**Results** Significant improvement with regression coefficients ranging from 0.18 to 0.77 was noted following the RMC training, which was sustained beyond the project intervention. Facilitated discussion showed improved understanding of patients’ perspectives and the psychosocial needs of their clients.

**Conclusions** This study suggests that use of testimonial videos are especially helpful as they remind providers of the need to treat mothers with dignity and helped them reflect on potential root causes for this type of treatment and develop effective solutions.
Abstract 16 Figure 1

Abstract 16 Figure 2

Abstract 16 Figure 3
high maternal and neonatal mortality. The Institute of Healthcare Improvement (IHI) is supporting the Ethiopian Federal Ministry of Health in implementing a comprehensive QI initiative focusing on quality planning, building QI/management capability, and designing and testing a scalable district-wide approach for health improvement embedded into the routine system.

Objectives The aims of this initiative are to 1) introduce a feasible and scalable district-wide improvement approach; 2) improve quality of health services and outcomes in Ethiopia, as measured by selected maternal and newborn health (MNH) priority indicators including three labor and delivery clinical bundles.

Methods A total of 3,307 and 26,186 medical records were reviewed over the 17-month baseline period and 12-month intervention period respectively. Bundle compliance was plotted using P-charts. Service coverages were calculated using estimated eligible population and U-charts were used to assess improvement.

Results After the intervention, 84% (110/131) of participating facilities report greater than 90% adherence to at least one labor and delivery bundle, and 67% (88/131) of facilities report greater than 90% adherence to all labor and delivery bundles. The median clinical bundle adherence in the post intervention period is above 80% for all three bundles. 70% (92/131) of facilities report improvement as determined by run chart rules in at least one service coverage outcome (ANC4, SBA, or PNC within 48 hours).

Conclusions Findings from this study can be used to strengthen obstetric health service quality throughout Ethiopia and other similar contexts.

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**Abstract 17 Figure 1** Key driver diagram