

## ADVERTISEMENT

Recruitment for the post of Research Assistant on temporary basis for the research studies conducted by the Research Unit, Family Health Bureau, Colombo-10

### Duties and responsibilities

- Facilitating consultative meetings and training workshops relevant to researches
- Support with proposal writing, preparing study instruments and ethical clearance
- Data collection of research studies
- Facilitating focus group discussions
- Support with data entering, analysis and report writing
- Any other duties assigned by the Head of the Research

### Desired qualifications and experience for the post

- Pre-intern medical graduate with M.B.B.S. qualification
- Hard-working and motivated individuals
- Ability to work with Microsoft Office applications (Word, Excel, etc.)
- Previous experience in scientific research, proposal writing, obtaining ethical clearance, data collection, data entry and analysis will be preferred.
- Good command of English and Sinhala and/or Tamil languages.
- Excellent communication skills
- Ability to work independently and within a team

### Duration

- For a period of six (6) months (April 2025 - September 2025)

### Nature of work:

- Full time/ part time: Full time
- Place of work : Research Unit, Family Health Bureau, Colombo-10  
(But as per the requirement may need to travel districts with the relevant research team)
- Working hours per day: Eight (8) hours - 8.00 am to 4.00 pm

Monthly remuneration: LKR. 66,750.00

(Basic salary - LKR 48,950.00 + Cost of living allowance -17,800.00)

Candidates are requested to email an updated CV including copies of relevant documents, and contact details to [research.fhb.un@gmail.com](mailto:research.fhb.un@gmail.com) before 15.03.2025.

## **Terms of reference (TOR) for the recruitment of the Post of Research Assistant on Temporary basis for the Research Studies conducted by the Research Unit, Family Health Bureau**

### **Background and Justification**

The Research unit, Family Health Bureau is responsible for policy formulation, advocacy, strategic direction, technical expertise, develop technical and managerial guidelines and protocols, capacity building, surveillance, monitoring and evaluation, implementation, direct, guide and coordinate with periphery (provincial, district and MOH levels), logistics, establishing partnerships networks within the government and outside to monitor and evaluate national programmes delivered in RMNCAYH & N care in Sri Lanka. Under it' s scope conduction of functional/implementation researches, national surveys and disseminate research findings, make recommendations and facilitate appropriate advocacy and awareness programmes on RMNCAYH&N will be a main function.

It is in this context that Government of Sri Lanka introduced Multiple Micronutrient Supplementation (MMS) for non-anaemic pregnant women from the August 2023 in six districts with the highest incidence of low birth weight (Nuwaraeliya, Trincomalee, Anuradhapura, Kegalle, Ratnapura and Badulla). MMS supplementation was initiated with a stock of MMS for pregnant women received as a donation to the government. The MMS was received in a bottle of 180 tablets and the guidance was to issue to non-anaemic pregnant mothers at the beginning of the second trimester and duly noted in both H512A and H512B to maintain routine records of micronutrient supplementation for pregnant and lactating women. They are not issued iron folate or vitamin C for the rest of the pregnancy. The introduction of MMS was accompanied by country-wide efforts to strengthen quality of antenatal care through rollout of the basic Maternal Care Manual. From 2024 April MMS is provided to non-anaemic pregnant mother in all the districts in the country. After implementation of MMS Island-wide, now it's almost 10months

passed. Therefore, it is necessary to describe the health sector and client related factors of implementation of MMS and its contribution to achievement of nutrient adequacy among pregnant women in Sri Lanka.

The Comprehensive EmONC Needs Assessment which was done in 2011 provided valuable information for many programme developments (Family Health Bureau, 2012). The National Strategic Plans of Maternal and Newborn Health (2014-2017) and (2018-2025) and many other strategic plans in the country benefited from the assessment. As a result of the identification of gaps in service provision, many policy decisions were taken and implemented over the years. After the initial EmONC needs assessment, 14 years have already passed. The country went through a global pandemic, economic downturn and many policy changes in health. The impact of the economic downturn was multifaceted on the health system. The health worker migration and reduction of the number of deliveries in the country has affected different aspects of the care. Therefore, the government of Sri Lanka has decided to conduct the EmONC survey 2025 as a preliminary step to draw future recommendations for the revision of present Maternal and Newborn Health Strategic Plan to further reduce the Maternal and Newborn Mortality rate and improve the quality of Maternal and Newborn health care services.

### Activity

A mixed method of study design will be used for the implementation research on MMS for non-anaemic pregnant women. This will be a Nationally representative study and focuses on all districts to represent urban, rural and estate sectors and non-anaemic pregnant mothers registered with the relevant Public Health Midwife (PHM) will be recruited. Data collection would be carried out in 2 phases. Phase 1 methods were used to generate community coverage and adherence to MMS among the pregnant mothers in the second and third trimesters. For this an interviewer administered questionnaire would be used. A 24 hour dietary recall method would be used to collect data to assess

the contribution of MMN to achievement of nutrient adequacy among pregnant women in Sri Lanka. Phase 2 methods were designed to explore the socio-cultural context of health and nutrition behaviors in this context, with an emphasis on elucidating the multi-level factors (including both supportive and barriers) influencing the driving behaviors of pregnant women. Those data collection method included focus group discussions, among pregnant women and health care providers across urban, rural and estate sectors in Sri Lanka and market observation (observation of supply chain of MMS). To describe the integration of MMS supplementation into the routine RHMIS, Key Informant Interviews would be used among healthcare workers. To describe the supply chain of MMS to the recipient both qualitative and quantitative methods would be used including focus group discussions, key informant Interviews and an interviewer administered questionnaire among non-anaemic pregnant mothers and healthcare providers. Textual data from Focus Group Discussions and Key Informative Interviews will be analyzed thematically to identify broad themes relevant to the guiding research questions. Numerical data from community samples following an Interviewer administered questionnaire will be analyzed using the descriptive statistics. A recommended daily allowance (RDA) for nutrient adequacy will be assessed among pregnant mothers using a software.

The EmONC assessment will follow the standard methodology prescribed by the Averting Maternal Death and Disability (AMDD) of University of Columbia, USA (Averting Maternal Death and Disability Program (AMDD), 2024). This has to be adapted to the local setting. The data collection will be done by teams of three. A team will comprise of a senior MOH, MO public health of a hospital and MO planning with Gyn and Obs experience/SHO Gyn & Obs. of a hospital/RHO Obs. & Gyn of a hospital. These teams will be trained at the Provincial level by the recruited Consultants. The training workshops will be supplemented by advocacy programmes for hospital administrators and clinicians.

For these activities, additional human resources are required for data collection, facilitating in-depth interviews, conducting focus group discussions, and performing data entry and analysis. A pre-intern medical graduate is needed to the Research Unit, Family Health Bureau to handle the following duties and responsibilities for a period of six months.

#### **Duties and responsibilities**

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NB :

- The selection of pre-intern medical graduates will be conducted via interviews, with final decisions made by the Family Health Bureau, Ministry of Health.
- The pre-intern medical graduate is eligible only for the benefits specified by the Ministry of Health or the funding agency, with no additional privileges or claims.
- The Director (Maternal and Child Health) reserves the right to adjust or amend the scope of work as needed.



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Director Maternal and Child Health  
Family Health Bureau

Date: 21/2/2025

Dr. Chandima Siritunga  
MChD, MSc. MD Community Medicine  
Director Maternal and Child Health  
Family Health Bureau



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Dr. Chithrangie Perera  
Coordinating Consultant

Date : 19/02/2025

with interviews  
of health  
performed by the  
Department of  
Maternal and Child Health