



BEHIND THE LOWARI TUNNELS



PREPARED BY: RJS LIFE CARE
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KALASH VALLEYS FREE MEDICAL CAMPS 2025

A joint venture by RJS Life Care and Kalash Valley Development Authority (KVDA)

INTRODUCTION

From 19–21 June 2025, RJS Life Care in partnership with the Kalash Valley Development Authority (KVDA) organized a three-day free medical camp across the three Kalash valleys: Ramboor, Bumburet, and Barir. This medical outreach revealed alarming health trends and underscored the critical gaps in healthcare access, infrastructure, and public health programming.

A total of 859 patients were examined during the camp, with a high prevalence of peptic ulcer/gastritis (47%), hyperglycemia (32%), and anemia (5%). Despite a population of 47,362, the valleys are without a single standardized health facility. With over 50% of health-related costs going toward transportation and harsh weather cutting off access for months, residents—especially women and children—remain dangerously underserved.

The goal is to bridge the existing healthcare disparities and provide sustainable medical support to the Kalash communities, ensuring their well-being and fostering long-term health improvements.

This report provides an in-depth analysis of the current health scenario, camp data, barriers to access, and practical, cost-effective recommendations. RJS Life Care proposes immediate public-private collaboration to establish and manage permanent medical infrastructure in the valleys, leveraging our on-ground experience and community trust.



1

Geographic Isolation

The Kalash Valleys Ramboor, Bumburet, and Barir are home to a unique indigenous population residing in a geographically isolated region of Chitral District, Khyber Pakhtunkhwa. The nearest secondary hospital is 45 kilometers away in Chitral town.



2

Economic Barriers

Transport costs average PKR 10,000 (USD 50) per visit, while service costs for basic consultation and diagnostics are PKR 15000. Over 84% of the population lives below the poverty line.



3

Healthcare Deficits

Healthcare awareness is extremely low due to the absence of outreach and preventive programs. There is a severe workforce shortage with no resident doctor, diagnostic lab, or full-time health worker.



4

Seasonal Challenges

Seasonal isolation due to heavy snow from December to March makes travel life-threatening, deepening the region's healthcare crisis.



MEDICAL CAMP OVERVIEW

(19-21 JUNE 2025)

Objectives

1. Identify prevalent health issues through diagnostic screenings.
2. Understand local healthcare-seeking behavior and system gaps.
3. Establish groundwork for permanent healthcare solutions.
4. Deliver expert direction through qualified physicians during the medical camp.

Execution Partners

- Organizer: RJS Life Care
- Logistics & Mobilization: Kalash Valley Development Authority (KVDA)



Medical Team

- 01 Pediatric Consultant
- 01 Gynecologists
- 01 Medical Consultant
- 01 Psychologist
- 15 Allied Health Professionals and Volunteers



Services Offered

- Free medical consultations
- Free medicine
- On-site Screening
- Health Counseling



Diagnostic Tests

- Blood Glucose Level
- Hemoglobin Level
- H. pylori Antibody (Rapid Test)
- Anti HCV (Rapid test)
- HBsAg (Rapid Test)



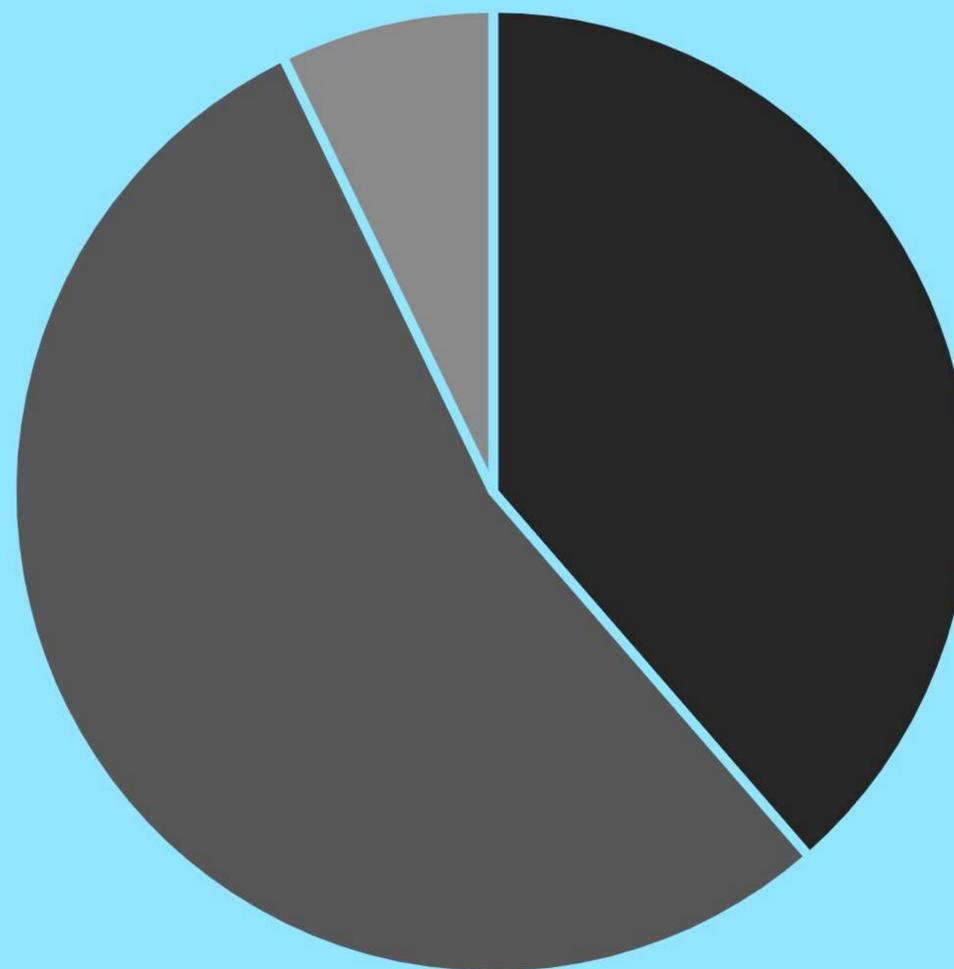
PATIENT DATA AND DEMOGRAPHIC ANALYSIS

Patient Turnout by Valley

Valley	Female	Male	Total
Bumburet	247	105	352
Ramboor	147	179	326
Barir	105	76	181
Total	499	360	859

Gender Distribution: 58% Female, 42% Male

Notable Insight: Higher female turnout in Bumburet and Barir reflects critical unmet needs and social restrictions limiting their access to distant facilities.



■ Children (<15 years)

■ Adults (16-65 years)

■ Elderly (>65 years)

The age breakdown shows that the majority of patients were adults (16-65 years), followed by children under 15 years, with elderly patients making up the smallest group.

Key Health Findings from Diagnostics



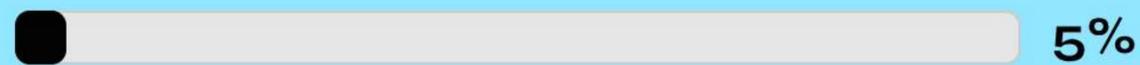
Peptic Disease (Ulcers)

Linked to poor water quality, erratic eating, unhygienic and stress conditions.



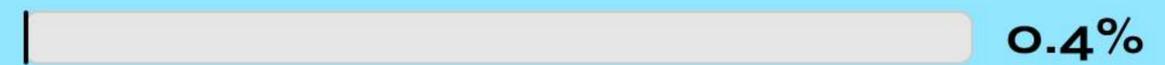
Hyperglycemia

High diabetes risk; dietary & hormonal factors and lack of screening play a role.



Anemia

Iron deficiency; malnutrition in women and children.



Hepatitis B & C

Low reported rate, but lack of prior screening is a concern.

Associated Observations

Women's Health

Inadequate maternal nutrition, untreated infections, and menstrual hygiene gaps were common.

Several adult female patients reported menstrual irregularities and suspected infertility pointing to a growing, unaddressed reproductive health crisis likely compounded by underlying metabolic imbalances and malnutrition.

Mental Health

Cases of postpartum depression, anxiety, and trauma-linked stress observed, but highly stigmatized.

Cultural Nuances

Male turnout was highest in Ramboor; other valleys showed stronger female participation due to trusted female staff presence.

These findings underscore the urgent need for permanent diagnostic and gynecological care in the valleys.

Structural and Systemic Barriers

Absence of Medical Professionals

No regular doctor available in any valley.

Lack of Preventive Programs

No proper vaccination, family planning, nutrition, or health education drives.

Inadequate Staffing

All the health centers are run by Allied Health Professionals.

Poor Record Keeping

No data maintenance of stock receiving and dispersing of medicine and medical items.



Critical Healthcare Gaps

The combination of geographic isolation, economic barriers, and systemic neglect has created a healthcare crisis in the Kalash Valleys that disproportionately affects women and children.

STRATEGIC RECOMMENDATIONS

RJS Life Care puts forward following recommendations to effectively bridge the gaps:



Environmental Health

Regular testing of food and water sources is essential to address the root causes of gastrointestinal and metabolic illnesses identified during the camp.



Capacity Building

Capacity-building programs should be initiated to train local staff and community health workers in Water, Sanitation, and Hygiene (WASH) practices as well as basic environmental health monitoring.



Healthcare Infrastructure

A holistic healthcare plan for the Kalash Valleys should include establishing three permanent clinics with telemedicine support, implementing immunization and nutrition programs, improving WASH facilities, and training over 30 local Community Health Workers.

Additional Recommendations

- Bumburet should be upgraded to a secondary care center, with integrated digital health records and financial support such as transport vouchers and free chronic disease medication.
- RJS Life Care's diverse pool of technical and professional healthcare personnel should be formally integrated into Kalash Valley Projects (KVP) with donor support.
- At least two existing dispensaries in the valleys should be placed under joint observation to assess infrastructure, service quality, and integration potential.

Implementation Requirements

- Interventions must align with national public health standards, ensuring safe infrastructure, essential medicines, and licensed personnel.
- Immediate posting and retention of trained medical staff including female professionals is crucial for both curative and preventive care services.
- A coordination meeting between DHO Lower Chitral, KVDA, and RJS Life Care to review this report and align on next steps.



WHY PARTNER WITH RJS LIFE CARE?

Proven Capability

RJS Life Care & KVDA jointly has clearly demonstrated its capability through the successful execution of a multi-valley medical camp, treating 859 patients in just three days with seamless logistical coordination.

Cultural Competence

Its collaboration with DHO office Lower Chitral and local community leaders ensured cultural competence, fostering trust and high participation.

Operational Efficiency

By providing direct access to care, RJS Life Care reduced the average healthcare burden by 50%, showcasing operational efficiency.

Sustainable Approach

Its long-term vision emphasizes prevention, local capacity building, and community integration highlighting a sustainable approach to healthcare delivery in the Kalash Valleys.

"Equitable Healthcare for the Forgotten Valleys" - RJS Life Care

CONCLUSION

The Kalash Valleys stands at a critical crossroads—facing persistent health challenges amid geographic isolation, poverty, and systemic neglect. The three-day medical camp conducted by RJS Life Care, in collaboration with the Kalash Valley Development Authority, not only unveiled alarming disease prevalence and structural health deficits but also demonstrated the transformative potential of community-centered, professionally managed healthcare initiatives.

With 859 patients treated, the initiative underscored both the immense need and the clear path forward. Immediate and sustained intervention is no longer optional it is imperative. We urge provincial authorities, donors, and health institutions to support the establishment of permanent, locally staffed, and telemedicine-enabled clinics under a public-private model led by RJS Life Care.

With collective commitment, the Kalash Valleys can become a model of inclusive, resilient, and sustainable healthcare for marginalized mountain communities across Pakistan.

Attachments

- Photos from Medical Camps (June 2025)
- Letters of Support from KVDA & District Health Office Lower Dir
- Medicines Detailed List
- CHW Training Curriculum Overview

Contact for Further Discussion:

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