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in 2015-16, and were given a single station, pass/fail, end-of-block OSCE in English. Palpitations and abdominal pain OSCE cases were adapted with permission from New York University. Six American teachers from the KU English Learning Center and five faculty from KUSOM were recruited and trained as SPs and faculty assessors, respectively, in 3 training sessions per OSCE. NYU's competency-based assessment checklists were used. To prepare students, specific bedside teaching sessions were delivered during the clinical block. Data was analyzed in REDCap and ethical approval was obtained at KUSOM.

Outcome & Evaluation: For each block, 58-100% students passed the OSCE. SPs gave well done marks to 50-88% for eliciting the story with appropriate questions, 8-20% for providing clear explanations about diagnosis and treatment, 58-76% for managing the physical exam respectfully, 66-80% for using clear and easy to understand English, and 50-64% of students would be recommended or highly recommended to a friend, respectively (N=48 divided into two blocks). Students who failed scored poorly on medical English anchors (N=10). Students most strongly agreed that the OSCE helped them identify strengths and weaknesses and stimulated them to learn more (3.24 and 2.96 averages, Likert scale 1=strongly disagree, 4=strongly agree).

Going Forward: KUSOM's OSCE pilot program exceeded expectations. Education and counseling was more challenging than information gathering or conducting physical examination. The second block performed better than the first block. The large increase in performance between blocks is likely explained by better attendance at bedside sessions. Offering OSCEs in both English and Turkish next year will help clarify whether their performance reflected clinical skills or English language alone. These findings inform expansion of curriculum and faculty development in bedside teaching at KUSOM.

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Abstract #: *1.014_HHR*

Effect of Ethiopia's Health Development Army on maternal and newborn health care practices: A multi-level cross-sectional analysis

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Background: Addressing the shortfall in human resources for health, Ethiopia launched the community health extension program (HEP) in 2004 by establishing a health post and deploying two female health extension workers (HEWs) in every kebele (i.e., community) of the country to ensure universal access to primary health care. In October 2010 the HEP incorporated the health development army (HDA) strategy. The strategy was adopted based on the experience that using a network of the community health volunteers increased the efficiency of the HEWs in reaching households with actionable health messages. The strategy involves women from every 30 households led by one HDA team leader with subgroups of six households each led by one HDA member, empowered to learn about the HEP from each other's experience. This study assesses the effectiveness of the HDA strategy in improving maternal and newborn health (MNH) care behaviors and practices.

Methods: Using cross-sectional survey of 4,246 women with children 0 to 11 months from 354 communities representing 140 rural districts, i.e., about 20 million people, of four regions of Ethiopia; an internal comparison group study design is applied to assess whether household-level MNH care practices were comparatively better in communities with comparatively higher level of HDA team leader to household density. Multi-level regression models, adjusted for possible confounders, were used for the purpose.

Findings: The average numbers of households per HDA team leader in the 25th, 50th and 75th percentiles of the communities under study were respectively 39, 49 and 71. HDA density was significantly associated with nine of the 16 MNH indicators considered. Communities with one HDA team leader for at least every 40 households were associated with 12.4, 10.0, 8.4 and 7.9 percentage-points higher ($p<0.05$) coverage of antenatal care, institutional deliveries, clean cord care and thermal care than those in communities with one HDA team leader for every 60 or more households.

Interpretation: We conclude that the HDA strategy effectively engaged communities to improve the efficiency of the HEP to deliver MNH serves. Fostering community engagement through a network of voluntary community is a promising strategy to improve the efficiency of community-based health programs in resource poor settings.

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Abstract #: *1.015_HHR*

Effectiveness of Using Community Mental Health Workers in a Community Mental Health Programme of a Rural Health Center in a Lower Middle Income Country

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Background: This paper highlights the experiences of a rural community based mental health programme (Maanasi Project) in providing essential mental health services to rural populations through community based health workers (CBHWs). The role of CBHWs in rendering psychiatric care is the bedrock for stymying a plethora of myths, misconceptions and stigma associated with metal illnesses. In this study we assessed their effectiveness in providing primary mental health services in a rural area.

Methods: Four literate, multilingual women from the rural field practice area of the study institution who were active members of women's'self-help groups and were acceptable to the local communities were chosen.

CBHWs were trained for three weeks in the medical college hospital under the aegis of the department of community health and psychiatry. Post this training a mental health survey was conducted followed by once a week mental health clinics.