

Aawaz II

Inclusion, Accountability, Reducing Exploitation

Barriers to Belonging: Community Allyship and Social Networks in Aawaz II Communities

Case Study

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Acronyms

AAC	Aawaz Aagahi Centre
ACA	Aawaz Change Agent
CNIC	Computerised National Identity Card
CSO	Civil Society Organisation
DC	Deputy Commissioner
DF	District Forum
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
FP	Focal Persons
GBV	Gender-based Violence
KII	Key Informant Interview
KP	Khyber Pakhtunkhwa
LG	Local Government
NADRA	National Database and Registration Authority
PSM	Public Service Message
PWDs	Persons with Disabilities
RP	Resource Person
SIG	Special Interest Group
V/NF	Village/Neighbourhood Forum

Executive Summary

Introduction

Across Pakistan, exclusion continues to shape everyday experiences of safety, participation and access to services, particularly for women, religious minorities persons with disabilities (PWDs), and transgender persons . While legal and policy frameworks for inclusion have expanded, they do not consistently translate into lived realities. In many communities, informal norms, stigma and social distance determine who is heard, supported or able to seek protection. In such contexts, access to services and protection is often mediated through social relationships, highlighting the importance of community-level processes that enable trust, empathy and collective action.

The Aawaz II programme,¹ implemented in Punjab and Khyber Pakhtunkhwa (KP), seeks to address these challenges through an inclusion-centred community engagement model. Rather than positioning allyship as an explicit objective, the programme promotes inclusion and meaningful participation through inclusive platforms, including Village Forums (V/NFs), Aawaz Aagahi Centres (AACs), District Forums (DFs) and youth-led initiatives. Within this model, social networks provide the relational structure through which interaction occurs, while allyship refers to the actions taken within these relationships to support individuals facing exclusion or risk. These spaces enable sustained interaction across social groups, creating conditions through which community allyship and informal support networks emerge.

This case study examines how Aawaz II's community engagement

¹ Aawaz II is managed and implemented by British Council (2020–2026) in 37 districts of KP and Punjab. It is funded by the UK's Foreign, Commonwealth and Development Office (FCDO).

model contributes to the formation of community allyship and strengthened social networks, and how these dynamics shape belonging, protection, norm change and engagement with institutions. Drawing on qualitative evidence from six districts across Punjab and KP, as well as programme documentation, the study analyses how these relational processes function in practice, the conditions under which they emerge and their implications for strengthening inclusive, community-based governance within existing systems.

Key Findings

Key findings indicate consistent patterns in the emergence of community-level allyship, strengthened social networks and evolving community-institution linkages.

- 1. Allyship is emerging as an action-oriented practice within community networks.** Allyship is being enacted by a range of actors, including VF and DF members, youth volunteers, peers within marginalised groups and other trusted community members. It is reflected in mediation, accompaniment, facilitation of access to services and collective problem-solving, indicating that support is no longer confined to formal roles but is emerging as a distributed community practice, particularly where individuals have sufficient trust, social legitimacy and relational proximity to act in support of others.
- 2. Strengthened social networks are improving access to support, services and early response mechanisms.** Participation in community platforms has enabled the formation of trust-based networks that facilitate information-sharing, referrals and access to services such as Computerised National Identity Cards (CNICs), disability certificates and social protection. In some cases, these support mechanisms are extending beyond programme forums into everyday community interactions, suggesting a shift from programme-facilitated support to more embedded, community-driven mechanisms for accessing services and responding to risk.

- 3. Inclusion and voices of marginalised groups are increasing, but unevenly across identities.** Women, PWDs and religious minorities reported greater confidence in raising concerns and participating in community discussions, contributing to incremental shifts in discriminatory social norms. However, these gains are not uniform. Support and participation remain more limited for individuals facing stronger stigma or overlapping forms of exclusion, particularly transgender persons, for whom stigma, social risk and limited community acceptance continue to constrain participation and support.
- 4. Community-institution linkages have improved.** Community members increasingly engage with government departments collectively, supported by intermediaries who facilitate referrals and navigation of processes. These interactions are contributing to improvements in responsiveness, including access to documentation and social protection services. The nature of government processes, with frequent staff transfers and the system of informal influence and patronage that governs interactions in Pakistan, limit the extent to which these gains translate into consistent and systematised institutional response. Thus, the change remains dependent on specific actors and informal relationships.
- 5. Sustainability of these gains remains fragile and uneven.** Trust, participation and support networks are reinforced through regular engagement but remain vulnerable to disruption. Allyship is often concentrated among a limited number of individuals and institutional linkages are not yet fully embedded within routine systems, limiting the durability of these changes, particularly where allyship has not yet diffused across wider community networks.

Taken together, these findings suggest that while community engagement is enabling new forms of support and interaction, allyship is emerging as a critical intermediary layer linking communities to institutions but is not yet embedded within formal

systems. It is strongest where awareness of exclusion is matched by trust, legitimacy and practical action.

Recommendations

The findings highlight the need to strengthen, broaden and embed emerging community-level processes within existing governance systems to ensure sustainability and scale.

For Government Actors

1. Institutionalise inclusive community engagement within existing departmental outreach and service-delivery functions.

Departments such as Social Welfare, Local Government, Health and Police should integrate inclusive engagement within routine outreach and complaint mechanisms, ensuring sustained interaction with marginalised groups. This should include regular, community-facing processes through which women, religious minorities, PWDs and transgender persons can raise concerns and access information and services.

2. Formalise engagement with trusted community actors.

Adopt structured approaches to engage trusted community actors as intermediaries within service delivery and referral processes. This can strengthen referral mechanisms while reducing dependence on a small number of active individuals, with safeguards against exclusion and risk of elite capture.

3. Strengthen district-level coordination on protection, referral and inclusion.

Use existing district coordination platforms such as Deputy Commissioner-led meetings, district protection committees and Social Welfare-led referral systems to integrate community-level insights on GBV, discrimination and exclusion and improve inter-departmental coordination.

4. Integrate trust-building approaches into frontline service delivery.

Strengthen accountability and responsiveness of frontline staff to ensure marginalised individuals can access services without fear or exclusion, including attention to non-discriminatory practices and basic protocols for referral, confidentiality and follow-up.

5. Ensure continuity in community-facing processes and 'last-mile' service access.

Maintain regular engagement (e.g. outreach cycles, periodic forums) to sustain participation and prevent erosion of trust, while strengthening last-mile service delivery in areas such as documentation, disability certification, social protection and referral.

For Civil Society Organisations (CSOs) and Programmes

1. Create safe, inclusive spaces and strengthen facilitation for meaningful and sustained participation

Strengthen facilitation approaches that move beyond representational inclusion to enable marginalised groups to actively influence discussions, decisions and responses within community platforms, including managing power imbalances and ensuring participation is not just symbolic.

2. Expand allyship within and across communities

Promote peer learning and collective action, enabling allyship to become more widely embedded within communities through practical approaches such as mentoring, joint problem-solving and shared learnings. This will also reduce reliance on key individuals and elite capture.

3. Consolidate informal networks as entry points for protection, referral and early response.

Strengthen the role of community networks in early identification

and response, while maintaining clear linkages to formal services, including simple referral tools, follow-up mechanisms and regular connection with relevant institutions.

4. Address gaps in intersectional inclusion and uneven development of allyship.

Adapt community engagement approaches to address overlapping forms of exclusion, between and across groups, particularly for individuals facing multiple vulnerabilities and ensure their meaningful participation in decision-making processes, with attention to groups for whom allyship remains weakest.

5. Align community engagement approaches more systematically with government systems.

Strengthening linkages between community platforms and government departments by channeling cases, referrals and community insights through existing systems and shifting from ad hoc liaison to more structured coordination.

6. Strengthen community capacities to engage institutions safely and effectively.

Build community capacity to navigate formal systems, document cases, pursue follow-up and engage institutions collectively, reducing dependence on intermediaries and strengthening community-level agency.

7. Build strategies for continuity beyond programme cycles.

Support locally rooted forums, peer networks and community-led structures that can sustain participation, trust and support systems beyond direct programme interventions.

1. Introduction

In Pakistan, exclusion continues to shape everyday experiences of safety, participation and access to services, particularly for women, persons with disabilities (PWDs), transgender persons and religious minorities. While legal protections exist, they do not consistently translate into lived inclusion. In many communities, informal norms, stigma and social distance determine who is heard, supported or able to seek protection, making exclusion not only institutional but deeply relational.² In such contexts, formal systems alone are often insufficient to address vulnerability. Access to protection and services often depends on the presence of supportive social networks and trusted individuals willing to act in moments of risk.³ This highlights the importance of community-level processes, particularly those that enable trust, empathy and collective action, in addressing issues such as gender-based violence (GBV), child marriage and identity-based discrimination.

The Aawaz II programme seeks to address these challenges through an inclusion-centred community engagement model operating across Punjab and Khyber Pakhtunkhwa (KP). Rather than positioning allyship as an explicit objective, Aawaz II promotes inclusion and meaningful participation through community engagement platforms, including Village/Neighbourhood Forums (V/NFs), District Forums (DFs), Aawaz Aagahi Centres (AACs) and youth-led initiatives. These platforms are designed to ensure representation of marginalised groups, prevent elite capture and enable sustained interaction across different social identities. Within these spaces, individuals from different social positions engage in dialogue and collective problem-

² Nira Yuval-Davis, *The Politics of Belonging* (London: Sage, 2011); Nancy Fraser, 'Rethinking recognition,' *New Left Review* (2000).

³ Michael Woolcock and Deepa Narayan, 'Social capital: implications for development theory, research and policy,' *World Bank Research Observer* 15, no. 2 (2000): 225–249.

solving, creating conditions for trust, shared understanding and, over time, community allyship. In this context, social networks refer to the relationships through which trust, information and support circulate, while allyship refers to the actions taken within these relationships to support individuals facing exclusion or risk.

This case study examines how the Aawaz II community engagement approach enables the emergence of community allyship and strengthened social networks and how these dynamics contribute to belonging, protection and social cohesion. Drawing on qualitative evidence from Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), it analyses how allyship is enacted in practice, the conditions under which it emerges and what this implies for strengthening inclusive, community-based governance. In doing so, the case study moves beyond documenting programme activities to generate practice-relevant insights on how relational dynamics within communities can strengthen protection, participation and responsiveness within local governance systems.

1.1 Objectives, Approach and Methodology

Objectives

This case study aims to generate an evidence-based understanding of how inclusive participation under Aawaz II shapes relational processes within communities, with a particular focus on how these processes translate into allyship, support networks and improved access to protection and services for marginalised groups. Specifically, the study focuses on the following priority areas:

- **Emergence of allyship and social networks:** Analyse how inclusive community forums and participatory processes under Aawaz II enable informal support networks and community allyship and how these contribute to responses to sensitive and potentially divisive norms and practices such as GBV, child marriage and identity-based discrimination.

- **Patterns and effectiveness of allyship:** Examine who acts as allies, for whom and under what conditions, using a gendered and intersectional lens to assess how factors such as gender, disability, age and minority status shape both exclusion and the effectiveness of allyship.
- **Trust, leadership and early response:** Assess how trust-building, peer mobilisation and community leadership reduce social distance and enable early intervention in situations of risk and harm.
- **Community-institution linkages:** Explore how Aawaz II forums strengthen connections between communities and government institutions and how these linkages support access to services and protection mechanisms.
- **Constraints and system entry points:** Identify key barriers, gaps and enabling conditions and assess entry points for strengthening and institutionalising community-based allyship within existing governance systems.

Detailed objectives are provided in **Annex 1**.

Approach and Methods

An exploratory, qualitative composite case study design grounded in participatory methods, enables analysis across multiple programme locations and intervention contexts, treating community-level experiences as interconnected cases to examine how the Aawaz II inclusion model contributes to the emergence of allyship and strengthened social networks.

The analytical approach is informed by conceptual perspectives on belonging, recognition and social capital, drawing on the work of Nira Yuval-Davis and Nancy Fraser, alongside Michael Woolcock and Deepa Narayan. These frameworks guide the analysis of how trust, social networks and relational dynamics shape inclusion, participation and protection within communities and how allyship emerges through sustained interaction across different social identities. The

methodology combines a structured desk review with primary qualitative data collection to examine how relational processes such as trust-building, informal networks and community-led action contribute to protection, norm change and local problem-solving.

A structured desk review was conducted to establish the conceptual, policy and programmatic context of Aawaz II's inclusion model. Sources reviewed included:

- Aawaz II programme documents.
- National and provincial legal and policy frameworks on inclusion, community engagement and protection.
- Selected literature on social capital, belonging and community-based approaches to norm change and prevention.

Primary qualitative data was collected from the programme districts of Abbottabad, Bahawalnagar, Khanewal, Malakand, Nowshera and Toba Tek Singh through FGDs and KIIs with community members, Aawaz Change Agents (ACAs), VF and DF members and members of Special Interest Groups (SIGs). Data collection focused on understanding how allyship is formed, enacted and sustained; the role of informal networks in shaping protection, referrals and norm change; patterns of inclusion and exclusion across intersecting identities; and linkages between community-level processes and formal governance systems. The analysis organises qualitative data into thematic categories aligned with the study's objectives and research questions and examines patterns and variations across contexts. Details of FGD and KII participants and the case study's analytical framework are provided in **Annexes 2 and 3**, respectively.

Challenges and Limitations

This case study recognises limitations related to the qualitative nature of the research as well as constraints in geographic coverage and sample representation. Its findings should, therefore, be interpreted as indicative of broader patterns rather than exhaustive.

The analysis relies on self-reported experiences, which may be subject to recall limitations, attribution challenges and social desirability bias, particularly when discussing sensitive issues such as GBV, discrimination and social norms. Group-based data collection methods may also influence participation as existing power dynamics linked to gender, age and social status can shape who speaks and how openly perspectives are shared. In addition, the presence and perceived positioning of facilitators may have influenced responses in some settings. These dynamics are particularly relevant for women, PWDs, transgender persons and RMs, whose perspectives may be unevenly expressed in group discussions. To address these limitations, the study employed trained facilitators, used composition-sensitive FGD structures where appropriate and triangulated findings across multiple respondent groups and data sources to strengthen the credibility of the analysis.



2. Context and Problem Statement

In both Punjab and KP, gaps between policy commitments and implementation continue to constrain equitable access to protection and essential services for marginalised groups. Despite an expanding legal and institutional framework, service delivery remains inconsistent, particularly at the local level. Evidence from national surveys and Aawaz II programme data indicates persistent challenges in reporting, referral and response. In many cases, GBV and child marriage are addressed through informal family or community mediation rather than formal systems, limiting access to legal remedies and survivor support.⁴ Even where services exist, barriers in accessing identity documentation, social protection and public services, particularly for PWDs and transgender persons, restrict engagement with formal institutions.⁵

These dynamics are situated within Pakistan's complex social and demographic context, characterised by a Muslim majority alongside diverse religious minority communities, including Christians, Hindus and others, with varying access to services, representation and protection. Social relations are further shaped by entrenched gender norms, intergenerational hierarchies and local power structures, which influence who can speak, move freely and seek support. In many settings, women and other marginalised groups face restrictions on participation in public spaces, while minority communities may experience social exclusion or heightened vulnerability during local disputes. Intergenerational tensions around practices such as child marriage and gender roles also shape how communities respond to risk, often limiting intervention even where awareness exists. These factors mean that access to protection and services is mediated not only by formal systems but by social position, identity and community

⁴ National Institute of Population Studies (NIPS) and ICF, Pakistan Demographic and Health Survey 2017-18 (Islamabad: NIPS and ICF, 2019).

⁵ World Health Organization, World Report on Disability (Geneva: WHO, 2011).

relationships. These dynamics also vary across provinces and districts, with differences in social norms, mobility restrictions and institutional engagement shaping the extent to which women and marginalised groups are able to participate in community processes and access support.⁶

At the systems level, service delivery is often fragmented across departments, with weak coordination and limited integration of community-level inputs into formal processes. Frontline actors often lack the capacity or guidance to respond to intersecting vulnerabilities, while access to district-level authorities remains constrained. In parallel, community-based responses remain central to mediating risk, resolving disputes and enabling access to support, particularly in contexts where formal spaces are inaccessible or socially restrictive for women and other marginalised groups, but are frequently shaped by existing social hierarchies. Informal dispute resolution mechanisms, reliance on local elites or political intermediaries and selective support networks can reinforce exclusion, particularly for individuals outside dominant social groups. These dynamics create gaps in timely, inclusive and effective responses, highlighting the need for more inclusive, trust-based and responsive community-level engagement mechanisms.⁷

2.1 Policy Frameworks and Access Gaps

In recent years, Pakistan has introduced a range of legislative and policy measures aimed at advancing inclusion and protection for marginalised groups. At the federal level, these include the Protection against Harassment of Women at the Workplace Act (2010), the Transgender Persons (Protection of Rights) Act (2018) and the Islamabad Capital Territory (ICT) Rights of Persons with Disabilities Act (2020), along with broader policy frameworks such as the National Gender Policy Framework (2022–2027).⁸ At the provincial level,

⁶ World Bank, Pakistan Public Expenditure Review: Fiscal Policy for Growth and Human Development (Washington, DC: World Bank, 2023).

⁷ Foreign, Commonwealth and Development Office (FCDO), Aawaz II Programme Annual Review 2024–25.

⁸ Government of Pakistan, *National Gender Policy Framework (2022–2027)*.

Punjab and KP have enacted additional legislation and established institutional mechanisms addressing GBV, child protection and social welfare, including the Punjab Protection of Women Against Violence Act (2016) and the KP Domestic Violence Against Women (Prevention and Protection) Act (2021).⁹ Dedicated departments, including Women Development and Social Welfare, Human Rights and Minority Affairs among others, are mandated to deliver services and coordinate responses for vulnerable populations.

While these frameworks establish a comprehensive policy foundation, their implementation varies across provinces and districts, shaped by differences in administrative capacity, resource allocation and local governance practices. Consequently, translation of these commitments into accessible and effective services remains fragmented and uneven across regions and population groups. Institutional responsibilities distributed across multiple departments, often result in uneven service delivery, unclear referral pathways and limited integration of case management systems. At the community level, awareness of available services and institutional processes remains limited and frontline service providers lack the capacity to respond to complex and intersecting vulnerabilities.

As a result, individuals frequently rely on informal intermediaries such as trusted community members or local leaders to interpret processes, facilitate access and advocate on their behalf.¹⁰ Where these actors are inclusive and trusted, they can facilitate access, strengthen responsiveness and support more timely engagement with services. Where they are exclusionary or absent, existing barriers are reinforced. These dynamics highlight a persistent gap between formal entitlements and actual access, where relational factors often determine whether services can be reached, navigated and utilised in practice. Further detail on provincial variation and institutional arrangements is provided in **Annex 4**.

⁹ Government of Punjab, Punjab Protection of Women Against Violence Act (2016); Government of Khyber Pakhtunkhwa, Domestic Violence Against Women (Prevention and Protection) Act (2021).

¹⁰ World Bank, Pakistan Public Expenditure Review, 78.

3. Aawaz II Approach

The Aawaz II programme adopts a multi-level approach to addressing exclusion, vulnerability and social cohesion, combining community-based engagement, institutional strengthening and partnerships with implementing organisations. Rather than focusing solely on service delivery, the programme emphasises preventive, community-led processes that enable early identification of risks, promote inclusion and strengthen linkages between communities and formal governance systems.

3.1 Community Engagement for Inclusion and Social Change

At the community level, Aawaz II operates through platforms designed to enable inclusive participation and sustained interaction across different social groups. These include V/NFs, AACs and ACAs, which together form the core of the programme's community engagement model. V/NFs serve as representative community bodies, bringing together women, men, youth, PWDs and religious minorities to identify local issues, facilitate dialogue and support collective action. AACs, managed by community identified volunteers, function as accessible community-owned spaces for awareness-raising, information sharing and engagement on issues such as GBV, child marriage and social cohesion. ACAs and community volunteers, particularly youth, play a facilitative role in mobilising communities, disseminating information and supporting individuals in accessing services and resolving issues. By bringing together individuals from different social, gender and identity groups in repeated and facilitated settings, these platforms enable interaction across social divides, creating opportunities for dialogue, trust-building and collective problem-solving, particularly among individuals who may otherwise remain socially or institutionally disconnected.

3.2 Strengthening Institutional Linkages

Aawaz II seeks to strengthen connections between communities and formal governance structures by creating regular engagement mechanisms with district-level institutions. V/NFs and community representatives are linked to DFs, which serve as coordination platforms bringing together government departments, civil society actors and community representatives. Through these mechanisms, community-level concerns can be escalated to relevant authorities, while government actors are able to engage directly with community representatives. These linkages provide a means through which community concerns are translated into action, enabling mediation, referrals and engagement with formal systems. The programme also strengthens awareness of available services and referral mechanisms, enabling individuals and communities to navigate institutional systems more effectively. This approach aims to improve responsiveness, coordination and accountability by bridging the gap between communities and formal service delivery systems.

3.3 Partnerships and Programme Support

The programme is implemented through partnerships with civil society organisations (CSOs) and technical partners who support community mobilisation, capacity building and programme delivery across districts. These partners play a key role in facilitating community platforms, supporting training and awareness activities and enabling coordination between community structures and government stakeholders.

In addition, Aawaz II incorporates monitoring, learning and adaptive management processes to refine its approach over time, drawing on community feedback and programme evidence. This allows the programme to respond to contextual variations and emerging challenges across different districts. Together, these mechanisms create an enabling environment in which community members can engage across social boundaries and act in support of others within their communities. The following section draws on complementary

theoretical perspectives to interpret how these programme mechanisms contribute to the emergence of community allyship, strengthened social networks, and inclusive participation.



4. Theoretical Framework

The analysis of the findings draws on complementary theoretical perspectives that explain how community allyship and strengthened social networks emerge, function and contribute to inclusion, protection and norm change. These concepts provide the analytical lens for interpreting the findings presented in later sections, with theoretical insights revisited throughout the analysis. There are four concepts that are particularly salient to the research questions that this study set out to explore: i) Belonging ii) Social capital iii) Allyship as a mechanism of change and iv) Empowerment and agency. These are briefly explained below.

(i) Belonging, Recognition and Social Inclusion

Social inclusion is understood not only in terms of access to services or formal rights, but as a question of belonging; whether individuals are recognised, heard and able to participate meaningfully within their communities.¹¹ Belonging is shaped through everyday interactions, social norms and power relations that influence who is considered legitimate within community processes.

Within the Aawaz II context, this framework is used to interpret how participation in community platforms affects who is able to speak, be heard and influence decisions within local settings. The evidence from FGDs and KIIs indicates that increased interaction within these platforms is associated with reduced social distance, greater acceptance across social groups and improved confidence among marginalised individuals to raise concerns.

At the same time, this framework helps explain the limits of inclusion observed in the findings. While participation has expanded for women, PWDs and some religious minority groups, entrenched

¹¹ Yuval-Davis, The Politics of Belonging, 10-15; Fraser, 'Rethinking recognition,' 110-115.

norms, stigma and local power hierarchies continue to shape whose voices carry weight and whose concerns are acted upon. This is particularly evident in relation to transgender persons and in contexts involving sensitive issues such as GBV and child marriage, where participation does not always translate into effective support or intervention.

(ii) Social Capital and the Role of Networks

Social capital refers to the networks, relationships and norms that enable individuals and groups to act collectively and access resources, support and opportunities.¹² Within this framework, a distinction is made between different types of social connections that shape how support and access function in practice:

- Binding social capital refers to connections within groups, such as families or shared identity groups, which provide immediate support and solidarity.
- Bridging social capital refers to connections across different social groups, enabling interaction, cooperation and reduced social distance across lines of gender, religion or social status.
- Linking social capital refers to connections between communities and institutions, enabling access to services, authority and formal decision-making structures.

Within the Aawaz II context, these forms of social capital provide a useful lens for interpreting how participation in community platforms translates into practical outcomes. Evidence suggests that bonding social capital underpins initial support within familiar groups, while bridging social capital is strengthened through interaction across diverse participants within forums, contributing to reduced social distance and increased cooperation. Importantly, linking social capital is reflected in emerging connections between community members and government actors, including facilitated access to services, referrals and collective engagement with institutions.

¹² Woolcock and Narayan, Social capital,' 225-230.

However, these connections remain inconsistent and often dependent on specific individuals or relationships, indicating that linking social capital is still evolving and not yet fully embedded within routine governance systems.

(iii) Allyship as a Mechanism of Norm Change

Allyship is conceptualised as a relational practice through which individuals actively support marginalised groups by using their social position, credibility or influence to challenge exclusionary norms and enable access to protection, services and participation.¹³ In this case study, allyship is distinguished from social networks, which provide the relational structure for interaction and from general assistance, by its intentional, action-oriented and norm-challenging character, particularly where support extends beyond one's immediate social group or role.

In practice, allyship is reflected in actions such as mediation, accompaniment and early intervention, particularly where individuals act across social or identity boundaries and assume some degree of social risk or negotiation. For the purposes of this analysis, actions are identified as allyship where they involve (i) support to individuals or groups facing exclusion or harm, (ii) engagement that extends beyond routine roles or obligations and (iii) some degree of influence, advocacy or intervention that contributes to changing outcomes or responses. This framework is used to analyse how such actions contribute to shifts in norms and behaviours within communities, while recognising that allyship is shaped by local power dynamics that influence who can act, on whose behalf and under what conditions.

¹³ Keith E. Edwards, 'Aspiring social justice ally identity development,' NASPA Journal 43, no. 4 (2006): 39–60; Kristopher A. Case, 'An intersectional approach to ally development: key practices across privilege,' Journal of Social Issues 71, no. 4 (2015): 836–852.

Operationalising Allyship in Aawaz II Contexts			
Dimension	Allyship	General Support	Service Delivery/ Leadership
Nature of Action	Active support addressing exclusion or risk	Informal help or assistance	Role-based or mandated functions
Motivation	Ethical commitment, willingness to act	Social obligation, familiarity	Institutional or programme responsibility
Scope	Extends across social or identity boundaries	Usually within own group or network	Defined by formal role or structure
Form of Engagement	Mediation, accompaniment, advocacy, negotiation	Advice or practical help	Coordination, facilitation, service provision
Risk/effort involved	May involve social risk, negotiation or persistence	Low-risk, routine interaction	Limited to defined responsibilities
Contribution to change	Influences decisions, enables access, challenges norms	Provides immediate support only	Delivers services without necessarily changing norms

**This operationalisation draws on the conceptualization of allyship as an action-oriented and norm-challenging practice adapted to the Aawaz II context.¹⁴*

¹⁴ Kristopher A. Case, 'An intersectional approach to ally development: key practices across privilege,' Journal of Social Issues 71, no. 4 (2015): 836–852.

(iv) Empowerment, Agency and Collective Action

Empowerment is understood as the process through which individuals gain the confidence, capacity and ability to make decisions and act on issues affecting their lives, while agency refers to their ability to take purposeful action within existing social constraints.¹⁷ Collective action refers to how individuals act together to address shared concerns and influence outcomes within their communities. Within the Aawaz II context, empowerment is conceptualised as an outcome of these relational processes, reflected in increased voice, confidence and the ability of individuals and groups to engage with institutions and address community-level issues. This perspective is used to assess how community-level engagement translates into shifts in participation, leadership and local practices, while recognizing that such changes remain partial and shaped by broader structural constraints.

The analysis also draws on the Four As framework (awareness, authentic motivation, action and all-inclusivity), to interpret how empowerment translates into meaningful forms of support and intervention. In this context, empowerment is most visible where individuals are able not only to participate but to act in support of others, particularly across social and identity boundaries.



5. Key Findings

Evidence from FGDs and KIs across Punjab and KP indicates the emergence of community-level allyship, alongside strengthened informal support networks and improved linkages between communities and institutions within Aawaz II programme areas. These findings are interpreted in conjunction with programme documentation and relevant literature on social capital, belonging and empowerment, to understand not only observed changes, but the processes through which they occur. Allyship does not appear as a formal or explicitly defined programme output but emerges through everyday practices of support, mediation and collective problem-solving within communities. Programme monitoring data further indicates increased use of community platforms for mediation, referral and collective response to local disputes, along with improved access to services such as Computerised National Identity Cards (CNICs), disability certificates and social protection schemes across programme districts.¹⁵

Taken together, these findings suggest that inclusive community platforms facilitated repeated interaction across social groups, strengthening trust, reducing social distance, and fostering informal support networks. These relational processes created the conditions through which allyship, referrals, early intervention, and collective responses to GBV, child marriage, and identity-based discrimination emerge.

¹⁵ Naila Kabeer, 'Resources, agency, achievements: reflections on the measurement of women's empowerment,' *Development and Change* 30, no. 3 (1999): 435–464; Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational and community levels of analysis. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 43–63). Kluwer Academic/Plenum Publishers.

5.1 Emergence of Community-Level Allyship and Collective Support Mechanisms

Across all districts, findings indicate the emergence of community-level allyship as a key outcome of Aawaz II engagement. Though not formalised within programme design, allyship is reflected in everyday practices through which individuals and groups support others facing exclusion, discrimination or harm, including early identification of risks and informal protection responses. This includes mediation in family and community disputes, accompaniment to institutions, facilitation of access to documentation and services, mobilisation of resources and collective advocacy. These practices illustrate allyship as action taken by individuals or groups to support others facing risk or exclusion, often extending beyond immediate social or identity boundaries.

These practices demonstrate allyship as a form of community-based social influence, where individuals use their position, relationships or credibility to support others in accessing services, addressing risks and participating in community processes. Findings also indicate the development of relational forms of inclusion, where participation in shared platforms enables individuals to be recognised, heard and supported within their communities. Through repeated interaction, individuals who were previously marginalised or excluded begin to occupy more legitimate roles within community processes, contributing to shifts in who is able to act, speak and influence outcomes. This reflects the strengthening of both bonding and bridging social capital, where intra-community solidarity is complemented by connections across social and identity groups.

A consistent pattern across FGDs and KIIs is the shift from individualised response to collective action, underpinned by strengthened social networks and growing trust among community members. Prior to programme engagement, participants described relying on informal and often hierarchical mechanisms such as community elders, panchayats or police, with many individuals, particularly women, religious minorities and PWDs, hesitant to raise concerns due to fear, lack of access or low confidence. Participation

in shared platforms has enabled the formation of support networks through which issues are increasingly addressed collectively, improving both the likelihood and speed of resolution.



Inclusive Allyship: Bridging Relationships

- Muslim community members mobilised resources to provide a wheelchair to a Hindu girl, demonstrating support that extended beyond identity-based affiliations.
- In Bahawalnagar, DF and community members worked together with police and religious leaders to de-escalate a high-tension interfaith dispute involving a Christian girl, preventing escalation to violence.

“Individually, a person often cannot do much but when we make an effort collectively, the work gets done.”

(Female, Christian, VF Member, Bahawalnagar)



Allyship practices were frequently observed to operate across social and identity boundaries, including religion, gender and disability status. These interactions reflect the emergence of bridging relationships that connect individuals and groups who would not otherwise engage, contributing to reduced social distance and greater cooperation. Individuals frequently act in support of others beyond their own social groups, indicating that allyship is shaped more by relational proximity and trust than by identity alone. Viewed through the Four As framework, the strongest examples of allyship combined awareness of exclusion, authentic motivation, concrete action and support that crossed identity boundaries.

Allyship was also found to extend beyond immediate intervention to repeated engagement and sustained support. In cases such as child marriage prevention and dispute mediation, community members reported multiple interactions over time to influence decision-making and achieve resolution. In Nowshera and Bahawalnagar, participants described supporting individuals facing domestic disputes by bringing parties together and facilitating mediation rather than escalating cases to the police or courts. Participants also highlighted that repeated engagement with families was often necessary before agreement could be reached, underscoring that allyship often involves sustained effort rather than one-off interventions. This reflects emerging forms of agency and collective empowerment, where individuals and groups increasingly engage in collective action to address risks, influence decisions and support others within their communities.

While these changes are widely reported, they are not uniform across all issues. Participants noted that collective support remains more difficult in areas where strong social norms persist, particularly around GBV and child marriage, where family pressure and concerns around social reputation continue to limit intervention. At the same time, participants in Bahawalnagar and Khanewal highlighted that individuals who previously hesitated to seek help are now more likely to rely on community networks to raise issues and access support, indicating both progress and continued dependence on trusted relationships. In some cases, however, participants described hesitation or withdrawal from intervention due to fear of backlash or damaging community relationships, particularly for women and younger actors. This highlights the continued influence of entrenched social hierarchies and normative constraints on the extent to which allyship can be enacted.

While these constraints shape where and how allyship can be enacted, evidence also highlights the diversity of actors through whom allyship operates in practice. Across study districts, allies were not confined to a single category of actor. They included VF and DF members, ACAs, youth volunteers, women leaders, peers within

marginalised groups, religious minorities, PWDs and other trusted community members who used their social position, relationships or credibility to intervene on behalf of others. Allyship was most effective where actors combined relational proximity with sufficient social legitimacy to influence families, community members or institutions. These patterns indicate that allyship is shaped less by formal designation and more by trust, credibility and willingness to act across social boundaries.

These findings suggest that inclusive participation has helped create locally embedded support practices through which community members increasingly intervene, mediate and act collectively in response to risk and exclusion.

5.2 Strengthened Social Networks, Trust and Access to Support

Findings across all districts indicate that participation in Aawaz II platforms has strengthened social networks, increased trust among community members and improved access to support. Inclusive spaces for interaction, including V/NFs, DFs and AACs, enable repeated engagement across social groups, helping to build relationships that support collective problem-solving. This suggests a reinforcing process in which participation enables interaction, interaction builds trust and trust translates into practical support networks that individuals can draw upon when needed.

A key mechanism underpinning these changes is the development of trust, particularly through safe and confidential spaces. Participants consistently highlighted that AACs provide an environment where individuals, especially women and other marginalised groups, can

share concerns without fear of exposure. This has reduced hesitation and increased confidence to seek help, including engagement with formal institutions. As one participant with a disability explained, “Earlier, drivers would not even let disabled persons sit in public transportation. Now, if an issue arises, we can report it. Things have improved for us.” (Male, Aawaz II Beneficiary, Abbottabad). These processes also contribute to reduced social distance between groups, enabling more open communication across social and identity boundaries, while strengthening recognition, belonging and the confidence to seek support and challenge everyday forms of exclusion.

At the community level, these interactions have contributed to the emergence of practical support networks through which individuals access information, navigate processes and connect with relevant actors. Support is increasingly facilitated through shared knowledge and relationships, reducing sole reliance on formal intermediaries and enabling more immediate, community-driven responses. Participants described how issues that were previously handled in isolation are now addressed collectively, with community members approaching institutions together or mediating disputes through dialogue and mutual support. In several cases, support was provided directly by community members without immediate reliance on Aawaz II platforms, indicating that trust and support practices are becoming embedded within everyday social interactions. This reflects how informal networks translate social relationships into practical access to services and support, while also strengthening individual and collective agency.

These networks are also improving access to services and institutions, with programme data reflecting increased uptake of documentation and social protection services facilitated through community-level engagement mechanisms. Across districts, FGD participants reported improved access to documentation (such as CNICs and disability certificates), social protection programmes and other public services. Community members often support one another through guidance, accompaniment and referrals, while connections with local officials facilitate navigation of administrative processes. As a DF member

noted, “Previously, voices of these groups did not reach institutions but Aawaz II brought Social Welfare Department and other institutions on board. Now, departments like Social Welfare and the police are more accessible and responsive.” (Male, Christian, Abbottabad). This highlights how strengthened networks are contributing to emerging forms of linking social capital. Also, issues raised collectively are more likely to be addressed, reflecting the added legitimacy and visibility that come with group engagement rather than individual complaints.

There are also early signs that these support systems are beginning to extend beyond programme forums and processes, with community members, including youth groups in Bahawalnagar and Nowshera, increasingly able to assist others independently. This suggests that trust, knowledge and relationships developed through Aawaz II are being internalised and sustained within communities.

These findings show that Aawaz II has strengthened and improved communities’ ability to access services and respond to risks, while also contributing to the emergence of community-led support practices that extend beyond direct programme engagement and increasingly operate through social relationships.

5.3 Inclusion, Voice and Changing Community Norms

Findings across all districts indicate increased voice, visibility and participation of marginalised groups, including women, religious minorities and PWDs, within community and local decision-making spaces. Individuals who previously reported hesitation in raising

concerns are now more confident in articulating their needs and engaging in discussions, reflecting a shift from passive presence to more active and recognised participation within community processes. These changes also reflect shifts in belonging and recognition, where individuals are increasingly seen and treated as legitimate participants within community processes rather than remaining socially marginalised.

These changes are associated with reduced social distance between groups. Regular interaction has enabled individuals from different religious, social and identity backgrounds to engage more openly, contributing to greater familiarity and acceptance. Participants described increased willingness to interact across identity boundaries, including attending meetings in spaces associated with other communities and engaging in joint problem-solving. In Bahawalnagar, for example, participants reported reduced hesitation in attending meetings across religious spaces, including mosques and churches, indicating greater cross-community acceptance. One participant in Nowshera noted, “Earlier, we felt hesitant sitting with people from other communities but now we sit together and understand each other better.” (Female, Community Member, Nowshera). These patterns suggest that sustained interaction is reducing social distance and enabling greater acceptance across identity boundaries.

There is also evidence of incremental shifts in norms and behaviours, particularly at the household and community level. Participants described instances where community members engaged families multiple times to delay or prevent child marriage and domestic conflict through repeated dialogue and mediation, indicating a growing willingness to intervene in practices that were previously considered private or beyond community influence. Increased awareness of issues such as GBV, including non-physical forms of harm, has also contributed to changes in how certain behaviours are understood and addressed. These patterns suggest that repeated interaction and collective reinforcement can contribute to gradual shifts in attitudes and behaviour.

However, these changes remain partial and context specific. Intervention is more likely in cases where there is some level of community acceptance or where risks are visible. More sensitive issues, particularly GBV and child marriage, continue to be influenced by strong social norms, family authority structures and concerns around social reputation, limiting the scope of action.

Inclusion outcomes also vary across groups. While greater participation and acceptance were reported for women, religious minorities and PWDs, progress on transgender inclusion remains limited, with persistent stigma and fewer examples of sustained engagement or support. This indicates that while interaction and participation can support shifts in attitudes, structural and normative barriers continue to shape the depth and distribution of inclusion outcomes across different groups. These variations also suggest that allyship is not equally available across identities. Support appears to be more visible and socially acceptable in relation to women, religious minorities and some PWDs, while allyship involving transgender persons remains more constrained by stigma, social risk and limited community legitimacy. This highlights that the effectiveness and reach of allyship are shaped by intersecting identities and by the degree of social sanction attached to particular forms of support.

Together, the findings suggest that changes in voice, interaction and behaviour are emerging but remain partial, reflecting early-stage shifts rather than fully established transformations. These dynamics align with a broader process in which inclusive participation and interaction contribute to greater voice, reduced social distance and gradual norm change, while continued structural constraints limit the pace and extent of change.

5.4 Institutional Linkages and Integration into Formal Systems

Programme records and findings from FGDs and KIIs in all study districts indicate that strengthened community relationships and collective action are increasingly translating into more structured engagement with institutions, improving access to services and enabling more direct engagement with formal systems. Community members reported engaging with departments such as Social Welfare, National Database and Registration Authority (NADRA), health services and local administration to address issues related to documentation, social protection and disability support, with participants across districts highlighting improved access to CNICs, disability certificates and social protection schemes through coordinated engagement with these institutions. These patterns reflect the emergence of linking social capital, where community networks connect individuals to formal systems and centres of authority.

A notable shift across districts is the move from individual to collective engagement with institutions. Participants described approaching government offices as groups, supported by community members or forum representatives, which increased the likelihood of being heard and reduced hesitation in navigating formal procedures. They noted that approaching institutions collectively led to more responsive outcomes, as collective representation enabled them to articulate shared demands more effectively than individual efforts. This aligns with theories of collective action, where organised group engagement appears to strengthen bargaining power and improves access to decision-making spaces.

Community actors are also increasingly functioning as intermediaries between individuals and institutions, facilitating referrals, explaining procedures and supporting documentation processes. In multiple districts, participants highlighted the role of community representatives in guiding individuals through institutional procedures and facilitating referrals, particularly for those unfamiliar with administrative systems.

These roles are particularly important for marginalised groups, including women, PWDs and religious minorities, who may face mobility constraints, social barriers or lack of information. Such intermediary functions are consistent with social capital theory, where trusted actors translate formal entitlements into practical access through relational networks.

Overall, the findings indicate that community-level processes of trust-building, allyship and collective action are beginning to extend into the institutional sphere, creating emerging but not yet consolidated processes of integration. These dynamics point to the role of allyship as an intermediary layer between communities and the state, enabling last-mile service delivery by translating formal entitlements into accessible support, strengthening state legitimacy through responsive engagement and contributing to informal accountability by increasing collective visibility of community demands. This reflects a broader transition from informal, relationship-based access towards more structured and potentially sustainable forms of engagement between communities and governance systems.

There is evidence that these interactions are contributing to incremental changes in institutional responsiveness. Participants reported improved cooperation from certain departments, including facilitation of disability certificates, provision of assistive devices and support in accessing identity documentation. In Bahawalnagar, for example, community members collectively engaged district authorities to secure minority cards, demonstrating how coordinated community action can translate into tangible institutional outcomes.

In some cases, repeated engagement has led to the development of informal working relationships between community representatives and institutional actors, enabling more efficient problem-solving over time. These dynamics reflect early stages of institutional trust-building, where repeated interaction between communities and state actors begins to reshape expectations and responsiveness.

These linkages, however, remain partially institutionalised and uneven across sectors. Participants highlighted continued challenges, including bureaucratic delays, dependence on specific individuals within institutions and weaker coordination with law enforcement. They also noted that access often remains contingent on personal relationships or repeated follow-up, indicating that gains in responsiveness are not yet systematised. This suggests that while relational links to institutions are strengthening, these connections are not yet fully embedded within formal systems or standard operating procedures.

5.5 Sustainability, Constraints and Risks

While findings indicate the emergence of community allyship and strengthened social networks, their sustainability remains contingent on a range of structural, social and institutional factors, with incremental gains in trust, inclusion and collective action still vulnerable to reversal without continued reinforcement.

At the community level, allyship and informal support networks appear to be sustained through ongoing interaction, trust-building and visible outcomes. Where engagement weakens, there is evidence that networks lose cohesion and participation declines. Participants in Nowshera and Malakand, for example, reported reduced community engagement and reporting during periods of limited programme activity, indicating the continued dependence of these networks on sustained facilitation and interaction. This points to the fragility of emerging bonding and bridging social capital, particularly where relationships are not yet embedded within routine community practices. As one participant noted, “When there is regular

engagement, people respond more. Otherwise, things go back to how they were.” (Male, Community Member, Bahawalnagar)

Sustainability is also shaped by the extent to which allyship has moved beyond individual actors. In several districts, support to marginalised individuals remains concentrated among a small number of active members, indicating that the transition from individual agency to collective empowerment is still fragile. Participants in Toba Tek Singh noted that a limited number of individuals continue to mediate disputes, facilitate access to services and engage institutions, suggesting that allyship practices are not yet widely diffused through communities. This raises concerns about the durability of these processes as support mechanisms remain dependent on specific individuals.

These patterns also point to underlying power dynamics that shape who is able to act as an ally and under what conditions. While Aawaz Il platforms aim to promote inclusive participation, not all individuals are equally positioned to take on allyship roles. Women, younger participants and members of other marginalised groups often face greater social risk when intervening in sensitive issues such as GBV or child marriage, limiting their ability to act despite increased awareness. In some cases, participants hesitate or withdraw from intervention due to fear of backlash, reputational risk or resistance from family and community members, indicating that allyship remains unevenly distributed across social hierarchies.

At the same time, there is some evidence of concentration of influence within community platforms, where more vocal, socially connected or institutionally linked individuals are more likely to act as intermediaries. This raises the potential risk of informal elite capture, where access to networks and institutions may be mediated through a limited set of actors, potentially reproducing existing inequalities even within inclusive structures. These dynamics suggest that while inclusion has expanded participation, it has not fully transformed underlying power relations that shape access, influence and decision-making.

Persistent social norms continue to constrain the depth and inclusivity of change. While some shifts in attitudes are evident, exclusion related to certain groups remains more resistant, particularly in relation to transgender persons and in contexts involving GBV and child marriage. Participants in Toba Tek Singh and Khanewal noted continued hesitation in engaging across certain social boundaries, reflecting enduring stigma and social distance despite broader gains in interaction and participation. This suggests that community-level norm change alone may be insufficient without complementary institutional support.

At the institutional level, linkages between communities and government actors represent an important step towards sustainability but these remain largely informal. Engagement is often mediated through specific platforms or individuals rather than embedded within administrative systems. Participants across districts highlighted that access to services and responsiveness from institutions often depends on personal relationships or repeated follow-up, indicating that linking social capital is still evolving and may not yet ensure continuity. This limits the extent to which gains in access and responsiveness can be sustained independently of programme structures.

These findings suggest that while community allyship and strengthened networks are beginning to reshape local responses to exclusion and vulnerability, these gains remain fragile and uneven. Sustainability will depend on the extent to which allyship practices are more widely diffused across communities, embedded within routine social and institutional processes and supported by shifts in power relations that enable a broader range of actors to participate in protection, support and decision-making.

6. Recommendations

Findings provided in Section 5 indicate that while gains in trust, collective support and community-institution engagement are evident, they remain sensitive to disruptions in engagement, limited diffusion of allyship and weak institutional embedding. The recommendations in this section build on key strengths and gaps identified in the findings and provide concrete measures for strengthening inclusive participation and institutionalising community-based support mechanisms within existing mandates.

A. Government Actors

1. Institutionalise inclusive community engagement within existing departmental outreach and service-delivery functions.

Departments such as Social Welfare, Local Government, Health and Police should integrate inclusive engagement within routine outreach and complaint mechanisms, ensuring sustained interaction with marginalised groups. This should include regular, documented, community-facing processes through which women, religious minorities, PWDs and transgender persons can raise concerns and access information and services.

2. Formalise engagement with trusted community actors.

Adopt structured but flexible approaches to engage trusted community actors (e.g. youth, local influential individuals) as intermediaries within service delivery and referral processes. This can strengthen referral mechanisms while addressing current dependence on a small number of active individuals.

Selection and engagement processes should include safeguards against exclusion and informal elite capture, with attention to gender, minority status, disability and local legitimacy.

3. Strengthen district-level coordination on protection, referral and inclusion.

Use existing district coordination platforms such as Deputy Commissioner-led coordination meetings, district protection committees and Social Welfare-led referral systems to systematically integrate community-level insights on GBV, discrimination and exclusion. This would support more consistent responses and reduce fragmentation across departments.

4. Integrate trust-building approaches into frontline service delivery.

Strengthen accountability and responsiveness of frontline staff to ensure marginalised individuals are able to access services without fear or exclusion. This is critical in contexts where voice and help-seeking behaviours remain contingent on perceived recognition and trust.

Priority should be given to staff orientation on non-discriminatory treatment of women, PWDs, transgender persons and religious minorities, alongside practical guidance on referral, confidentiality and follow-up.

5. Ensure continuity in community-facing processes and last-mile service access.

Regular engagement (e.g. outreach cycles, periodic forums) should be maintained to sustain participation and prevent erosion of trust, particularly where networks remain sensitive to interruptions.

Use these processes to strengthen last-mile service delivery in areas such as documentation, disability certification, social protection and complaint referral, where community actors are already playing an important bridging role.

B. CSOs and Programmes

1. Create safe, inclusive spaces and strengthen facilitation for meaningful and sustained participation.

Strengthen approaches that move beyond representational inclusion to enable marginalised groups to actively influence discussions, decisions and responses within community platforms. This should include facilitation methods that actively manage power imbalances, encourage quieter participants to speak and ensure that women, PWDs, transgender persons and religious minorities are present not only symbolically but are able to shape outcomes.

2. Expand allyship beyond a small circle of active members.

Reduce reliance on key individuals by strengthening peer learning and collective action, enabling allyship to become more widely embedded within communities.

Invest in practical methods for spreading allyship skills such as peer mentoring, community exercises, role-play, joint case reflection and local problem-solving groups. This will ensure that support and mediation functions do not remain concentrated among a limited number of socially connected actors.

3. Consolidate informal networks as entry points for protection, referral and early response.

Strengthen the role of community networks in early identification and response while ensuring clear linkages to formal services. Rather than treating informal support as peripheral, CSOs should recognise these networks as a core strength of the Aawaz II approach and support them through simple referral tools, follow-up mechanisms and regular connection with relevant institutions.

4. Address gaps in intersectional inclusion and uneven availability of allyship.

Strengthen community engagement processes to address intersecting forms of exclusion, particularly for individuals facing overlapping marginalisation (e.g. women with disabilities, transgender persons from low-income backgrounds or minority women). This includes adapting outreach and facilitation approaches, ensuring meaningful participation in decision-making and avoiding selective inclusion.

Pay particular attention to groups for whom allyship remains weakest or most socially constrained, especially transgender persons and those facing stigma in highly sensitive cases such as GBV and child marriage.

5. Align community engagement approaches more systematically with government systems.

Strengthen linkages between community platforms and relevant government departments by channeling cases, referrals and community-level insights through existing systems. This includes using established referral pathways, engaging in district coordination processes and supporting follow-up to enable integration into routine service delivery processes.

Where possible, shift from ad hoc liaison to more structured coordination that reinforces institutional accountability and reduced dependence on personal contacts.

6. Strengthen community capacities to engage institutions safely and effectively.

Build communities' capacity to navigate formal systems, document cases, pursue follow-up and engage institutions as groups, where appropriate. This would help convert trust-based support into more sustainable forms of collective agency and informal accountability.

7. Build strategies for continuity beyond programme cycles.

Plan for continuity from the outset by supporting locally rooted forums, peer networks and community-led meeting structures that can continue functioning even when direct programme facilitation is reduced.

7. Conclusion

This case study highlights how inclusive participation and sustained interaction within community platforms are contributing to changes in how individuals relate to one another, respond to risk and access support. Across the six study districts where community interventions were introduced by Aawaz II, these processes have enabled more collective forms of problem-solving, increased confidence among marginalised groups to raise concerns and improved use of informal networks to navigate services and address issues such as GBV, child marriage and identity-based discrimination. The findings also show that allyship is being enacted by a range of actors, including community members, forum representatives, youth and peers within marginalised groups, particularly where trust, social legitimacy and willingness to act enable individuals to support others across social and identity boundaries.

However, these changes are not uniform and remain context-dependent. Support mechanisms continue to rely on a limited number of active individuals, inclusion outcomes vary across groups and engagement with institutions is often mediated through informal relationships rather than embedded systems. In practice, the ability to act as an ally is shaped by social position, perceived risk and community acceptance, with more sustained and visible forms of support being less likely in contexts where stigma and power hierarchies remain strong. This suggests that while community-level processes are beginning to reshape local responses to exclusion and vulnerability, their longer-term contribution will depend on the extent to which these practices are sustained, more widely adopted across communities and better integrated within routine institutional processes.

Together, the findings position allyship as a critical intermediary layer between communities and the state, one that translates trust and

social relationships into access, support and collective action, while also creating pathways for more responsive and inclusive governance. Strengthening and institutionalising this intermediary role will be essential for moving from relationship-based support towards more durable, system-level change.



Annex 1. Objectives

The objectives of the case study are to:

- Analyse how Aawaz II has enabled informal support networks and community allyship that contribute to meaningful and effective norm change and protection outcomes, including whether and how social networks have expanded in practice and how this expansion has shaped empathy, understanding and responses to exclusion. This will include examining behaviour change and the facilitation of safe referrals related to GBV, child marriage and identity-based discrimination, with attention to how these dynamics differ for women, PWDs, transgender persons and religious minorities.
- Apply a gendered and intersectional analytical lens, grounded in the Four As framework, to interpret findings on allyship, examining who acts as allies, for whom, under what conditions and how overlapping identities (gender, disability, age and minority status) shape both experiences of exclusion and the effectiveness of different forms of allyship in enabling belonging, voice and protection.
- Assess the role of trust-building, peer mobilisation and community leadership in reducing social distance and pre-empting harm, including how these relational processes influence early intervention in cases of discrimination, harmful practices and violence against marginalised groups within Aawaz II communities.
- Examine how fostering relations between communities and government stakeholders strengthen allyship and social networks that benefit both communities and government stakeholders.
- Map and analyse existing community engagement mechanisms across government and civil society, examining how actors such as Social Welfare, LG, police, other line departments and CSOs engage communities on issues of inclusion, protection and social cohesion. The analysis will identify gaps, overlaps and constraints in practice and highlight entry points for strengthening inclusive community engagement within existing mandates.

- Generate actionable, mandate-aligned recommendations for provincial governments and CSOs, identifying how existing departmental roles, coordination platforms and community-level functions can be strengthened to institutionalise inclusive practices, support community allyship and improve protection and governance outcomes, without creating parallel structures.

Annex 2. Participant Details of FGDs and KIIs

Table 2: Participants by gender, religion and vulnerability

Total Participants	54
Male	14
Female	38
Transgender	2
PWDs	20
Muslims	41
Non-Muslims	13

Table 3. Participants by Category

Aawaz II Volunteers	
Category	Count
VF members	13
DF members	11
RPs	0
EWS-ERM	1
FPs	0
ACAs	3
Government stakeholder*	1

*Social Welfare Department Officer

Annex 3. Analytical Framework

This case study adopts an integrated analytical framework structured around a causal logic in which intentional inclusion and meaningful participation create enabling conditions for sustained interaction across social groups. These interactions facilitate trust-building, perspective shifts and recognition, contributing to reduced social distance and the development of empathy and solidarity. As allyship becomes embedded within social relationships, it contributes to the formation and strengthening of social networks that enable collective action. These processes, in turn, support norm change, early intervention and improved protection outcomes for marginalised groups, while also creating pathways for engagement with formal institutions.

This analytical approach draws on three complementary strands. First, social capital theory (Putnam, 2000; Woolcock and Narayan, 2000) is used to analyse how networks and relationships, enable collective action and access to resources. Second, empowerment theory (Kabeer, 1999; Zimmerman, 2000) provides a lens to assess shifts in agency, voice and leadership at both individual and collective levels. Third, concepts of belonging and recognition (Yuval-Davis, 2006; Fraser, 2000) are used to examine how inclusion processes shape legitimacy, participation and access to services.

The framework is operationalised by examining how these processes are reflected in community practices and narratives. Analysis focuses on (i) interaction across social and identity groups (ii) expressions of trust, confidence and reduced hesitation (iii) instances of allyship in practice, including mediation, accompaniment and support (iv) the structure and functions of social networks in facilitating access to services and collective problem-solving and (v) linkages between community actors and formal institutions. Particular attention is given to variations across gender, disability status and minority identity to assess how intersecting forms of exclusion shape both the emergence and effectiveness of allyship.

Within this framework:

- **Aawaz II inclusion architecture** (including VF and DF composition, intersectional engagement spaces, social media messaging, public service messages and community advocacy platforms) is treated as an enabling condition that creates opportunities for interaction, rather than as a direct producer of allyship;
- **Allyship** is analysed as a relational practice that emerges from inclusive participation and is assessed using the Four As framework;
- **Social networks** are conceptualised using a social capital lens as community-level infrastructures comprising bonding (within group), bridging (across group) and linking (community-state) relationships that enable belonging, protection, information flow and access to services;
- **Empowerment and agency** are treated as outcomes of these processes and are reflected in shifts in voice, leadership, confidence, decision-making capacity and collective action;
- **Institutional linkages** translate community-level gains into more durable forms of protection, inclusion and integration within formal governance structures; and
- **Intersectionality** is treated as a cross-cutting analytical lens, recognising that experiences of inclusion, allyship and access to support are shaped by overlapping identities, including gender, disability, religion and socio-economic status.

Overall, this framework enables the study to examine not simply whether allyship is present, but how inclusive participation creates the conditions for allyship to emerge, how it is enacted in practice and how it contributes to social, normative and institutional change.

The Four As Framework for Effective Allyship

This case study adopts the Four As framework (Awareness, Authentic motivation, Action orientation and All-inclusivity) for effective allyship as an analytical lens for understanding what makes allyship meaningful and transformative in community contexts (Case, 2015).

- **Awareness** refers to critical consciousness of power, inequality and exclusion.
- **Authentic motivation** reflects commitment grounded in ethical responsibility rather than charity or compliance.
- **Action orientation** moves allyship beyond attitudes into intervention, accompaniment, advocacy and risk-sharing.
- **All-inclusivity** ensures intersectionality and avoids selective or hierarchical solidarity.

Annex 4. Policy and Institutional Context in Punjab and KP

1. Provincial Variation in Service Delivery and Access

Access to protection and social services varies across provinces and districts due to differences in administrative capacity, infrastructure, social norms and governance practices (See Table 4).

Table 4: Provincial Variation in Service Delivery, Access and Social Context (Punjab and KP)

Provincial Variation in Service Delivery, Access and Social Context (Punjab and KP)		
Dimension	Punjab	KP
Institutional Capacity	Relatively stronger administrative systems and service infrastructure	More uneven capacity, particularly in remote and rural districts
Access to Services	Greater physical access in many areas, though gaps persist for marginalised groups	Geographic dispersion and mobility constraints limit access
Gender Norms	Variation across rural and urban areas; restrictions persist in many communities	More conservative norms affecting women's mobility and participation
Engagement with Institutions	More frequent interaction with state institutions in some districts	Greater reliance on intermediaries due to access and trust barriers

* Source: Author's compilation based on desk review, FGDs and KIIs.

These differences shape how individuals and communities engage with formal systems and influence the extent to which services are accessible in practice.¹⁶

2. Institutional Architecture and Service Delivery Fragmentation

Protection, inclusion and social welfare functions are distributed across multiple government departments, including:

- Social Welfare
- Police
- Health
- Local Government
- NADRA
- Child Protection Units.

In practice, individuals may need to engage with multiple institutions to address a single issue (e.g. GBV response, documentation or disability support), requiring navigation across administrative processes and institutional mandates.

3. Key Barriers to Access

Across both provinces, individuals, particularly women, PWDs, transgender persons and religious minorities, face the following barriers in accessing services:

- Limited awareness of services and rights
- Documentation barriers (e.g. CNICs, disability certificates)
- Mobility constraints and restricted access to public spaces
- Social stigma and discrimination

¹⁶ World Bank, Pakistan Public Expenditure Review, 5–10.

- Bureaucratic delays and reliance on informal processes.

These barriers contribute to disparities between formal policy commitments and lived access to services.

4. The Formal-Informal Interface in Service Access

In practice, access to services is often mediated through informal intermediaries, including community leaders, peers and local facilitators. These actors play a critical role in:

- Interpreting institutional procedures
- Facilitating access to documentation and services
- Supporting individuals in navigating administrative processes
- Acting as intermediaries between communities and state institutions.

This creates a hybrid system in which formal entitlements are accessed through relational mechanisms rather than direct institutional engagement. Such dynamics underscore the importance of trust, social networks and intermediary roles in determining whether services are effectively accessed.

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