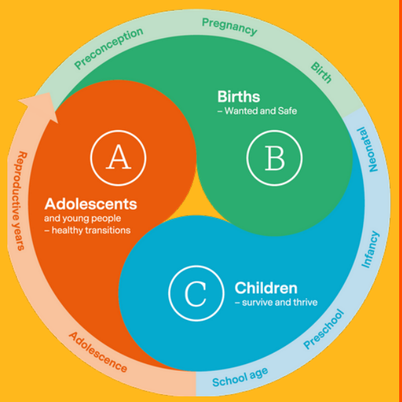


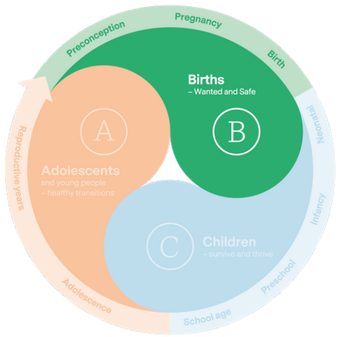
Bringing together over 200 researchers at LSHTM to improve the health of women, children & adolescents worldwide

MARCH

MATERNAL
ADOLESCENT
REPRODUCTIVE
& CHILD HEALTH

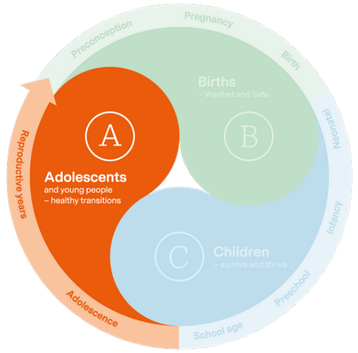
@MARCH_LSHTM

MARCH.LSHTM.AC.UK



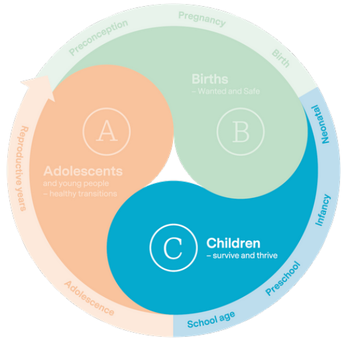
Births

Births that are wanted and pregnancies that are safe



Adolescents

Adolescent and young people achieving healthy transitions



Children

Children with a healthy start, optimal growth and development

>1555 publications

We've also seen an increase in female first authors over time.

Supported research leadership and evidence uptake

We've had 4 career re-entry fellows and most recently the Takeda Prof in Global Child Health.

MARCH celebrated it's 10th birthday this year

>209 PhD students & 1000's of MSc Students

That's about 1/3 of all LSHTM PhDs!

Get involved:

@MARCH_LSHTM

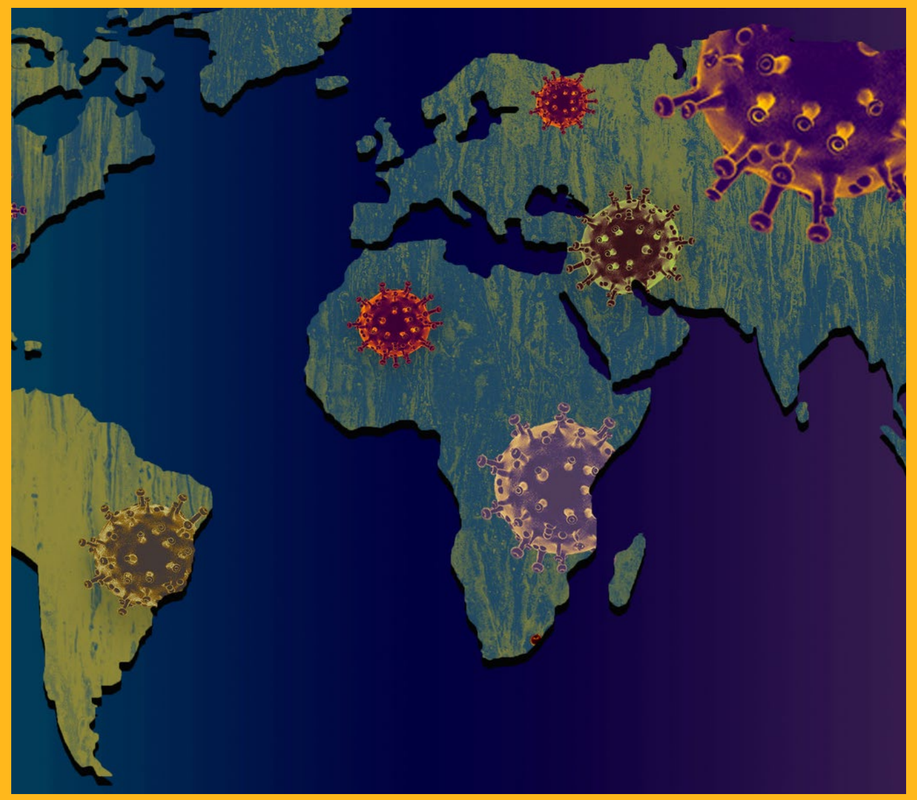
MARCH.LSHTM.AC.UK

MARCH@LSHTM.AC.UK

Join to extend today's conversation!

Protecting the health of women, children & adolescents in a pandemic: Partnerships with WHO

14 OCT, 1.30PM BST



When the world faces a pandemic, partnerships and collaborations become more vital than ever. Only through working together and learning from one another – both globally and locally – can we prevent millions of unnecessary deaths.

In this energising afternoon of short talks, we'll present findings from a range of recent collaborations between MARCH researchers and the World Health Organisation.

More details coming soon...

NOW

Mandi Tembo

Discussion
- Measure
- Mitigate

What more can we do as MARCH and with other LSHTM Centres?

Indirect Effects of COVID-19 on Access to SRH and HIV Services Among Young People in Zimbabwe

Mandi Tembo

Current Situation in Zimbabwe

The onset of the COVID-19 outbreak in Zimbabwe: 20 March 2020

COVID-19 Containment Measures:

- 21-day national lockdown began March 30th (with exceptions for essential services)
- Closed borders
- Indefinite lockdown extension initiated in May
- Limited travel and curfew (6:30am – 8:00pm) *has varied over time

Political Instability

- Police brutality
- Stay-aways
- Roadblocks limiting travel for both clients and service providers

Impact on SRH and HIV Services for Adolescents

Erratic service delivery

- Lockdown regulations limited service delivery across the country
- Roadblocks and police violence hindered travel for providers

Limited access SRH and HIV services

- Curfew and social distancing resulted in slow service and short service hours
- Limited availability of ARVs, contraception, and basic medication
- Increase in user fees
- Social distancing requirements limited number of clients per day

Impact on SRH and HIV Services for Adolescents

- **Increased need for SRH and HIV services**
- Increase in risky behavior during lockdown
- Increase in demand for services i.e. condoms, family planning

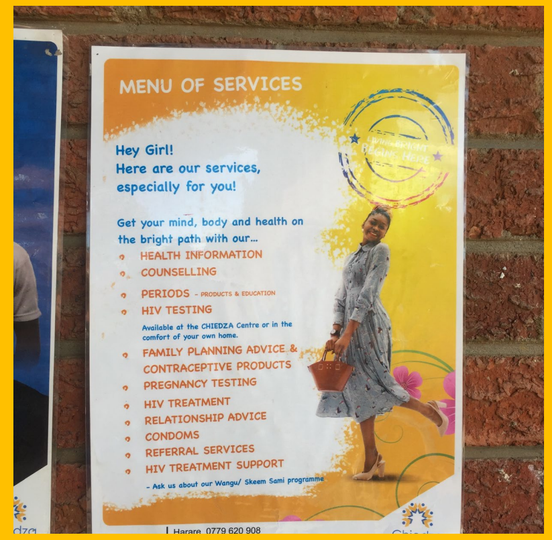
- **Increased stigma**
- Lockdown confinement resulting in lack of privacy and unwanted disclosure

- **Limited "youth-friendly" service delivery**
- Limited time with service providers
- Lack of social activities or edutainment
- Lack of youth-friendly hours

Best Practices & Lessons Learnt

Discussion Points

- Continued HIV and SRH service provision viewed as critical
- Youth friendliness takes time, and is required to enable clients to come back and take up services
- COVID-19 adds onto existing infection risk
- Adaptations to COVID-19 have impacted HIV and SRH services for adolescents
- Not all adaptions have been successful in the field



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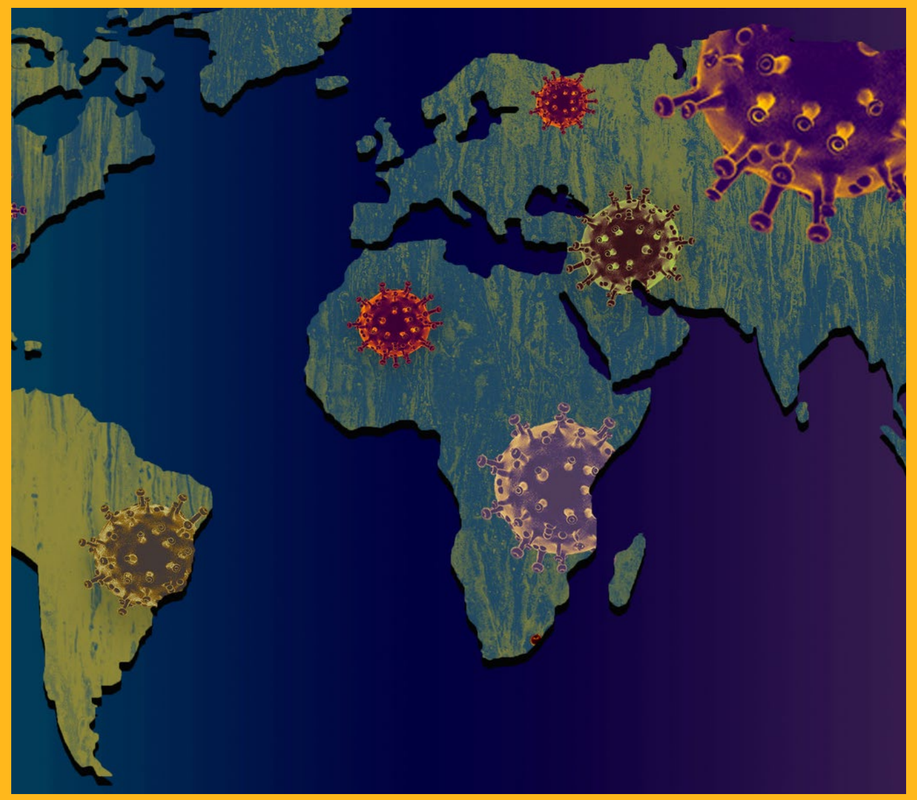

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