

## The COVID Recovery Window

In the fall of 2022, SIEF awarded funds to [7 teams](#) to conduct randomized controlled trials to test the impacts of different interventions to recover human capital following the COVID-19 pandemic. To choose these teams, SIEF followed its normal screening process of applications submitted by both World Bank and external researchers. At least three reviewers read each proposal and documented how well the proposed evaluations met the criteria in [the call for proposals](#) and well-established standards for evaluation design. The evaluated interventions cover deficits incurred during the pandemic period and the war in Ukraine, ranging from the cognitive development of children under age 6 to learning losses among school-age children to mental health among women. You can find a brief description of all the studies that passed this screening and received funding [here](#).



## Special supplement in *Pediatrics* on parenting programs

SIEF's portfolio of randomized controlled trials on [early childhood development](#) contains a number of studies testing the impacts of home visiting programs in which counsellors demonstrate how parents can provide early stimulation to their children below the age of 6. Many of these studies (including those conducted in [Colombia](#), [India](#), [Jamaica](#), [Madagascar](#), and [Rwanda](#)) have been featured in a recent [special supplement](#) in the medical journal *Pediatrics*. Recently, SIEF Program Manager Alaka Holla moderated a discussion about the supplement in a hybrid event (video available [here](#)).

## Improving the quality of care

In a recent [hybrid event](#) hosted by DIME, *It's Not Always About the Money: Doing Better at Improving the Quality of Health Care in Low-and Middle-Income Countries*, two SIEF-supported teams presented their findings. A study from [Kenya](#) finds that minimum quality standards for clinics, when enforced by inspectors and clear consequences for non-compliance, improve patient safety and clinics' adherence to standards. Another study from [Mozambique](#) finds that introducing an appointment system in clinics reduces waiting times and increases both the number of antenatal visits made by pregnant patients and the number of procedures during visits. It also slightly increases adherence to therapy among HIV patients.

