

Strengthening Community-led Approaches to Health

2020

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for every child



TAMIL NADU

UNICEF India Response
to COVID-19 Pandemic

HEALTH

Key statistics

Demographic Facts	Nos.	Source
Estimated Total Population	70,344,000	Census of India 2011, SRS Statistical Bulletin
Estimated Live Births	1,034,057	
Estimated Pregnant Women	1,137,462	Total live birth + 10% pregnancy wastage
Estimated Children below 4 years	4,431,672	SRS 2018
Total no. of Districts	38	Statistical Handbook of Tamil Nadu 2018
Total no. of AWC	54,439	https://icds.tn.nic.in/IFOAC.html
Total no. of Dedicated COVID Hospitals	272	https://covidindia.org/tamil-nadu/
Total no. of Dedicated COVID Health Centres	69	https://covidindia.org/tamil-nadu/

Tamil Nadu State Report

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BACKGROUND



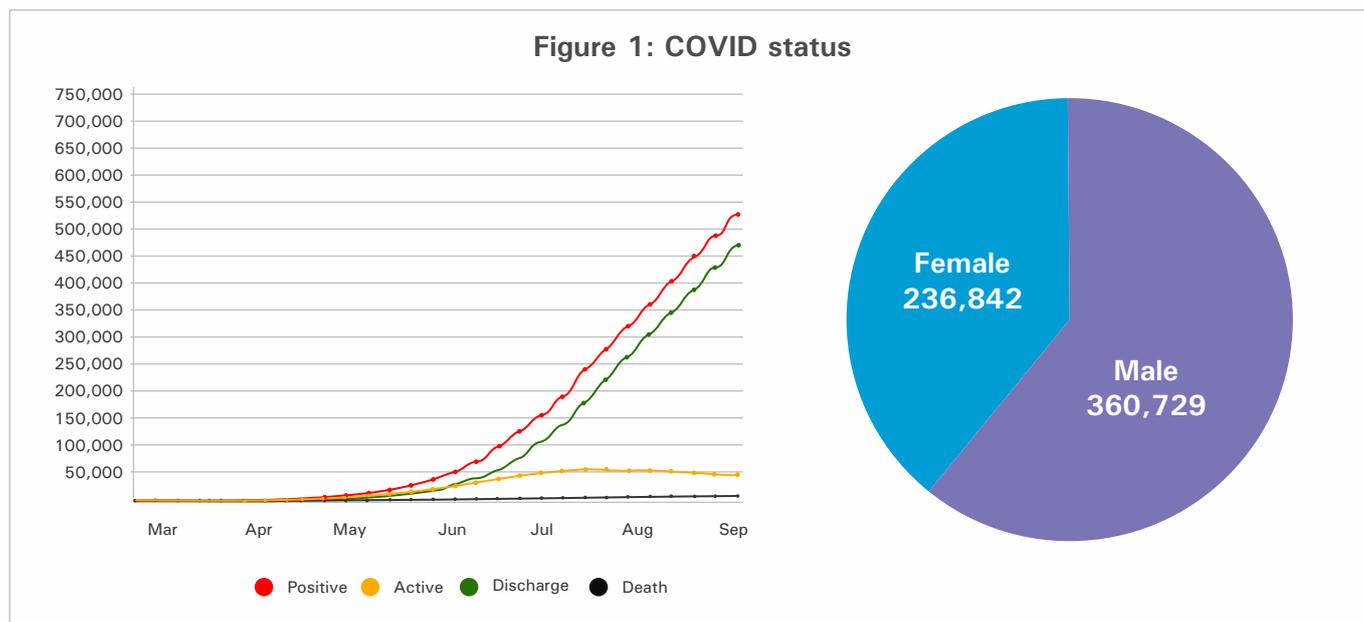
Orientation of Pregnant Women on Mask Use, Kanyakumari

Tamil Nadu has a population of 7.21 crore, with 3.61 crore male and 3.59 crore female population. Adult sex ratio in the state is 995 females per 1000 male population. However, the child (0-6 years) sex ratio in the state is 946 females per 1000 male population. The state is home to 1.44 crore people belonging to scheduled caste communities and only 794,697 people from scheduled tribe communities.

Tamil Nadu is also one of the states in India, that is undergoing significant demographic transition with a total fertility rate of 1.6, which was considerably lower compared to 2.3 in India. The birth rate stands at 14.9 which is lower, as compared to 20 for India (National Health Profile 2019). With more than

10 per cent of the population above 60 years old and lower fertility rate, opportunities for reaping demographic dividends for the state is closing fast and the need for more focused efforts for child and maternal health is imminent.

COVID-19 pandemic in Tamil Nadu

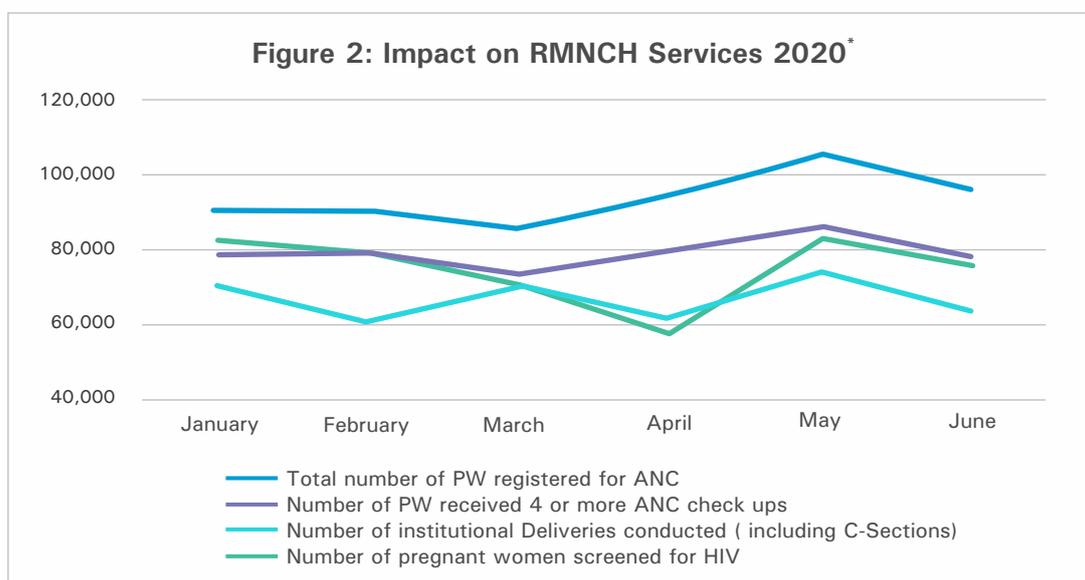


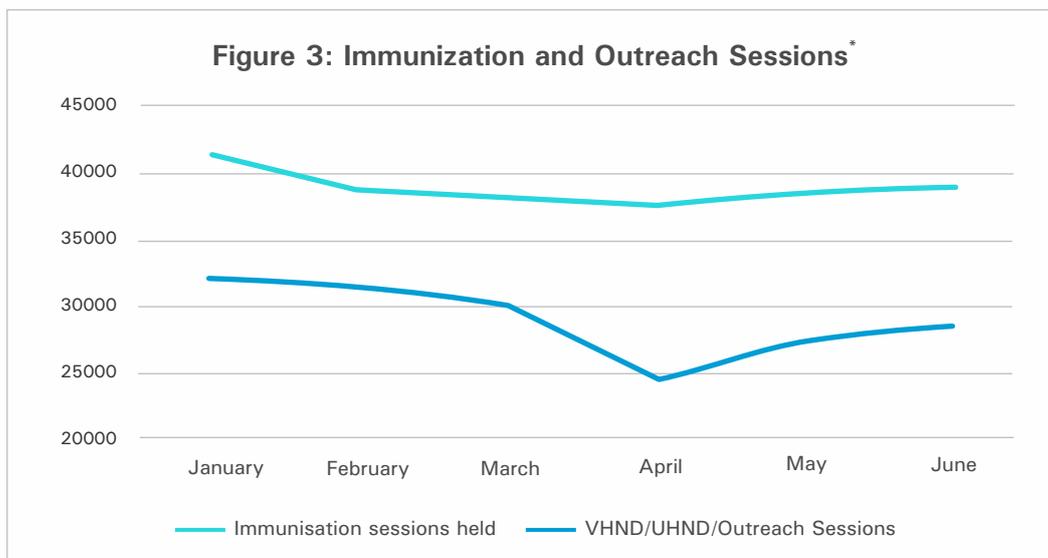
Source: COVID-19 Dashboard, www.stopcorona.tn.gov.in; Accessed on November 2nd, 2020

Since early February 2020, COVID-19 pandemic had become a reality in Tamil Nadu, with significant number of passengers from different parts of the world arriving at its busy international airport. Passenger screening and quarantining became a centre-piece of health system response of the state government. By September 30 2020, the state had witnessed a total number of 597,602 COVID-19 patients out of which 541,819 patients were treated successfully and discharged. With 9,520

succumbing to COVID-19 in the state, the case fatality rate in the state is 1.8 per cent close to the national average. The state has enhanced its COVID-19 testing capacity significantly and has put in place 203 COVID-19 testing facilities with 66 facilities in the government and 137 in private sector. As on date, the state has conducted more than one crore RT-PCR tests, one of the highest in the country.

Impact of COVID-19 on health system and services





*Source of Basic Data: HMIS Reports 2019-20 and 2020-21

Since February 2020, Tamil Nadu started to see an inflow of COVID-19 passengers into the state and the state government took early precautions in terms of testing and quarantine measures and designating COVID care facilities in the state. The state also adopted measures for proper care and protection of women and newborn children including

establishing rigorous protocols and Standard Operating Procedures (SOPs). Pregnant women with expected date of delivery during the pandemic were listed and followed-up. However, outreach related activities of the state government was substantially impacted during this time period due to the lockdown and containment measures.



Expected Date of Delivery (EDD) tracking in Theni District

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

In response to the COVID-19 pandemic in Tamil Nadu, UNICEF adopted a two-pronged approach with a primary focus on Risk Communication and Community Engagement (RCCE) and technical assistance to the state on key COVID response activities along with WHO. Along with WHO, supportive supervision visits were undertaken in three medical college hospitals in Chennai (Stanley Medical College, Kilpauk Medical College and Rajiv Gandhi Government General Hospital) for interaction with health and paramedical staff involved in COVID-19 response.

In addition, jointly with WHO and UNHCR, assessment with Greater Chennai Corporation (GCC) was undertaken to develop a multi-sectoral plan for assistance to GCC, as the catchment area under GCC had the highest incidence of COVID-19 cases in the state.

In addition, UNICEF also participated in several state level advisory and task force meetings on COVID-19 to provide inputs on RCCE approaches, continuity of services and unlock guidelines.

Apart from the above, direct support, in terms of budget and technical assistance to the state government was provided for development and dissemination of Information, Education and Communication (IEC) tools for COVID-19 preparedness and safety in Primary Health Care (PHC) setting along with SOPs developed by the state for COVID-19 response for Health

Care Workers (HCWs). Support for training of the state level Training of Trainers (ToTs) were provided and training of key medical staff across Tamil Nadu was conducted.

Risk Communication and Community Engagement (RCCE) at community level

In partnership with Communication Advocacy and Partnership (CAP), RCCE training with adolescents and youths were prioritized along with civil society partners. Around 500 students were reached out, through a series of webinars. Webinars on the topic, particularly on 'SMS' – Social Distancing, Mask-use and Sanitization were conducted with different Self-Help Groups (SHGs), The Tribal Cooperative Marketing Development Federation of India (TRIFED), schools and colleges of Chennai. IEC materials with COVID adaptive messages, especially on universal mask use was developed and disseminated through the government and civil society channels.

In partnership with EKAM Foundation, volunteers at the grassroots level were mobilized for orientation of new mothers and youth on COVID adaptive behaviour. Orientation sessions were also held at select PHCs in every district for pregnant women visiting health facilities for ante-natal checkups.



Orientation of Ante-Natal Care (ANC) mothers visiting PHC in Virudhunagar, on COVID-19 responsive behaviour

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

With COVID-19 numbers rising across the country, the healthcare system is working against all odds to ensure that regular healthcare programmes and services are not adversely affected in the midst of the pandemic. HCWs, across all levels, have been working round the clock for COVID-19 and non-COVID-19 essential services in Tamil Nadu.

With the lockdown measures, including social distancing norms and travelling restrictions, with ensuing financial constraints at household level and fear of contracting the virus at facilities, the health-seeking behaviour among pregnant women and new mothers may have seen a significant negative impact.

Since the beginning of the coronavirus outbreak, a significantly high number of pregnant women have been tested positive in Tamil Nadu. In a pandemic, it became even more imperative for UNICEF to work with the state government for strengthening of health facilities as well as strengthening community-centric approaches.

In this context, UNICEF Social Policy Office for Tamil Nadu and Kerala, in consultation with key officials from Department of Health and Family Welfare, Government of Tamil Nadu and Civil Society Organization (CSO) partners launched a project on 'Adaptation and Continuity of RMNCH + A services during COVID-19 in Tamil Nadu'. The purpose of the programme was to understand the critical gaps in continuity of non-COVID-19 essential health services in the state and support the state government by way of supporting quality improvements in facilities, strengthening community-led approaches to Maternal and Child Health (MCH) and address knowledge gaps.

Adaptation and Continuity of RMNCH+A services during COVID-19 in Tamil Nadu

1.1 Telephonic post-natal follow-up visits

The days and weeks following childbirth – the post-natal period – is a critical phase in the lives of mothers and newborns. Most maternal and infant deaths occur during this time. In fact, over 70 per cent of all babies, born outside the hospital, do not receive any

post-natal care. To complement the government healthcare service delivery, UNICEF through its CSO partner, EKAM Foundation is bringing together a team of first responders for children – Community Health Volunteers (CHV)– from the community who will be trained on important maternal and child care practices, transformational leadership and monitoring & tracking of MCH outcomes in the community.

In the current context, such support from the community will play a significant role in ensuring continuity of maternal and child care. The CHV members will include SHG members, Water Sanitation and Handwashing (WASH) committee members and youth volunteers from the community.

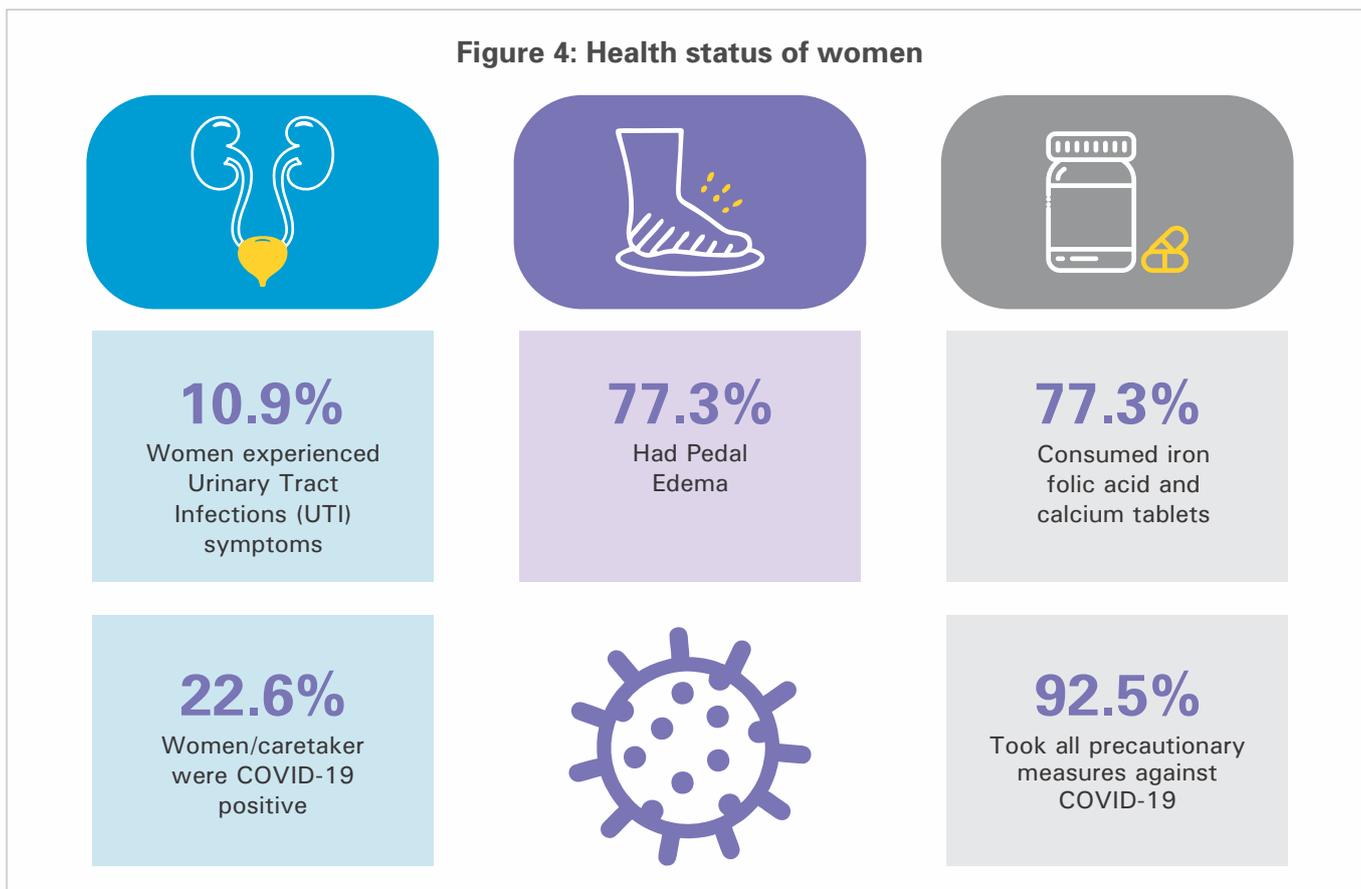
The project team, in consultation with the government and CSO stakeholders, has shortlisted participants (approximately 7,000), across select districts, blocks and panchayats, to undergo a three-day online training (2-3 hour sessions per day).

A pilot of the activity was carried out over August and September 2020, based on the Expected Date of Delivery (EDD) list of 685 high-risk pregnancies shared by the office of Director of Public Health. For the pilot activity, 50 nursing students from the Chennai-based Omayal Achi College of Nursing, were identified and trained in telephonic counselling of new mothers and capturing key information pertaining to MCH. The volunteers were able to reach only 428 new mothers over the phone. More than 50 mothers with ongoing post-delivery health issues were identified and referred back to their nearest health facilities.



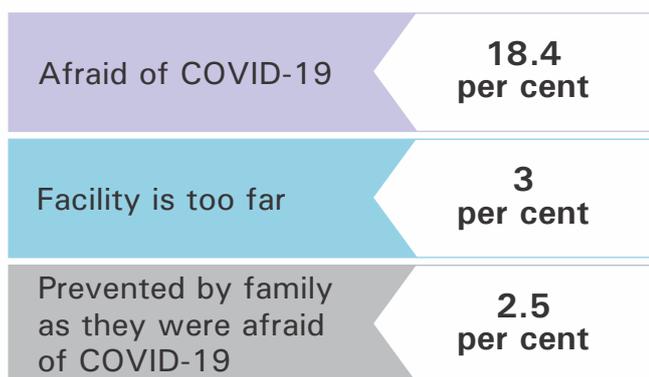
Orientation on SMS to ANC Mothers, Ramanathapuram

Figure 4: Health status of women



Source: UNICEF Project Activity Report

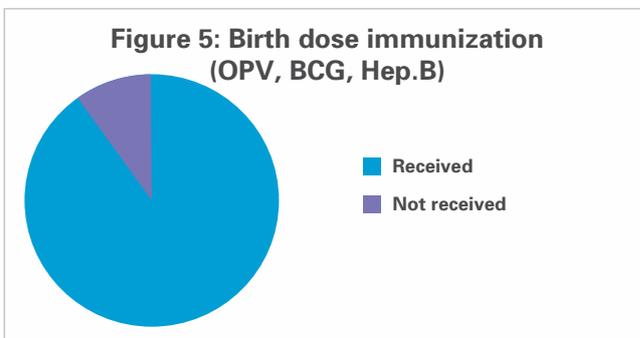
62.6 per cent of babies who were followed-up, received their immunization dose as per schedule. For the mothers missing out on Post-Natal Care (PNC) follow-up, main reasons for not going to the health facility were reported to be:



UNICEF also supported the scale-up of Routine Immunization (RI) initiatives taken up by the state government in unlock phase by providing support on IEC and state-centric messaging, as well as dissemination of appropriate guidelines and FAQs to Front-Line health Workers (FLWs) in the state.

Based on the feedback from the pilot round of activities, the state government shared with UNICEF and EKAM Foundation, details of an

Figure 5: Birth dose immunization (OPV, BCG, Hep.B)



Source: UNICEF Project Activity Report

additional 70,000 mothers for telephonic post-natal visit and follow-up. The activity will be taken over by the CHVs, who will be trained as mentioned above and are guided by experts in gynaecology and neonatology. A WhatsApp group of volunteers is created so that any doubt can be clarified immediately.

Scaling up of the CHVs

Health volunteers can play a pivotal role in monitoring and strengthening healthcare service and delivery at the community. In its efforts to mobilize a pool of community health volunteers, the project team held discussions with several NGOs who have a strong presence at the grassroots. In addition, private sector leveraging for such an activity also has significant benefits.



CHV Orientation, Dindigul

Through these partnerships, the robust SHG ecosystem in Tamil Nadu is being tapped into as a potential enabler of generating awareness among pregnant women & mothers and promoting healthy behavioural practices at the community level. So far, AID India, Hand in Hand India, Bhumi, Red Cross, Equitas, have been roped-in through EKAM Foundation to support the project. Academic institutes like Madras School of Social Work, G Kuppaswamy Naidu Memorial Hospital, PSG, Velammal, Sri Ramachandra Medical College, Omayal Achi Nursing College and Aravind Eye Hospitals have come forward to support the project and provide Master Trainers (MTs) who will train the CHVs.

1.2. Digital Real-Time Monitoring (RTM) platform for RMNCH + A services in Tamil Nadu

The Tamil Nadu state government has put in place a robust online platform, called Pregnancy and Infant Cohort Monitoring and Evaluation (PICME) to capture data related to services provided to pregnant women from Ante-Natal Care (ANC) services to immunization of children. The goal of the platform is to monitor and reach out to pregnant and lactating mothers in order to improve service delivery in the state and reduce maternal and infant mortality. The platform currently reaches out to registered mothers through SMS text messages, to

provide key information, however, is unable to receive feedback on the status of pregnancies, immunization status of children and feedback on services availed by the mothers through the outreach workers and the public health facilities.

In this context, UNICEF is supporting the Department of Public Health and Preventive Medicine, Government of Tamil Nadu to develop a Real-Time Monitoring (RTM) platform that will leverage the existing technology and database available with the state government to capture information on pregnancies, maternal health and child health on an ongoing basis. In this regard, UNICEF is assisting the state government, to explore the capacity of platform to deliver key messages related to MCH to its client base, through text messaging on WhatsApp, and potential for delivery of infographics or multi-media through WhatsApp or other social media handles. In a post-COVID scenario, this platform can be continued to be operated and monitored by the state government as a first step towards a constitution of a data-driven referral and service delivery system in the primary and secondary health care setting in Tamil Nadu.

Areas of application of RTM platform

The Tamil Nadu state government is currently in the process of re-prioritizing certain aspects of MCH in the context of COVID-19. These

include registration and listing of pregnant women (PW) with EDD within three months and high-risk pregnancies. Regular monitoring of their health for symptoms of COVID-19 and risk profiling can be undertaken through the RTM platform, feedback from which can be cycled back to district authorities and FLWs for appropriate action. For PWs in early stage of pregnancies, their ANC status and scheduling of ANC visits can be monitored through the platform at the state level and information can be passed on to district authorities and to the responsible FLWs for appropriate action. On the other hand, the RTM platform can also be useful in providing query-based information to the PWs on safety measures to be followed during pregnancies both at home and at facilities. Similar, query-based pre-designed information can also be provided to FLWs providing support in RMNCH + A activities on safe-conduct on home visits and assess their preparedness.

1.3. Community level outreach on maternal and child health care

The rationale for the project started with the thought that during lockdown when FLWs are unable to reach PWs and lactating mothers, there was a gap in critical information flow on self-care for pregnant women and newborn care. The need for a digital outreach

programme, leveraging social media to inform and educate mothers and to bridge this gap was apparent. UNICEF funded a digital outreach programme rolled out by EKAM Foundation to produce tools that can be used to inform and educate mothers using social media and other suitable platforms. Apart from the funding of the programme, UNICEF lead in identification of content, technical vetting scripts and in overall supervision and guidance of the programme. The tools developed and disseminated by EKAM, include posters on immunization, nutrition, self-care for pregnant women; expert videos with a) Dr. Srinivasan (IMNCI Nodal Officer) on "Surviving COVID-19"; b) Dr. Kumutha (NHM Child Health Expert) on 'Early initiation of Breast-feeding' and 'Kangaroo Mother Care(KMC)'; Dr. Sudhakar (Associate Professor, Chengalpet Medical College) on 'Nutrition during 1000 days'; Animoji videos on COVID adaptive messages on maternal health, child health, nutrition, anaemia and other relevant topics. The videos are released to the public via social media and the cumulative reach of the videos have been tracked to be more than eight lakhs, garnering close to five lakh views cumulatively. A human story case study on the digital outreach has been developed and shared within UNICEF.



Orientation of Pregnant Women at a PHC in Thoothukudi

Figure 6: Trainings Organized

Participants Details	No. of Awareness Training Conducted	No. of Participants
ANC/PNC	47	784
ICDS	14	604
SHG Members	2	22
School Students	3	60
College Students	1	36
Communities	11	372
Volunteer	0	0
Total	78	1878

Source: Partner Report

A few trainings at the community level, with Anganwadi Workers (AWWs) and supervisors and ANC and PNC mothers visiting PHC, were also organized, on correct mask usage, handwashing and hygienic practices. WhatsApp groups have been created for potential beneficiaries by EKAM Foundation, through which the IEC and training tools developed are also being disseminated.

Human interest story

Animoji Lakshmi helps new mothers in Tamil Nadu to access critical information

Raising a newborn in isolation can be daunting for many new mothers, especially when they may not be receiving the level of in-person support that they might otherwise have expected before the pandemic affected mobility and service reach. This is why UNICEF Chennai has partnered with EKAM foundation to develop a nurturing and endearing figure, Lakshmi, who broadcasts information through the form of an online 'animoji' that is supporting mothers in Tamil Nadu by providing the best 1,000 first days for their newborns.

Seated at her modest home in Thiruvallur, Tamil Nadu, Devi Prakash narrates some very interesting information on the importance of breastfeeding. "Some mothers practice exclusive breastfeeding for three to four months but what they don't understand is that such practice does not provide the baby with the necessary nutrients. Mother's milk has three main components: water, which comes first, followed by colostrum and thirdly fat. For this entire flow to reach the baby, the breastfeeding should be initiated within one hour of the baby's birth and to be exclusively continued for six months," she says confidently.

Devi is not a healthcare or social worker nor is she an expert on maternal care. She is just a young mother to a 5-month-old baby. And she is one of the many women, across

Tamil Nadu, for whom myths about maternal care are being dispelled, one conversation at a time. Leading this behavioural change is Lakshmi, a middle-aged 'animoji' character, who is spreading awareness on healthy and safe MCH care practices. In fact, it was through Lakshmi's video on breastfeeding that Devi got to understand the importance of exclusive breastfeeding.

Lakshmi is an animated emoji character or 'animoji' who imparts useful advice on newborn and maternal care in an approachable way. The character is brought to life by renowned stand-up comedian, Abishek Kumar from Tamil Nadu.

UNICEF partnered with EKAM Foundation, one of its longstanding CSO partners, to support the government's efforts in ensuring maternal and newborn health services in Tamil Nadu during COVID-19. Digital outreach through social media channels, a programmatic element funded by UNICEF, forms a core component of this project. UNICEF in Chennai has also worked together with the foundation to identify existing content, gaps for which new content could be created, vetting of scripts and on overall guidance for the programme.

With physical distancing norms in place, can expectant and lactating mothers continue to get appropriate and timely advice? These

thoughts led to creating the animoji Lakshmi, who is concerned about mother and child, so she is reaching out to the target group with humour to drive home the key points.



Lakshmi is an animated emoji character or 'animoji' who imparts useful advice on newborn and maternal care in an approachable way.

UNICEF and EKAM have crafted a series of awareness messages that are the need of the hour, which are tailored for dissemination through Facebook, Instagram and Twitter. The last few months have been busy for Lakshmi as she has been advising mothers on

breastfeeding, immunization and the importance of wearing masks. The social engagement in forms of 'likes' and 'shares' that Lakshmi has garnered is an indication of how well she has been able to connect with mothers. Such is her fan following that many women now refer to her as 'Lakshmi Amma' (mother). The campaign is still on-going, and the video on breastfeeding (linked) was released during the World Breastfeeding Week (WBW) at the beginning of August this year. Every month, a couple more videos are being produced and released on all topics relevant to ensuring that the first 1,000 days of a newborn's life are well catered for.

From Devi, who now knows how breastfeeding is an important vaccine that helps growth and development of her child, to Meena in Tirunelveli who is no longer shy of discussing about breastfeeding, this programme has been helping women become more confident in their own abilities by ensuring that they have regular access to necessary information from the comfort of their homes. Lakshmi in her humorous and endearing manner, which also appeals to her audience, is making a difference. The message for mothers is clear – when in doubt, pin back your ears to hear what Lakshmi has to say!

1.4. Addressing knowledge gaps

A) Ensuring services labour rooms with focus on quality of care

Training modules on LaQshya, with revised Infection Prevention and Control (IPC) protocols for COVID-19 has been drafted and shared with LaQshya team of Director of Public Health and Preventive Medicine (DPH&PM) for vetting. The training module and toolkit will be finalized based on inputs from experts and will be used to train mentor nurses within the state department to undertake quality improvement in labour rooms at the PHC and Community Health Centre (CHC) level and undertake supportive supervision visits.

B) Knowledge products on Home-based Newborn Care (HBNC) and Home-based care for Young Child (HBYC)

A training module and toolkit for FLWs like Village Health Nurse (VHNs) and AWWs in Tamil Nadu is being developed under the advice and guidance of expert advisors like Dr. Arasar Seeralar (ex-Director, Institute of

Child Health (ICH)) and Dr. Sudhakar (Associate Professor, Chengalpet Medical College). The toolkit will be used to train the FLWs as well as community health volunteers to strengthen community-led health behavioural changes towards better newborn and young child care.

C) Knowledge products on Sick Newborn Care Unit (SNCU) during COVID-19

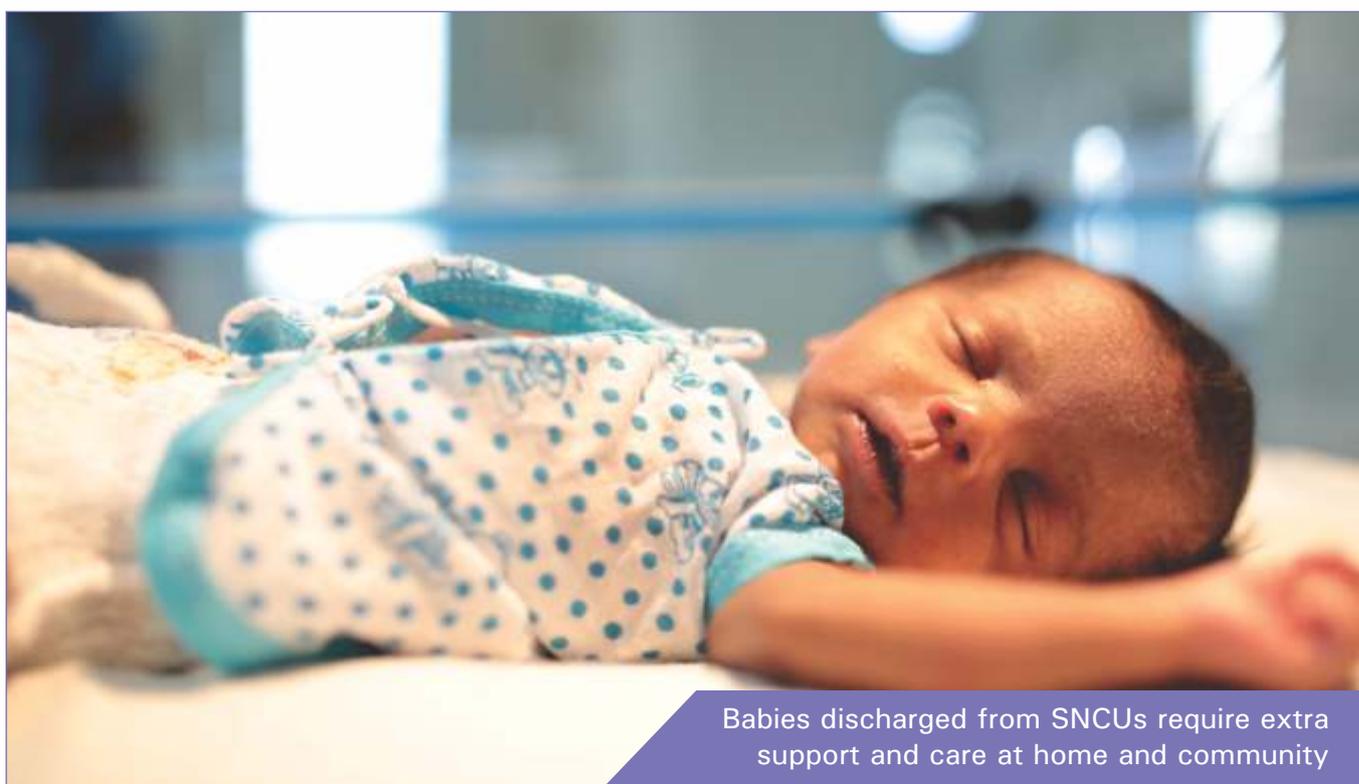
A tele-counselling toolkit and information capture module is currently under development under the expert guidance of Dr. Arasar Seeralar (ex-Director ICH) and Dr. Srinivasan (State IMNCI Nodal Officer). The toolkit will be used for telephonic follow-up of babies discharged from SNCUs and potential referral to District Early Intervention Centre (DEIC) if required.

In addition a webinar on "Challenges of Caring for Sick Newborn during COVID-19" in partnership with National Neonatology Forum (NNF) Tamil Nadu and Indian Academy of Pediatrics (IAP), Tamil Nadu was organized under the guidance of the state Integrated Management of Childhood

Illnesses (IMNCI) nodal officer for training and orientation of SNCU nurses, doctors and neonatologists in government and private sector. The webinar was attended by more than 200 practitioners from Tamil Nadu and other states although the webinar was conducted in Tamil language. The proceedings of the webinar will be consolidated into a small report & FAQs and will be circulated to practitioners on the field by the professional bodies (IAP and NNF) in Tamil Nadu.

D) Webinars

Webinar series on the impact of COVID-19 on health systems, MCH services and psychosocial support for adolescents were held in partnership with SRM Institute of Science and Technology (SRMIST) Chennai, in partnership with CAP section. The webinar was well-attended by students and practitioners of public health, from across India.



Babies discharged from SNCUs require extra support and care at home and community

HPM indicators			
HPM indicators	Target for March to December 2020	Progress up to September 2020	Source
 No. of Health worker trained in detection, referral and management of COVID-19 cases	15,150	16,047	State Training report
 No. of women and children receiving essential health care including prenatal delivery and post natal care, essential newborn care, immunization, treatment of childhood illness and HIV care in UNICEF supported facilities	1,435,00	568,791	HMIS (March to June 2020)

PARTNERSHIPS

The primary partner and stakeholder for UNICEF in Tamil Nadu is the Directorate of Public Health and Preventive Medicine (DPH&PM). Number of key activities in the state was carried out in collaboration with the office of DPH&PM and these included support for IEC and training on COVID-19 management in the state, support for IEC for scaling up of Routine Immunization during the unlock phase.

Civil society constitutes a key stakeholder for UNICEF in the state for community engagement. UNICEF partnered with EKAM Foundation to provide technical assistance to the state government on intensifying community engagement on non-COVID

essential MCH services, particularly with respect to tele-visit for PNC, awareness generation of community members and front-line workers on ANC, PNC, nutrition and COVID-safe behavioural practices.

Partnership with professional organizations like NNF - Tamil Nadu Chapter, IAP - Tamil Nadu Chapter and academic institutions like SRMIST were key in knowledge building and addressing knowledge gaps. A series of webinars were conducted on early initiation of breastfeeding, caring for sick newborn, health system challenges, continuity of MCH services and psychosocial support.



Orientation on SMS and self-care to Pregnant Women - Sivagangai

LESSONS LEARNED AND WAY FORWARD

Towards a Risk Resilient Health System

A plan for risk-proofing of the health system is required for potential pandemic situation or any other natural or man-made disaster.

The plan should be able to map infrastructure, human resources and community assets for potential deployment and identifying gaps. This would also ensure continuity of health services during periods of emergency response.

Real-time data analytics and information systems

Data and information capture systems in Tamil Nadu is quite advanced, however, there is scope for reduction in the lag period between

information capture and reporting. Reducing this lag can considerably improve decision-making and its effectiveness manifold in emergency as well as business-as-usual situations.

Enhanced Community Engagement

A well-trained cadre of health volunteers and first responders especially with focus on maternal health and child care will improve significantly the health outcomes and is essential to shift the emphasis to preventive and primitive care at the community level from facility-based care. Involvement of Panchayati Raj Institutions in this regard is important. Key lessons on this can be drawn from the experience of urban local bodies like the Greater Chennai Corporation.



Orientation of AWW and Anganwadi Helper (AWH) - Salem

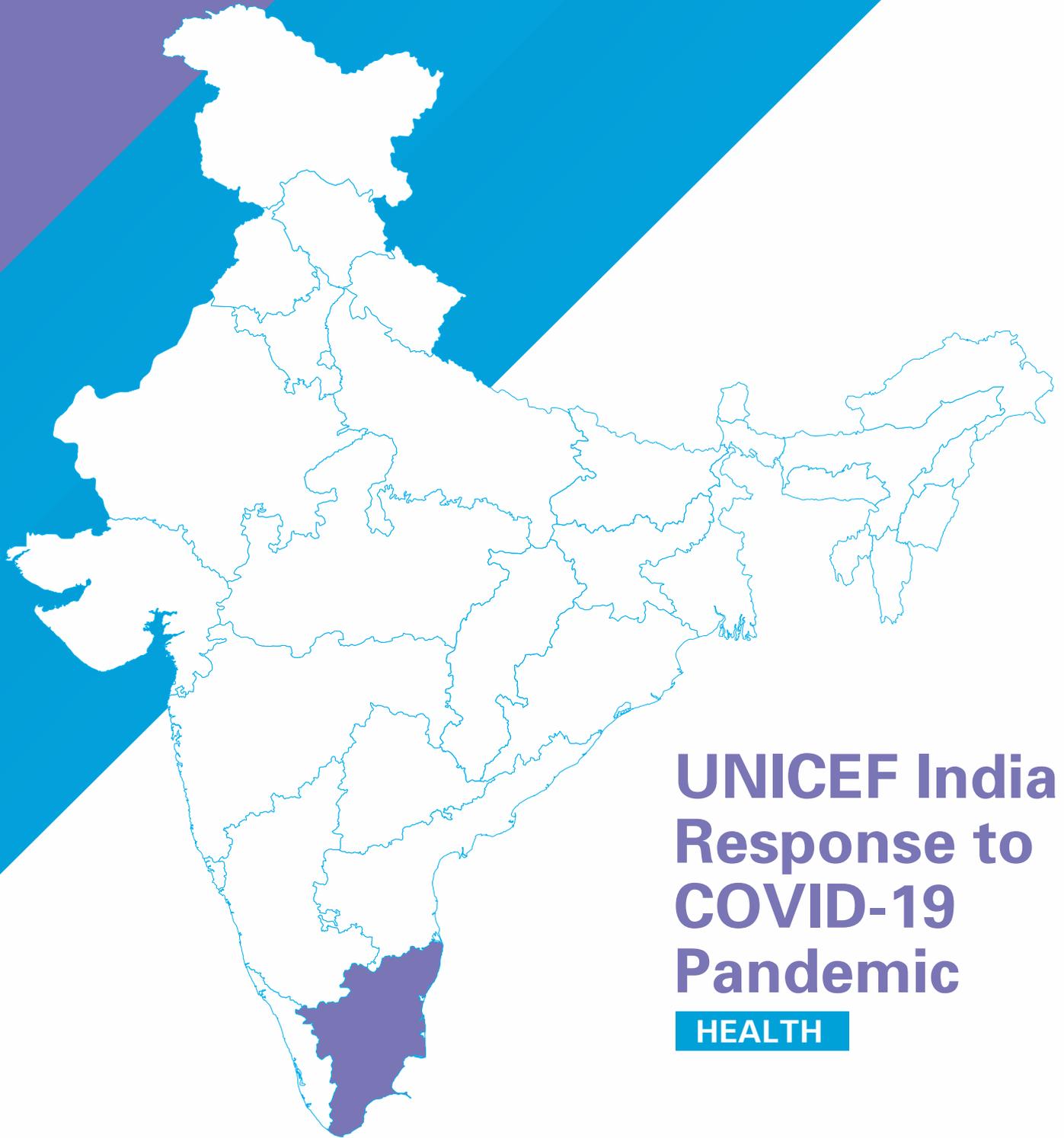
Way forward

- a) Continued efforts at training and orientation of nursing and medical staff, especially in primary health care setting on revised guidelines and SOPs on care during pregnancy especially peri-natal care, post-natal care of mother and newborn.
- b) Focus on scale-up of HBNC and HBYC trainings in the state with emphasis on caring for sick newborns and follow-up of SNCU graduates. Strengthen convergence with Integrated Child Development Services (ICDS) programme on Early Childhood Development (ECD) interventions and referrals.
- c) Strengthening monitoring and supervision systems using digital platforms for real-time decision making.
- d) Support the state in preparatory activities in COVID-19 vaccine roll-out. Improvements in vaccine management systems in another area of priority.

Acknowledgement

UNICEF is grateful to the Government of Tamil Nadu in the Department of Public Health & Preventive Medicine, the National Health Mission in Tamil Nadu, the Greater Chennai Corporation and the Institute of Child Health and Hospital for Children. A special appreciation for all the development partners who collaborated with UNICEF for the response.

Special thanks for the contributions of the UNICEF Field Office of Tamil Nadu and Kerala under the leadership of Chief Social Policy and the guidance received from Health Section of UNICEF India.



UNICEF India Response to COVID-19 Pandemic

HEALTH

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