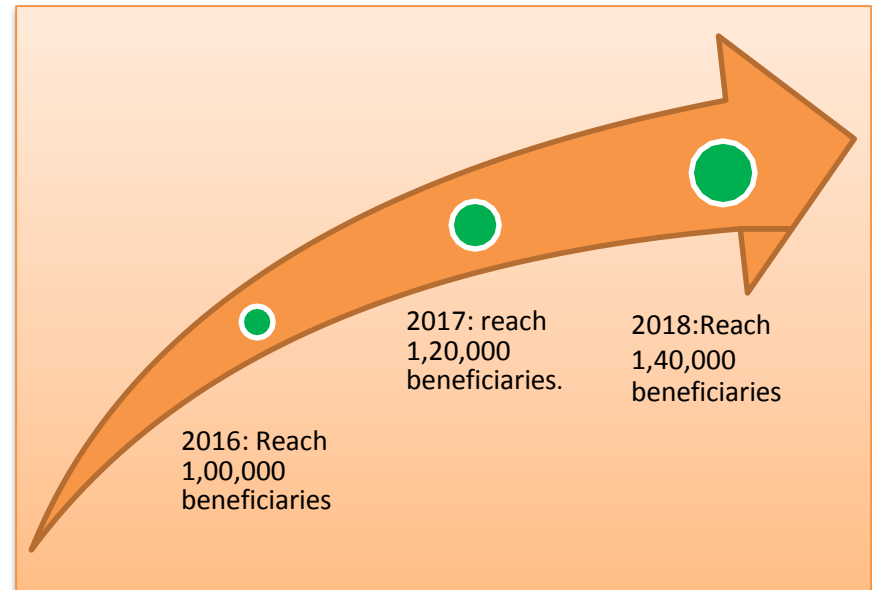
- Provide Health Care Services to 1,40,000 beneficiaries.
- Scale the Adolescent health classes to reach 40,000 adolescents in 2 districts of Uttarakhand.
- Continue to conduct research and publish..

Year 2017:

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

Year 2018:

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



The Team That Makes It All Happen !

Name	Position on Governing Body	Qualifications	No. Years as Board	Other Offices
Dr. Vijay P. Agarwal	President & Founder	MD, MBBS	4	Practicing Physician in USA.
Colette Smith	Vice-President	BSN, RN, MPH	4	NA
Dr. Rozalia George	Chairperson	BAMS	1	Health Care Provider in Bella Health

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

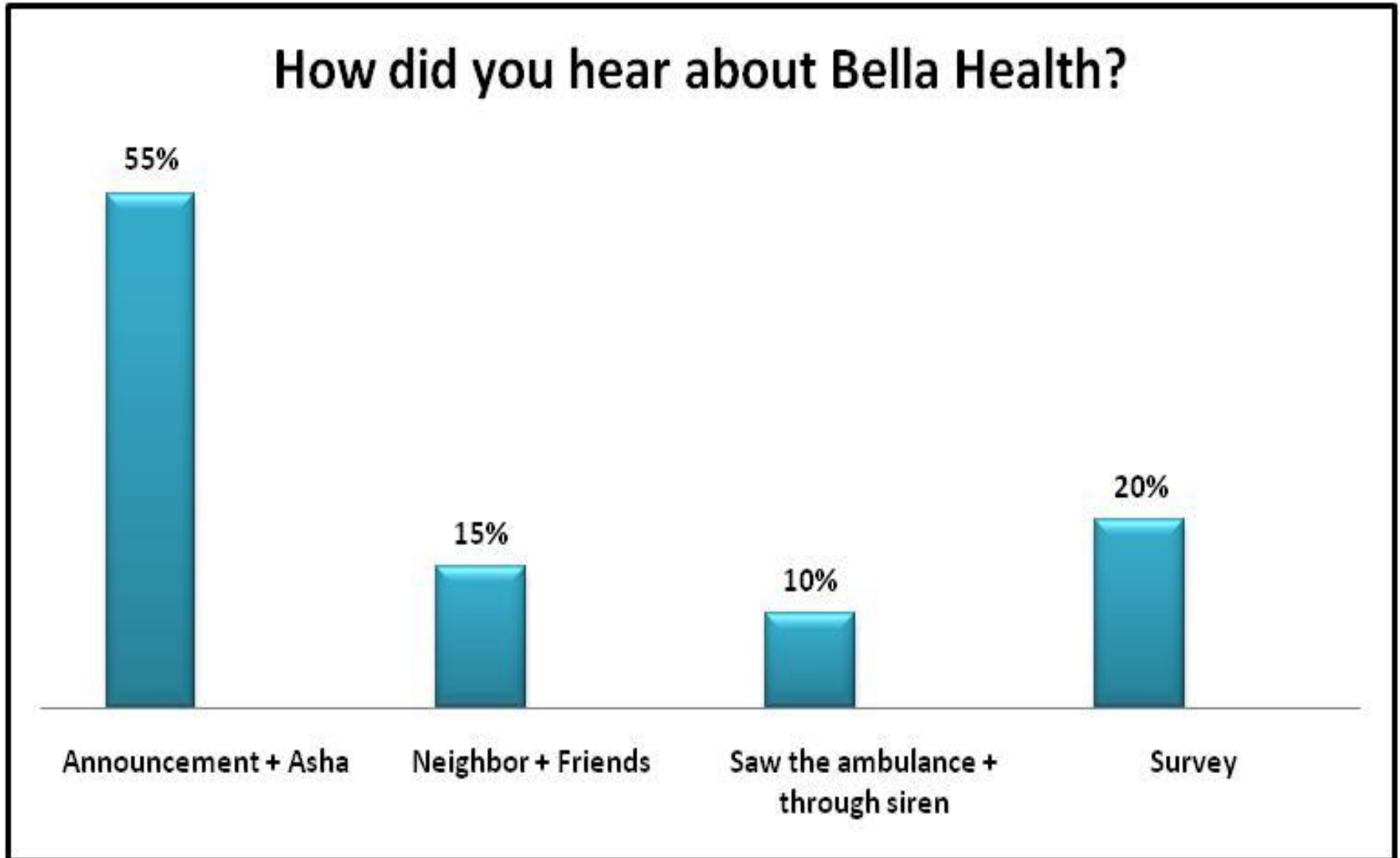
- **Operations Manager:** Rashid Ahmad
- **Health Care Provider:** Rozalia George
- **Health Educators:** Sunmala Rawat, Pooja Bhatt
- **Family Planning Counsellor:** Bharti Badoni
- **Research Assistant:** Kritika Ghildyal
- **Data Enterer:** Priya Rai
- **Clinical Support:** Rani Parchha, Geeta
- **Nurse:** Leela Devi
- **Drivers:** Ashish, Kamal, Rakesh, I Bahadur, Shubham
- **Housemaid:** Kamlesh
- And **volunteers** who come from all over the world to give back!



Bella Health Team at Krishna Clinic

Appendix

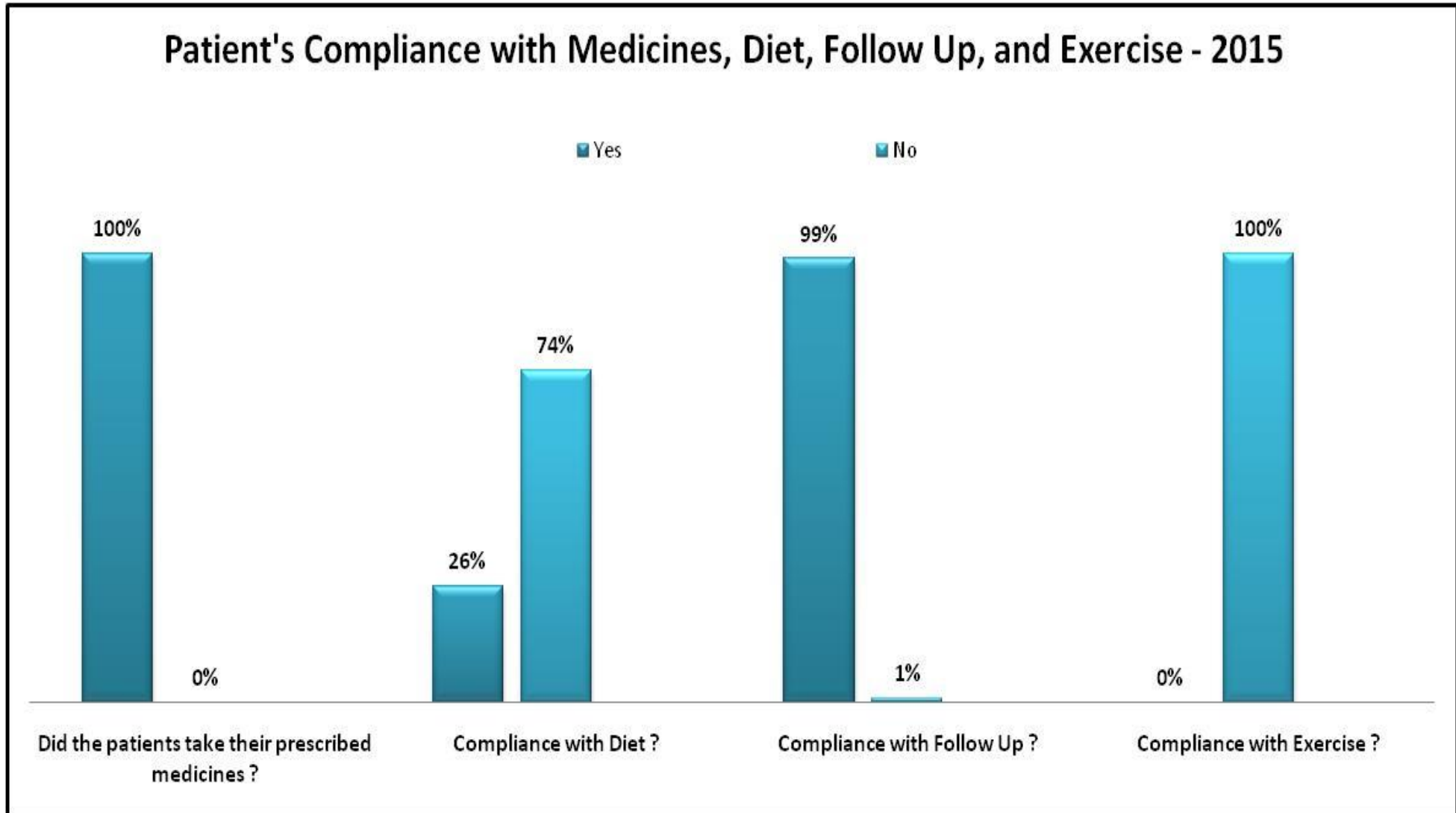
Patient Satisfaction Survey



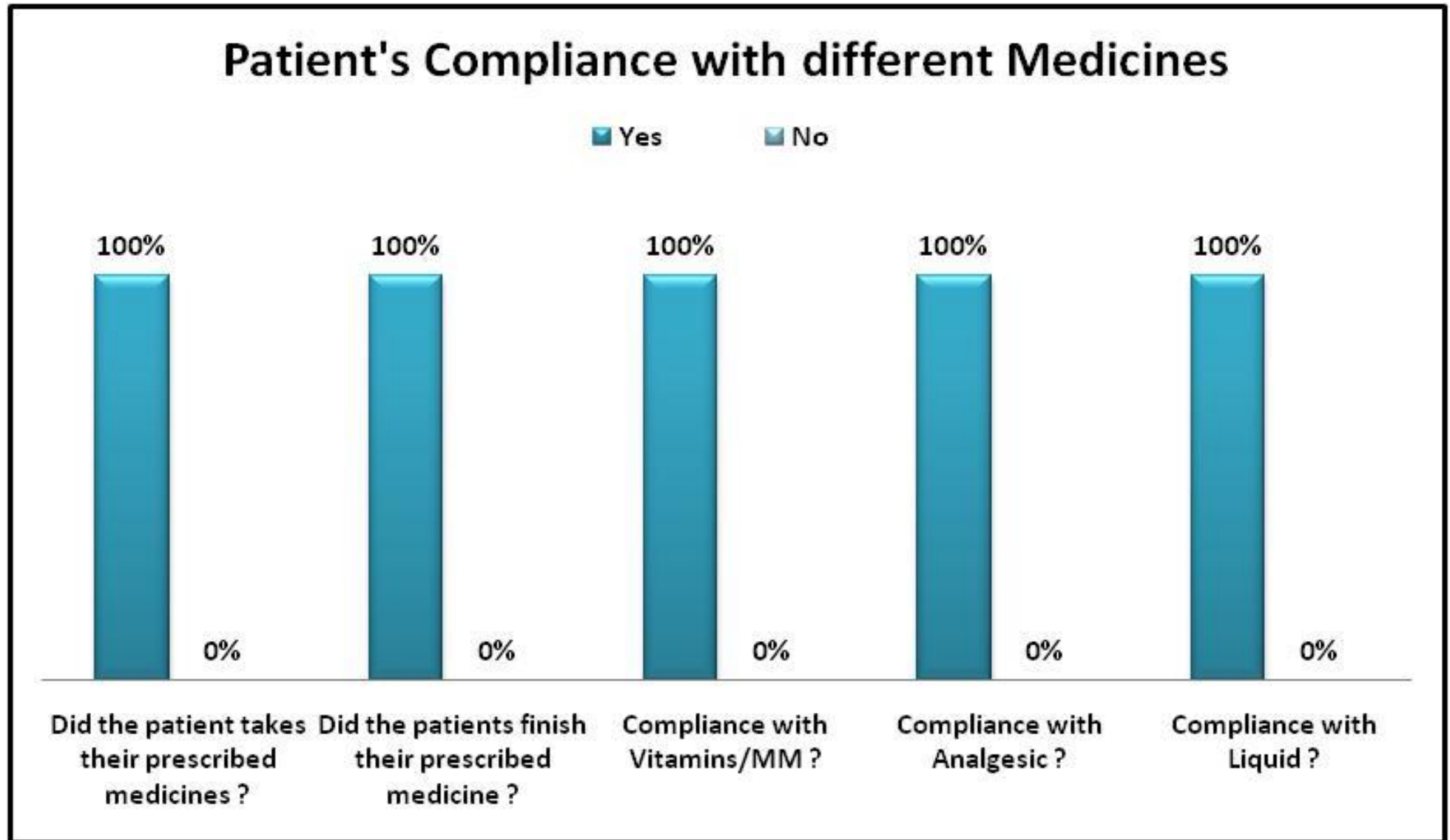
Questions	Descriptive Response
How was your overall experience with the visit to Bella Health?	100% patients described their overall experience with us as good
How long did you spend with Bella health?(minute)	On an average a patient spends around 42 minutes with Bella Health, where the minimum is 10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

Compliance Survey

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

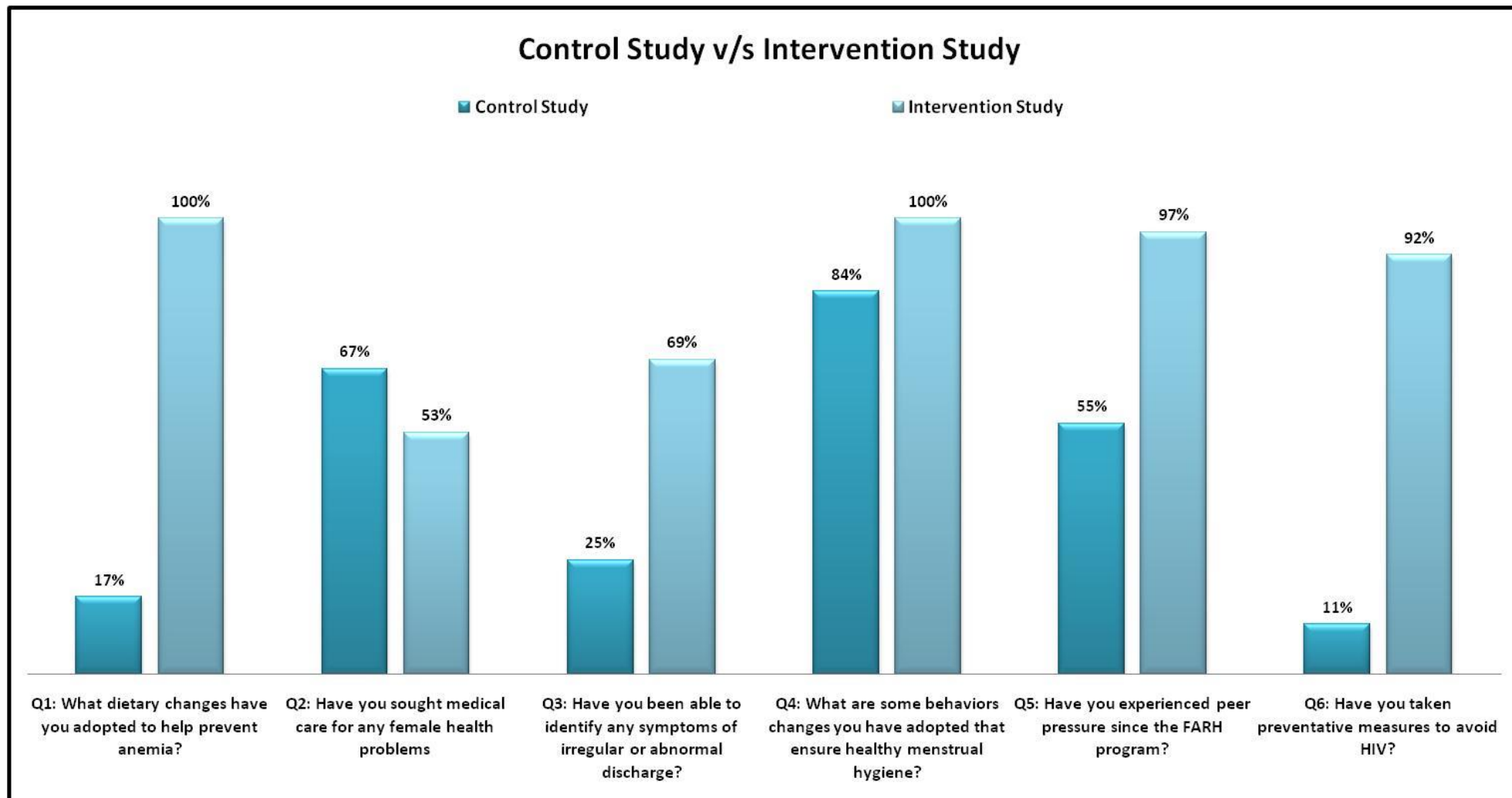


Below is a graph that shows patient's compliance with different medicines. It is important to measure the compliance so that we can see which medicines patients are not compliant to. Then we can address the barriers to their compliance. Often times, lack of compliance stems from lack of knowledge, so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



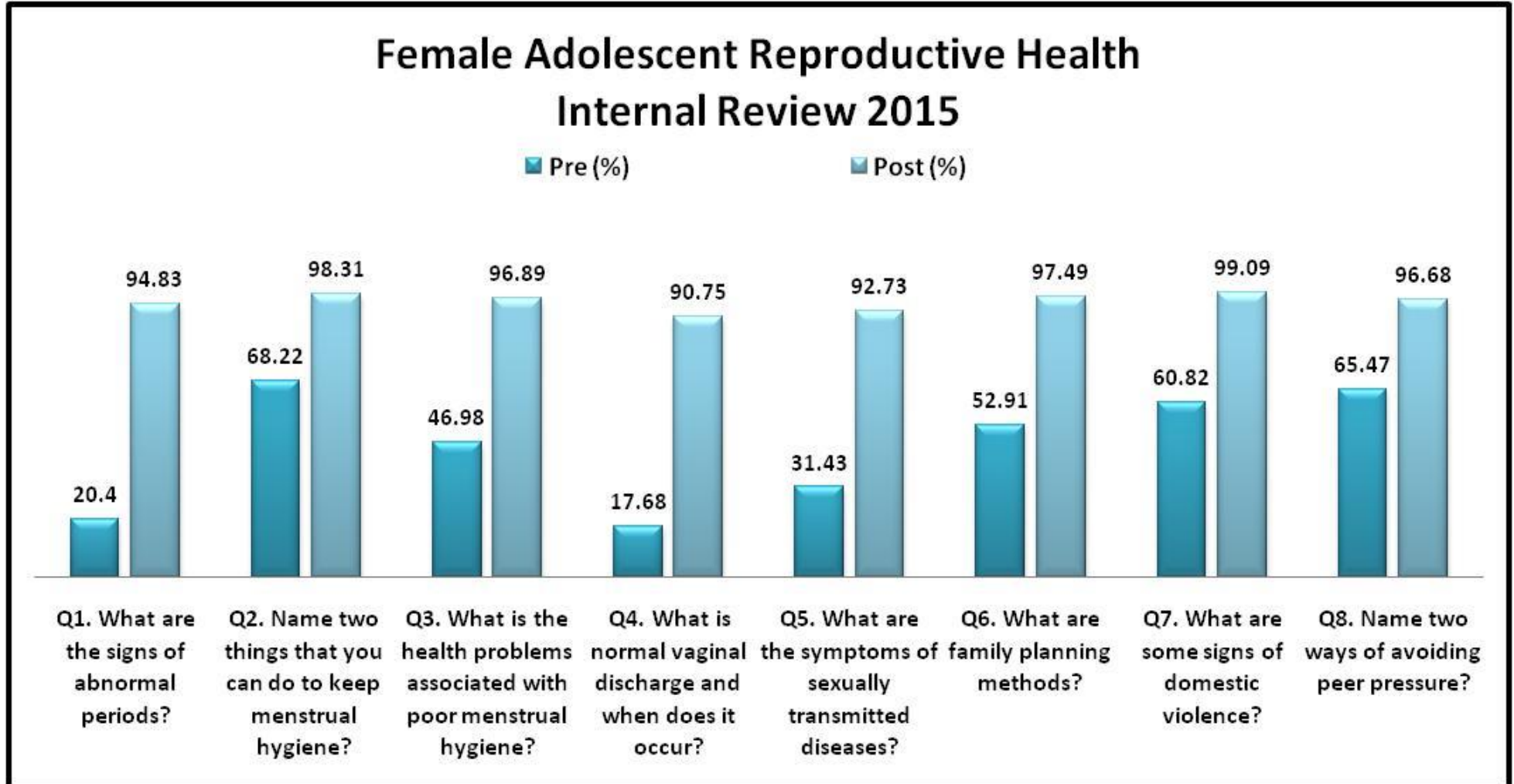
Control v/s Intervention Study FARH

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



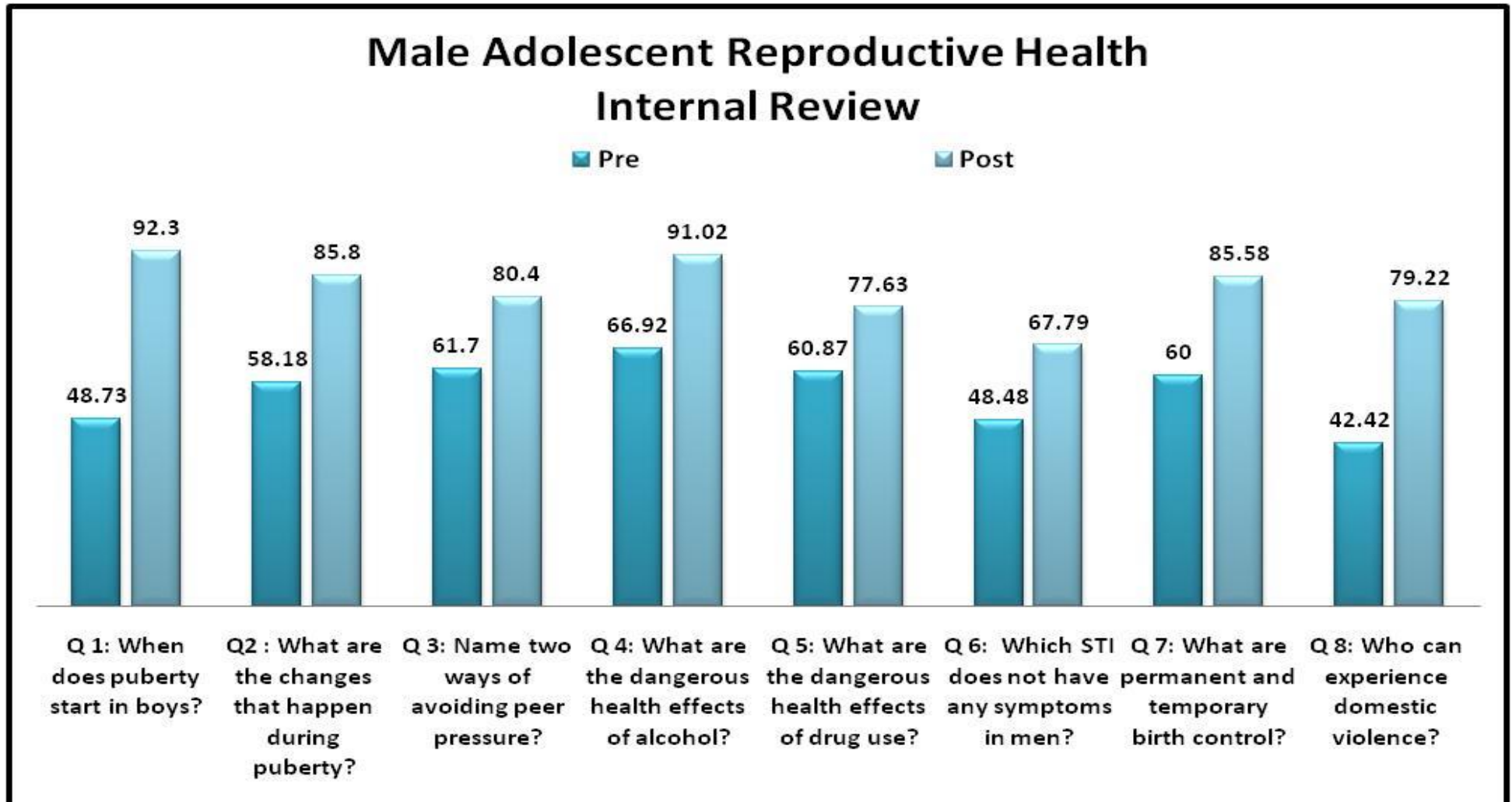
FARH Internal Review

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



MARH Pilot Study – Internal Review

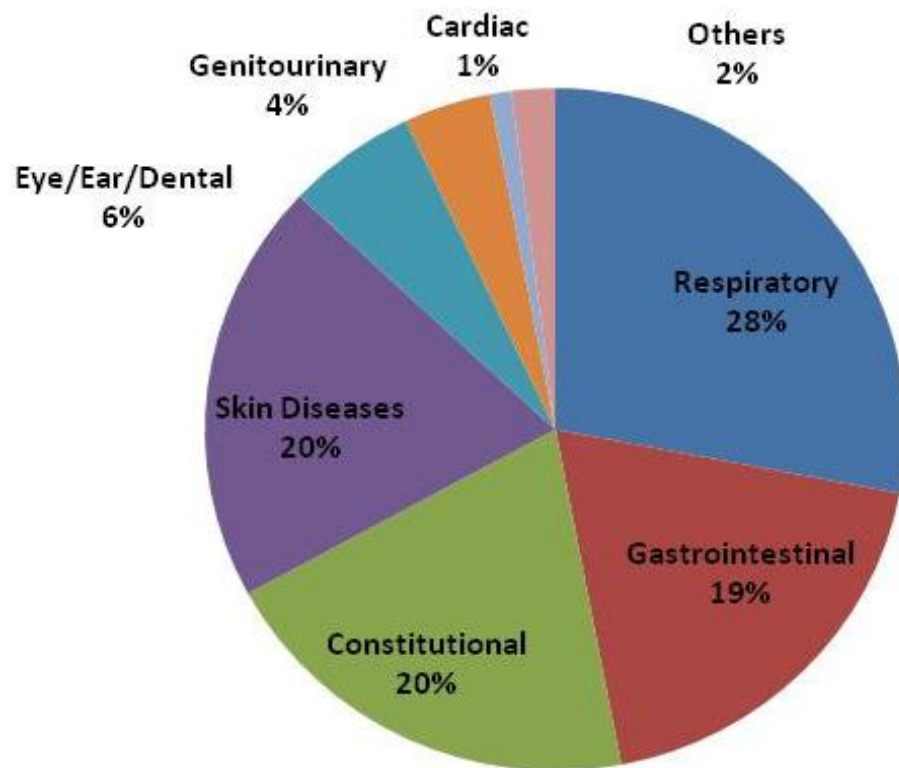
The impact of the program is evaluated with the reproductive health knowledge test (Internal review) designed for this study. Pretest evaluated 'baseline knowledge' of the participants, and the post test measured the "gain in knowledge". This survey's purpose was to evaluate adolescents' knowledge, attitude and behavior about reproductive health before and after the program. The internal review was self-administered and completed by the respondents. Total of 83 internal reviews were conducted to collect the data. Out of 16 questions we had asked the students, a sample of 8 questions is given below.



Graphs on Diseases of Child Patients

Diagnosis of Children

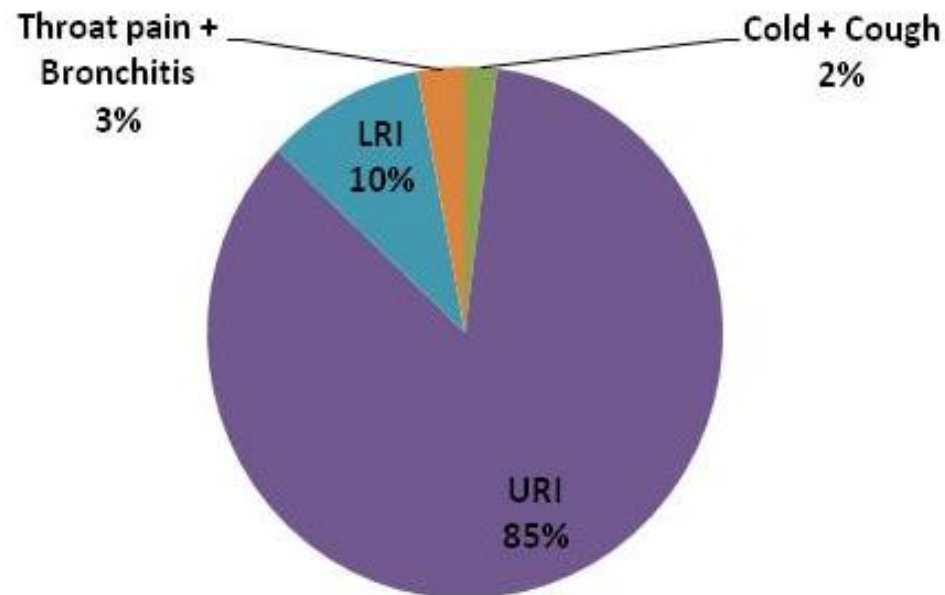
N=877



Bella Health provided health care services to 877 children in 2015. 28% of the children were diagnosed with a respiratory illness, 19% were diagnosed with a gastrointestinal illness, 20% were diagnosed with a constitutional illness, 20% had skin, 6% eye/ear issues.

Respiratory

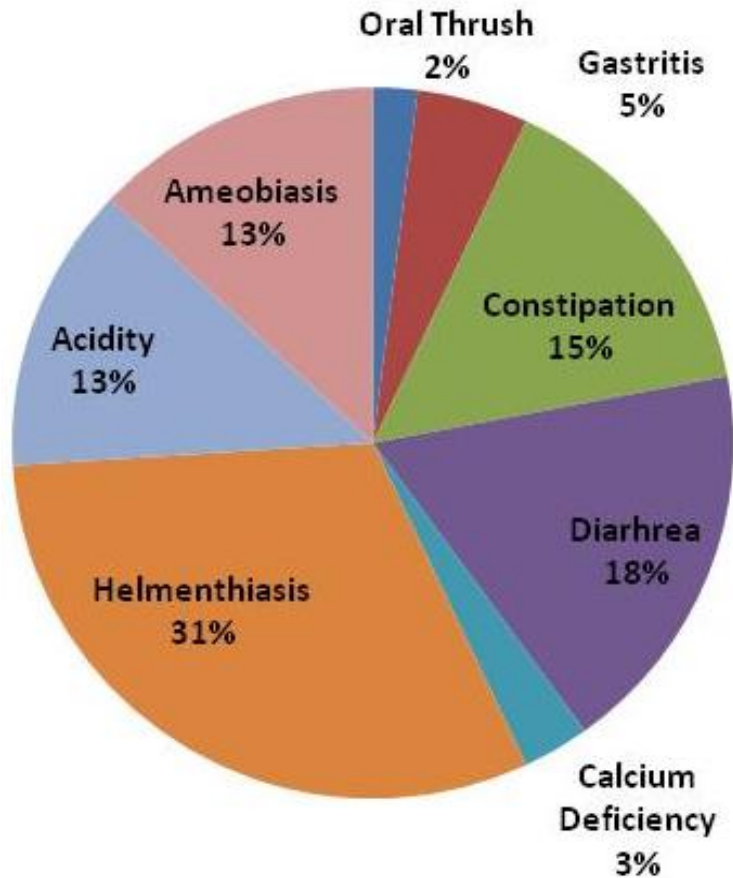
N = 249



Bella Health diagnosed 249 cases of respiratory diseases in child patients in 2015. Of these respiratory diagnoses, 85% were Upper Respiratory Infections, 2% were cold and cough related, 3% were bronchitis related and 10% were Lower Respiratory Infections.

Gastrointestinal

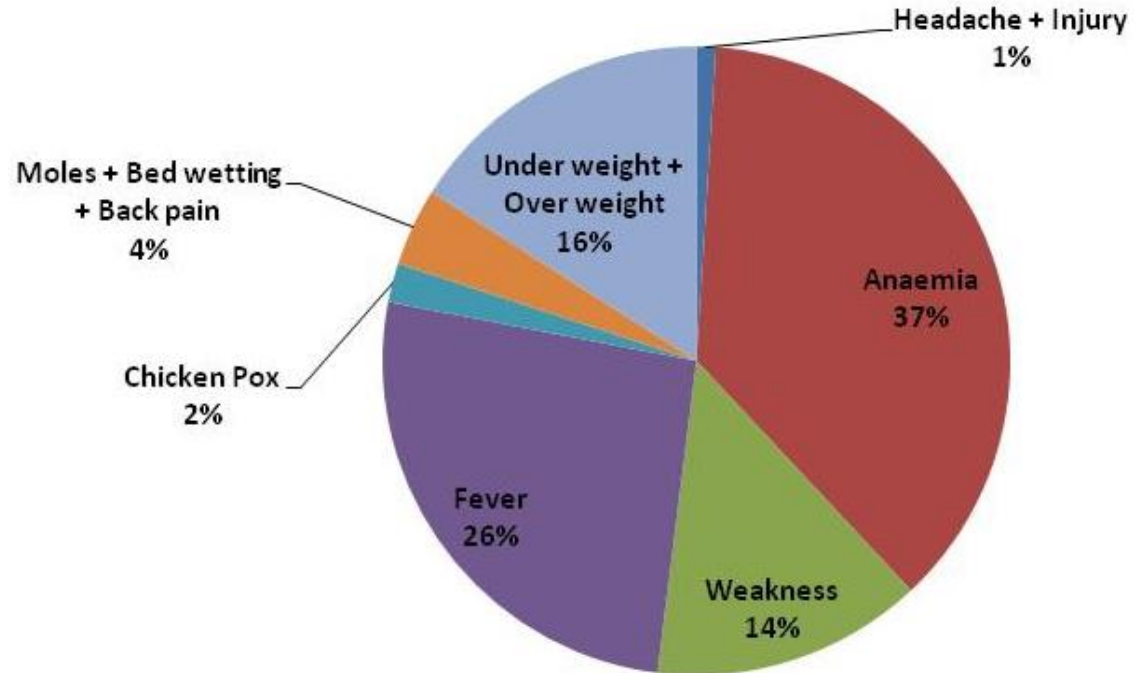
N = 148



148 cases of gastrointestinal diseases were diagnosed in child patients. Of these, 31% were cases of Helminthiasis, 18% were cases of Diarrhea, 5% were cases of Gastritis, 15% were cases of constipation; 13% cases of acidity; 13% cases of amoebiasis and 3% of these total diagnoses were cases of calcium deficiency.

Constitutional

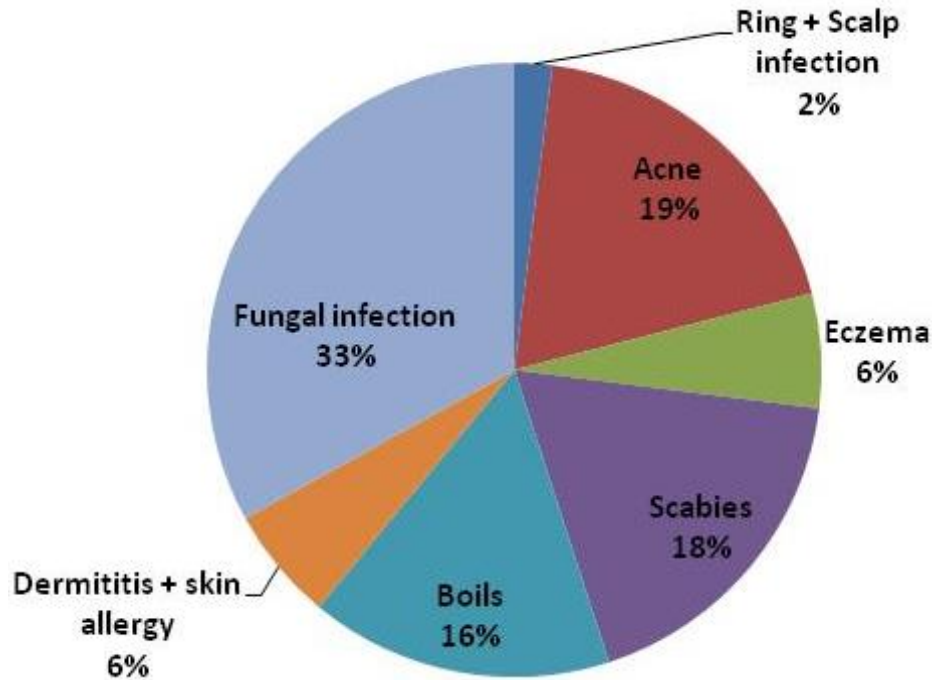
N = 184



Bella Health diagnosed 184 cases of constitutional disease in child patients in 2015. Constitutional diseases represent a group of symptoms that affect many body systems and are not very specific. Of these constitutional diseases, 14% were cases of weakness; 26% were cases of fever; 37% were cases of anemia; 16% were weight related and 1% were cases of injury.

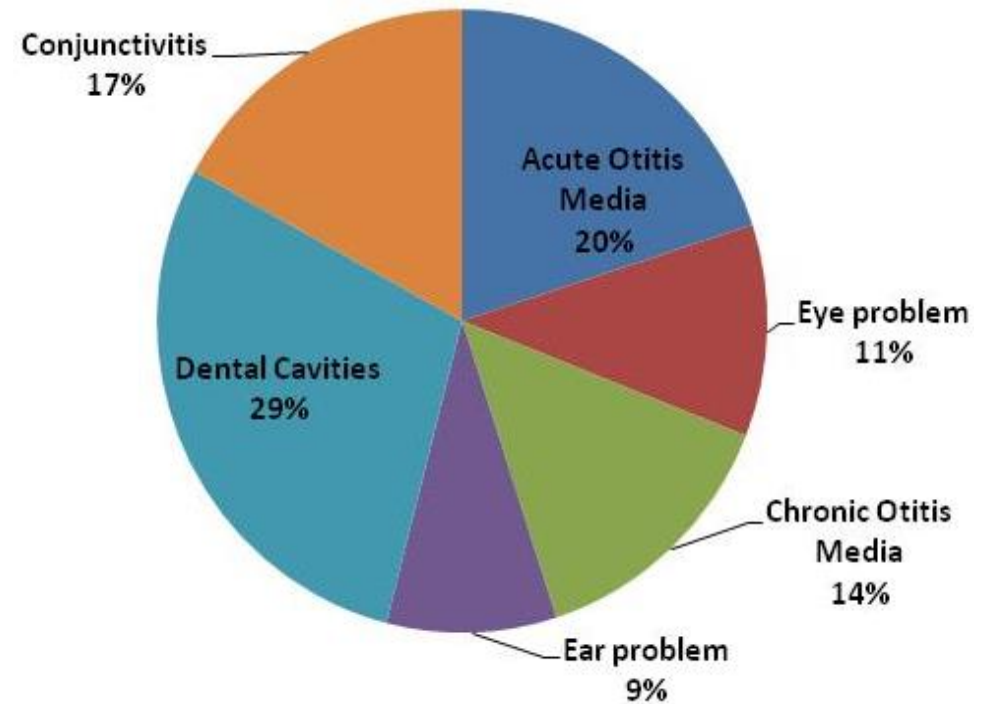
Skin Diseases

N = 174



Eye/Ear/Dental

N = 56

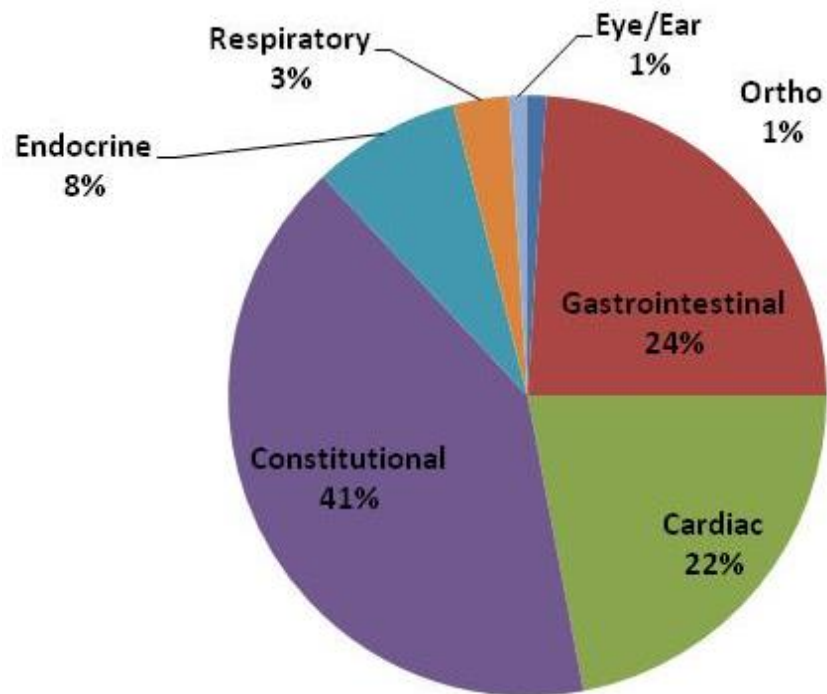


Bella Health diagnosed 174 cases of skin diseases in child patients in 2015. Within the skin diseases, 6% were cases of dermatitis or skin allergies; 33% were cases of fungal infection; 16% were cases of boils; 18% were cases of scabies; 19% of were cases of acne and 6% cases of eczema.

Bella Health diagnosed 56 cases of Eye/ear/dental diseases in child patients in 2015. Within these diseases, 20% were of Acute Otitis media, 11% had eye problem, 14% had Chronic Otitis Media, 9% had ear problem, 29% had dental cavities and 17% had conjunctivitis.

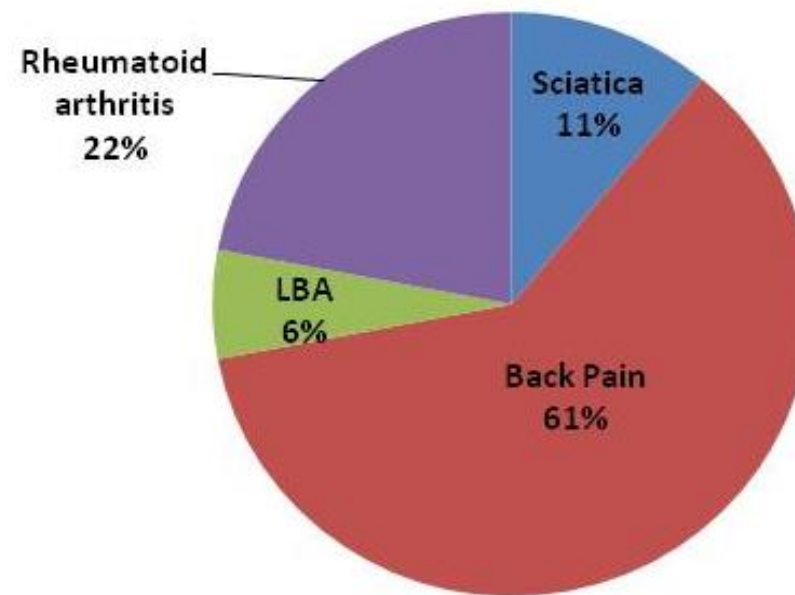
Graphs on Chronic Disease Patients.

Diagnosis of Chronic Disease N=1522



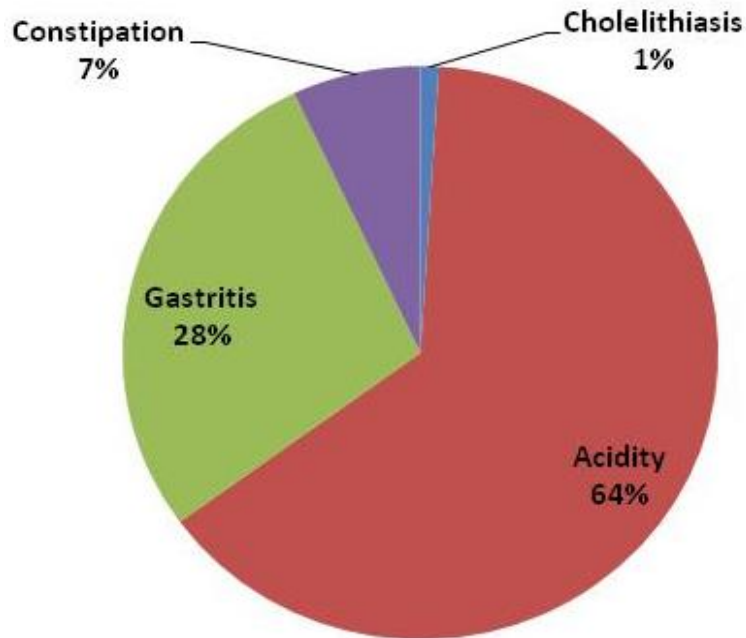
In 2015, Bella Health provided health care services to nearly 1522 patients who have chronic disease. We have classified the type of chronic diseases that they suffered from. We have grouped their diagnoses into 7 categories. 1% had a ortho diagnosis; 22% had a cardiac diagnosis; 24% had a gastrointestinal diagnosis, 41% resulted in a constitutional diagnosis; 8% had a endocrine diagnosis; 3% had a respiratory diagnosis; 1% had a eye or ear diagnosis; and less than 1% had a skin diagnosis.

Ortho N = 18

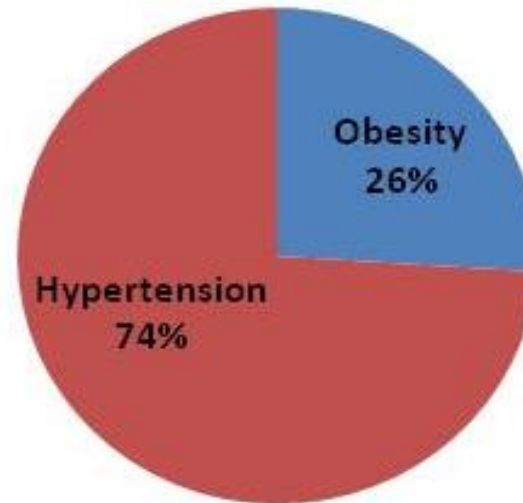


Bella Health diagnosed 18 cases of Ortho diseases in patients in 2015. Of these chronic ortho diseases, 22% were cases of arthritis related; 11 were cases of sciatica; 61% were cases of back pain and 6% lower back ache.

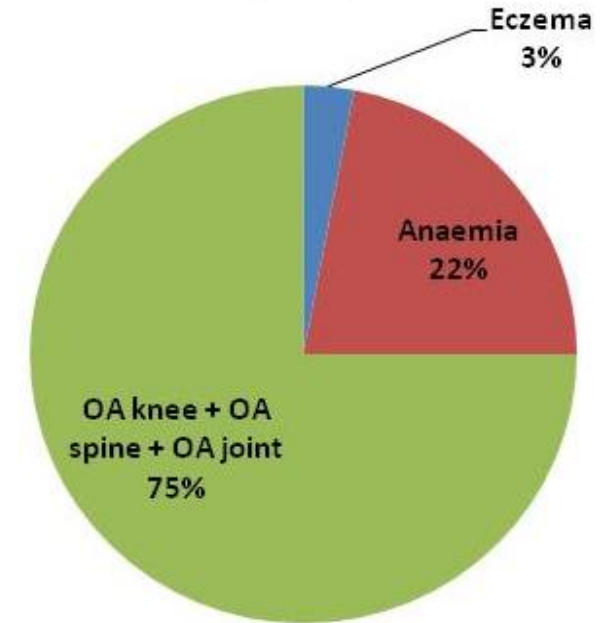
Gastrointestinal N = 371



Cardiac N = 334



Constitutional N = 622



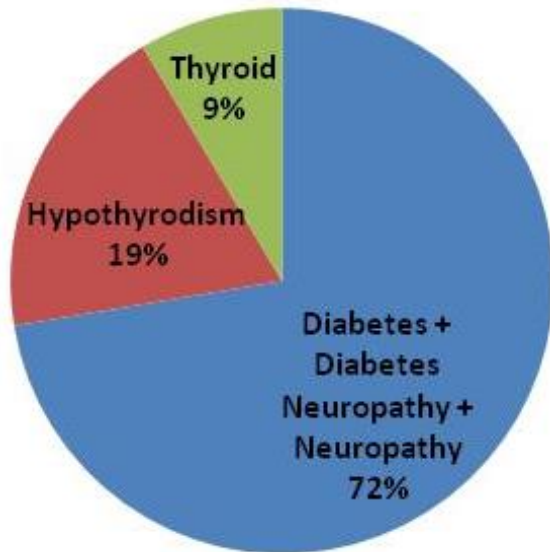
371 cases of Gastrointestinal diseases were seen in patients in 2015. Of these gastrointestinal diseases, 64% were cases of acidity; 7% were cases of constipation; 28% cases of gastritis and 1% were cases of cholelithiasis.

Bella Health diagnosed 334 cases of Cardiac diseases in patients in 2015. Of these cardiac diseases, 74% were cases of Hypertension or hypotension, 26% were cases of obesity.

Bella Health diagnosed 622 cases of Constitutional diseases in patients in 2015. Of these constitutional diseases, 22% were cases of anemia; 3% were cases of eczema; and 75% were cases of OA knee or OA spine.

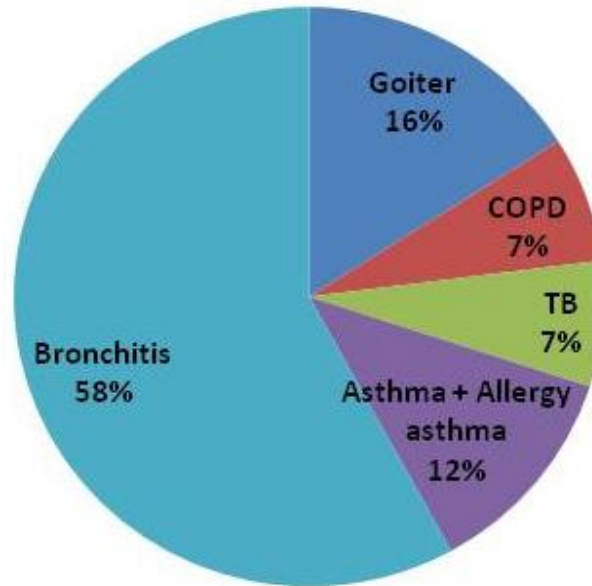
Endocrine

N = 119



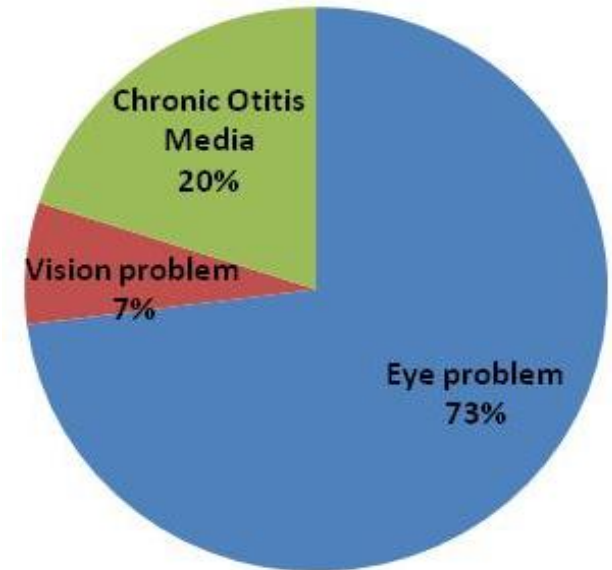
Respiratory

N = 43



Eye and Ear

N = 15

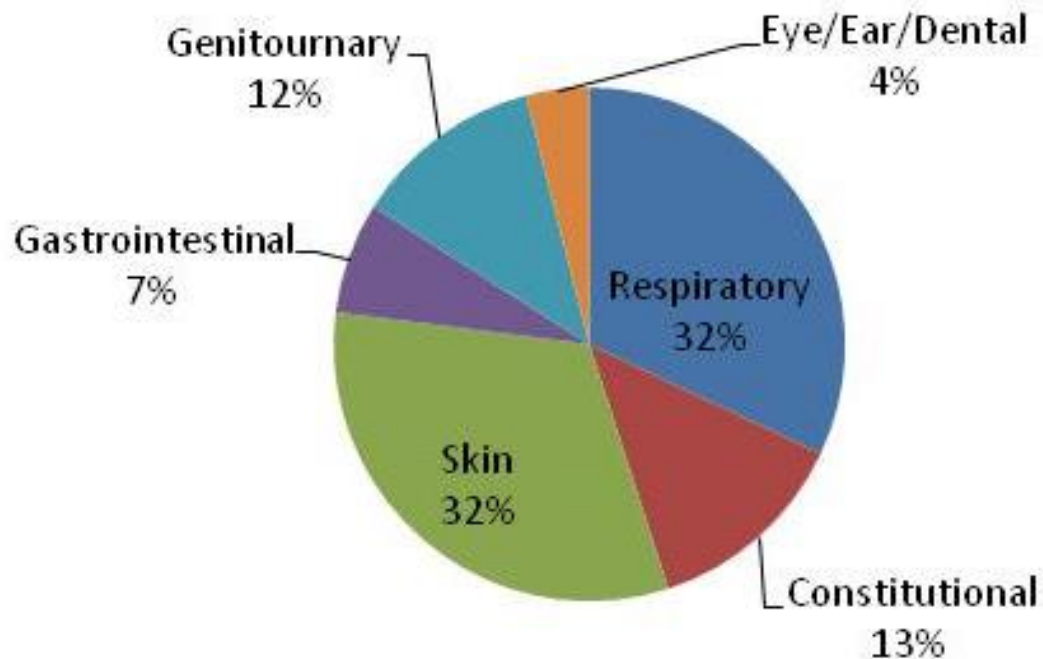


Bella Health diagnosed 119 cases of Endocrine diseases in patients in 2015. Of these endocrine diseases, 72% were cases of diabetes or diabetic neuropathy and 28% were cases of thyroid related.

Bella Health diagnosed 43 cases of Respiratory diseases in patients in 2015. Of these respiratory diseases, 58% were cases of bronchitis; 12% were cases of asthma related; 7% were cases of COPD; 16% cases of goiter and 7% were cases of TB.

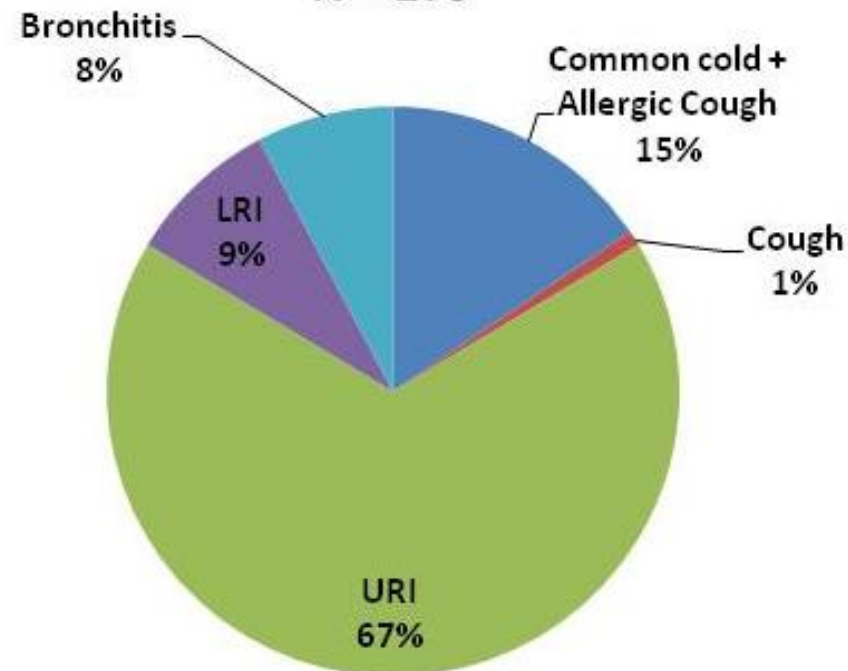
Bella Health diagnosed 15 cases of Eye or Ear diseases in patients in 2015. Of these Eye or Ear diseases, 73% were eye problem cases; 7% were vision related cases; and 20% were cases of chronic otitis media.

Diagnosis of Acute Disease N=867



In 2015, Bella Health provided health care services to nearly 867 patients. We have classified the type of ailments they suffered from. We have grouped their diagnoses into 6 categories. 32% had respiratory diagnosis; 13% had a constitutional diagnosis; 32% had a skin diagnosis, 7% resulted in a gastrointestinal diagnosis; 12% resulted in genitourinary diagnosis; and 4% resulted in an ear or eye diagnosis.

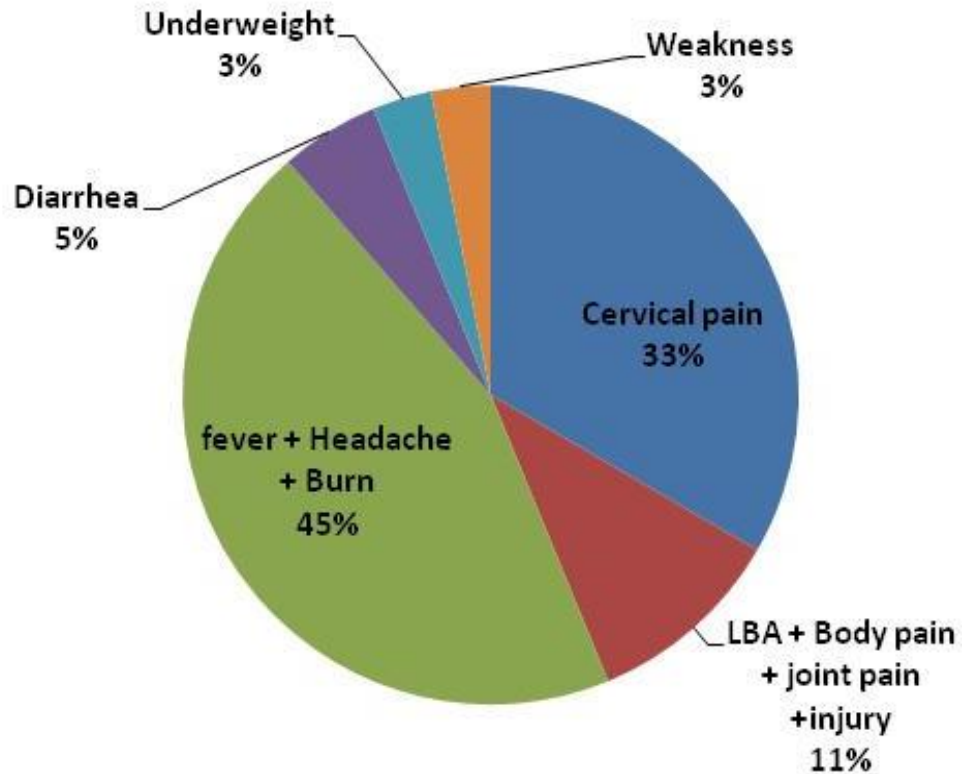
Respiratory N = 279



Bella Health diagnosed 279 cases of respiratory diseases in patients in 2015. Of these respiratory diseases, 67% were cases of Upper Respiratory Infections ; 9% were cases of Lower Respiratory Infections; 15% were cases of Allergic cough or common cold; 8% cases of Bronchitis and 1% cases of cough.

Constitutional

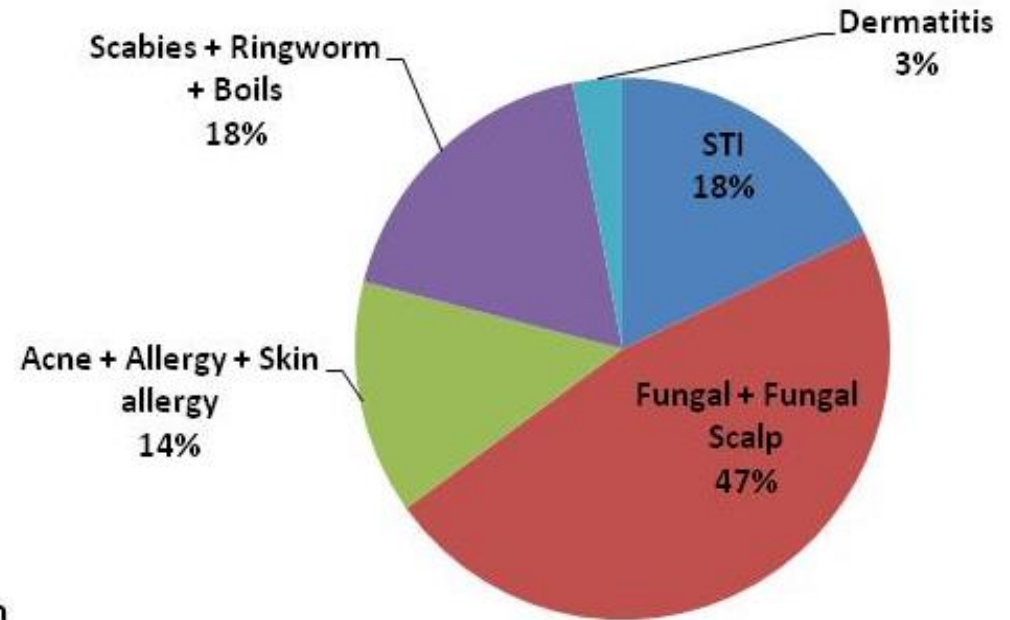
N = 115



Bella Health diagnosed 115 cases of Constitutional diseases in patients in 2015. Of these constitutional diseases, 11% were cases of lower back ache or body pain or joint pain or blunt injury; 45% were cases of fever or headache or burning wound; 5% were cases of diarrhoea; .3% of underweight.

Skin

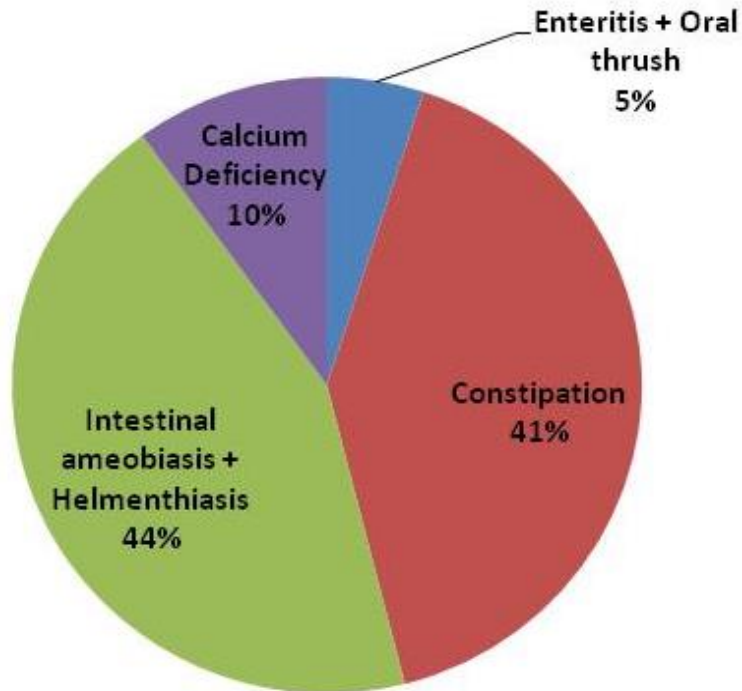
N = 279



Bella Health diagnosed 279 cases of Skin diseases in patients in 2015. Of these skin diseases, 47% were cases of fungal problem; 3% were cases of dermatitis; 14% were cases of acne or skin allergy; and 18% were cases of scabies or ringworm or boils.

Gastrointestinal

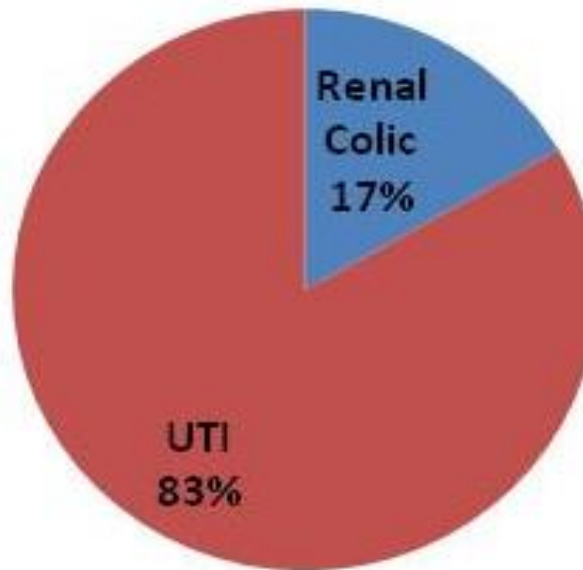
N = 61



61 cases of Gastrointestinal diseases were diagnosed in patients in 2015. Of these gastrointestinal diseases, 44% were cases of intestinal amoebiasis or helminthiasis; 41% were cases of constipation or hepatomegaly; 5% were cases of enteritis or loose motion or diarrhea or oral thrush; and 10% were cases of calcium deficiency.

Genitourinary

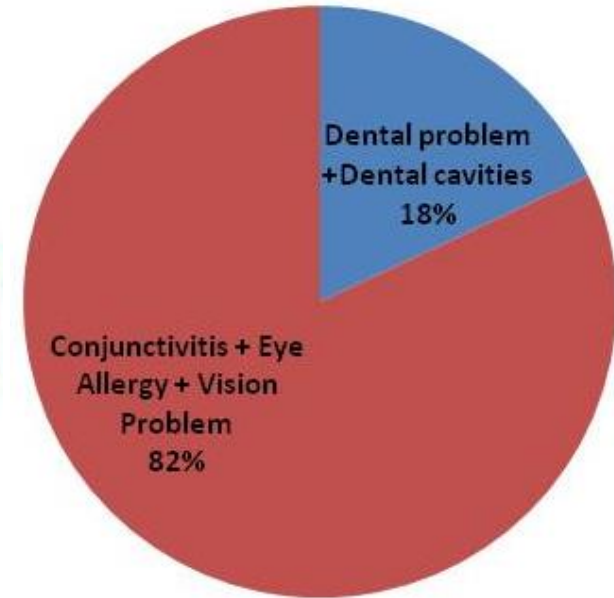
N = 99



Bella Health diagnosed 99 cases of Genitourinary diseases in patients in 2015. Of these genitourinary diseases, 83% were cases of UTI; and 17% were cases of renal colic.

Eye/Ear/Dental

N = 34



36 cases of Eye/Ear/Dental diseases were seen in patients in 2015. Of these Eye/Ear/Dental diseases, 82% were cases of conjunctivitis or vision problem or eye allergy; and 18% were cases of dental cavity or dental abscesses or toothache.