



HOPE ACROSS THE HIGHLANDS: REVISITING KHIDMAT-E-KHALQ- A FORGOTTEN BLUEPRINT FOR FRONTIER HEALTHCARE

Community Medicine

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KEYWORDS

In regions where health systems are stretched thin, and geography conspires with conflict to isolate entire communities, public health becomes more than a service it becomes a lifeline. India's borderlands, particularly those in Jammu & Kashmir, have long exemplified this reality. In such spaces, where formal systems often falter, it is often individuals who rise to meet the need. In 2007–2008, a remarkable community-based healthcare initiative—Khidmat-e-Khalq (an Urdu phrase meaning “Service to Humanity”) was conceptualized, planned, and implemented to address the unmet health needs of some of the most isolated and underserved populations in the Rajouri–Poonch region. The name itself reflected the mission's ethos of selfless care, community dignity, and sustained outreach. While operational sensitivities and confidentiality protocols precluded its formal publication, the initiative remains a powerful and underrecognized example of how targeted, compassionate action can transform health access in conflict-affected and underserved regions.

Operating in the Rajouri–Poonch borderlands an undulating stretch of the Pir Panjal ridges along the Line of Control Khidmat-e-Khalq was designed to address one of India's most challenging public health environments. In this region, intermittent cross-border shelling fosters persistent insecurity, and inadequate infrastructure leaves communities with limited or no access to even the most basic health services. Against this backdrop, non-communicable diseases (NCDs) including hypertension, diabetes, and chronic joint conditions were steadily rising, exacerbated by the absence of regular care. Long before NCDs gained national prominence, the defence establishment had already recognized their growing impact, as well as the urgent need to reduce out-of-pocket healthcare costs in alignment with Sustainable Development Goals (SDGs). According to the National Family Health Survey (NFHS-5), districts in Jammu & Kashmir particularly Rajouri and Poonch continue to report lower institutional health access and higher unmet medical needs than national averages, underscoring the enduring relevance of decentralised, community-engaged interventions like Khidmat-e-Khalq.

Armed with deep contextual insight and guided by the Army's enduring ethos of “service before self,” Khidmat-e-Khalq was designed as a structured, field-based public health intervention tailored to the realities of high-altitude, conflict-prone regions. With formal sanction from senior military and administrative authorities, and in close collaboration with District Health Authorities and military medical leadership, the initiative was rolled out across 40 remote villages in the Rajouri–Poonch sector. Operationalising the programme required the formation of eight multidisciplinary teams, each comprising Army health personnel and soldiers known for their logistical discipline and field readiness, paired with local public health staff who brought vital knowledge of language, cultural practices, and community dynamics. The inclusion of Army soldiers was crucial not only for logistical support and security, but also for fostering trust and reassurance among local communities in a conflict-sensitive setting.

Before deployment, these teams underwent rigorous orientation and training that included modules on tablet-based data entry, use of pre-tested structured questionnaires, respectful patient engagement, informed consent protocols, and strategies for navigating challenging terrain and weather conditions. The intervention commenced with a

rapid house-to-house survey, which despite formidable geographical and security challenges successfully enumerated over 18,000 civilian residents over a period of nearly two months. The data collected provided a first-of-its-kind snapshot of health indicators in these border populations. The unmet need was stark. The survey revealed a significant burden of undiagnosed and unmanaged non-communicable diseases particularly hypertension, diabetes, chronic joint pain, and respiratory ailments alongside a wide range of other conditions such as persistent febrile illness, skin infections, diarrhoeal diseases, and gastrointestinal complaints. These findings highlighted how silent, long-neglected illnesses were eroding quality of life in the absence of reliable care, reinforcing the urgency of sustained outreach, early diagnosis, and continuity of treatment in such underserved regions.

To ensure both immediate relief and lasting benefit, minor ailments were treated on the spot under medical supervision, while chronic cases were integrated into a structured referral and follow-up system at nearby Army medical units. Patients received not only prescriptions but true continuity of care through weekly, fortnightly, or monthly reviews tailored to disease severity. All essential medicines were supplied free of charge under Operation Sadbhavna (Operation Goodwill), the Indian Army's flagship civic-action programme in Jammu & Kashmir and Ladakh. Designed to “win hearts and minds,” Sadbhavna extends far beyond security by funding education, healthcare, infrastructure, and youth-empowerment projects in conflict-affected areas. Its support for Khidmat-e-Khalq removed financial barriers to treatment while underscoring the Army's broader humanitarian commitment to civilian well-being. This system transformed what might have otherwise been a one-time outreach camp into a meaningful, sustained healthcare model building trust, addressing silent disease burdens, and offering reliable access to care in areas where the health system had long remained absent or inaccessible.

Set against a socio-political landscape marked by intermittent cross-border hostilities, restricted mobility, and a persistent sense of insecurity, Khidmat-e-Khalq emerged not merely as a health intervention but as a symbol of reassurance, presence, and solidarity. In villages long accustomed to neglect and uncertainty, the arrival of well-trained, compassionate teams armed not with weapons but with medicines, empathy, and a commitment to follow-up was both unexpected and transformative. Their door-to-door visits served as a tangible expression of care from the state, breaking through years of isolation and indifference for many civilians in these high-altitude, conflict-prone areas, the initiative restored a long-lost sense of visibility, dignity, and hope affirming that their lives and well-being mattered beyond the security lens.

While many such initiatives remain undocumented, they represent the silent backbone of public health progress in India's most neglected geographies. The Khidmat-e-Khalq model remains profoundly relevant in today's public-health landscape, where equitable care for remote, fragile, and underserved populations is still a pressing challenge. As India pursues Universal Health Coverage through Ayushman Bharat and an expanding network of Health and Wellness Centres, this early experiment in integrated, community-based outreach offers enduring lessons. Its structured design anchored in

real-time data capture, door-to-door engagement, and a tiered referral system shows how locally adapted interventions and civil-military collaboration can overcome geographic isolation and systemic barriers to reach those beyond the routine scope of public services. It stands as a replicable model of adaptive, decentralised service delivery rooted in compassion, logistical precision, and sustained community engagement. In an era defined by the twin burdens of non-communicable and emerging infectious diseases, climate-linked vulnerabilities, and the need for resilient health systems, Khidmat-e-Khalq demonstrates that strategic alignment and human-centred design can extend responsive, continuous care to even the most neglected geographies reminding us that true health equity will remain incomplete until care reaches the last village, at the last mile consistently, compassionately, and without exception.

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