



Bella Health Care Charitable Trust

**Annual Activity Report
2019-2020**

HEALTHCARE CHARITABLE TRUST

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Message from Our Founder

Bella has completed Nine years of service to our communities in Uttarakhand. I want to thank Dr. Preeti Deoli, Sunmala Rawat, Atul Negi 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 Director of Education.



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 1.5 lakh 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

- ❖ Vitamin Angles
- ❖ Adarsh Medicose
- ❖ Rama Surgical House
- ❖ Chandan Laboratory
- ❖ CIMS Medical Collage

CIMS Medical Collage, Dehradun is providing support to Bella health for Bi-weekly health camps in village Kuawala, Dehradun. We are conducting 4 visits in Kuawala in a month and are covering maximum population of women and children. The free health camps started in the month of October 2019, on Tuesdays of every week.

In this camp Bella and CIMS jointly serve their services to their patients.

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 9 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
Ruchi Uniyal	Board Member	MSW, B.Sc.	2	NA
Sunmala Rawat	Board Member	MSW, B. Pharma	2	NA
Atul Negi	Board Member	MSW	2 Month	NA



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

- **Operations Manager:** Ruchi Uniyal
- **Health Care Provider:** Dr. Preeti Deoli
- **Health Educators:** Sunmala Rawat, Kailash Chandra, Atul Negi
- **Family Planning Counsellor:** Bharti Badoni
- **Clinical Support staff :** Jyoti Raturi
- **Nurse:** Leela Devi
- **Drivers:** Som Bahadur, Padam Singh

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 healthier too.

Our Objectives

- Provide Health Care Services to 1,50,000 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.

Impact to the community

Reproductive Health

Beneficiaries of Bella Health services have increased awareness of reproductive health issues and have better health outcomes. Beneficiaries have no UNMET needs for contraception. The rates of modern contraception use is 25% higher 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

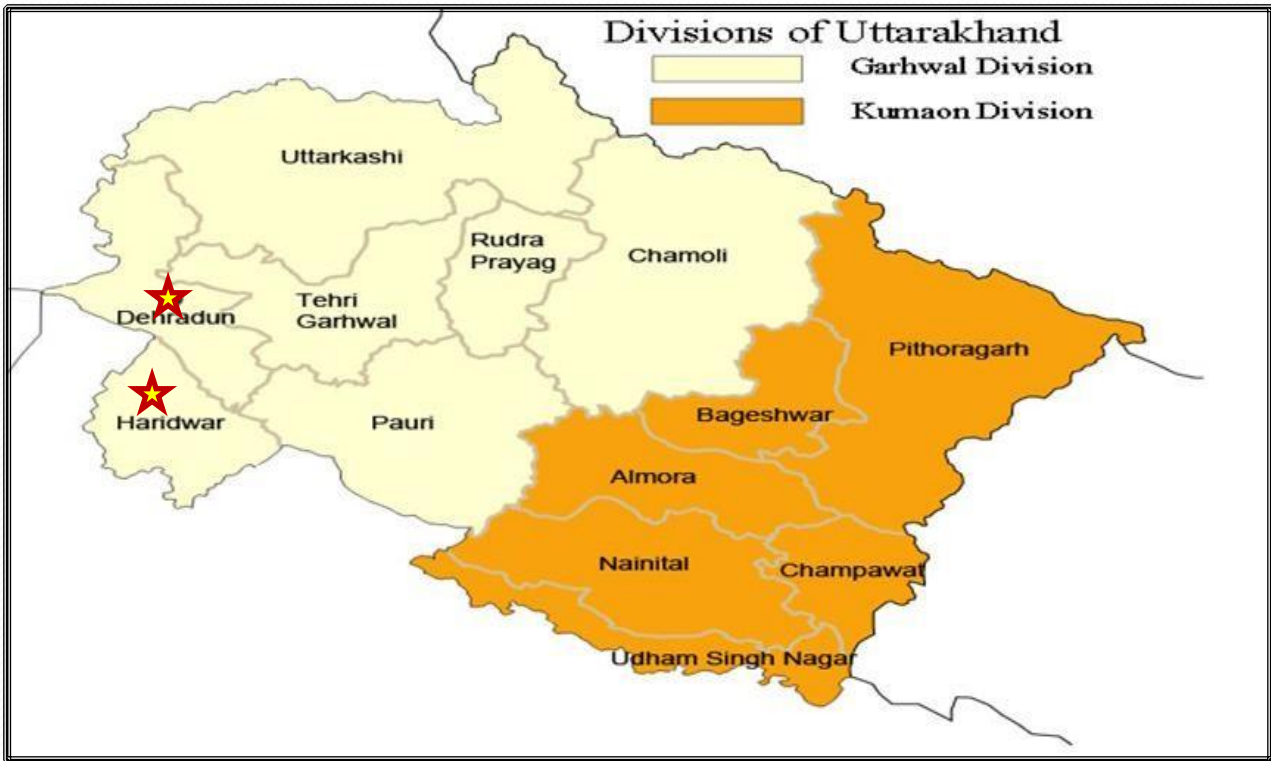
Children and adolescents have improved knowledge to adopt healthy behaviours, which will in turn, mould their attitudes so they adopt and maintain healthy behaviours across their life course. Some of the healthy behaviours the beneficiaries have been encouraged to adopt are proper hand hygiene, menstrual 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 Number

Year	Patient -s	Health Educati on-n	ARH Educati on-n	Total Beneficiari es-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
2019	9360	12,168	23,450	44,978	2496	2,19,336	624
Total	76429	97042	1,12,867	2,86,338	22,059	15,67,371	3,958



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 - Haridwar

Block: Bhagwanpur

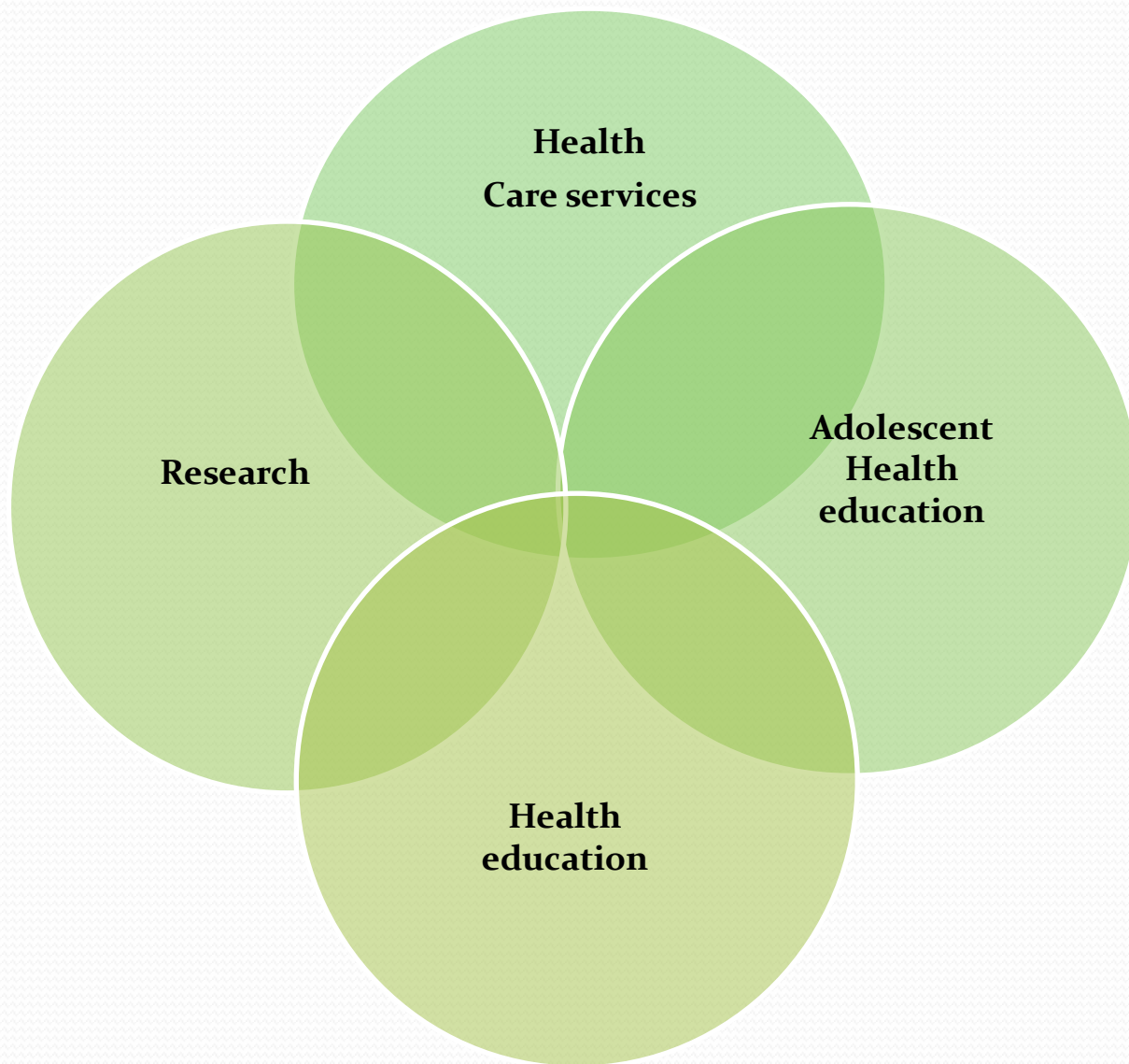
Villages - Shirchandi, Sikandarpur, Khubbanpur, Chapur

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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



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.

Programs

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 40 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 postnatal 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	1,617
Reproductive Tract Infection/ Sexually Transmitted Infection	3
Pelvic Inflammatory Disease	358
Anaemia	370
ANC/ PNC	423
Dysfunctional Uterine Bleeding	342
Urinary Tract Infection	147
Infertility	32
Uterus Prolapsed	41
TOTAL	3,333

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 st Quarter 2018	705
2 nd Quarter 2018	833
3 rd Quarter 2019	933
4 th Quarter 2019	862
TOTAL	3,333

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, 2019

Total Number of Health Education Classes	247
Number of FARH Classes	657
Number of MARH Classes	747
Number of Child Education Classes	213

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 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



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

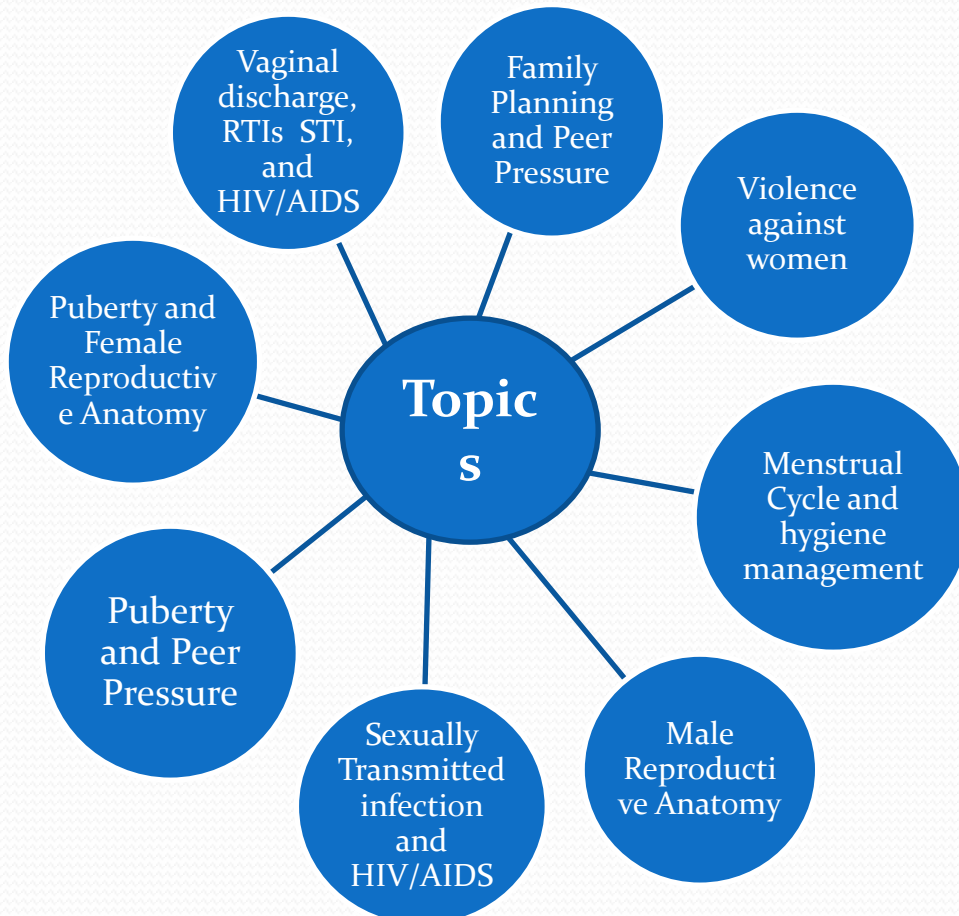
The curriculum, that the educators follow has been developed in house with the help of international public health professionals. Male educators teach male adolescents and female educators teach female adolescents. We do not like to propagate the sex differences, but the students feel more comfortable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

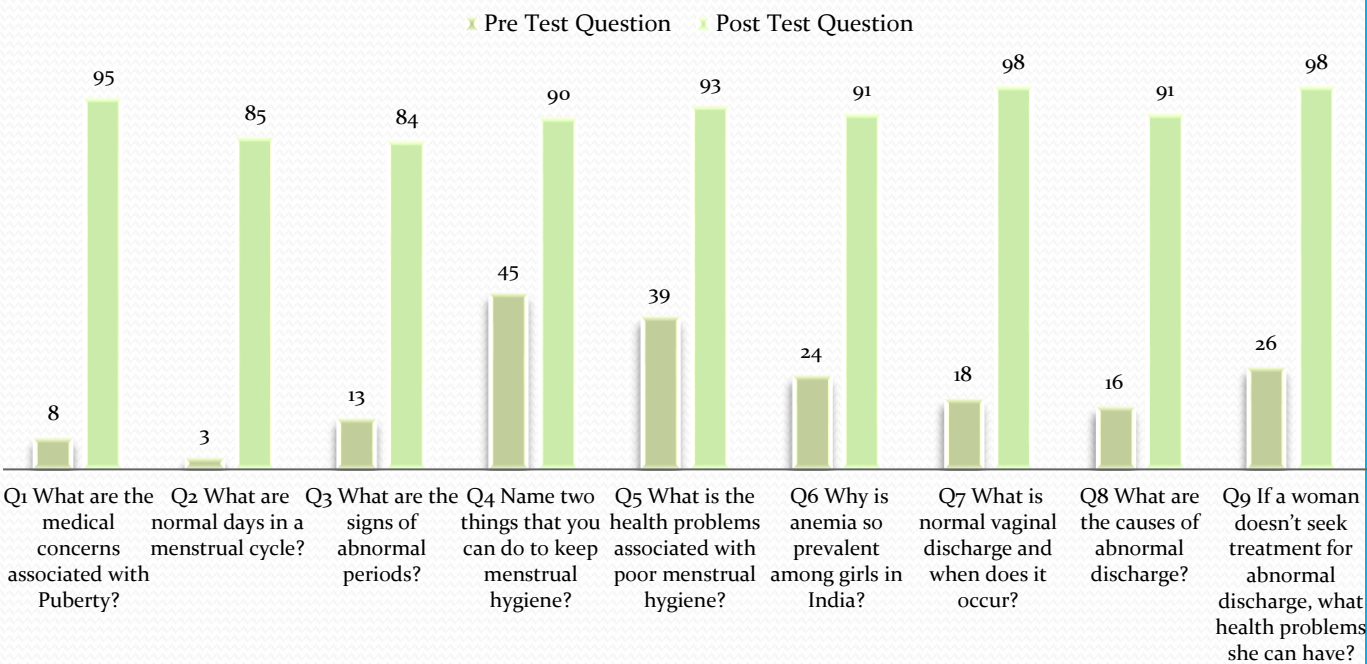
Adaptive and positive changes in behaviour



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.

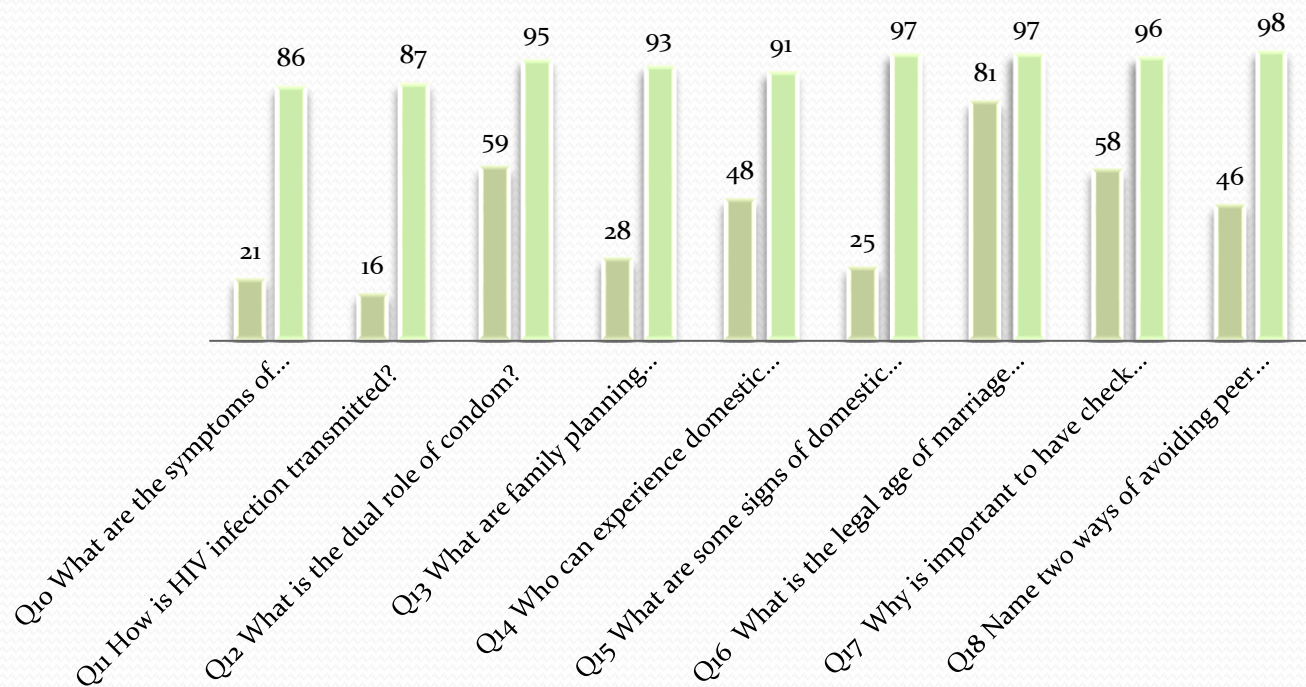
Female Adolescent Internal Review Data 2019



Evaluation of Female Adolescent Classes- Knowledge and Attitude

Female Adolescent Internal Review Data 2019

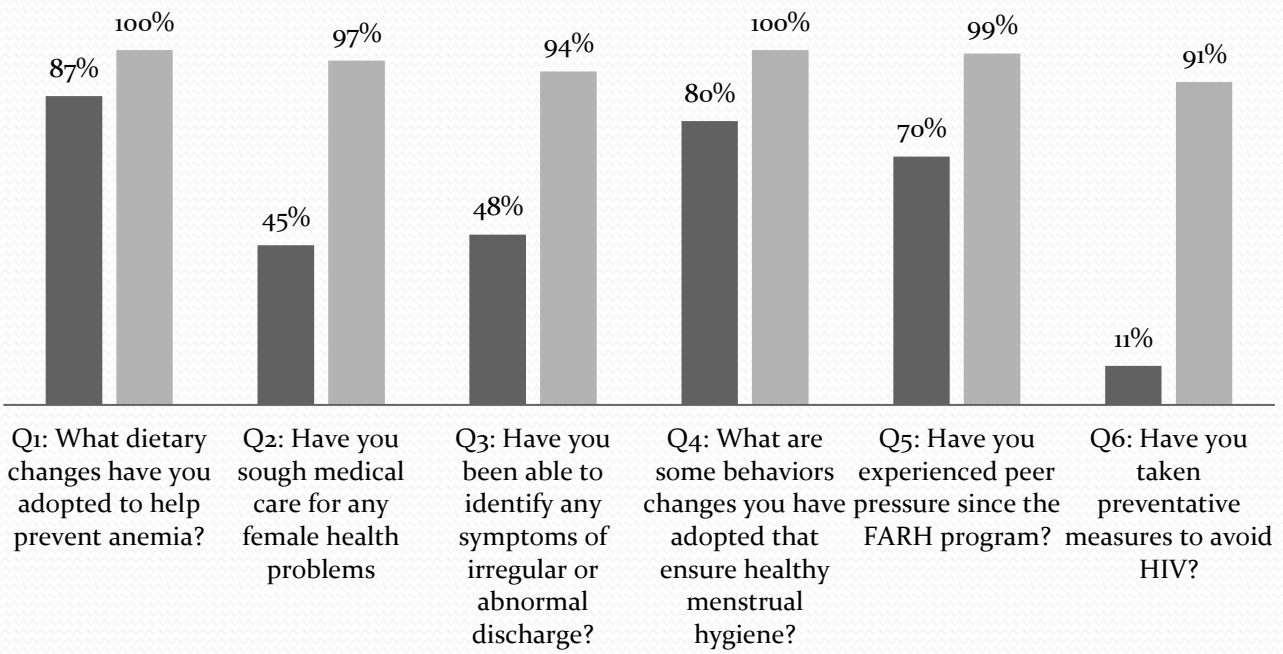
■ Pre Test Question ■ Post Test Question



Evaluation of Female Adolescent Classes- Adoption of Healthy

Control Study Vs Intervention Study 2019

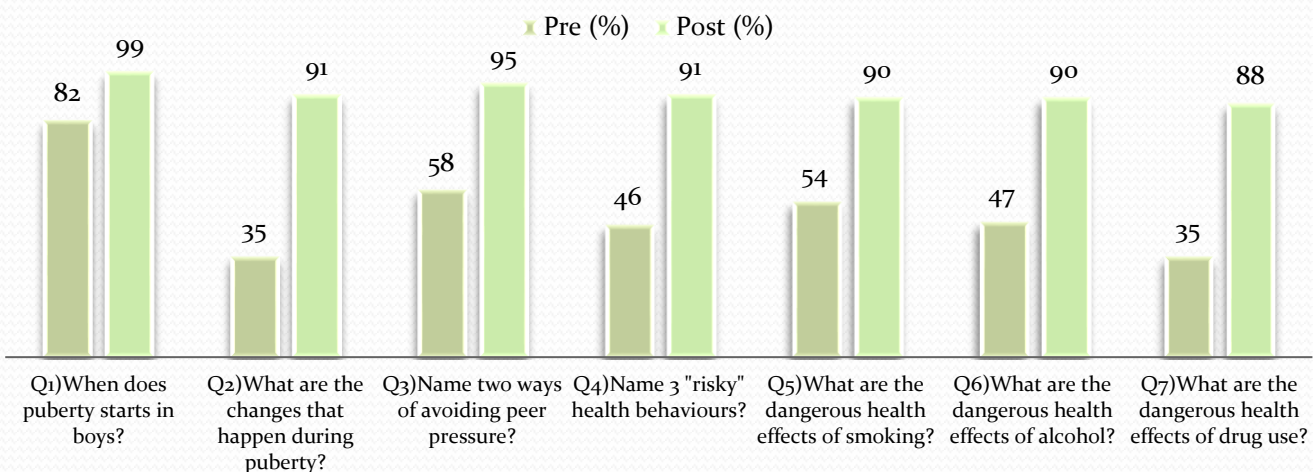
■ Control Study 2019 ■ Intervention Study 2019



Evaluation of Male 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.

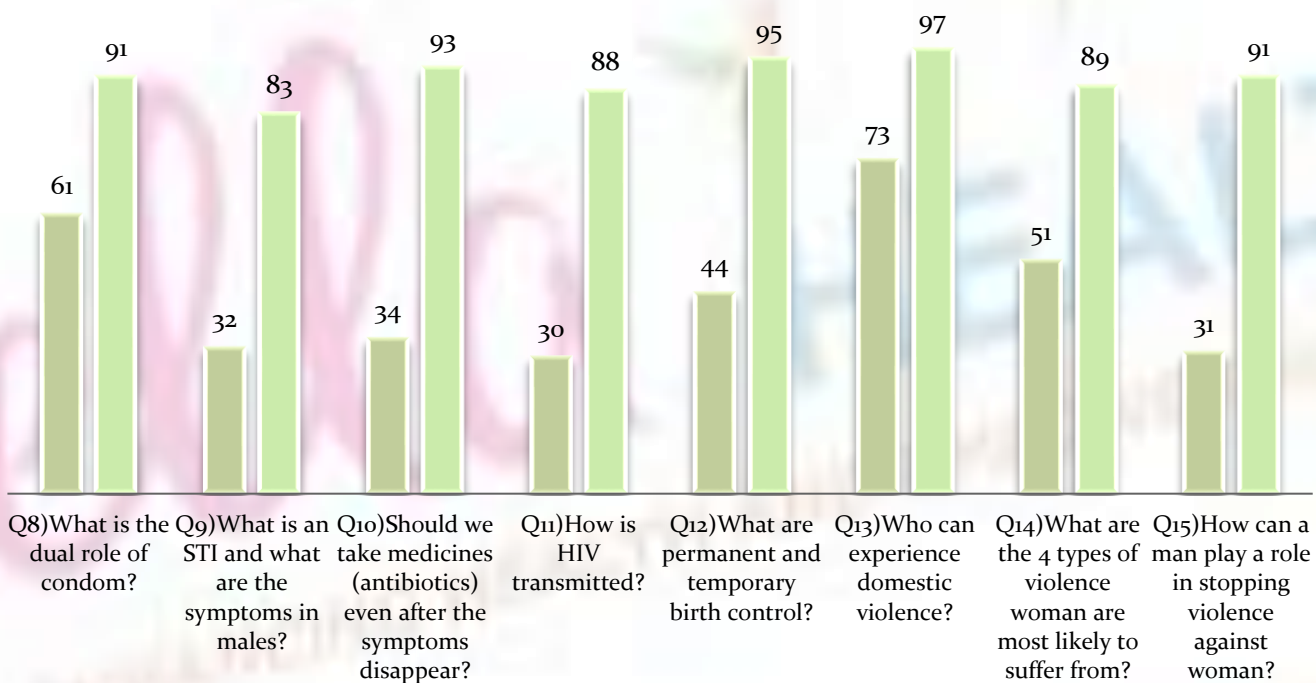
MARH Internal Review = 2019



Evaluation of Male Adolescent Classes- Knowledge and Attitude

MARH Internal Review = 2019

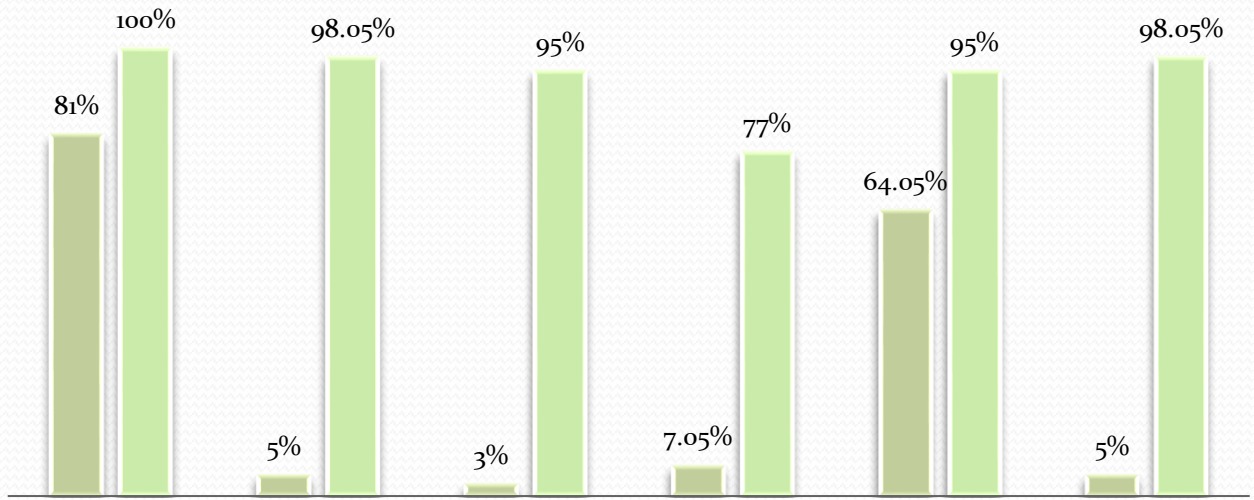
Pre (%) Post (%)



Evaluation of Male Adolescent Classes- Adoption of Healthy

Control Study Vs Intervention Study 2019

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.

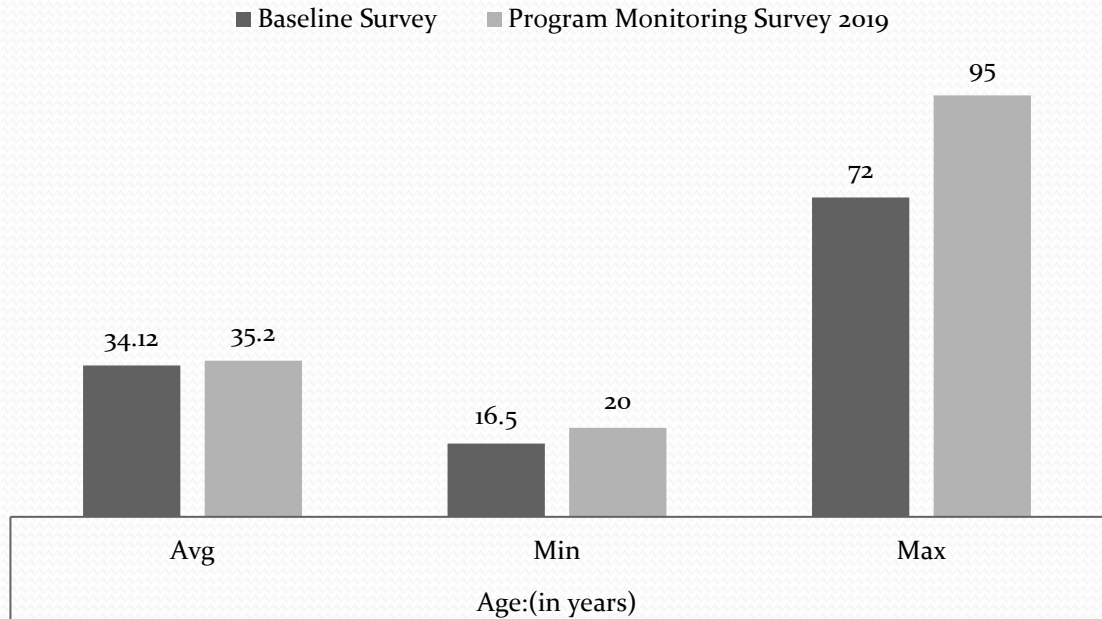
Tool	Frequency	Methodology
Baseline of key indicators for health care services.	Before Intervention	Quantitative
Patient Satisfaction of health care services	Annually	Quantitative
Internal Evaluation of Female Adolescence Reproductive Health Program.	Before/After Class	Quantitative
Program Monitoring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

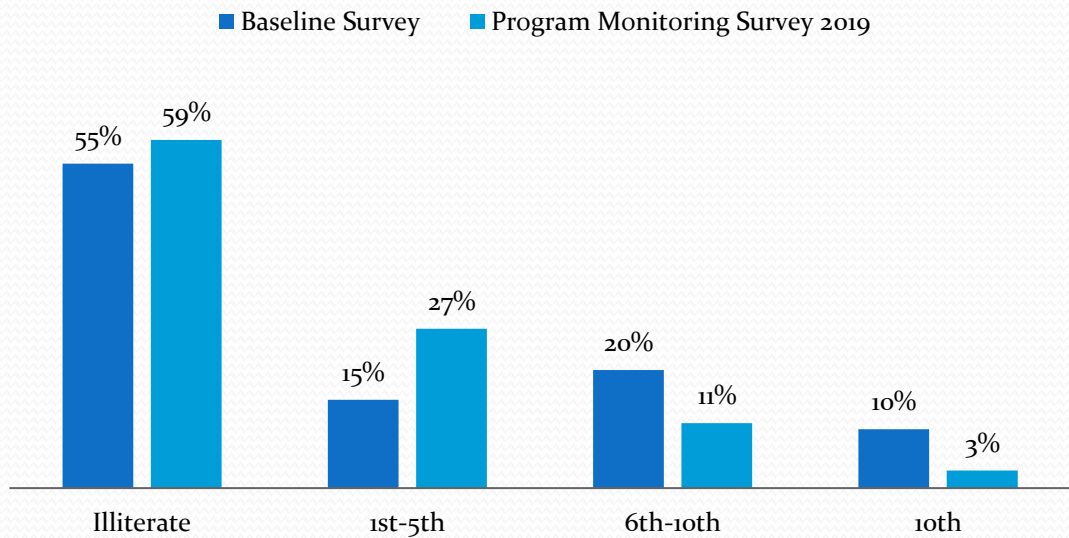
- a) Are you using Birth Control, If yes type
- b) The last time you gave birth, where did you delivery and who assisted you?
- c) Number of ANC/PNC visits in the last pregnancy
- d) Perception of the importance of Woman's Health (5 questions)
- e) Knowledge of selected Reproductive health topics (12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

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

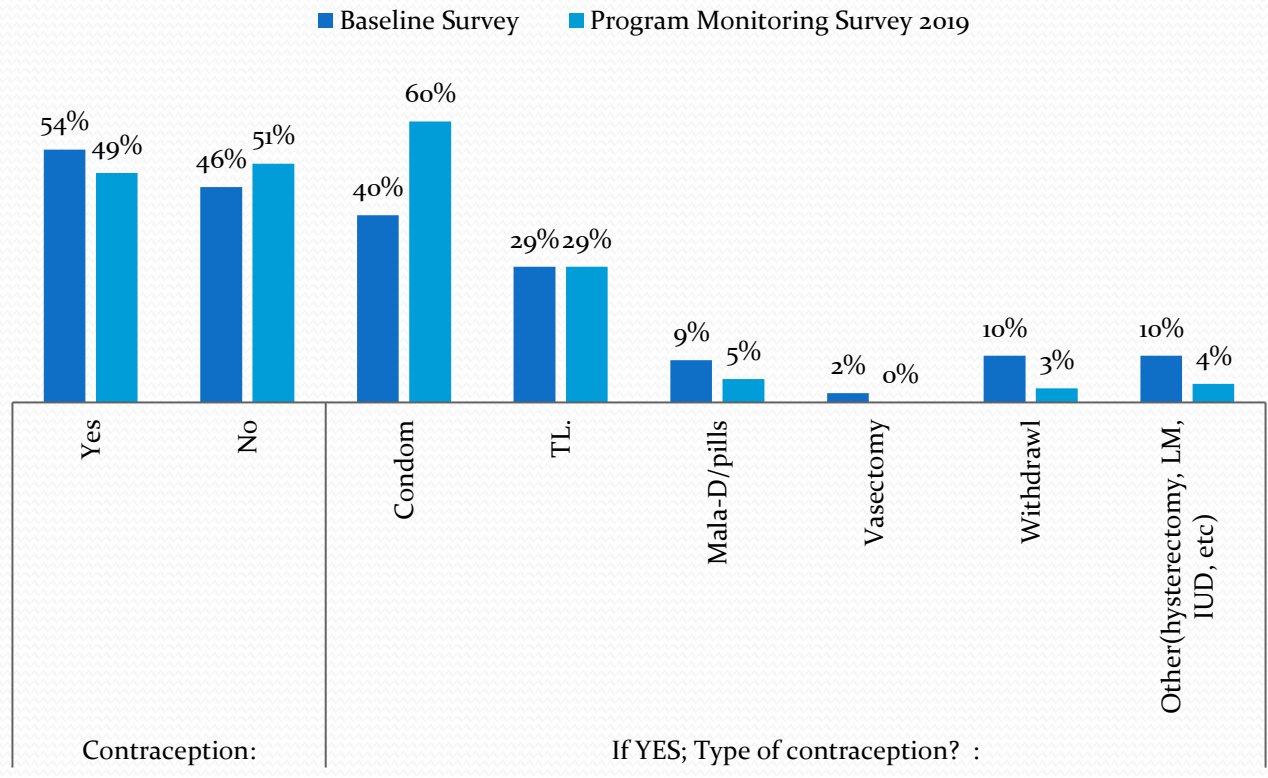
Age: Baseline Survey Vs PMS 2019



Education Level

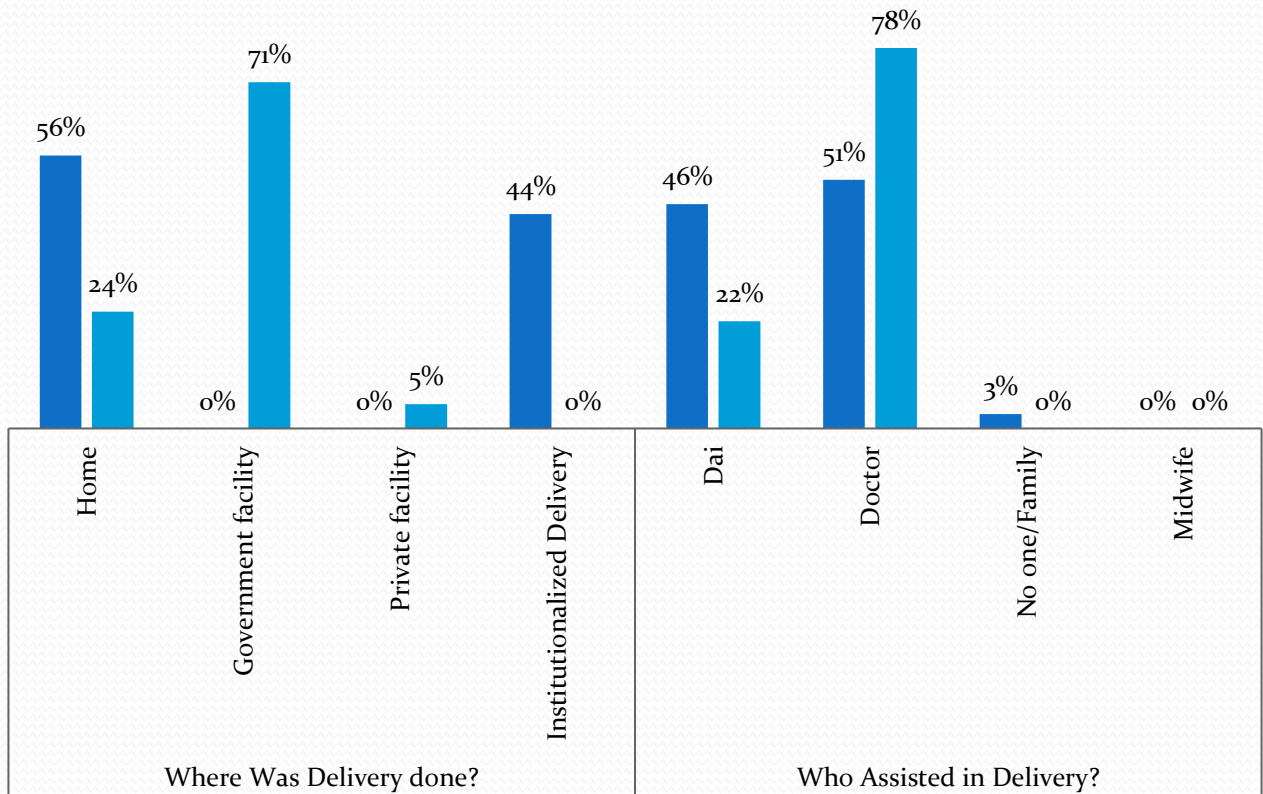


Indicator 1: Are you Currently using a Method Of Contraception and Type of Contraception Used?



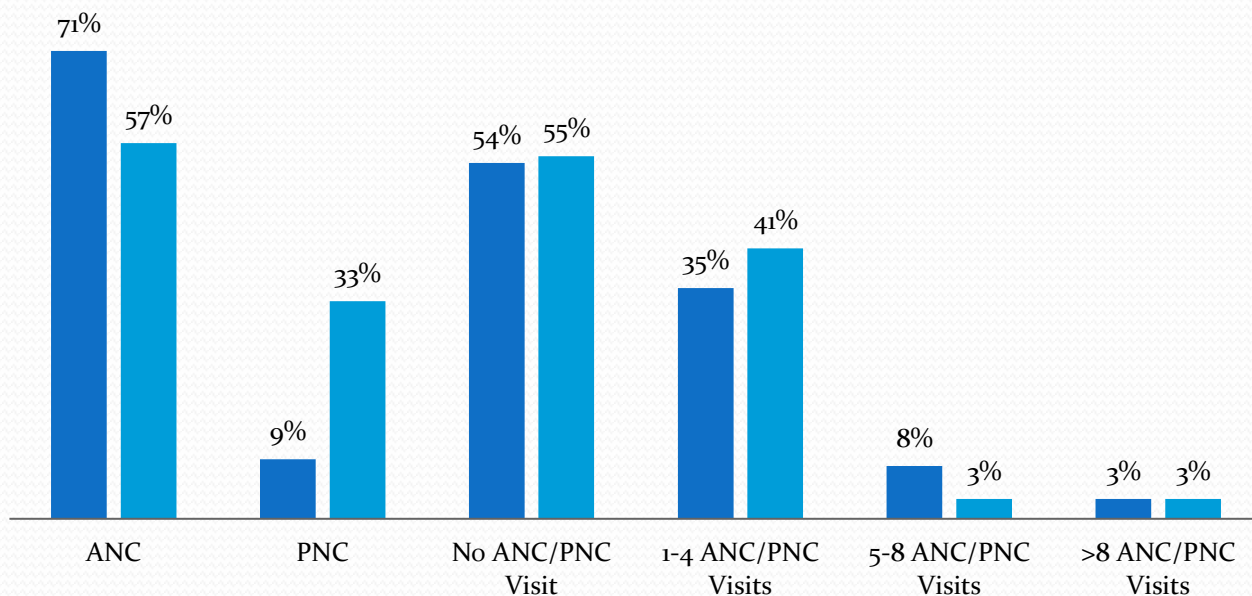
Indicator 2: The Last Time You Gave Birth, Where Did You Deliver, Who assisted You In The Delivery?

■ Baseline Survey ■ Program Monitoring Survey 2019



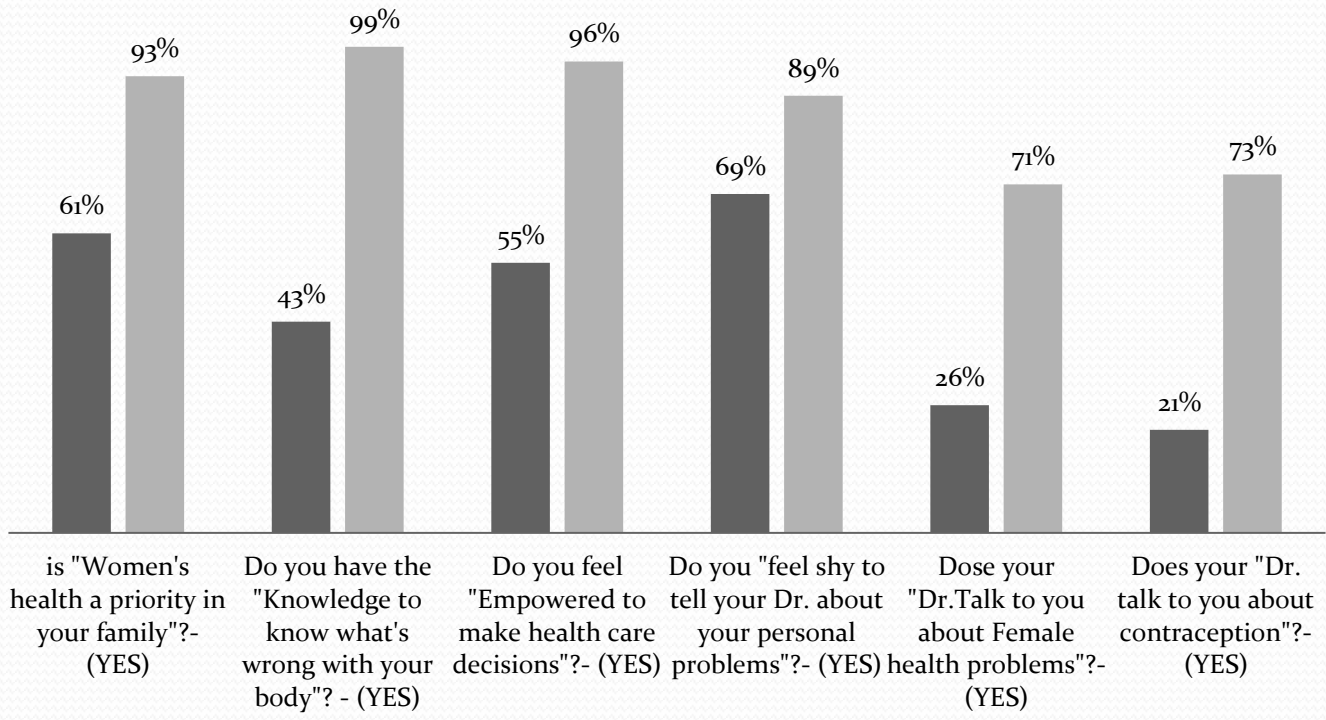
Indicator 3: During Your Last Pregnancy, Did You Have ANC/PNC Visits?

■ Baseline Survey ■ Program Monitoring Survey 2019

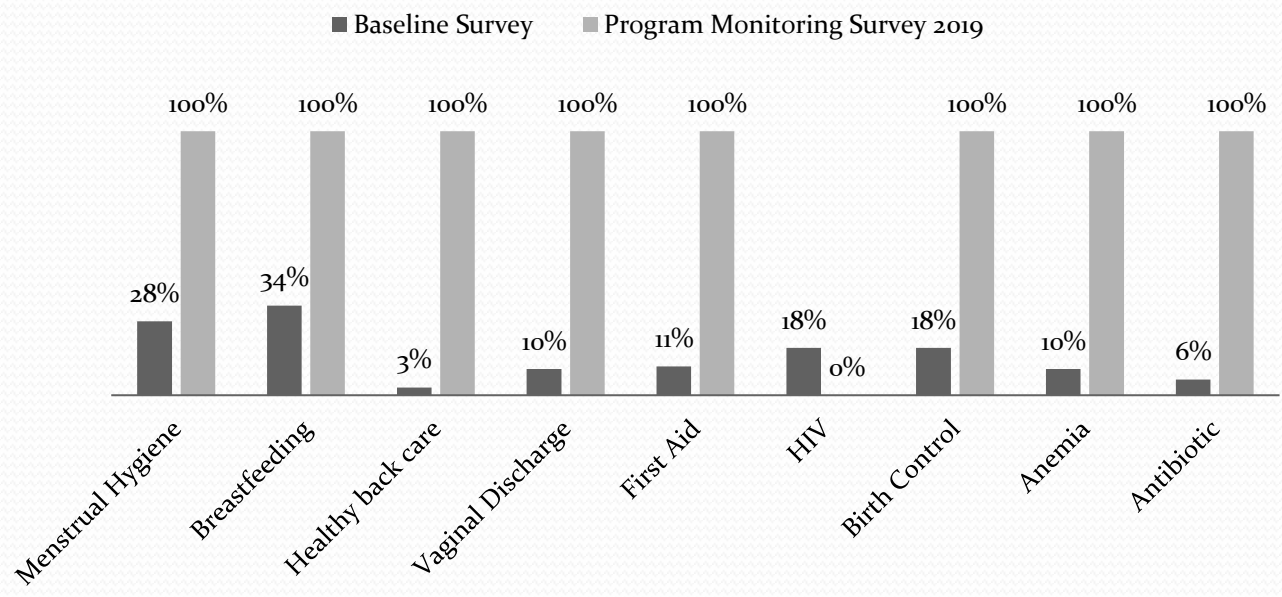


Indicator 4: Perception On Woman's Health Care

■ Baseline Survey ■ Program Monitoring Survey 2019



Indicator 5: Measurement of Knowledge/ Understanding



Success Stories

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.

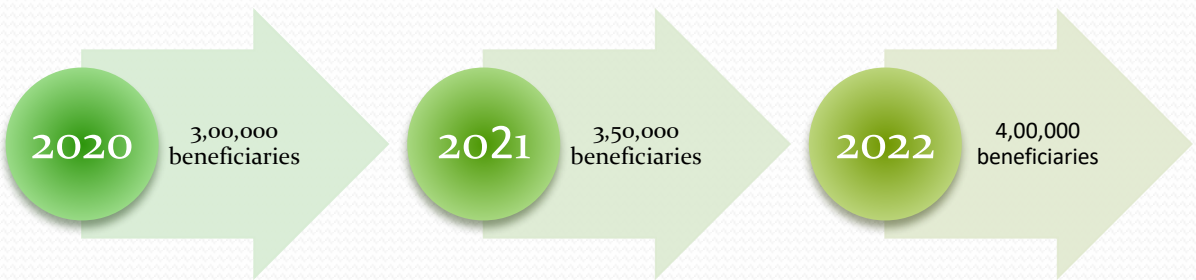
However, She had issues related to pregnancy like, weakness, dizziness, nausea etc.

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.



Future Plans



Year 2020

- Provide Health Care Services to 25,000 beneficiaries.
- Expand operations to Tehri and Chamoli.
- Start 2 new programs- A) Village Adoption Program
B) Rehabilitation Program

Year 2021:

- Provide Health Care Services to 30,000 beneficiaries.
- Expand operations to Tehri Garhwal and Chamoli
- 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

PPNO-53 254-IV-291

722

भारतीय नैर न्यायिक भारत INDIA

रु. 500 FIVE HUNDRED RUPEES

पाँच सौ रुपये Rs. 500

INDIA NON JUDICIAL

उत्तरांचल UTTARANCHAL A 603465

21 JUL 2011 TRUST DEED

THIS DEED of trust is made in the city of Rishikesh on 27th 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 & repugnant to the context 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.

722

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No. 0100027782018
Government of India
Ministry of Home Affairs
Foreigners Division
(FCRA Wing)

NDCC-II Building, Jai Singh Road,
New Delhi-110001
Dated: 11-03-2019

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

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

With reference to your application dated 05-11-2018 requesting registration under the Foreign Contribution (Regulation) Act, 2010, I am directed to say that your Association has been registered under Section 11 (1) of the Act as follows:-

Registration Number : 347900217
Nature : Educational,Social

- The association shall receive foreign contribution only in its designated/exclusive bank account number 37448860599 in STATE BANK OF INDIA, 4,CONVENT ROAD, DEHRADUN, Uttarakhand, Dehradun, 248001 as mentioned in its application for grant of registration.
- In terms of section 18 of the Foreign Contribution (Regulation) Act, 2010 read with Rules 17 of the Foreign Contribution (Regulation) Rules, 2011, as amended from time to time, you are advised to furnish information online within the prescribed time to the Central Government of the amounts of each foreign contribution received by you, the source and the manner in which the foreign contribution was used, as per the provisions of the Act and the Rules. An association is required to furnish the return even when the particulars are 'Nil'. The FC-4 form is required to be submitted online on this Ministry's website <https://fcraonline.nic.in> using the user name bellahealth@347900217 for online submission. The Bank Account mentioned in your application should be used for receiving foreign contribution and no other amount should be credited to this account. The Association should immediately intimate online, within 15 days, in Form FC-6 to this Ministry regarding any change in the name of the Association, aims and objects, its address and Bank/Bank Account.
- The association cannot bring out any publication (registered under PRB Act, 1987) or act as correspondent, columnist, editor, printer or publisher of a registered newspaper or engage in the production or broadcast of audio news or audio visual news or current affairs programmes through electronic mode or any other electronic form or any other mode of mass communication at a later stage thereby attracting provisions of the Section 3(1) (g) and (h) of the FC(R) Act, 2010. In addition to this, the association is forbidden from getting involved in any activity of political nature.

- You are requested to note the provisions of Section 7 of FC(R) Act, 2010 and Rule 24 of FC(R) Rules, 2011 and ensure that before any funds are passed on to any person/association in India that the recipient is (i) 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 (ii) 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 this 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 this Ministry's website <https://fcraonline.nic.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.
- This certificate of Registration is valid for a period of five years from the date of registration under the Act.
- The email containing the registration letter may be sent immediately to the Bank mentioned above.
- This is a digitally signed certificate to be validated digitally using the signature panel using Adobe Acrobat Reader (Ver 5.0 or above). The digital intimation is authenticated by a digital signature obtained from a certifying authority under the Information Technology Act 2008.
- Banks are requested to verify online the validity of the certificate using fcraonline.nic.in.

Yours faithfully

Digitally signed by RAKESH SAHAI
Date: 2019.03.11 16:26:47 IST
Reason: Online FCRA Services
Location: Ministry of Home Affairs, New Delhi
Rakesh Sahai
Section Officer
Tel. 01123438245

सी.सं. 84(149)/निबन्धन/हरिद्वार/2010-11/एक/११६
 दिनांक: 25.01.2012

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

सेवा में,
 बेला हेल्थ केयर वैरिटेबल ट्रस्ट,
PAN - AABTB447M
 119, मगिराम रोड, त्राविकेश,

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

व्यास/संस्था का नाम एवं पता बेला हेल्थ केयर वैरिटेबल ट्रस्ट, PAN - AABTB447M 119, मगिराम रोड, त्राविकेश, दिनांक 27.07.2011 को व्यास/संस्था द्वारा प्रेषित उपर्युक्त व्यास/संस्था में आयकर अधिनियम 1961 की धारा 12-कक के अन्तर्गत निर्धारित फार्म में पंजीकरण हेतु आवेदन दिनांक 10.10.2011 को प्रस्तुत किया है। संस्था को आयकर अधिनियम 1961 की धारा 12-कक (1) प्रावधानों के अन्तर्गत दिनांक 10.10.2011 से निबन्धन स्वीकृत किया जाता है।

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

- व्यास/संस्था आयकर अधिनियम के अन्तर्गत निर्धारित अथवा के भीतर प्रत्येक वर्ष संबंधित कर निर्धारण अधिकारी को समस्त आयकर रिटर्न पंजीकृत करे।
- व्यास/संस्था द्वारा कार्यालय में ऑडिटेड एकाउन्ट्स की प्रती प्रत्येक वर्ष रिटर्न दाखिल करने की अंतिम निर्धारित तिथि से पहले प्रस्तुत करें।
- यदि व्यास/संस्था के उद्देश्यों में कमी परिवर्तन किया जाता है तो व्यास/संस्था को फिर से धारा 12-क के अन्तर्गत आवेदन इस कार्यालय को प्रस्तुत करना होगा।
- ट्रस्ट/संस्था 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।
- प्रोजेक्ट रिपोर्ट जो विभाग में दी गयी है उससे लगता है कि यह संस्था मुख्यतः महिलाओं की गर्भावस्था सम्बन्धित बीमारियों और जन्म के समय महिलाओं की जान को बचाने से बचाने के लिये काम करेगी। अगर ऐसा पाया कि यह मात्र किताबी धारा है और मात्र करमुक्ति के लिए स्वास्थ्य सम्बन्धी काम का तर्क है तो यह निबन्धन वास्तव से लिया जायेगा। सम्बन्धित निर्धारण अधिकारी संस्था के वैरिटेबल होने के दावे को प्रामाणिकता निम्नलिखित कार्यों से जाचेगा: महिलाओं के स्वास्थ्य के लिये क्या काम किया जा रहा है, कितने आवसरो पर जन्म के समय महिलाओं को डाक्टरों सेवा उपलब्ध कराई गयी और उनकी जान को सुरक्षित रखने के प्रयत्न में क्या खर्च किया गया और उनके स्वास्थ्य परीक्षण के लिए कितने पुरुष भावों में संस्था पधुयी, इन उद्देश्यों की पूर्ति न होने पर निबन्धन निरस्त की सिफारिश की जायेगी।

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

3. आवेदन की प्रतिलिपि कार्यालय में रखे गये धारा 12-कक के आवेदन रजिस्ट्रार में प्रेषित संख्या 84/2010-11 पर की गई है।

(सी.पी.ओ. सैनवाल)
 आयकर आयुक्त, देहरादून

सोहर
 प्रतिप्रति प्रेषित :-

- व्यास/संस्था उपरोक्त को सूचनाई
- आयकर अधिकारी-सहायक आयकर आयुक्त/उपसुत आयकर/ धार्ड-1, त्राविकेश को यथास्थित कार्यवाही हेतु प्रेषित।
- अपर आयकर आयुक्त, हरिद्वार को सूचनाई एवं आवश्यक कार्यवाही हेतु प्रेषित।
- मुख्य आयकर आयुक्त, देहरादून को सूचनाई प्रेषित।

(सौर सिंह)
 आयकर अधिकारी (एकमीडी)
 सूत्रे आयकर आयुक्त, देहरादून

ग्राम पंचायत ढकरानी

वि०ख०, विकासनगर जनपद-देहरादून (उत्तराखण्ड)

अय्युब

प्रधान

मो०: 9412019452
9761024006

निवास :-

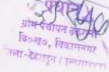
वार्ड नं० 5,

ग्राम व पो० ढकरानी कालौनी
जिला- देहरादून (उत्तराखण्ड)

पत्रांक /

दिनांक /

प्रमाणित किया जाता है कि 9/08/2017 से ग्राम पंचायत ७७२१
के बेल-हेल्थ केयर देहरादून की ओर ^{रवायत} ~~आवक~~ सेटप लगाया
जाता है जिसके अंतर्गत आदिवासी एवं बच्चों के
शुभकाल सेच प्रदान की जाती है/ओर स्वास्थ्य के सुधार की
अनेक जानकारी कि जारी की जाएगी करना है कि
अको भी ग्रामीणों को सेवा के उपयुक्त का है दे दे है


प्रधान अय्युब
वि०ख०, विकासनगर
जिला-देहरादून (उत्तराखण्ड)

ग्राम पंचायत कुन्जा-ग्रान्त

वि०ख०, विकासनगर जनपद-देहरादून (उत्तराखण्ड)

मौ० गालिब

प्रधान

मो० 9719947206

निवास:

वार्ड नं० 9,

ग्राम कुन्जा-ग्रान्त

जिला- देहरादून (उत्तराखण्ड)

पत्रांक

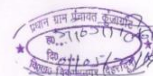
दिनांक / 01/05/2019

प्रमाणित किया जाता है कि हमारे गांव कुन्जाग्रान्त
विकासनगर, देहरादून, में बेल-हेल्थ केयर द्वारा चलायी
गयी चिकित्सा शिबिर में गांव के लोगों को काफी
फायदा हुआ है।

यह चिकित्सा शिबिर 11.04.18-31/04/18 तक चलायी गयी तथा
अभी तक जारी और गांव के लोग इलाका फायदा
ले रहे हैं इला-शिबिर में ~~मे~~ महिलाओं व बच्चों को
स्वस्थ शिक्षा भी प्रदान करायी जाती है।

तथा महिलाओं, गर्भवती महिलाओं एवं बच्चों का स्वस्थ
जांच की जाती है।

आशा करता हूँ की आगे भी ग्रामवासियों को ~~आपनी~~
सेवा देते रहेंगी।


प्रधान अय्युब
वि०ख०, विकासनगर
जिला-देहरादून (उत्तराखण्ड)

धन्यवाद

Feed Back Letters for ARH

