



# ANNUAL ACTIVITY REPORT 2017



**BELLA HEALTH CARE CHARITABLE  
TRUST**

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## MESSAGE FROM OUR FOUNDER:

Bella has completed seven years of service to our communities in Uttarakhand. I want to express my gratitude to Ms Colette Smith for her leadership and guidance and wish her a successful career. I want to thank Dr. Preeti Deoli, Rashid Ahmad, Ruchi Uniyal and all other staff members for keeping my dream alive through their leadership, hard work and commitment to Bella. I want to acknowledge the support and encouragement provided by Dr. Y. S. Thapliyal, Chief Medical Officer and Mr. R.K. Kunwar, Director of Education. In 2018, we are planning on expanding our team and continue providing preventive and primary healthcare as well as educational services to the women, children and adolescents in our communities.

We will also continue to find new partners to help deliver our services to more communities. Let me reiterate our mission, our vision and our goal as we work toward rural Bella Health Plan.



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

**BELLA'S VISION:** *Every woman and child receives the best available healthcare in India as a basic right.*

**BELLA'S MISSION:** *Enhance the health and quality of life of all we serve, especially women and children, through education, preventive care, primary care and empowerment.*

**BELLA'S GOAL:** *Find solutions to overcome and eliminate disparities in healthcare access and delivery systems so we can enable 100% affordable healthcare for all citizens of India by 2047.*

## MESSAGE FROM PAST VICE-PRESIDENT:

Reproductive health is at the very heart of development and crucial to delivering the Bella Health vision — a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. 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 behaviours. These tools will make the new generation healthier, their families and communities healthier.



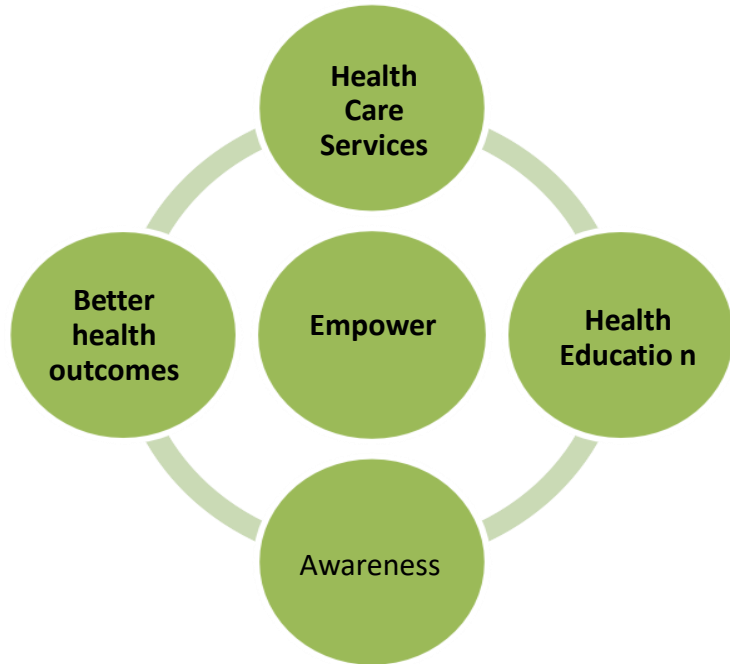
**Colette N. Smith,  
Vice-President of Bella Health.**

# THANKS TO OUR DONORS

Bella Health has been supported for the past six years through the generous support of **Dr. Vijay P. Agarwal**, who has been practicing medicine for forty years and helping people. Dr. Agarwal has supported Bella Health with his firm belief in our mission and vision to improve the lives of all peoples of the world, especially the women and children of India and the Indian sub-continent.

**:Thanks to our Donors:**

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



**Max India Foundation** is providing constant support to Bella health since April 2015 for bi-weekly health camps in village Dhakrani, Dehradun. We are conducting 8 visits in lower and upper Dhakrani in a month and are covering maximum population of women and children. The free health camps are conducted on Mondays and Tuesdays of every week. We are also conducting free Immunization camps monthly in collaboration with **Max India Foundation**. The patients with serious ailments are referred to Max Hospital and free or subsidized treatment is given to them. **In 2017** we have also collaborated with **Youthreach** in Roorkee.

**VISION : Every woman and every child receives the best available healthcare in India as a basic right.**

Bella Health Charitable trust is an NGO based in Dehradun , working tirelessly since 2011 for the enhancement of women's health and quality of life, by empowering women to increase their ability to make informed choices about family planning and reproductive health. The activities include health care services that address maternal, child and reproductive health issues which enhance the health and quality of the life of the women, girls and adolescents in our target areas in and around Dehradun, and the upper reaches of Uttarakhand, North India.

In the past 7 years, we have provided healthcare services to more than 1,99,000 women, children and adolescents. Approximately 2300 beneficiaries receive our services each month and with sustained funding, the number of recipients is expected to increase in the future. These beneficiaries are from urban slums and rural villages. In one sample study of our patients, we found that 20% identified themselves as religious minorities (Sikhs, Muslims, Buddhists and Christians) and 56% were members of SC/ST/OBC. The majority of our patients (90%) live below the poverty line.

Bella Health has been a pioneer in providing Reproductive Health care services in underserved communities of Uttarakhand. Through our community-focused and Mobile Clinic approach, including our highly skilled and dedicated team, we have broken down the barriers to healthcare 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.

Below are the statistics of our programs' outcomes for last six years:



**Dr. Preeti, treating patients.**

# BELLA HEALTH NUMBERS

Year	2012	2013	2014	2015	2016	2017	TOTAL
<b>Patients</b>	6,964	9,665	21,522	5,976	7,365	7,704	59,196
<b>Health Education</b>	7,912	20,279	10,221	10,222	13,301	11,546	73,481
<b>ARH Education</b>	-	4,629	14,036	8,921	22,168	16,898	66,652
<b>Total Beneficiaries</b>	<b>14,876</b>	<b>34,573</b>	<b>45,779</b>	<b>25,119</b>	<b>42,834</b>	<b>36,148</b>	<b>1,99,329</b>
<b>Labs</b>	3,553	4,861	3,660	1,673	1,830	1,976	17,553
<b>Medicines Dispensed</b>	281,632	147,945	241,954	178,411	124,284	157,000	989,926
<b>ANC/PNC Reproductive Health</b>	484	876	533	335	414	332	2,974

# OVERVIEW

While the underlying causes of Reproductive Health related morbidities are complex and multi-factorial, much can be done to reduce them by providing direct health services and education at the primary and community care level. We focus heavily on reproductive health --- there is a huge need to go back to basics and teach people about proper menstrual hygiene, dismantle common misconceptions about reproductive health and teach accurate and relevant topics on family planning, pre/post natal care, menstrual hygiene, sexually transmitted infections, respiratory tract infections and infertility.

Our programs address the aforementioned problems by providing high quality health services supplemented with health education. We empower women with education, so they can choose to 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, decisions and lead to healthier behaviors.**

**These tools will not only make the new generation healthier, but their families and communities healthier too.**

## Our Objectives

- Provide Health Care Services to more than 22,000 beneficiaries.
- Scale the Adolescent health classes to reach 80,000 adolescents in 2 districts of Uttarakhand.
- Expand services and operations to Himachal Pradesh in 2019.
- Continue to conduct research and publish relevant data.
- Triple the number of women who have access to quality reproductive health and family planning services in our target areas by 2021.
- Provide modern contraception to all women in reproductive age who desire to space a family in our target area by 2021.
- Decrease the prevalence and increase the awareness of Sexually Transmitted Infections and Reproductive tract Infections by 50% in our target areas by 2021.
- Decrease the amount of unsafe abortions by 50% in our target areas by 2021.
- Ensure there is not any UNMET need for contraception in our target areas by 2021.
- Decrease the amount of adolescents who are pregnant in our target area by 2021
- Decrease the rates of infertility by actively treating and educating women on Pelvic Inflammatory Disease in our target area by 50% in our target areas by 2021



# IMPACT ON 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 in patients using our services than baseline. The rates of unsafe abortion have decreased, as they have started using medical and supervised, safe abortions. Pregnant patients receive an average of 5 antenatal visits and 3 prenatal visits, which is 200% increase from baseline data. The beneficiaries are also more likely to have an institutionalized delivery. Additionally, they are more aware of dangerous conditions during pregnancy that will lead to early treatment, which in turns protects the health of both mother and infant. obstetric and gynaecological emergency situations are identified early and respective interventions are 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 post-natal infant or pregnancy-related maternal deaths in our target area. The majority of sexually transmitted disease/reproductive track infection and pelvic inflammatory disease infections have been treated and the patients remain infection free, by having adopted some form of modern contraception technique. Most importantly, the beneficiaries perceive that woman's health is important. There have been 75-100% increase in the perception of indicators such as: the importance of woman's health, feeling empowered to seek treatment, feeling empowered to know what is wrong with their health and feeling comfortable talking to their health care providers about family planning.

## Health Education

Knowledge has increased 70-100% in health topics. Beneficiaries are educated and have increased their knowledge on contraception, HIV/STI's, abnormal vaginal discharge and other reproductive health focused topics. They have increased awareness in the prevention, transmission and treatment for sexually transmitted infections and reproductive tract infections. This increased knowledge is an indicator that beneficiaries feel a greater sense of empowerment regarding their health, health care decisions and in their interactions with providers. ***To summarize- 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. All the beneficiaries have been encouraged to adopt proper hand hygiene, menstrual hygiene, diarrhoea prevention and prevention of reproductive tract infections – all valuable health knowledge assets that provide a foundation for overall good health amongst the beneficiaries.

# GEOGRAPHIC OUTREACH:

## 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**

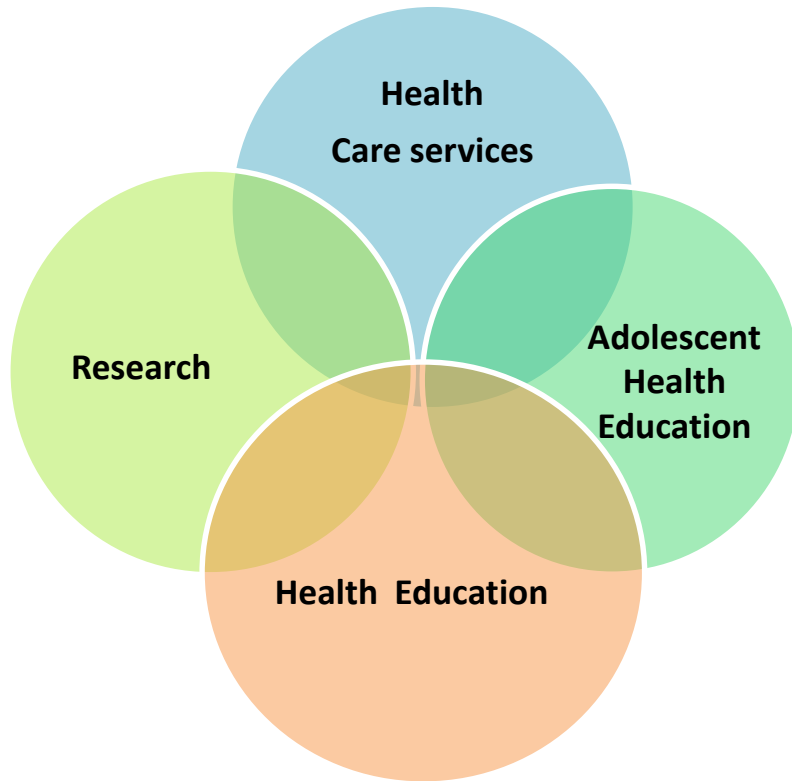
Villages – Shirchandi, Sikandarpur, Khubbanpur, Chapur

Villages – Shirchandi, Sikandarpur, Khubbanpur, Chapur

**We currently have operations in 4 blocks of Dehradun District and in 2 districts of Uttarakhand. We expect to expand to more districts in the next 2-3 years.**



# OUR PROGRAMS



**BELLA health** ENHANCING HEALTH AND QUALITY OF LIFE  
EMPOWERING WOMEN

## BELLA HEALTH PROJECT IMPACT

From 2012 to 2017

**Reproductive Health Care services**  
Provided Health Care Services for over 33,972 patients

**Maternal and Child Health**  
Ensured safe pregnancies for 2,953 women.

**Health Education**  
Educated 74,752 members of our communities.

**Adolescent Sexual and Reproductive Health**  
Empowered over 66,952 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 etc.

## **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.

## **Lab Services**

Rapid labs available for 10 tests. Other labs are sent outsourced for testing.

## **Medications**

Formulary medicines are given as per doctor's prescription for 7-14 days.

## **HIV Related Services**

Counselling for sexually transmitted infections and family planning methods.

## **Acute Care**

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

## **Services for Men**

Awareness, testing and counselling.

# REPRODUCTIVE HEALTHCARE SERVICES

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

## The Problem

Quality and affordable reproductive health services are non-existent in our communities leading to poor health outcomes. Lack of health awareness leads to poor health outcomes and health education is practically nil within the communities we serve. There are many misconceptions concerning reproductive health and it is often seen as a taboo. The confluence of lack of services and misconceptions or lack of awareness in these communities leave the population vulnerable to greater morbidity and mortality from preventable causes, particularly in regards to reproductive health. In India, 1 woman is dying every 2 hours from unsafe abortions, even though India has one of the most liberal MTP laws. Unsafe abortions continue to outweigh safe abortions. Within our communities many women seek unsafe methods of abortion due to lack of access and lack of education, putting their lives and health at risk. RTI's are rampant causing PII 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 under served 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 counselor and support staff. All service delivery sites are fully equipped to perform pelvic exams, draw labs, conduct screenings, and dispense medicines. We follow a schedule and visit each village on alternate weeks which lets us visit each village two times per month. We see patients from 10:00 until 4pm. The patients know that we are visiting their village because we have a consistent schedule and also utilize ASHA workers to convey the message of our arrival. Once the ambulance is parked, patients arrive. We see approximately 50 patients in one day. As we register the patients we take a complete health, pregnancy and family history and check vital signs. Then the doctors and nurses see the patients. We have the latest diagnostic equipment including fetal heart monitor, rapid tests for pregnancy, blood glucose, hemoglobin, UA, blood type, Rh, syphilis, HIV, Malaria, Hepatitis B and Hepatitis C. These rapid tests allow our doctors to diagnose and subsequently treat them on the spot. We give the patient enough medicines, to last 2 weeks or until we return.

# MATERNAL AND CHILD HEALTH CARE SERVICES:

## The Problem

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



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

Our innovation is to bring maternal and child health care to these underserved and impoverished regions 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.

## REPRODUCTIVE HEALTH PATIENTS FOR 2017

<b>Birth Control/ Family Planning</b>	<b>1,189</b>
Reproductive Tract Infection/ Sexually Transmitted Infection	29
Pelvic Inflammatory Disease	320
Anaemia	581
ANC/ PNC	332
Dysfunctional Uterine Bleeding	486
Urinary Tract Infection	160
Infertility	70
Uterus Prolapsed	90
<b>TOTAL</b>	<b>3,237</b>

The table shows the number of patients seen in each quarter of 2015 for reproductive health issues. **Approximately 70% of total patients in 2017 were seen exclusively for reproductive health issues.**

<b>Patients seen exclusively for reproductive health issues</b>	<b>Numbers of Patients</b>	<b>Percent of total patients</b>
1 <sup>st</sup> Quarter 2017	1,025	78%
2 <sup>nd</sup> Quarter 2017	761	52%
3 <sup>rd</sup> Quarter 2017	933	62%
4 <sup>th</sup> Quarter 2017	1,308	79%
<b>TOTAL</b>	<b>4,027</b>	<b>68%</b>

### Haseena, Age 65 years

**Haseena** came to Bella camps for 4 months. She came to Bella health suffering from Joint pain, back-pain and many other health issues. When she came for the first time a comprehensive medical history and vital signs were taken. She was then seen by the Bella Health provider. The Provider recommended rapid test for hemoglobin be conducted on site immediately. The test showed that she was anemic .

She was given 2 different types of medicines for a duration of 15 days. She was asked to return after 2 weeks for follow up. After her visit with the provider she was further referred to the health educator for counseling pertaining to a healthy and balanced diet. Haseena was encouraged to eat green leafy vegetables, other iron rich foods and dairy products high in calcium. The health educator gave her some tips on how to alleviate back pain. The educator showed her simple stretches and exercises she could do to improve flexibility and improve the strength of certain back muscles. The educator showed Haseena how to bend properly, how to lift heavy objects without putting strain on her and back and more. Haseena was then counseled on the importance of complying and adhering with the medication, diet and exercises that had been prescribed by the Provider.



Bella researchers have collected data on compliance and use this research to guide the best evidence based practices. Haseena was encouraged and empowered to have the self efficacy to improve her own health. Bella health does not only provide health care but empowers the patients to have the self efficacy, skills, basic knowledge and resources to take charge of their health.



## STORIES THAT PERTAIN TO PATIENTS WITH REPRODUCTIVE HEALTH ISSUES :

### **Sundra , 32 years old from Roorkee**

Sundra was 2 months pregnant with her 4<sup>th</sup> child when she came back to Bella. She used Bella's ANC services in her previous pregnancy. When she came she wanted an ANC check up but also complained that she did not have an appetite. She complained that she had weakness and was not able to do simple house chores. In her previous pregnancies she received Vitamin Angels multivitamin supplements. She felt a lot better just taking the supplement and continued taking them even after she delivered the baby. When she came back, the Bella provider prescribed the multivitamin supplement again, along with iron and folic acid. During her ANC check, her Hemoglobin was checked, her urine was checked and she had a full exam to check herself and the baby. She was able to hear the babies heart beat on the fetal heart monitor. Bella provider also referred her to complete an ultrasound. After the providers visit, she was counselled on diet and physical activity.



### **Noorjahan w/o Shahzad, Age 22 years Kunjagrnt**

Noorjahan has a 21 days old baby. She came to Bella Health camp about 10 months before. She had a lot of problems like nausea, body ache dizziness etc. Her haemoglobin was done which was 8.6 gm/dl. After doing all the blood tests, she was given iron folic acid supplements along with multi vitamin supplement from Vitamin Angels. Through these supplements and regular follow ups she got better. Her haemoglobin was done again which was 10.2 gm/dl this time. She gave birth to a very healthy baby boy who is now almost a month old. She is very happy that she came to Bella camp and got the supplement which had helped her so much.



**Anuradha w/o Anil , Age -25 years, Dhakrani**

Aunradha came to Bella health camp with her mother-in-law, when she was 3 months pregnant. According to her, 'when I came to Bella for first time, I had so many problems. This was my second pregnancy. Before Bella , I had gone to government as well as private hospital. I constantly suffered from hand and legs ache, tired and didn't feel like getting up , and almost every morning I used vomited , I didn't feel hungry I did not feel hungry, and if anything was eaten then it would have been reversed but I had benefited a lot from medicines provided by Bella, with these medicines had to eat one more tablet (vitamin angels), with that medicine gradually all problems were overcome and till delivery I was completely healthy. My weight did not increase in the early days, but due to medicines weight increased too'.



“My delivery is normal and now I have one month baby boy who is healthily and I am also healthy now. Now I don't feel fatigue and also gained energy. Even after having a baby, I take that medicine so that I do not have any problems in the future. when I was pregnant first time I had so many problems and because of this I was always sick . there was no such medicine as the medicine provided by Bella , not even given by any hospital ,nurse or ASHA worker . if I did checkups from bella health ,then I wouldn't have these problems. but now I want that, every pregnant women should get these medicines so that she stay healthy during the pregnancy and give birth to a healthy child. Today I have a healthy baby and I also healthy . I am so happy and want to thanks to Bella health”.

## STORIES PERTAIN TO BELLA PATIENTS TREATED FOR HEALTH ISSUES:

### **Renu w/o Bhushan Kumar, Age 30 years , Dhakrani**

Renu is a very regular patient of Bella since 2 years. She came to Bella health camp when she had abnormal menstruations. Her treatment started with few blood tests. She took full treatment and recovered fully. However, in February 2018 she faced the problem once again.

This time it was worse as she had itching in genital areas and abnormal bleeding at the same time made it unbearable. She came to see the doctor again.

Treatment started again with antibiotic and ointment. She also received education on personal hygiene from Bella health educator. She is practicing all the hygiene practices without fail. Even though she still has the problem but it is better than last month, says Renu. She is thankful to Bella health care and MIF for their services and especially educating women on such important issues.

### **Shabana w/o Imran, Age 25 year**

Shabana came to Bella health camp 2 years ago when she was pregnant with her 4<sup>th</sup> child. She had severe pain in her abdominal area and was very disturbed by this. While getting her registration she shared that they did not want another child and it was an unplanned pregnancy. After the registration, she was referred to Family Planning counselor for the counseling. The counselor told her about the contraception methods and right after her delivery, she can start using them to prevent future pregnancy. After the counseling, she went to Bella doctor for further diagnosis. All the necessary tests done and she was anemic. We gave her doses of iron & folic acid and calcium. In addition, Bella nurse told her about vitamin Angels multivitamin. Health educator told her about proper and healthy diet and exercises which she can do during pregnancy. She had a very health delivery and now her son (Abuzar) is 10 months old. She also had postnatal visits by Bella health nurse. She has told many other patients about Bella health. She is very thankful to Bella health care and max India foundation for their community work as this work is really helping women have better health and empowered attitude.



## STORIES OF BELLA HEALTH ANC PATIENTS

### **Preeti w/o Naresh Vitamin Angles, Dhakrani**

Preeti started coming to Bella around a year ago when she was 3 months pregnant. She came for regular health checkup. However, she had issues related to pregnancy like, weakness, dizziness, nausea etc.

After the registration, we ran all the necessary tests during pregnancy. Her reports were normal.

She was given multivitamin supplements provided by Vitamin Angles for pregnant women. Bella health clinical nurse told her about the benefits of MV and asked her to take one tablet daily for 6 months. This would help her become healthier. Since then she is taking MM on a daily basis and feeling a lot better. She is a regular patient and she had attended education classes. She is thankful Bella health care and MIF for their work in the community as these services are very helpful for women who are dependent on others to travel outside the village. She is very happy that she does not have to travel long distances for the checkups and she can use Bella services in low price and that too within her village.

### **Sarovar age 24 years, Dhakrani**

Sarovar came to Bella health a long time ago. She had stomach ache and abnormal bleeding. She looked very weak. During the registration, she shared that she had premature delivery of twins and had to go through a major surgery. She had infection in her genital area. When she visited the government hospital, she was asked to get her ultrasound done. It showed that she had injury in her uterus, which was causing her all these problems. She got her treatment done in Vikasnagar hospital but there were no improvements. Then she came to Bella. After the registration and vital signs, Bella nurse drew some tests. Checking the test report Bella health doctor told her that she had pelvic inflammatory infection. Her treatment got started and Bella doctor gave her course of antibiotic. Bella health educator encouraged her to practice hygiene practices and take all the medicines without fail. In her last visit, she shared that she is feeling much better and she knows that she will be perfectly fine. She is thankful to Bella health and MIF for their work and services.



## STORIES OF BELLA PATIENTS TREATED FOR HEALTH ISSUES



### **Rehmat, Dhakrani**

Rehmat lives in Dhakrani and was keeping unwell for some time. She has seen many doctors and took various treatment but nothing worked. Then she got to know about Bella health care and came to one of the camps. She shared that she has not been able to work due to constant weakness. She had body ache also and would feel dizzy all the time. After the registration and vital signs, her tests were done and after checking the results, she was diagnosed anemic, as her hemoglobin was just 9 gm/dl. She was given iron and was told to eat a proper diet. Since then she is taking medicine regularly. She also has recovered from body ache and dizziness. She says that she feels much better. She is thankful to Bella health care, and Max India foundation for their services.

## HEALTH EDUCATION:

Health education is our passion at Bella Health. Health education empowers our participants by giving them the knowledge necessary for adopting healthy behaviours. Health education Helps in improving lives, families and entire communities. Bella Health provides health education through classes for adults and children, through our Adolescent Reproductive Health Program and through our health camps and screenings. Health Education classes are provided to all patients who access our health care services. We encourage patients to return for health classes even when they are feeling better. Health education sets Bella health apart from other organizations. We hope this education will sustain the health of the community! The education we impart to them will stay with them, encourage them to adopt healthy behaviour, take a proactive approach towards their health and have an inter-generational impact making families healthier. When we “exit“ these communities, we hope people will be empowered with the tools and resources to adopt a healthy life and be able to advocate for their health and the health of their families.

### Health Education Numbers, 2017

Total Number of Health Education Classes	1,016
Number of FARH Classes	351
Number of MARH Classes	321
Number of Child Education Classes	190
Number of Patients who completed 6-8 Education classes	135
Number of Patients who completed 9-12 Education classes	18
Number of Patients who completed 13-18 Education classes	1

### 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 in improved menstrual hygiene education, it will enable millions of girls to have healthier and more dignified lives.

# HEALTH EDUCATION CLASSES FOR FEMALES:

Bella Healthcare provides education to women and children who avail health care services. The majority of patients who receive treatment also complete a health education class. Many women return to take health education classes, after their treatment is over, to learn more. Participants are awarded a gift and certificate when they complete 6, 12, or 18 classes. Our health educators have their Masters in Social Work (MSW) and are trained at Bella Health to conduct health education classes. Depending on the sensitivity of the topic, classes are taught by female educators.

Bella Healthcare provides education to women and children in various forms. The majority of patients who receive Classes are supplemented with videos, posters, handouts to make it interesting, interactive sessions and relevant discussions. 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 a gift from Bella Health.

Month	Class 1	Class 2
January	Anemia	Menstrual cycle and hygiene
February	Vaginal discharge	Back pain
March	Immunization	Breast cancer
April	Oral rehydration salt	Female foeticide
May	Menstrual cycle and Hygiene	Tuberculosis
June	Back pain	Pregnancy
July	Environmental health	Breast feeding
August	Dengue/Chikenguniya	Menopause
September	Thyroid	Unsafe abortion
October	Girl child education	Menstrual cycle and hygiene
November	Diabetes mellitus	Puberty
December	Breast Cancer	Sexually transmitted disease



Sunmala Rawat is giving education on PID

# HEALTH EDUCATION CAMPS FOR KIDS:

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

Hand  
washing

Nutrition

Personal  
Hygiene

First Aid



Children are enjoying after the Hand washing activity.



# FEMALE ADOLESCENT REPRODUCTIVE HEALTH 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 programs neither focus on adolescents exclusively nor on children or mothers. Targeting girls can actually solve most problems related to women and children, especially in India.

## The Problem

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

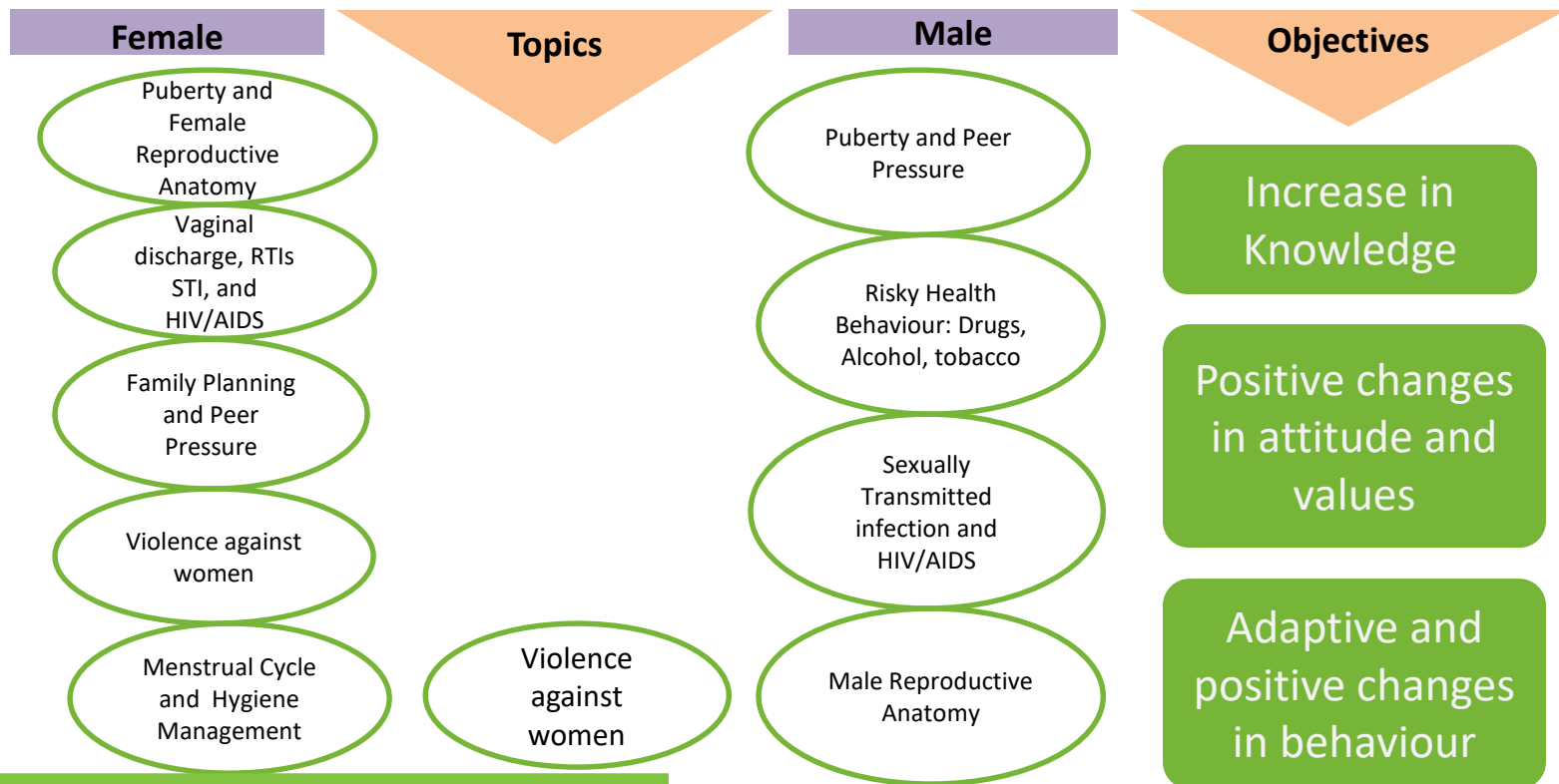
## Our Solution

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

# 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 to them.

## Reproductive Health Of Adolescents and Youth



## WHY ADOLESCENTS?

- Adolescents are essential agents of change in breaking the cycle of poverty and deprivation.
- By investing in young generation, we can delay child marriage, address multiple issues such as maternal mortality, child survival, gender based violence and HIV.
- Educated and healthy girls become mothers who in turn produce healthy children. Focusing on girls translates into better futures for women, children and families, thereby creating intergenerational impact.
- Targeting girls can actually solve most problems related to women and children, especially in India; it is therefore essential to design programs specifically focused on adolescents needs.



Adolescent girls during the FARH class

## OBJECTIVE:

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

## METHODS:

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

## THE CONTEXT AND SETTING OF THE STUDY

The study was completed after the pilot was done in March 2013

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

A pilot surveys was launched in 2013. 25 pilot surveys were completed & the questions were fine tuned.

## THE STUDY DESIGN

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

## THE POPULATION

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

## THE SAMPLING STRATEGY

Adolescents were chosen at random.

## THE INTERVENTION

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

Our **Female Adolescent Reproductive Health Program** is based on the Health Belief Model. This model explains people's engagement or lack thereof as the confluence of beliefs, perceived barriers and benefits to action, as well as their own self-efficacy in accessing and using health knowledge or resources.

In our program we use education to address beliefs and misconceptions, thus fostering greater understanding of the benefits, while minimizing the barriers to sexual health education. This education in turn increases their self-efficacy, placing their sexual health in their own hands and giving them appropriate information and access to resources to build upon and practically apply their knowledge.

If adolescents receive accurate health education and have access to quality health care services, then they will have better health outcomes and will be better equipped with resources to have a safe motherhood and family. Community development work that supports adolescents, and young girls in particular, translates into a better future for women, children, and families, having an intergenerational impact.

The benefits will be seen for generations to come and include delaying of early marriage, spacing of pregnancies, adoption of modern contraception, prompt treatment of reproductive tract infections, and informed and accurate information about anatomy, pregnancy, and birth control. Our program is an effective way to address the inadequate reproductive health literacy and knowledge amongst our target population as it considers both the male and female adolescent experience of sexual and reproductive health and provides culturally appropriate and specific education taught by young local educators. Regardless of gender, adolescents need correct health information and judgment free health discourse in order to grow into healthy adults. The type of community and its culturally appropriate health education provided by Bella Health encourages ownership of one's health and gives youth the foundational tools to maintain and build healthy life frameworks.



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

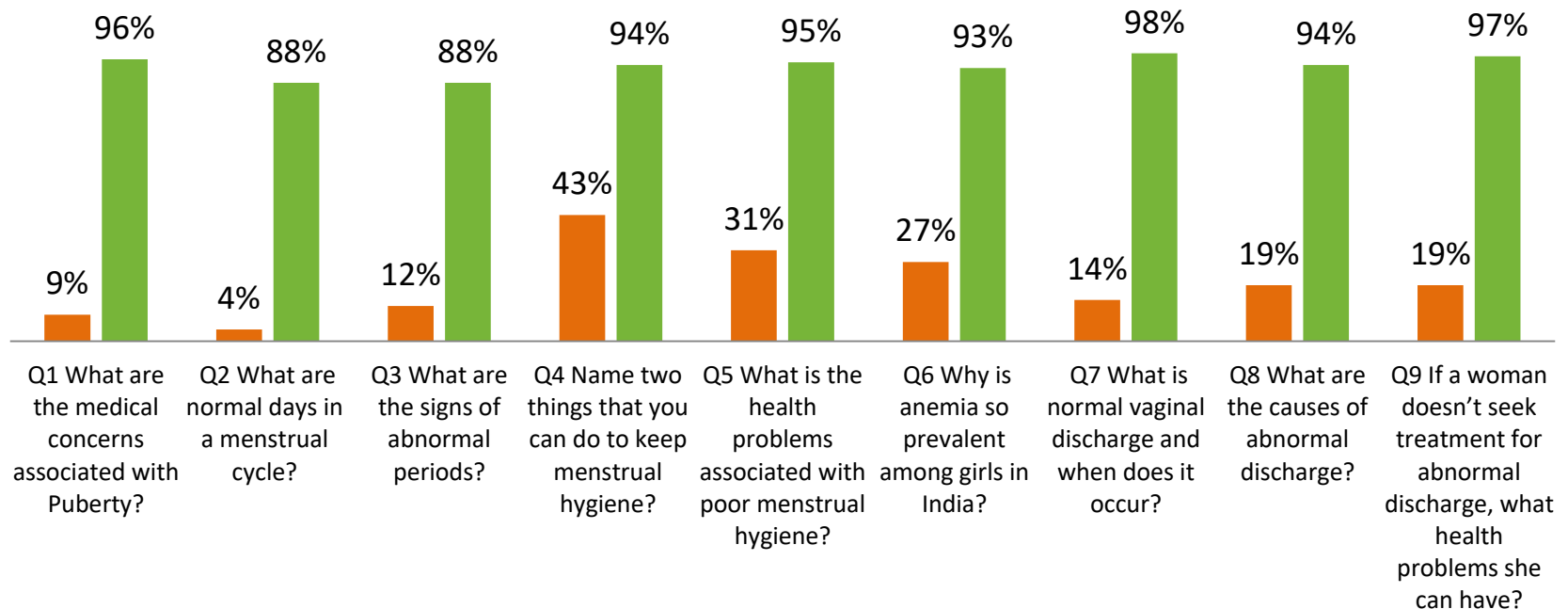
# EVALUATION OF FEMALE ADOLESCENT CLASSES KNOWLEDGE AND ATTITUDE:

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

## Female Adolescent Internal Review Data 2017

N= 2434

pre post

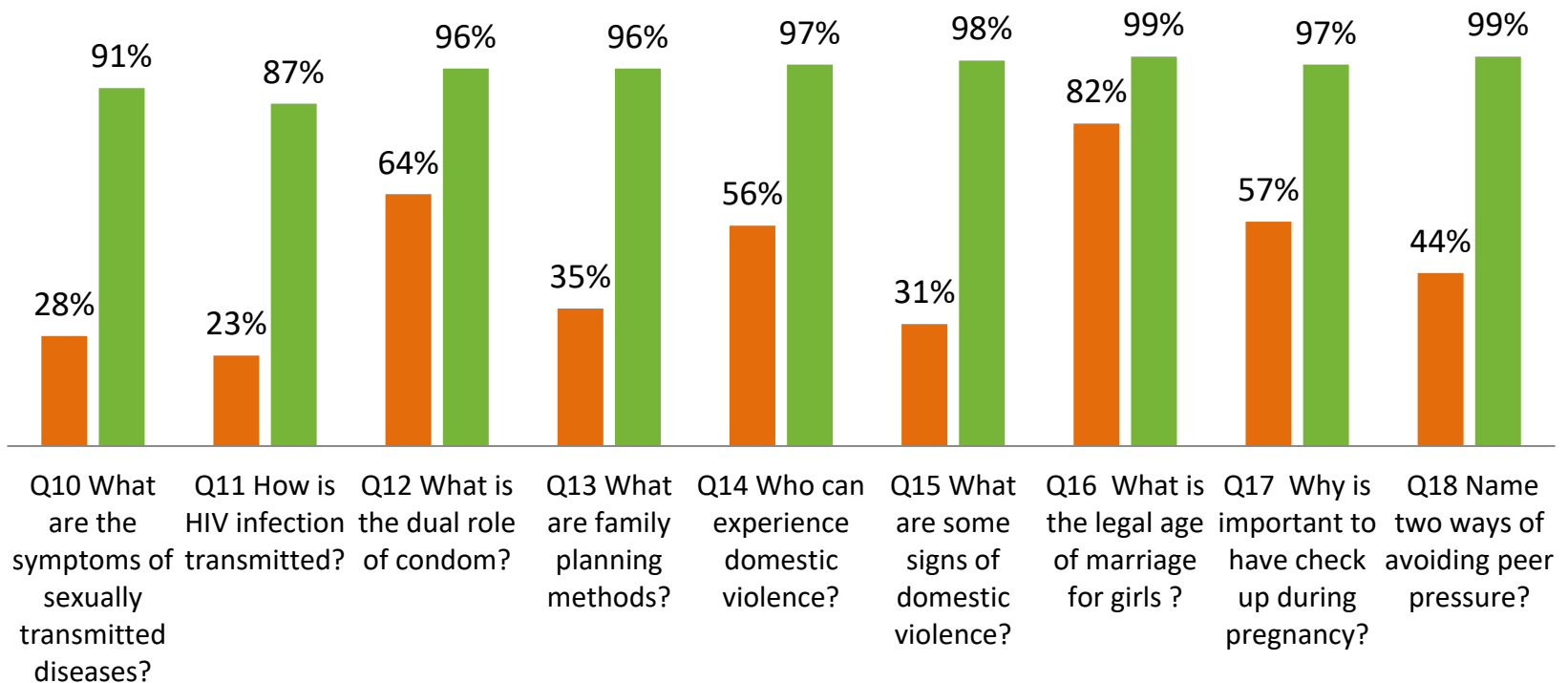


# EVALUATION OF FEMALE ADOLESCENT CLASSES KNOWLEDGE AND ATTITUDE:

## Female Adolescent Internal Review Data 2017

N= 2434

pre post





## MALE ADOLESCENT REPRODUCTIVE HEALTH PROGRAM:

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

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

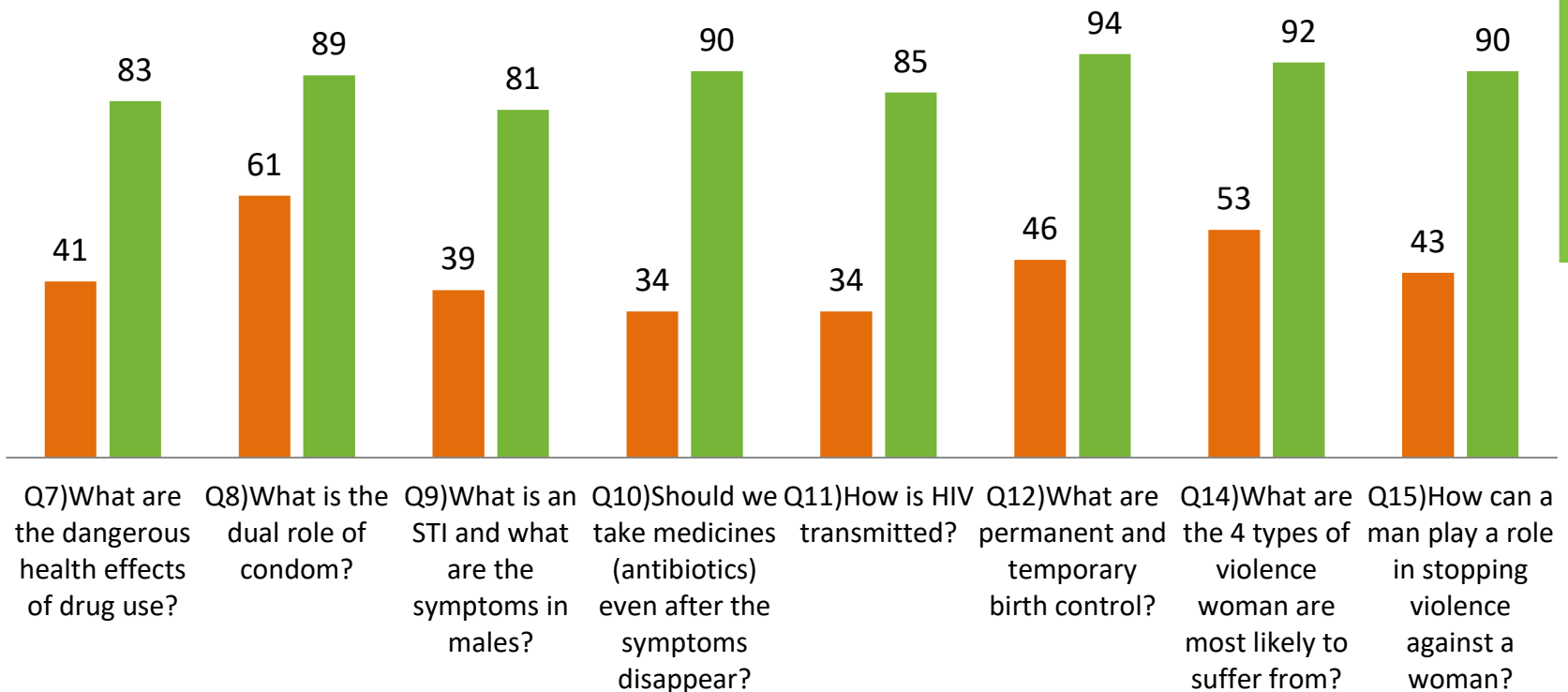


**Kailash Chandra with Adolescent boys during MARH class**

# EVALUATION OF FEMALE ADOLESCENT CLASSES KNOWLEDGE AND ATTITUDE

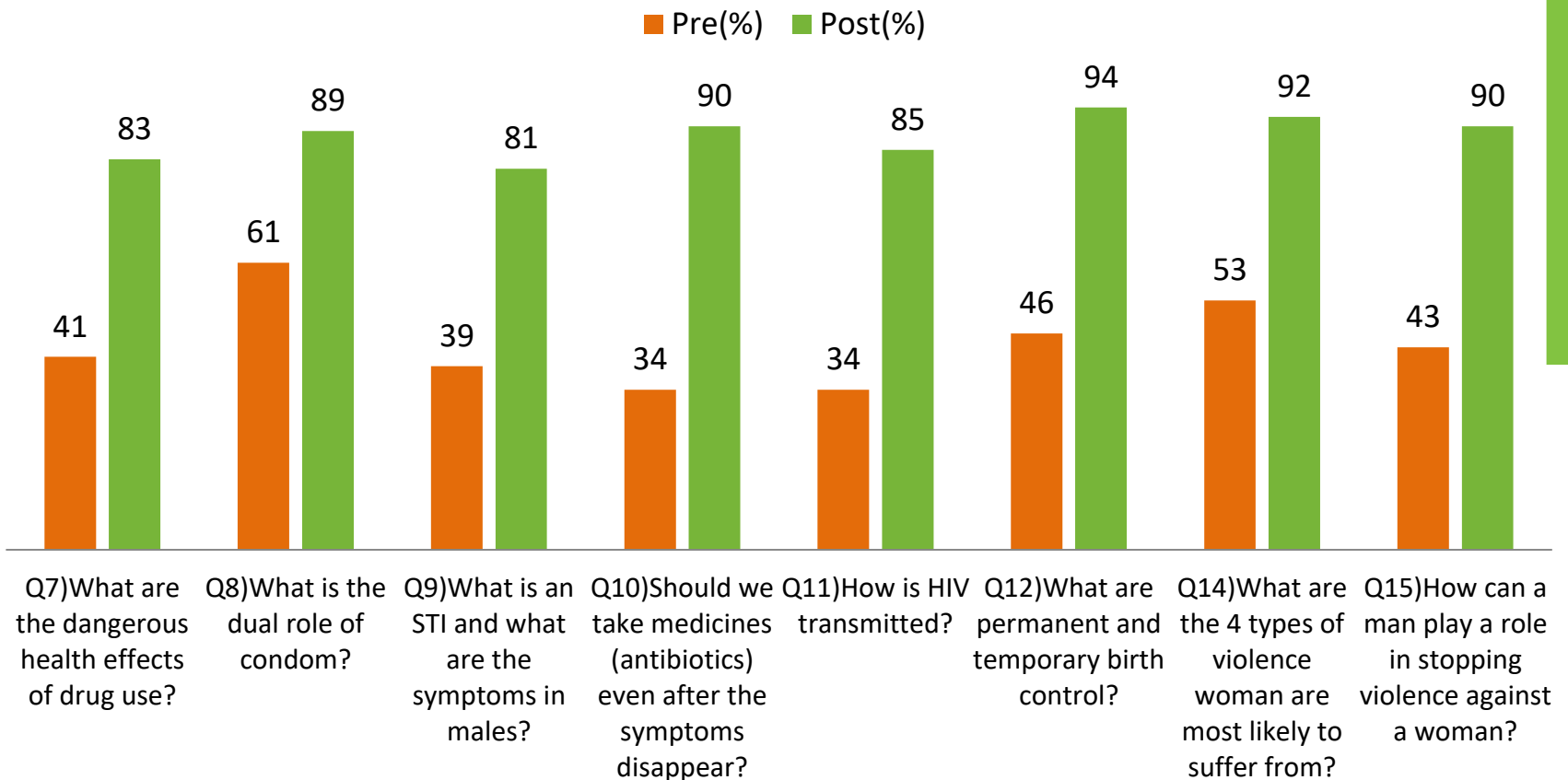
The impact of the program is evaluated with the reproductive health knowledge test (Internal review) designed for this study. Pretest evaluated 'baseline knowledge' of the participants, and the post test measured the "gain in knowledge". This survey's purpose was to evaluate adolescents' knowledge, attitude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

## MARH Internal Review-2017, N= 1702



# EVALUATION OF FEMALE ADOLESCENT CLASSES KNOWLEDGE AND ATTITUDE

MARH Internal Review-2017, N=1702



## STORIES OF BELLA ADOLESCENT HEALTH CLASSES

### **Ayesha, 18 years old, Harbatpur, Dehradun**

Bella health conducted FARH classes in G.I.C. Harbatpur, with students of class 12<sup>th</sup>. After the class, a student came up to us and shared that she is suffering from obesity for a very long time and because of this she is not able to focus on anything. We encouraged her to go to our health camp which happened to be in Dharkani on the same day.

For the next day session when we reached the class, Ayesha shared that she visited Bella health camp in Dhakrani. She was happy to share her experience at the camp. After getting the registration, her vital signs were taken. Doctor suggested a test for thyroid so her blood sample was taken for the same. Health educator told her about nutritious and balanced diet.

She said that she would visit the health camp for follow up and encourage her friends and family to come to the camp also.

She thanked us for conducting the class in her school and also for other services.



Young girl filling the internal review form during FARH class.

## EVALUATION OF FEMALE ADOLESCENT CLASSES- ADOPTION OF HEALTHY BEHAVIOURS

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

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

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

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

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

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

## RESEARCH:

One ongoing program of Bella Health Care is to collect data on the health of the communities we work with. The aim of this research is to improve the quality of care that we provide to those needing our services. Some of our research topics include the following studies and respective data collected in 2016:

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



Sunmala Rawat(Health educator) with FARH student.

## MONITORING AND EVALUATION OF BELLA HEALTH PROGRAMS

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

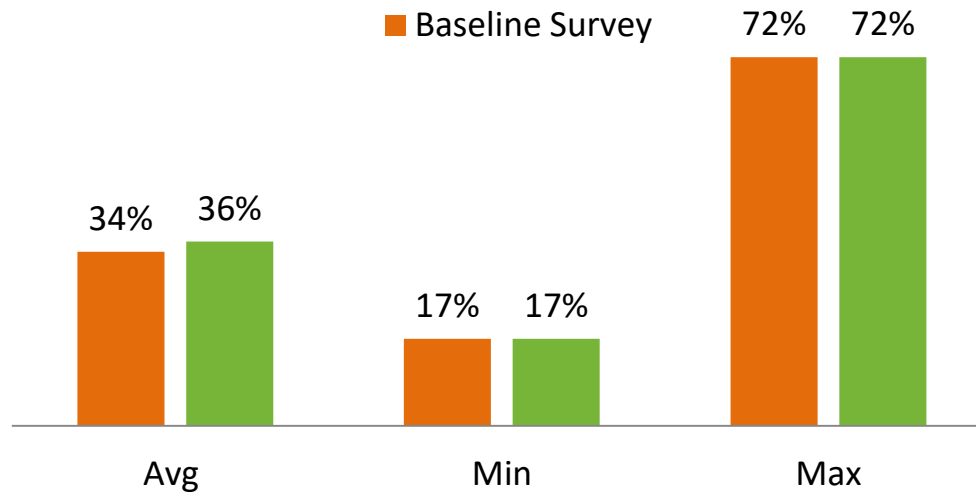
Tool	Frequency	Methodology
Baseline of key indicators for health care services.	Before Intervention	Quantitative
Patient Satisfaction of health care services	Annually	Quantitative
Internal Evaluation of Female Adolescence Reproductive Health Program.	Before/After Class	Quantitative
Program Monitoring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

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

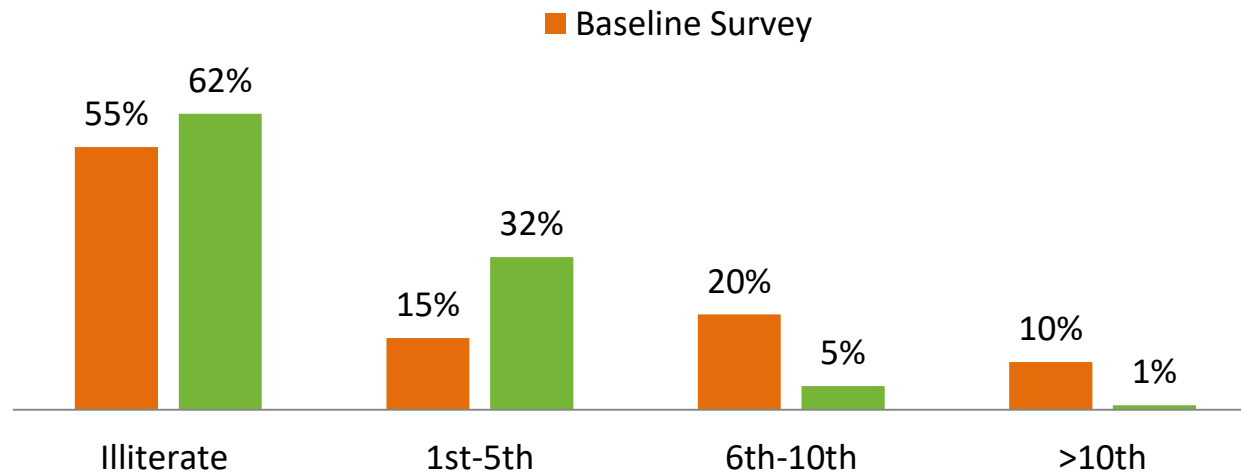
- a) Are you using Birth Control, If yes type ?
- b) The last time you gave birth, where did you deliver and who assisted you ?
- c) Number of ANC/PNC visits during the last pregnancy ?
- d) Perception of the importance of Woman's Health (5 questions) ?
- e) Knowledge of selected Reproductive health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

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

### AGE: BASELINE SURVEY AND 2017 N= 140



### EDUCATION LEVEL: BASELINE SURVEY AND 2017 N= 140

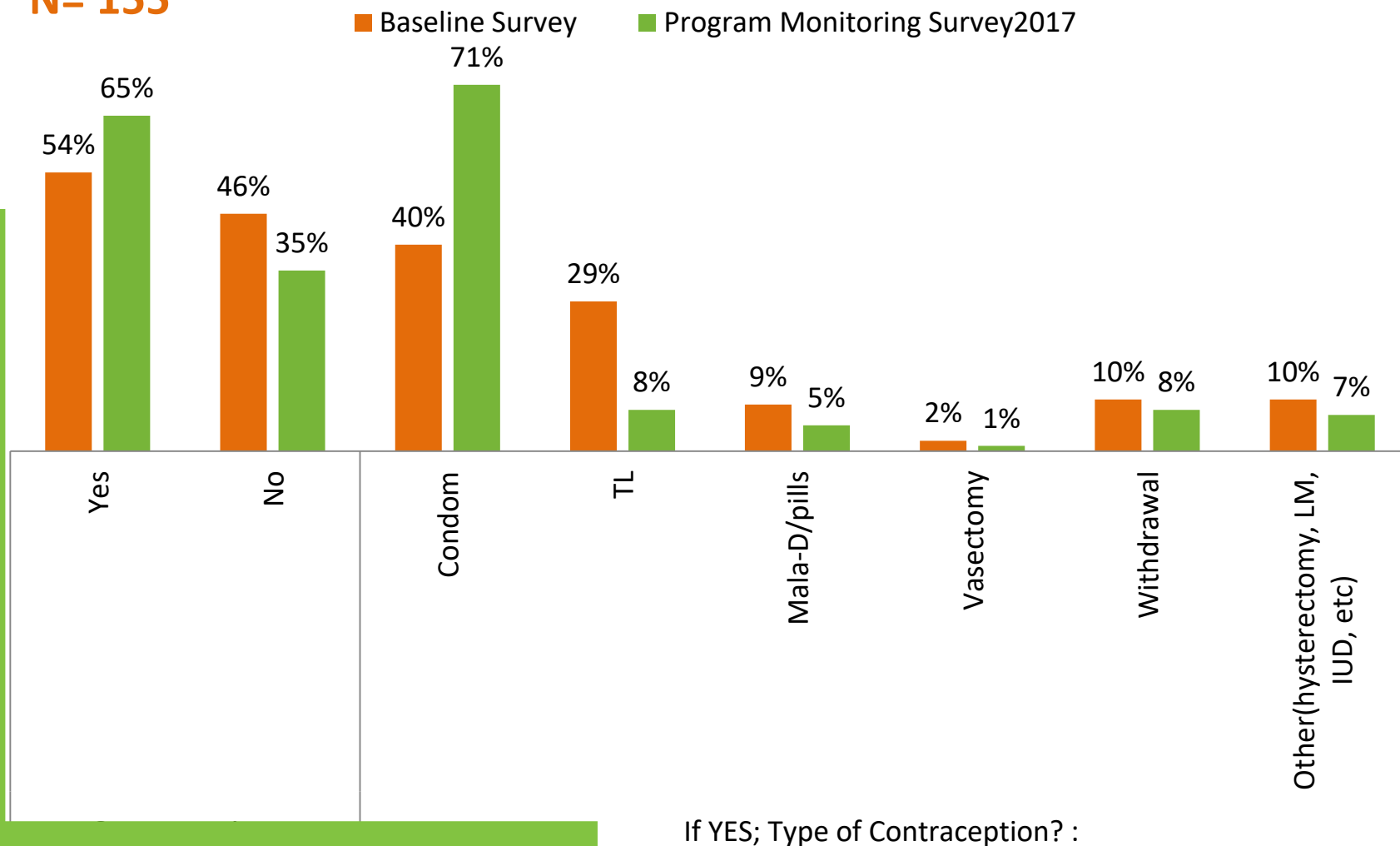




## Indicator 1:

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

N= 155

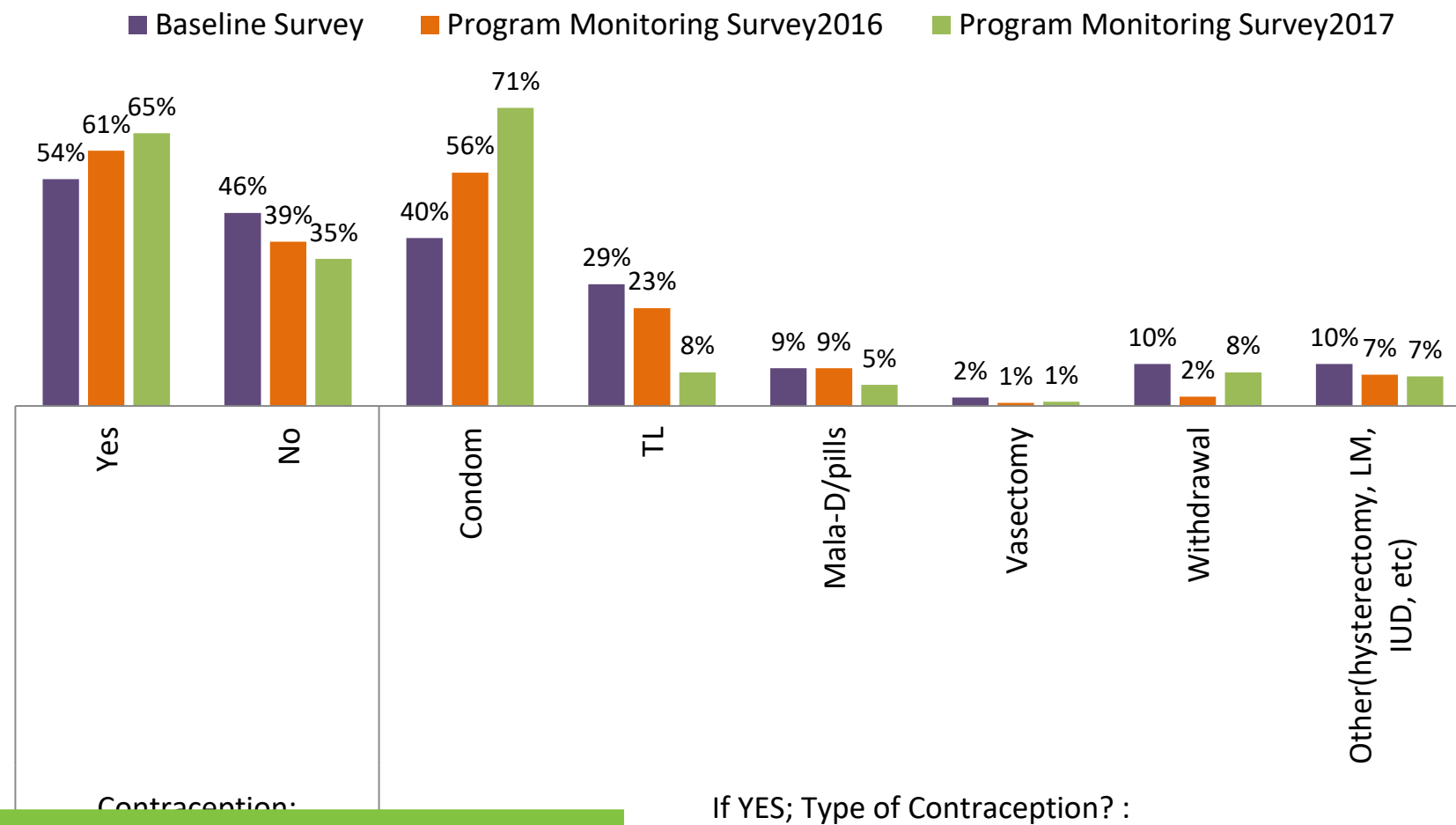


If YES; Type of Contraception? :

## Indicator 1:

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

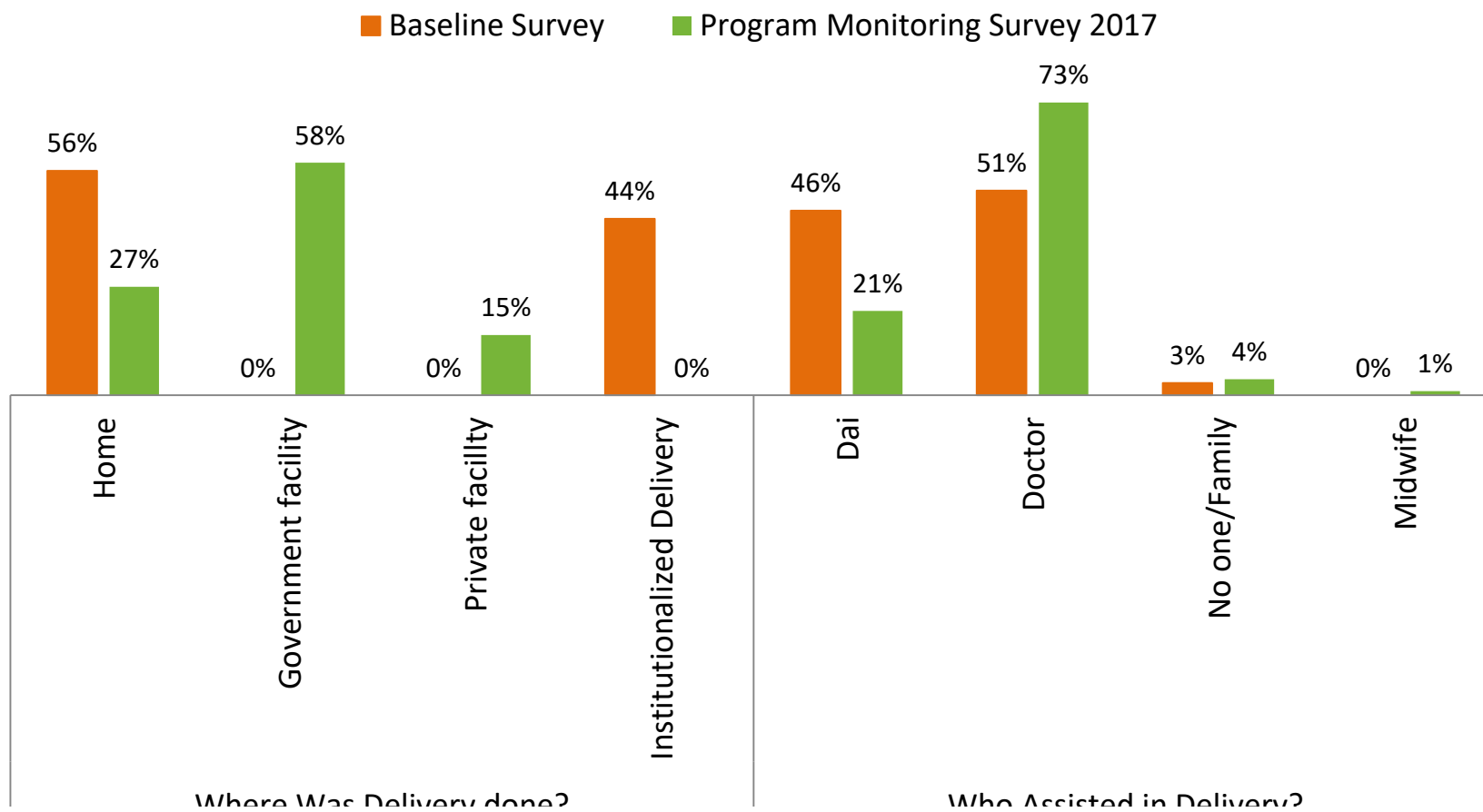
N= 155



## Indicator 2:

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

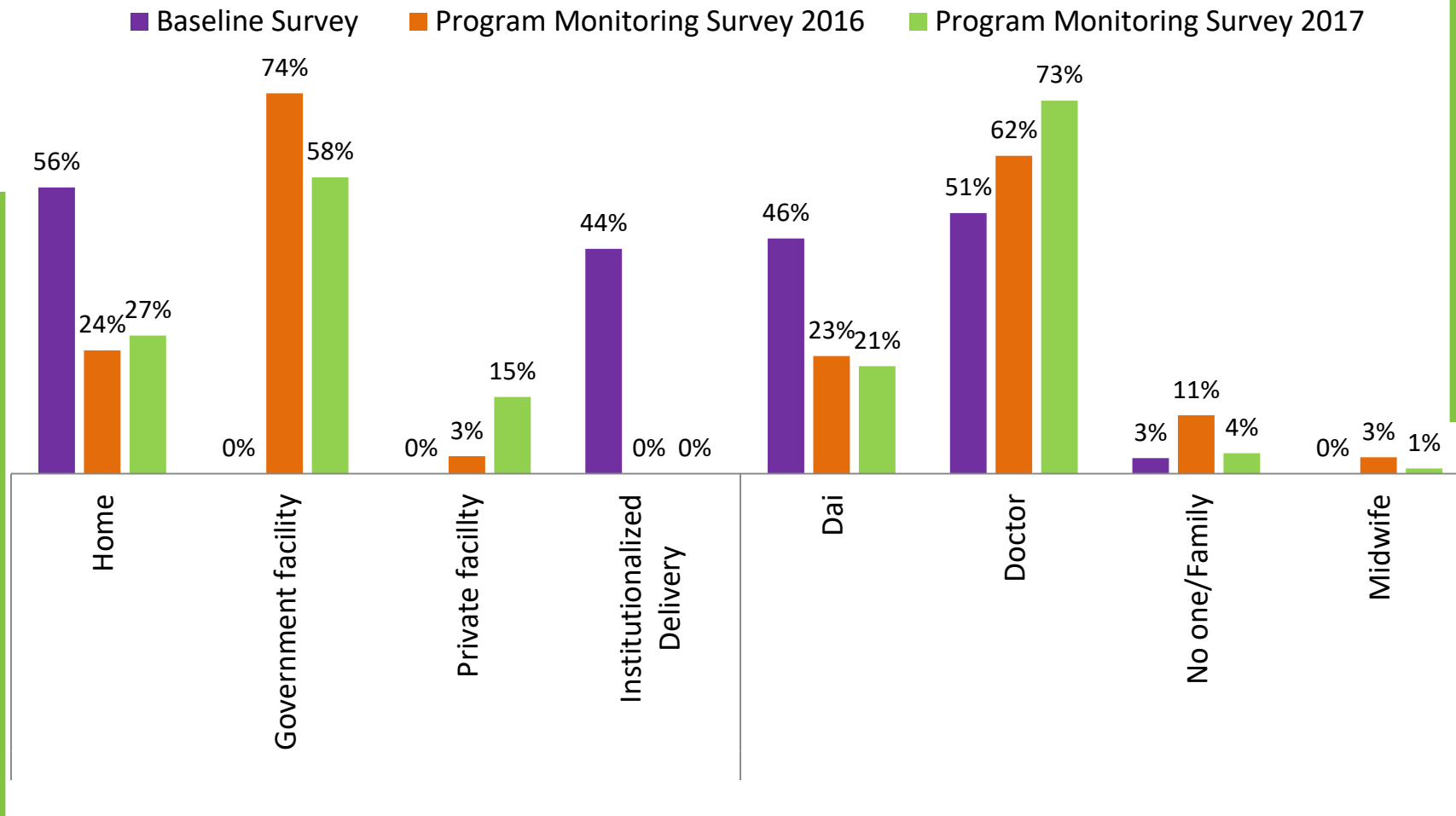
N= 155



## Indicator 2:

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

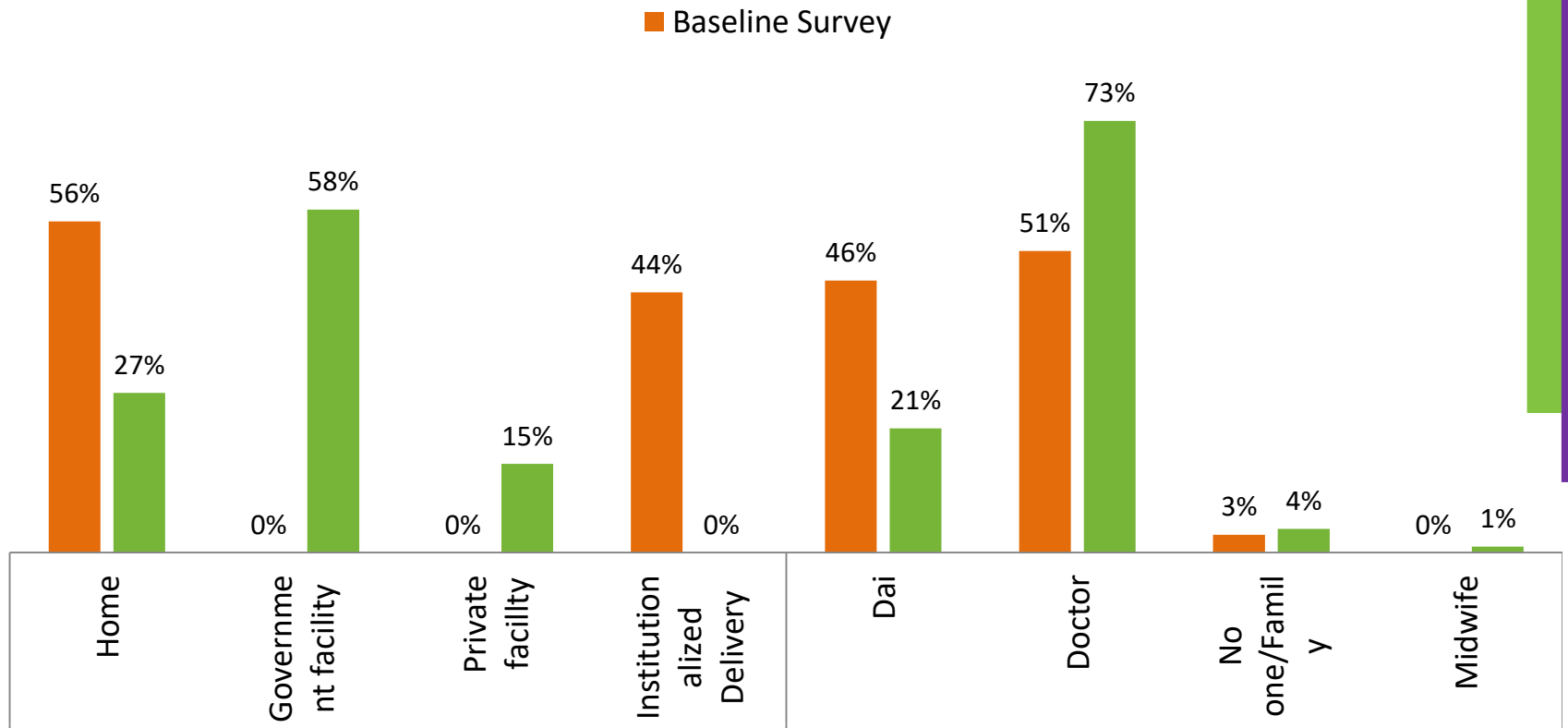
N= 155



### Indicator 3:

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

N= 155

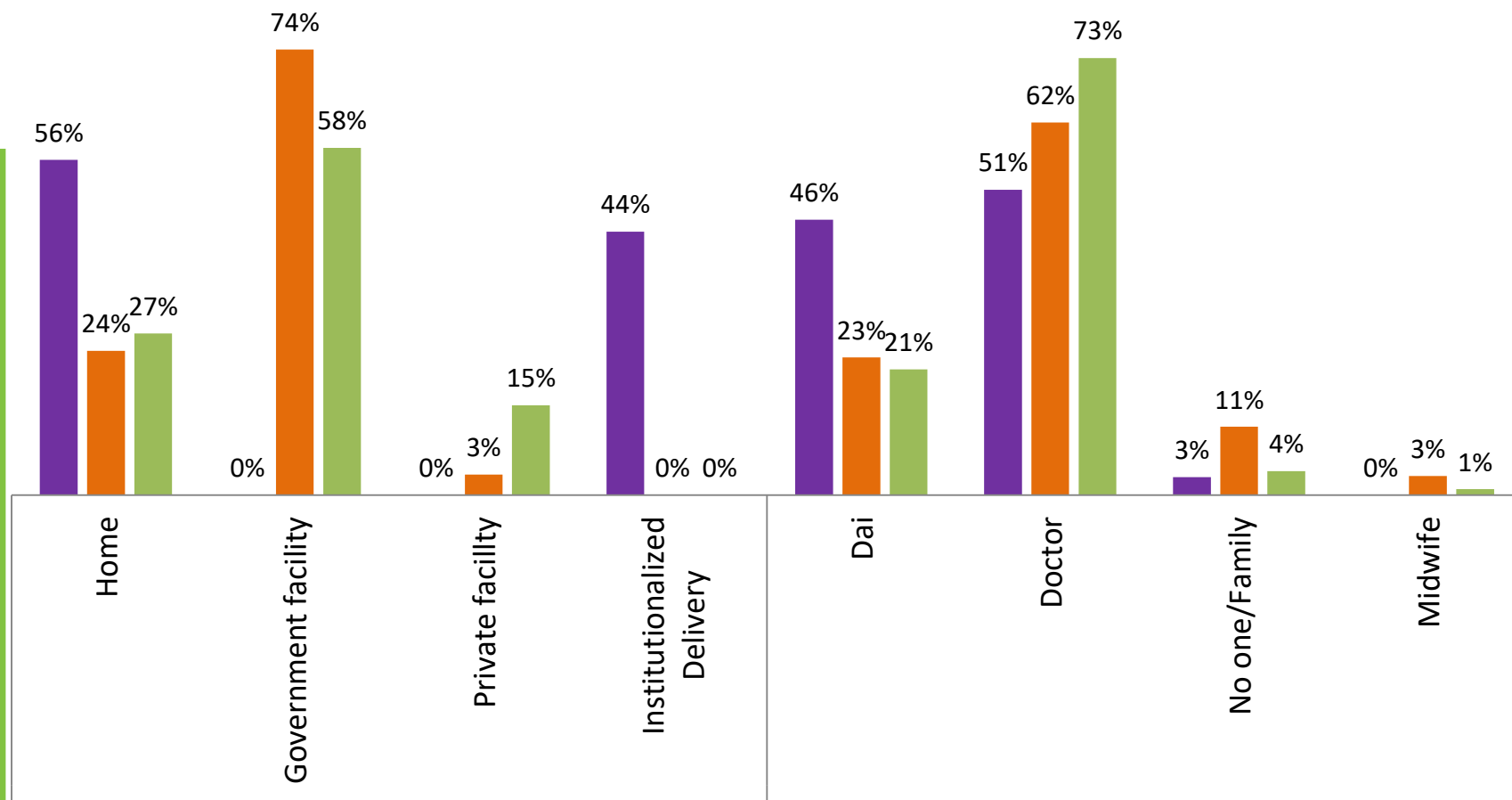


### Indicator 3:

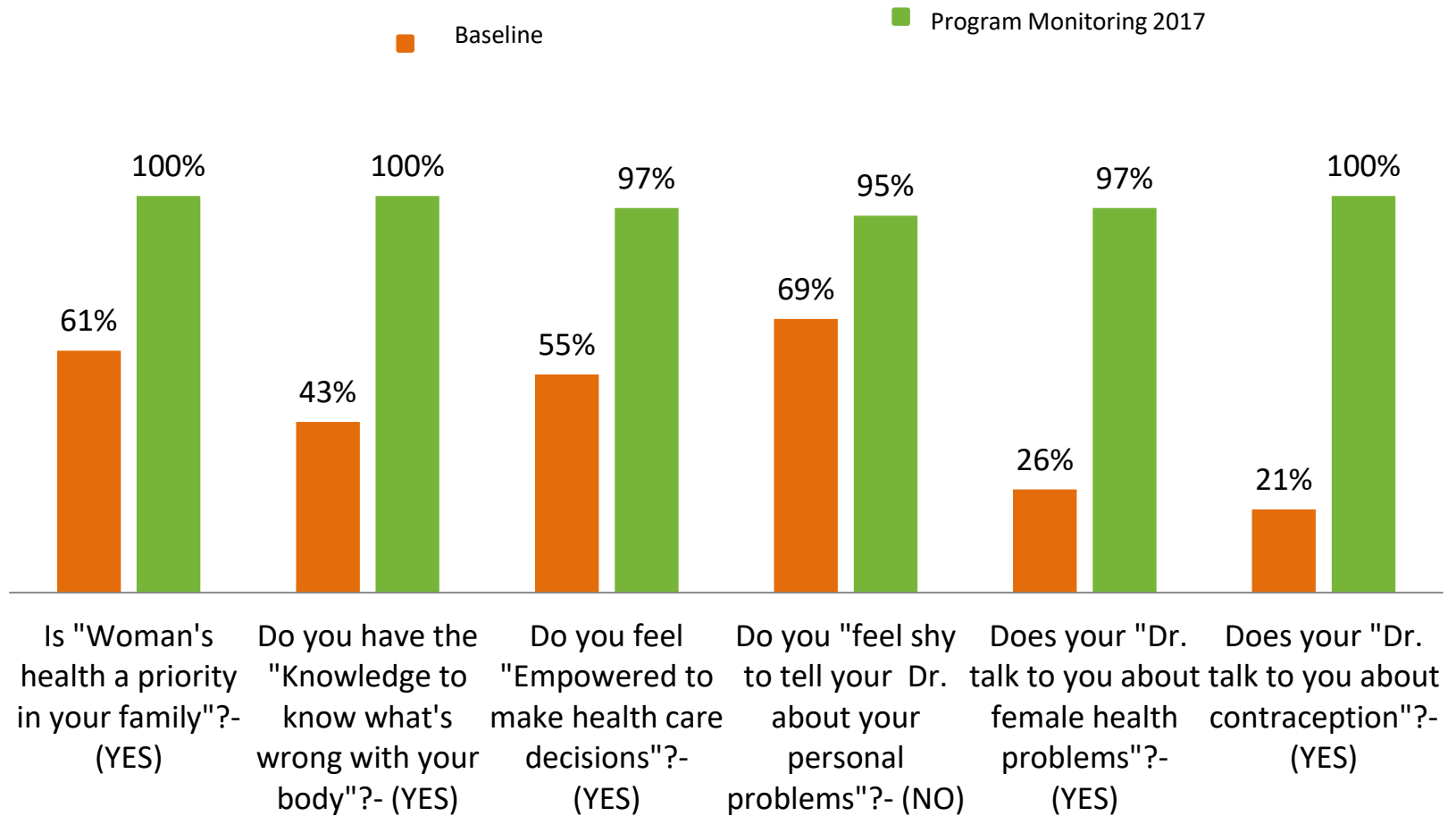
## The Last Time You Gave Birth, Where Did You Deliver, Who Assisted You In The Delivery?

N= 155

■ Baseline Survey    ■ Program Monitoring Survey 2016    ■ Program Monitoring Survey 2017

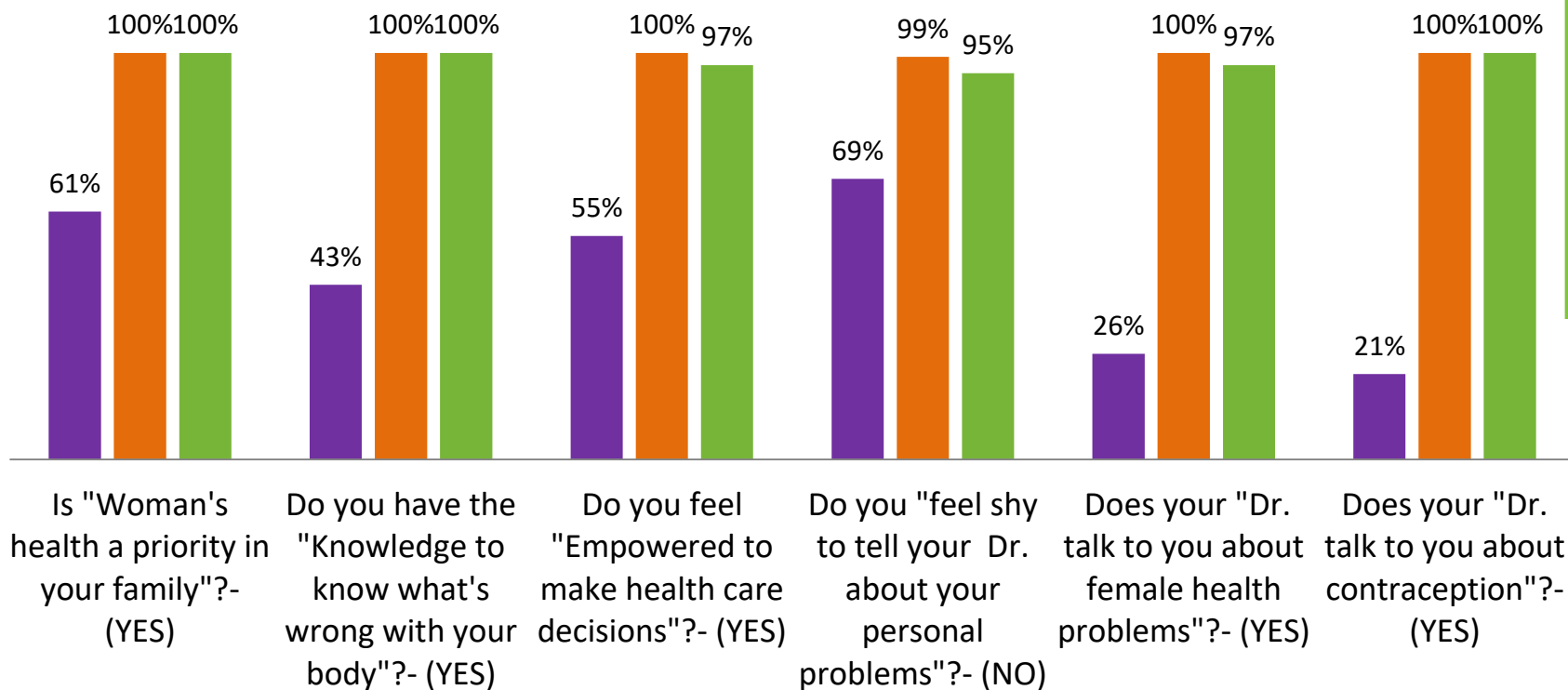


## Indicator 4: Perception On Woman's Health Care N= 155



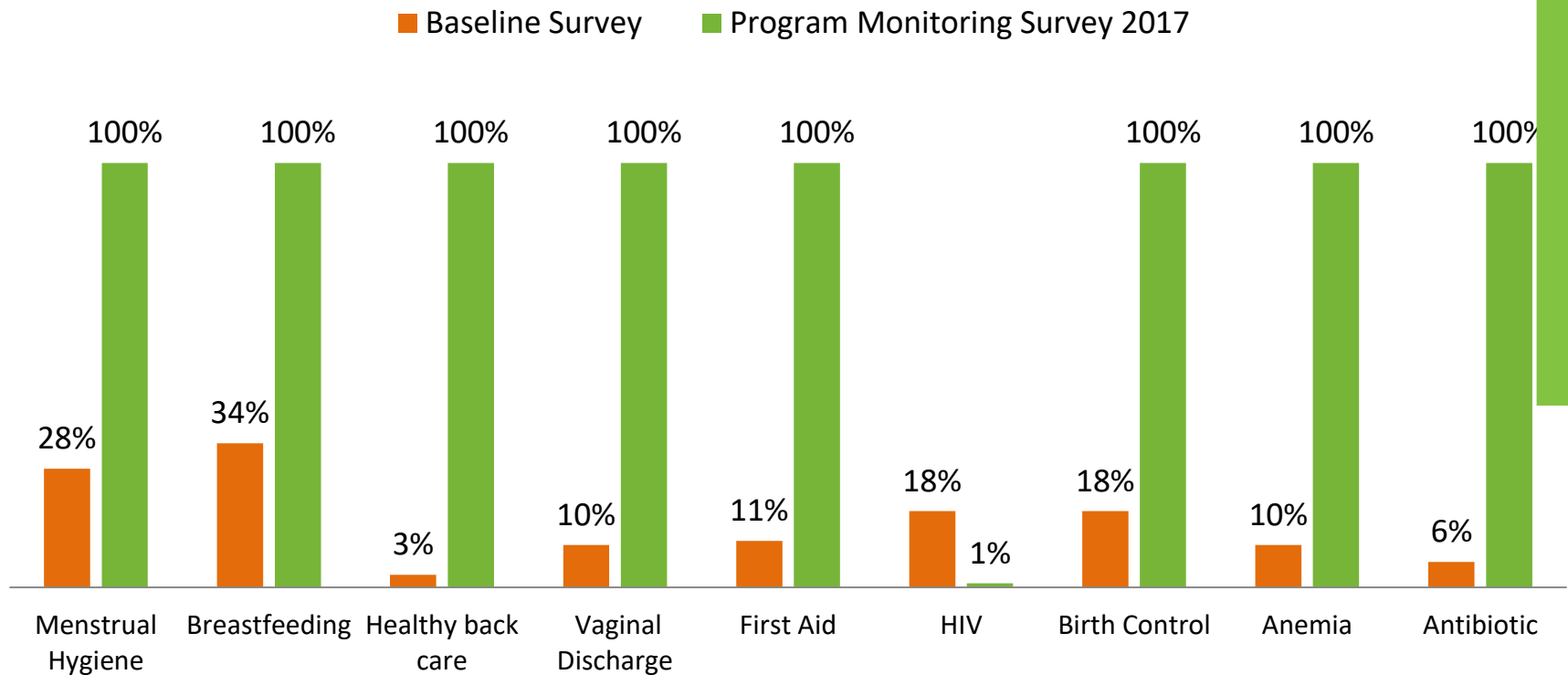
# Indicator 4: Perception On Woman's Health Care N= 155

■ Baseline Survey   ■ Program Monitoring Survey 2016   ■ Program Monitoring Survey 2017

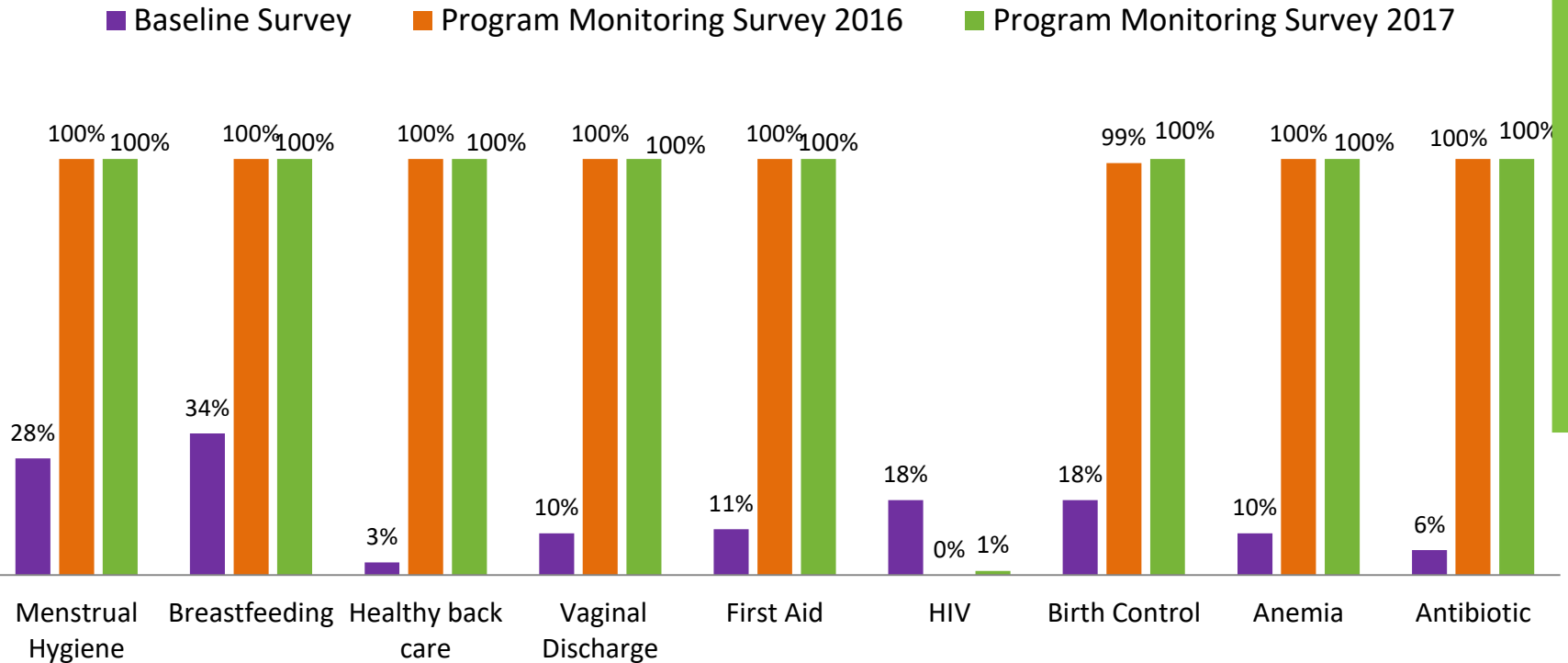




## Indicator 5 : Measurement of Knowledge/ Understanding N= 155

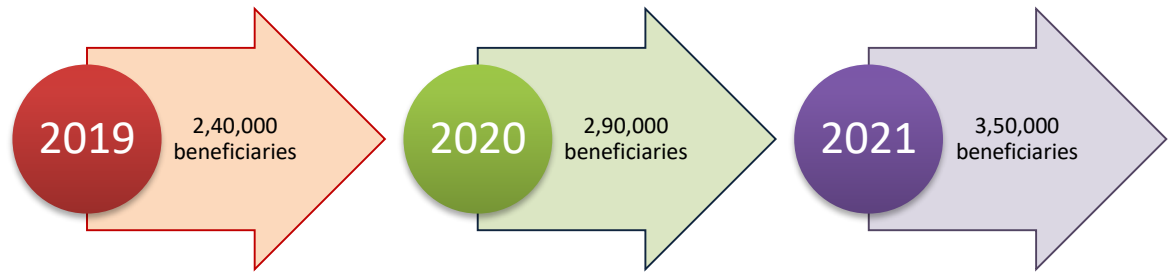


## Indicator 5: Measurement of Knowledge/Understanding N= 155



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.

# PROJECTIONS FOR THE NEAR FUTURE:



### Year 2019:

- Provide Health Care Services to 22,000 beneficiaries.
- Scale the Adolescent health classes to reach 80,000 adolescents in 2 districts of Uttarakhand.
- Expand operations to Himachal Pradesh
- Continue to conduct research and publish

### Year 2020

- Provide Health Care Services to 28,000 beneficiaries.
- Scale the Adolescent health classes to reach 85,000 adolescents in 2 districts of Uttarakhand.
- Expand operations to Himachal Pradesh
- Continue to conduct research and publish

### Year 2021:

- Provide Health Care Services to 35,000 beneficiaries.
- Scale the Adolescent health classes to reach 90,000 adolescents in 2 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 on Board	Other Offices
Dr. Vijay P. Agarwal	President & Founder	MD, MBBS	6	Practicing Physician in USA.
Colette Smith	Vice-President	BSN, RN, MPH	6	NA
Rashid Ahmad	Board Member	MSW, BSc(IT)	2	NA
Ruchi Uniyal	Board Member	MSW, BSc	2	NA

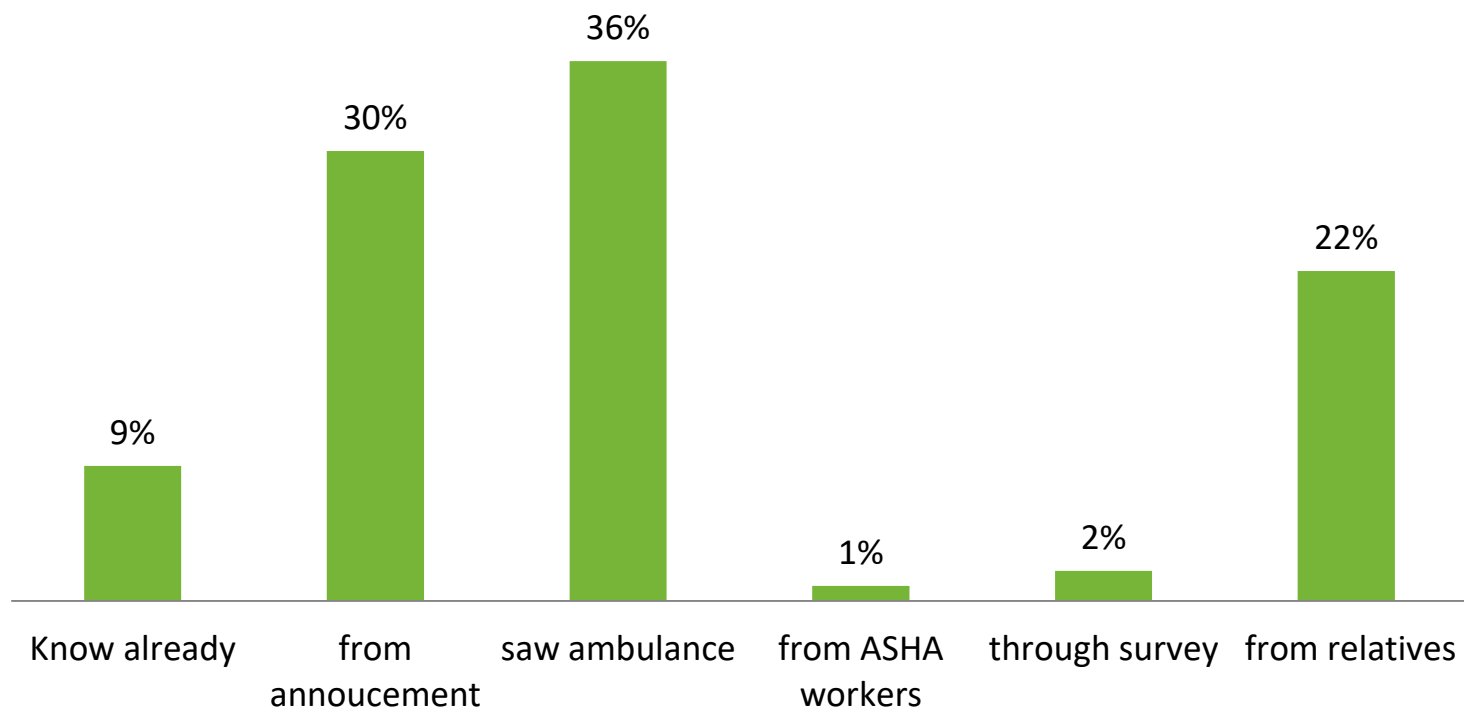
Bella Health is so blessed to have such dedicated, passionate, hardworking and talented team members.

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



## Patient Satisfaction Survey 2017 N= 201

### How did you hear about Bella health?

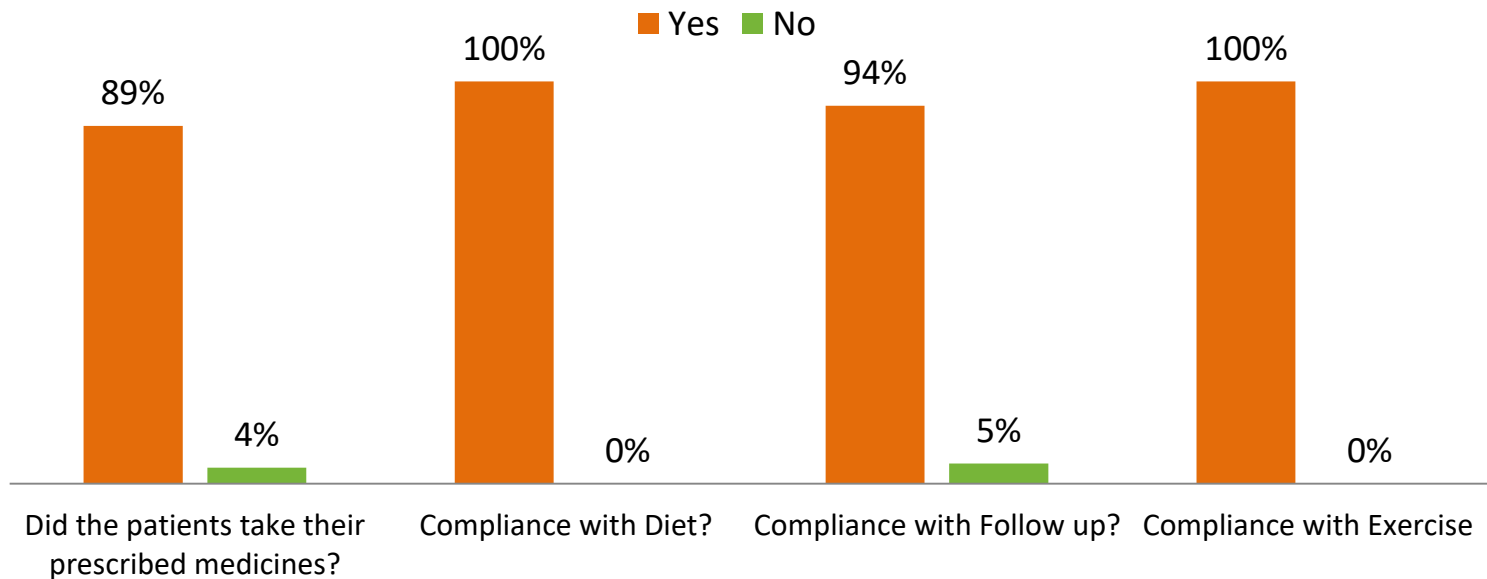


Questions	Descriptive Response
How was your overall experience with the visit to Bella Health?	100% patients described their overall experience with us as good
How long did you spend with Bella health?(minute)	On an average a patient spends around 37 minutes with Bella Health, where the minimum is 2 minutes and maximum is more than 2 hours.
How long did the doctor spend with you?	On an average a patient spends around 5 minutes with the doctor, where the minimum is 3 minutes and maximum is 20 minutes.
Did the doctor and Nurse listen to your explanations and questions carefully? Did the doctor and nurse answer your questions thoroughly and properly? Did the doctors and nurse explain the medicines ?	100% patients were satisfied with the doctors and nurses in their listening and explaining of procedures and medicines.
Did the doctors and nurse explain the labs?	34% patients were able to understand about the labs procedures.
Were the doctors and nurses courteous and friendly? Was the receptionist courteous and friendly?	100% 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?	89% patients attended the health education classes.
Will you come back to an education class?	100% patients were interested in coming back for the education classes.
What should Bella Health START doing?	17% suggested radiology services like ultrasound and X-ray. 14% wanted childbirth services 69% were not sure.

# COMPLIANCE SURVEY 2017

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.

## Patient's Compliance with Medicines, Diet, Follow Up, and Exercise -2017, N= 140



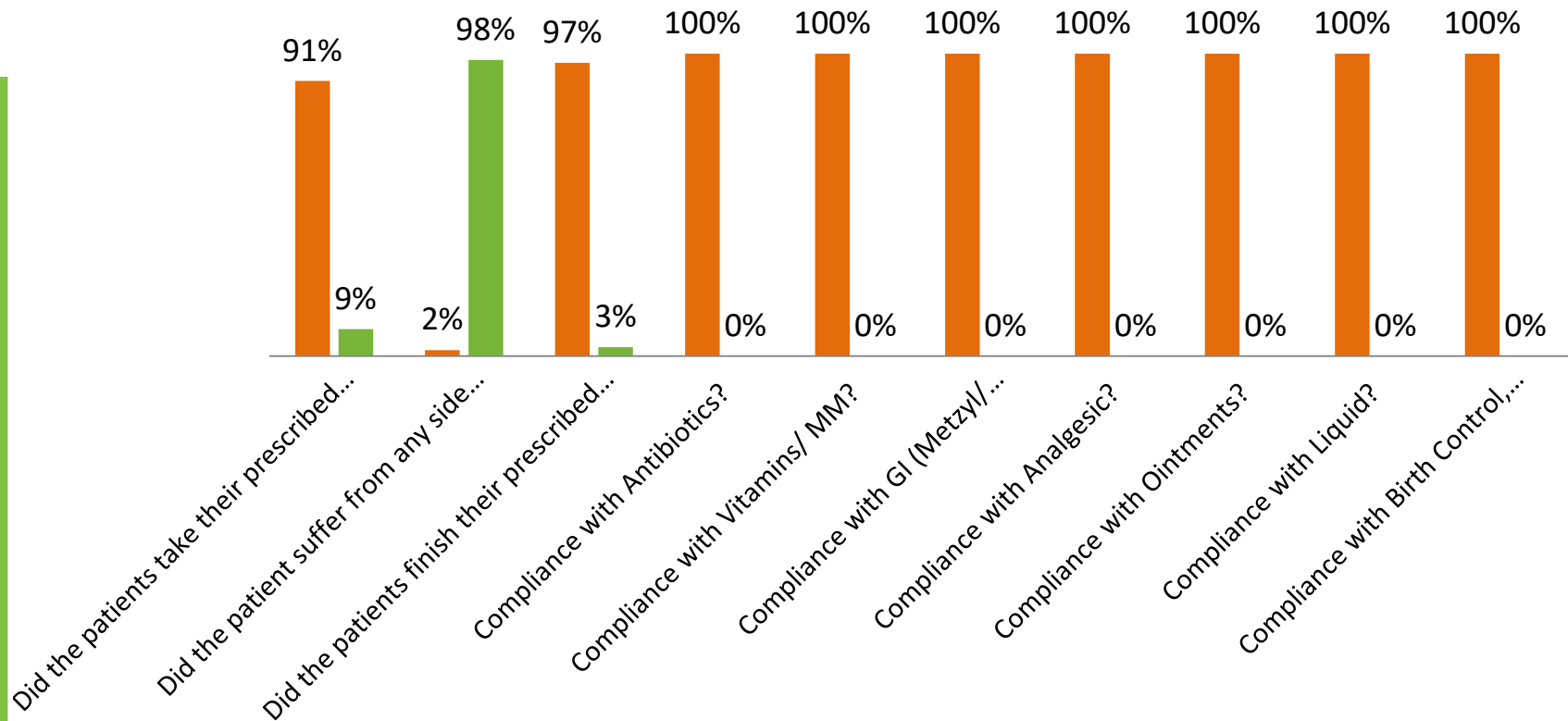
4% of the patients who did not take their medicines stated that either they forgot to take the medicine and few stated that they felt better after initial few doses so stopped taking medicine in-between. Same is for follow up. Respondents said that they felt better after taking the medicine so did not feel any need to come back for follow up.

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.

## Patient's Compliance with different medicines 2017,

N=140

Yes No





## CONTROL STUDY VERSUS INTERVENTION STUDY (FARH):

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

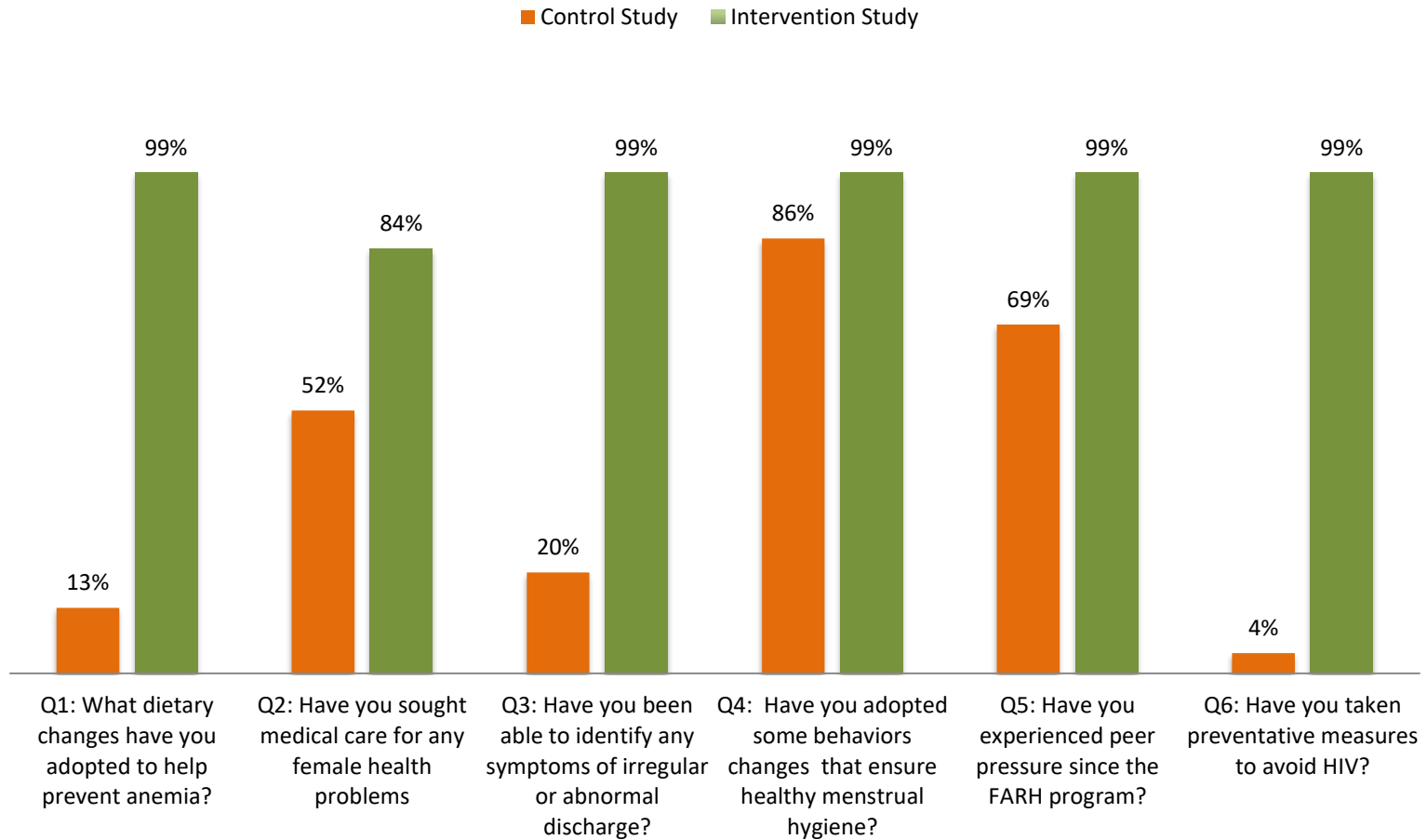


Adolescent girl students during FARH classes

### BACKGROUND

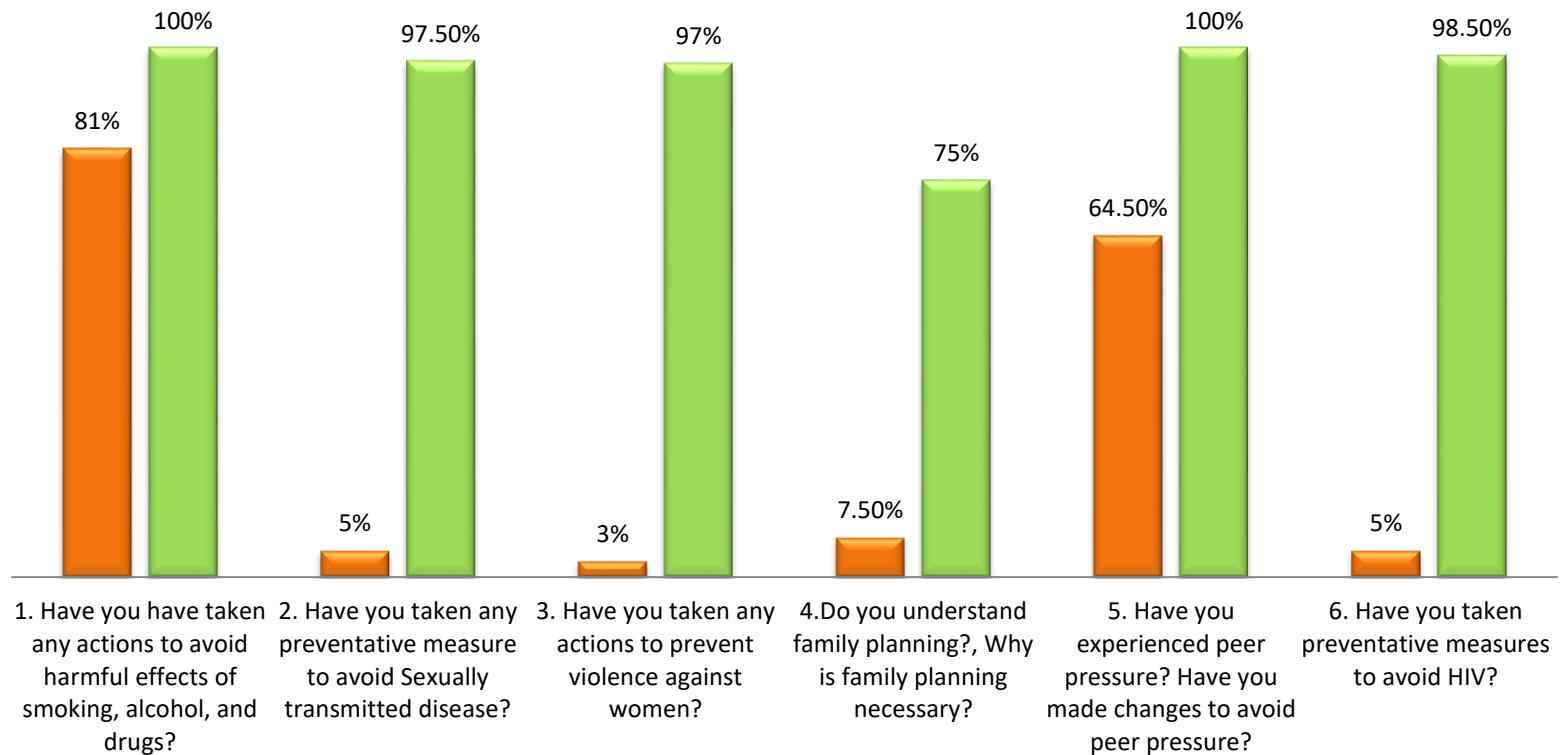
Bella Health had been conducting Female Adolescent Reproductive Health (FARH) education classes in government and private schools, with the aim of increasing awareness and increasing knowledge of reproductive health topics such as menstrual cycle and hygiene, abnormal vaginal discharge, sexually transmitted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

## CONTROL STUDY V/S INTERVENTION STUDY 2017 FARH, N= 200



## Control Study Vs Intervention Study-2017 MARH N=200

Control Study Intervention Study



## PROGRAMMATIC IMPLICATIONS:

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

## CONCLUSION:

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

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

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



Adolescents boys during MARH class

## ROORKEE INCIDENT

Our team of Bella Health Care was all prepared and set for the health camp at Chappur, Roorkee on 22<sup>nd</sup> June 2017. As soon as they crossed Daat Kali Mandir, near Mohund hill range, a person started waving towards us, shouting in anxiety, calling for help. The person, who had just stopped before us, saw our ambulance and told us that an accident has happened at that site. The ditch was around 20 feet deep, where the mother and her two sons were lying in pain, crying for help.

The lady (42) was travelling to Dehradun from her village near Roorkee. She was injured severely on her back, hands and legs. Her younger son (11), was injured the most as he was hit on his head, which was bleeding profusely. Vansh, the elder son (14) too was injured on his hands, shoulders, face, legs and back.

We canceled our health camp in Roorkee, and rushed to Doon Hospital. We found out the contact number from the elder son, who was still in his senses, and informed the other family members and relatives. On the way to hospital, our doctor Ms.Preeti, ANM's and other staff were constantly monitoring and checking up the patients. Meanwhile their relatives arrived who were anxious and tensed.



PPNO-52 254-IV-2011

भारतीय गैर न्यायिक  
भारत INDIA

रु. 500 FIVE HUNDRED RUPEES

पाँच सौ रुपये Rs. 500

INDIA NON JUDICIAL

A 603465

उत्तरांचल UTTARANCHAL

21 JUL 2011 TRUST DEED


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

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

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

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

MANAGING TRUSTEE



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

1.

*Witness: Copy of Passbook, Copy of Pan card, Copy of Aadhar card*

R22

Return vide

MB No. 97/277

SP

Returned vide MB No. 103 dtd 30/2011

SP

RISHIKESH  
REGISTRATION NO.

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

सेवा में,

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

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

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

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

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

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

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

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

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

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



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

(श्री. पी. सेमवाल)  
आयकर आयुक्त, देहरादून

मोहर

प्रतिलिपि प्रेषित :-

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



श्री. सिंह

(श्री. सिंह)  
आयकर अधिकारी (तकनीकी)  
कृते आयकर आयुक्त, देहरादून

क्र. सं.67(54)/कर मुक्ति/हरिद्वार/2011-12/तक

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

दिनांक 28/05/2012

सेवा में

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

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

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

(डी।पी।ओ. सेमवाल)  
आयकर आयुक्त, देहरादून

नोट :-

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



संख्या और दिनांक

प्रतिलिपि प्रेषित :-

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

(अजुन सिंह)  
आयकर अधिकारी (तकनीकी)  
कृते आयकर आयुक्त, देहरादून



# LETTERS FROM VILLAGE PRADHAN PROGRAMME

## ग्राम पंचायत ढकरानी

वि०ख०, विकासनगर जनपद-देहरादून (उत्तराखण्ड)

**अख्युब  
प्रधान**

मो: 94120194552  
9761024006

**निवास:**

वाई नं० 5,  
ग्राम व पो०, ढकरानी कालोनी  
जिला- देहरादून ( उत्तराखण्ड)

प्रनांक / .....

दिनांक / 20/04/2017

सेवा के,

बेला हेल्थ केयर  
पेंसी टेबल ट्रस्ट  
C-3 नेटव कालोनी

धन्यवाद

अवगत कता है कि ग्राम पंचायत ढकरानी ने  
24/3/2013/4 वर्षों से बेला हेल्थ केयर अपना स्वास्थ्य  
शिबिर लगा कर लोगों को कभी कभी ही  
दाँतों और गहिलों को लगे से (नाइव)  
परिष्कार किया जा रहा है। कभी कभी ही  
जांच की जा रही है। इनके द्वारा (शुल्क)  
का जांच भी जा रही है।

प्रधान  
ग्राम पंचायत ढकरानी  
वि०ख०, विकासनगर  
जिला- देहरादून (उत्तराखण्ड)

## ग्राम प्रधान खुब्बनपुर लतीफपुर

**श्रीमती ललिता देवी**

**ग्राम प्रधान**

वि०ख० भगवानपुर, जिला हरिद्वार

प्रनांक नं०...26.....

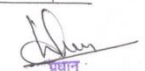
मनोज कुमार (प्रधानपति)

**Mob.: 7535857282**

दिनांक...03/03/2017

प्रमाणित किया जाता है कि आज दिनांक 09/03/2017 को  
अम्बुजा सीमेंट फाउन्डेशन एवं बेला हेल्थ केयर देहरादून  
की ओर से ग्राम - खुब्बनपुर - लतीफपुर में स्वास्थ्य जांच  
शिबिर लगाया गया जिसके अन्तर्गत माहिलाओं एवं बच्चों  
को निशुल्क चिकित्सा सेवा प्रदान की जाती है और स्वास्थ्य  
सम्बन्धी अनेक जानकारी भी दी जाती है।  
इन्के द्वारा हर माह ग्राम खुब्बनपुर में स्वास्थ्य जांच  
शिबिर लगाया जाता है। इस सहायनीय कार्य के लिए  
में इनको बार - बार धन्यवाद करनी हूँ, और  
आशा करती हूँ कि आगे भी ग्रामीण क्षेत्रों में अपनी  
सेवा देते रहेंगे।

धन्यवाद



ग्राम प्रधान लतीफपुर खुब्बनपुर  
वि०ख० भगवानपुर, जिला हरिद्वार

# LETTERS FROM VILLAGE PRADHAN PROGRAMME

**ग्राम पंचायत-आदर्श ग्राम छाप्पुर शेर अफगानपुर**  
**विकास खण्ड भगवानपुर**


**ब्रिजेश देवी**  
ग्राम प्रधान  
ग्राम पंचायत आदर्श ग्राम छाप्पुर  
शेर अफगानपुर, वि०ख० भगवानपुर  
जिला हरिद्वार (उत्तराखण्ड)

मो०-9760205014  
8449645880

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पत्रांक..... दिनांक.14/12/2021.....

प्रमाणित किया जाता है कि हमारे गाँव छाप्पुर शेर अफगानपुर  
वि० ख० जिला हरिद्वार में विला हेलथ केयर द्वारा चलाई गई  
चिकित्सा शिविर में गाँव के लोगों को काफी फायदा हुआ है,  
यह चिकित्सा शिविर चलाई गयी थी तथा अभी तक जारी है  
और गाँव के लोग इसका फायदा ले रहे हैं इस शिविर में महिलाओं  
के पच्चों की स्वास्थ्य शिक्षा भी प्रदान करायी जाती है  
यह एक बहुत अच्छा तथा सराहनीय कार्य है,  
मैं विला हेलथ केयर के उज्ज्वल भविष्य की कामना  
करती हूँ।

  
ब्रिजेश देवी, ग्राम प्रधान  
आदर्श ग्राम छाप्पुर शेर अफगानपुर  
विकास खण्ड भगवानपुर (तहसील)

# LETTERS OF APPRECIATION FOR ARH PROGRAMME

कार्यालय – प्रधानाचार्या, राजकीय बालिका इण्टर कालेज लक्खीबाग, देहरादून।

**Email- ggiclakhbagh41@gmail.com Phone No. 0135 - 2520376**

सेवा में,

बेला हेल्थ केयर  
चेरिटेबल ट्रस्ट  
सी0-3, नेहरू कालोनी,  
देहरादून।

पत्रांक/275 /कार्यशाला /2017-18/

दिनांक 22/1/17

विषय- विद्यालय में की गयी स्वास्थ्य सम्बन्धी कार्यशाला की आख्या के प्रेषण के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक दिनांक 20-11-2017 से दिनांक 22-11-2017 तक 03 दिवसीय स्वास्थ्य सम्बन्धी कार्यशाला का आयोजन किया गया, उक्त कार्यशाला में निम्न बिन्दुओं पर प्रकाश डाला गया।

छात्राओं हेतु-

1. यौवनावस्था
2. महिला प्रजनन तंत्र
3. महावरी, महावरी चक्र और महावरी के दौरान साफ-सफाई
4. योनी स्त्राव
5. यैन संचारित रोग
6. एचआईवी/एड्स
7. घरेलू हिंसा
8. नकारात्मक साधियों से बचने के तरीके।

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

अतः मैं आशा करती हूँ कि भविष्य में भी बेला हेल्थ संस्था द्वारा इस प्रकार की कार्यशाला का आयोजन कर छात्राओं को अन्य स्वास्थ्य सम्बन्धी जानकारीयों से अवगत करवाया जायेगा। साथ ही मैं संस्था के उज्ज्वल भविष्य की कामना करती हूँ।

भवदीया

22/1/17

(नीलम जोशी)

प्रधानाचार्या

सी0बा030कालेज लक्खीबाग

देहरादून

सेवा में,

बेला हेल्थ केयर  
चेरिटेबल ट्रस्ट  
सी -03 नेहरू कालोनी  
देहरादून।

पत्रांक: \_\_\_\_\_ 2016-2017

दिनांक: 26/1/2017

विषय-स्वास्थ्य सम्बन्धी कार्यशाला आयोजन के सम्बन्ध में--

महोदय/ महोदया,

हमारे विद्यालय में दिनांक: 24/1/17 से 26/1/17 तक तीन दिवसीय कार्यशाला का आयोजन किया गया। कार्यशाला में निम्न बिन्दुओं पर प्रकाश डाला गया -

छात्रों हेतु-

- प्रजनन
- यौवन अवस्था
- नकारात्मक साधियों से बचने के तरीके
- जोखिम भरा व्यवहार
- एच.आई। वी /एड्स
- सेक्सुअल ट्रान्स्मिटेड इन्फेक्शन
- घरेलू हिंसा

छात्राओं हेतु-

- यौवन अवस्था
- महिला प्रजनन
- महावरी, महावरी चक्र और इस दौरान स्वच्छता
- योनी स्त्राव
- यौन संचारित रोग
- एच.आई। वी /एड्स
- घरेलू हिंसा
- नकारात्मक साधियों से बचने के तरीके

उपर्युक्त विषयक पर विचार:- It is very important and useful information for children. They get very important information about their health which they cannot discuss even with their parents. It will benefit them and will make them more mature and confident

भवदीया  
R. S. Bhatnagar

PRINCIPAL  
S. D. INTER COLLEGE (BANNU)  
RACE COURSE, DEHRADUN

प्रेषक :-

प्रधानाध्यापिका  
दून पब्लिक हाई स्कूल  
श्यामपुर, अम्बीवाला, देहरादून

सेवामें,

बेला हेल्थ केयर चैरीटेबल ट्रस्ट  
सी-03 नेहरू कॉलोनी, देहरादून

पत्रांक/हेल्थ कार्यक्रम/ 005 / 2016-17 दिनांक -17-05-2017

विषय :- स्वास्थ्य सम्बन्धि कार्यशाला आयोजन के सम्बन्ध में :-

महोदय,

दून पब्लिक हाई स्कूल श्यामपुर, अम्बीवाला, देहरादून में दिनांक 15-05-2017 से 17-05-2017 तक त्रिदिवसीय कार्यशाला का आयोजन किया गया कार्यशाला में निम्न बिन्दुओं पर प्रकाश डाला गया।

क्रम सं०	छात्रों हेतु	छात्राओं हेतु
1.	प्रजनन तन्त्र	1. यौवनावस्था
2.	यौवनावस्था	2. महिला प्रजनन तन्त्र
3.	नकारात्मक साधियों से बचने के तरीके	3. महावारी, महावारी चक्र और महावारी के दौरान साफ-सफाई
4.	जोखिम भरा व्यवहार	4. यौनी स्राव
5.	एच. आई. वी./एड्स	5. यौन संचारित रोग
6.	सैक्सुअल ट्रान्समीटेड इन्फेक्शन	6. एच. आई. वी./एड्स
7.	घरेलू हिंसा	7. घरेलू हिंसा
8.	-	8. नकारात्मक साधियों से बचने के तरीके

उपर्युक्त विषयक पर विचार :- उपरोक्त विषय पर संस्था द्वारा किशोर छात्र/छात्राओं कक्षा 9 व 10 को त्रिदिवसीय कार्यशाला में यौवनावस्था से जुड़ी समस्याओं व उनके समाधान यौन रोग व उनसे बचने के उपायों की ज्ञानवर्धक और उपयोगी जानकारी दी गयी जो कि उनके पाठ्यक्रम से भी सम्बन्धित है। दी गयी जानकारी उनके वर्तमान तथा भविष्य में आने वाली समस्याओं के निदान हेतु उपयोगी सिद्ध होगी जिससे वे आदर्श एवं स्वस्थ नागरिक बनने में सहायक होंगे।

भवदीया  
(अञ्जु सिंह)  
प्रधानाध्यापिका  
दून पब्लिक हाई स्कूल  
श्यामपुर, अम्बीवाला, देहरादून

फोन : 0135-2632504

## मसूरी गर्ल्स इण्टर कालेज, मसूरी

किर्क लैण्ड इस्टेट, जनपद देहरादून, उत्तराखण्ड - 248179

पत्रांक 491-47

दिनांक 13/12/17

प्रमाण-पत्र

प्रमाणित किया जाता है कि बैल्ला हेल्थ केयर, चैरीटेबल ट्रस्ट, सी0-3, नेहरू कालोनी, देहरादून द्वारा दिनांक 11.12.2017 व 13.12.2017 को विद्यालय की छात्राओं को निम्नलिखित बिन्दुओं क्रमशः 1. किशोरावस्था से जुड़ी स्वास्थ्य चिंताएं 2. माहवारी चक्र व समस्याएं 3. माहवारी के दिनों साफ-सफाई 4. यौनी स्राव 5. एच0आई0वी0/एड्स 6. घरेलू हिंसा 7. नकारात्मक संगति आदि बिन्दुओं से होने वाले नुकशानों के सम्बन्ध में छात्राओं की जागरूकता के लिए दो दिवसीय कार्यशाला विद्यालय के हॉल में आयोजित की गयी। उपयुक्त बिन्दुओं के सम्बन्ध में छात्राओं को विस्तार से जानकारी प्रदान की गई व सुरक्षा के उपाय भी बताये गये जो कि सभी छात्राओं के लिये उपयोगी साबित होंगी।

कार्यशाला में छात्राओं के लिए विषय वस्तु बहुत ही प्रभावशाली एवं उपयोगी सिद्ध होगी।

मैं बैल्ला हेल्थ केयर, चैरीटेबल ट्रस्ट, सी0-3, नेहरू कालोनी, देहरादून को उपर्युक्त निम्नलिखित विषयों पर छात्राओं को जागरूकता एवं सुरक्षा के उपाय हेतु किये गये प्रचार-प्रसार लिये हार्दिक धन्यवाद करती हूँ।

(श्रीमती अनिता इन्दर)  
प्रधानाचार्या  
मसूरी गर्ल्स इण्टर कॉलेज  
मसूरी