PAHCHAAN

ANNUAL REPORT 2024



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Foreword



As we reflect on 2024, the resilience of the children and families we serve continues to inspire our work. Despite persistent challenges related to poverty, displacement, violence, and limited access to services, PAHCHAAN remained steadfast in its commitment to safeguarding children and strengthening systems that protect them.

Throughout the year, our teams worked across community, institutional, and emergency contexts to ensure that children received timely healthcare, protection, psychosocial support, and learning opportunities. Our Mother and Child Health Promotion Centers expanded access to essential healthcare, while hospital-based Child Protection Units strengthened coordinated responses to abuse and neglect. In emergencies such as floods and the Jaranwala incident, PAHCHAAN prioritised mental health and psychosocial support to promote recovery and resilience.

These achievements were made possible through the dedication of our staff, the guidance of our Board, and the continued trust of our partners and donors, including UNICEF and ECPAT International. While much progress has been made, the work ahead remains significant. PAHCHAAN remains committed to advocating for child protection and mental health as fundamental rights, ensuring that no child is left behind.

I extend my sincere gratitude to everyone who stood with PAHCHAAN in 2024. Together, we continue our journey toward a safer, healthier, and more dignified future for every child.

Dr. Naeem Zafar
President, PAHCHAAN

Executive Summary

During 2024, PAHCHAAN continued its two-decade commitment to advancing child rights and strengthening protection and wellbeing systems for children and families across Pakistan. Working at the intersection of health, protection, education, mental health, and research, PAHCHAAN implemented integrated interventions that addressed both immediate needs and long-term systemic gaps.

Healthcare delivery through the Khushhal Khandan Program remained a cornerstone of PAHCHAAN's work. Mother and Child Health Promotion Centers in Saggian, Malakpur, and Changa Manga provided comprehensive primary and preventive healthcare services, reaching thousands of community members. Mental Health and Psychosocial Support interventions were implemented in flood-affected districts and following the Jaranwala incident, contributing to early recovery and resilience-building.

Institutional child protection was strengthened through Hospital-Based Child Protection Units across Punjab and Islamabad, providing structured case management for abuse and neglect cases. Education initiatives continued through the ILM Power Learning Center, offering free, holistic education to children from low-income households. Research and digital advocacy supported evidence-based programming and public awareness.

Together, these efforts reflect PAHCHAAN's commitment to protecting children, supporting families, and strengthening systems to ensure safe and dignified childhoods.

About PAHCHAAN

PAHCHAAN (Protection and Help of Children against Abuse and Neglect) is a not-for-profit child rights organization working in Pakistan for nearly two decades. The organisation focuses on family support, capacity building of caregivers and professionals, service delivery, and advocacy to improve child protection, health, and wellbeing outcomes.

Vision

Grow with giggles, ensuring children grow up healthy, happy, safe, and nurtured.

Mission

To protect children from abuse, neglect, exploitation, and deprivation through collaboration with families, communities, institutions, and professionals.

Core Values



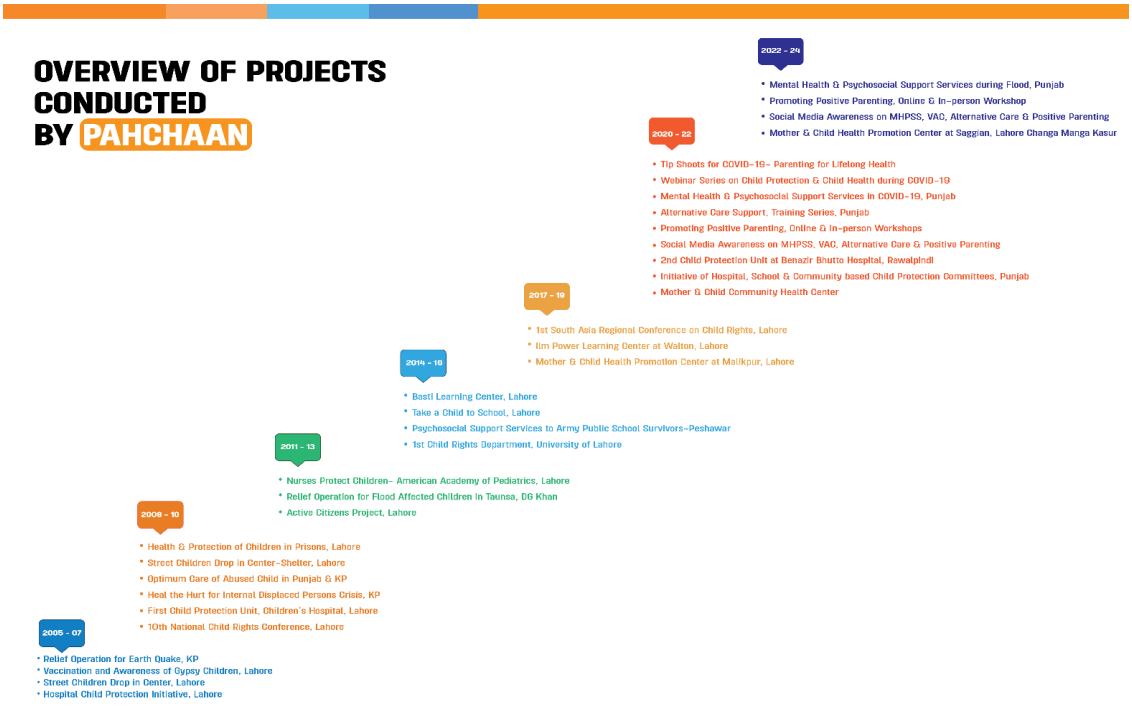
Our Programme Areas

PAHCHAAN's work spans healthcare, mental health and psychosocial support, child protection systems strengthening, education and life skills development, research, and advocacy.



Overview of PAHCHAAN Projects (2006–2024)

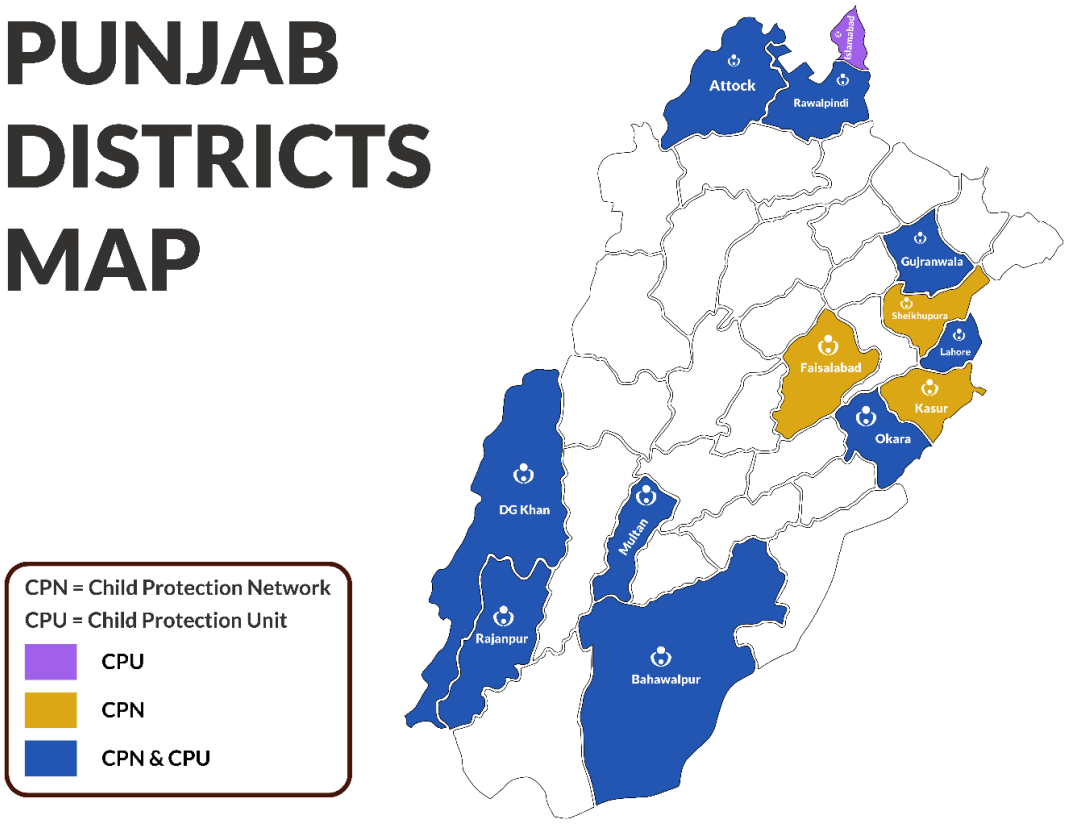
Since its establishment, PAHCHAAN has implemented multiple projects addressing child protection, health, education, emergency response, and systems strengthening, progressively



expanding its geographic and thematic reach.

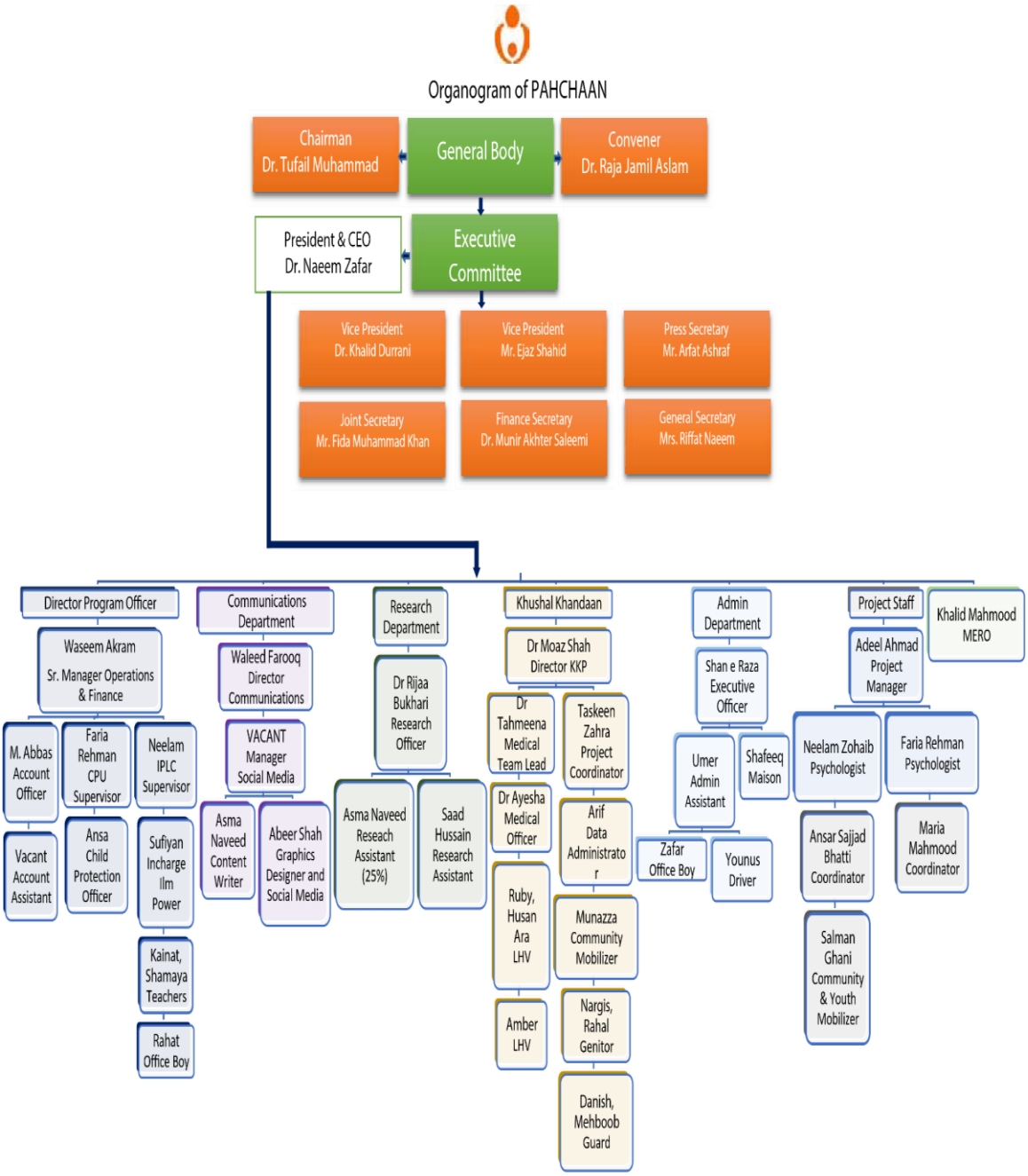
Footprints in Punjab: Child Protection Network

PAHCHAAN has supported the establishment and functioning of Child Protection Networks across Punjab, including hospital-based, school-based, community-based, and district-level committees.



Organizational Structure

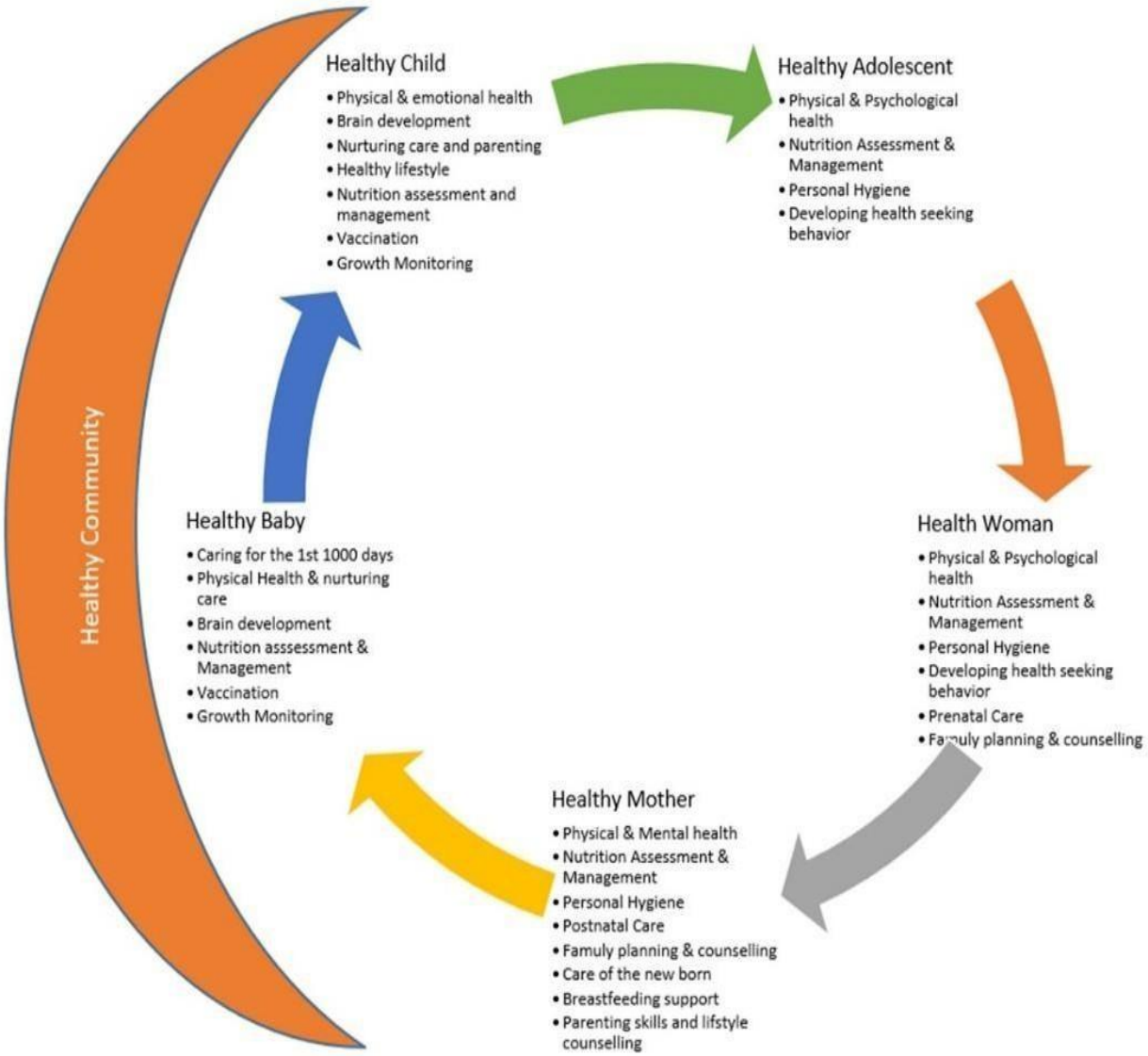
PAHCHAAN operates through a structured governance and management framework with oversight provided by the Board and operational leadership supported by programme, research, and administrative teams.



Khushhal Khandan Program

The Khushhal Khandan Program delivers comprehensive healthcare services through Mother and Child Health Promotion Centers. The inaugural center under the Khushhal Khandan Program, MCHPC Saggian, commenced its services in June 2023, and MCHPC Changa Manga in September 2024.

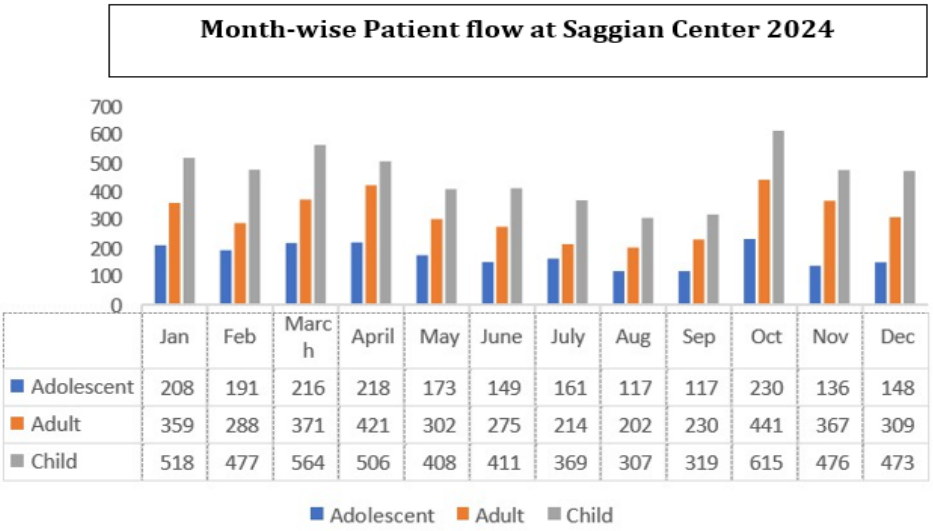
Services included outpatient consultations, antenatal and postnatal care, child health services, nutrition assessment and counselling, growth monitoring, vaccination support, family planning, adolescent health services, and psychological support.



Three centers in various parts of Punjab are fully functional and some are under consideration. These are at

- MCHPC Malakpur
- MCHPC Saggian
- MCHPC Changa Manga

Patient footfall in Saggian,2024

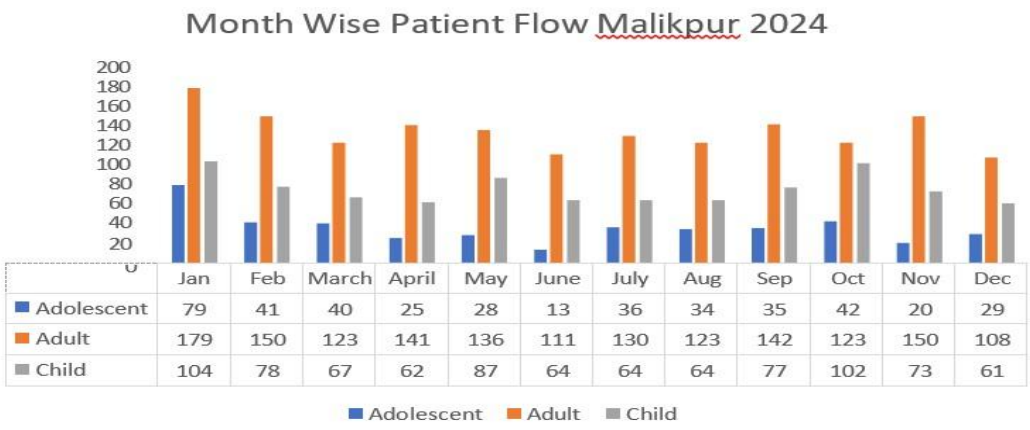


	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Adolescent	208	191	216	218	173	149	161	117	117	230	136	148
Adult	359	288	371	421	302	275	214	202	230	441	367	309
Child	518	477	564	506	408	411	369	307	319	615	476	473

In the year 2024, 11282 community members including children, adolescents, and adults received medical services at MCHPC Saggian. Total number of females visiting the center were 8673 and total number of males was 2609.

Patient footfall in Malakpur,2024

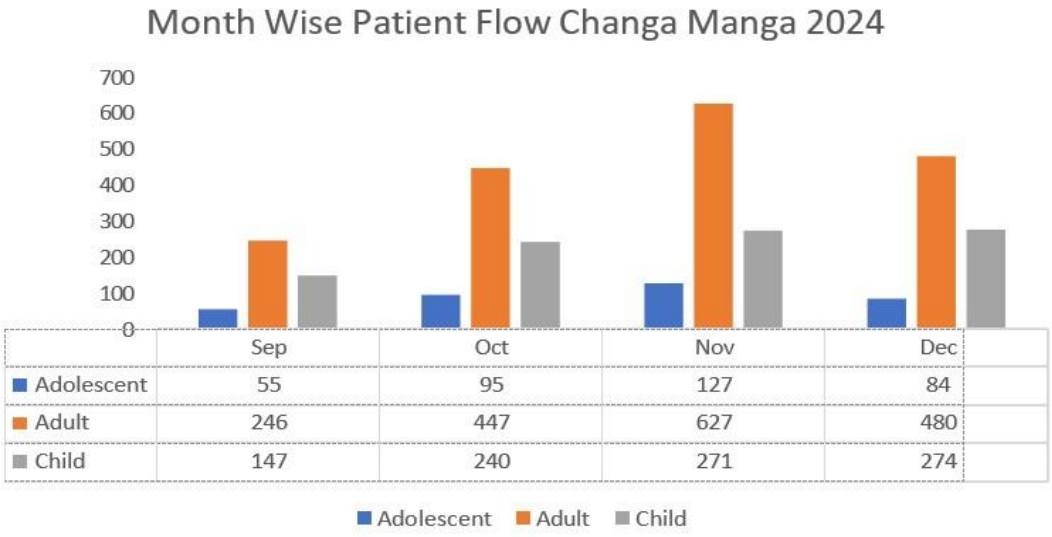
In the year 2024, 2938 community members, including children, adolescents, and adults, received medical services at MCHPC Malakpur. The total number of females visiting the center was 2306, and the total number of males was 632.



	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Adolescent	79	41	40	25	28	13	36	34	35	42	20	29
Adult	179	150	123	141	136	111	130	123	142	123	150	108
Child	104	78	67	62	87	64	64	64	77	102	73	61

Patient footfall in Changa Manga,2024

In the year 2024, 3093 community members, including children, adolescents, and adults, received medical services at MCHPC Changa Manga. The total number of females visiting the center was 2433, and the total number of males was 660.



	Sep	Oct	Nov	Dec
Adolescent	55	95	127	84
Adult	246	447	627	480
Child	147	240	271	274

Mental Health and Psychosocial Support (MHPSS)

Mental health and psychosocial well-being remain critical yet under-addressed dimensions of child protection in Pakistan, particularly in contexts of humanitarian emergencies, communal violence, and displacement. Children and families affected by disasters, forced displacement, and violent incidents are at heightened risk of psychological distress, trauma, and secondary protection risks, including abuse, neglect, and exploitation.

In 2024, PAHCHAAN prioritised Mental Health and Psychosocial Support (MHPSS) as a core component of its emergency response and child protection strategy. MHPSS interventions were implemented in response to flood emergencies in South Punjab and following the Jaranwala incident**,** recognising the urgent need for early psychological intervention, community stabilisation, and protection-oriented mental health services.

Emergency Response: Floods and Jaranwala Incident

Following widespread flooding in South Punjab and the violent attacks on minority communities in Jaranwala, PAHCHAAN implemented targeted MHPSS interventions to address both immediate psychological distress and longer-term psychosocial risks.



The Jaranwala incident, which resulted in the destruction of homes and places of worship, caused significant emotional and psychological trauma among affected families. Children and caregivers exhibited symptoms associated with post-traumatic stress, anxiety, grief, fear, and a loss of perceived safety. Similarly, flood-affected communities experienced compounded trauma due to loss of homes, livelihoods, crops, animals, and access to basic services.

PAHCHAAN responded by delivering Psychological First Aid (PFA) and structured psychosocial support services aimed at stabilisation, emotional support, and restoration of community coping mechanisms.

MHPSS Interventions and Service Delivery

MHPSS services were delivered through **child-friendly spaces and community settings**, many of which were established in coordination with UNICEF. Interventions were designed to be accessible, culturally sensitive, and protection-focused.



Key components of the MHPSS response included:

- **Psychological First Aid (PFA):** Trained facilitators and clinical counsellors provided immediate emotional support, active listening, and reassurance to children and caregivers. Sessions prioritised confidentiality, trust-building, and the identification of urgent psychosocial and protection needs.
- **Individual and Group Psychosocial Support Sessions:** Structured sessions were conducted with children, adolescents, and caregivers to help them process trauma, reduce anxiety, and rebuild a sense of safety and routine.
- **Community Awareness and Psychoeducation:** Awareness sessions were held to normalise stress reactions following traumatic events and to share information on coping strategies, emotional regulation, and available support services.

Protection Integration: PSEA, GBV, and Child Safeguarding

A distinguishing feature of PAHCHAAN's MHPSS response was the **integration of child protection and safeguarding messaging** into all psychosocial interventions.

Specific sessions were conducted on:

- **Prevention of Sexual Exploitation and Abuse (PSEA):** Children and caregivers were informed that humanitarian aid is free, and that no individual

has the right to demand Favors or exchanges. Clear complaint and referral mechanisms were shared to enable reporting of misconduct.

- **Gender-Based Violence (GBV):** Parents, particularly mothers, were sensitised to GBV risks in emergency settings, with a focus on protecting girls from exploitation, early marriage, and violence.
- **Child Protection and Personal Safety:** Children were engaged in age-appropriate sessions on self-protection, including understanding good touch, bad touch, and secret touch. Practical guidance was provided on how and when to seek help from trusted adults.





Capacity Building and Training

To ensure ethical and safe service delivery, PAHCHAAN conducted training on Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH) for humanitarian workers, social workers, and volunteers.

The training aimed to:

- Strengthen understanding of international and national safeguarding standards.
- Address power dynamics in humanitarian work
- Prevent misuse of authority in emergency contexts

- Build capacity to identify and respond to GBV and PSEA cases.



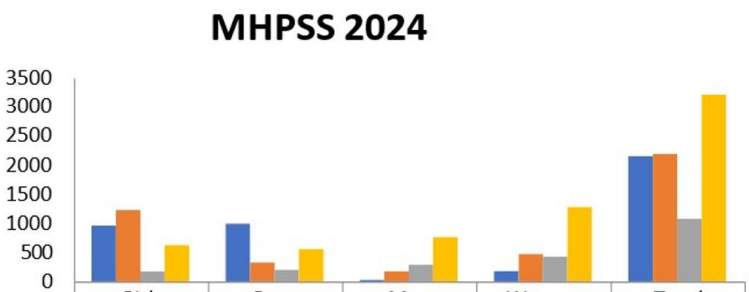


Participants included staff members and volunteers actively engaged in emergency response work. The training was highly participatory, drawing on real-life field experiences. At the conclusion of the training, participants formally signed a **Code of Conduct**, reaffirming their commitment to safeguarding principles.

Geographic Coverage and Reach

MHPSS interventions were implemented in **high-need districts**, including:

- Jaranwala (Faisalabad)
- Dera Ghazi Khan
- Rajanpur
- Bahawalnagar
- Other flood-affected areas of South Punjab



	Girls	Boys	Men	Women	Total
DG Khan	960	991	24	176	2151
Rajanpur	1230	325	172	468	2195
Bahawalnagar	170	198	284	429	1081
Jaranwala	620	553	761	1276	3210

These interventions contributed to early recovery, improved emotional well-being, increased awareness of protection risks, and strengthened linkages between communities and available support services.

PAHCHAAN's MHPSS work in 2024 demonstrated the organisation's capacity to:

- Respond rapidly to humanitarian crises.
- Integrate mental health within child protection frameworks.
- Uphold safeguarding and accountability standards.
- Collaborate effectively with UNICEF and community stakeholders
- Address both immediate psychosocial needs and longer-term protection risks

MHPSS remains a critical pillar of PAHCHAAN's commitment to ensuring that mental health is recognised not as a secondary concern, but as a fundamental right and an essential component of child protection and recovery.

Child Protection Unit (CPU)

Hospital-Based Child Protection and Case Management Systems

Child abuse and neglect (CAN) remain significantly underreported in Pakistan due to social stigma, lack of mandated reporting mechanisms, and limited institutional capacity to identify and respond to cases in a child-sensitive manner. Hospitals are often the first and only point of contact for abused or neglected children; however, without structured systems, opportunities for protection, referral, and follow-up are frequently missed.

Recognising this critical gap, PAHCHAAN has pioneered the establishment and management of Hospital-Based Child Protection Units (CPUs) to ensure early identification, coordinated response, and comprehensive case management for children experiencing abuse and neglect.

Hospital-Based Child Protection Unit Model

A Hospital-Based Child Protection Unit is a specialised, multidisciplinary mechanism embedded within a healthcare facility. Its purpose is to integrate child protection within routine medical care, ensuring that children presenting with suspected abuse or neglect receive holistic, coordinated, and rights-based support.

PAHCHAAN's CPU model is designed to function within public sector hospitals, working in close collaboration with:

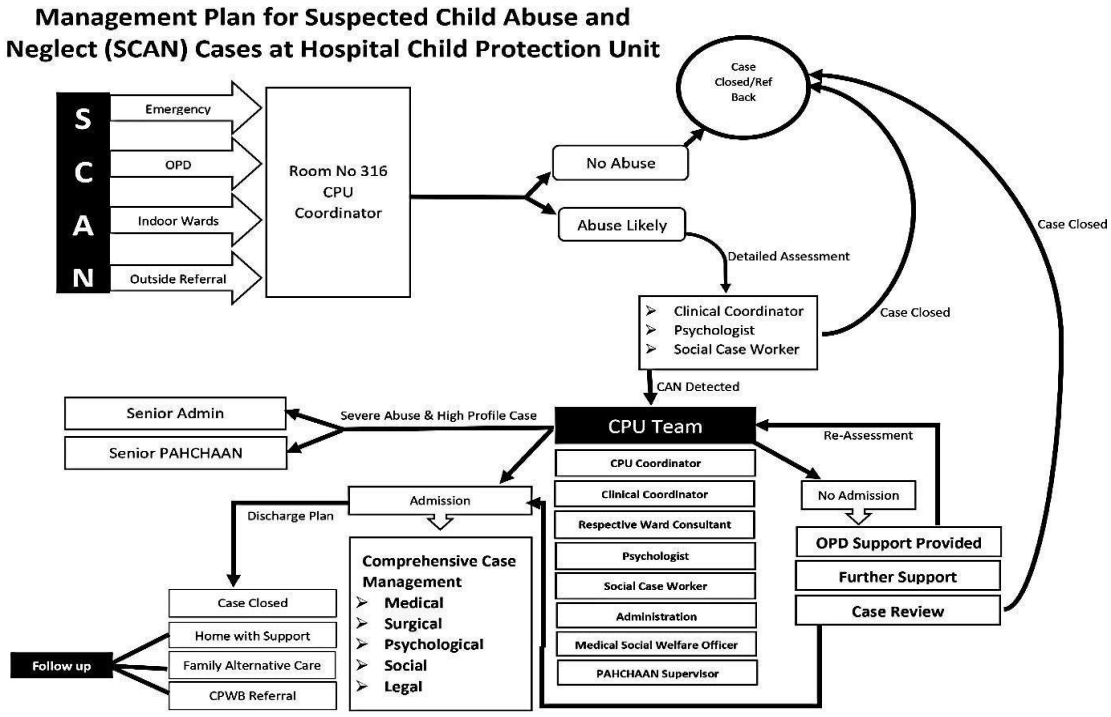
- medical staff
- hospital administration
- social welfare departments
- law enforcement
- child protection authorities
- legal and psychosocial service providers

This model strengthens institutional accountability while minimising secondary trauma for the child.

Case Identification and Referral (SCAN Mechanism)

The first critical entry point into the CPU system is **SCAN, which stands for Suspected Child Abuse and Neglect**.

- Children presenting at hospitals with indicators of physical, sexual, emotional abuse, neglect, or medical neglect are identified by healthcare staff.
- Suspected cases are discreetly marked as **SCAN** on patient files to ensure confidentiality and child safety.
- Referrals to the Child Protection Officer may originate from:
    - emergency departments
    - outpatient departments
    - wards
    - allied health professionals



This early identification mechanism ensures that child protection concerns are recognised promptly and addressed systematically rather than informally.

Structured Case Management Process

Once a referral is received, the CPU follows a standardised case management framework, as reflected in the original report diagram. This process includes: Intake and Initial Screening, Comprehensive Assessment, Case Planning, Implementation and Coordination, Monitoring and Follow-Up, and Case Closure. This structured approach ensures accountability and ensures each case receives context-appropriate medical, psychological, and social support, with referrals made to specialised services when necessary.

During 2024, CPUs managed a wide range of cases, including:

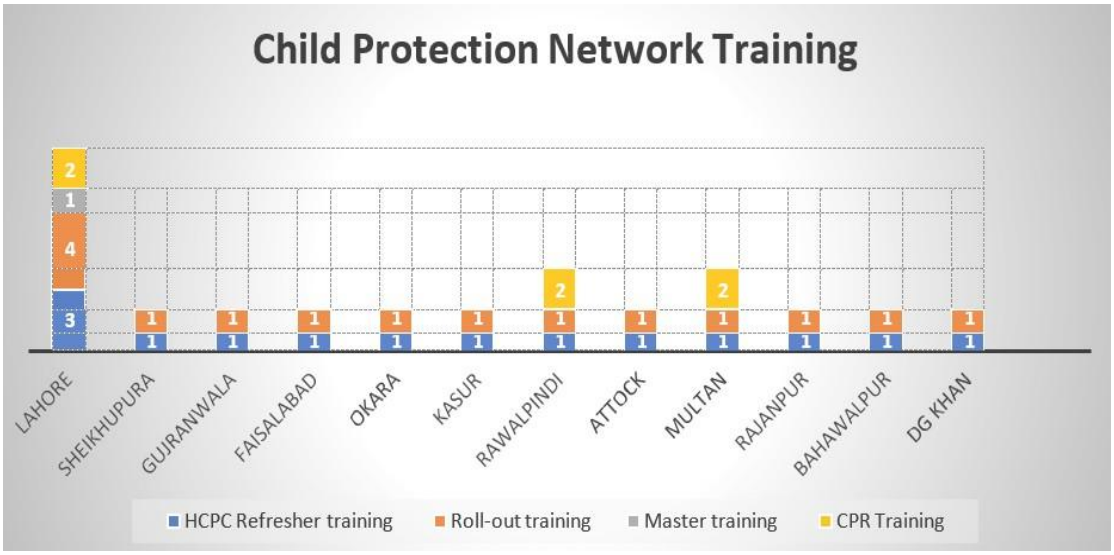
- neglect and medical neglect
- physical abuse
- sexual abuse
- emotional and psychological abuse.
- burns, poisoning, and hazardous ingestions.
- malnutrition and nutritional anaemia.
- suicide attempts and self-harm.
- abandonment

Safeguarding, Confidentiality, and Ethics

Safeguarding is central to the CPU model. All cases are handled with strict confidentiality, and interventions are guided by:

- child safeguarding principles.
- informed consent (where applicable)
- best interests of the child.
- do-no-harm approaches.

CPU staff are trained to minimise re-traumatisation, ensure dignity, and protect children from further harm during the reporting and referral process.



Child Protection Network Training & Workshops 2024





Key Achievements (2023–2024)

Between 2023 and 2024, PAHCHAAN made significant progress in expanding and consolidating hospital-based child protection systems, strengthening multi-sectoral coordination, and formalising institutional partnerships to ensure sustainable protection responses.

Key achievements during this period include:

- Expansion of Hospital-Based Child Protection Units (HBCPUs) to twelve districts across Punjab, significantly increasing institutional capacity for early identification and management of child abuse and neglect cases.

- Establishment of a Hospital-Based Child Protection Unit in Islamabad, extending PAHCHAAN's model beyond Punjab and reflecting growing recognition of its effectiveness at the national level.
- Formation and operationalisation of Hospital Child Protection Committees (HCPCs) in twelve districts, strengthening internal hospital accountability and coordination for child protection responses.
- Establishment of Community-Based Child Protection Committees (CCPCs) and District Child Protection Committees (DCPCs) in twelve districts, enabling coordinated referral pathways and multi-sectoral collaboration beyond hospital settings.
- Formal Memorandum of Understanding (MoU) signed with the Child Protection & Welfare Bureau (CPWB), institutionalising referral mechanisms and strengthening statutory child protection linkages.
- MoUs initiated with Punjab Police and Motorways & Highways Police (currently in process), aimed at strengthening coordination on reporting, rescue, referral, and legal response for child protection cases.
- Formation of a Child Protection Unit at Nasirabad Police Station, Lahore (in process), representing an innovative step toward integrating child protection mechanisms within law enforcement settings.
- Management and referral of child protection cases across multiple districts, including Lahore, Gujranwala, Okara, Faisalabad, Multan, Bahawalpur, Rawalpindi, and Attock, demonstrating operational reach and functional referral networks.
- Support to specialised protection initiatives, including Anti-Rape Cell club activities in Okara, with similar initiatives under development in Multan,





contributing to survivor-centred responses and prevention efforts.

- Medical screening of fifteen children held in C.I.A Lahore custody, reflecting PAHCHAAN's role in safeguarding highly vulnerable children in institutional and custodial settings.
- Inauguration of the Attock Hospital-Based Child Protection Unit, marking an important milestone in the geographic expansion and visibility of the CPU model.

Expansion and Systems Strengthening

In 2024, PAHCHAAN expanded Hospital-Based Child Protection Units to multiple districts across Punjab and supported the establishment of a CPU in Islamabad, reflecting growing institutional recognition of the model's effectiveness.

In parallel, PAHCHAAN facilitated the formation and strengthening of:

- Hospital Child Protection Committees (HCPCs)
- School-Based Child Protection Committees (SCPCs)
- Community-Based Child Protection Committees (CCPCs)
- District Child Protection Committees (DCPCs)

Together, these structures form an integrated Child Protection Network, enabling coordinated responses beyond hospital settings.

In conclusion, The Child Protection Unit model represents one of PAHCHAAN's most significant contributions to child protection systems in Pakistan. It demonstrates the organisation's ability to:

- translate child rights principles into institutional practice.
- embed protection within public health systems.
- coordinate multi-sectoral responses.
- generate replicable models for scale and policy uptake.

CPU reflects institutional maturity, risk management, and long-term systems impact, positioning PAHCHAAN as a key factor in national child protection architecture.

Education and Life Skills – ILM Power Learning Center

The ILM Power Learning Center provides free education and life skills training to children from low-income households, combining academics with psychosocial support, nutrition, and recreation.

Established in 2017 as a joint initiative between PAHCHAAN and the University of Lahore, the ILM Power Learning Centre adopts a holistic, child-centred education model that goes beyond academic instruction.

The model integrates:

- formal and non-formal education
- life skills-based learning
- psychosocial support
- nutrition and health awareness
- recreation and creative expression
- parental engagement

This integrated approach recognises that learning outcomes are closely linked to children's emotional well-being, safety, and home environments.

Programme Design and Service Delivery

IPLC operates flexible morning and evening shifts, enabling the inclusion of children who work during the day or have irregular schedules. This flexibility ensures that education remains accessible to children engaged in workshops or informal labour, in line with PAHCHAAN's principle that no child should be left behind.

The curriculum includes:

- literacy and numeracy
- science and social studies
- basic computer skills
- health, hygiene, and safety education
- child rights and protection awareness

- structured life skills training

Teaching methodologies emphasise activity-based learning and evidence-informed practices, enabling children to develop cognitive, social, and emotional competencies in a supportive environment.

Supportive Environment and Child Wellbeing

The ILM Power Learning Centre provides a safe and nurturing learning environment designed to promote dignity, confidence, and belonging. Purpose-built facilities include classrooms, preschool areas, creative spaces for arts and music, and a library.

Nutrition management is an integral component of the programme. IPLC provides structured mealtimes and hydration support, recognising the critical role of nutrition in children's physical growth, cognitive development, and learning capacity.

Recreational and exposure activities, such as educational trips to locations including Changa Manga, are organised to broaden children's horizons, reinforce classroom learning, and support social development. These activities are conducted with appropriate supervision, safety protocols, and logistical support from the University of Lahore, with financial support





from PAHCHAAN.

Community and Parental Engagement

IPLC actively engages parents and caregivers, recognising their role in sustaining children's education and wellbeing. Parenting sessions and regular interaction with families support positive attitudes toward education and reinforce protective home environments.

Community partnerships further enhance programme delivery by mobilising volunteers, resources, and mentorship opportunities.

Strategic Significance

The ILM Power Learning Centre represents PAHCHAAN's long-term investment in prevention-oriented child protection. By addressing educational exclusion, IPLC reduces children's vulnerability to abuse, neglect, exploitation, and hazardous labour.

IPLC demonstrates PAHCHAAN's commitment to rights-based education, integration of education within child protection frameworks, scalable, partnership-driven programming, and long-term impact through early and sustained intervention.

Research and Knowledge Development

PAHCHAAN's Research Department serves as the organisation's evidence-generation and learning backbone, ensuring that programmes and advocacy efforts are informed by data, research, and field-based insights. In a context where reliable data on child abuse, neglect, and mental health remains limited, research plays a critical role in shaping policy, practice, and institutional responses.

During 2024, PAHCHAAN conducted and supported research across key thematic areas, including:

- child abuse and neglect
- maternal and adolescent health
- mental health and psychosocial support in emergencies
- online child sexual exploitation and abuse (OCSEA)
- vaccination coverage and community health baselines

These studies supported both programme refinement and broader advocacy objectives.

Key Outputs and Knowledge Products

Research outputs during the year included:

- assessments of MHPSS needs and interventions following the Jaranwala incident.
- evaluations of psychosocial support in flood-affected districts.
- baseline vaccination surveys in Changa Manga.
- development of a Clinical Handbook on Child Maltreatment, including SOPs for early detection, case management, reporting, and referral.
- stakeholder consultations and key informant interviews to inform clinical and policy guidance.
- contributions to national and international research initiatives, including the Innocenti-led "Disrupting Harm" study on OCSEA.

PAHCHAAN also presented research findings at professional forums, including Sheikh Zayed's Research Conference, contributing to knowledge exchange and professional capacity building.

Institutional and Policy Relevance

Research findings are systematically used to:

- inform programme design and improvement.
- strengthen training curricula for healthcare and social service professionals.
- support advocacy for improved child protection and mental health systems.
- contribute to national and international discourse on child rights.

Digital Outreach and Advocacy

Digital outreach forms a key component of PAHCHAAN's advocacy and public engagement strategy. In 2024, the organisation utilised Facebook and Instagram to raise awareness on child protection, promote programme activities, and engage diverse audiences at national and international levels.

Audience Reach and Engagement

By the end of 2024, Facebook reached over 50,000 followers, generating 5.3 million views and a reach of 3.3 million. Instagram engagement, while smaller in scale, showed increased interaction rates, particularly among women and younger audiences

Metric	Facebook	Instagram
Total Followers	50,946	1,116
Gender	68.1% Men, 31.9% Women	56.9% Women, 43.1% Men
Largest Age Group	25-34 years	25-34 years
Top Cities	Lahore (29.2%), Karachi (14%), Faisalabad (12.2%)	Lahore (37.5%), Karachi (13.8%), Islamabad (6.2%)
Top Countries	Ninety-seven percent Pakistan, followed by Saudi Arabia, UAE, UK	Seventy-eight percent Pakistan, followed by UK, USA, UAE
Total Views	5.3M	15.2K
Total Reach	3.3M (-1.9% from 2023)	9.8K (-93.5% from 2023)
Content Interactions	16.3K (-53.3%)	606 (+100%)
Link Clicks	4.6K (-82.3%)	No recorded activity
Page Visits	31.5K (-56.4%)	1.3K (-23.9%)
New Followers	7.4K (-63.6%)	146

Highlights	Paid campaigns-maintained reach despite organic drop. Q4 had peak visibility.	Strong engagement from women. Content interactions doubled.
Challenges	Algorithm changes, Resource limitations, and social media saturation	No measurable link-based engagement
Future	More short videos, data-driven targeting, partnerships with UNICEF & influencers, interactive campaigns	Focus on engagement tactics like polls, quizzes, and user-generated content. content

Digital platforms were used to disseminate messaging on: child protection and safeguarding, mental health awareness, programme milestones and events, advocacy campaigns**,** and international observances.

PAHCHAAN faced challenges related to changing social media algorithms, limited dedicated resources**,** and saturation of digital content spaces. Despite these constraints, targeted paid campaigns and strategic timing helped maintain visibility, particularly during key advocacy moments.

PAHCHAAN aims to strengthen content quality and consistency**,** increase the use of short-form video and storytelling, improve analytics and data-driven targeting, and explore partnerships with influencers, professionals, and institutional partners**.**

Looking Ahead

As PAHCHAAN reflects on its work in 2024, the organisation enters the coming period with a clear understanding of both its strengths and the challenges that remain. The evolving landscape of child protection, mental health, and family wellbeing in Pakistan requires responses that are not only compassionate and responsive but also systematic, scalable, and sustainable.

Building on its experience in healthcare delivery, hospital-based child protection, emergency Mental Health and Psychosocial Support, education, and research, PAHCHAAN's forward focus will prioritise systems strengthening over isolated interventions. This includes deepening the integration of child protection mechanisms within public health institutions, expanding coordinated referral pathways across sectors, and reinforcing accountability and safeguarding standards in all programme areas.

Mental health will continue to be advanced as a core component of child protection**,** particularly in emergency and post-crisis contexts. PAHCHAAN aims to further strengthen the capacity of healthcare professionals, social workers, and community actors to identify and respond to psychosocial needs early, while ensuring ethical, safe, and survivor-centred service delivery.

In the area of education and prevention, PAHCHAAN will continue to invest in inclusive, child-centred learning models such as the ILM Power Learning Center, recognising education as a critical protective factor against abuse, neglect, and exploitation. Greater emphasis will be placed on parental engagement, life skills education, and community ownership to support long-term outcomes for children.

Research and evidence generation will remain central to PAHCHAAN's approach. Future efforts will focus on translating research findings into practical tools, clinical guidance, and advocacy messages that influence policy, strengthen professional practice, and contribute to national and international discourse on child rights and protection.

Recognising the growing importance of public engagement, PAHCHAAN will also seek to enhance its digital outreach and advocacy efforts, using strategic

communication to promote awareness, transparency, and accountability, while safeguarding the dignity and rights of children and survivors.

As the organisation looks ahead, PAHCHAAN remains committed to working collaboratively with government institutions, professional bodies, UN agencies, civil society partners, and communities. Guided by its core values and two decades of experience, PAHCHAAN will continue striving toward a future in which every child is protected, supported, and able to grow in safety, dignity, and wellbeing.

Annexes

Annex 1: Child Protection Unit – Case Management Data (2024)

This annex contains detailed tables on case types, referrals, psychological support, medical management, and social support provided through Hospital-Based Child Protection Units.

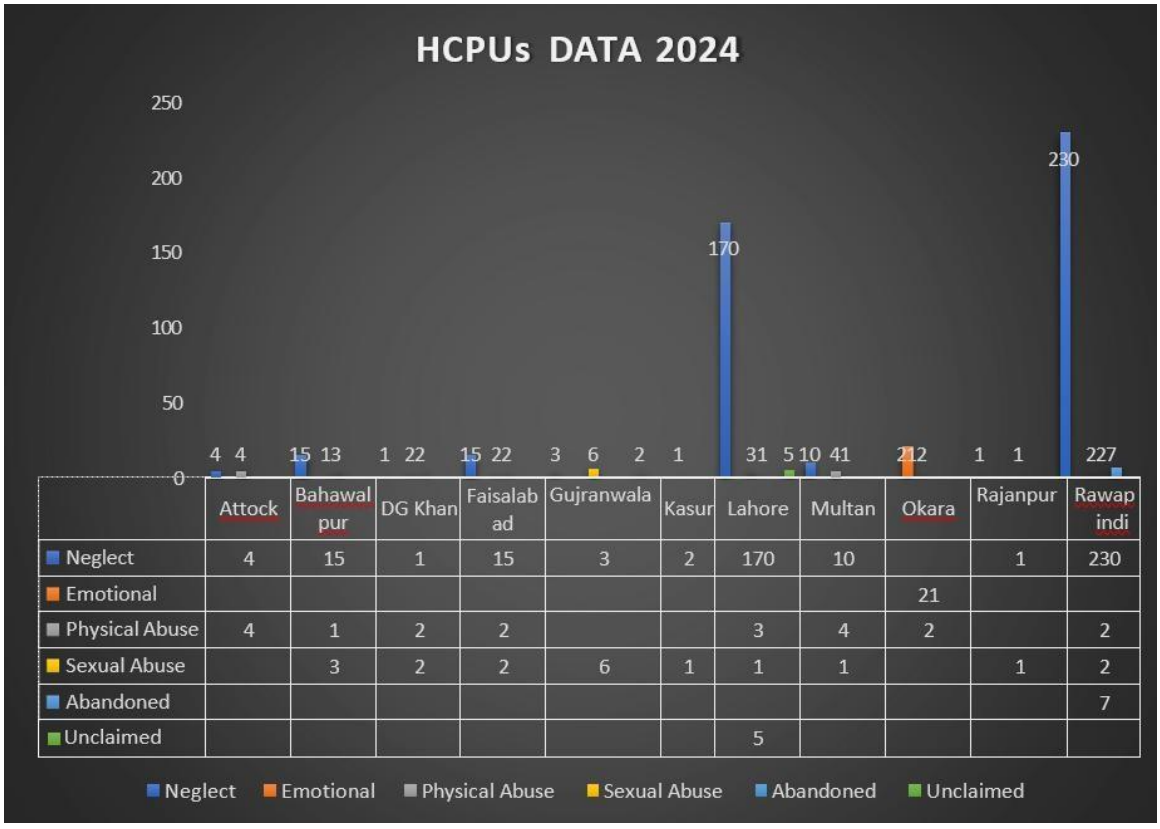
Sr. No	Case Type	No of cases	Psychological support	Medical management	Social Support	Refer to CPU Lhr
1	Neglect	348	✓	✓		
2	Medical Neglect	14	✓			
3	Animal Bite	01	✓	✓		
4	Burn	28	✓	✓		
5	History of Fall	29	✓	✓		
6	Wheat pills	06	✓	✓		
7	Kerosene oil	13	✓	✓		
8	Malnutrition n	64	✓	✓		
9	Nutritional Anemia	08	✓	✓		
10	Diesel Intake	02	✓	✓		
11	GTN poisoning	02	✓	✓		
12	Mosquito repellent	09	✓	✓		
13	Sexual Abuse	23	✓	✓		✓
14	Physical Abuse	16	✓	✓		
15	Ingestion of coin/magnet t	03				

16	Suicide attempt	03	✓	✓		✓
17	Marble chocking	01				
18	Abundant	07	✓	✓	✓	

Sr #	Case Type	No of cases	Psychological Support	Medical Management	Social Support	Refer to CPU	Refer to CPWB
1	Neglect	348	✓	✓			
2	Medical Neglect	14	✓	✓		✓	
3	Psychological Abuse	02	✓	✓			
4	Animal Bite	01	✓	✓			
5	Burn	28	✓	✓			
6	History of Fall	29	✓	✓			
7	Wheat Pills	06	✓	✓			
8	Kerosene Oil	13	✓	✓			
9	Malnutrition	64	✓	✓			
10	Nutritional Anemia	08	✓	✓			
11	Diesel Intake	02	✓	✓			
12	GTN Poisoning	02	✓	✓			
13	Mosquito Repellent	09	✓	✓			
14	Sexual Abuse	23	✓	✓		✓	✓
15	Physical	16	✓	✓			

	Abuse						
16	Ingestion Of Coin/ Magnet	03					
17	Suicide Attempt	03	✓	✓		✓	
18	Marble Chocking	01					
19	Abundant	07	✓	✓		✓	–
20	Emotional Abuse	20	✓	✓		✓	

Girls = 82 **Boys** = 71 **Total** = 153

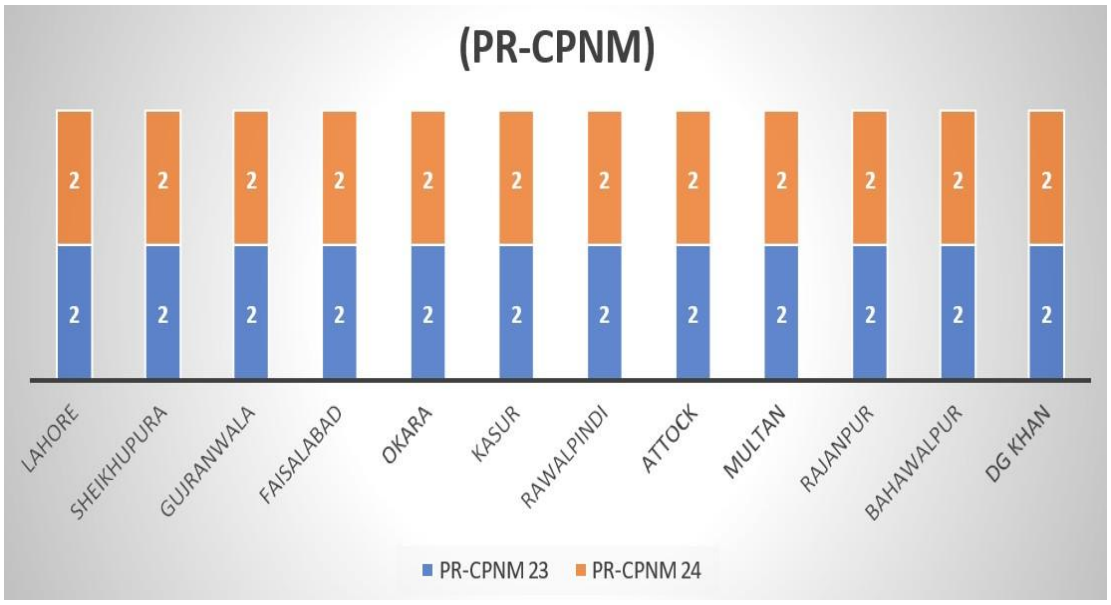


Annex 2: District-wise List of Hospital-Based Child Protection Units

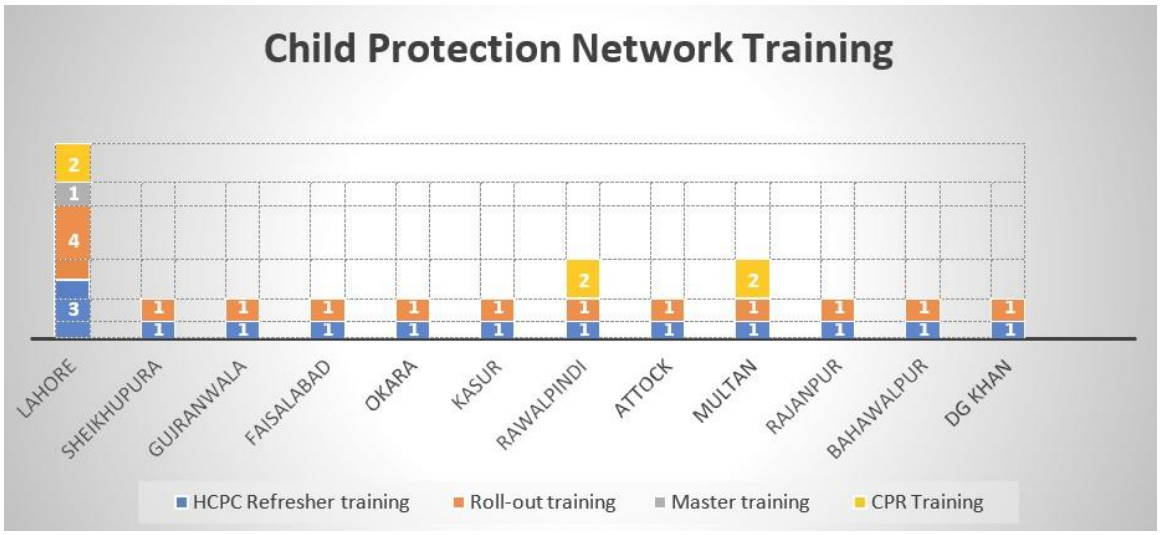
This annex lists all operational Hospital-Based Child Protection Units across Punjab and Islamabad, including notification status and partner institutions.

Sr #	Name of District	Name of Hospital	Notified	Proposed
1	Lahore	Children Hospital	Yes	
2	Gujranwala	Children Hospital	Yes	
3	Rawalpindi	BB Hospital	Yes	
4	Islamabad	PIMS Hospital	Yes	
5	Attock	Asfandyar District Hospital	Yes	
6	Faisalabad	Allied Hospital/Children's Hospital	Yes	
7	Okara	DHQ hospital	Yes	
8	Kasur	DHQ hospital	Yes	
9	Sheikhupura	DHQ Hospital		yes
10	Multan	Children Hospital/ Nishtar Hospital	Yes	Yes / No
11	Bahawalpur	BV Hospital	Yes	
12	Rajanpur	DHQ hospital	Yes	
13	DG Khan	Seval DHQ Hospital	Yes	

Annex 3: Training and Capacity Building Activities



Details of trainings conducted in 2024, including Child Protection Network trainings, PSEA/GBV sessions, and professional capacity-building initiatives.



Annex 4: Research Outputs 2024

List of all research studies, reports, consultations, and publications completed during 2024.

- Assessing Impacts of Mental Health and Psychosocial Support in the Aftermath of Jaranwala Incident - A study report.
- MHPSS & PSA in flood disaster.
- Key Informant Interviews and desk reviews for development of the Clinical Handbook.

- Report on Provincial-level Consultation of Stakeholders for the Development of Clinical Handbook.
- Clinical Handbook on Child Maltreatment guide for early detection, case management, reporting & referral of Child Abuse and neglect cases.
- Baseline Vaccination survey in Changa Manga.
- Framework developed for SOPs of Child Abuse & Neglect.
- Presentation on “Creating a Culture of Health: “The Role of a Maternal and Child Health Program” was given at Sheikh Zayed’s Research Conference.
- Pilot study conducted on Disrupting Harm - A study on Online Child Sexual Exploitation and Abuse (OCSEA) by Innocenti UNICEF, ECPAT International & PAHCHAAN.
- Training of Trainers report and data analysis.

PAHCHAAN

We implement community development programs at the grassroots level in education, health and nutrition; focusing on poverty reduction, women empowerment and addressing child abuse and neglect

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