"It's everywhere but nowhere at the same time": Understanding and Operationalisation of Social Inclusion in Anticipatory Action

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Abstract

To tackle the social inequalities in how disasters unfold, organisations working in Disaster Risk Reduction and Management (DRRM) have increasingly adopted socially inclusive approaches. With a similar aim of reducing disaster impacts, Anticipatory Action (AA) has emerged as a practical method to prevent losses and damage through forecasts, pre-agreed funding, and early action. However, a gap remains in bridging social inclusion with AA, in academia and practice alike. Exploring social inclusion within DRRM and AA processes can reveal how resilience is built at the community level. This study bridges the knowledge gap between the two topics, aiming to identify pathways to lower disaster risk for marginalised populations and ways forward for more socially inclusive AA. It did so by exploring whether and how social inclusion is understood and operationalised in AA frameworks and identifying barriers faced by practitioners. To meet these ends, the research adopted a qualitative abductive research methodology and conducted semi-structured interviews with practitioners using the Red Cross Red Crescent Movement as a case. The findings show a back-and-forth process between conceptualising social inclusion as a complex matter and practitioners' need for tangibility in its operationalisation, often caused by fused vagueness and technicality of AA. Social inclusion experts and AA practitioners portrayed notable differences in their understanding of inclusive AA. Additionally, social inclusion in AA was understood and operationalised in line with organisational mandates and ways of working, although barriers were identified. The research highlights the importance of collaboration and coordination within and across organisations, as well as increased resources allocated for social inclusion. Largely, AA has the potential to integrate social inclusion in a meaningful way if it is considered from the beginning, with clear mandates.

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Summary

This study explores how social inclusion is understood and operationalised in Anticipatory Action (AA) as a proactive tool for Disaster Risk Reduction and Management (DRRM) within the humanitarian sector. Using the Red Cross Red Crescent Movement (RCRCM) as a case to generate insights on Anticipatory Action Frameworks (AAF) in the current global landscape. AA serves as a tool for predefined actions and a budget to respond to an impending hazard and reduce disaster impacts, combining preparedness and response into a clearly outlined framework that defines the hazard, target population, and thresholds to release funding. Communities experience disasters differently, and exploring social inclusion within DRRM and AA processes can reveal how resilience is built at the community level. Thereby, research can identify pathways to strengthen autonomy and dignity to lower disaster risk for marginalised populations, which is the rationale behind this study.

Socioeconomic factors reduce an individual's resilience and capacity to adapt to hazards, commonly intersecting and manifesting among minority populations, such as persons with disabilities, the LGBTQIA+ community, and women and children. DRRM planning can be more effective by acting before a disaster strikes, where AA provides an opportunity. However, including disproportionately affected groups within AA remains widely under-researched. The gap across sectors of merging social inclusion and AA motivates the research purpose of the study. It aims to provide further understanding of social inclusion in AA and identify limiting factors to recommend pathways forward to increase fruitful inclusion.

Interviews with practitioners from the RCRCM working with AA were conducted for this study. The AAFs used for data gathering are restricted in this study to hydrometeorological hazards, such as floods and droughts, as an empirical foundation. The respondents came from multiple geographical regions and had varying expertise on social inclusion within the humanitarian sector. The RCRCM was chosen due to the organisation's major presence within DRRM, long-term work with AA, and its thorough organisational structure for the tool and ways of working.

The results describe how social inclusion was understood, highlighting identified groups, general attitudes, and specific understandings connected to AA. Furthermore, practitioners operationalised social inclusion in AA through assessments, activities, trigger setting, funding, stakeholder engagement, and monitoring and evaluation. The respondents shared multiple enablers and barriers to their operationalisation of social inclusion in AA, highlighting resources, knowledge, awareness, relationships, formal and informal environments, and early entry as key

factors. Moreover, complexity and uncertainty surrounding AA, social inclusion and humanitarian work contributed to limitations in its operationalisation. This research shows that there is an inconsistency in the understanding of what social inclusion in AA is and how it is implemented in practice, depending on pre-existing social inclusion expertise. Similarly, this discrepancy is found between the level of work of international-level advisors and the local level. This affects how inclusion can be improved and allows for conclusions to be drawn on factors that have the potential to enable more inclusive AA.

Firstly, the vagueness of the conceptualisation of social inclusion and the tangibility of actions for AA contribute to a misalignment of priorities. Moreover, the mainstreaming approach to social inclusion further results in certain actors having great insight into inclusion and others lacking such insight and expertise. Social inclusion becomes a task that does not have a clearly defined role of responsibility and risks becoming lost. Collaboration with various actors involved is crucial, including local governments, the target population, and other organisations, including local civil society organisations. Moreover, improved internal coordination and communication are identified as a requirement to produce more inclusive AA. This would enable information and knowledge to be shared more effectively and guidance to be adopted from the international level to the local level.

In conclusion to the study, areas of future research have been identified based on interest and need. Firstly, future studies can apply similar research topics to other organisations to understand the role of organisational ways of working in implementing social inclusion. Moreover, future research could focus on lived realities amongst target populations having experienced activation of an AAF. Certain marginalised groups are found to be seen less than others; these groups should be studied further, which includes the LGBTQIA+ community, the elderly, and intersecting identities. Lastly, there is an interest in researching how AA can bridge social inclusion with technical aspects of disaster preparedness and response.

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List of Abbreviations

AA – Anticipatory Action

AAF – Anticipatory Action Framework

DRRM – Disaster Risk Reduction and Management

EWM – Early Warning Message

FbF – Forecast-based Financing

IFRC – International Federation of Red Cross and Red Crescent Societies

LGBTQIA+ – Lesbian, Gay, Bisexual, Transexual, Queer, Intersex, Asexual, and others

MEAL – Monitoring, Evaluation, Accountability, and Learning

NGO – Non-Governmental Organisation

NS – National Society

PGI – Protection, Gender, and Inclusion

PWD – Persons With Disabilities

RCRCM – Red Cross Red Crescent Movement

SFDRR – Sendai Framework for Disaster Risk Reduction

SGBV – Sexual and Gender-Based Violence

SOP – Standard Operating Procedure

UN – United Nations

WoW – Ways of Working

1. Introduction

The rationale for this research lies in the intersection between the growing prominence of Anticipatory Action (AA) and the persistent challenge of operationalising social inclusion in Disaster Risk Reduction and Management (DRRM) policies and initiatives. This study explores how social inclusion is understood and operationalised within Anticipatory Action Frameworks (AAF) in the Red Cross Red Crescent Movement (RCRCM) as an empirical foundation for data collection, to identify potential pathways forward for inclusive AA. Using the Movement as a case study to understand the socially inclusive process behind the development and implementation of AAFs, semi-structured interviews were conducted with practitioners experienced in developing and implementing AAFs. Focusing on design, priorities, and constraints, this research seeks to contribute to a better understanding of how AA initiatives can go beyond technical efficiency and towards socially inclusive approaches, minimising the impacts of disasters on communities by ensuring consideration of the most marginalised.

It is widely known that disasters are not a natural phenomenon and have unequal impacts on people, often originating in pre-existing social, political, cultural and economic inequalities (Cannon, 1994; Chmutina & von Meding, 2019; Kelman et al., 2016; Smith, 2006; Wisner et al., 2014). The differentiated impacts among social groups are in large part explained by specific identity factors such as, but not limited to, gender, race, socioeconomic status, sexuality, age, and disability (UNDRR, 2015). These factors shape individual access to resources, information, and decision-making processes, thereby affecting abilities to prepare for, respond to, and recover from disasters (Rodriguez, 2010). An intersectional lens highlights how these identities can overlap and interact to create unique vulnerabilities and capacities, affecting the lived experiences of disaster risk (Andharia, 2020; Crenshaw, 2013).

To recognise differentiated impacts, DRRM scholars have advocated for practices that adopt socially inclusive approaches. These approaches aim to ensure that initiatives are inclusive, equitable, effective and responsive to the needs and capacities of at-risk groups (Andharia, 2020; Enarson et al., 2018; Fatouros & Capetola, 2021). International frameworks and Humanitarian Non-Governmental Organisations (NGOs) have reflected the need for an increase in socially inclusive approaches. However, translating the commitments into practice remains less well-known, as disasters continue to have disproportionate impacts across socially diverse individuals (Acanga et al., 2025).

With a similar aim of reducing the impacts of disasters on at-risk groups, advances in predictive analysis, data availability, and Early Warning Systems enable more pre-emptive humanitarian actions (Chaves-Gonzalez et al., 2022). Within this context, AA emerges as an approach that links forecasts with pre-agreed activities to reduce disaster impacts before hazards occur or before their most severe consequences are felt (Anticipation Hub, 2023; International Federation of Red Cross and Red Crescent Societies (IFRC), 2020). AAFs, sometimes known as Early Action Protocols or Anticipatory Action Plans, represent the operationalisation of AA through a formal plan, specifying activities and target populations based on pre-agreed funding and risk thresholds (IFRC, 2023b). AAFs outline the resources allocated for AA, informed by risk data and needs assessments.

By acting earlier based on risk and impact-based forecasting, AA aims to reduce humanitarian needs and prevent losses among populations most exposed and vulnerable to climate hazards (Alcayna et al., 2024). However, which indicators are prioritised, how thresholds are defined and whose risks are conceptualised affect which populations become visible and selected as beneficiaries. Therefore, AA is inherently shaped by how vulnerability is conceptualised, measured, and operationalised within its planning systems. The proactive, predefined process of AAFs enables AA to address individual vulnerabilities to hazards, but only when initiatives are appropriately tailored (Kosec et al., 2026; Plan International UK, 2024b).

To support the implementation of social inclusion in AA initiatives, specific tools and guidelines have been developed (e.g., Plan International UK, 2024b). However, research on the implementation of such practices remains scarce on the topic of AA. Meanwhile, empirical research on how practitioners in an organisation understand and implement social inclusion within AAFs is missing, yet essential for assessing and improving meaningful social inclusion in AA practice.

1.1. Aim & Research Question

This study aims to examine practitioners' understanding of social inclusion in AA and how relevant approaches are integrated into AAFs. In doing so, it aims to identify potential barriers faced by practitioners. To fulfil these objectives, the following research question is answered:

> *How are socially inclusive approaches understood and operationalised by practitioners in the design and implementation of Anticipatory Action Frameworks?*

2. Previous Research

This section displays the current knowledge regarding social inclusion in DRRM. It describes the contemporary development of the topic to demonstrate tension within the complexity of how social inclusion is understood by DRRM scholars, as well as their critiques of the current implementation in the field. This section presents an important aspect of how social inclusion is considered in the field and serves as the foundational background for the conceptualisation of social inclusion in this research. A more explicit description of how this research defines social inclusion can be found in Chapter 4.

2.1. Inclusion in Disaster Risk Reduction and Management

The research around disasters highlights that there are no such things as 'natural' disasters (O'Keefe et al., 1976; Peek et al., 2021). Researchers demonstrate that natural hazards interact with socioeconomic factors, creating specific risk profiles (Bullard, 2008; Elliott & Pais, 2006; Peacock et al., 1997). Facing unequal access to resources, opportunities and exposure to hazards, coupled with restrictive norms, often results in heightened disaster losses and damages (Alexander Priest & Elliott, 2023; Rinaz & Siriwardana, 2023). Therefore, socioeconomic factors shape how disasters are experienced through ways of exclusion often related to formal and informal factors, such as policies and norms, which reflect broader social inequalities. To overcome such discrepancies, a multitude of studies stress a common need to minimise disaster impacts: DRRM requires approaches that include aspects of socioeconomic inequalities (e.g., Bullard, 2008; Reid, 2013; Ryder, 2017).

Literature increasingly emphasises the need to consider marginalised groups within DRRM (Alexander Priest & Elliott, 2023; Reid, 2013; Rinaz & Siriwardana, 2023). Marginalisation depends on context, but broadly refers to groups that are socially excluded from political, social, economic and cultural life (Taket et al., 2009). Particular vulnerabilities that shape marginalisation in disasters have been linked to characteristics among minorities, such as sex, gender, age, disability, sexual orientation, mental health, ethnicity, income and occupation, legal status, and geographic locality, among multiple other intersecting identity factors (Peek et al., 2021; Rinaz & Siriwardana, 2023; UNISDR, 2017). By adopting an inclusive approach, there is an opportunity to reach the disproportionately affected in crises to reduce losses and lasting impacts.

On the one hand, literature highlights specific experiences that require attention in DRRM. For example, women are reported to face increased Sexual and Gender-Based Violence (SGBV),

requiring specific protective mechanisms to be set in place, and their lack of access to hazard-related information calls for their active involvement (Enarson & Morrow, 1998; Murray, 2025). Another example includes that of Persons With Disabilities (PWD) facing increased obstacles in terms of communication, physical barriers and other access to essential services, which necessitates tailored plans and trained practitioners (D. Alexander, 2015; Chisty et al., 2021; Vickery et al., 2023). Overall, scholars point to the need to shape DRRM initiatives around needs and disproportionate impacts.

Despite these adverse aspects, these groups also possess valuable contributions that should not be overlooked (Bradshaw & Fordham, 2015; Chaplin et al., 2019). For instance, while the elderly may face mobility restrictions during disasters, they are highlighted as being key experienced knowledge holders and community engagers (Ngo, 2012; Thongchuay & Un-ob, 2025). Similarly, despite a level of dependency experienced by children, they are acknowledged as significant risk communicators (Sovacool & In, 2026). Additionally, Goldsmith et al. (2022) highlight that the everyday experience of marginalisation positions members within the LGBTQIA+ community as a helpful source of knowledge for how to tailor to marginalised groups' needs in DRRM. Research shows that DRRM can have an empowering and transformational effect on social inequalities when harnessed effectively, for example, by changing norms or targeting root causes (Enarson et al., 2018; Favetti et al., 2025; Scott, 2024; Sovacool & In, 2026).

Additionally, scholars advocate for the use of an intersectional lens in DRRM to highlight the interaction of socioeconomic factors that create specific risk profiles (Andharia, 2020; Chaplin et al., 2019; Vickery et al., 2023). Intersectionality, originating in black feminist scholarship, refers to the interaction of different social identity factors, such as gender, ethnicity, class, age, disability, and sexuality, and how these intersect with formal and informal systems of power and inequality (Crenshaw, 2013). In DRRM, intersectionality emphasises the contextualisation of risk by examining political and socioeconomic conditions alongside existing adaptive capacities rather than assuming inherent vulnerability (Andharia, 2020; Vickery et al., 2023).

The operationalisation of social inclusion in DRRM aligns with Agenda 2030 of the United Nations (UN) Sustainable Development Goals, and the core principle of 'Leave No One Behind' (Acanga et al., 2025; UN, 2015). This can be exemplified with the Sendai Framework for Disaster Risk Reduction as well as its Gender Action Plan (UNDRR, 2015, 2024). On a policy level, social inclusion, and specifically gender, are incorporated in a mainstreaming manner. Gender mainstreaming refers to an approach where gender and social issues are not separated

into categories of action, but rather integrated across all sectors, with the aim to achieve overall equality without the separate implementation of gender equality actions (Chineka et al., 2019; Ginige et al., 2009). In DRRM, gender mainstreaming acknowledges the unequal impacts of disasters based on socioeconomic processes and preexisting inequalities (Chineka et al., 2019; Yumarni & Amaratunga, 2018). In this sense, the mainstreaming approach adopts social consideration throughout DRRM policy, planning and legislation.

It is noticed that scholars present social inclusion in DRRM as complex. Understandings are constantly evolving, presenting a nuanced understanding from academics of how marginalised groups experience disasters and how they should be considered in DRRM. Simultaneously, efforts have been made to adopt this lens practically through international frameworks and approaches.

2.2. Critiques of Existing Inclusive Approaches

A gap remains between the need to target these populations and the realities of implementation in practice (Sovacool & In, 2026). Overall, the literature critiques current DRRM approaches and highlights limitations in how social inclusion is integrated. Firstly, some groups are still not being recognised as contributors, for example, the LGBTQIA+ community (Chetry, 2024; Larin, 2024) and children and youth (Haynes & Tanner, 2015; Mudavanhu et al., 2015). The persistence of tokenistic participation is also of recurring concern. For example, women and other marginalised groups are formally included in DRRM initiatives, but without meaningful influence over decision-making processes (Gaillard et al., 2017; Gupta et al., 2023; Sharan & Gaillard, 2025; Ton et al., 2019). In many cases, participation remains symbolic rather than transformative, limiting the potential for genuine equality within DRRM.

Moreover, scholars argue that DRRM frameworks continue to rely on a marginalisation and vulnerability lens (Eriksen et al., 2021; Sharan & Gaillard, 2025). While recognising vulnerability is important, framing groups primarily as vulnerable can be disempowering and risks reinforcing narratives of victimhood and generalisation, neglecting the complexity of power relations (Chaplin et al., 2019). The broader victimisation of marginalised individuals is criticised for overlooking agency and capacities (Bradshaw & Fordham, 2015; Eriksen et al., 2021; Sovacool et al., 2018). This is, for example, argued by scholars to be the case for the language used in global frameworks such as the Sendai Framework for Disaster Risk Reduction (Sharan & Gaillard, 2025).

Likewise, gender mainstreaming as a socially inclusive DRRM approach is accused of being ineffective. Authors argue that the mainstreaming approach results in reduced resources and insufficient monitoring mechanisms (Milward et al., 2015; Novovic, 2023; Rai, 2018). Additionally, mainstreaming is said to continue being implemented by individuals, often based on interest or mandate, instead of being integrated throughout (Gupta et al., 2023; Madsen, 2011; Ravindran & Kelkar-Khambete, 2008). Research points to humanitarian organisations falling short in global promises, where a gap is found between intention and implementation of gender mainstreaming (Gupta et al., 2023; Novovic, 2023). Specifically, Gupta et al. (2023) report inconsistent data quality, resource allocation and gender expertise when gender mainstreaming is adopted in humanitarian organisations. Additionally, they uncover a conceptual confusion of what gender and social inclusion entail in practice, which commonly leads to a focus on basic needs and capacities and the neglect of transformational opportunities.

Lastly, several scholars argue that local and community knowledge remains insufficiently integrated into DRRM practices (Acanga et al., 2025). Dominant approaches may overlook "broader discussions of marginality, epistemology, uneven development, and colonial patriarchal violence", which are critical to understanding disaster risk in many contexts (Acanga et al., 2025, p. 9). Furthermore, commonly promoted 'best practices' in policy recommendations are frequently criticised for being decontextualised (Andharia, 2020). Practices are often transferred or replicated from one context to another without sufficient consideration of local social, cultural, and political dynamics.

These critiques are important when understanding what social inclusion entails in practice. Especially compared to the theoretical conceptualisation of how social inclusion should be implemented, a gap can be seen. The complexity of how social inclusion should be employed is thus relevant in understanding how practitioners operationalise it compared to their understandings.

3. Anticipatory Action

This section presents AA as a humanitarian tool bridging the practices of preparedness and response in the wider field of DRRM to proactively reduce hazard impacts using pre-agreed funding and activities. Moreover, the section describes what AA is and how Anticipatory Action Frameworks (AAFs) are used as the implementation mechanism in practice. Lastly, AA is positioned within social inclusion, and a review is made showcasing a lack of literature examining social inclusion and AA together. Research bridging this gap allows academics and practitioners

to gain insights into understandings of what social inclusion in AA currently looks like and knowledge on entry points within AA for inclusive measures.

3.1. Anticipatory Action in Disaster Risk Reduction and Management

DRRM is commonly referred to as functioning in a cycle, broadly consisting of Mitigation, Preparedness, Response and Recovery (Coppola, 2020). Within the broad scope of DRRM, AA presents itself as a novel approach that combines well-tried procedures into a proactive method (Chaves-Gonzalez et al., 2022). AA, as a capacity-building and hazard impact-reducing tool, bridges the two middle steps of the cycle: preparedness and response. Preparedness surrounds increasing ability to respond before a disaster, both structurally by acquiring resources and developing frameworks, and by increasing awareness and cognitive capacity among the population at risk (Titko & Ristvej, 2020). Commonly, response is an ad-hoc process that is initiated after a hazard strikes and creates a disaster, giving it a shortened timeframe shaped by urgency and attested needs and impacts (Coppola, 2020; EiE, 2025). AA bridges these phases by including iterative training and learning to increase resilience and capacity to withstand and respond to a hazard, as well as preparing activities and funding to conduct response.

Notably, AA is not a stand-alone approach but rather seeks to address gaps as an alternative method and complementary tool where preparedness and response mechanisms are insufficient in supporting people's dignified capacity to manage risk (IFRC, 2020). However, AA is not understood as a solely technical tool, but as part of a broader change in the humanitarian field to a proactive and climate-risk-informed management (Chaves-Gonzalez et al., 2022; Wilkinson et al., 2020). Traditionally, the need to mobilise funds for actions can limit emergency response, whereas AA overcomes this challenge through the pre-agreed funding mechanisms in place.

There may be challenges to integrate anticipation in a system built on reactive response, where priorities diverge (Geisemann et al., 2025). While preparedness and DRRM benefit from a long-term approach and engagement, it is heavily argued that AA is not an alternative to investments in long-term resilience initiatives (Schindler et al., 2024; Scott, 2024). However, as a source of learning and insights gained from AA, engagement can become a long-term improvement and provide internal changes, in coalition with social protection (Poole et al., 2022), connecting it to broader climate risk reduction (Tenzing, 2020). Furthermore, to contribute more holistically and increase capability, AA ought to be embedded within national DRRM frameworks and strategies.

3.2. Anticipatory Action Frameworks

While AA approaches vary across organisations and contexts, they generally share three core characteristics (Anticipation Hub, 2023): seeking to prevent or mitigate the expected impacts of hazards by empowering communities and humanitarians to act earlier; implementing actions in advance of a hazard or before the most acute impacts are felt; and actions taken are based on forecasts of hazards and pre-agreed conditions. Such conditions include pre-defined thresholds, referred to as triggers, funding mechanisms, and activities to be conducted.

To detail implementation, hazard impacts, and target populations, AA plans and frameworks are developed (Anticipation Hub, 2023; Chaves-Gonzalez et al., 2022; Geisemann et al., 2025; IFRC, 2025b). An AA initiative centres around this pre-agreed plan, the AAF, that specifies chosen triggers, activities, and funding mechanisms. An AAF describes and outlines these factors to inform decisions and prepare for activation before an impending hazard. Thereby, an AAF functions as the mechanism of AA in practice. Depending on the organisation working with AA, multiple different names are used to refer to an AAF, including, for instance, early action plans, Anticipatory Action plans, or early action protocols. The name 'Anticipatory Action Frameworks' is used in this study.

AAFs follow various steps in its development (Chaves-Gonzalez et al., 2022; Geisemann et al., 2025; IFRC, 2025b). An important first step in creating AAFs is hazard impact identification through assessing vulnerabilities and capacities towards the specific hazard among the target community. Likewise, organisational capacities and involved stakeholders need to be outlined along with monitoring mechanisms. Additionally, the intervention area and expected hazard impacts are defined, which justifies the forecasting and selection of triggers and thresholds for activation. The AAF specifies the early actions to be taken when thresholds are met, along with the activities related to material prepositioning and readiness. The early actions entail an important aspect of AA, namely that the actions should have an evidence base, be feasible and have positive effects in case of a non-event, aiming for no-regret solutions. Lastly, an AAF contains readiness and prepositioning activities, which allow for training and capacity development in advance until a threshold is met and the framework is activated to release the pre-agreed emergency funding.

3.3. Inclusion in Anticipatory Action

Literature on social inclusion in AA remains scarce; however, existing literature highlights that there is potential to target the most vulnerable populations to a disaster through AA (Chaves-Gonzalez et al., 2022; Gros et al., 2022; Olawuyi et al., 2025; Scott, 2024; Sheikh, 2025). Alt-

hough research on inclusive approaches of AA is limited, there are emerging examples. For instance, Rahman et al. (2024) delve into the potential of Forecast-based Financing (FbF) to reduce women's vulnerabilities, calling on practitioners to adopt inclusive approaches. Moreover, Kosec et al. (2026) research how AA can support women through a case study in Nepal and Nigeria, highlighting the importance of knowing the broader implementation challenge. Additionally, grey literature from NGOs conducting AA includes reports on inclusion in initiatives (Ariyabandu et al., 2025; Finnish Red Cross, 2025; IFRC, 2023b; Plan International UK, 2024b; UN Women, 2022).

Despite the general absence of literature, understanding how forecasts gain value from knowledge on the impact of extreme events on local communities, and the losses and damages that may occur, is of importance (Alexander Priest & Elliott, 2023; Lopez et al., 2020). This inherently requires an understanding of how different individuals experience disasters. With communities at the centre of AA, there is potential for "communities to become dignified autonomous actors with capabilities to help themselves" and "potential to break the poverty spiral in disaster-prone areas" (Geiger et al., 2021, p. 3). Researching social inclusion and how it is considered in DRRM, and AA processes, allows for an opportunity to bridge inequalities and identify pathways to increase resilience and lower disaster risk for the most marginalised populations (Chisty et al., 2021).

This study uses grey literature as a complement to scientific research, given the humanitarian case and access to published materials. Research on social inclusion in AA is widely scarce, but grey literature and case studies from within the RCRCM and the wider humanitarian field are more commonly found. For instance, Plan International UK (2024a) have published a report of best practises and lessons learned from social inclusion in AA, providing detailed learning of how financing, capacity and awareness strengthening, and monitoring play key roles for implementation. Moreover, there are regional and national case studies that combine social inclusion and AA, displaying the advancements made in this field. Reports state that mainstreaming is the most effective way to ensure AA is inclusive; examples show how mainstreaming is successfully achieved through coordination across multiple sectors and levels (GiHA, 2025; IFRC, 2023a).

4. Conceptual Framework

This section presents the conceptual understanding of what social inclusion is and what its respective approaches entail. The framework was developed by the authors through a founda-

tional analysis of previous research on social inclusion in DRRM and corresponding best approaches. Then, an analysis of current approaches of AA, including grey literature on social inclusion in AA, was coupled with the foundation content to create a framework for social inclusion in AA. The conceptual framework is embedded in the novelty of the topic, along with broader academic knowledge of social inclusion in DRRM. The framework is presented below in two steps. First, the concept of social inclusion used in this research is explained. Second, inclusivity is situated within AA and AAFs, creating a conceptualisation of a 'best-case scenario' for social inclusion enabled by surrounding factors.

4.1. Understanding Social Inclusion

This paper views social inclusion in DRRM and AA as ensuring that individuals who are excluded from political, social, economic and cultural life are included in DRRM efforts and have equitable access to resources and decision-making processes before, during and after disasters (Rinaz & Siriwardana, 2023; Rodriguez, 2010; Taket et al., 2009). Identity factors are understood in this study as social constructs that are continuously created across varying social settings (Bradshaw & Fordham, 2015). Furthermore, they intersect, creating unique dimensions of risk (Andharia, 2020). The lens in this paper recognises that socioeconomic factors can be static or dynamic, and that a certain identity does not inherently make you vulnerable to disasters (Chetry, 2024; Yumarni, 2025). Hence, socioeconomic foundations of society, governance, and exposure to a hazard, combined with adaptive capacity, shape disaster vulnerability that affects individuals and groups disproportionately and unequally. By adopting an inclusive approach, there is an opportunity to reach the disproportionately affected in crises to reduce losses and lasting impacts.

In this way, social inclusion is understood as a complex issue that is context-dependent and constantly changing, rendering social inclusion difficult to reduce to a universal operational approach (Chaplin et al., 2019; Eriksen et al., 2021). Therefore, it is understood that to implement social inclusion in DRRM, boundaries need to be defined (Hagelsteen & Becker, 2019). All aspects to consider cannot be expected to be applied by practitioners, and the theoretical conceptualisation of social inclusion described by academics cannot always be applied when operationalised and, in this case, studied.

4.2. Operationalising Social Inclusion

Based on the position that AA occupies within DRRM, it is presented here as an opportunity to develop social inclusion in the field. As AA is dependent on processes such as impact and needs assessments, trigger development, early action planning and funding, which are embodied in

AAFs, that is where social inclusion can be researched. Therefore, when developing a framework of how social inclusion in AA can be implemented, six core aspects of the development and implementation of AAFs emerge as entry points for socially inclusive approaches. The first four foundational pillars of AAFs are assessments, triggers, activities, and funding. Two overarching aspects interact continuously with these, which include stakeholder engagement and Monitoring, Evaluation, Accountability and Learning (MEAL). In a perfect case scenario, a multitude of the below-mentioned considerations are implemented. This framework, depicted in Figure 1, exists as a guideline of social inclusion considerations in the development and implementation of AAFs, not as evaluation criteria. It allows to discover entry points to integrate such considerations.

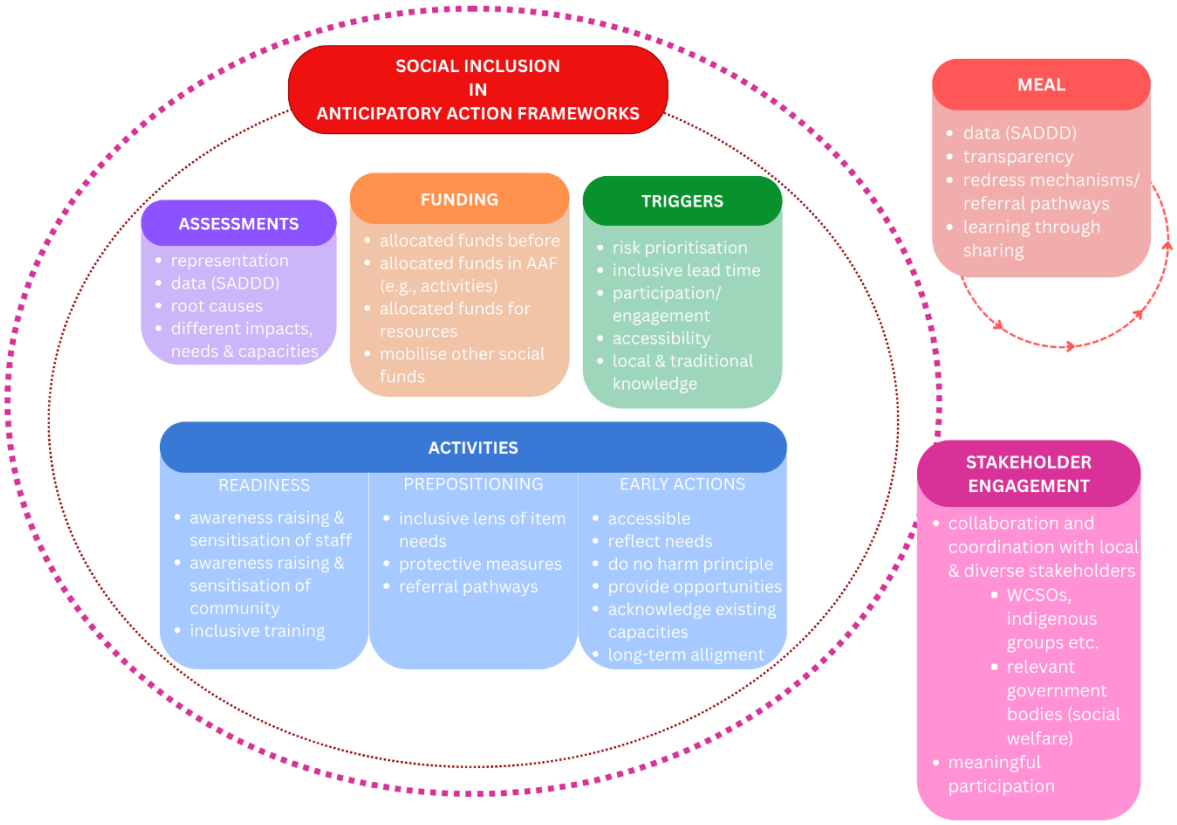

Figure 1 – Conceptual Framework of Social Inclusion in Anticipatory Action Framework

Assessments represent the first core entry point to measure and understand possible impacts of a hazard, risk exposure, vulnerability, and existing capacities of various communities and individuals (Alexander Priest & Elliott, 2023; Chetry, 2024; Kosec et al., 2026; Ryder, 2017; Scott, 2024; Tozier De La Poterie et al., 2023; Wisner et al., 2014). During these assessments, social inclusion can be enabled in a manner that ensures all voices and experiences are heard and represented. This requires data collection that is disaggregated, often referred to as sex, age and disability disaggregated data or SADDD for short. Additionally, an intersectional understanding that drives the focus to the root causes of social vulnerability rather than its attributes or conse-

quences can shed light on groups to identify as important to include. Furthermore, a focus on identifying and incorporating impacts, needs and existing capacities specific to the context of often left behind groups is necessary. Adopting a thorough approach of inclusive AA allows for a well-represented and holistic background that informs the rest of the AAF.

Triggers can be designed in a manner that ensures social inclusivity when based on well-informed impact assessments (Chaplin et al., 2019; Favetti et al., 2025; Gros et al., 2022; Lopez et al., 2020; UN Women, 2022). While often limited by technicalities, a well-designed trigger considers whose risk is being prioritised and which impacts are considered related to the hazard. When doing so, the threshold can be set to provide a lead time built around the feasibility of people with varying needs. This enables the agency to adequately prepare and respond to forecasted hazards. Additionally, inclusive participation and engagement of local communities and minorities in the monitoring of hazards can ensure equal access and opportunities. This can be done by ensuring trigger monitoring mechanisms are accessible to various languages and literacy, as well as integrating local and traditional knowledge in trigger setting.

Activities outlined in AAFs can be an entry point for social inclusion in readiness activities, prepositioning, and early actions (D. Alexander, 2015; Ariyabandu et al., 2025; Bradshaw & Fordham, 2015; Fatouros & Capetola, 2021; Favetti et al., 2025; Kosec et al., 2026; Rahman et al., 2024). Readiness activities can comprise capacity strengthening through awareness raising, both among practitioners on topics related to socially inclusive approaches, as well as within at-risk communities on similar topics. Prepositioning of items can ensure social inclusion is facilitated by ensuring a social inclusion lens is applied when assessing which items are positioned for deployment, especially through ensuring protective measures are set in place. Next, chosen early actions can be informed by inclusive assessments carried out before and dependent on the time provided by the threshold. They need to be accessible to all, reflect the needs of identified groups, and ensure no harm is done. Local capacities can be harnessed and opportunities provided to the identified excluded groups. Although AA does not target long-term effects, there is an opportunity to work with preexisting social protection activities and, through that, support broader inclusive initiatives. Overall, throughout all activities carried out, the activities outlined ought to reflect the needs highlighted in the assessments. Additionally, engagement and representation of excluded groups should be ensured by actively addressing barriers for inclusion, such as reviewing inclusion and exclusion criteria, whilst allocating resources for protection mechanisms.

Funding is a core aspect of AA and its frameworks, which requires specific allocations to ensure social inclusion (Ariyabandu et al., 2025; Favetti et al., 2025; Kosec et al., 2026; Tozier De La Poterie et al., 2023, 2025). Funding can be allocated before programming so that inclusive approaches are considered in the AAFs from the start of their design. Within the AAF, funding can be allocated specifically for socially inclusive activities and applied to ensure specific resources, including personnel, are allocated to social inclusion mandates. Overall, the funding ought to be efficiently designated in a manner that accounts for socially inclusive risk governance.

MEAL can be another important entry point for social inclusion that encompasses the development and operationalisation of AAFs (Enarson et al., 2018; Eriksen et al., 2021; Scott, 2024; Sovacool & In, 2026; Tozier De La Poterie et al., 2025). Monitoring and evaluation can ensure awareness of unexpected or maladaptive interventions and that they are addressed. To do so, socially inclusive indicators are necessary, for example, using disaggregated data. Participatory approaches and transparent practices are also important in MEAL processes, which ensure accountability. Redress mechanisms and referral pathways that are accessible and efficient can allow reporting on issues faced by excluded groups, as well as further identifying who is excluded by current initiatives. Overall, with the novelty of this topic, socially inclusive MEAL processes allow for success stories to be shared.

Stakeholder engagement throughout all steps is crucial to ensure social inclusion in designing and implementing AAFs (Choudhury et al., 2021; Olawuyi et al., 2025; Rahman et al., 2024; Tozier De La Poterie et al., 2023). Collaboration and coordination with local and diverse stakeholders is crucial from the start to carry out representative assessments. Engagement of groups representing minorities, such as women's organisations or Persons With Disabilities groups, can allow the promotion of various needs and give space for decision-making opportunities. To acquire such resources, there is a level of trust necessary to access communities and allow meaningful participation. Additionally, engaging with national and local government stakeholders can help establish initiatives in policies and follow broader socially inclusive DRRM efforts.

5. Methodology

The research of this case study consisted of a qualitative data collection and analysis approach. The aims of the study were achieved through semi-structured key informant interviews with practitioners working within the Red Cross Red Crescent Movement (RCRCM). The data were coded using an abductive approach, allowing analysis informed by the previously described

conceptual framework and by emerging themes and subthemes during data collection. Qualitative research methods are characterised by interpretation and an ontological standpoint regarding humans as part of shaping reality through experience (Bryman, 2018). As prescribing meaning in social context is a cornerstone of qualitative research, it was beneficial for this study to explore the understanding and operationalisation of social inclusion (Berg & Lune, 2012). Since AAFs are at the heart of how AA initiatives are conceptualised and implemented, they were valued as a critical entry point for research.

A qualitative case study design with semi-structured interviews was deemed the most viable option for the aim and research question of this study since it targeted an in-depth understanding, which qualitative interviews could provide (Gerring, 2016). It was believed that interviews would capture the complexity of social inclusion in different contexts better than surveys, as they provided a more nuanced answer to how practitioners understand social inclusion (Albaret & Deas, 2023). The semi-structured questions targeted depth in answers more than breadth, as it was believed that the question of whether and how social inclusion is considered required a detailed understanding. The semi-structured interviews were conducted remotely with practitioners working on AA at international and local levels, sharing frameworks and principles, allowing for comparable answers from within the same organisation (Kimber, 2023).

The interviews allowed revision of academic knowledge and anchored social inclusion in AA from a practitioner's perspective. Semi-structured interview data were analysed using thematic analysis, following an abductive approach (Timmermans & Tavory, 2012). An abductive approach introduced a methodology that enabled a circular process of moving back and forth between existing theories and empirical findings (Timmermans & Tavory, 2012). Furthermore, this approach allowed for researching a novel and uncharted subject with the guidance of similar phenomena already experienced (Deterding & Waters, 2021; Timmermans & Tavory, 2012). This rendered the data analysis organised, yet flexible.

5.1. The Red Cross Red Crescent Movement Case

The RCRCM is a global-scale international humanitarian organisation with National Societies in 191 countries, making it the world's largest humanitarian movement with a global reach and local access (IFRC, 2026b). This study used the case of the RCRCM to answer its research question, focusing on AA within the Movement. It drew conclusions based on data gathered from practitioners within the Movement to understand organisational behaviour (Gerring, 2016). To gain insights about the understanding and operationalisation of the Movement holistically, both practitioners with social inclusion expertise and AA or DRRM specialised practi-

tioners were included, as the Movement's organisational structure provided a variety within the scope of AA.

It was deemed suitable to focus this study on the RCRCM as a case due to their long-term global efforts working with AA, both internally and through collaborating with other NGO's using AA for DRRM. Some other organisations actively operationalising AA include Welthungerhilfe, Care International, and UN bodies such as OCHA or FAO. These organisations were not chosen as the case for this study, as the Movement better met the criteria to achieve the aims. Compared to other organisations, the Movement had a vast amount of material and easily accessible data documenting their step-by-step process in AA and views on social inclusion, shaping a well-founded base for data collection. Moreover, in this study, practitioners from across the globe were interviewed, and the study could use the defined system boundaries of the RCRCM while studying variations that occur within. This local reach, while maintaining organisation-wide habits, language, frameworks and standards, rendered the Movement an ideal case for this study.

5.2. Data Collection

The data collected for this research consisted of online semi-structured interviews with key informants and experienced practitioners. Semi-structured interviews allowed for differences to emerge, whilst providing support and direction (Brinkmann, 2020; Bryman, 2018). It was an accessible tool, useful when studying various aspects of knowledge and experiences among a population that may be too small to provide quantifiable data. The semi-structured research method for data collection was suitable for exploring professional perspectives, practices, and capacities related to social inclusion in AA (Albaret & Deas, 2023). The interview guide (Appendix A) was informed by the conceptual framework and aimed to ensure coverage of critical topic areas whilst maintaining freedom for respondents to bring up emerging topics, and to provide a suitable timeframe for the collection and analysis of the data material (Brinkmann, 2020; Kaiser, 2024).

The semi-structured interviews were conducted remotely with practitioners working on AA at international and local levels. The interviews aimed to capture organisational knowledge, priorities, and reflections on the diverse integration of social inclusion in AA planning and implementation, together with factors that may enable or constrain such considerations. Remote interviews were considered appropriate given the international scope of AA (Bryman, 2018; Hewson, 2020). Due to the aim to capture a wide range of experiences and a representation of the AA process in a general, multi-hazard, and multinational manner, remote interviews were

chosen to allow data collection from a wide set of respondents, representing a multiplicity of perspectives. The interviews were conducted on Zoom and recorded after consent was given. Klang AI was used to transcribe the interviews, and each transcription was proofread to corroborate.

5.3. Selection of Respondents

The sample of respondents who participated in the interviews consisted of practitioners, experts and advisors who have worked with the design or the implementation of an AAF. The selection included a global scope of AAFs and informants working within the RCRCM, providing a diverse range of represented geographical settings. Local context can influence the local capacities and priorities, and thus how these are translated into AAFs (IFRC, 2025a; Locally Led Anticipatory Action Working Group, 2024). This was a requirement for the data to become more holistic in terms of scale, setting and the relevance of findings across contexts.

The respondents were selected through a two-step approach, namely through purposive selection, followed by snowball sampling (Lohr, 2021), where initial contacts and respondents provided further suitable contacts. Access to some respondents originated through personal contacts among the researchers in the field of AA within the RCRCM, allowing liaison to the sample population through collaboration with the IFRC, the Climate Centre, and the Anticipation Hub Protection Gender and Inclusion (PGI) in AA Working Group. After initial contact with potential respondents, their experience was cross-referenced to the sampling criteria before selection. Furthermore, a sampling of AAFs based on geographical criteria was used, where relevant contacts from the documents were retrieved and contacted.

All respondents had worked with AA within the last 5 years, allowing the analysis of social inclusion to be situated in contemporary discourse. Furthermore, AAFs worked on by the respondents all included hydrometeorological hazards, namely floods, droughts, heatwaves, cold waves, and tropical cyclones. Overall, the regions covered by the AAFs included West, East and Southeast Africa, South and Southeast Asia, as well as Central and South America. In total, seventeen individuals were interviewed; respondents A2 and A3, and A9 and A10 were interviewed in two separate pairs.

A description of the respondents' demographic characteristics, which includes aliases, expertise, scale, and organisational component, is described in Table 1. The professional role of individuals varied, with two main categories of expertise. One group included individuals whose main mandate surrounded social inclusion, including PGI advisors and officers, referred to in

this research as 'social inclusion advisors', 'S' respondents, or their individual alias. The other group was comprised of broader disaster-related mandates, such as AA, DRRM, and MEAL officers and coordinators, referred to in this text as 'AA practitioners', 'A' respondents or their individual alias. This allowed a separation of the findings to explore how understandings may differ depending on previous knowledge of social inclusion. Respondents worked with different RCRCM components, categorised as being local or international in geographical scale, which refers to individuals having worked with AA on the ground or as remote advisors, respectively. Specific organisational components included the IFRC (Technical Advisor) and its regional and country branches (Regional Technical Advisor), the Climate Centre (Technical Advisor), Partner National Societies (PNS) and Host National Societies (HNS). These can be separated into local practitioners and international advisors.

Table 1 – Demographic Characteristics of Respondents

Alias	Field Expertise	Scale	Organisational Component
A1	AA	Local	PNS
A2	DRRM	Local	HNS
A3	AA	Local	PNS
A4	AA	Local	PNS
A5	AA	Local	HNS
A6	DRRM	Local	HNS
A7	MEAL	Local	HNS
A8	DRRM/MEAL	Local	TA
A9	AA	Local	RTA
A10	AA	Local	HNS
A11	AA	Local	RTA
S1	PGI	International	TA
S2	PGI	International	TA
S3	PGI	International	TA
S4	PGI	Local	HNS
S5	PGI	International	TA/PNS
S6	PGI	Local	PNS

5.4. Data Analysis

The data analysis followed an abductive approach by carrying out an iterative process of coding that was informed by the conceptual framework and emerging empirical data (Timmermans & Tavory, 2012). Figures 2, 3 and 4 (Appendix B) illustrate how each theme and code were shaped either by the conceptual framework or inductively emerged from the data. A first round of cod-

ing was conducted separately by each researcher using NVivo. This allowed for codes to emerge within each theme, unrestricted by the conceptual framework. The two coding outputs were then compared, discussed, and refined, with overlapping codes merged and subthemes developed through consensus. Thereafter, a coding scheme was developed by relating the emerging codes to the conceptual framework, ensuring alignment between empirical findings and theoretical dimensions. Finally, each interview was coded again using the coding scheme to ensure consistency and counteract emissions of information.

To answer the research question and aims, information was coded in four separate pre-chosen themes: understanding, operationalisation, enablers and barriers. The theme 'understanding' comprised identifiers for groups and individuals, such as 'gender' or 'children', that were considered when practitioners mentioned social inclusion. Other codes, such as 'indigenous' and 'caste', were joined to 'other' since they were not mentioned repeatedly. Two emerging themes further separated the remaining codes: one encompassed a general attitude towards social inclusion, with codes like 'responsibility' and 'cross-cutting' as well as 'PGI' for the use of organisational language. The other theme connected social inclusion directly to AA, with emerging codes describing AA as 'novel' or an 'entry point' for social inclusion. The 'operationalisation' theme was an exception to emerging subthemes, where each code was attributed to one of the six entry points described in the conceptual framework, namely assessments, triggers, activities, funding, MEAL, and stakeholder engagement, as well as triggers, funding and MEAL having a sub-code of 'not happening' when practitioners shared gaps in their operationalisation.

Lastly, while enablers and barriers were initially two separate themes, the codes showed that similar subthemes could be distinguished, and they were thus combined. The subthemes included 'resources', such as funding, data, tools, and guides, and time, 'early entry' for ensuring social inclusion was integrated from the start, and 'knowledge and awareness' about social inclusion and excluded groups. Moreover, the 'relationships' subtheme encompassed collaboration and attitudes, while 'environments' included the overarching categories of formal and informal environments. Lastly, 'complexity and lack of control' emerged as the last subtheme and only represented barriers.

5.5. Ethical Considerations

One of the most straightforward and often discussed ethical issues in qualitative research includes the consent and handling of the data. In this study, ethical considerations are made regarding the interview conduction for data gathering and analysis. Before participation, respondents were fully informed about the study's aims, data use, and voluntary nature. Furthermore,

consent was obtained through an information and consent document provided to all respondents before the interview to ensure they were aware of what the study entails, what was expected of them, their rights, and how we would treat the gathered data. All data is confidential and securely stored; all collected information complies with GDPR standards.

Lastly, this thesis is informed by a critical feminist view of the DRRM discourse, which not only questions common discussions of gender but also questions how vulnerability and capacities are discussed (R. Alexander, 2023; McHugh, 2020). It critiques the normative discourse of marginalised groups as pure victims, which most often dismisses the complexity of the lived realities of disasters. Thereby, a critical feminist viewpoint is imperative not to reinforce the normalised narratives and to bridge equity within DRRM.

5.6. Limitations

A qualitative research approach has a multitude of benefits; yet certain limitations necessary to address remain. Firstly, qualitative studies are most often argued to be subjective and not generalisable (Bryman, 2018). This can render the replicability of the research difficult to assess theories across different contexts. However, a quantifiable generalisability is not strived for in this research. By using a wide sample of respondents representing different contexts, levels of work, experiences, and perspectives, the sample of this research ensures comparability between responses and a level of collective understanding can be extracted. It does so, intending to deepen the understanding of the phenomenon and view it through a wide lens limited by organisational practices. Using the case of the RCRCM further controls any variability that could emerge due to organisational culture.

Moreover, semi-structured interviews have limitations; online interviews were conducted, which may limit the possibilities to create connections and thoroughly become familiarised with the interview respondents (Seitz, 2016). Additionally, an online format risks reducing access to data in certain areas and creating a digital divide. However, the organisational focus of the study allows the data methods to align with online interviews. Kimber (2023) highlights how international organisations use online meeting platforms as a daily tool. Moreover, online interviews can allow for more inclusivity by being flexible on location and time (Hewson, 2020; Kimber, 2023). Overall, the online format provides rigorous data collection that is systemically coherent throughout the interviews. Furthermore, video calling maintains the quality of data, retaining the possibility to comprehend tone of voice, body language, and other characteristics that display emotion and opinion during conversations.

The positionality between the interviewer and respondent is crucial in semi-structured interviews. Albert & Deas (2023, p. 86) highlight the importance of scholars to reflect on the "presentation of oneself and one's research project" to avoid power imbalances and asymmetries. As a first step, the common organisation practices and mandates were studied to understand relation balances. Along with that, Gupta et al. (2023) reveal a pattern of topics surrounded by gender and social inclusion that can be seen as 'policing'. Therefore, to mitigate negative outcomes from this perspective, a thorough presentation and transparency of the research aims were shared with respondents both in writing and verbally.

Out of all interviews, two were conducted with two respondents together, in so-called 'dyadic' interviews; one had both respondents in the same room, while the other had both on separate devices. This was the preferred and most comfortable method of participating in the interviews for the selected respondents. Szulc and King (2022) show that dyadic interviewing can increase respondent comfort in answering questions, which was evident by respondents requesting such an interview style despite being asked otherwise. However, the authors highlight how dyadic interviews may restrict the honesty of negative opinions, especially in challenging discussions. In the dyadic interviews, each respondent answered the questions by either agreeing, disagreeing, or supplementing information. Both respondents had similar locality and professional mandate, minimising discrepancies in knowledge. Neither interview had a more dominant responder or off-topic conversations, which is another common limitation of dyadic interviewing (Szulc & King, 2022). A notable difference in the interviews is that the transcripts are quantifiably less coded. Each respondent was considered as one transcript since their answers allowed such analysis. Thus, while it was noted when a respondent agreed with the other, as needed to carry through dyadic interviews (Szulc & King, 2022), less coding emerged. However, this difference was not noted as being analytically significant for the research and, instead, the research profits from being able to conduct these interviews at all.

Lastly, due to the novelty of AA and, more evidently, social inclusion in AA, grey literature was used for developing the conceptual background. The majority of limitations about grey literature regard its use for drawing conclusions and reproducibility (Mahood et al., 2014); however, these can still apply here. There is a discussion amongst scholars on whether grey literature increases or decreases bias (Mahood et al., 2014). The risk in using grey literature for increasing bias surrounds the possibility of only positive results being reported, known as publication bias. Additionally, the topic of inclusion, disasters and organisational operationalisation argues for the importance of using grey literature. Research has shown the value of using grey literature on topics of gender in climate change (Kovaleva et al., 2022) and gender and inclusion main-

streaming (Sekuła et al., 2026) as they reflect and shape organisational discourse, including frameworks and policies surrounding these topics. However, Sekuła et al. (2026) stress that grey literature can reflect the limitations of the discourse found in practice. Therefore, reinforcing grey literature with peer-reviewed material and including broader critical discussion of social inclusion is imperative.

6. Context

This section presents the case of the RCRCM to contextualise social inclusion and AA in the research. It depicts how the RCRCM works with DRRM, followed by the organisational work on social inclusion and AA, to then detail how social inclusion is treated within AA specifically. Moreover, it delves deeper into the organisational operation of AA through AAFs to provide context for the research findings.

The RCRCM functions in a multitude of bodies, including the International Federation of the Red Cross and Red Crescent (IFRC) as a governing body, the Climate Centre, and local National Societies (NS). The RCRM is centred around humanitarian relief work, focusing on providing support in an auxiliary role to the government, based on 7 core principles, such as humanity, impartiality, and neutrality (ICRC, 2016). The Movement works with DRRM directly, focusing on preparedness, response, and recovery. Across sectors, the RCRCM utilises Standard Operating Procedures (SOPs), common Ways of Working (WoW) and minimum standard documents to guide their efforts and ensure consistency (IFRC, 2018; IFRC & Save the Children, 2018). The Movement describes that acting early and based on anticipation is crucial to reducing hazard impacts (IFRC, 2020; Red Cross EU Office, 2020). To do so, the Movement has invested resources in developing its AA capacities.

As social inclusion is understood in this study, it includes both the Protection Gender and Inclusion (PGI) and the Community Engagement and Accountability sector. In the RCRCM, gender and social inclusion are aimed to be mainstreamed instead of being separately divided and targeted topics, thus seeing social inclusion as cross-sectoral. The movement has four key social inclusion principles: dignity, access, participation, and safety, and the IFRC guides how these principles should be mainstreamed throughout the movement (IFRC, 2018). To do so, PGI officers and advisors work to implement these principles at each level, though the mainstreaming approach expects everyone to include this lens.

The RCRCM has been working with AA since it began to spread more widely in 2019. Since the early days of Forecast-based Financing (FbF), the Movement uses AAFs to operationalise AA, known as Early Action Protocols. NSs send their AAFs for approval to the IFRC both when initiating the process and once when finalised, before activation is possible. The IFRC then provides funding through the Disaster Response Emergency Fund (IFRC, 2026a). In this way, the IFRC oversees each AAF in multiple steps.

To mainstream social inclusion in AA on the international level, the Movement is operational in a multi-organisational working group on PGI in AA. Thereby, the RCRCM aims to provide tools, guidelines and support for implementing NSs to mainstream and integrate social inclusion in AA (Anticipation Hub, 2022). The PGI in AA toolkit, used by the working group, mentions that activities should be deliberate and specific to target needs (IFRC, 2018; Plan International UK, 2024b). On the local level, there are AA officers and PGI officers working together or combined into one role to develop inclusive AA. These organisational procedures contribute to the usefulness of the RCRCM as a case for this study.

In the Movement's AAF operationalisation, deployment of cash assistance in advance of a forecasted hazard is combined with humanitarian aid measures such as evacuations, early warning communication, and food assistance (Anticipation Hub, 2023). Designing the AAF occurs through a multi-step process, as detailed earlier. An AAF depicts local needs of the target population and expected hazard impacts to inform the priorities and expected outcomes of activities. Currently, early actions are informed by impact-based forecasting, which integrates historical hazard data with information on exposure and vulnerability (Anticipation Hub, 2023). Comprehensive impact-based forecasting requires substantial data collection and contextual understanding of affected populations, including their existing needs, capacities, and risk profiles (Coughlan De Perez et al., 2015; Harrowsmith et al., 2020; Merz et al., 2020). Translated to an AAF, these forecasts inform expected impacts, which in turn dictate trigger thresholds. The trigger informs the available lead time to deliver early actions and thus influences what can be implemented and which are chosen (Chaves-Gonzalez et al., 2022). Altogether, this plan details how and when AA is operationalised.

7. Results

This chapter presents the results of the thematic analysis of the interviews to answer the research question. First, understandings of social inclusion in AA are described, followed by how it is

being operationalised. Lastly, specific areas that enabled or hindered social inclusion in AA, which emerged during the interviews, are disclosed.

7.1. Understanding

This section describes how social inclusion was understood by the practitioners working with AA. The respondents understood social inclusion in three main subthemes. First, the beneficiaries of socially inclusive AA initiatives, either potential or actual, were identified. These beneficiaries were identified through vulnerability, distinguishing between physical, social and economic vulnerabilities. The groups identified were vast, but the most common include women in various stages of life, the elderly, children, and Persons With Disabilities (PWD). However, vulnerability was not discussed through an intersectional lens, and even though both men and women were mentioned, gender was still approached with binary terms. Moreover, some identified groups were mainly referred to as vulnerable, without including references to their needs and capacities.

Second, the respondents showed how they understand social inclusion and their attitude towards it, focusing on organisational and personal mandates, and simultaneously broader, humanitarian responsibility. Social inclusion is understood as a necessary pillar for functioning AA and effective initiatives. However, there is a discrepancy regarding the mandate of responsibility for inclusion, seeing as it is both interpreted as everyone's responsibility, while pointing towards one person being responsible. Yet, in the organisational structure of the RCRCM, due to the mainstreaming approach and appointment of social inclusion advisors, this may be an inherent cause-and-effect loop. Regarding social inclusion as a cross-cutting topic was significant, and the way of referring to inclusion followed the organisational structure of terms, habits and WoWs.

Lastly, how social inclusion was understood regarding AA is described to discern potential entry points for the future. This is a key point to recognise, as knowledge of social inclusion in AA exists, despite potential shortcomings in its practical implementation. AAFs specifically were regarded as an entry point for social inclusion to reduce unequal disaster impacts, as planning has allowed more space than in a conventional reactive disaster response. Moreover, understandings of social inclusion were influenced by hazard and socioeconomic context and relevant assessments. Inclusive AA was widely understood in relation to community engagement, as it was repeatedly argued for, together with remaining accountable to the population and questions of how to navigate protection using AA.

7.1.1. Identified Groups

First, women were predominantly mentioned in being considered in AA, including lactating and pregnant women, as well as female-headed households. As A7 mentioned, “we do have the existing selection criteria, so we always target female-headed households”. Generally, women were mentioned as requiring specific needs, mainly providing sanitation items and ensuring their safety against Sexual and Gender-Based Violence (SGBV). Both A3 and A4 connected women’s needs to broader sociocultural contexts, such as being allowed in male-dominated areas and offering culturally sensitive kits. However, A8 mentioned that women are not always the ones needing help, but “the people that are in high level vulnerability are young men”, showcasing an understanding of contextual differences in vulnerability.

Of the other identified groups, Persons with Disabilities (PWD) were the next most mentioned. While considerations on ensuring PWDs were trained, informed and that their needs were met, they were still categorised by almost all local level practitioners as still missing, as A6 stated, “they have been left behind in the most of cases”. Social inclusion advisors often shared that view. S5 explained that “what for me was still missing is, okay, what about PWDs?”. A6 specifically mentioned differences between disabilities and their needs, highlighting that people left behind included people with physical disabilities, people with visual impairments, and people with hearing disabilities; they clearly recognised, “their difficulties are quite different”.

Children were often mentioned in specific groups such as households with more than five children, children of school-going age, children not in school, unattended children, children-headed households, and households with small children. A6 mentioned specific needs, such as diapers, which are required to address children’s needs, and S4 pointed towards ensuring kits included education materials. S1 mentioned, however, that despite children being “half of the population that can be affected by these disasters”, “children are just a blind spot”, especially considering children that don’t attend school which end up being left out. Moreover, concerning older age, S4 connected that “the older persons at community level” needed to be considered specifically, as they were found in remote communities. Similarly, S6 recognised the need to consider senior citizens, as they could not operate mobile phones and understand the early warning message received via text message.

Consistently, the groups mentioned were contextually relevant to the most at-risk populations in the region based on the hazard. For example, low-income households and people living in poverty, people living in informal settlements, street vendors, displaced populations, indigenous people, illiterate individuals, people with different languages, caste, sick people, remote, mar-

ginalised, underserved populations, and vulnerable populations. Three participants explicitly mentioned intersectionality, all of whom were social inclusion advisors. S6 mentioned analysing specific needs for AA initiatives with an intersectional lens. S1 and S3, on the other hand, expressed that groups are often perceived as homogeneous. Moreover, the LGBTQIA+ community was only mentioned once, by S6, who identified them as a group that had not yet been considered.

Connecting identified groups to vulnerability, the respondents either aligned them to specific attributes and context or considered the 'most vulnerable' groups more generally. Some highlighted specific needs and protection, where S3 voiced the lack of understanding of prior vulnerabilities, while A8 stated that they "don't believe anyone is inherently vulnerable; it's the condition and the context that makes that". Lastly, there were respondents who considered including 'all' as being socially inclusive. One respondent stated that they use a blanket distribution to not exclude people, as they hope that they "also get to the people that might otherwise be at risk of exclusion at least" (A1). Yet, other respondents also denounced such an approach; A8 thought that "with the blanket response, you miss people".

7.1.2. General Attitude

Overall, the general attitude toward social inclusion varied across respondents. For example, A7 stated that inclusion was a "must" in interventions, while A5 stressed the "need" to improve social inclusion, and A3 stated they "had to" consider it. In that regard, the respondents mentioned that initiatives were not enough without such a lens. A4 exemplified this when they said, "You know, without PGI, your intervention can never be succeeded". Moreover, some respondents took a step further to consider social inclusion not only as equality and supporting 'all' but as a matter of "equity" (A8) and "justice" (S6). Respondents A6, A9, and S6 connected social inclusion with ensuring no one was left behind.

Protection and social inclusion were considered as a humanitarian mandate. A1 shared that they owe it to the people to try to have socially inclusive approaches. Similarly, S2 stated: "You have the responsibility. It's not you can. It's not optional. It's first and foremost, the humanitarian sector is about protection". Others found personal interest in the subject and stated that initiatives were more inclusive when such interest was present. On the one hand, S2 stated that one does not need to be an expert to have socially inclusive approaches, and S3 stated that everyone should be aware of and think about them. This was shared by some AA practitioners. Yet on the other hand, respondents relinquished responsibility to the appointed social inclusion person.

It was argued that social inclusion needed to be considered throughout all levels. S1 and S3 stated that a combination of both is optimal. However, a few respondents regarded a cross-cutting approach as potentially leading to its loss. A1 stated, "the danger of these cross-cutting things is also that of sometimes you risk that it's just kind of forgotten […] it's kind of it's everywhere but nowhere at the same time". Additionally, S2 described the negative outcome of a cross-cutting approach, "when it's cross-cutting, either everyone feels it's something generic, I can't do it, and then it's diluted, or it's not of your interest and… you won't do it". In this light, respondents mentioned their initiatives already included and mainstreamed socially inclusive approaches throughout, often associating it with other work by the organisation. Yet, they did not explicitly elaborate on how this was conducted and were unable to pinpoint specific inclusive activities in their AAFs. S3 experienced such tendencies when they advised on AAFs, having expressed that "[social inclusion] is a cross-cutting activity, but they're not defining what they're doing".

Respondents discussed social inclusion through PGI and its mandates, for example, A2 mentioned PGI plans to be carried out, while A7 stated that "PGI, that's what we call inclusion", usually connecting knowledge of social inclusion to be better known by PGI officers. Additionally, local respondents understood Community Engagement and Accountability as an important part of social inclusion. While considering the inclusion of the identified groups, organisational mandates and requirements, for example, SOPs, were commonly referred to. Aligning with the RCRCM's organisational habit, engagement of volunteers was considered a form of social inclusion and deemed crucial in ensuring the implementation of social inclusion.

7.1.3. Social Inclusion in Anticipatory Action

Social inclusion was understood as important in various parts of AA and AAFs. Despite most respondents arguing the novelty of AA as responsible for the lack of social inclusion in certain aspects, A5, A9 and A11 identified AA and AAFs as a crucial space to advocate for more social inclusion in the future. Moreover, it was believed that AA can strengthen existing social protection programs, "especially in the delivery but also by leveraging something that nationally exists" (S3). Participatory approaches were highlighted, including the representations of the community, their inclusion in the design process, ensuring their needs and experiences were at the front and collaborating with local networks. A6 mentioned, "we need all people to be centred and to be part of the changing half".

Voiced in connection with unequal access, differentiated impacts, and needs, A4 stated, "a person with disabilities needs more time". Additionally, for AA to allow for mitigating negative

and unexpected consequences from response initiatives, S6 stated that “if we applied anticipatory action, that means we save life and livelihood”. Moreover, respondents highlighted the role of identified groups in contributing to effective AA and thus the need to include them in AA initiatives as more than just beneficiaries. S4 identified a key contribution of PWDs to “identify where there is a need for a special consideration, maybe they can guide us on mobility”. Predominantly presented by respondents' inclusion and engagement of identified groups, represented or, in rare cases, empowered from the beginning. A9 emphasised the value of early inclusion as they believed “to engage since the beginning is very important”.

Social inclusion was discussed in the context of the hazard and region, often speaking of high-risk communities and vulnerable populations in connection. For example, A11 stated the importance of criteria setting depending on implemented early actions to “prioritise the households with the highest level of exposure and vulnerability”. While A10 stressed the need to validate such data with the community. Whether a hazard is slow or sudden onset was said to shape which socially inclusive approaches could be applied. To be able to contextualise and ensure the right populations were included, many participants highlighted the need for inclusive data, especially sex and age-disaggregated and vulnerability assessments.

Accountability and protection were thought of as important for AA, which included activities that regarded SGBV, and safety measures, as SOPs, institutional safeguarding, and risk reduction. Furthermore, redress mechanisms and monitoring were connected to social inclusion as forms of accountability to the community. Respondents highlighted the need for communities to provide feedback on the interventions and abuse. S5 also stated that AA could enhance already existing referral pathways for report awareness, for example, on child marriage and domestic violence, during disasters.

7.2. Operationalisation

This section portrays how social inclusion was operationalised as described by practitioners. Overall, as respondent S5 pointed out, “anticipatory action has been a sector where [social inclusion] is only recently addressed really”; therefore, the data displays how practitioners used socially inclusive approaches, or would have wanted to for the future, as well as recommendations from social inclusion advisors. The findings indicate various inclusive approaches considered when choosing the activities, as well as stakeholder engagement, and, to some extent, in conducted assessments. However, respondents fell short in recalling inclusive approaches to setting triggers, allocating funds and MEAL processes. Shortcomings of where social inclusion was not operationalised were also shared by respondents.

The actions described by the respondents were tangible in operationalising social inclusion in AA. Simple, more technical approaches surrounding representation, engagement, and targeted activities were the most referred to, often based on existing resources and habits. However, blind spots were still accounted for, as well as ambiguity and vagueness in certain actions taken that were deemed socially inclusive. A mainstreaming approach was seldom elaborated on in terms of how actions were inclusive or how considerations were translated into practice.

Moreover, the operationalisation of social inclusion was shaped by organisational mandates and WoWs in how data was collected and activities chosen. This included following PGI and community engagement frameworks, as well as SOPs, communities of practice and technical advising, but also informal elements such as organisational habits and shared language. AA practitioners often relied on this foundation for operationalising social inclusion.

7.2.1. Assessments

Assessments conducted included feasibility studies, impact and needs assessments, and risk mapping. S4 had even "graduated from mere risk assessment to enhanced vulnerability and capacity assessment", a participatory process developed by the Movement, which others mentioned. A6 shared that in one of the earlier AAFs, "it was not even considered, like, hey, how does this impact people differently", yet mentioned in a more recent AAF they worked on, socioeconomic indicators were used. Differentiated impacts and needs were considered by some respondents, where social inclusion was "why" they "[had] done those needs assessments or evaluation of vulnerability and capacities". Vulnerable populations as beneficiaries were identified, but S5 pointed out that regarding vulnerabilities in a specific hazard context could hinder the "understanding of how prior intersectional vulnerabilities will then impact how they can cope with and build resilience generally for these climate hazards".

The assessment data were said to represent "all people", as stated by A5. A few respondents, such as S4 and A11, mentioned disaggregated data, yet S5 shared that the data was not actually representing the complex realities of how disasters impact individuals, and that "if there is a disaggregation, it's male, female, children versus older, but not other social factors", information on impacts caused by less straightforward components were the "other kind of data that are missing".

Overall, volunteer engagement and community consultations helped gather locally informed knowledge on populations and mapping risks. In this sense, they ensured that "all segments of the society should be part of that focus group discussion" (A4), and the community level as-

sessments were “why” A5 could “find all of the people”. S2 shared their experience that communities were commonly engaged with the RCRCM and that this was the “way to do it”, but it required capacity to do so properly and be meaningfully inclusive.

A local social inclusion advisor working on the ground, S6, embedded social inclusion from the start, with a gender equality and social inclusion analysis and a gender action plan assessment, including baseline vulnerability surveys, mapping networks and groups beforehand, and collecting risk exposure data and household exposure data. This provided a background on the causes of specific impacts experienced by marginalised communities to tailor early actions with them and the government. S5 stated that commonly, “there is not a PGI analysis. There is not an analysis on gender or inclusion” done beforehand, exemplifying S6’s work as a rare case. However, the respondents mentioned that they would consider social inclusion more from the start, where A6 said that if they could do it differently, they would “prioritise on doing a PGI assessment”.

7.2.2. Triggers

AA practitioners were unsure how social inclusion could be integrated into trigger setting. A10 shared that triggers “included specific characteristics of the community” without detailing or connecting them to specific outcomes. Representing the whole community was also equated to being socially inclusive. A4 admitted that “no, honestly, for the trigger, no, it was not considered”, but “if you're working on the communities which are at high risk due to that threshold, that will cover automatically, all the people”. However, later, when discussing other matters, they came back to the triggers, thinking it was important to specifically account for lead times, but did not know the technicalities and felt limited by forecast availability. A1 similarly shared that they “did have some discussions in terms of vulnerability”, but they did not “manage to really integrate it”.

Despite “trigger setting [having] a very scientific component to it”, as stated by S3, examples were given by social inclusion advisors on how practitioners could ensure social inclusion. The engagement of the community was a theoretical method proposed by S3, stating that if marginalised people were engaged, it could have positive results. Additionally, a concrete example of a flood threshold was given by S6. They explained how the threshold was sometimes met with no resulting floods on the community level. Therefore, they engaged community members to monitor the water level. This method allowed for monitoring to engage local indigenous practices and the community.

Additionally, social inclusion advisors supported community approaches in having socially inclusive triggers, stating that the diverse needs for thresholds also needed to be taken into consideration. They highlighted how crucial representation is. A9 shared this view, stating that when developing a trigger, they asked themselves, "in the forecast team, do you have people with disability?" S4 also shared their efforts in integrating indigenous knowledge, as well as having worked together with PWDs' relatives to increase knowledge surrounding needs for trigger setting.

7.2.3. Activities

Readiness activities included capacity building, volunteer training, and sensitisation and awareness-building. A4 hoped that "if [volunteers] will be oriented, then definitely they will ensure the PGI activities during the intervention". Staff at different levels and volunteers were similarly said by respondents to be generally trained on social inclusion, including SOPs, SGBV, understanding of different needs, impacts and contributions without being linked to the AAF. A2 shared that they were "complementing [their] activities with a strong campaign of awareness about how to integrate PGI's approach", however, it was not detailed in their plan. Additionally, while training was deemed important by social inclusion advisors, S5 could not "tell [us] if the training was effective or enough to really make sure that there was a real inclusion".

Socially inclusive awareness raising and sensitisation of communities was generally ensured by having a social inclusion advisor present in all community-based activities. Additionally, some respondents ensured the community deemed most vulnerable was included in community training, but did not often develop what that entailed or connect it to social exclusion. Examples of community training included women being made aware of kits provided at evacuation sites and topics surrounding SGBV. S6 shared explicitly that they organised community simulations named "inclusive evacuation centre", as well as having a community awareness package provided to increase excluded communities' awareness of AA.

A social inclusion lens in prepositioning activities was deemed necessary, as exemplified by S5, who stated that AA involved a lot of delivering items. The prepositioning and delivery of kits were highlighted by a few respondents, specifically mentioning dignity kits and menstrual hygiene kits for women and girls. This was often done either due to organisational habit or following inclusive rapid assessments of needs. Specifically, A3 shared a contextualisation of culturally sensitive item prepositioning, where they had "washable sanitary pads, […] cotton underwear for the ladies", as well as a sarong, which was "culturally accepted", and A2 added that pants were also found in the kits for women and young women, showcasing a tangible

action to a complex gender matter. Additionally, A9 similarly stressed the need in the future for them to preposition more items that support the evacuation of people with reduced mobility, such as wheelchairs.

Social inclusion advisors, in general, showcased prepositioning activities as key to protecting against the adverse impacts of disasters. S4 prepositioned assistive devices, primarily for PWDs. Additionally, through an education continuity plan, they prepositioned items for temporary classrooms, including "exercise books, pens, pencils, crayons, and some play materials" (S4). S2 supported this activity as they highlighted the importance of keeping children in schools. S6 connected the prepositioning of items such as medicine, tarpaulins and small cash amounts to individuals living in poverty and who were socially and economically excluded, as they needed this kind of support to avoid negative coping mechanisms.

Further protective activities were important, where evacuation sites were mentioned as an entry point by social inclusion advisors who stressed how SOPs should be laid out more clearly and special services mapped out. Minimum standards that relied on organisational policies were key. S1 highlighted the need to have evacuation sites in place that consider the protection of children who are separated from their families, and that once minimum standards "are laid out more clearly," they "think that will really help". A2 followed such protective measures by ensuring they had "places dedicated specifically for women and young women and elders, for example, and the place dedicated for men" to proactively protect from forms of violence and ensure dignity.

Local respondents made accessibility a key part of their activities. A4 also ensured accessibility for PWDs, the elderly and women at distribution sites, and similarly at evacuation sites by providing ramps, as well as mapping secure and inclusive evacuation routes for PWDs. S4 shared that they would leverage AA to see how they can engage PWDs to help with the mapping of evacuation procedures. Local volunteers were often engaged to help with evacuation needs. For slow-onset events that did not require evacuation, A5 shared that volunteers either delivered aid directly to the homes of vulnerable populations that could not access it or, instead, accompanied them. Early Warning Messages (EWM) were made accessible with trained community volunteers, both male and female, in disseminating EWM. S6 brought together stakeholders and community members to create a network for delivering EWM for populations often left out. S4 integrated indigenous knowledge and local languages to increase communication and understanding.

Lastly, the respondents shared socially inclusive early actions connected to social protection, often based on broader existing institutional mechanisms. S6 explained that they developed a community of practice related to early warning and shock-responsive social protection, topping up already existing social security allowance for the elderly, pregnant and 100 days mothers, and children under 5 years. Similarly, A4 said that they use data from the national socioeconomic registries on the most vulnerable populations and top up the cash to the beneficiaries. Additionally, A7 stated that in the next few years, more focus will be set on institutionalising AA, specifically linking it to national social protection mechanisms.

7.2.4. Funding

Despite funding being a tangible and less theoretical entry point for social inclusion, most participants shared that no funding was specifically allocated for social inclusion, before or in the AAF. From reviewing AAFs, S5 found that while social inclusion activities were increasing, they had not seen "earmarked funding for PGI streaming into the [AAF]". An option to specifically allocate AA funds can be found in the AAF template, but as A9 mentioned, it was "up to them to decide to see between the budget; if it's enough, it's a priority". A6 stated that while they did not "have a separate budget for PGI", they tried to "incorporate all of the important issues into the existing plan". A7 stated that while no funding was allocated in the past, the next AAF, which is for a non-hydrometeorological hazard, will specifically allocate "a small fund for capacity building refresher training for our franchise staff and volunteers in the PGI". They also aimed for "linking Anticipatory Action to social protection" in the future to locate funds from formal institutions.

7.2.5. Monitoring, Evaluation, Accountability & Learning

Organisational structure and WoWs were relied on for MEAL processes. For example, A6 and A9 used post distribution monitoring, often used in National Societies (NS) for response activities, to ensure that the initiatives were inclusive by ensuring they were useful and reflected community priorities and needs. Similarly, A3 stated the "way it is monitored [we] have a focal point on PGI" and that they were continuously integrating the focal person in the MEAL activities for slow-onset events, as it "takes more time" and needed more support.

Referral pathways and complaint mechanisms were also embedded in the existing processes. A2 connected AA redress mechanisms with national mechanisms and preparedness and response activities, which are supervised by a PGI focal point. Similarly, S4 collaborated with local government and religious and cultural leaders to put in place acceptable standards for safe and confidential referral pathways. Respondents found redress mechanisms to be important to

have feedback from the community to ensure interventions are appropriate and negative impacts are minimised, including for SGBV, yet some still had to be put in place.

It was, however, highlighted by social inclusion advisors that MEAL was rarely reported on in terms of social inclusion, often overlooking more complex social impacts. S2 acknowledged that, depending on the socially inclusive activity, MEAL can be more or less challenging. While dignity kits and training can be quantified easily and directly linked to social inclusion, the impacts are harder to assess. This was shared by A7, who acknowledged how women being beneficiaries is appreciated by the monitoring team, "because the context [they] are working on is very feasible to use the lens of inclusion".

7.2.6. Stakeholder Engagement

Multiple respondents mentioned ways to represent various communities and ensure different voices are heard, including using small committees for women and PWDs, youth committees, children clubs, senior citizens-related networks, marginalised groups networks, orphanages and monasteries, as well as government bodies related to social welfare and protection. For example, A6 shared that the social welfare government body is responsible for ensuring equity, equality and engagement of minority groups and therefore they could engage with them for social inclusion matters. These collaborations were deemed important as numerous respondents used already existing and available data.

Respondents found it very important to consider local communities and volunteers. A11 said that they were "practising a participatory approach where the community is also involved in planning and designing", connecting it to inclusive designing and planning on how the protocols are implemented. Additionally, respondents mentioned child participation, gender balance and involving PWDs in volunteering, and increasing inclusive participation in early actions and training. Children, for example, were engaged for awareness raising and sharing important information with parents. However, meaningful participation was not always a given. International social inclusion advisors stated that it was rare that participation happened meaningfully. S1 said it is "still superficial", and S2 stated that they only "scratch the surface". Accordingly, S5 highlighted that AA practitioners "try their best, but there is not a meaningful way of including people". This was experienced by A9, who explained that even if PWDs were present, they were not actively engaged, and thus, needed to be better involved next time. With the case of engaging children, S2 exemplified that practitioners "need to go beyond [their] comfort zone to know how to consult children and what to do with their comments".

7.3. Enablers and Barriers

This section presents the data on barriers and challenges to implementing a socially inclusive approach in AA, as well as factors that enable and support the feasibility of inclusive actions. Firstly, resources were consistently referred to, where respondents frequently expressed a need for funding, time, personnel and data, and that inadequate access to the resources kept them from acting and making inclusive considerations they otherwise would have wanted to make. It is shown that scant resources provided for AA and specifically allocated for social inclusion limit implementation in practice. Additionally, discussed by each respondent was the importance of knowledge and awareness about social inclusion to expand personal understanding and knowledge about organisational treatment of inclusion, as people working on different things were not aware of what the others were doing. Contributing to a gap in the internal communication and coordination.

Moreover, the data points back to the proactive nature of AA and how using that entry point in introducing social inclusion early can be an enabler. When inclusive actions were advised by a social inclusion advisor in a late stage of the process, those actions required more resources than if they had been introduced earlier. Building on this, the barrier of poor coordination and communication is brought back, connected to relationships. The most tangible barrier lies in the role and contribution of the social inclusion advisor, along with tools and guidelines on inclusive AA. Following the relationships, formal and informal environments affect inclusion in AA. As the RCRCM has established WoWs, they enabled and obstructed in different ways. The sectoral divide of inclusion could cause siloed working; meanwhile, the mainstreaming approach contributed to continuous presence as well as confusion about responsibility. Lastly, the complexity of social inclusion and lack of control experienced among the respondents was raised only in reference to limitations.

7.3.1. Early Entry

Enabling social inclusion to have an early entry into AA processes was argued for by the respondents, both among the social inclusion advisors and the AA and DRRM practitioners. The advisors, such as S2, who stated that “when I know when they start, I can make a contribution”, convey the effect that a social inclusion advisor can have on AA in the early stages. When the advisors are made aware or brought into a project in the end, the AAF development has been ongoing for a long time, and it does not work to demand changes or introduce new topics at that point. Suitably, respondent A4, from an NS point of view, mentioned that it has been helpful when input from a social inclusion focal point has been provided during the start-up phase. To

utilise the proactive benefit of AA in DRRM for social inclusion, A4 specified that the systems put in place during the development of an AAF allowed the NS to respond promptly and make more thorough contributions. In combination with early entry, it was argued that inclusion should have a central spot for integration, or as A2 said, be "a main approach".

7.3.2. Resources

As A3 stated, "the main difficulty to integrate [social inclusion] is about the resources". Many respondents were adamant about the challenges faced by limited resources. A4 mentioned sensitisation as an important factor for gender and social inclusion at the community level, but noted that resources are needed to do so. S3 agreeingly stated that "right now there's very limited resources for this type of work", having referred to activities conducted within AAFs and a lack of funds and capacities, resulting in social inclusion not being prioritised. However, S3 continued that "there's definitely room to expand and room to grow" in introducing more inclusive activities in AAFs, which showcases a positive attitude, whilst feeling constrained by the resource allocations on a wider scale in humanitarian work.

Regarding funds, A8 explained that the most common question when they introduced social inclusion became: "How much budget are we going to need for that?". Parallelly, S4 argued that they would have needed to have a specific budget in the Disaster Response Emergency Fund for social inclusion to enable it properly in AAFs. S5 strengthened this argument, having noted that they had less funding than they needed for social inclusion implementation. Additionally, several respondents noted that they believed that having access to local funding targeted towards AA would be beneficial and support their efforts to ensure social inclusion.

It was mentioned, including by A2, that building up in-house technical capacity was a challenge that NSs faced in scaling their AA efforts for social inclusion. As S6 noted, if there is awareness and will without capacity and practical training, there is not much that could be done. The actions, training and capacity development to shape awareness and implement inclusive activities properly required both funds and more time, especially if it was introduced at a later stage in the process, as described by the respondents, who noted that they had a short lead time to work with, which created barriers in the actions they were able to implement. However, they also reflected that there was a difficult balance to navigate regarding the level of uncertainty to increase the lead time. A11 exemplified the dilemma as they stated, "from the expert's perspective, from our operations centre, who's doing the forecasting to us, is that there's some uncertainty if the lead time is more than five days or more than three days".

Furthermore, the respondents expressed a grave need for more forecasting possibilities to improve their social inclusion work. A4 stated that "there was a challenge of data availability. That was the major challenge". Others explained that they had good access to community data and could properly identify risks and hazard vulnerabilities. However, overall, access to disaggregated data was often lacking according to A5 and S5. Another factor the respondents identified as supporting them was access to informative materials, such as case studies and examples from other projects that have implemented socially inclusive actions. For example, S1 expressed that success stories could act as a learning opportunity in a relatable context. Moreover, A11 mentioned that if there were tools and informative events available, they would have been willing to take part in them to increase their capacities for inclusive AA. Lastly, the respondents explained the need for personnel to conduct specific actions more efficiently.

7.3.3. Knowledge and Awareness

The respondents recognised that without proper knowledge of the needs of marginalised groups, inclusive practices, sensitisation, and training, social inclusion is not properly enabled within AA. For example, S4 and S5 both explained how many people working alongside them lacked training on social inclusion and that such training within AA specifically did not exist yet. Training personnel on this topic as an enabler was frequently argued by the respondents, including A2, A3, A6 and S6, who thought it would have been useful among volunteers and personnel to develop their skills and capacities. Continuing, A10 mentioned that training on social inclusion would be useful, and A3 said that they were "happy to have more training on [social inclusion]"; however, as S3 expressed, it requires funds and time. Similarly, by A1 and A11, exposure to social inclusion and awareness of the needs and importance of informing and catering actions according to vulnerability was emphasised.

Overwhelmingly, there appears to be a sense of insufficient knowledge spread among AA actors on social inclusion. According to the social inclusion advisors, such as S4, AA responders have been active on the ground without ahead of time being oriented in advance on inclusion, forcing it to become an afterthought, while in the case of AA, training could have been done beforehand. There were different degrees of knowledge spread across the organisation, with S1 having described that "some people in the [RCRCM] might very well know what PGI is and be doing projects on it, but the team over here might not". Simultaneously, among AA practitioners, self-awareness could be discerned in statements like the one by A7: "I don't have that much knowledge and insight into [social inclusion]".

The data shows meaningful references to the matter of attitude in inclusive AA. This includes notes on how it can be a challenge to work with social inclusion if other people are not willing or do not recognise the need to do so. This is connected further to the value of interest, with respondents such as A1, S1, S2 and S3 having mentioned that personal interest could shift and come and go along with changing personnel, creating difficulties in maintaining a stable consideration. Moreover, A8 explained how it could be a matter of individual opinion whether someone chose to work on social inclusion or not and if it would be prioritised. From the perspective of S6, "everyone [was] aware about the inclusion, but in practice, this is not taken as a priority". Other respondents expressed how it was not up to them what was formally prioritised, whereas A8 referenced personal prioritisation as a choice. A1 admitted that it was sometimes person-specific whether someone took on the responsibility to ensure social inclusion was considered, and they noted that Partner NSs should step up and take on responsibility in this.

Furthermore, multiple respondents explained that their AAFs have not included any social inclusion-targeted activities specifically, causing the topic to fly under the radar. S1 explained that it is challenging to implement social inclusion because they have been working in silos, with AA and DRRM separate from inclusion. Likewise, S4 recognised that incorporating social inclusion is necessary, which could be difficult when the topics are separated from each other in practice, as it affects the willingness and attitude of practitioners.

7.3.4. Relationships

S1 counted frequent instances of insufficient internal knowledge, as people were not aware of others' knowledge and work. S1 said that "they could even sit right next to each other and then we say, hey, did you know that there's this person working on this? And they say, oh, they're two chairs down, but I didn't know that". Pointing towards the enablement in coordination and collaboration, the respondents who have had access to a Technical Working Group, community of practice, or standards of operations on AA and work alongside them identified it as an enabling factor for them. A1, A2, A10 and S2 agreed that collaborating with multiple levels of stakeholders was or would be an asset to their AA efforts. There were examples of how the respondents have collaborated with local governments, community-based organisations, other NGOs and RCRCM bodies through global events. An approach founded on mutual learning, information sharing, and interagency documentation was encouraged by the respondents. As stated by S2: "It's like the whole loop where we all work collectively."

Moreover, several respondents pointed towards a lack of communication systems between RCRCM actors and external communication to communities. The respondents expressed a need for stronger coordination with all the actors and stakeholders involved, explaining how it was a challenge to reach out to each other properly. A4, A6, A11 and S6 described how effective communication and information sharing were vital in a more socially inclusive AA, with S6 having stated that "inclusive, appropriate, timely and accessible information is most important".

7.3.5. Environments

The respondents distinctly expressed enabling and limiting factors originating in their formal structures of work. Mandate of responsibility was mentioned across contexts, for example, regarding various actors involved and roles becoming unclear, or information not equally distributed depending on who is in the room. A10 mentioned how they could discern the needs among the community, but due to the mandate they had, they were unable to implement activities or distribute needed items.

In reference to formal environments, requirements and institutionalisation of inclusion and AA were protruding. Having AA and social inclusion as part of a governmental policy framework was mentioned by respondents, including A11, who explained that it enabled prioritisation of these topics and more socially inclusive actions. Others noted that having social inclusion as a formal AAF requirement could have a meaningful impact and shape it to be more naturally part of AA and not as likely to be forgotten. If social inclusion was a habit in AA, some respondents, including A1 and A7, felt that it would support and shape effectiveness. S1 argued that within the Movement, they have their principles, and a formal requirement was not going to change that by stating that "it's a value, it's not based on today's donor requirement and tomorrow's donor this and that, we cannot compromise on those principles".

The respondents discussed the culture and norms in the setting where they operated. The social environment shapes which groups were excluded or included, according to S6. A3 added that in their context, "sometimes it's taboo" to talk about certain things within the community, and it was a time-consuming and complicated to reach the communities in a way that can lead to meaningful inclusive AA. Additionally, cultural environments were also represented as a barrier by A7, who stated that their conservative context made it less feasible to undertake socially inclusive activities, but that they "are doing [their] best". This was connected to a lack of control by A7, and that their work was "only going to be a drop in the ocean".

Nearly every respondent talked about community engagement as an enabling factor for socially inclusive AA. For instance, S6 stated that a participatory approach brought them closer to the community, informing their actions. S3 explained that "networking on the ground is also very important, I mean it's also the core of what we do". Working together with the community, utilising their knowledge and tools, was argued for by both S3 and S6. Other respondents, such as A5, noted that the surrounding culture and norms allowed their volunteers to be knowledgeable and have access to the communities, which shaped greater implementation and trust locally. Trust is extrapolated as a valuable enabling factor that A5, A7 and A11 felt they had. Due to local chapters and branches, communities had a built-up system of trust and a sense of presence from the NSs. However, the operational context was reported as an occasional challenge by some respondents. The nuances of the setting can affect how NSs are able to implement AA, and in that regard, how they can target socially inclusive actions.

7.3.6. Complexity and Lack of Control

Exemplifying the lack of control experienced by respondents surrounding social inclusion in AA, S2 said that although they made suggestions, they could not impose their recommendations; it was up to the implementing actors to decide whether to include the inclusive actions. Priorities were mentioned to play a significant role in what the respondents could do, and multiple levels of priorities needed to align, including, for instance, from funders, the RCRCM, community level and within the implementing NS and the AA team. For example, as mentioned by S1, it could be donors who do not want to see mentions of certain socioeconomic groups or identities.

A5 explained how the social inclusion criteria were there, and groups were included on paper, but they occasionally forgot to invite them in person. For example, A9 noted that in a crisis, priorities shifted, and it was easy to forget that not everyone had the same abilities as you and may needed more support. The reason for this is likely rooted in the complexity of shifting perspectives and priorities onto inclusion. The novelty of AA may have a role to play in that, exemplified by A4's statement: "I have a background of disaster risk management. So it was very difficult for me to digest the anticipatory action at the beginning". Adapting to something new can have difficulties, leading to a narrowing of perspective.

S5 considered that if there were traces of inclusion, it meant that they were purposefully added there. This limitation shows that inclusion is dependent on intentionality among the stakeholders involved. A5 showcases the limitation that even if the internal will or the tools are there, the surrounding system of politics, norms and stakeholder priorities can be outside their control and

ability to influence. They stated that they had “limited disaggregated data to identify the vulnerable population because of the country situation”. Similarly, A1 and A7 also found limitations associated with conflict in their respective countries, as well as A8 acknowledging that internally displaced people were hard to account for within an AAF or lacked the status to be engaged as volunteers.

8. Discussion

This chapter discusses topics that emerged throughout the findings against the existing literature on AA, DRRM and social inclusion to answer the research question. The different topics represent the broad perceptions of how practitioners understand and operationalise socially inclusive approaches in AAFs. Additionally, this section presents the shortcomings currently existing and opportunities for the future for social inclusion in AA.

8.1. Vagueness and Tangibility

Throughout the findings, the data reflect a tension between how social inclusion is understood and how it is operationalised in practice within AA. There is a constant ‘tug of war’ between expectations of what inclusive approaches should entail and the realities of how they are implemented. While respondents frequently showed awareness of the importance of social inclusion, this was not always translated into concrete, actionable actions, with respondents often being vague. Across the interviews, social inclusion in AA was frequently a ‘blind spot’ within its processes and an area of improvement in the future. Unlike other components of AA, such as forecast and trigger setting, social inclusion was commonly reflected as intangible and less directly connected to AA and instead a ‘humanitarian mandate’. Thus, social inclusion was less prioritised and harder to act upon. This perspective was compounded by limited knowledge and concrete tools to guide implementation, which led to simplifying socially inclusive activities rather than targeting root causes and transformative actions.

Practically, social inclusion was reduced to more tangible and manageable elements, such as the identification and listing of ‘vulnerable groups’. Identified groups that included more visible and known vulnerabilities also took the spotlight, including people with visible physical impairments, leaving a more complex understanding of the needs of other marginalised populations to take the backseat. Less clear and generalisable identities, including the LGBTQIA+ community, using an intersectional lens and linking vulnerability to root causes, were also discussed and implemented less. This gap in the approach does not belittle the commitment of

practitioners in ensuring social inclusion in AA, but rather mirrors similar limitations found in DRRM.

Many researchers point to the lack of concrete and transparent inclusion within broader social inclusion in DRRM, similar to what is described above (D. Alexander, 2015; Bradshaw & Fordham, 2015; Chaplin et al., 2019; Chetry, 2024; Eriksen et al., 2021; Sharan & Gaillard, 2025). Research shows that unintended exclusions may result in further marginalisation of individuals (Eriksen et al., 2021). Therefore, it is important to ensure that the oversimplification of complex and intersecting vulnerabilities when implementing social inclusion does not unintentionally exclude individuals. Additionally, participation was acknowledged as important for marginalised communities, yet it was rarely linked to outcomes. Gupta et al. (2023) found a similar trend in gender mainstreaming across humanitarian organisations, with a focus on processes rather than results. This, they argue, does not align with humanitarian work, which focuses on achieving concrete results. Therefore, a misalignment is found between the broader conceptualisation of social inclusion that aims to address structural inequalities and power dynamics, and the immediate, action-oriented practice observed in AA implementation. This is not independent from broader social inclusion operationalisation in DRRM, perhaps also pointing to an inherent difficulty in implementing social inclusion.

Processes of prioritisation within AA further reinforce this misalignment. With limited time, funding constraints and competing operational demands, social inclusion is often deprioritised for more immediate, measurable, and technical initiatives. Geisemann et al. (2025) note that practitioners often exclude early actions based on timelines, sometimes not reflecting local community needs in AA. The findings show that, especially in times of funding cuts and shifting global political priorities, socially inclusive approaches are commonly the first to be scaled back on. This suggests that despite its known importance, social inclusion is vulnerable to being sidelined. Gupta et al. (2023) reflect on the lack of resources allocated to gender mainstreaming as its vagueness increases. Thus, it is important to ensure social inclusion does not become a selectable option, but rather an approach embedded throughout AA processes.

Overall, these dynamics point to the tension between how social inclusion is understood and its operationalisation in AA. On the one hand, there is a need to make inclusion more tangible, actionable, and measurable to integrate it effectively. On the other hand, such efforts can risk reducing social inclusion to simplified categories or technical fixes that fail to capture its inherently complex nature (Chaplin et al., 2019; Scott, 2024).

8.2. Mainstreaming

In the findings of this study, there is a correlation between the general topic of cross-cutting and mainstreaming social inclusion in AA and differing understandings on whether this approach is a benefit or a limiting factor, which is of interest to contrast against the findings in previous research. Likewise, multiple bodies of literature deeply express how mainstreaming was introduced and widely adopted among NGO's, complemented and further developed through various frameworks in a hopeful attempt to reduce global inequalities (Chineka et al., 2019; Ginige et al., 2009; IFRC, 2018; Yumarni & Amaratunga, 2018). A sentiment shared by the RCRCM and its practitioners working with AA and DRRM. This entails a view that it is necessary to regard social inclusion as a cross-cutting matter, to be streamlined throughout all levels in the AA process.

Similar to the criticism of mainstreaming raised by authors such as Novovic (2023) and Rai (2018) there is a sentiment among the RCRCM that, whilst having promising intent, mainstreaming may be part of what contributes to the vagueness and intangibility of social inclusion. Frequently, it instils a sense of the mainstreaming approach being used as a 'scapegoat' for social inclusion in AA. Gupta et al. (2023) argue that mainstreaming is clouded by a confusion of the concept, resulting in superficial add-ons of representation and meeting basic needs rather than transformative opportunities and increased expertise among practitioners. Meanwhile, it could be argued that it is not part of the RCRCM mandate to address root causes and be transformational in its activities. Yet, there is a sentiment among practitioners of wanting to address disaster impacts more inclusively.

Yet, the Movement consists of multiple individuals who express a wanting of assigning clear individual mandates of responsibility, which can be found when there is a social inclusion officer involved. AA practitioners collaborating with an advisor express great gratitude for their work and contributions, while those without access to an advisor identify this as a key limitation. In this light, there is a clear discrepancy in why it is that the social inclusion officers and advisors are wanted yet feel underutilised. It could be argued that the role of the so-called 'PGI-person' requires clearer responsibility in combination with stronger, tangible, cross-cutting activities.

The results showcase a risk that something that is the role of everyone can become the role of no one. When social inclusion is separate from AA and DRRM, as it is its own sector within the Movement, the common siloing of work and awareness challenges implementations of specific inclusive actions, as experienced on the international level. Meanwhile, it would be equally

challenging to remove a current area of priority on the local level in exchange for social inclusion if the global policy and socioeconomic environment do not shift to support resource allocations. All in all, multi-level, cross-sectoral mainstreaming of social inclusion may be easier said than done and contribute more on paper than it does in practice. The potential can be found in a general recognition of its importance, but it is reliant on awareness and prioritisation on every level involved in the DRRM and AA process to reach a meaningful impact where it is needed.

8.3. Organisational factors

This study shows that socially inclusive approaches are understood and operationalised beyond individual understandings and mediated by organisational practices and structures. In the RCRCM, there is a strong, established system of WoWs, and the formal environment can be recognised across numerous contexts and parts of the world. Social inclusion in AA, here, was no exception to the WoWs of the RCRCM. On the one hand, across the data, organisational mandates, tools and established WoWs show key entry points for integrating social inclusion. On the other hand, relying on formal structures could increase the vagueness of the social inclusion mandate from a practitioner's perspective. Rather than emerging solely from context-specific analysis, inclusive approaches are guided by pre-existing tools and organisational logic that can shape priorities of how social inclusion is addressed. Thus, inclusion becomes embedded within WoWs that both enable and constrain its operationalisation, depending on how these frameworks are applied and interpreted in each context.

The nature of the RCRCM is to engage with the community to ensure the local context comes through in their practices by ensuring local trust and community volunteers. Therefore, while literature expresses the lack of contextualisation and community involvement of DRRM approaches to social inclusion (Acanga et al., 2025; Andharia, 2020; Sovacool & In, 2026), the data shows a different trend. Practitioners find it easy to contextualise toolkits from international frameworks if resources and capacity are present and community engagement is heavily centred in their initiatives. In such a case, for an organisation whose implementation culture surrounds community volunteer engagement, success stories, examples and toolkits can be beneficial. However, similar to social inclusion advisors unsure about the existence of meaningful participation, the literature warns against tokenistic participation (Gaillard et al., 2017; Sharan & Gaillard, 2025; Ton et al., 2019), requiring local practitioners to be aware of the contributions that marginalised communities have to ensure that opportunities are not being neglected (Gupta et al., 2023).

8.4. Institutionalisation

In this study, the results show that formal environments in terms of institutionalisation are central to enabling the operationalisation of social inclusion in AA. Throughout, local legislations and policy requirements are referred to as an answer to the question of what sort of development would influence inclusive AA for the RCRCM efforts. It has been shown that AA is becoming increasingly integrated in local governmental frameworks and is added as an institutional requirement, which can contribute to strengthening AA overall. Within the Movement, AA is not a formal requirement for each NS to implement, yet due to the mainstreaming approach, social inclusion is required to be included if AA is introduced.

In general, multi-level partnership and improved coordination among stakeholders heavily influence the final outlook of social inclusion in an AAF. Choudhury et al. (Choudhury et al., 2021) state that formal policies play a key role in ensuring that existing inequalities are not reinforced when new activities are introduced. Moreover, institutional exclusion shapes disaster vulnerability and experience (Bullard, 2008; Reid, 2013), making it vital for NSs level implementation to coordinate with local governments. This supports the intention behind AA as being embedded within national DRRM strategies (Tenzing, 2020). Ensuring that there is a mutual prioritisation of inclusion aspects of AA among all involved actors, especially those in a decision-making role, is understood as one of the RCRCM's key challenges for operationalising inclusive AA.

Continuing this topic, the results showcase that there is a fear, especially on the international level, in the RCRCM of working in silos. However, even though AA is not technically designed to target any long-term development, the topic frequently arose. Mainly, it was understood in relation to social protection, either to be outside the mandate or purpose of AA, or as an institutional tool applicable to include in AA, which is argued for by Tenzing (2020) as well. Influencing local policy coordination on humanitarian efforts also happens on the scale of global frameworks, where priorities made there trickle down and need to align with priorities on every level until it reaches the community (Bradshaw & Fordham, 2015; Sharan & Gaillard, 2025).

Furthermore, beyond requesting local institutionalisation, if AA receives local funding, it could become more steadfast and capable of allocating funds in line with governmental requirements. Bradshaw and Fordham (2015) note that funds which specifically address social and gender inequalities can lower risk thresholds and reduce disaster experiences, whilst also being more cost-effective and valuable than other funding. Therefore, if targeted funding comes from the local government, there is an opportunity to contribute to greater operationalisation of inclusive

AA. However, this argument is heavily reliant on a local policy framework that favours AA and social inclusion, as well as an open political landscape where the implementing actors operate. Moreover, the more requirements that are introduced, the less room there may be to make contextual alterations and to shape AA according to community needs and requests. Sharan and Gaillard (2025) explain that the local political and historical context plays a big role in DRRM planning and implementation, which also influences why it is seldom beneficial to create one-size-fits-all solutions for social inclusion, since the context contributes to a whole different shape. Replicating measures across settings is deemed better on paper than in practice (Andharia, 2020).

8.5. Protruding Differences

Views on social inclusion differ between the perspectives of social inclusion officers, the 'S' respondents, and the AA practitioners, the 'A' respondents, which connects further with international compared to local level. The social inclusion advisors regard the topic as complex and difficult to apply in practice; meanwhile, the AA practitioners are not under the impression that it is impossible, they mainly wish to have greater levels of knowledge, both for themselves and within their team and local organisation that they work with. However, there is a gap to be closed here where the AA practitioners could better communicate with those who are knowledgeable on the RCRCM PGI topic.

An interesting takeaway from the comparison between social inclusion advisors and AA practitioners is a significant limitation in coordination and communication. Namely, 'A' respondents, in consensus, think that social inclusion is important but difficult to implement. What has been requested to overcome some of these barriers is more tools and guidance on how to practically implement social inclusion in AA. 'S' respondents frequently refer to various materials that have been developed about increasing protection of vulnerable groups in DRRM contexts or for contextual success stories. The presence of such materials, in combination with the statements of lacking available tools, shows a lack of coordination between those who develop and work with the materials and those working locally on the implementation level.

This study finds that local level 'S' respondents appear to be the most knowledgeable and feel the most secure about social inclusion and how to implement it in practice in AA initiatives. On the other hand, local level 'A' respondents showcased the lowest levels of theoretical understanding of social inclusion, while international level 'S' respondents knew the least about practical implementation. The knowledge is spread out among different actors, which could entail that not one sole individual has all the necessary knowledge, but through communication and

coordination, the most comprehensive set of knowledge and experience can be built. Yet, since the international 'S' respondents have limited contextual knowledge, this group also expressed the most pessimism regarding current social inclusion efforts in AA, and that it is not meaningfully done. However, the perceived pessimism may be explained by their deep understanding of what inclusion looks like, and they can clearly identify the distance current efforts are from that reality. Simultaneously, the local level practitioners are convinced that this is the next thing to be developed in their AA efforts.

Research such as that by Acanga et al. (2025) critiques contemporary efforts to create inclusive DRRM, stating that it is not properly integrated into the frameworks. However, case studies of AA, such as the Nepal case (IFRC, 2023a), show that inclusion can be and is implemented, only differently than expressed in academic terms. Even though DRRM activities include major social inclusion considerations, there is likely to always be some cases of marginalisation that cannot be avoided. The challenge, likewise, is how to monitor inclusion, as the results show that the tools and technical capability to do so are limited within the Movement.

In conclusion to this section, international-level social inclusion advisors have identified that a shift is needed within the Movement for social inclusion to become more integrated in a meaningful way in the planning and implementation of AAFs; however, there is uncertainty regarding what exactly this shift entails. On a more local level, there is a conviction that social inclusion will happen; however, without descriptions of how it will occur. An increased focus and prioritisation of streamlining social inclusion in AA practice by introducing clear requirements, mandates of responsibility and contextually adaptive tools from the very beginning of the planning stages could contribute to this mission. Moreover, increasing the practice of inclusivity into an AA habit and standard in operation could lower the thresholds that shape inclusion as an intangible topic.

8.6. Future Pathways

In summary of the discussion of this study, wider trends of understandings and the operationalisation of social inclusion in AA can be connected to the wider DRRM field. Therefore, links can be made to suggest pathways forward. First, and foremost, findings in this research show that social inclusion is best integrated when it is ensured from the start, including resource allocation and technical knowledge. In this manner, since social inclusion benefits from being proactive, it could be stated that it may naturally benefit from being incorporated within AA. There is ample opportunity to utilise this common ground if the barriers are overcome. This

does require a change of prioritisation and resource allocation throughout the AA process, to ensure social inclusion can be properly targeted.

One of the immediate gaps which mirrors previous research well is regarding often identified excluded groups. In general, various marginalised groups are discussed in AA efforts within the RCRCM as groups with needs to target in implementation, but not to understand the root causes of vulnerability to lower expected impacts from the bottom up (Andharia, 2020). Gender as a concept is rarely addressed and is referred to as equal to women. This view risks minimising gender to women as a homogenous group without addressing gender norms and social relations, shaping the vulnerability or needs identified (Enarson et al., 2018; Favetti et al., 2025; Sovacool & In, 2026). Similarly, Persons With Disabilities (PWD) are frequently grouped without explicit reference to what type of disability is included or how they may have vastly different needs (D. Alexander, 2015). Moreover, elderly people and children are found not to be considered in participation in AA initiatives, meaning that there is knowledge and capacities found among different ages not being acknowledged and included in AA (Ngo, 2012; Sovacool & In, 2026). Furthermore, except for a solemn case, LGBTQIA+ is not mentioned, pointing towards a neglect of this group in AA, just as in DRRM (Larin, 2024; Vickery et al., 2023).

While the data does depict a level of socially inclusive approaches, the understanding of which groups are included and how to plan inclusive AA accordingly differs among the respondents. This shows internal gaps within the Movement that could be turned into an enabling factor by targeting greater shared understandings organisation-wide. There are cases within the RCRCM where root causes of differentiated impacts are being targeted, so the capacity and knowledge can be found. Where social inclusion is not fully implemented is not due to a weak understanding of what it is, but rather a limitation of knowledge on how to operationalise inclusive AA.

9. Conclusion

With the potential of AA in targeting disaster risk for socially excluded groups, this study explored how social inclusion is understood and operationalised by practitioners in AA processes. The results give distinct examples of how social inclusion is understood and currently operationalised, while identifying what enables and limits practitioners to adopt socially inclusive approaches. Overall, the study reflects broader social inclusion dynamics where social inclusion is arguably everywhere and nowhere at the same time. The study reinforces the importance of social inclusion considerations for future pathways towards more effective AA and DRRM practices.

First, a tango between the complexity of social inclusion and the technicality of AA is noticed. Intersectionality and root causes are seldom reflected and addressed, while more tangible considerations take centre stage. Marginalised groups remain left behind and not considered, leaving social inclusion as a theoretical understanding instead of an actionable implementation. Social inclusion in AA cannot be effectively operationalised without being tangible, yet cannot be reduced to tangible components without potentially creating exclusions. This highlights a broader challenge in embedding socially inclusive approaches within DRRM. The gap between understanding and practice is not a 'failure' of its practical implementation, but a reflection of the conceptual nature of social inclusion and operational logics of DRRM.

Additionally, mainstreaming is a principal factor in shaping social inclusion in AA. However, it is associated with more vagueness and uncertainty of who holds responsibility for ensuring AA practices are socially inclusive. While on the one hand, organisational mandates emphasise inclusion throughout, social inclusion becomes an afterthought for most practitioners, thinking that while everyone should ensure it, the focal person of social inclusion holds the capacities. However, they are not always invited and thus are unable to apply their knowledge. This begs the question of whether today's existing practices of mainstreaming are the most effective for ensuring inclusive approaches are adopted. Improvements in organisational practices of social inclusion need to be made, where social inclusion should be mainstreamed, not as a scapegoat of responsibility, but rather as a requirement throughout the process of AA initiatives.

It is important to understand whether the observed approach to social inclusion is a reflection of the RCRCM as an organisation or indicative of broader patterns within AA. Nevertheless, the findings suggest that the organisational structures play a significant role in shaping how inclusion is translated into practice, with practitioners relying on organisational ways of working. This highlights the importance of organisational context and mandates when ensuring social inclusion is applied. The question that follows is whether organisations will make the necessary structural adaptations to embed social inclusion within routine practice, or whether its incorporation will continue to rely on individual motivation and informal organisational habits.

As AA is increasingly recognised worldwide as an important initiative to save lives, more governments and institutions find it crucial to adopt the approach. The findings show that AA practitioners rely on broader institutional systems, requiring these to be socially inclusive from the start. Investing in social inclusion beyond AA is therefore crucial; collaboration and coordination across institutions can ensure AA is socially inclusive by embedding approaches in national and international frameworks, reducing the risk of marginalised communities being excluded.

Lastly, learning from actors within this sector and the wider DRRM field can contribute to better implementation of success stories in AA. Social inclusion was understood and operationalised differently across mandates, making communication within an organisation crucial. AA practitioners frequently portrayed gaps in knowledge on social inclusion, yet a willingness to increase it. Likewise, social inclusion advisors pointed to the need for stronger recognition and engagement within AA processes. This highlights the need for further investments in, and formalisation of, technical working groups on social inclusion in AA to strengthen an emerging community of practice.

Further research areas have been identified in this study. First and foremost, as this research is a case study of a specific organisation's operationalisation of social inclusion in AA, it is of interest to compare with a different organisation's understandings and operationalisation of the topic. Secondly, the gaps found in this study suggest that further investigations are needed on AA and social inclusion about underrepresented populations, for example, but not limited to, the LGBTQIA+ community, the elderly and intersecting identities. Moreover, the research sheds light on the lack of knowledge surrounding inclusive approaches to triggers in AA. Future studies could bridge existing knowledge of early warning messages and forecasts, as well as investigate novel inclusive approaches. This is an important source of knowledge that could bridge the technical and social aspects of inclusive AA. Entry points in AA for transformative opportunities for excluded individuals could also be beneficial, as such approaches are not yet prioritised or targeted. Furthermore, this research does not include the lived realities of the marginalised populations, which would be the beneficiaries of AA initiatives. Therefore, there is interest in researching how policies and practices translate to local lived experiences. Lastly, this research does not explicitly evaluate AA initiatives. This evaluation is recommended for each organisation and entity to be carried out to identify gaps and entry points within their context for social inclusion in AA.

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Appendix A – Interview Guide

Introduction

I. Thank you for taking the time…
II. Short summary of project and aim of interview
III. Consent
IV. Do you have any questions before we start?

Project Information (15 min)

1. How was it that you became involved in AA? / How long have you worked with AA?
    - *What was your role? (Advise, design, on the ground)*

2. Do you have a specific EAP/AAF in mind that you worked on that you can tell us more about? How was it developed and implemented?
    - *What were the main priorities during the process?*
    - *What challenges stood out?*
    - *What were some key outputs and learnings?*

V. Do you have other insights you would like to address?

Inclusion Aspects in AA process

3. In what ways, if at all, were gender or other forms of social inequality discussed or considered?
    - *Which groups were identified as vulnerable?*
    - *How were these the factors of vulnerability thought of in intersection to each other?*
    - *How did you go about it?*

4. Can you give an example of how those considerations influenced a specific decision?
        - *Hazard Impact – how well informed; existing capacities; root causes of vuln.; intersectionality*
        - *Trigger – prioritisation of who's risks and thresholds; diverse lead time considerations*

- *Actions – which inclusive actions did you have; access; needs; providing opportunities (identifying & delivering actions); unintended impacts and exclusions; long-term sustainability (SP)*
- *Funding – complexity, efficiency of allocations; how used for population, how allocated for PGI training and capacity development; how provided*

VI. Do you have other insights on the AAF process you would like to address?

Enablers and limiting factors

5. Is there any time in this process that you felt provided the greatest opportunities for inclusive considerations?
    - *If not, where would you have liked to have some?*

6. How would you define the greatest obstacles you faced
    - *Tools & resources: guides, time, funds, data, knowledge, capacities*
    - *Relational capacities: stakeholders, collaborations, local communities, trust, access*
    - *Enabling Environments: formal (frameworks, requirements) & informal (norms, culture)*

7. How would you have gone about it today, knowing what you now know, would you have done anything differently?

8. In your opinion, overall, what needs to change for Anticipatory Action to be more inclusive and effective?

Conclusion

VII. Do you have anything else regarding AA and inclusive approaches that you would like to discuss?

VIII. Thank you

Appendix B – Coding Scheme

The darker shades represent codes shaped by the conceptual framework, while lighter shades show the emerged codes.

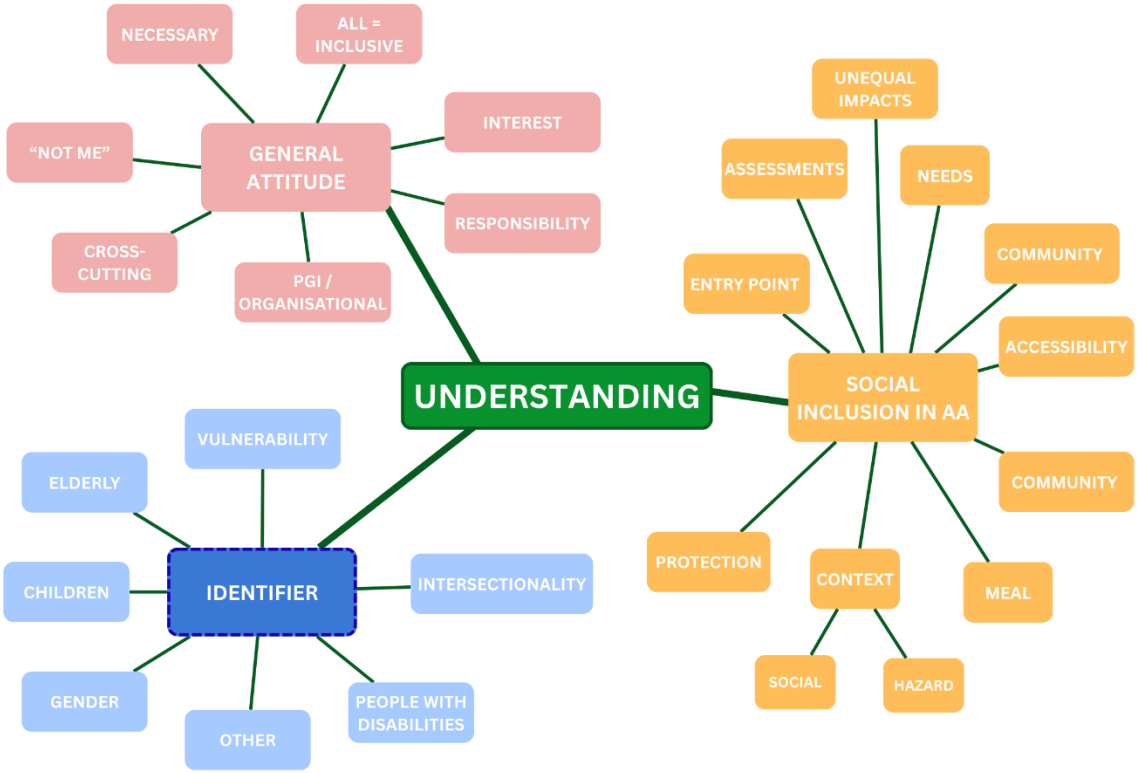

Figure 2 – Subtheme and Code Interaction for Understanding

Figure 3 – Subtheme and Code Interaction for Operationalisation

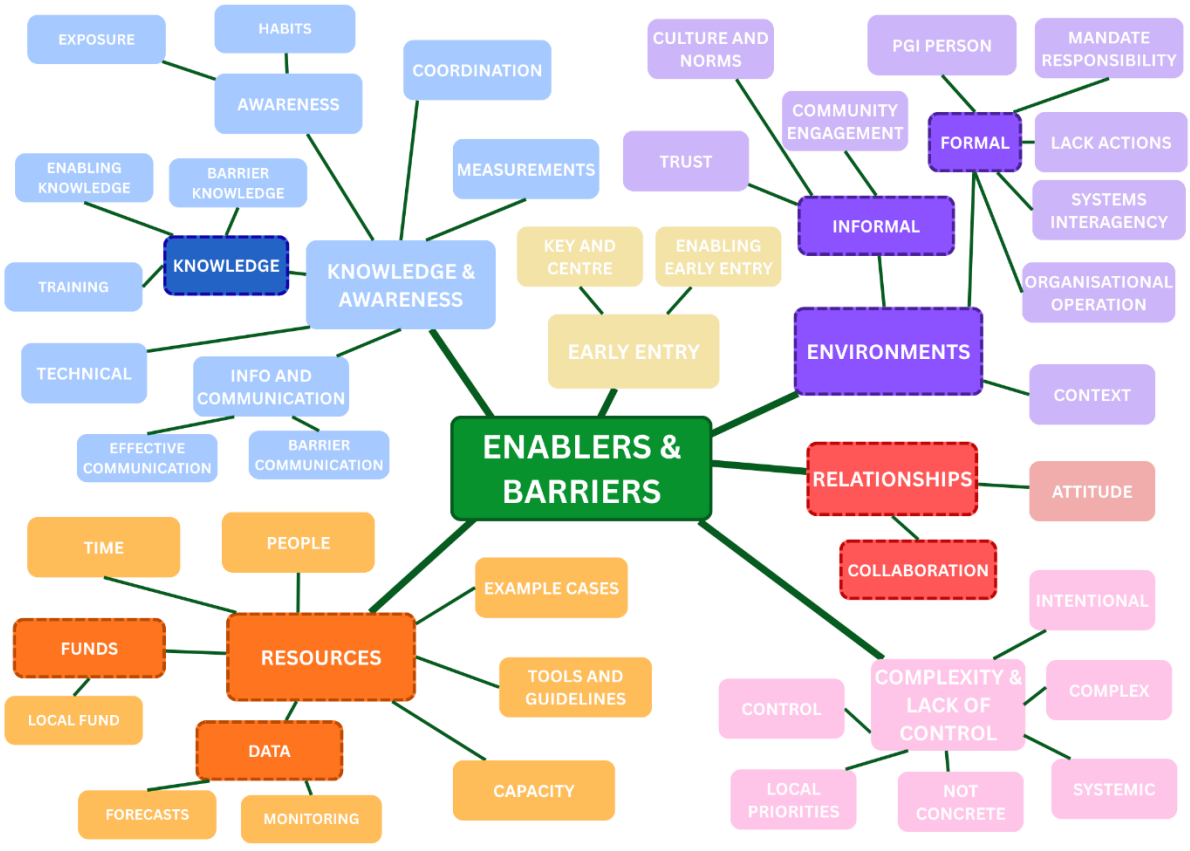

Figure 4 – Subtheme and Code Interaction for Enablers and Barriers