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and neonatal care (EmONC) simulation-based mentoring curriculum to improve the quality of care in low-resource settings. In conjunction with an initiative led by CARE India, these curricula are being implemented in 320 primary health clinics (PHCs) and 56 district hospitals (DHs) in Bihar, India between 2015 and 2017.

Methods: To supplement bedside clinical mentoring and provide emergency training, PRONTO International developed a comprehensive EmONC simulation-based curriculum package, tailored to the Indian context for nurse midwife mentors (NMM) to replicate in Bihar that includes simulation scenarios, simulation facilitation, and teamwork training activities. Nurse midwife mentors were trained in emergency management and in how to replicate the curriculum contents. All nurse midwife mentors participating in the training completed the pre- and post-training assessment to evaluate knowledge in management of obstetric and neonatal emergencies, teamwork and communication, and simulation facilitation skills. We measured the change in overall and topic-specific knowledge after each PRONTO training session.

Findings: PRONTO training sessions were held in January 2015 and September 2015. To date, 115 mentors have been trained and are active at all 320 primary health clinics. Overall knowledge across the two training sessions improved (26.5% and 15.8%, $p<0.001$). Scores for obstetric hemorrhage (38% and 12.2%, $p<0.001$), teamwork and communication (29.5% and 25.4%, $p<0.001$), simulation facilitation (18.3% and 11.1%, $p<0.001$), pre-eclampsia/eclampsia (31.2% and 16.5%, $p<0.001$) and neonatal resuscitation (15.4% and13.7%, $p<0.001$) improved at both sessions.

Interpretation: The results of the pre- and post-training assessments from January and September both demonstrated significant overall knowledge improvement across all modules. If data to be collected are consistent with current results, the integrated mentoring curriculum may represent a sustainable and scalable approach to improving EmONC knowledge among midwife mentors for replication in the field that could be replicated in other low-resource settings.

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Abstract #: *1.036_HRW*

A mixed-methods analysis of the health-seeking behaviors of people in rural Makwanpur, Nepal

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Background: To understand how and why people utilize their health services and to facilitate planning for health programs and systems, it is useful to examine health-seeking behaviors (HSB). Nepal, with its dearth of health providers and funding provides an interesting setting in which to examine HSBs. More, little formal research has been done there on this topic.

The aim of this research was to describe the HSBs of people in rural Makwanpur, Nepal, and to analyse the various factors that may explain peoples' healthcare choices.

Methods: This study involved a mixed-methods design consisting of two phases. Quantitative data was collected using a cross-sectional survey carried out in 2,334 households across 10 villages in Makwanpur district between March 2011 and January 2012. Households were selected using a two-stage random sampling method, and an informed consent procedure was followed. The survey asked about care-seeking in response to an acute episode of illness. Qualitative data was then collected using semi-structured interviews in 90 purposively selected households across 3 villages.

Regression analyses were performed on the quantitative data, and those analyses were then used to construct themes for the coding of the qualitative data.

Findings: Of the 2,334 households surveyed, half had an episode of illness in the month prior. Of those, the majority chose to seek care outside the home; 22% used traditional healers, 37% used allopathic providers and 12% opted for pharmacies as a first option. Sixteen percent did nothing, sighting geography, finances, and workload as reasons. Adjusted regression models indicate illness severity and illness type as the most important factors in dictating household choices regarding government provider usage. Qualitative results revealed the importance of health facility quality in determining decision-making.

Interpretation: Data shows households often use government providers in parallel with traditional healers. More, use of traditional providers does not appear to delay necessary care-seeking. While illness and household factors are important in dictating provider choice, the qualitative results revealed that in order to change care-seeking behaviors and increase care utilisation, the focus should be on improving government health service delivery and decreasing rampant provider absenteeism.

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Abstract #: *1.037_HRW*

Retaining nurses at rural stes through distance learning, the University of Nairobi experience

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Background: A highly skilled health work force is critical for improved HIV care and health outcomes. In Kenya, nurses form the backbone of health service and there is constant need to provide continuous training to them. However, such training usually takes them out of their working stations. University of Nairobi (UoN) in partnership with African Medical Research Foundation (AMREF) and Nursing Council of Kenya (NCK) embarked on a program for upgrading diploma nurses by offering a Bachelor of Nursing (BSN) degree using a blended distance learning approach. We describe the process of developing and implementing this course.

Methods: The UoN, AMREF and NCK developed a curriculum for a 2.5-years blended e-learning which includes a two week face to face course each trimester. Course development involved: (1) establishing learning needs and determination of course objectives (2) designing of module/assignment instructions (3) development