SUMMER INTERNSHIP PROGRAM

at

TATA STEEL FOUNDATION

From 12th MAY 2025 TO 22ND JULY 2025

A REPORT BY

Pranga Sen

Master of Business Administration

(Hospital and Health Management)

Roll No -2029

2024-26

Under the Mentorship of

Dr. Jagajeet Prasad Singh

Professor

IIHMR UNIVERSITY, JAIPUR

IIHMR UNIVERSITY

TSF/PF/433/2025 **07-Aug-2025**

TO WHOM IT MAY CONCERN

This is to certify that Ms. Pranga Sen from IIHMR University, Jaipur has interned with Tata Steel Foundation from 12th May 2025 to 22nd July 2025 under the guidance of Dr. Vishal Chandra – Manager, Public Health (MANSI+).

During her internship she worked on the following project:

"Strengthening Community- Based MNCHN System through Research and Innovation Support under the MANSI+ Program"

We wish her success for her future endeavours.

Warmly,

Manish Dwivedi
Manager- Recruitment & Onboarding
Tata Steel Foundation

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Pranga Sen** of academic year 2024-26 **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 30/07/2025

Dr. Jagajeet Prasad Singh
Professor

IIHMR University, Jaipur

MANSI+:Strengthening Maternal And Newborn Survival

IIHMR UNIVERSITY
Presented By- Pranga Sen(MBA-HHM)
Roll No-2029

TATA STEEL FOUNDATION
Mentors-
Dr. Jagajeet Prasad Singh(Professor,IIHMR-U)
Dr.Vishal Chandra(Pragram Manager,TSF)

TATA STEEL FOUNDATION

Overview: Tata Steel Foundation (TSF) anchors one of the deepest and most diverse societal development efforts that directly reach more than 1.5million lives across 4,500 gram-panchayats in Jharkhand and Odisha every year.
Vision: To Create an enlightened, equitable society in which every individual realizes her potential with dignity.

MANSI+

MANSI+ is built on the successful collaboration and engagement in phase 1 and 2 of the MANSI project. It is envisaged to be a holistic program seeking to reduce preventable new-born mortality and improve health outcomes in pregnant & lactating women, adolescent, and young children. This will be achieved by strengthening the capacity of the Government frontline workers(ASHAs, ANMs and AWW) and project team members (MANSI Mitra),to deliver quality home-based care, empowering adolescent girls, support in strengthening public health services.

Program Title:	Maternal and New-born Survival Initiative plus(MANSI+)
Country/State:	India/Jharkhand
Project Duration:	5 years
Targeted Population:	4 million Vulnerable and marginalized populations in the Kolhan Region of Jharkhand
Geographical Area:	Kolhan Division-38 blocks across 3 district of East Singhbhum, West Singhbhum, Saraikela, Jharkhand ,India
SDG Impacted:	SDG 3:Good Heath and wealth being SDG 5: Gender Equality SDG 10: Reducing inequalities SDG 17 : Partnership for Goals
Project Partners:	American India Foundation(AIF),National health Mission- Jharkhand, Tata Steel Foundation

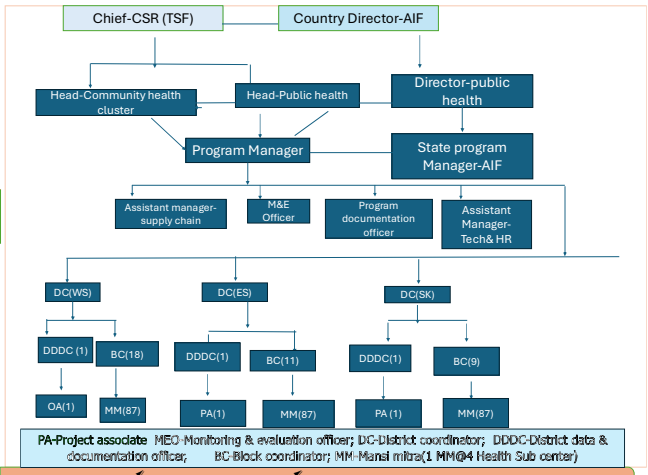
: OBJECTIVES:

1. To reduce the incidence of underage marriage and delay the first pregnancy among underage married girls to at least 19 years of age- Kishore Nav Dampati MANSI mandali, Anemia Screening among adolescent girls.
2. To strengthen the Home-Based Care during the antenatal period, and post-delivery until the child is 2 years old-(1000 day care)ILA session to train ASHAs, Home visits, Saas Bahu Pati Sammelan.
3. To reduce prevalence of anemia among adolescent girls (10-19 years of age) and women (pregnant women, postnatal mothers up to 42 days after & underweight children up to 5 years-Annaprashan Diwas, Referral of Severe Acute Malnutrition-SAM children to MTC, Nutrition Garden, Orientation for AWW.
4. To demonstrate innovative low-cost technology interventions for improving service quality care under the public health system and in the community-Prashuti pratikshalaya, Hd AI based Stethoscope.
5. To strengthen existing community-based institutions to improve maternal and child health outcomes-VHSNC meetings,VHND,Training of VHSNCs members.

CHALLENGES FACED DURING INTERNSHIP-

- Unpredictable weather: Heavy rainfall disrupted scheduled field visits and data collection.
- Language barrier due to unfamiliarity with Santali and HO impacted community interaction.

ORGANIZATION STRUCTURE



SWOT ANALYSIS OF MANSI +

STRENGTH:
- Long associate with credible partner like American India Foundation and National Health Mission.
- Deployment of program staff at the Health Sub Centre level from the same community.
- No language barrier.
- Close monitoring of the program through digital platforms.
- MANSI+ has been built on successful PPP over the last decade

WEAKNESS:
- Absence of front-line health workers in most of the villages
- Coordination with weak and inactive front-line health workers
- Presence of hard-to-reach area in the region
- Inactive Village Health Sanitation and Nutrition Committee.
- Poor quality, inconsistent and irregular training of frontline health workers.

OPPORTUNITY:
- Life-cycle approach that includes preventive measures since adolescent stage.
- Convergence with Govt's activity through Engagement and Coordination Arrangement
- Support from other development agencies that are already working in the region
- Legacy of Tata Steel Foundation

THREATS:
- No support from the Govt. programs
- Dependency on front line health workers (Sahiyyas, AWW and ANM)
- Life-Cycle approach (simultaneous work on HBNC, HBYC, adolescent health and nutrition)
- Dependency on technology in hard-to-reach area where no network is available
- Expectation of the community from Tata Steel
- Traditional cultural rigidity among the tribal group

LEARNING OUTCOMES-

- Recognized the importance of local language skills in effective community engagement.
- Understood community-level causes of neonatal and post-neonatal deaths through death audits.
- Learned to design effective baseline questionnaires aligned with study objectives.
- Ground level challenges for community participation.
- Primary data collection.
- Frontline health workers and community leaders roles in improving health outcomes.

DIFFERENCE BETWEEN THEORITICAL UNDERSTANDING AND PRACTICAL EXPOSURE

THEORITICAL UNDERSTAND

- Detailed understanding of initiatives under MANSI+.
- Literature review of Maternity Waiting Homes In-depth.
- Understanding of VHSNC, Nutrition Garden, MTCs, VHND,KNDMM.
- In-depth understanding of the role of ASHA, ANM and AWW in the government programs to improve health outcomes in the community.
- Review of maternal and neonatal Death Audits.
- Understanding of self-monitoring tool – MANSI Darpan.
- Case definitions of High-Risk Pregnancy and Newborns.

PRACTICAL EXPOSURE

- Field visit to understand functioning of VHNDs, Nutrition Gardens, and Prasuti Pratikshalaya.
- Conducted in-depth interviews with beneficiaries in 2 blocks for the MANSI Darpan project to understand data collection practices, field challenges and to make the survey tool for collection of the baseline data.
- Developed and structured case definitions for high-risk pregnancy and newborns, including: condition name, signs & symptoms, diagnostic criteria, and standard references. Collected data for maternal and neonatal death audits through field visits to high-burden blocks.
- Conducted a meeting in Sonua block with ASHAs, ANMs, CHOs, and MANSI Mitras to understand their field-level responsibilities and challenges.
- Carried out literature reviews for two focused studies: KNDMM and MTC
- Gained insights into Anganwadi Centre functions, including Take-Home Ration (THR) services, child growth monitoring, and supplementary nutrition distribution
- Understood the challenges in implementing interventions by interacting with frontline health workers and community members.

:USEFULNESS OF INTERNSHIP:

My experience allowed me to apply theoretical knowledge to practical situations.
I gained valuable insights into the implementations od public health programs and their impact in the community.

SUGGESTIONS GIVEN TO ORGANIZATION: Promote adolescent health sessions like KNDMM more actively in schools and villages to delay early pregnancy.

Undertaken Research Study-MANSI DARPAN

Title	Impact of Self-Monitoring Tool on Maternal Health Outcomes Among High-Risk and Non-High-Risk Pregnant Women in Jharkhand: A Cluster Randomized Controlled Trial.
Background	Maternal and child health remain major public health concerns in rural Jharkhand, with high maternal mortality and low institutional deliveries. Despite government interventions, gaps in maternal health literacy and timely care persist. MANSI Darpan, a self-monitoring tool, helps pregnant women identify risks early and seek timely care.
Problem statement	In Jharkhand's remote areas, limited ANC coverage, delayed identification of high-risk pregnancies, and poor access to timely care contribute to adverse maternal and newborn outcomes, highlighting the need for self-monitoring tools like MANSI Darpan.
Objective	1.To assess the usability and acceptability of the self-monitoring tool among the target population. 2. To evaluate the impact of the MANSI Darpan tool on the utilization of antenatal care (ANC) services among high-risk and non-high-risk pregnant women.3. To compare maternal health outcomes (institutional deliveries, timely referrals, maternal complications) between the intervention and control groups.4. To identify barriers and facilitators to the adoption and effective use of the self-monitoring tool at the community level.
Research Question	1.What is the effect of MANSI Darpan on the utilization of antenatal care (ANC) services among high-risk and non-high-risk pregnant women?
Methodology	**Study Design**: The study will employ a cluster randomized controlled trial (RCT) design, blocks with similar demographic and public health characteristics in a district will be randomly assigned to either: Block 1: Intervention group (PW,HR pregnant women and U2 children)to be administered with the MANSI Darpan self-monitoring tool. Block 2:Control group where no intervention other than MANSI+ activities will be delivered. **Sample Size**: A sample size of 1000 (500 in intervention and 500 in control). **Data Analysis**: Data will be analyzed using SPSS software. Statistical tests to be used.• Descriptive analysis: To summarize demographic and baseline characteristics.• Chi-square test: To compare pregnancy outcomes between intervention and control groups.• Logistic regression: To evaluate the effect of MANSI Darpan on ensuring safe pregnancy outcomes. ***Data collection is currently in progress across selected blocks.***
Expected Findings	1.Higher ANC visit compliance and early risk identification among intervention group compared to control group.2.Improved awareness of maternal danger signs among pregnant women using the tool. 3. Increased timely referrals for high-risk pregnancies in intervention blocks.
Recommendations	1. Integrate MANSI Darpan into routine maternal health programs of Jharkhand's National Health Mission for wider coverage.2. Train frontline health workers (ASHAs/ANMs) extensively on using the tool and assisting pregnant women with limited literacy. 3. Develop a mobile-based version of MANSI Darpan with audio/visual instructions in local languages to overcome literacy barriers.4. Strengthen community awareness campaigns on maternal risk factors and the importance of self-monitoring. 5. Introduce periodic monitoring and supportive supervision to ensure consistent and quality use of the tool.6. Collaborate with local SHGs and community leaders to promote early adoption and trust in the intervention

TOWS ANALYSIS	Opportunities	Threats
Strengths(S)	**SO Strategies** • Leverage strong partnerships (S1) to align with NHM activities (O2).• Use digital platforms (S4) to improve coordination with government schemes (O2).• Utilize local staff (S2) to enhance life-cycle interventions (O1).	**ST Strategies** • Use Tata Steel's credibility (S5) to engage culturally rigid tribal groups (T6) • Strong monitoring (S4) to manage dependency on technology (T4).• Build trust with community leaders (S2) to reduce resistance to interventions (T2).
Weakness (W)	**WO Strategies** • Train VHSNCs (W5) with support from development agencies (O3).• Deploy mobile health vans in hard-to-reach areas (W3) using partnerships (O1, O3).• Strengthen training programs (W5) with government convergence (O2).	**WT Strategies** • Create a contingency plan for technology failures (W3, T4).• Develop backup workforce strategies to reduce dependency on inactive workers (W1, T2).• Empower SHGs to compensate for inactive VHSNCs (W4, T6).






Weekly Report

Name of the Organisation: Tata Steel Foundation

Project of Summer Internship Program: Maternal & Newborn Survival Initiative

Name of the Student: Pranga Sen

Roll no:2029 Stream: Hospital and Health Management

Week no:01 From:12th May 2025 to 16th May 2025

Activity Done	1.Reported to the reporting manager. 2.Read and reviewed the organizational manual. 3.Read and reviewed the Project MANSI+. 4.Prepared case definitions for high risk pregnancy and newborn. 5.Learned about the organization's website and 'operation sunshine' initiative.
Linking theory (Classroom learning) with practice at your organisation	Applied theoretical knowledge on maternal and newborn health in identifying and categorizing high-risk pregnancies. Used concepts from health communication to understand how the organization uses it's website and 'Operation Sunshine' for outreach.
Gaps identified on the working area.	Limited awareness about the latest case definitions and symptoms of high-risk pregnancy and neonatal. The organization's website is slow to load, causing delays in accessing important data.
Suggestions for improvement	Conduct Refresher sessions on maternal and newborn cases. Enhance website usability and ensure updated.
Plan for the next week	1. To attend a Training session. 2. Field visit.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program:Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student: PRANGA SEN

Roll no: 2029

Stream: MBA – Hospital and Health Management Week no:2

From:19th MAY 2025 to 23rd MAY 2025

Activity Done	DAY 1- •Attended the Block coordinator training program as an observer, note taker, and documentation person. •Learned and studied the IEC(Information,Education, Communication) materials used in the community by the MANSHI Mitra for educating people. •Observe the live teaching by the block coordinators, and learn how the teaching should be in a community sector. •My engagement level is passive (observer, documentation) •Understood the importance of interpersonal skills and the contextual relevance in health communication. DAY 2- •I have engaged in the MANSI DARPAN RESEARCH initiative by Tata Steel Foundation along with the Jharkhand government. •Studied it's purpose, the research framework, the objectives, problem statement. •Conduct a literature review to support understanding. •My engagement level is active(self study,analytical thinking) •I have gained the clarity on how the research frameworks guide the practical intervention. DAY 3- •Learned how to develop the outcome indicators for the MANSI DARPAN project. •Learned how to frame the questionnaires. •My engagement level is active(learning by doing)

	•I have realized the role of precise indicators in evaluating the program's effectiveness. DAY -4 •Prepared the home visit schedule for the two pivot blocks for the study. •My engagement level is active (task ownership) •I have understood that planning logistics and community coordination are required for the field research. DAY 5 •Have planned for the IDI S (In-depth Interviews) to make the research tools. •Took guidance from the research and documentation Consultant of TSF. •Revised the home visit schedule by adding the beneficiaries' names. •Finalize the target population for the in-depth interviews. •My engagement level is interactive(consultation and revision work) •I have learned that interviews will be a good feedback we will use to shape the field research methodology.
Linking theory (Classroom learning) with practice at your organisation	1.In the training session where the IEC part or strategies are directly related to concepts covered in the BusinessCommunication module. Observing the block coordinators highlighted the practical importance interpersonal skills,Audience engagement -Key elements studied theoretically. 2.The tasks involving the research framework and problem statement analysis are closely aligned with the topics from the Research Methodology subject. I have applied concepts like problem statement, literature of review, and developing indicators, which helped in critically understanding the structure of real-world health research. 3.Planning the home visit schedule drew upon practical insights from the National Health Programme module, where we studied community-based interventions. 4.Engaging in the design and doing the In-depth interviews linked back to the lesson from the Business communication, particularly the types of interviews for conducting the effective conversation.
Gaps identified on the working area.	1.Limited community participation during training sessions- while attending the Block coordinators session, I have observed that not all the coordinators were equally engaged in doing the activities, and some appeared passive or distracted. Many of them are not known with the data access. 2.Although the research framework was well developed, aligning these with the actual field conditions required repeated revisions. For example, the initial questionnaires had to be adapted to match the local understanding and the language of the community.

Suggestions for improvement	Use more interactive methods such as visual aids, playing games, storytelling, role plays, etc, in training, conduct a pre-session awareness that will help explain the purpose and importance of the training. Provide training on using the digital tools to all the block- level staff.
Plan for the next week	Attend and participate in the orientation program designed for Mansi Mitra to understand what their role will be in the MANSI DARPAN project. Actively engage in conducting in-depth interviews as part of the field study. Gain hands-on experience in qualitative research and community interaction.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program: Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student: PRANGA SEN

Roll no: 2029

Stream: MBA – Hospital and Health Management Week no:3

From: 26th May 2025 to 30th May 2025

Activity Done	Day 1- • Have worked on the finalized list of beneficiaries for both thecontrol and intervention blocks, the Sonua and Khutpani blocks. Make the 1000 sample list of the beneficiaries as 500 from the control block and 500 from the intervention block for the study. • Have finalized and reviewed the IDI (In-depth Interview)questionnaires. • Have coordinated with the team members, block coordinators,and the mansi mitras, and planned the Field Visit Schedule for the coming days. • My engagement level is active(Planning stage and preparation stage) • By doing this, I have understood how sampling is important in research to conduct a good study. Day 2- • Have visited the Govindpur village in the Sonua block and conducted two IDIs (In-Depth Interviews) with Two Lactating mothers. • Each interview lasted approximately 20-30 minutes. Bothbeneficiaries were comfortable in Hindi, which has helped me in collecting the data smoothly, and smooth communication has been maintained. • My engagement level is highly active(direct interaction with community). • I have experienced the real-time field data collection and the value of language fluency in establishing rapport. Day 3- • Have visited the Vir village in Khutpani Block and conducted IDIS (In-depth Interviews) with three beneficiaries(two pregnant women, one lactating). • Have faced a language barrier, as one respondent understood Hindi but couldn't respond fluently. I have received support from Sahiyya worker(ASHA) and Mansi Mitras for translation and explanation.

	• I have also interacted with the family members to learn about the traditional practices in both Sonua and Khutpani. • My engagement level is highly active and adaptive.(community level data collection and cultural immersion) • I have realized the importance of cultural sensitivity and support system in the research study. Day 4- • Have documented the findings from the conducted IDIs and reviewed the voice recordings to extract the qualitative data. • Have collaborated with the two other team members toanalyze responses and start drafting a survey questionnaire. • My engagement level is active(collaborative and analytical) • I have learned how to convert raw qualitative responses into structured insights and to translate them into survey design. Day 5- • Discussed the insights and the changes with the program head and the research and documentation consultant from Tata Steel Foundation • Have discussed and have done the questionnaires for theupcoming survey. • My engagement level is consultative and strategic. • I have gained experience in refining the tools based on real world evidence
Linking theory (Classroom learning) with practice at your organisation	1. In the In-depth interviews, I have applied interpersonal communication skills, which are related to concepts covered in the Business Communication module. 2. I have used structured and semi-structured interview techniques, aligning with what was taught under types of interviews in the business communication module. 3. Leveraged verbal and non-verbal communication techniques from the business communication module to build rapport and ensure the participant's comfort. And overcame the Language barriers with the help of community health workers,reflecting the importance of adaptive communication strategies. 4. Applied theoretical concepts of Sampling methods aligning with the research module, while creating a 1000 s ample (500 for each block) 5. Used knowledge of qualitative research methods to prepare and conduct the in-depth interviews.
Gaps identified on the working area.	Lack of multilingual support of local language training for researchers as in Khutpani block, one of the beneficiaries understood Hindi but struggled to respond to it, and this created challenges in capturing detailed responses and has required dependency on the intermediaries like sahiyyas and the mansi mitras.

Suggestions for improvement	Provide basic language training of common terms and phrases for the researchers working in multi-lingual settings. Conduct a pre-interview role play with the field workers to ensure a clear understanding and communication flow where the language is a barrier.
Plan for the next week	Plan for the survey. Visit selected villages in both intervention and control blocks to carry out the planned survey.Plan for Collaborate with mansi mitras and sahiyyas to facilitate introductions and community coordination.Document the key observation from the field on each day.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program: Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student: PRANGA SEN

Roll no: 2029

Stream: MBA – Hospital and Health Management Week no: 4

From: 2nd June 2025 to 6th June 2025

Activity Done	Day 1- ▪ Have prepared and refined the data collection questionnaires for the MANSI Darpan Survey which include the reviewing the existing questionnaires and adapting them to local context for better understanding. ▪ My engagement level is active in structuring the questions. ▪ I have realized that it is critical to align the questions with our objective of the study. Day 2- ▪ Have presented the questionnaires draft to the program manager for feedback and review. ▪ I have participated in formal presentation and discussion. ▪ In insight part once again I got chance to improve my communication and presentation skills. Day 3- ▪ Have revised the field visit schedule to ensure the systematic data collection. ▪ My engagement level is active in planning. ▪ I have understood that fieldwork logistic should be managed and important in rural healthcare initiative. Day 4- ▪ Have participated in an orientation session led by the documentation manager, involving the block coordinator and MANSI mitras. This session aimed at explaining the concepts, details ,objectives ,method of the MANSI Darpan survey and how documentations ,reports, will be handled . Day 5- ▪ Have started the google form version of the questionnaires ,which will be used as a final data collection tool. ▪ Independent work on the digital tool orientation with guidance.

Linking theory (Classroom learning) with practice at your organisation	1.Business communication module helped me to structure and deliver a clear and confident presentation of the questionnaires to the program head. 2.Research Module helped me in designing, reviewing and refining the questionnaires.
Gaps identified on the working area.	1. Some MANSI Mitras has required repeated guidance on survey objectives and steps. No other gap identified
Suggestions for improvement	A structured ,periodic refresher training could be ensure that better knowledge retentions and it would improved the implementation.
Plan for the next week	Plan for the survey ,visit the selected villages in both intervention and control blocks to carry out the planned survey

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program:Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student: PRANGA SEN

Roll no: 2029

Stream: MBA – Hospital and Health Management Week no: 5

From: 9th June 2025 to 13th June 2025

Activity Done	Day 1- • Have prepared and continued with the Google form-based questionnaires for the MANSI DARPAN study. Ensured the proper structuring, clarity in questions. • Independent contribution to the tool development. • I have understood that the tool is very important to collect the data and analyse the data properly to meet the objective of the study. Day 2- • Have attended a team meeting with program leads and members to discuss the questionnaire design, about which questions should be added, collected the feedback and suggestions for improvement. • My engagement level is – active listening and participation in team discussions. • I Have learned how collaborative discussions is enhancing the quality of public health tools and help in understanding practical constraints from the multiple perspective. Day 3- • Have incorporated the suggested changes from the team into the questionnaires. • My engagement level -individual execution based on team guidance. • Have realized the importance of adaptability and attention to detail when refining tools for the community-level data collection. DAY 4- Have participated in a field visit with a medical student. Visited the CHC, Anganwadi Centre, and interacted with high-risk pregnant and lactating women. I have provided health education and observed the HBSNC,THR

	and the ANM conducting Hb testing; assisted in 1–2 cases at Ecchagarh CHC in Seraikela district, Jharkhand. • My engagement level- Direct field engagement and observational learning. • Have gained firsthand exposure to the rural healthcare delivery. DAY 5- • Have finalized the Google Form for the MANSI DARPAN study after incorporating all feedback. I have revised and cross checked the questionnaire for consistency and accuracy. Initiated planning for the upcoming field survey, including logistics and stakeholder coordination. • My engagement level is an independent planning initiative. • Understood the significance of the pre-survey preparation to avoid confusion during data collection.
Linking theory (Classroom learning) with practice at your organisation	1. Communication planning and management play a crucial role during team meetings and field visits. The concept of active listening, empathy, and non-verbal communication helped me to engage effectively in work with MANSI MITRAS, Block Coordinators, ANM, Doctor, and beneficiaries. 2. My visit to the Community Health Centre (CHC) has given me a practical understanding of the healthcare delivery system in rural areas. 3. The development and revision of the questionnaire for the MANSI DARPAN survey directly applied concepts from the Research Methodology module.
Gaps identified on the working area.	1. Overburdened ANMs and Frontline Workers: Auxiliary Nurse Midwives (ANMs) often face an overwhelming load of responsibilities, including immunization, antenatal care, and documentation, which can compromise the quality of care. There is a need for additional support staff or improved task distribution. 2. Inadequate Laboratory Infrastructure at CHC: The CHC lab lacks essential standard testing kits, especially for haemoglobin (Hb) and blood sugar tests. 3. Need for Community Health Officer (CHO) at Anganwadi Centres- During the field visit, it was observed that Anganwadi Centres lack direct medical support, such as a Community Health Officer (CHO). This limitation affects their ability to manage minor illnesses, provide maternal care, and offer emergency first aid. The presence of a CHO could help bridge the gap between nutrition services and basic health care.
Suggestions for improvement	1. Deploying a CHO at the Anganwadi centers would help to bridge the gap. 2. Upgrade the CHC laboratory, ensure the regular supply of essential testing kits such as HB estimation kits, sugar testing kits. 3. Recruit the supporting staff or introduce task-shifting mechanisms to reduce the burden of ANMS.

Plan for the next week	Plan for the survey and home visit for the selected villages in both intervention and control blocks.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program: Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student: PRANGA SEN

Roll no: 2029

Stream: MBA – Hospital and Health Management Week no: 6

From: 16th June 2025 to 20th June 2025

Activity Done	Day 1- • Have done literature of review(LOR) for the study titled -Post Discharge Nutritional Status Assessment of Children from Malnutrition Treatment Centers (MTCs) in Jharkhand, India. • Have read and analyzed the relevant academic studies and government reports to understand the post-treatment nutritional challenges and gaps. • Have developed deeper understanding of the MTCs,SAM,relapse risks and the importance of follow-up services post-discharge. • My engagement level is Active (independent research and synthesis) Day 2- • Have completed the literature review for the study titled Empowering Underage Married Couples to Delay First Pregnancy Until the Right Age: Evaluation of the Kishor Nav Dampatti Mansi Mandali (KNDMM) Model. • Have studied about the model initiated by *Tata Steel Foundation* and its focus on adolescent reproductive health. • I have Understood the role of community-based interventions in delaying early pregnancies through education and engagement. • My engagement level is Active (content analysis and contextual study). Day 3- Have Participated in Maternal and Neonatal Death Audit. • Have learned how to review and document causes of death using the APP OS (Operation Sunshine- digital platform/tool used for reporting). • I have Gained exposure to the protocols for maternal and neonatal autopsy (case review and documentation). • I have Understood the root cause analysis in public health, especially in vulnerable maternal and neonatal populations. • My engagement level is Observational and semi-active (hands-on learning).

	DAY 4- • Have prepared a power point presentation on Malnutrition Treatment Centers (MTCs) for an internal session. • Have included research question, methodology program outcomes etc. • Have learned how to make a structured presentation material. • My engagement level is Active (content creation and design). DAY 5- • Have finalized the presentation on the KNDMM model –(Kishor Nav Dampatti MANSI Mandali) Model in Jharkhand, India. • Have covered structure, implementation strategy, and early evaluation results. • Have understood about the program modeling, reproductive health strategies for adolescents, and TSF's community engagement approach.
Linking theory (Classroom learning) with practice at your organisation	1. The process of reviewing academic articles and program reports for two different studies (Post-Discharge Nutritional Assessment & KNDMM model) reflected the theoretical steps had taught in Research Methodology module i.e-Identifying research gaps, Synthesizing existing evidence, Framing background and rationale for a study and applying the LOR process in a real-time organizational setting helped me understand how research evidence is gathered to support program evaluation and design. 2. Observing the maternal and neonatal death audit process which provided practical exposure to data collection methods, reporting formats, and real-world use of digital tools (APP OS), aligning with topics like: Primary vs. secondary data, Case-based data documentation, Ethical considerations in health research.
Gaps identified on the working area.	1. While conducting literature reviews, I have observed that access to region-specific, updated data on post-discharge nutritional status is limited. 2. During the maternal and neonatal death audit, it was noticed that the cause of deaths varies, not mentioned properly between blocks and among health workers.
Suggestions for improvement	1. Encourage the team members to contribute to a shared resource folder where the recent studies about the malnutrition treatment centres and it's effectiveness kind of a things can be archived. 2. Conduct some training workshop for healthcare workers and the data collectors on identifying and documenting the cause of death using their practical knowledge or observational skills.
Plan for the next week	Review and compile remaining death audit cases from assigned blocks.Cross verification for completeness of the cause of deaths.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program: Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student: PRANGA SEN

Roll no: 2029

Stream: MBA – Hospital and Health Management Week no: 7

From: 23rd June 2025 to 27th June 2025

Activity Done	Day 1- • I have received an in depth orientation including the cause categorization (Medical cause and Social Cause),documentation protocol in Operation Sunshine on the Death audit process from our respected Ma'am who is handling the data of death audits(Maternal and newborn death). •I have reviewed the Neonatal and post neonatal death audit list shared by ma'am, which contained detailed record of the reported cases for further analysis(approximately 1,000 cases) • Have identified that many entries lacked with Key details such as medical causes, social causes related to the deaths and have pointed out for the audit. • I have recognised the significance of the correct cause mapping for the meaningful health program interventions. • My engagement level is active (Data analysis) • Have planned for the field visit to the both Control block and the intervention block for the MANSI DARPAN study. Day 2- • I have visited Govindpur,Beguna,Jaliamara villages under Sonua block (East Singhbhum). • Have observed and supported MANSI MITRAS as they conducted baseline data collection for the MANSI DARPAN study. • Have provided on -site guidance to ensure the survey process followed the proper protocol and the ethical standards. • I have learned how the community level data is being collected and the challenges from the field which is faced by the MANSI- MITRAS (Literacy barriers,language barriers, respondent hesitation etc) My engagement level is interactive (supervision and the field coordination) Day 3-

	• I have continued my field visit at Sonua block and have visited the Galmunda and Jaliamara villages. • Have continued the assessment and the field support for the baseline data collection. • I have realized the importance of consistency in the data recording. • My engagement level is active. DAY 4- • I have continued my field visit to the intervention block which is khutpani and the villages named Saliagutu and patahutu under that block . • As this is our intervention block I have carefully monitored the data collection process. • Also I have visited the Anganwadi center (at Saligarah center ,Khutpani block) and observed a vaccination session conducted by the ANM and the CHO. • I have interacted with the frontline workers to understand their role and the workload. • I have gained exposure to the Maternal and newborn immunization process,had observed the collaboration between then two healthcare functionaries to strengthens the service delivery at the village level. • My engagement level is immersive by active observation and informal interviews. DAY 5- Have reported all the field findings, and the key issues to the Program Manager. • Have reported about the challenges in data collection. • Have Initiated planning for the block-level field visits for the death audits.
Linking theory (Classroom learning) with practice at your organisation	1.Through my interactions with ANMs,CHO,and Anganwadi workers,I have gained the firsthand insight into how the healthcare delivery system is operated in village level (grassroot level) which is directly linked with the theoretical understanding gained from the Health policy and Health care delivery system module. 2. Communication planning and management module helped me to understand how structured communication(i.e Interpersonal communication,nonverbal communication) is important to collect data.I was able to link with my field experience where I observed MANSI MITRAS using localized communication to collect baseline data and supported them in building rapport with the beneficiaries.

Gaps identified on the working area.	1. During field visit inconsistencies were noted in how baseline data was being collected -some of the MANSI MITRAS required further support in understanding the questionnaires. 2. While conducting the survey, many beneficiaries showed difficulties to understand the question and answering them due to low literacy and awareness. 3. Many death audit entries are lacked with detailed medical and social causes of death,making analysis and intervention planning difficult.
Suggestions for improvement	1. Conduct refresher training sessions for the MANSI MITRAS who are involved in death audits focusing on how to identify and document both medical and social causes of death accurately. 2. Organize practical ,field based orientation sessions for MANSI MITRAS on data collection tools and communication techniques.
Plan for the next week	Continue working on maternal and neonatal death audits and will plan for possible block visits to conduct in-person verification or community interviews related to audit cases.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program: Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student: PRANGA SEN

Roll no: 2029

Stream: MBA – Hospital and Health Management Week no: 8

From: 30th June 2025 to 4th July 2025

Activity Done	Day 1- • I have checked Infant and neonatal death audit record from 2024-April 2025. • Have marked cases where the medical causes and social cause of death was not mentioned. • Have shortlisted the cases which required follow-up or verification. • My engagement level is active Day 2- • I have planned upcoming field visits for death audit verification. • Reviewed block level data and identified the high burden areas in East singhbhum. • Selected the Golmuri cum Jugsalai block as a priority for field verification due to a higher number of recent neonatal death cases. • I have learned how to prioritize the field visits based on data trends. • My engagement level is in planning and decision making. Day 3- I have Conducted two death audits: one neonatal and one infant case. • I have Visited the families and conducted in-depth interviews to understand the sequence of events, symptoms, treatment-seeking behavior, and social circumstances surrounding the deaths. I have Collected qualitative and contextual data for audit reports. • I have visited The AAM center (Ayushman Arogya Mandir)which is the first AAM center in Jharkhand and interacted with the CHO (Community Health Officer) • I have gained a deeper understanding of communitylevel barriers to newborn care and the emotional sensitivity required during such interviews.

	• In my activity level I had made a direct community interaction and data collection. DAY 4- • Have reported all the field findings, and the key issues to the Program Manager. • Have reported about the challenges in data collection. • Have highlighted the social determinants and realized the how to take and the importance of collecting the sensitive data. • My engagement level is active. DAY 5- I have participated in a discussion to make the questionnaires for the MANSI DARPAN project .(for ongoing follow-up,not baseline). Have attended an online session where one mansi mitra is presenting a topic-neonatal sepsis to a group of fellow mansi mitras. I Have actively listened to the discussion and provide inputs or suggestions where appropriate.
Linking theory (Classroom learning) with practice at your organisation	1. Through my interactions with CHO,I have gained the firsthand insight into how the healthcare delivery system is operated in village level (grassroot level) which is directly linked with the theoretical understanding gained from the Health policy and Health care delivery system module. 2. Communication planning and management module helped me to understand how structured communication(i.e-Interpersonal communication, nonverbal communication) is important to collect data.I was able to link with my field experience where I observed block coordinator using localized communication to collect baseline data and supported them in building rapport with the beneficiaries.
Gaps identified on the working area.	During the death audit visit, language, emotional sensitivity and low heath literacy sometimes made it difficulty to collect detailed responses from families.
Suggestions for improvement	1. Provide focused training to field staff on empathetic and culturally sensitive communication ,especially when engaging with bereaved families. Encourage to use nonverbal cues ,active listening and rapport building techniques to create a more comfortable environment for respondent.
Plan for the next week	Continue working on maternal and neonatal death audits and will plan for possible block visits to conduct in-person verification or community interviews related to audit cases.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program: Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student: PRANGA SEN

Roll no: 2029

Stream: MBA – Hospital and Health Management Week no: 9

From: 7th July 2025-11th July 2025

Activity Done	Day 1- • I have planned upcoming field visits for death audit verification. • Reviewed block level data and identified the high burden areas in East singhbhum. • Selected the Sonua block as a priority for field verification due to a higher number of recent neonatal death cases. • I have learned how to prioritize the field visits based on data trends. • My engagement level is in planning and decision making. Day 2- • I have Conducted two death audits: one neonatal and one infant case. • I have Visited the families and conducted in-depth interviews to understand the sequence of events, symptoms, treatment seeking behavior, and social circumstances surrounding the deaths. • I have Collected qualitative and contextual data for audit reports. Day 3- • I Have prepared the survey questions for MANSI DARPAN project for upcoming survey. • My engagement level is active. DAY 4- I Have reported all the field findings, and the key issues to the Program Manager. • Have reported about the challenges in data collection.Have highlighted the social determinants and realized the how to take and the importance of collecting the sensitive data. • My engagement level is active.

	DAY 5- I Have attended an online session where one mansi mitra is presenting a topic-Pneumonia to a group of fellow mansi mitras. • I Have actively listened to the discussion and provide inputs or suggestions where appropriate.
Linking theory (Classroom learning) with practice at your organisation	1. Communication planning and management module helped me to understand how structured communication(i.e-Interpersonal communication, nonverbal communication) is important to collect data.I was able to link with my field experience where I observed block coordinator using localized communication to collect baseline data and supported them in building rapport with the beneficiaries.
Gaps identified on the working area.	During the death audit visit, language, emotional sensitivity and low heath literacy sometimes made it difficulty to collect detailed responses from families.
Suggestions for improvement	1. Provide focused training to field staff on empathetic and culturally sensitive communication ,especially when engaging with bereaved families. Encourage to use nonverbal cues ,active listening and rapport building techniques to create a more comfortable environment for respondent.
Plan for the next week	Continue working on maternal and neonatal death audits and will plan for possible block visits to conduct in-person verification or community interviews related to audit cases.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program: Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student: PRANGA SEN

Roll no: 2029

Stream: MBA – Hospital and Health Management Week no: 10

From: 14thJuly 2025 18th July 2025

Activity Done	Day 1- • I have visited Khutpani block, West Singhbhum and conducted verbal autopsies for 2 death cases.(neonatal/infant) • Due to adverse weather conditions, the no of the visits has limited. • I have understood the importance of the environmental factors in the fieldwork planning. • My engagement level is direct field engagement. Day 2- • I compiled and reported all the findings about the death audits from the previous week and present week to the program manager. • I have taken advice from the team in which parts I have to more focus i.e- social causes of death. • I have gained a habit of timely documentation and communication with the program team. • My engagement level is in reporting based engagement. Day 3- • I have continued my field visit at Ghatshila, which has reported high numbers of the neonatal and post neonatal deaths. • I have conducted 3 death audits ,engaged with family members to understand underlying causes. • I have visited Sub-district hospital,Ghatshilla and SNCU and MTC centre as well.Have got idea about all of this things from the respected persons. DAY 4- • I have conducted a field visit to Chakardharpur block, another hotspot for the deaths of infant /neonatal.

	• Again due to weather limitations only 2 verbal autopsies were completed. • My level of engagement is-on ground fieldwork and interviews ,despite external limitations. DAY 5- • I have reported new findings from the week's field visit to the program manager. • I have resumed work on the revised MANSI DARPAN Questionnaire for upcoming data collection. • I have created a google form version ,where I would added all the questions. • My engagement level is tool development.
Linking theory (Classroom learning) with practice at your organisation	1. Through my interactions with hospital staff ,I have gained the firsthand insight into how the healthcare delivery system is operated in grassroot level which is directly linked with the theoretical understanding gained from the Health policy and Health care delivery system module. 2. Communication planning and management module helped me to understand how structured communication(i.e-Interpersonal communication, nonverbal communication) is important to collect data. I was able to link with my field experience where I observed MANSI MITRAS using localized communication to collect baseline data and supported them in building rapport with the beneficiaries.
Gaps identified on the working area.	Adverse weather conditions significantly restricted the number of the death audits conducted, delaying the data collection timeline.
Suggestions for improvement	1. No suggestions identified.
Plan for the next week	Continue working on neonatal death audits and will plan for possible block visits to conduct in-person verification or community interviews related to audit cases.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: Tata Steel Foundation

Area/ Department/ Project of Summer Internship Program: Maternal & Newborn Survival Initiative (Project MANSI+)

Name of the Student:Pranga Sen

Roll no:2029

Stream: MBA-Hospital and Health Management

From:12th May 2025 to 22nd July 2025

Activity Done	During my internship period at Tata Steel Foundation under the Maternal and Newborn Survival Initiative (MANSI+), I was introduced to various public health operations, field activities, and organizational functions that highly contributed to my hands-on knowledge of maternal and child health systems. My tasks started with an orientation process. I have got a brief Idea about MANSI+ project and along with acquainted myself with an overview of the 'Operation Sunshine' initiative, a digital platform utilized for data-driven(example- maternal and neonatal death audits) at Tata Steel Foundation .I developed case definitions for complicated newborns and high-risk pregnancy, with adherence to WHO protocol and national health guidelines. I also evaluated the organization's website which are very important in external communication and stakeholder interaction. The bulk of my internship involved working with the MANSI Darpan research project. I was involved in the conceptualization and organisation of the research framework, formulated outcome indicators, and prepared baseline data collection tools such as structured and semi-structured questionnaires. I converted theoretical concepts into practical field instruments by reading comparative studies and carrying out literature reviews. I also engaged in digitising data collection tools via the Google Forms platform, with ease of access and mobile compatibility for field staff. During the baseline data collection process, I carried out thorough field visits in both control and intervention blocks (Sonua and Khutpani), where I participated in household surveys and in-depth interviews (IDIs) with pregnant women, lactating mothers, and their family members. I used verbal and non-verbal communication skills while collecting sensitive reproductive health information. Language issues were resolved by the presence of local Sahiyyas (ASHA workers) and MANSI Mitras, who served as cultural bridges. These interactions at the ground level enabled me to capture indigenous practices, institutional deliveries, dynamics of decision-making in rural households, and socio-cultural determinants of maternal health. My interaction further included direct observation of ANC (Antenatal Care) services, HBYC (Home-Based Young Child Care), and THR (Take-Home Ration) distribution via CHCs and Anganwadi centers.I accompanied ANMs during health check-ups and witnessed haemoglobin (Hb) testing procedures. I also noted the interaction between CHOs (Community Health Officers) and mothers, which exposed me to the

	continuum of care at the village level. I was an active participant in maternal and neonatal death audits, wherein I examined data for 2024 through mid-2025, marked incomplete records, and assisted in finding patterns for cause-of-death trends. I was trained on hands-on cause categorization—medical and social—on the Operation Sunshine (OS) audit platform. I also carried out verbal autopsies via home visits in high-burden villages such as Govindpur, Beguna, Ghatshila, and Chakradharpur, where qualitative data on treatment-seeking behaviour, access to health facilities, and emergency response gaps were collected. Also, I reviewed literature for major research areas such as Post-Discharge Nutritional Status of Children from MTCs (Malnutrition Treatment Centers) and Evaluation of the Kishor Nav Dampatti Mansi Mandali (KNDMM) Model, a TSF program aimed at postponing early pregnancy among married adolescents. I prepared presentations capturing program results, theoretical concepts, and field implications for internal knowledge sharing sessions. I also oversaw fieldwork conducted by MANSI Mitras for the MANSI Darpan baseline survey. I gave technical and ethical advice on framing sensitive questions, remaining neutral, and recording answers correctly. I checked for consistency in data collection, reported instances of deviations from protocol, and made recommendations for changes in style of communication and respondent interaction. Towards the second half of the internship, I helped to finalize the MANSI Darpan follow-up questionnaires My task was submitting problems encountered to the Program Manager, and providing suggestions on field-level modifications. The internship was culminated with a sequence of block-level death audit and data verification visits. In spite of monsoon season and challenging terrain, I carried out field verification work, interviewed bereaved families, and filed documentation to substantiate evidence-based interventions for the MANSI+ program. I also participated in and contributed to online sessions organized by the organization, including the ones in which MANSI Mitras shared on issues such as pneumonia and neonatal sepsis. My internship activities in total were varied, intense, and strongly grounded in public health practice. Getting the chance to directly work with community members, frontline workers, and program managers gave me valuable exposure to rural grassroots health systems, primary care interventions, research implementation, and health communication in rural underserved areas.
Linking theory (Classroom learning) with practice at your organisation	The internship provided a valuable platform to integrate classroom-based theoretical learning with real-life community health practices. Business Communication module: The Skills such as interpersonal communication, non-verbal cues, empathy, and active listening were used extensively in field interviews, especially during interactions with pregnant women, lactating mothers, and families who had experienced neonatal or infant deaths. Concepts of structured communication, questioning techniques, and feedback loops were applied while conducting in-depth interviews and during orientation sessions with MANSI Mitras. Research Methodology:The module had a strong correlation with my daily tasks. I applied principles of qualitative research while developing structured and semi-structured interview guides. During the preparation of the MANSI Darpan survey, I utilized knowledge on research frameworks, outcome indicators, sampling methods, and ethical considerations.

	Literature review skills helped me synthesize academic findings with field realities while reviewing studies like Post-Discharge Nutritional Assessment in MTCs and Evaluation of the KNDMM Model. Health Policy and Healthcare Delivery System-The module was directly reflected in my visits to CHCs, Anganwadi Centers, and the Ayushman Arogya Mandir. Observing the roles of ANMs, CHOs, ASHAs, and MANSI Mitras in service delivery gave practical insights into the layered structure of India's rural healthcare system. I saw how national programs like RMNCH+A, JSY, and HBNC are implemented on the ground, often with infrastructural or human resource challenges that affect service quality. My observations of workload distribution, resource availability, and service integration mirrored case studies discussed in class. Epidemiology and Biostatistics-This concepts were indirectly applied while reviewing the maternal and neonatal death audit records. I analysed the neonatal deaths across blocks, assessed missing cause-of-death fields, and supported classification into medical and social categories. Understanding of prevalence, trends, and risk factors was critical while conducting verbal autopsies and explaining field data to program managers. These learning provide a holistic understanding of the public health initiatives, importance of data collection, and roles of the various stakeholder in achieving the heath outcome.
Gaps identified on the working area.	Throughout the internship duration, various systemic,and community-level gaps were recognized that impeded the effective delivery and monitoring of maternal and newborn health services under the MANSI+ project. These gaps were diverse across operational levels ranging from frontline workers to system infrastructure. • On the infrastructure and delivery of services side, some gaps were quite apparent. A lot of Community Health Centers (CHCs) did not have key diagnostic equipment, including hemoglobin testing kit, strips for urine testing, and glucometers. This impeded ANMs' ability to perform routine ANC screening. Anganwadi Centers tended to work without clinical personnel such as Community Health Officers (CHOs), hence a lack of emergency care or first-aid intervention, particularly in remote locations. • Frontline workers' overburdening like ANMs and ASHAs was a common finding. They had to balance multiple tasks—ranging from immunization, antenatal visits, and malnutrition monitoring to reporting, documentation, and home visits—without proper support or appreciation. Not only did it impact the quality of the delivery of services, but it also caused fatigue and demotivation. • Inconsistencies in death audit form were prominent. Many entries lacked detailed categorization of the medical and social causes of death, making pattern analysis and root cause identification challenging. Audit forms were often filled without mentioning the medical and social causes of the deaths. • At the community level,there was a noticeable lack of awareness regarding the importance of timely ANC visits, institutional

	deliveries, early initiation of breastfeeding, and postpartum care. My interactions revealed that family members, especially elders, influenced reproductive decisions more than the expectant mother herself, often reinforcing harmful traditional practices and delaying care-seeking behaviour. • Communication and language barriers** were among the most important challenges. In multilingual blocks such as Khutpani, the inability to speak or understand Hindi was reported by some respondents, posing a challenge to obtaining genuine data without local interpreters such as Sahiyyas. • Moreover, environmental and logistical limitations, especially during monsoons, were major constraints. Some of the roads to isolated villages were flooded or impassable, leading to data collection delays, lower community participation, and rescheduling of field visits. In such situations, transport or alternative digital follow-up modalities were not readily available. These gaps identify the difficulties of executing rural health programs within limited resources and socio-culturally dynamic settings. Although the MANSI+ initiative is having a serious impact, efforts to solve these problems through institutional reforms, continuous capacity improvement, and technology adaptation are key to lasting success.
Suggestions for improvement	In order to respond to the various gaps noticed at the operational, infrastructural, and community engagement levels of the MANSI+ project, a series of targeted recommendations are made to enhance program efficacy, field implementation, and health impact. • To counter the problem of language and communication gaps, basic orientation in the local language or dialect should be given to all researchers, interns, and field data collectors, particularly in linguistically diverse blocks such as Khutpani. A handbook of commonly used medical terms and their translations accompanied by pictorial communication materials can facilitate easier communication during interviews and surveys. Developing audio-visual IEC materials in local languages will also enhance understanding among the beneficiaries and their families. • To minimize errors and enhance field data quality, MANSI Mitras and data collectors need to go through mock interviews and survey rehearsals prior to fieldwork. These exercises must replicate actual conditions and involve role-playing as respondents with different literacy levels and emotional status. Supervisors must make random spot-checks while collecting data, and team leaders must cross-verify answers on a daily basis in order to identify inconsistencies early. • Since emotional sensitivity is engaged in verbal autopsies and death audits, personnel carrying out such exercises need to be trained in empathic and trauma-informed communication. Workshops that cover grief management, cultural taboo, emotional signals, and psychological safety are all-important. These will

	assist in establishing trust with grieving families and collecting more accurate and detailed information. • To begin with, there is an urgent requirement to empower the training and capacity-strengthening processes for MANSI Mitras, ASHAs, ANMs, and block coordinators. Institutionalization of regular refresher training courses should be adopted, focusing on updated maternal and newborn care guidelines, identification of high-risk pregnancies, and maximizing the usage of digital survey tools. These classes need to transcend lecture formats and incorporate interactive learning methods, such as demonstrations, simulation-based role playing, local language storyboards, gamified learning, and field practice modules. Assessments before and after training can assist in measuring knowledge retention and informing future training requirements.
	• These classes need to transcend lecture formats and incorporate interactive learning methods, such as demonstrations, simulation-based role playing, local language storyboards, gamified learning, and field practice modules. Assessments before and after training can assist in measuring knowledge The above recommendations are based on firsthand field observation, systematic observation, and on-field practical problems faced while implementing the MANSI+ program .retention and informing future training requirements.

Signature of the Student **PRANGA SEN**

Approved by the IIHMR University's Mentor