LASER PULSE

Long-term Assistance and Services for Research (LASER)
Partners for University-Led Solutions Engine (PULSE)

DISSECTING THE EVIDENCE LANDSCAPE OF PRIVATE SECTOR ENGAGEMENT IN HUMANITARIAN ASSISTANCE: EVIDENCE REPORT 1

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AOR Name: Kevin Roberts

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ABOUT LASER PULSE

LASER (Long-term Assistance and Services for Research) PULSE (Partners for University-Led Solutions Engine) is a five-year, $70M program funded through USAID's Innovation, Technology, and Research Hub, that delivers research-driven solutions to field-sourced development challenges in USAID partner countries.

A consortium led by Purdue University, with core partners Catholic Relief Services, Indiana University, Makerere University, and the University of Notre Dame, implements the LASER PULSE program through a growing network of 3000 researchers and development practitioners in 61 countries.

LASER PULSE collaborates with USAID missions, bureaus, and independent offices, and other local stakeholders to identify research needs for critical development challenges, and funds and strengthens the capacity of researcher-practitioner teams to co-design solutions that translate into policy and practice.

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ACRONYMS

ALMR	Advancing Learning & Market Research
BHA	Bureau for Humanitarian Assistance
CPSR	Catalyzing Private Sector Resources
DDI	Bureau for Development, Democracy, and Innovation
EGM	Evidence Gap Map
HA	Humanitarian Assistance
HPSEI	Harnessing Private Sector Expertise and Innovation
ICT	Information, Communication, and Technology
INGO	International Non-Governmental Organization
ISSA	Information Sharing, Strategic Alliance
ITR	Innovation, Technology, and Research Hub
KI	Key Informant
LAC	Latin America and the Caribbean
LASER PULSE	Long-term Assistance and Services for Research, Partners for University-Led Solutions Engine
MSD	Market Systems Development
PSE	Private Sector Engagement
SEEnv	Strengthening the Enabling Environment
UN	United Nations
USAID	United States Agency for International Development
USG	United States Government
WASH	Water, Sanitation, and Hygiene

EXECUTIVE SUMMARY

Despite documentation that private sector engagement (PSE) in the humanitarian assistance (HA) field has grown in recent years, robust evidence of its impact is largely lacking. Available evidence of PSE in HA is often based on qualitative findings. This evidence report, the first in a series of three, discusses the evidence and gaps in PSE in HA and is solely based on an analysis of 184 documents, which does not reflect the universe of experience. In brief, the analysis of such engagement seems overwhelmingly positive and cross-cutting across sectors and regions. The main concerns in this context are the lack of comparative studies and a better knowledge of the full extent to which private sector actors engaged in humanitarian assistance. This report is intended for USAID staff, private sector partners, and the broader humanitarian community to understand the state of the evidence in this field to better inform future engagement.

The below are a summary of findings in this report:

1. The **size and breadth of the PSE evidence base are growing**. Most evidence comes from major humanitarian agencies, their projects, their partners involved in humanitarian activities, and occasionally private businesses engaged in HA. **Evidence produced by external parties is limited and includes little analytical rigor**.
2. The PSE evidence base is **regionally skewed towards Africa and Asia**. The evidence of engagement is concentrated in a small number of countries.
3. **Multinational, US, and European companies dominate the PSE evidence**. National companies from some countries in the global south are starting to play a more prominent role in HA, especially those from the financial services and telecommunication sectors. Still, small businesses, especially those from the global south, are either not engaged in HA or are not highlighted in the evidence base.
4. Emergency response, followed by early recovery, dominates HA activities. **The number of humanitarian focused PSE examples is lowest in mitigation-related activities**. The results are consistent across all regions and causes of emergency. Some mitigation-related activities may not be classified as humanitarian.
5. **Private sector collaboration with implementers** (such as INGOs and UN agencies) **is more common** than with donor governments in all stages of HA. **PSE that provides technological solutions**, or other forms of innovation, **is more prevalent** than cash or in-kind support, including in the response phase.
6. **PSE documentation is highest in humanitarian activities related to natural disasters**, followed by public health emergencies of international concern. PSE in man-made emergencies shows a higher concentration in Africa and the Middle East. Note that this analysis does not include evidence or documentation from Russia's war on Ukraine.
7. Harnessing private sector expertise and innovation and strengthening the enabling environment are the two dominant PSE approaches for humanitarian agencies.
8. Based on the documents reviewed, **PSE across regions vary based on the causes of emergency** but are similar in their focus on response and recovery stages rather than mitigation, risk reduction, and preparedness.
9. **PSE in different technical sectors varies greatly** and is higher in financial, logistic & transportation, and telecommunications and Information, Communication, and Technology (ICT) related services than agriculture or manufacturing/ construction. The PSE is lowest in sectors like governance and climate/ environment. The results are mostly consistent across regions.

The below list touches on the evidence gaps that this literature review uncovered, explained in more detail in the body of the report:

1. The PSE in HA evidence base generally lacks rigor.
2. Evidence of PSE in agriculture and agriculture-related emergencies is poorly documented, albeit not lacking in regions subjected to regular shocks and stressors.
3. The evidence coverage is highly skewed toward certain sectors.
4. While the evidence base within health is deep, the topical distribution of evidence within health is uneven.
5. Large, visible emergencies in certain countries dominate the literature, leaving smaller or less-visible emergencies far less documented.
6. Documented evidence related to size of financial investments/contributions and cost-effectiveness specific to PSE in HA activities is limited.
7. The documented PSE in HA evidence focuses primarily on the foreign private sector rather than on businesses from the global south.

This report wraps up with a series of recommendations, centering around mobilizing a coordinated, international effort to develop a learning agenda addressing key evidence gaps around PSE in HA. A brief summary of those recommendations are as follows:

1. Create an international PSE in HA learning agenda
2. Invest in a more rigorous evidence base
3. Engage a wider variety of sectors and countries in building the evidence base
4. Engage a wider variety of private sector actors, particularly at the national and local levels
5. Invest in expanding evidence around the added value, sustainability, and cost-effectiveness of PSE in HA

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INTRODUCTION

Private sector engagement (PSE) is a strategic approach to international development: donors and country governments consult, strategize, align, collaborate, and implement development or humanitarian activities with the private sector for scale, sustainability, and effectiveness (1). In the fiscal year 2021, the United States Agency for International Development (USAID) responded to 82 crises in 68 countries and provided $8 billion to help disaster and conflict-affected people and to improve communities' resilience to future crises (2). As a signatory of the Grand Bargain Initiative, the USAID Bureau for Humanitarian Assistance (BHA) strives to make humanitarian assistance (HA) cost-effective and impactful (3). PSE is crucial for innovative approaches to solving global challenges in line with the Great Bargain Initiative and USAID objectives. Moreover, USAID recognizes that it is imperative to increase and deepen the agency's collaboration with the private sector, leading to the formulation of the agency's PSE policy. The policy is a "mandate to work hand-in-hand with the private sector to design and deliver [USAID's] development and humanitarian programs across all sectors (1)."

While public-private partnerships and PSE in development and HA can leverage private sector resources, expertise, and networks, there are many unknowns: a) how and where this is happening within HA activities; and b) the specific types of engagements that already exist within humanitarian settings (4). One challenge in studying PSE in HA is that the private sector's ad hoc and independent assistance following crises (5) remain poorly tracked, documented, and communicated. However, it is important to note that the private sector's unprecedented contributions to the Ukraine crisis have been documented through the Ukraine Private Sector Donations Tracker. This tracker was developed after the evidence was collected for this analysis. In this regard, the private sector's role and impact are yet to be fully explored within HA.

A partnership between the USAID BHA, and the Pulte Institute for Global Development at the University of Notre Dame, through the USAID Bureau for Democracy, Development and Innovation's LASER PULSE mechanism, initiated an effort to synthesize and review existing literature in PSE in HA activities. We reviewed 184 documents from 50 repositories suggested by 21 Key Informants (KIs) from USAID and other agencies[1]. The information from the literature is to be included in the USAID PSE Evidence Gap Map (EGM). The selection of the KIs was based on BHA recommendations and captured the

1. Of the 21 Key Informants, 11 (4 female, 7 male) were from USAID (from PSE Hub and five different divisions of BHA). Other 10 Key Informants (6 female, 4 male) were from six different agencies outside of USAID including UN agencies (1), INGOs (8), and the private sector (1).

experience across regions, agencies, and technical sectors related to HA. The selected documents were coded using a nested codebook that defines different types of PSE, the geography, kind of HA, and the stages of emergencies they engaged in using qualitative software Atlas.ti. (Figure 1).

This evidence report discusses the evidence and gaps in PSE in HA and is solely based on an analysis of documents this effort selected. It is the first in a series of three evidence reports that focus on dissecting the evidence of PSE in global, regional, and local contexts in addition to different sectors and stages of emergencies. This report is intended for all humanitarian and PSE practitioners inside and outside USAID, including other United State Government (USG) agencies, implementing partners, the private sector, donors, non-governmental organizations, and researchers.

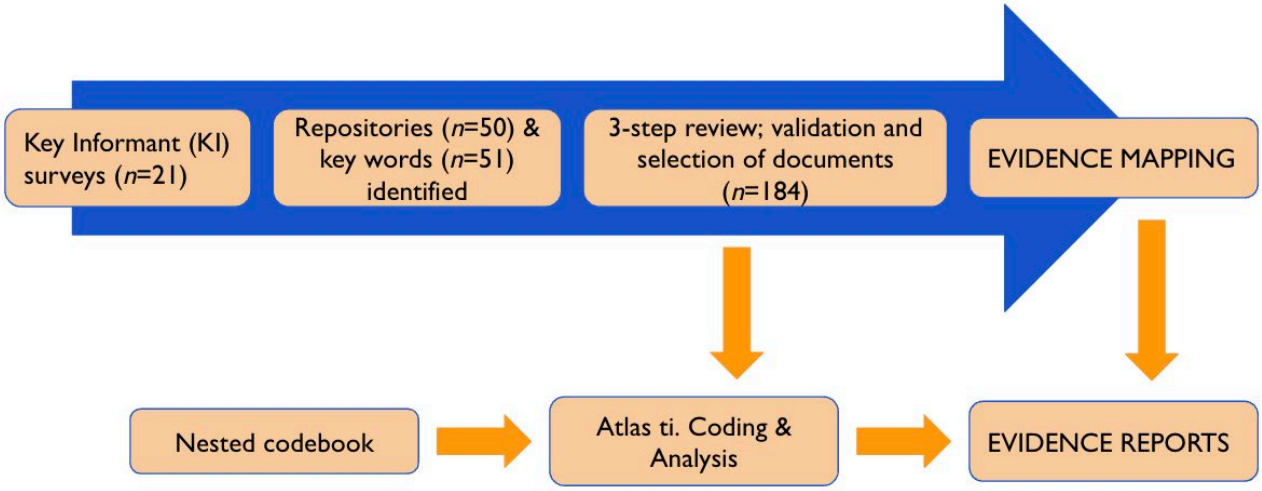

Figure 1: Evidence search strategy for evidence mapping and evidence report preparation

Our analysis is based on qualitative methods following a systematic review of the literature and document coding to provide a contextualized understanding of PSE approaches in HA. Most of the reviewed documents capture the PSE in HA of foreign businesses (primarily multinational businesses), skewed to a few sectors and in the humanitarian response stage. In this regard, our results are only high level and general insights into PSE in HA and do not aim at statistical validity and generalization. The document collection, review, and analysis were limited in time and, as such, ended before the Ukraine crisis began. Thus, the PSE related to Russia's war on Ukraine is not included in our analysis, even though the private sector has been involved on an unprecedented scale. The reviewed documents span two decades (2000 - 2021), focusing more heavily on documents after 2015. The focus of the repository search,

document coding, and analysis were on PSE in HA in the global south. Thus, evidence of PSE in humanitarian causes in the USA, Canada, and Europe is limited in this report.

FINDINGS

The following section reflects on the findings of the research team during data collection and analysis.

Finding 1: The size and breadth of the PSE evidence base are growing. Most evidence comes from major humanitarian agencies, their projects, their partners involved in humanitarian activities, and occasionally private businesses engaged in HA. Evidence produced by external parties is limited and includes little analytical rigor.

The PSE evidence in HA has grown over the past decade. Most of the evidence comes from documents prepared by United Nations (UN) agencies, the World Bank, bilateral donor organizations (mainly USAID), and international non-governmental organizations (INGOs) and/or their implementing partners and project affiliates. In some instances, documented evidence comes from the private sector or foundations associated with the private sector but, in most cases, with aid agencies or INGOs[2]. Case studies dominate the reviewed literature. The proportion of documents using rigorous analytical methods is small (Figure 2), meaning that most pieces of evidence failed to effectively attribute the reported successes and/or results to PSE and instead documented the instances where PSE occurred. Even though many documents imply the additionality of PSE and present some financial figures, they often lack sufficient detail (6,7,8,9,10).

2. Around 15% of the reports were associated with the private sector, but in most cases jointly with aid-agencies or INGOs. Another 15% were journal publications, still most were limited by geographic coverage and detailing PSE in HA.

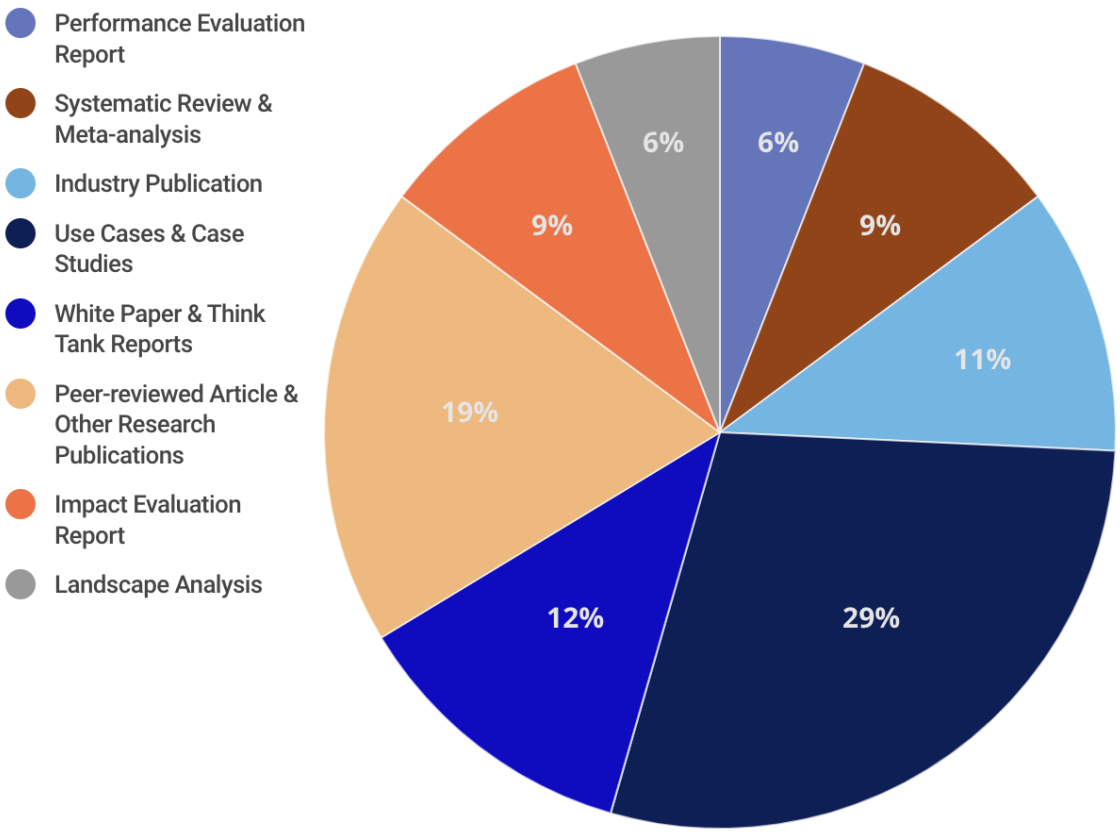

Figure 2: Types of documents reviewed (%). Graphic made with Infogram.

Finding 2: The PSE evidence base is regionally skewed towards Africa and Asia. The evidence of engagement is concentrated in a small number of countries.

Our corpus of documents captures evidence from 71 countries. There is considerable disparity in the types of HA activities, private sector partners, and the frequency of engagement across different sectors. More than 90% of the documented evidence was from the global south, likely since our search strategy for identifying the repositories focused on the global south. Out of the 71 countries, more than 50% of the documented PSE evidence applies to only 15 countries.

Furthermore, the evidence is heavily skewed towards Africa (25 countries) and Asia & the Pacific (19 countries) compared to the other global regions. The five countries in which PSE is most documented are Kenya, Uganda, the Philippines, Haiti, and Sudan. The evidence collected is scant in most other countries– almost 30 countries mention having

only one or two instances of PSE, and those mentions provide little to no detail. This lack of evidence does not necessarily correlate to a lack of PSE in HA in certain countries, but rather that these engagement activities are not well captured and documented in the sources we found.

Finding 3: Multinational, US, and European companies dominate the PSE evidence. National and regional companies from some countries in the global south are starting to play a more prominent role in humanitarian causes, especially those from the financial services and the telecommunication sectors. Still, small businesses, especially those from the global south, are either not engaged in humanitarian causes or are not highlighted in the evidence base.

The PSE in HA is dominated by US businesses (large and multinational), followed by those in the United Kingdom (UK), especially related to financial services, telecommunications & Information, Communication, and Technology (ICT), construction & engineering, and consulting. However, European firms from countries like Sweden and Germany have a good presence in the logistics/shipping and telecommunications sectors. Many tech companies (including start-ups) collaborate with international, national, and local partners in several global south countries to test and scale their products (8,11,12,10,13). The domination of US businesses in HA activities may reflect a greater openness of US humanitarian agencies in engaging for-profit entities in HA activities. Similar openness is lacking in most European countries (11). We find evidence of regional and south-south collaborations, primarily aimed at better emergency response, recovery, and preparedness. For example, the agreement between the Central Bank of Haiti and Viettel (Vietnam's mobile telephone operator) is aimed at addressing the lack of network due to poor mobile penetration during the 2010 earthquake for better emergency search, rescue, and aid distribution (14).

While the reviewed literature highlights the substantial involvement of national-level businesses in HA activities, most national-level private sector enterprises, especially the small and micro-enterprises in the global south, are often not identified by name. In some countries (like Kenya, Uganda, the Philippines, Jordan, and India), there is a noticeable presence of local and national level private-sector partners (14, 15).

Finding 4: Emergency response, followed by early recovery, dominates HA activities. The number of HA PSE examples is lowest in mitigation-related

activities. The results are consistent across all regions and causes of emergency.

In most cases, it is hard to pinpoint where the emergency response stage ends, and recovery begins. As a result, clear separation of PSE by stages of HA is difficult, especially for longer engagements. In some instances, risk reduction (efforts to minimize, monitor, and control the probability or impact of emergencies or hazards) and preparedness activities (efforts to enhance knowledge and capacity) co-occur. PSE is highest in the response stage (43% of PSE), reflecting both humanitarian and business motives. In addition, presence in the response stage helps enhance a company's standing, image, and reputation (16). Almost a quarter of the PSE examples are related to recovery, while the remaining 30% of the examples are in preparedness, recovery (restoration efforts), and mitigation (the effort to lessen impacts), with the lowest HA PSE examples in the mitigation stage (Figure 3). The results are consistent when disaggregated by region (Figure 4).

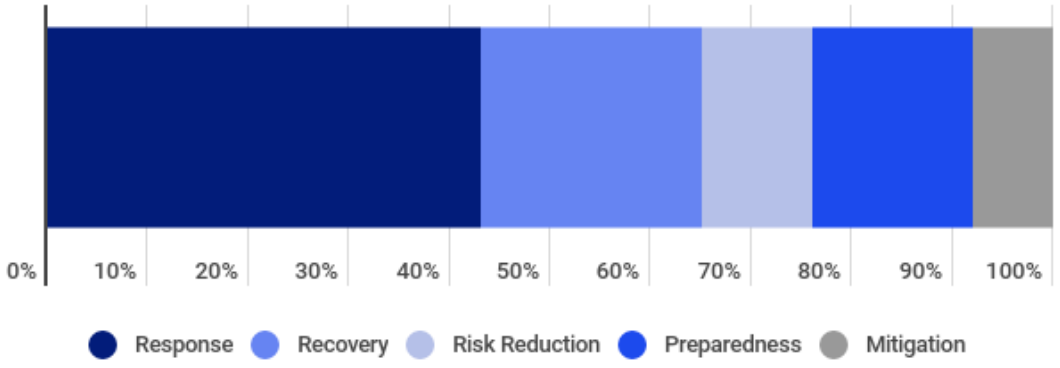

Figure 3: Private sector engagement in different stages of emergency in humanitarian assistance (%). Graphic made with Infogram.

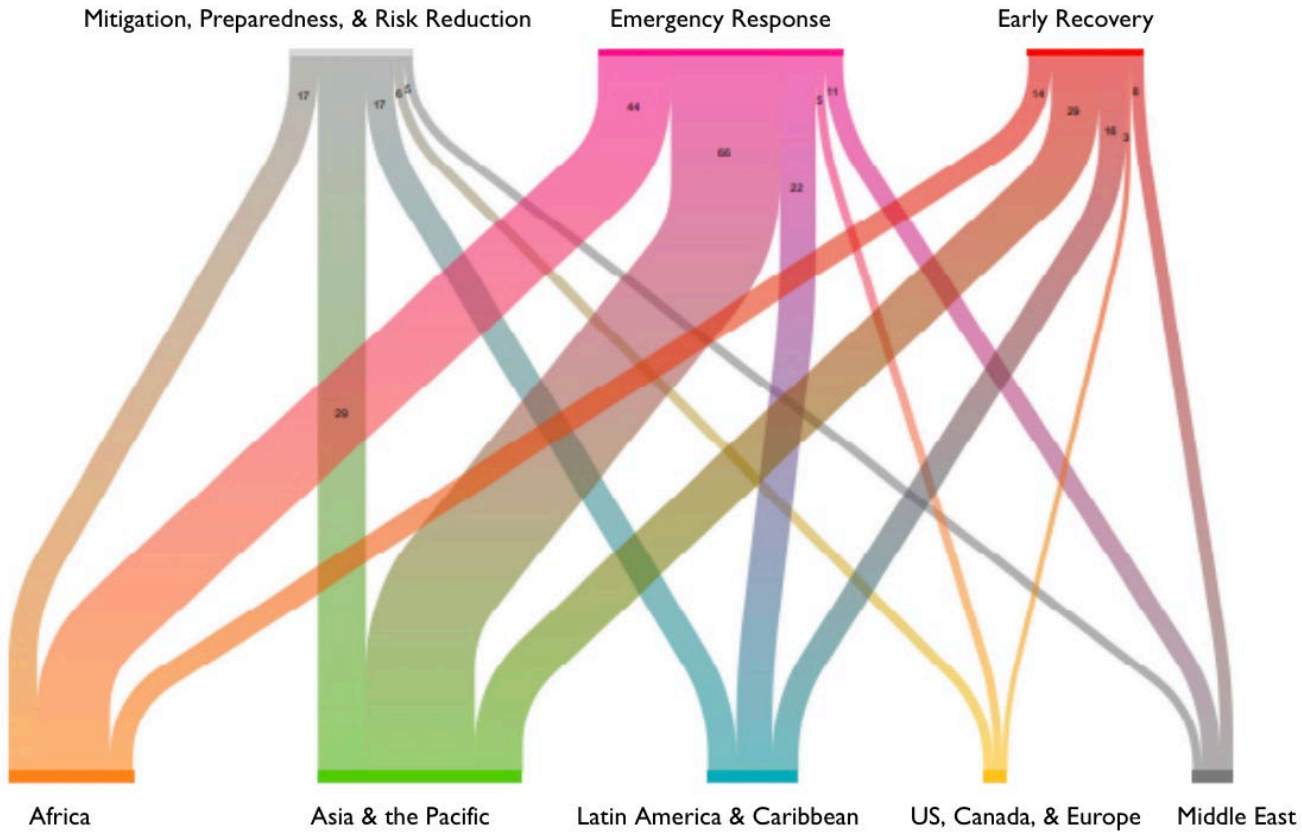

Figure 4: Private sector engagement in different stages of humanitarian assistance in five regions

Finding 5: Private sector collaboration with implementers (such as INGOs and UN agencies) is more common than donor governments in all stages of HA. PSE that provides technological solutions, or other forms of innovation, is more prevalent than cash or in-kind support, including in the response phase.

The documented evidence of private sector collaboration with implementers (INGOs and UN agencies) is more common than with donor governments in all stages of HA. Collaboration of businesses across sectors suggests high complementarity of their services and expertise, for instance, the financial and ICT sectors. PSE with faith-based organizations or family foundations is low. The PSE that offers technology or innovation is more common for HA activities than cash or in-kind support in the emergency response stage and mitigation, risk reduction, and preparedness stage; there is an equal mix of both in the early recovery phase. This finding is backed by other reports that suggest the changing nature of PSE in recent years compared to the early 2000s (6,17,18). Many cash donations may happen without ever getting reported. In contrast, technology and

innovation interventions are more substantive engagements on the company's part and are, therefore, more likely to be described and documented. The engagements based on cash and in-kind programming may not trigger as much PSE evidence building about motives, barriers, or value-added of PSE compared to engagements designed as PSE from the start.

Finding 6: PSE documentation is highest in humanitarian activities related to natural disasters, followed by public health emergencies of international concern. PSE in man-made emergencies shows a higher concentration in Africa and the Middle East.

Our analysis considers four causes of emergencies (natural, man-made, health, and agriculture-related) in three stages of HA. Most of the documented PSE (41%) are related to natural causes (atmospheric and seismic), followed by human health emergencies, including COVID-19 (28%). Response to man-made emergencies (war, conflict, violence), especially related to the needs of refugees, follows that (27%). Transboundary emergencies related to agriculture and livestock (locusts in East Africa and Western Asia, Fall armyworms (FAW), and major crop and livestock diseases) are not well-captured in the literature (Figure 5). In addition, the humanitarian interventions do not capture an understanding of PSE in agroecosystems related activities, mainly due to expediency.

Our review shows a considerable concentration of PSE evidence in some countries and major emergencies: the earthquakes in Haiti, Turkey, Nepal, and Indonesia; the typhoons in the Philippines, as well as hurricanes in the Caribbean and USA; conflict in the Middle East and East Africa; and, more recently, COVID-19 globally. PSE is considerably higher in the response stage, followed by the recovery stage across all four causes of emergencies, except for the emergencies related to health causes, where the PSE is higher in preparedness, mitigation, and risk reduction than in the recovery stage.

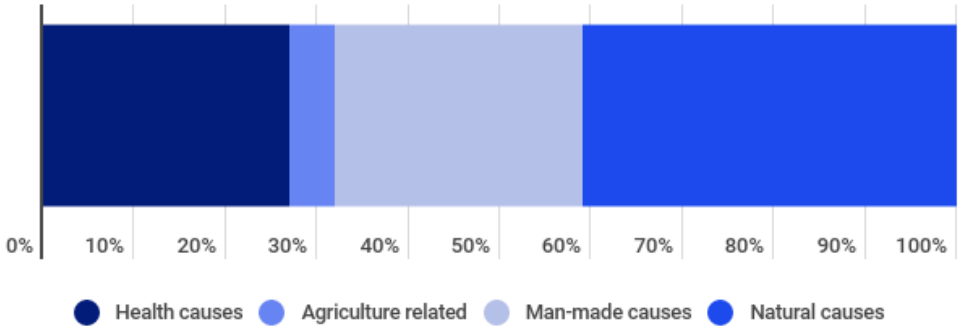

Figure 5: Private sector engagement in emergencies related to different causes (%). Graphic made with Infogram.

Finding 7: Harnessing private sector expertise and innovation and strengthening the enabling environment are the two dominant PSE approaches for humanitarian agencies.

Our analysis shows humanitarian agencies consider five approaches for PSE in HA activities (Figure 6) but harnessing private sector expertise and innovation (HPSEI) (32%) and strengthening the enabling environment (SEEnv) (26%) are more common. Our finding corroborates the fact that the partnerships bringing innovations and expertise (like digital finance and risk financing) are becoming more commonplace across regions and different types of emergencies (19, 20). Again, the introduction of most of the innovation in financial services is based on government buy-in and changes in regulations. Such changes in the law create an enabling environment to scale up and scale out innovation (21,22,23). PSE for catalyzing private sector resources (CPSR) ranked only third of six PSE approaches, corroborated by the fact the private sector shifted away from cash and in-kind donations to partnering based on core business competencies (18) in recent years. Information sharing, strategic alliance (ISSA), and advancing learning & market research (ALMR) were less common PSE approaches. The results are mostly consistent across stages of HA, but ISSA is more appropriate in the preparedness stage than the early recovery stage of humanitarian assistance. These results were consistent across different regions.

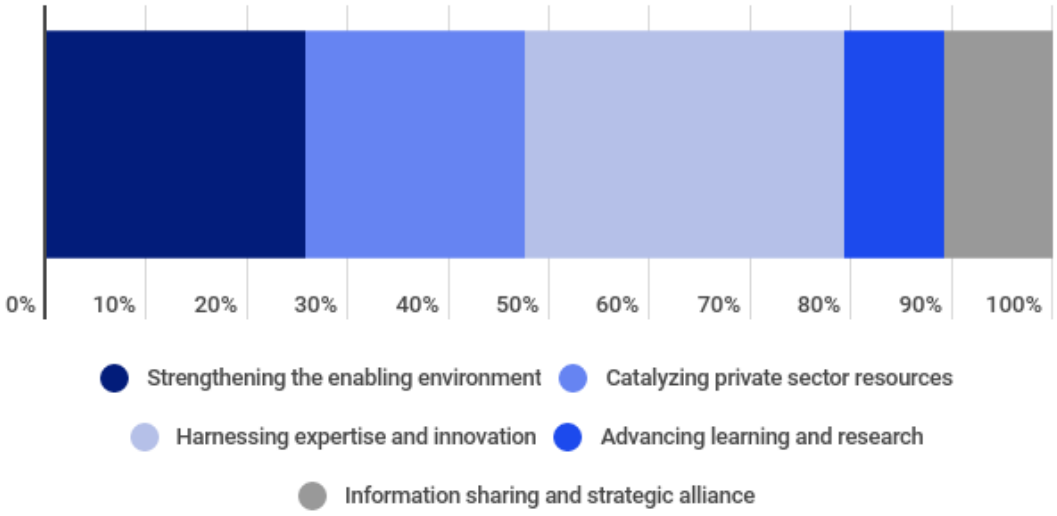

Figure 6: PSE approaches in humanitarian assistance activities

Finding 8: PSE across regions vary based on the causes of emergency but are similar in their focus on response and recovery stages rather than mitigation, risk reduction, and preparedness.

While there are similarities in HA responses to specific emergencies, the primary HA responses and PSE across regions vary slightly.

- PSE examples in Africa focus on four main areas: digital finance, disaster risk financing (including for agriculture), refugee support (cash or voucher programs, biometrics technology, temporary shelters, water, sanitation, and hygiene (WASH) activities, supplies like water and food), and expansion of telecom networks, which are critical for HA response, recovery, and preparedness. Kenya, Uganda, Sudan, and Mali are some countries with evidence of PSE in HA activities related to agriculture and food security.
- In Asia and the Pacific, the PSE evidence mainly revolves around fundraising, response and recovery, and preparedness related to tsunamis (6,24,25); typhoon recovery and digital finance in the Philippines (20, 52); earthquake response and recovery in Nepal, Pakistan, and Indonesia; and cyclones in Bangladesh (26).
- In the Middle East, the PSE is mainly related to conflict, refugee, and earthquake-related activities. The PSE primarily occurs in Yemen and Jordan in response to the needs of refugees and other displaced populations, including interventions around digital finance, settlements, and food distribution (27). The PSE discussed

in Turkey focuses more on response to and preparedness against earthquakes (including risk financing) (28, 26).

- In Latin America and the Caribbean (LAC), the focus of PSE is related to response, recovery, and preparedness related to natural disasters like earthquakes (Haiti) and hurricanes (Haiti, Caribbean, Mexico). The prominent examples of PSE in this region are risk financing (22, 23) and expanding telecom/mobile networks to measure preparedness and recovery, especially in Haiti after the earthquake in 2010 (14).
- The PSE related to COVID-19 response and preparedness primarily involves national and local-level businesses from several countries, but the documented evidence is relatively shallow across regions (29, 30). The restrictions imposed by governments and the fear of infection (in 2020 and 2021) explain the limited foreign business engagements in response to COVID-19.

Finding 9: PSE in different technical sectors varies greatly and is higher in financial, logistic & transportation, and telecom/ICT related services than agriculture or manufacturing/construction. The PSE is lowest in sectors like governance and climate/environment. The results are mostly consistent across regions.

We coded for PSE in several different technical sectors; however, most HA activities operate on multiple fronts; thus, precisely categorizing PSE by technical sector is a bit challenging. The high co-occurrence among some sectors explains this. Our findings suggest that the businesses most involved in HA activities concentrate on a few service-related sectors like financial services, telecom services, and logistics rather than on production sectors like agriculture, similar to what other reviews suggested (5). However, the tertiary service sectors serve the primary sector (like agriculture) and secondary sectors (like manufacturing) and thus are cross-cutting. PSE in health services and WASH-related HA programs are also well-represented. The PSE in activities related to food security is also well-represented, but documented PSE in activities related only to agriculture production within agriculture is relatively low.

The results of PSE, when disaggregated by technical sectors, show some variation across the region. In most cases, the number of PSE is higher in Africa and Asia, the exception being engineering and construction (including debris removal) in LAC compared to other regions. The financial services and ICT-related PSE dominate all regions, followed by health, nutrition, logistics, and transportation activities. At the same time, the engagement of the private sector in agriculture, engineering, and social services (including education) is low for HA activities.

The use of financial services (including digital finance) is commonly documented for emergencies, including earthquakes (in Haiti and Turkey), typhoons (the Philippines), conflict and refugees (East Africa and the Middle East), risk financing against hurricanes (Mexico, Haiti, and other Caribbean countries), agriculture and livestock insurance (Kenya, Somalia, Mali, and Malawi) (14, 31, 20), and digital or cash-vouchers for disbursement of aid to refugees (Africa, and the Middle East) (32,33, 34). The private sector includes financial service providers (multinational), banks (regional or national) and micro-finance institutions (national), non-governmental organizations (NGOs), telecom service providers (mix of national, regional, and multinational), tech companies (e.g., biometrics services), other service providers (national and local). These collaborations across different partners, especially when multinational businesses are involved, are facilitated by different humanitarian agencies and governments. The PSE in financial sectors is compatible with ICT and telecom sector businesses. In addition, the involvement of the private sector in testing several innovative technologies like 3D printing, machine learning, artificial intelligence, Chatbots, biometrics, and drones for emergency response, recovery, and preparedness is also documented (35). However, the evidence of the wider use of these technologies is not yet there in the same manner as that of digital financial services.

PSE in the agriculture sector strongly co-occurred with food distribution and logistics activities. This high co-occurrence reflects the private sector's role in ensuring value-chains (linking market and production) rather than directly providing agricultural production support (36, 37). The evidence of PSE in agricultural production and processing is primarily concentrated in Africa. The documented PSE agriculture is around technical consulting for market systems development (MSD), technology or innovations (digital finance, crop, and livestock risk financing), or the support of consultants or researchers (14, 38, 31). Our results corroborate reports suggesting the relative lack of PSE evidence related to agricultural emergencies. For example, the SEADS Project report, even though the report does not focus on PSE and takes a narrow view of emergencies while documenting the evidence. However, some evidence shows that during emergencies, food security activities focus more on food distribution, vouchers, or cash for food (34, 39), in some cases, by linking emergency and development programs (40).

Health and nutrition, logistics and transportation, food distribution, and WASH-related activities are other services where PSE is relatively well documented, with high co-occurrence. The evidence related to health and nutrition is mostly around health rather than nutrition, but food distribution activities also, in some cases, target children's nutrition (41). The PSE in the health & nutrition sector includes health-related services, such as blood drives, distribution of medicines, and treatment of wounded during emergencies.

Our finding of low PSE in providing social services (including education) is consistent with other reports suggesting education is often treated as a low priority in humanitarian responses (42). The involvement of the private sector in peacebuilding, security, governance, and climate & environmental services is low in HA activities. However, the co-occurrence between peacebuilding, security services, and governance is high. The PSE in engineering and construction services that are relevant both for emergency response (debris removal, resumption of transportation and utility services, temporary shelters) and disaster preparedness or resilient infrastructure is more commonly discussed in Haiti, Nepal, and Indonesia (43, 44, 45) and in Turkey (28, 15).

Some countries like Haiti and Kenya provide examples of PSE in different technical sectors and causes of emergencies. In Haiti, the literature encompasses PSE related to hurricanes, earthquakes (43), epidemics like cholera (5), pandemics like HIV and COVID-19 (46, 29), and cash-transfer (47). In Kenya, the PSE evidence touches on HA activities related to refugees (19), agriculture risk financing (19, 5), digital finance, food distribution (32, 48), violence, and terrorism (49, 32). Kenya has been a place for testing innovations in digital finance, and the M-PESA model has been expanded to other countries in Africa and elsewhere for HA-related activities (50).

EVIDENCE GAPS

Evidence Gap 1: The PSE in HA evidence base generally lacks rigor

Almost 80% of the PSE are presented as successful (in many instances implicitly), with rather limited details on how successes were measured. In addition, most of the PSE evidence comes directly from agency/s implementing the HA activities or, in some cases, from the private sector involved (51, 52), and thus may be subjected to measurement and reporting biases. While some of the PSE related to digital finance and risk financing have been tested and scaled out in multiple regions and emergencies and could thus be considered to have relatively strong evidence of effectiveness, there exist evidence gaps for other innovations.

While emergencies impact all, certain groups like the elderly, sick, disabled, women, and children are most vulnerable during life-threatening emergencies. We did not find evidence of PSE with a specific focus on equity and inclusion concerns. For instance, using digital financial services in HA activities is a way to improve inclusion (33), but there isn't enough explicit focus on equity and inclusion. When equity and inclusion aspects are

not explicit, especially the interventions that are remotely managed, there is the risk that hard-to-reach people will be left out (57).

Evidence Gap 2: Evidence of PSE in agriculture and agriculture-related emergencies is lacking

The documentation of the private sector engagement in agriculture is low, especially in production (input and production activities). The lack of concrete evidence of the impact of emergency agriculture programs is also documented in the SEADS Project report. However, the matrices chosen for the report did not directly involve the assessment of PSE. While the immediate focus after a disaster is on reducing casualties, evidence on the PSE in agriculture during the recovery or preparedness stage is also poor, especially in regions other than Africa. The documented PSE in agriculture is largely related to supporting research and assessments and providing agriculture insurance (related to drought in Africa), digital cash/ vouchers, and a few instances of market system development (MSD) activities. The plausible reason for this may again be because the major private sector partners involved in agriculture-related HA programs are national (like seed companies, agro-vets, and allied services), and their roles are implied rather than explicitly identified in the literature. In addition, major agriculture-related transboundary emergencies (locusts in Africa and Asia, FAW, and major crop and livestock diseases are missing (53, 54, 55). While there exist reports on FAW and Locusts, documentation of PSE in HA activities related to these pests is lacking. The PSE in agriculture-related emergencies may be limited as most activities focus on short-term objectives making it difficult to reach out to the private sector.

Evidence Gap 3: The evidence coverage is highly skewed toward certain sectors

Some sectors like financial services, ICT/ telecom, and logistics/ transportation dominated the PSE literature. On the other hand, PSE in social services sectors (education included) and services related to governance/ peace (other than provisioning support for refugees) are limited (56). While other reviews also have suggested poor documentation of PSE in the education sector (42). This noticeable lack of evidence in the social services sector is surprising, given the level of involvement of ICT firms in HA activities responding to the need of refugees (in Africa and the Middle East). In addition, the lack of evidence of PSE in HA activities focused on education is particularly surprising, given the magnitude of COVID-19 disruption of education systems and the impact it had on children, youths, and families, considering the possibility of using ICT tools in education.

Evidence Gap 4: While the evidence base within health is deep, the topical distribution of evidence within health is uneven

There is a preponderance of documented PSE in health and nutrition, most of which comes from medical services used in response to natural disasters, COVID-19, and WASH-related programs, rather than other pandemics or epidemics. Our search on HA-specific PSE interventions in nutrition-related activities alone did not yield much and mostly co-occurred with food distribution activities rather than nutrition-focused agriculture or any nutritional programs like school meals or targeting pregnant and lactating women or children. The McGovern-Dole Food for Education Programs and Mary's Meal are notable even though these are not entirely from the HA sphere. There is minimal evidence of PSE related to HIV/AIDS and epidemics like Ebola, Zika, or Avian flu. This may be because our repositories were more focused on humanitarian interventions rather than medical research partnerships or partnerships with pharmaceuticals.

Evidence Gap 5: Large, visible emergencies in certain countries dominate the literature, leaving smaller or less-visible emergencies far less documented

The evidence of PSE is limited to some emergencies faced in the past two decades. For instance: the Rohingya refugees from Myanmar (2017), Ebola (2014-2017) in West Africa, Zika (2015-16); Swine Flu (H1N1), Kashmir earthquake (2005), Iraq conflict, Cyclone Idai and Kenneth (2019) in Southern African countries are some to mention. The documentation of evidence from Eurasia, South America, and the Pacific region is not captured well by the reviewed literature. The evidence of PSE in risk reduction, preparedness, and mitigation of climate/ environmental disasters like floods in South and Southeast Asia (India, Nepal, Bangladesh, Cambodia, Thailand), drought in Africa other than in East Africa, bushfires, especially one in Australia in 2020, El Niño induced extended dry periods in Central America (Guatemala, Honduras, El Salvador, and Nicaragua), and the locust havoc in Africa (in 2019-20) are some to mention.

Evidence Gap 6: Evidence related to financial investments and cost-effectiveness is limited.

The literature discusses a good array of PSE, but in many instances, there is a lack of detail on the size of investments or contributions of the private sector while it engages. The level of detail on the private-sector contributions (time, resources, capacity) is difficult to find, which other reports also point out (58). Also, it is unclear how the PSE was

initiated, as crisis modifiers and extension to development interventions or one that arose from a specific emergency, except some documented by major donor government agencies, UN agencies, or the World Bank.

Evidence Gap 7: The documented PSE evidence focuses primarily on the foreign private sector from the global north (majority multinationals) rather than businesses from the global south.

In most emergencies, the PSEs begin with the local/national businesses. These initial engagements are more common with government agencies or donors already present in a given country. These engagements of local/ national level businesses are often limited to reports in the local language or local news outlets. The repositories we focused on were those related to humanitarian agencies rather than government publications or media reports originating from countries where HA activities were implemented. The knowledge about the local/ national level PSE is essential for planning and implementing HA activities for future disasters, thus worth documenting PSE in countries prone to disasters.

CONCLUSIONS

Despite documentation that private sector engagement in the humanitarian assistance field has grown in recent years, robust evidence of its impact is largely lacking. It is important to note this discrepancy, as this knowledge will allow for better targeting of further evidence-building efforts. While cross-sectional and limited to the documents reviewed for this report, evidence of PSE in humanitarian assistance is often based on qualitative findings. These studies are usually conducted in areas with a high concentration of private sector actors, primarily large and multinational businesses. The study could not document PSE for local businesses and small businesses. As explored above, such engagement seems overwhelmingly positive and cross-cutting across sectors and regions, the limitations of which are not fully clear. The main concerns in this context are the lack of comparative studies and a better knowledge of the full extent to which private sector actors engaged in humanitarian assistance.

RECOMMENDATIONS

A landscape analysis of the state of the evidence of PSE in HA demonstrates several key findings and gaps. Below are some potential steps that could be taken to consolidate the evidence base and fill some of the knowledge gaps.

Recommendation 1: Create an international PSE in HA learning agenda.

While there exist substantial evidence resources in PSE in HA, as noted above, there are some noticeable gaps in the overall evidence base that limit the ability of HA and private sector actors to make evidence-informed decisions on PSE. As long as these gaps persist, the evidence base will remain incomplete. A coordinated, international effort could be mobilized to develop a learning agenda to fill key evidence gaps around PSE in HA. This learning agenda could articulate key questions, approaches, actors, and resources that can all be mobilized to fill gaps in knowledge. This global learning agenda can, in turn, be used to inform regional, national, and organizational learning agendas on the topic, leading to a concerted effort.

Additional recommendations below refer to elements that may be deliberately addressed within the learning agenda.

Recommendation 2: Invest in a more rigorous evidence base.

A significant gap likely exists between what is occurring and the evidence documented around PSE in HA as part of this effort. Results measurement, research, evaluation, documentation, and dissemination require a certain level of investment. To date, investments in this space have been largely ad-hoc and internally led. There is a noticeable lack of third-party, externally led evidence-building activities regarding PSE in HA. Ensuring sufficient resources to allow such activities will ensure a higher likelihood that future evidence will be less biased, more objective, and more rigorous.

Recommendation 3: Engage a wider variety of sectors and countries in building the evidence base.

The evidence base in terms of sector and geography is very deep in some areas and quite shallow in others. Humanitarian responses in most countries and some sectors highlighted in this evidence report are poorly documented, leading to a biased body of knowledge. Sectors and geographies warranting additional examination should be spelled out within the learning agenda for deliberate attention to areas requiring further learning.

Recommendation 4: Engage a wider variety of private sector actors, particularly at the national and local levels.

The evidence base is woefully inadequate at documenting PSE with local private sector actors, despite abundant anecdotal evidence suggesting PSE is happening. This omits the potential to document the meaningful contributions of private sector actors to humanitarian causes within their communities. Engaging local actors is consistent with efforts to foster the journey towards self-reliance, and the evidence base should follow suit.

Recommendation 5: Invest in expanding evidence around the added value, sustainability, and cost-effectiveness of PSE in HA.

Because the financial evidence is relatively slim within the PSE in HA evidence base, any general claims about the value added from PSE in emergency settings are likely unsubstantiated and hypothetical. Though they are limited, the promising findings on this topic warrant an additional inquiry into the relative efficiency and effectiveness of PSE vs. more traditional approaches to HA.

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