



# Bella Health Care Charitable Trust

## Annual Activity Report

### 2018-2019



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# Message from Our

Bella has completed eight years of service to our communities in Uttarakhand. 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 Chief Medical Officer and Mr. R.K. Kunwar, Director of Education. In 2019, we are planning on expanding our team and continue providing preventive



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

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 .

Our goals for the next two years are to:

- 1) provide direct health care services to over 1 lac women and children and educate more than 1.2 lac adolescents through our Adolescent Health Education Program in 70 Schools;
- 2) continue our collaboration with SYNCOM, USACS, MIF, YRF, Vitamin Angles and Departments of Health and Education of Govt of Uttarakhand.





## Thanks to our Donors

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

### Thanks to our Donors

- ❖ Max India  
Foundation
- ❖ Vitamin Angles
- ❖ Ambuja Cement
- ❖ Adarsh Medicose
- ❖ Rama Surgical House

**Max India Foundation** is providing constant support to Bella health since 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 started in the month of April 2015, with two health camps 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 treatment would be given to them. **In 2017** We have collaborated with **Youthreach** in Roorkee.

# About Bella

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

Bella Health Charitable trust is an NGO based in Dehradun, Uttarakhand working tirelessly since 2011 for the enhancement of women health and quality of life, by empowering women to increase their ability to make informed family planning and reproductive health choices. The activities include health care services that address maternal, child and reproductive health issues.



**Dr. Preeti, treating patients.**

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 7 years.

# The team that makes it all

Name	Position on Governing Body	Qualifications	No. Years as Board	Other Offices
Dr. Vijay P. Agarwal	President & Founder	MD, MBBS	7	Practicing Physician in USA.
Preeti Deoli	Board Member	BAMS	2	NA
Rashid Ahmad	Board Member	MSW, B.Sc. (IT)	2	NA
Ruchi Uniyal	Board Member	MSW, B.Sc.	2	NA
Sunmala Rawat	Board Member	MSW, B. Pharma	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, Atul Negi
- **Family Planning Counsellor:** Bharti Badoni
- **Data Enterer:** Himani Ghansala
- **Clinical Support staff :** Jyoti Raturi
- **Nurse:** Leela Devi, Himani Vohra
- **Drivers:** Som Bahadur, Padam Singh
- **Non clinical support staff:** Meena



# Overview

While the underlying causes of these Reproductive Health morbidities are complex and multifaceted, much can be done by providing direct health services and education at the primary and community care level. We focus exclusively 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, 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 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.

- Provide Health Care Services to 90,000 beneficiaries.
- Expand operations to Tehri Garhwal and more interior places in Uttarakhand.
- Triple the number of women who 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.
- Village Adoption Program.
- Rehabilitation Pogrom for destitute women.

## Our Objectives

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# Impact to the

## 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 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 were sought immediately. Dangerous conditions for the mother and the baby have been reduced through these early interventions, knowledge and proper counselling for the mother and family.

## Maternal Health

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

## Health Education

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

## Adolescents

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



# Bella Health

Year	Patient s	Health Educatio n	ARH Educatio n	Total Beneficarie s	Labs	Medicine s Dispense d	ANC/PNC Reproducti ve Health
2012	6,964	7,912	-	14,876	3,553	281,632	484
2013	9,665	20,279	4,629	34,573	4,861	147,945	876
2014	21,522	10,221	14,036	45,779	3,660	241,954	533
2015	5,976	10,222	8,921	25,119	1,673	178,411	335
2016	7,365	13,301	22,168	42,834	1,830	124,284	414
2017	7,704	11,546	16,898	36,148	1,976	157,000	332
2018	7,873	11,393	22,765	42,031	2,010	216,809	360
<b>Total</b>	<b>67,069</b>	<b>86,415</b>	<b>89,717</b>	<b>2,41,360</b>	<b>17,560</b>	<b>12,72,883</b>	<b>3313</b>



# 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, 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 –

### **Block: Bhagwanpur**

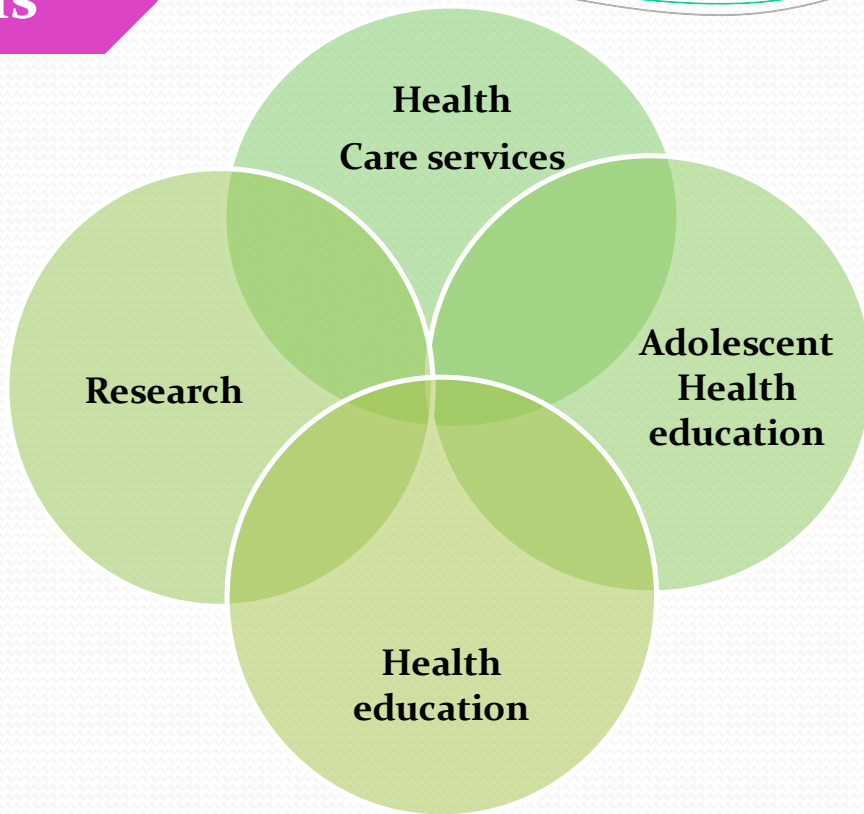
Villages – Shirchandi, Sikandarpur, Khubbanpur, Chapur

Villages – Shirchandi, Sikandarpur, Khubbanpur, Chapur

Villages- Gaddarjuda, Baswakheri

**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



**BELLA health** **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.

The complex block contains four rows of text and images. Each row features a title, a description of the program's impact, a small icon, and a photograph. The first row is for Reproductive Health Care services, the second for Maternal and Child Health, the third for Health Education, and the fourth for Adolescent Sexual and Reproductive Health. The photographs show healthcare workers interacting with patients, a community meeting, and a classroom full of students.



# Programs

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.

# Health Care Services

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

## The Problem

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

## Our Solution

To bring high quality reproductive healthcare services to these 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. 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.

# 1.) Maternal and Child Healthcare 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.

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.



A mother with her child at health camp.



## 2.) Reproductive Health Patients for

Diseases treated	Number
Birth Control/ Family Planning	1,514
Reproductive Tract Infection/ Sexually Transmitted Infection	3
Pelvic Inflammatory Disease	358
Anaemia	400
ANC/ PNC	360
Dysfunctional Uterine Bleeding	342
Urinary Tract Infection	134
Infertility	32
Uterus Prolapsed	38
<b>TOTAL</b>	<b>3,181</b>

The table shows the number of patients seen in each quarter of 2015 for reproductive health issues. **Approximately 41% of total patients in 2018 were seen exclusively for reproductive health issues.**

Patients seen exclusively for reproductive health issues	Numbers of Patients
1 <sup>st</sup> Quarter 2018	705
2 <sup>nd</sup> Quarter 2017	761
3 <sup>rd</sup> Quarter 2017	933
4 <sup>th</sup> Quarter 2017	782
<b>TOTAL</b>	<b>3,181</b>

## 3.) Health

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

### Health Education Numbers, 2018

Total Number of Health Education Classes	243
Number of FARH Classes	177
Number of MARH Classes	147
Number of Child Education Classes	211

# Health Education Classes for

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

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

Classes are supplemented with videos, posters, handouts to make it interesting, interactive and relevant. The number of classes that the participants attend is also tracked to ensure that the participants of 6/12/18 classes receive the awards/certificates. To measure the effectiveness of the education we ask the participants pre-/post-test questions. We ask the participants the “pre” questions before the class to measure their baseline information and then ask the “post” questions after the class to ensure that the objectives of the class were met. This allows our team to evaluate the effectiveness of the education and endorse a more participatory learning environment. We also track the number of classes the participants attend. After the participants attend 6 classes they receive a certificate and present from Bella Health.

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



# Health Education Camps for

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



# Adolescent Reproductive Health (ARH) 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 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.

# Female Adolescent Reproductive Health (FARH)

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.

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.





# Male Adolescent Reproductive Health (MARH)

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.





# Curriculum

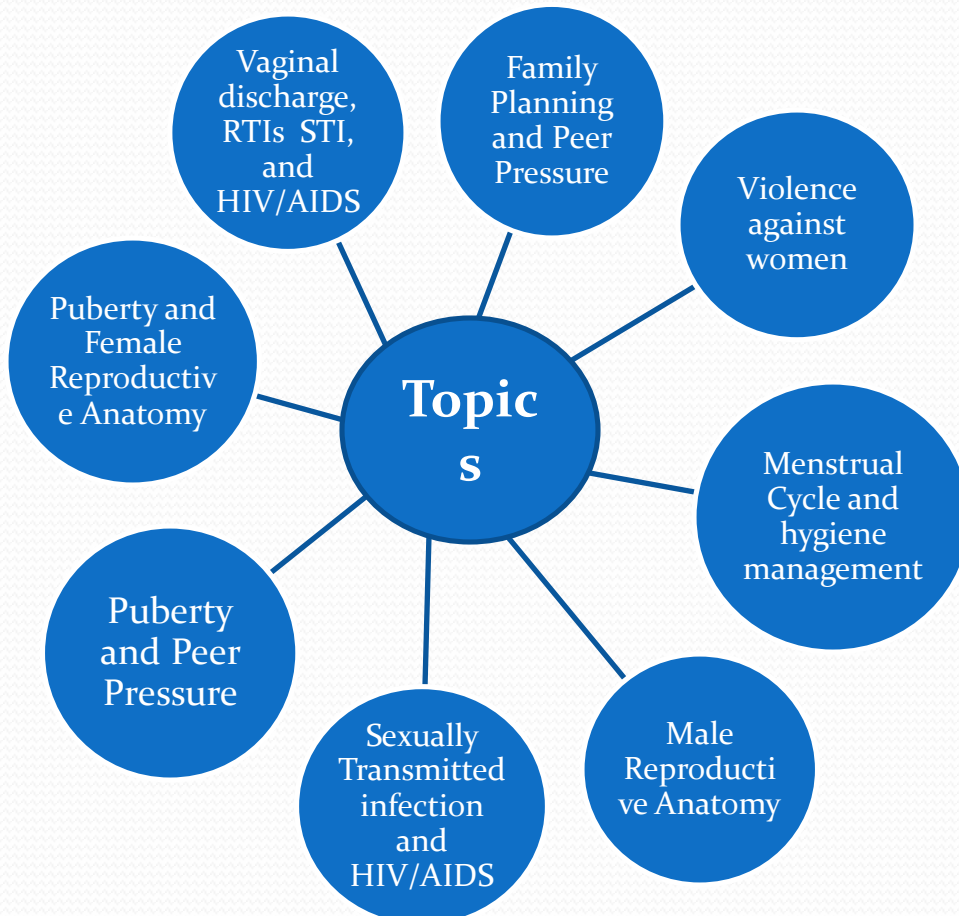
The curriculum, that the educators follow has been developed in house with the help of international public health professionals. Male educators teach male adolescents and female educators teach female adolescents. We do not like to propagate the sex differences, but the students feel more comfortable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

## Objectives

Increase in Knowledge

Positive changes in attitude and values

Adaptive and positive changes in behaviour

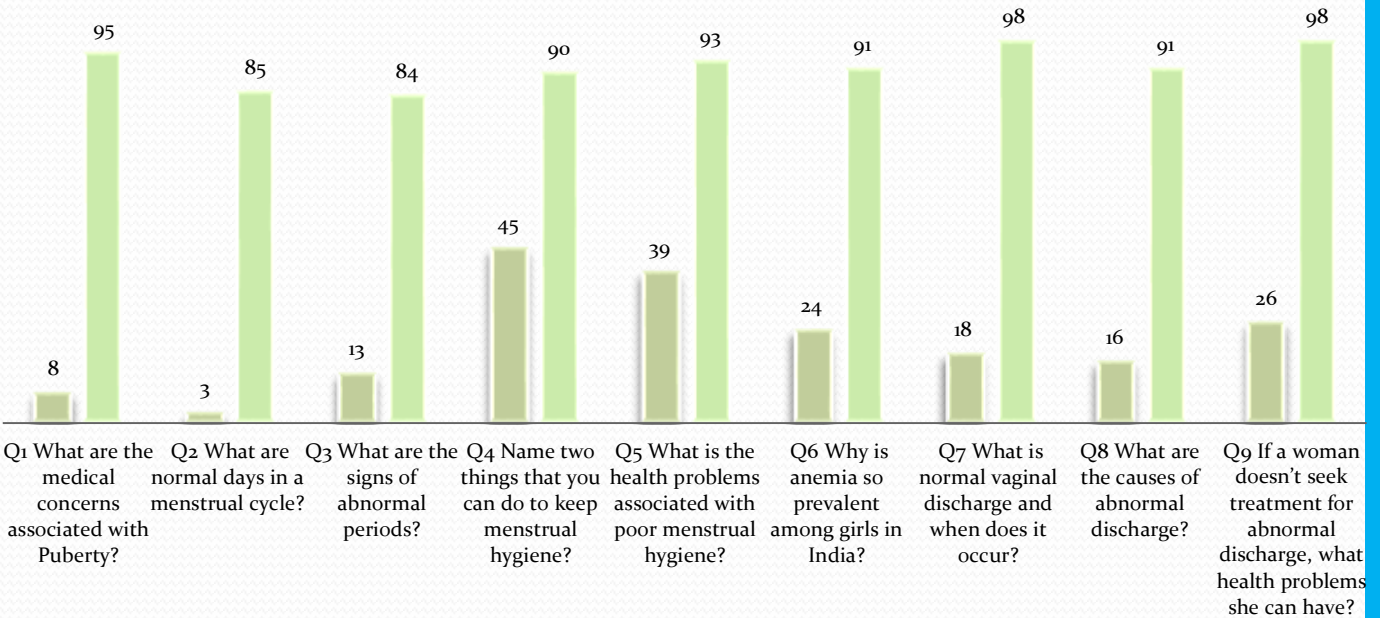


# Evaluation of Female Adolescent Classes- Knowledge and Attitude

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 2018

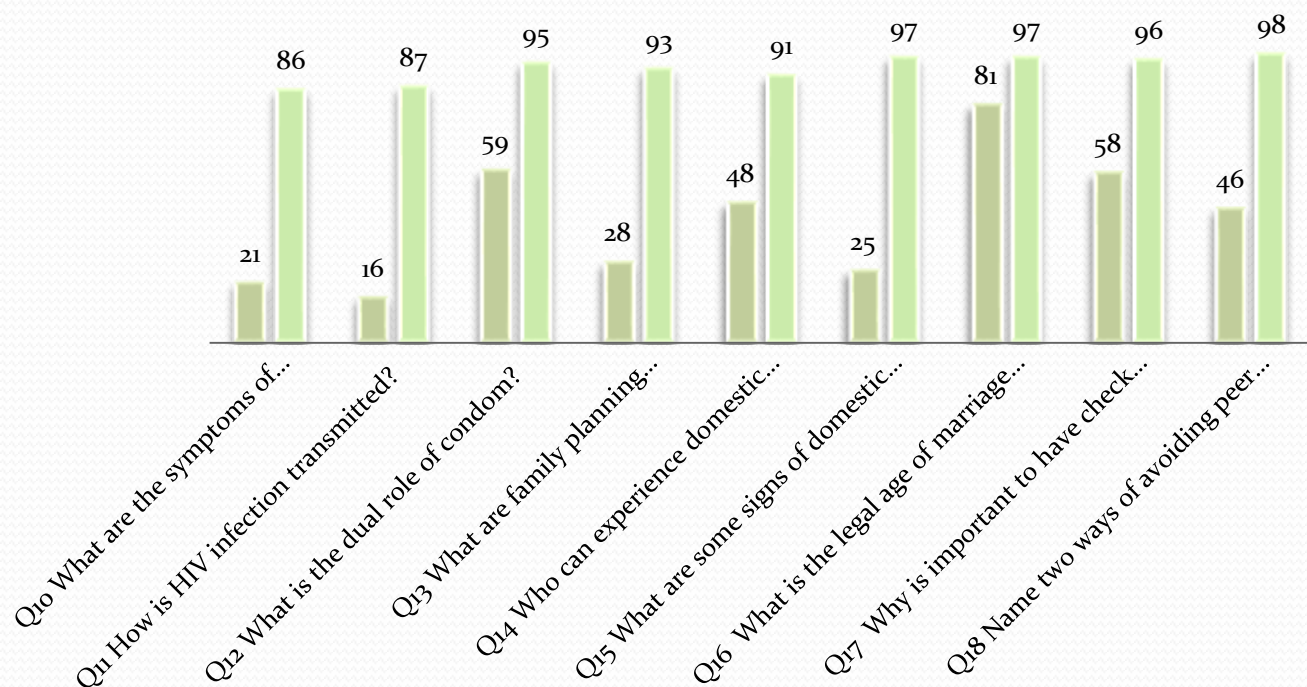
■ Pre Test Question ■ Post Test Question



# Evaluation of Female Adolescent Classes- Knowledge and Attitude

Female Adolescent Internal Review Data 2018

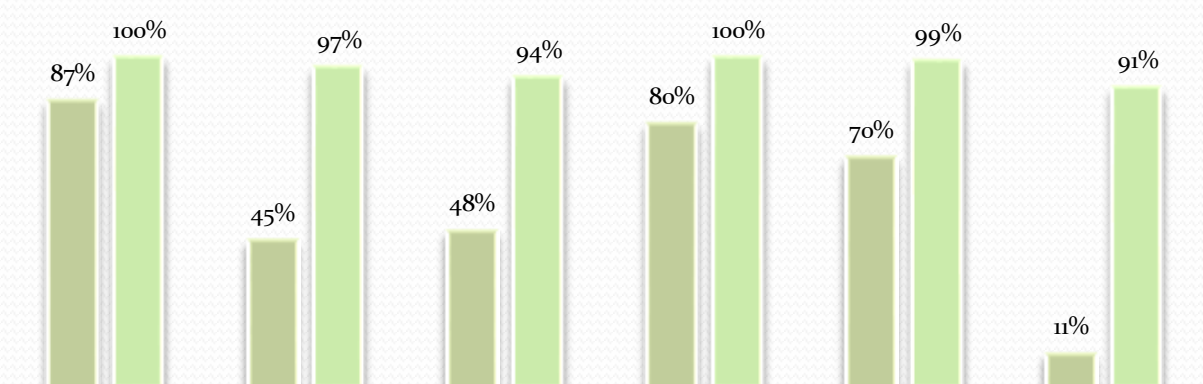
■ Pre Test Question    ■ Post Test Question



# Evaluation of Female Adolescent Classes- Adoption of Healthy

## Control Study Vs Intervention Study 2018

■ Control Study 2018    ■ Intervention Study 2018



Q1: What dietary changes have you adopted to help prevent anemia?

Q2: Have you sought medical care for any female health problems

Q3: Have you been able to identify any symptoms of irregular or abnormal discharge?

Q4: What are some behaviors you have adopted that ensure healthy menstrual

Q5: Have you experienced peer pressure since the FARH program?

Q6: Have you taken preventative measures to avoid HIV?

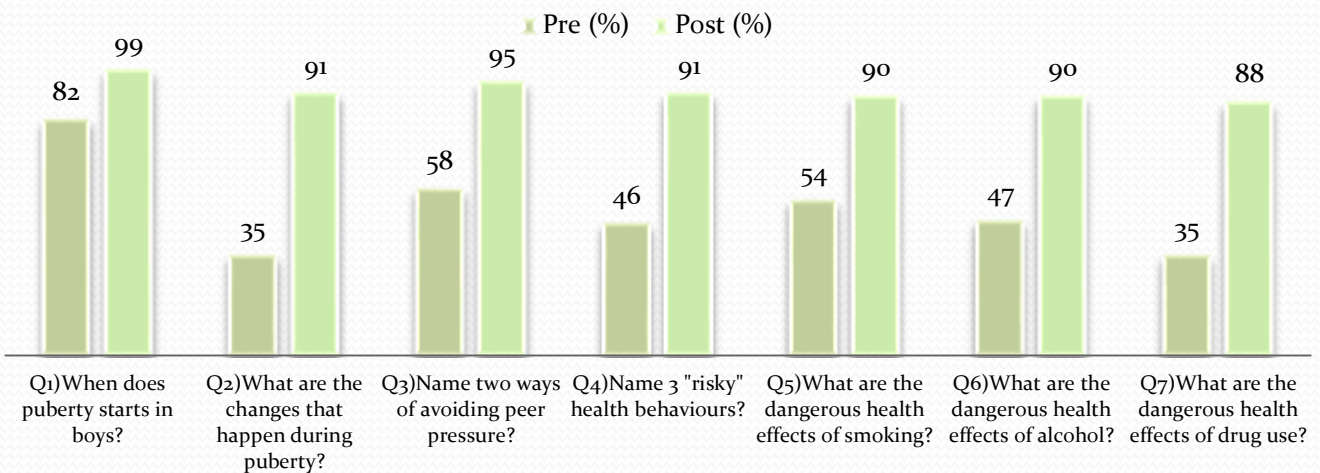




# Evaluation of Male Adolescent Classes- Knowledge and Attitude

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MARH Internal Review = 2018



# Evaluation of Male Adolescent Classes- Knowledge and Attitude

MARH Internal Review = 2018

Pre (%) Post (%)



Q8) What is the dual role of condom?

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

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

Q11) How is HIV transmitted?

Q12) What are permanent and temporary birth control?

Q13) Who can experience domestic violence?

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

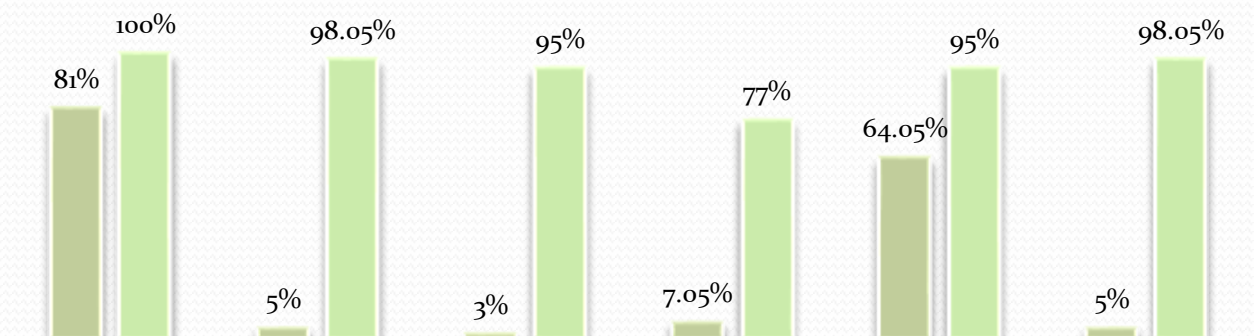
Q15) How can a man play a role in stopping violence against woman?



# Evaluation of Male Adolescent Classes- Adoption of Healthy

Control Study Vs Intervention Study 2018

■ Control study ■ Intervention Study



1. Have you taken any actions to avoid harmful effects of smoking, alcohol, and drugs?
2. Have you taken any preventative measure to avoid Sexually transmitted disease?
3. Have you taken any actions to prevent violence against women?
4. Do you understand by family planning?, Why are family planning necessary?
5. Have you experienced peer pressure since the MARH program?
6. Have you taken preventative measures to avoid HIV?





# Monitoring and evaluation of Bella Health programs

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

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

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

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

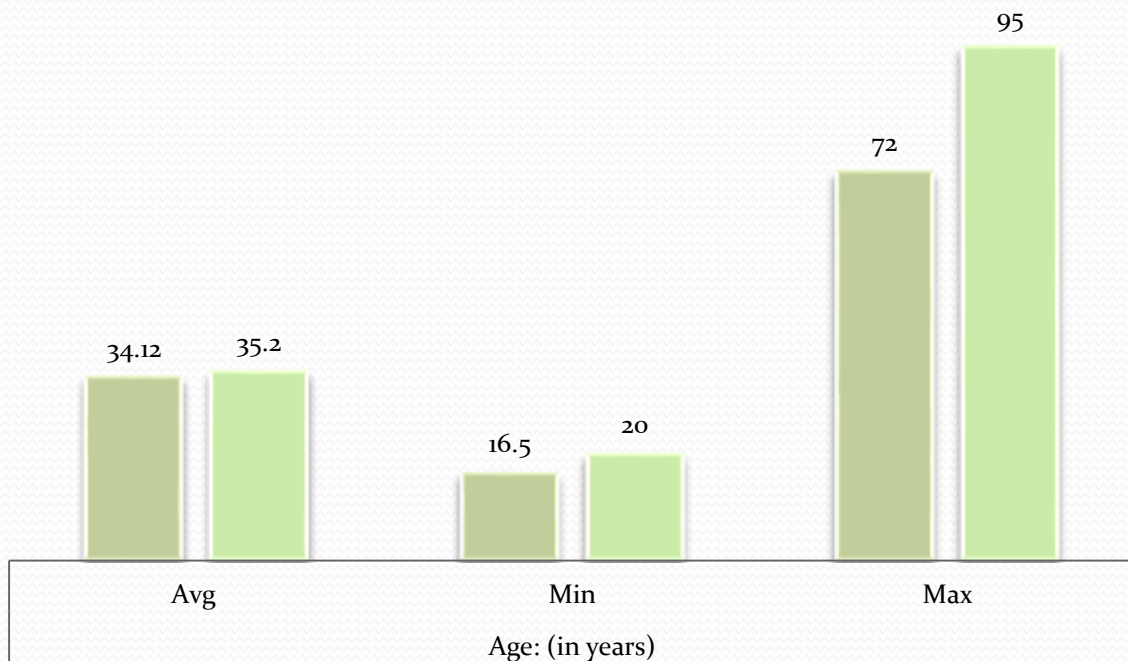
Demographics: The average age and educational level of the respondents are further presented graphically.





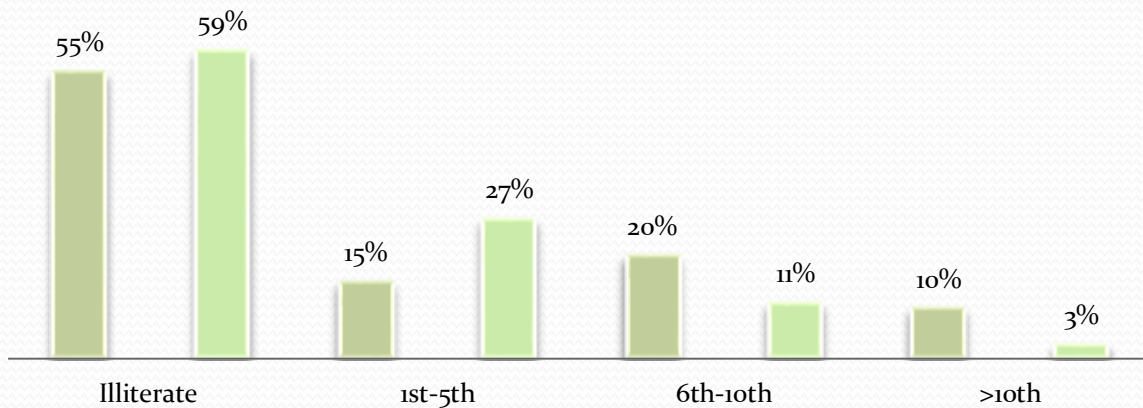
## Age: Baseline survey Vs PMS 2018

■ Baseline Survey   ■ Program Monitoring Survey 2018



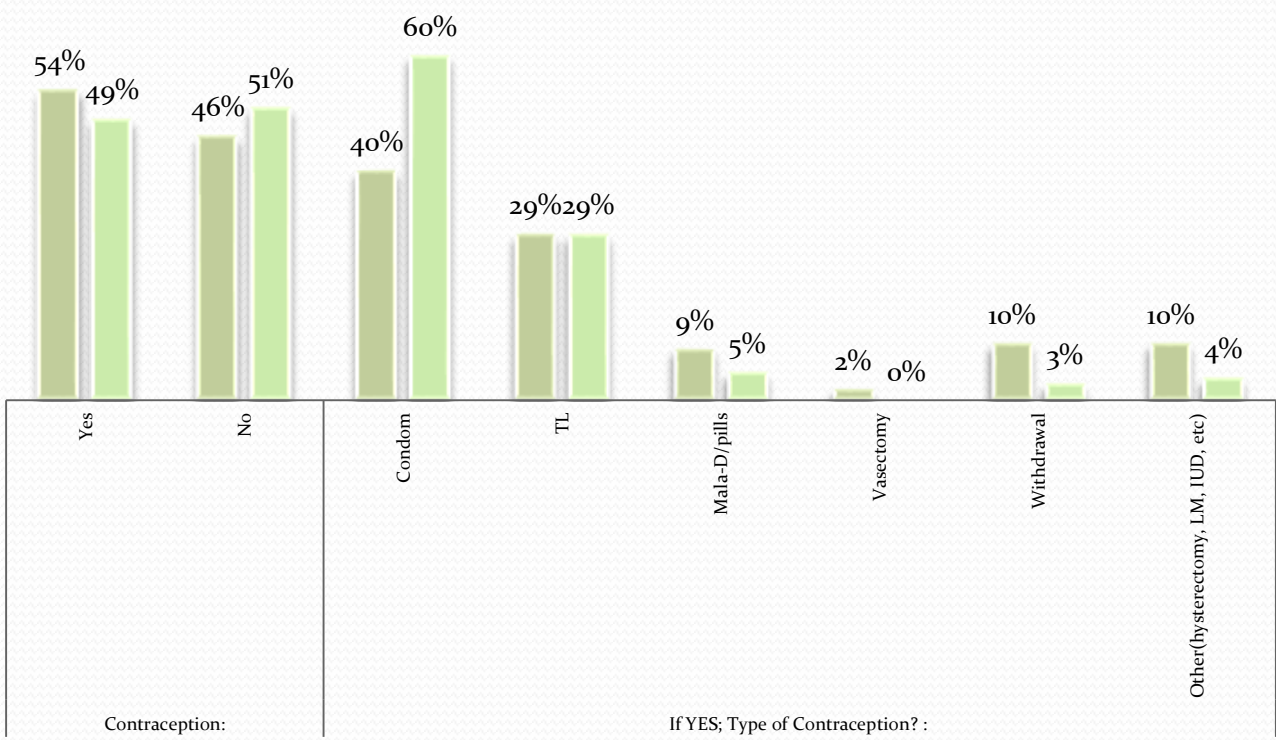
## Education Level

■ Baseline Survey   ■ Program monitoring Survey 2018

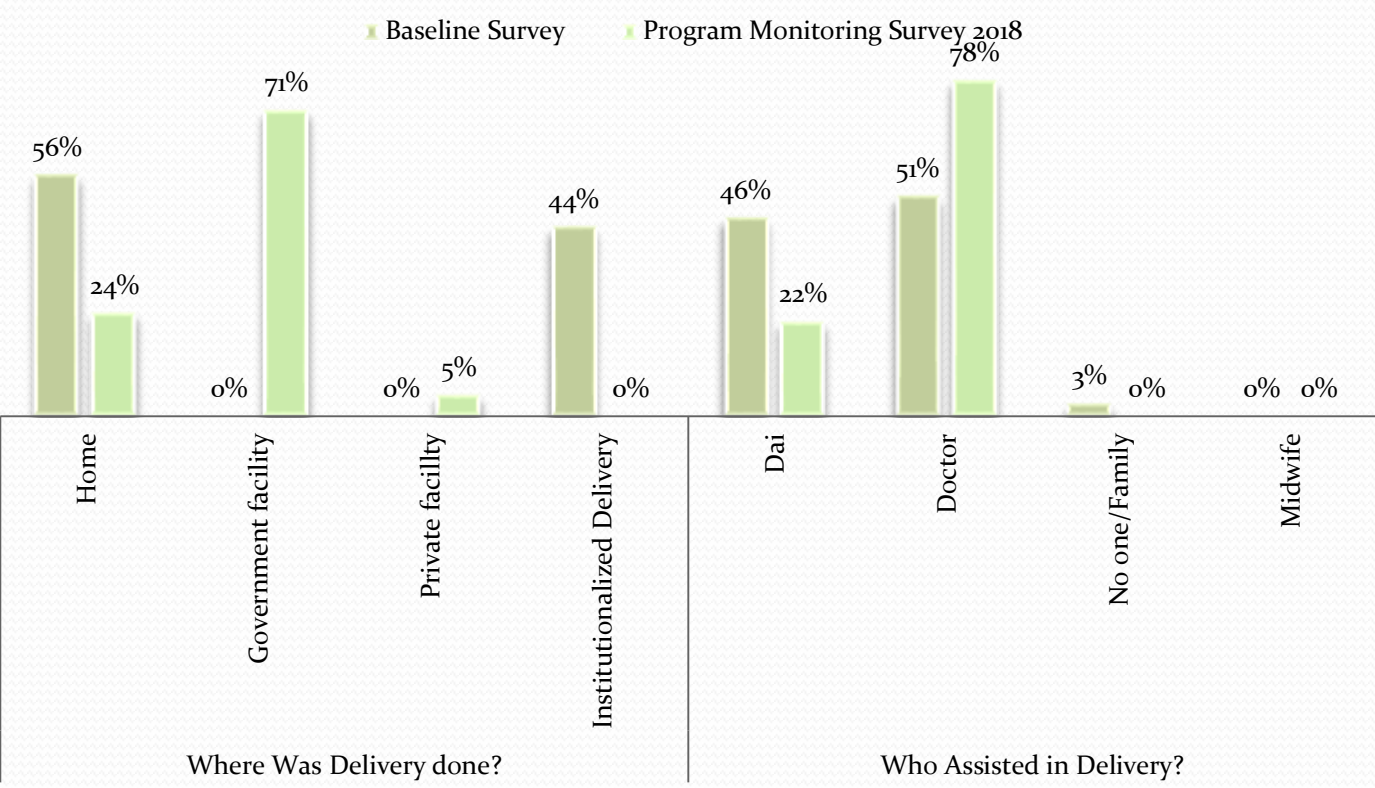


# Indicator 1: Are you Currently using a Method Of Contraception and Type of Contraception Used?

■ Baseline Survey    ■ Program Monitoring Survey 2018

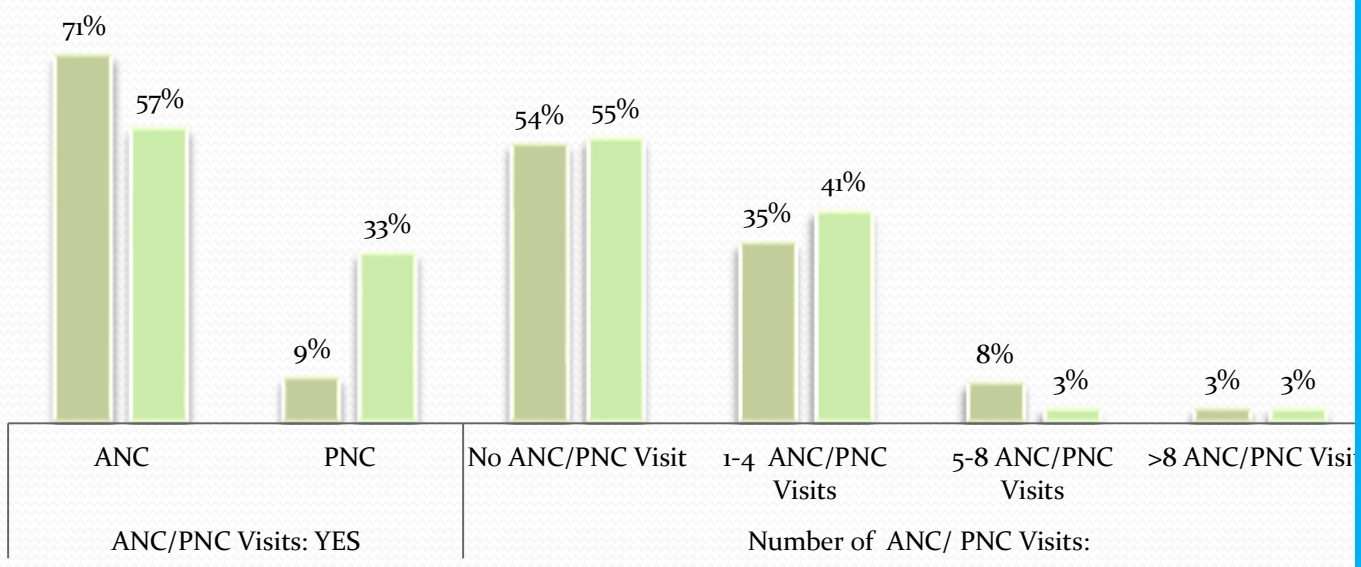


# Indicator 2: The Last Time You Gave Birth, Where Did You Deliver, Who assisted You In The Delivery?



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

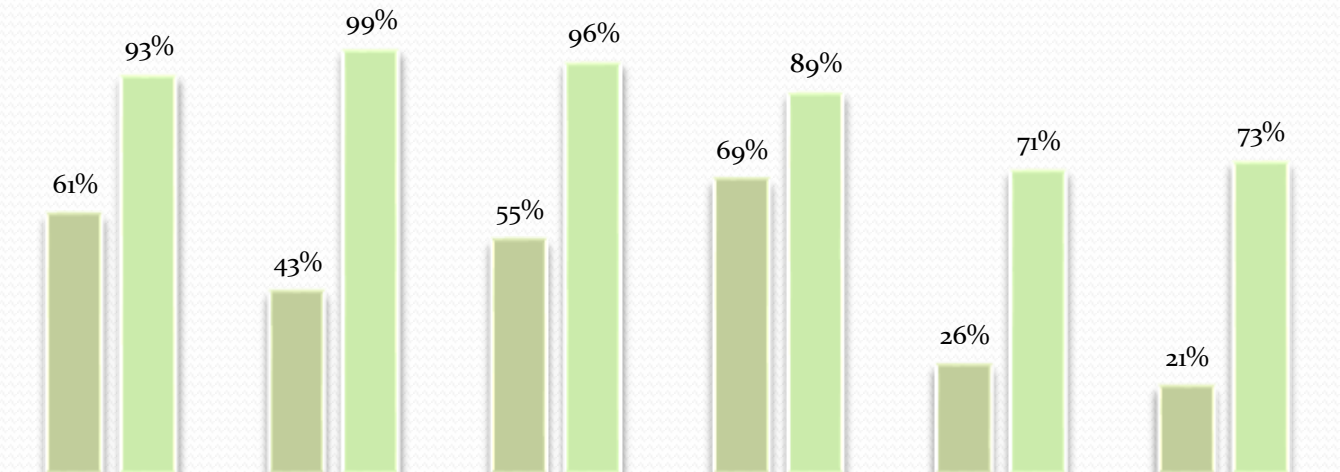
■ Baseline Survey    ■ Program Monitoring Survey 2018





# Indicator 4: Perception On Woman's Health Care

■ Baseline Survey    ■ Program Monitoring Survey 2018



Is "Woman's health a priority in your family"?- (YES)

Do you have the "Knowledge to know what's wrong with your body"?- (YES)

Do you feel "Empowered to make health care decisions"?- (YES)

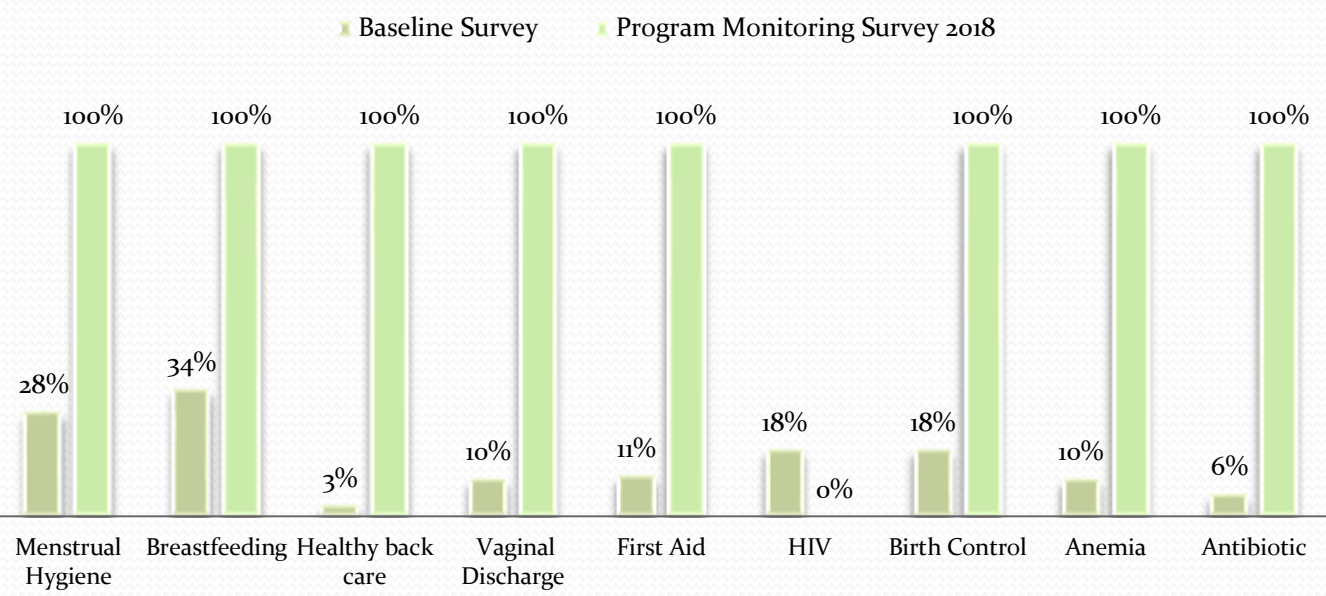
Do you "feel shy to tell your Dr. about your personal problems"?- (NO)

Does your "Dr. talk to you about female health problems"?- (YES)

Does your "Dr. talk to you about contraception"?- (YES)



# Indicator 5: Measurement of Knowledge/ Understanding



## Success Stories

**Renu w/o Bhushan Kumar**

**Age 30 years**

**2 children**

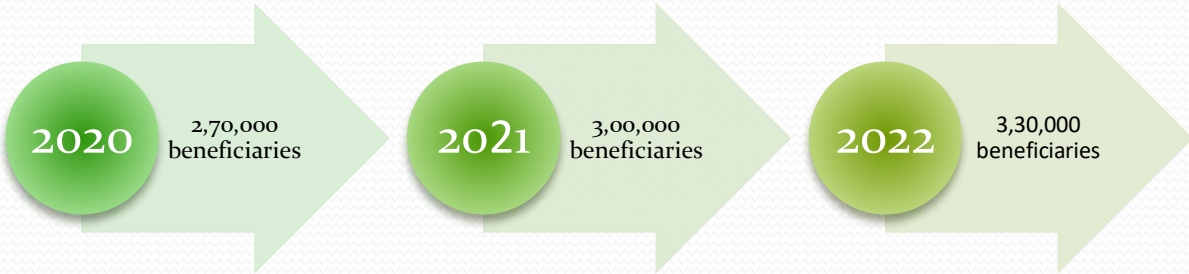
**Dhakrani**

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 worst 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 for their services and especially educating women on such important issues.



# Future Plans



## Year 2020

- Provide Health Care Services to 20,000 beneficiaries.
- Expand operations to Himachal Pradesh.
- Start 2 new programs- A) Village Adoption Program B) Rehabilitation Program

## Year 2021:

- Provide Health Care Services to 28,000 beneficiaries.
- Expand operations to Himachal Pradesh.
- Expand our new programs- A) Village Adoption Program B) Rehabilitation Program

## Year 2022:

- Provide Health Care Services to 35,000 beneficiaries.
- Expand operations to Himachal Pradesh.
- Expand new programs- A) Village Adoption Program B) Rehabilitation Program



722

PP No. 13 254-IX-301

भारतीय नैर न्यायिक  
भारत INDIA

₹. 500 FIVE HUNDRED RUPEES  
पाँच सौ रुपये Rs. 500  
INDIA NON JUDICIAL

उत्तरांचल UTARANCHAL A 603465

21 JUL 2011

**TRUST DEED**

THIS DEED of trust is made in the city of Roorkee on 27<sup>th</sup> Day of July, 2011 by DR. **RAJY PREMCHAND AGARWAL S/O SH. PREMCHAND SHAMAL AGARWAL R/O KEMPTY FALL VIA MASSCURE, 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 about Rs. 1000/- (Rupees One Thousand One Hundred) only for charitable purposes and which have been acquired by him out of his personal savings and which belong to him 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 LAKEBIST BUNGLOW KI KANDI KAMPTY  
TEHR GARHWAL

**MANAGING TRUSTEE**

Hereinafter jointly called "THE TRUSTEES" which expression shall, unless mentioned by or required to the contrary or meaning thereof be deemed to include them and successors, for the time being for these presents and their heirs or assigns and successors in office.

*(Signatures and Stamp)*

No. 010002782018  
Government of India  
Ministry of Home Affairs  
Foreigners Division  
(FCRA Wing)

NCCC-II Building, Jai Singh Road,  
New Delhi-110001  
Date: 11-05-2019

To,  
The Chief Functionary,  
State Health Care Charitable Trust,  
C-3 NEWRU COLONY, DEHRADUN, Uttarakhand, Dehradun, 248001

Subject: Registration under Foreign Contribution (Regulation) Act, 2010.

Reference: Your application dated 20-11-2018 requesting registration under the Foreign Contribution (Regulation) Act, 2010. I am pleased to say that your Association has been registered under Section 17(1) of the Act as follows:-

Registration Number : 247980217  
Return : BharatNidhi.Social

The association shall receive foreign contribution only in its designated exclusive bank account number 3744829999 in STATE BANK OF INDIA, 4 CONVENT ROAD, DEHRADUN, Uttarakhand, Dehradun, 248001 as mentioned in the application by grant of registration.

In terms of section 16 of the Foreign Contribution (Regulation) Act, 2010 read with Rule 17 of the Foreign Contribution (Regulation) Rules, 2011, as amended from time to time, you are advised to bring contribution received by you, the donor and the manner in which the foreign contribution was obtained, as per the provisions of the Act and the Rules. An association is required to furnish the return within 15 days, irrespective of its being the clear name before the Registrar under the Act. The State Return mentioned in your application should be used for bringing foreign contribution and no other amount should be credited to this account. The Association should immediately intimate online, within 10 days, in Form FC-4 in the Ministry regarding any change in the name of the Association, its address and reports, its address and Bank-Bank Account.

The association should bring out any publication (registered under 29A Act, 1952) or act as correspondent, consultant, advisor, partner or member of a registered newspaper or engage in the production or broadcast of audio news or audio visual news or current affairs programme through electronic media or any other electronic form or any other mode of mass communication at a later stage thereby attracting provisions of the Section 11(1)(a) and (b) of the FCRA Act, 2010, in addition to this, the association is advised from getting involved in any activity of public nature.

You are requested to note the provisions of Section 7 of FCRA Act, 2010 and Rule 24 of FCRA Rules, 2011 and ensure that before any funds are passed on to any person/association in India that the recipient is eligible to accept foreign contribution under the Act, i.e., recipient association is registered under the Act, or has obtained Prior Permission of the Government under Section 11 of the Act, and to the person/association is not prohibited under the Act.

Physical inspection of the activities done by the Association may be carried out at any time by the Ministry.

You are requested to familiarize yourself with the provisions of Foreign Contribution (Regulation) Act, 2010 and Foreign Contribution (Regulation) Rules, 2011, as amended from time to time, available at the Ministry's website <http://www.fcra.gov.in> to ensure strict compliance of the Act/Rules. Failure to comply with any of the provisions of said Act/Rules will make you liable for action under the relevant provisions of the Foreign Contribution (Regulation) Act, 2010.

The certificate of Registration is valid for a period of two years from the date of registration under the Act.

The email containing the registration order may be sent immediately to the Bank mentioned above.

This is a digitally signed certificate to be validated digitally using the signature panel using ActiveX Control Reader (VeriSign) as shown. This digital information is authenticated by a digital signature obtained from a certifying authority under the Information Technology Act, 2008.

11. Banks are requested to verify online the validity of the certificate using [www.fcra.gov.in](http://www.fcra.gov.in)

Yours faithfully,  
Rakesh Sahai  
Section Officer  
Tel. 01123436245

Digitally signed by Rakesh Sahai  
DN: cn=Rakesh Sahai, o=Ministry of Home Affairs, ou=Foreigners Division, email=Rakesh.Sahai@mhaweb.nic.in



# Pradhan's

**ग्राम पंचायत कुन्जा-ग्रान्त**  
 विभाग: विकास/ग्राम विकास-देवरतन (असहायक)

**नौ० गालिब**

**प्रधान**  
 पिन: 074004/2006

**विभाग:**  
 कार्ड नं. 3  
 ग्राम कुन्जा-ग्रान्त  
 पिन- देवरतन (असहायक)

दिनांक: 24/05/2019

प्रभावित विभाग प्रभुता है कि हमारे गांव कुन्जाग्रान्त विकास/ग्राम विकास के बिना देवरतन के द्वारा-हमारी सभी विभिन्न सड़क में गांव के लोगों को काफी कष्टदायक हुआ है, यह विभिन्न सड़क में गांव के लोगों को काफी तक गरीबों और गांव के लोग कष्टदायक हो रहे हैं इस सड़क में भी-सड़क में व कच्चे को नगरपालिका की प्रयास करनी है। तथा सड़क में, सड़क में सड़क में व कच्चे को नगरपालिका को गरीबों के।

**हस्ताक्षर**

**ग्राम पंचायत ढुकरानी**  
 विभाग: विकास/ग्राम विकास-देवरतन (असहायक)

**अध्यक्ष**

**प्रधान**  
 पिन: 074004/2006

**विभाग:**  
 कार्ड नं. 3  
 ग्राम व पीठ ढुकरानी-देवरतन  
 पिन- देवरतन (असहायक)

दिनांक: /.....

प्रभावित विभाग प्रभुता है कि 17/05/2019 को ग्राम पंचायत ढुकरानी के बिना देवरतन के द्वारा-हमारी सभी विभिन्न सड़क में गांव के लोगों को काफी कष्टदायक हुआ है, यह विभिन्न सड़क में गांव के लोगों को काफी तक गरीबों और गांव के लोग कष्टदायक हो रहे हैं इस सड़क में भी-सड़क में व कच्चे को नगरपालिका की प्रयास करनी है। तथा सड़क में, सड़क में सड़क में व कच्चे को नगरपालिका को गरीबों के।

**हस्ताक्षर**

**श्रीमती सुवर्णा देवरा (नौ० नौ०) ग्राम राम सुवर्णादेवरा**  
 विभाग: विकास/ग्राम विकास-देवरतन (असहायक)

**इ-सहायक**  
 पिन: 074004/2006

**विभाग:**  
 कार्ड नं. 3  
 ग्राम राम सुवर्णादेवरा  
 पिन- देवरतन (असहायक)  
 पिन: 0822777777

दिनांक: /.....

प्रभावित विभाग प्रभुता है कि बिना देवरतन के द्वारा-हमारी सभी विभिन्न सड़क में गांव के लोगों को काफी कष्टदायक हुआ है, यह विभिन्न सड़क में गांव के लोगों को काफी तक गरीबों और गांव के लोग कष्टदायक हो रहे हैं इस सड़क में भी-सड़क में व कच्चे को नगरपालिका की प्रयास करनी है। तथा सड़क में, सड़क में सड़क में व कच्चे को नगरपालिका को गरीबों के।

**हस्ताक्षर**

**ग्राम पंचायत फतेहपुर**  
 विभाग: विकास/ग्राम विकास-देवरतन (असहायक)

**विभाग: विकास**

**प्रधान**  
 पिन: 074004/2006

**विभाग:**  
 कार्ड नं. 3  
 ग्राम फतेहपुर-देवरतन  
 पिन- देवरतन (असहायक)

दिनांक: 24/05/2019

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**हस्ताक्षर**

