

EXPLORING A MODEL TO SUSTAINABLY STRENGTHEN BEHAVIORAL SCIENCE CAPACITY

Case study from Nepal



BACKGROUND

Globally, progress towards high, equitable vaccination coverage has been uneven. The COVID-19 pandemic has caused a decline in childhood vaccination and exacerbated existing inequity. In Nepal, coverage did not improve between the 2011 and 2016 Demographic and Health Surveys. In fact, coverage declined from 87 percent in 2011 to 78 percent in 2016.¹ To reverse this trend and reach the 22 percent of children who are under-immunized or have not received any vaccinations, it is critical to improve the understanding of and address factors associated with low vaccine acceptance and uptake.

Behavioral science, the evidence-based understanding of how people behave, make decisions, and respond to programs, policies, and incentives, offers methods and tools that can help uncover the behavioral and social drivers of low vaccine uptake.² These methods and tools can also enable practitioners to use behavioral insights to develop tailored solutions for communities with lower vaccination rates. Through the Behavioral Science Immunization Network project, JSI, in collaboration with the Sabin Vaccine Institute, sought to understand practitioners' capabilities in behavioral science and to explore its application to immunization in Nepal.



FINDINGS FROM THE SCOPING EXERCISE

JSI conducted a scoping exercise in Nepal to understand the existing capacity of practitioners to apply behavioral science to immunization programming and challenges to the use of behavioral science. The scoping exercise consisted of a desk review, key informant interviews (KIs), a social mapping exercise, and a global virtual capacity assessment.

The desk review revealed that several health programs in Nepal were already using behavioral science theories, tools, and interventions. Findings also revealed challenges in behavioral science, particularly lack of funding for and training on behavioral science interventions, limited data about its uses and effectiveness, and a weak learning and sharing culture.

JSI then conducted KIs with immunization stakeholders to gain their perspectives on the country's immunization program and understanding and application of behavioral science in the health sector. When asked about behavioral science, participants noted that capacity related to behavioral science and its application to the immunization program are limited. The country does not have a national approach for use of behavioral science or the collection and use of social and behavioral data. However, participants did note the use

1 Ministry of Health, Nepal; New ERA; and ICF. 2017. Nepal Demographic and Health Survey 2016: Key Indicators. Kathmandu, Nepal: Ministry of Health, Nepal.

2 Behavioural Science Guidance Note. Secretary-General's Guidance on Behavioural Science. United Nations.



of behavioral processes and strategies in the country, such as human-centered design (HCD) and social and behavior change communication. Some interviewees also suggested that Nepal would benefit from the establishment of a national center of excellence for behavioral science.

Through the social mapping exercise, JSI identified several government agencies, international organizations, and non-governmental organizations that engage in behavior science and behavior change activities in Nepal, but there is a lack of coordination and knowledge sharing among these different stakeholders. Despite the lack of existing capacity and coordination in the field of behavioral science, participants expressed a great deal of interest in this area and a desire to increase the use of behavioral science data, tools, and approaches.

The findings from the global capacity assessment largely reflected the responses from the KIs in Nepal. Out of 48 respondents representing 17 countries, there was an overall lack of understanding of theoretical models of behavioral science. However, respondents unanimously agreed that behaviorally informed interventions result in more effective interventions and that using behavioral science is important to achieving immunization goals.



DECISION POINT: A MODEL TO STRENGTHEN AND SUSTAIN CAPACITY TO USE BEHAVIORAL SCIENCE

The findings from the scoping exercise presented an opportunity to bring together stakeholders that would offer coordinated and facilitated ways for multisectoral collaboration, knowledge sharing, and capacity strengthening to improve the knowledge and practical application of behavioral science approaches in the country. The recommendation to establish a center of excellence suggested that new models for communities of practice and technical working groups could sustainably strengthen capacity and institutionalize the use of behavioral science in the country.

In January 2022, Kathmandu University School of Medical Sciences established the Behavioral Science Center (BSC) with technical and financial support from JSI and UNICEF Nepal. While the BSC is hosted at a university, members include representatives from academia, professional societies, government departments, civil society, UN entities and non-governmental organizations to achieve common ownership and promote multi sectoral collaboration. Members agreed that the BSC's initial focus should be on immunization, but its broader mandate focuses on applying methods and tools from behavioral science across all health programs (and potentially beyond health). Before formally establishing the BSC, JSI, Kathmandu University, and UNICEF Nepal held a consultative meeting with stakeholders to initially discuss the scope and role of the center.

The primary goals of the BSC include:



Creating cross-learning and sharing opportunities across stakeholders and programs.



Strengthening the capacity of public health students, policymakers, and programmers in Nepal to use behavioral science tools and approaches.



Gathering social and behavioral insights that can be used during program planning and implementation by different sectors.



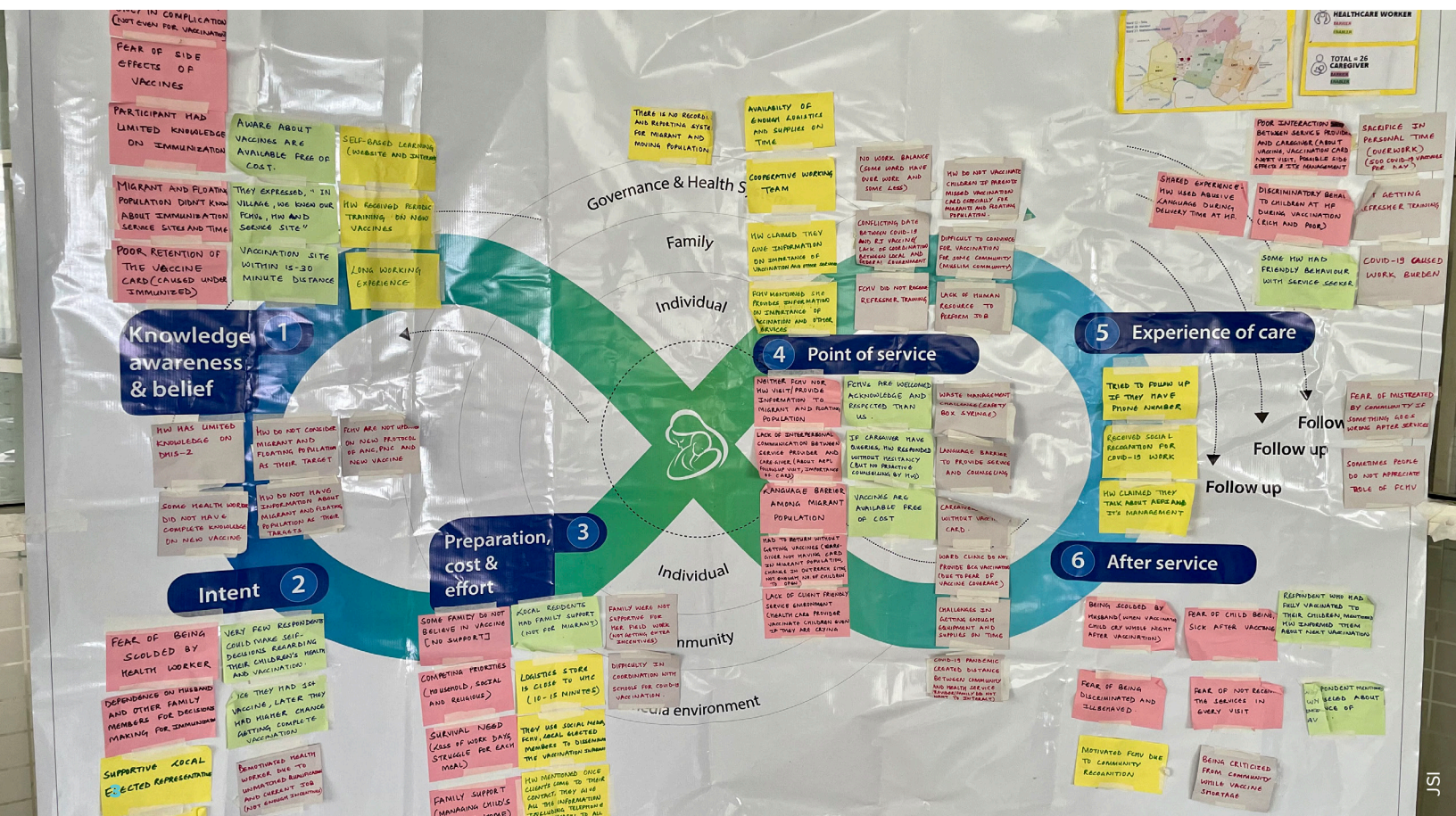
Scaling the BSC model to other universities in the country to institutionalize the use of behavior science and integrate behavioral intervention tools in pre-service and in-service curricula of public health.

- Greater stakeholder engagement, in terms of both more frequent engagement and broader representation across different types of institutions.
- Less bureaucracy to navigate and lower levels of turnover leading to changes in leadership and priorities.
- Reduced levels of territoriality, as an academic institution provides a more neutral setting for stakeholders to engage.
- Increased research capability and greater knowledge sharing, enabling more effective translation of evidence into policy and practice.
- Integration of behavioral science into the curriculum for the Master's of Public Health program, increasing pre-service training in behavioral science and linking students with practical skills-building through implementation research.

A first initiative of the BSC research team at Kathmandu University was to conduct formative research in select wards in Bagmati, Sudurpaschim, and Madesh provinces on the

For the assessment conducted in urban poor areas of Kathmandu, the research team consulted with BSC members, Kathmandu Metropolitan City government representatives, ward representatives, health workers, and community members to share findings and gather initial input on priority actions to move forward. By conducting research as part of the BSC, rather than a single entity, policymakers and local government representatives were more open to the findings and made verbal commitments to fund budget requests and update their yearly work plans to incorporate new activities.

Furthermore, conducting formative research as an initial activity provided an opportunity to strengthen the behavioral science knowledge and skills of members of the BSC. The BSC hosted capacity development sessions on human-centered design for the Kathmandu University School of Medical Sciences research team as well as



additional members of the BSC, such as representatives from the National Health Research Council (NHRC). A group from the NHRC also designed and conducted a complementary study on health-seeking behaviors in all seven provinces of Nepal using the same methods as the BSC research team. Based on this experience, the NHRC has requested additional training across staff on behavioral science theories and methods.

There has been high levels of enthusiasm to engage with the BSC. The Family Welfare Division of the Ministry of Health and Population expressed interest in collaborating further with the BSC on other areas of health and to help develop an urban health strategy. The NHRC also plans to highlight behavioral science during its annual summit, as well as publish a special issue in its journal.



LESSONS LEARNED AND RECOMMENDATIONS

Through the process of establishing the BSC, we learned how essential it is to engage a multidisciplinary group of partners to both develop skills and leverage complementary skills and resources for the greater good of the collective.

The integration of capacity strengthening and consultations into the formative research process also highlighted the value of learning-by-doing as an approach to skills development. Collaboration among the stakeholders also strengthened the research, as there were opportunities to learn and adapt during research design and pilot testing of tools.

Using this academic-hosted model of a community of practice requires flexibility and an open mindset. We learned that while our scoping exercise was helpful to understand the context and current levels of knowledge and use of behavioral science, a needs and assets assessment with members from the start would have helped pinpoint key areas of focus for leveraging expertise of members and understanding which skills to prioritize for strengthening. This model also involves a high-level of engagement, especially at inception to obtain shared ownership. Governments and their partners should consider adopting this type of model for areas of practice rather than using a technical working group model if they face similar challenges to Nepal: high levels of bureaucracy and leadership turnover, perceived non-neutrality of government host; exclusive participation culture; limited ability to effectively communicate research and evidence to policymakers; and a weak learning and sharing culture.



MOVING FORWARD

The BSC is preparing to conduct implementation research in Kathmandu to test the solutions co-designed with health workers and communities. Based on those findings, the BSC may adapt and or/scale those solutions. Additionally, the BSC is in process of developing a social and behavior change curriculum that highlights behavioral science methods and the HCD process. This curriculum will be offered to health professionals during pre-service training and graduate public health students at Kathmandu University. There is potential to scale this curriculum across universities in Nepal to further expand the expertise and use of behavioral science in the country.