
ANNUAL REPORT 2022-23

Formed in December 2021 Primary Healthcare Foundation is a Non-Governmental Organization formed for developing primary healthcare facilities to uplift the health of populace by providing equitable and suitable healthcare services at the grass-root level. PHCF was structured around the idea of providing unbiased, basic preventive and diagnostic healthcare services to the rural population in India at their door step.

In addition to Healthcare, PHCF works in areas such education, Environment and women's empowerment.

Partnering with likeminded NGOs

PHCF believes in partnering with other Organizations so as to achieve common goal of reaching to masses for provision of Healthcare services.

This includes,

a) Operations of Mobile Medical Units (MMUs)

PHCF operates MMUs behalf of other NGOs due to its capabilities in Healthcare and overall Management of operations. Currently, MMUs are being operated in Maharashtra. The operation includes recruitment of staff, induction, training, planning and monitoring the operations and reporting achievements against the set performance targets, reporting the same as well as maintaining and reporting of accounts.

b) Capacity Building

PHCF successfully completed several projects on capacity building of other NGOs, mainly in the field of Healthcare and Management. This includes Doctors, Nurses and Project Associates such as Project Coordinators, Drivers / helpers

c) Development of Software

With domain knowledge of primary healthcare and other fields, PHCF is in process of developing software s, which can be implemented by other likeminded NGOs to make their operations more effective and efficient.

d) Base line and Impact Assessments

PHCF helps other NGOs for undertaking comprehensive studies such as Base line / Need assessment studies. This includes designing of study, Primary and secondary data collection, analysis, inference and preparation of Project Report.

The assignments also include Village Health Profiling along with Need Assessments.

e) Management Consultancy

Guidance to other foundations and Organizations for their strategy and process management.

One of our senior member worked as a consultant with reputed NGO for implementation and running of Mobile Medical Units in Kashmir (Gurez) and Ladakh (Zaskar) .

One of our Senior member worked as a consultant with reputed NGO for implementation and running of mobile Medical Units at Chhatrapati Sambhajinagar in Maharashtra

This year we did not receive any CSR donations and expenses incurred were funded by the senior members.

We continued working as a consultant to reputed NGO in Madhya Pradesh and further developed the "Panna Model" best suited for healthcare screening and overall development of local tribal population.

Our Programs

Panna Model – PHCF designed the Panna Model, which is the Trajectory of interventional experiment is worth in exploring the collaborative efforts.

Panna model comprised all the 8 elements and 4 principles of comprehensive primary health care without deviating from its basic structure. In this model, Primary healthcare Foundation is equipped with tele-health, EHR, medical and paramedical staff, ensuring the data connectivity and much needed component with specialized referral system as the clinical needs of the patients.

Water ATM and sanitary, health care awareness, Health screening and provision of point of care diagnostics made available for every villager irrespective of the topographic challenges. Wellness Programme including scheduled camps by healthcare specialties, demonstrations on tobacco control, practical supervision on social determinants and their impact on health behaviour is noted. Farmers Rehabilitation concerning mental stress management is a critical component as identification of potential case during screening and curative care. After the identification of a case, categorization is done based on severity, provision of mental counselling and if needed the psychiatric treatment is administered. Digital literacy with help of the student's group, in awareness and required information from healthcare domain to the trading of farm produce in selected villages. Employment generation for this effort, in provisioning of paramedical and supporting staff is mooted with in the community with the twin purpose of community acceptance and community participation. For this model selection of the villages based on cast census, has opened up the scope for identification of strong social determinants affecting the reach towards almost 10 SDG goals out of 17.

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