දුරකථන
தொலைபேசி
Telephone
011 2669192, 011 2675011
011 2698507, 011 2694033
011 2675449, 011 2675280

ෆැක්ස්
பெக்ஸ்
Fax
011 2693866
011 2693869
011 2692913

විද්‍යුත් තැපෑල,
மின்னஞ்சல் முகவரி
E-mail
postmaster@health.gov.lk

වෙබ් අඩවිය
இணையத்தளம்
Website
www.health.gov.lk

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SUWASIRIPAYA

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சுகாதார அமைச்சு
Ministry of Health

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எனது இல
My No: HPS/ OD/ 02/ 2023

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உமது இல
Your No:

දිනය
திகதி
Date 9 / 04/ 2024

All Provincial Secretaries of Health
All Provincial Directors of Health Services
All Regional Directors of Health Services
Directors/ Medical Superintendents of Line Ministry Hospitals

Job Description of Institutional Midwife

The job description of Institutional Midwife has been developed by the ministry of Health in consultation with the committee appointed by the Secretary/ Health.

The job description attached herewith (Annexure 1) will govern the recruitment criteria, areas of responsibility, job tasks / functions (duty list), competencies that such an employee should acquire to perform duties in the respective post and special circumstances affecting the job.

Please implement the above job description of Institutional Midwife as per the annexure given.

Dr. Asela Gunawardena
Director General of Health Services

Dr. ASELA GUNAWARDENA
Director General of Health Services
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

Cc. Secretary/ Health
Additional Secretary (PHS)
Additional Secretary (MS)
All Deputy Director Generals of Health Services
Director/ FHB
Director (Organization Development)

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சுகாதார அமைச்சு
Ministry of Health

JOB DESCRIPTION

A. Description of position

A1. Job Title:	Institutional Midwife
A2. Salary Code:	MT 5
A3. Institution:	Ministry of Health
A4. Department/Division:	Health
A5. Service Category:	Institutional Midwife
A6. Grade/class:	III, II & I

A7. Summary of job:

Roles and responsibilities of Institutional Midwives are primarily concerned with pre-pregnancy, preconception and antenatal care in institutional clinic setting and institutional ward setting, care during labour, child birth, postpartum and postnatal care. She should be able to manage the physiological progression of pregnancy, child birth and postpartum period in the institutional setting alongside her team members and be able to identify any deviations and refer to appropriate care.

B. Role/ Responsibilities

B1. Key Result Areas/ Key accountabilities	B2. Key Performance Indicators
1. Pre-pregnancy, preconception and antenatal care in institutional clinic setting and institutional ward setting	% of pregnant mother whose daily status and the neonatal well-being were updated by the midwife in the ward setting (audit at the ward setting)
2. Care during labour and birth and immediate postpartum care	% of mothers monitored with a MEOWs chart by the midwife
3. Immediate postnatal care	% of mother with PPH identified within 1st hour in the postnatal ward (through a quality audit) % of discharged-postnatal mothers whose daily status were updated by the midwife for establishment of breastfeeding
4. Postnatal care of mother and newborns	% of mother with PPH identified within 1st hour in the postnatal ward (through a quality audit) % of discharged-postnatal mothers whose daily status were updated by the midwife for establishment of breastfeeding
B3. Supervisory responsibilities (direct & indirect): Not applicable	

B4 Tasks/ functions (duty list):

1. General

1.1. Shall document (make notes on) any of the clinical performances or care given by oneself at the antenatal clinic, wards and in the labour room in formal manner on the appropriate records/cards or documents

2. Pre-pregnancy, preconception and antenatal care in institutional clinic setting and institutional ward setting

2.1. Antenatal clinic setting

2.1.1. Support to conduct the antenatal clinic, assess fetal wellbeing and monitor the progression of pregnancy under the guidance of the VOG, medical officers

2.1.2. Registration of pregnant mother in the antenatal clinic and ensuring the validity of the information in the maternal health records

2.1.3. Help to the Medical and Nursing staff to assess the health status of pregnant mother who attends antenatal clinics

2.1.4. Measure height and weight and calculate the BMI and in subsequent visits plot it in the weight gain chart

2.1.5. Identify risk factors of pregnant mother and refer /inform the medical doctor if identify/detect any deviations from physiological pregnancy

2.1.6. Shall maintain records as appropriate in ANC

2.2. Assess fetal well-being at the clinic setting

2.2.1. Assess/measure the Fundal height, presenting part, position and foetal heart sounds in the Instances where medical officers are not available

2.2.2. Check urine for sugar and albumin, ketone bodies where appropriate

2.2.3. Educate and advise the mother to maintain a Fetal kick count chart

2.3. Monitor the progression of pregnancy

2.3.1. Check and interpret the trend in the fundal height and weight gain of the mother

2.3.2. Abide by the national guidelines and the medical decisions in the arrangement of the follow-up antenatal clinic visits; educate the mother on the importance of regular antenatal clinic visits

2.4. Shall Promote and support health behaviours that improve the well-being of the mother and the fetus

2.4.1. Health education: on nutrition, the value of healthy food items and a balanced diet and food hygiene

2.4.2. Advice on avoiding active and passive smoking, alcohol and recreational drugs in all settings

2.4.3. Promote adequate and appropriate physical exercises

2.5. Shall Provide anticipatory guidance related to pregnancy, childbirth, breastfeeding, parenthood, and change in the family structure and behaviour under the guidance of a specialist obstetrician

2.5.1. Psychological assistant to the pregnant mother for preparing for the child birth by training on mindfulness, such as concentration on breathing (Mind training) and exchange cultural, religious, and spiritual development during maternal status.

2.5.2. Help the parents to prepare the members of the family for the new arrival

2.5.3. Create awareness on the process of child birth, interventions and supportive care available for a positive birth experience

2.5.4. Where allowed, inform the woman that she could have an appropriate female labour companion

2.5.5. Provide Information regarding available pain relief methods

2.6. Shall Detect and identify mother with complications or deviations from physiological pregnancies and, where appropriate, stabilize and attend to immediate needs while informing a doctor or nurse

2.7. Shall promote the appropriate method of delivery based on the risk status of the pregnancy in consultations with the obstetrician and the obstetric team

2.8. Shall provide care to mother with an unintended or unplanned pregnancy with special concern

2.8.1. Enquire about the concerns and thoughts of woman with regard to the pregnancy and counsel/discuss regarding the continuation of the pregnancy as necessary

2.8.2. Discuss with regard to family and social support

2.8.3. Support her to get guidance/assistance in overcoming the social pressures, if any.

2.8.4. Support the spiritual concerns of the mother according to religion

3. Shall ensure safety and well-being of the pregnant woman and the fetus by providing standard and quality care during the ward stay

3.1. Admission of the pregnant woman to the ward

3.1.1. Help to assess the wellbeing of the pregnant mother, the fetus, progression of pregnancy and act accordingly

3.1.2. Assist in the admission process of patients to the ward in collaboration with the other team members and practice the proper handing over of duties

3.2. Determine the health status of the woman

3.2.1. Assist the mothers' personal hygiene needs

3.2.2. Ensure a pleasant ward environment with cleanliness and hygiene in collaboration with other team members

3.2.3. Attend to each mother individually and discuss and get updated about her clinical status and well-being

3.2.4. Assess patient health status daily and participate in the ward round

3.2.5. Assess and interpret fetal well-being regularly by means of FHS, Hand-held Doppler or CTG as instructed by the medical team and inform any deviations to the medical team and relevant documentation. Institutional midwives can inform issues regarding pregnant mother directly without nursing staff intervening.

3.2.6. Regularly check urine albumin/sugar during the ward stay of pregnant mother

3.2.7. Address daily maternal concerns including physical, mental and social wellbeing

3.3. Assessment, preparation and care in early labour (latent phase)

3.3.1. Diagnosis of the onset of labour and preparation for further progression

3.3.2. Supportive care – pain relief, hydration, snacks as appropriate

3.3.3. Effective communication and discuss woman's concerns (empowering the woman for delivery)

3.3.4. Patient preparation before sending to labour room according to the current practice in the hospital – Enema, shaving, dressing as appropriate

3.3.5. Monitoring maternal and fetal wellbeing - uterine contractions, FHS and minimize /avoid alerts and inform if any to the medical teams

3.4. Promote and support healthy behaviours that improve the well-being of the mother and the foetus

3.4.1. Promote adequate time for sleeping

3.4.2. Drink an adequate amount of water/healthy liquids

3.4.3. Conduct health education sessions regularly

3.4.4. Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, change to take place in the family and family planning

3.4.5. Assess fetal size, amniotic fluid volume, fetal position, activity and heart rate from examination of maternal abdomen

3.5. Detect, stabilize, and inform the Medical Officer about the pregnant mother/ patient who have deviated from the physiological ('normal') status of pregnancy

3.5.1. Check/assess and record the Foetal Heart Sound/ foetal movement chart/ urine albumin and sugar as indicated

3.5.2. Discuss with the pregnant mother/ patients about the concerns of her management plan and inform the Medical Officer and relevant other officials in the team.

3.5.3. Ensure the Medical officer is informed about the changes of the pregnant mother/ patients parameters and follows the medical advice

3.6. Provide care to the mothers/ Patients with an unintended pregnancy

3.7. Inform the Medical Officer and nursing team immediately in an emergency

3.8. Patient education on child birth and care of the newborn as small group discussions

3.9. Handing over the bed head ticket to the midwife in the labour room / Punctuality and handing over duties when leaving the Unit after the duties.

3.10. Preparation for labour and delivery

3.11. Diagnosis of labour

3.11.1. Empower and reassure the pregnant mother/ patient

3.11.2. Preparation of the mother for pending normal vaginal delivery as per the protocol of the institution

3.11.3. Recognize mother with identified risk factors and assess for any other new risks and notify medical officers appropriately and ensure documentation

3.11.4. Accompany the mother to the labour room and handover with the relevant documents and clinical notes to the midwife/ nurse.

4. Shall manage a safe spontaneous vaginal birth; prevent, detect and refer mother with complications to the medical team promptly.

4.1. Admission to the labour room

4.1.1. Receive the woman in labour with clinical notes

4.1.2. Ensure documentation in the labour room admission register

4.1.3. Recognize clinical status from the clinical notes and bring to the attention of labour room team any high risk factors by adhering to labour room standards and protocols

4.1.4. Ensure that the woman is assessed at the time of admissions by a medical officer and the findings are documented in the partogram

4.2. Monitoring the progress of labour

4.2.1. Assess maternal wellbeing, fetal wellbeing and progression of labour and ensure appropriate documentation

4.2.2. Avoid, recognize and communicate alerts in labour as appropriate to the medical officer

4.2.3. Obtain the CTG where relevant and inform the medical officer

4.3. Provide respectful care to achieve a positive birth experience

4.3.1. Ensure preservation of the dignity of the woman

4.3.2. Respect the cultural and religious belief of the Pregnant mother/ Patient

4.3.3. Maintain adequate privacy, confidentiality for the woman

4.3.4. Communicate respectfully and kindly; use her preferred name in communications

4.3.5. Provide respectful care according to national policies

4.3.6. Encourage adequate hydration and nutrition according ward policy

4.3.7. Assessment of severity of pain, offer and support the mother/ patient to use strategies for coping with labour pain, e.g. controlled breathing, relaxation and massage, and inform the medical officer for medical intervention

4.3.8. Encourage the woman to be ambulant and to assume a comfortable position according to the unit policy

4.3.9. Facilitate companionship in labour as much as possible

4.4. Manage a safe vaginal birth and prevent complications

4.4.1. Identify the active phase (perineal phase) of the 2nd stage of labour

4.4.2. Encourage and support the woman compassionately through appropriate communication, protecting her dignity.

4.4.3. Deliver the baby by following the standard and safety measures; provide perineal support during delivery of the head and the anterior shoulder

4.4.4. Call out the time of birth to inform that in the purpose of record keeping

4.4.5. Practise selective episiotomy under local anesthesia

4.4.6. Practise delayed clamping and division of the umbilical cord unless the newborn is compromised at birth

4.4.7. Show the baby to the mother and immediately place the newborn on the mother's chest to ensure skin to skin contact and keep the baby on mother's chest until the first breastfeed; Keep the baby with skin to skin contact through out the labour room stay and keep the baby warm to avoid hypothermia

4.4.8. Ensure identification tags are secured in both mother and the newborn

4.4.9. Take measures to prevent neonatal hypothermia of the newborn

4.4.10. Encourage early initiation breastfeeding and continuation of breast feeding

4.4.11. Perform active management of 3rd stage of labour

4.4.12. Check for the completeness of the delivery of the placenta and the membranes

4.4.13. Ensure initiation of MEOWS chart immediately after delivery of the placenta and take appropriate action and inform accordingly

4.4.14. Identify and assess the blood loss

4.4.15. Record/document the care given to the mother and the newborn in the clinical notes maintained for the individual

4.4.16. Adhere to latest National guidelines on maternal and labour care.

4.5. Carry out any other functions to ensure the safety of the mother and the baby and get the support of other obstetric team members

4.6. Shall provide care of the newborn immediately after birth

4.6.1. Help to assess and record the APGAR score of the newborn

4.6.2. Look for any unusual/abnormal signs afterbirth

4.6.3. Ensure following the national protocol in the provision of immediate essential newborn care

4.6.4. Monitor the vital signs of the newborn during labour room stay and communicate with the pediatric team/medical officer if it is abnormal

4.6.5. Identify mother of whom the cord blood is to be investigated and make necessary arrangements for cord blood withdrawal

4.6.6. Measure weight, length and head circumference using appropriate equipment except in certain conditions such as prematurity, asphyxia, newborn emergency situation

4.6.7. Maintain the warm chain concept for the newborn during the labour room stay

4.6.8. Follow the latest version of the National guideline for newborn care

4.7. Ensure proper infection control measures and clinical waste management including safe disposal of placenta

4.7.1. Maintain and clean the equipment related to newborn care in the labour room

4.8. Instrumental delivery

4.8.1. Prepare the mother physically and psychologically to undergo an instrumental delivery

4.8.2. Ensure instruments are ready for the procedure

4.8.3. Assist the medical officer to conduct the instrumental delivery

4.8.4. Monitor the vital signs of the woman during and after the procedure

4.8.5. Ensure initiation of MEOWS chart immediately after delivery of the placenta and maintain; take appropriate action and inform accordingly

4.9. Caesarian delivery

4.9.1. Prepare the mother physically and psychologically to undergo a Caesarian delivery

4.9.2. Ensure all the accessories necessary for the newborn and the mother is taken to the theatre

4.9.3. Verify/check that all preparations and documentation are completed for the Caesarian delivery prior to leaving the ward

4.9.4. Continue the maternal and fetal monitoring while awaiting the Caesarian delivery

4.9.5. Shall be present at the site of delivery to receive the baby

4.9.6. Ensure the infection prevention protocols are followed when inside the theatre, as appropriate

4.9.7. Ensure the availability of all equipment necessary for neonatal resuscitation at the theatre setting as a team member

4.9.8. Follow the protocols of immediate essential newborn care appropriate in a theatre setting

4.9.9. Ensure breastfeeding is initiated within the first hour

4.9.10. Hand over the mother and the newborn to the staff at the postnatal ward.

4.10. Provide immediate postnatal care for 1st two hours for the healthy woman in the labour room

4.10.1. Assess the status of uterine contraction (the hardness and the fundal height of the uterus

4.10.2. Ensure of empty bladder

4.10.3. Make the arrangements to get sutured the episiotomy within 1/2hr of delivering the newborn

4.10.4. Check for any abnormal bleeding through the vagina or episiotomy wound

4.10.5. Inform the medical officer and obtain urgent attention with regard to any abnormalities detected

4.10.6. Accompany the mother with the newborn to the ward and handover to the ward

5. Shall ensure safety and well being of the mother and the newborn while ensuring both being comfortable with each other inclusive of establishment of breast feeding (establishment of mother and baby closeness/relationship

5.1. Provide care for the newborn in the postnatal ward

5.1.1. Detect, stabilize and manage health problems in newborns and inform the medical officer/nurse as necessary. i.e., any changes with regard to colour, temperature, feeding, passage of urine and fecal matter of the newborn

5.1.2. Assist and actively participate in newborn screening programme currently implemented in the country

5.1.3. Accompany newborns and postnatal mothers when they are referred outside of the postnatal ward during the hospital stay

5.1.4. Guide and support the mother to familiarize with the newborn care and relationship building

5.1.5. Assist in developmental care of the newborn during the hospital stay including the mother baby unit

5.1.6. Discuss the role of family support with the mother and family members if necessary.

5.1.7. Discuss the importance of field follow up care with mothers

5.1.8. Discuss with the parents on safe environment for the infant, care for the baby, sleeping position, close physical contact, voiding and stool disposal.

5.1.9. Guide and support mothers on Kangaroo Mother Care during the hospital stay

5.1.10. Provide care for the newborn including breast feeding in situations where mother is separated from the infant (eg: mother is in the ICU)

5.1.11. Assess and recognize deviations from the normal findings of the newborn and refer to appropriate care

5.1.12. Maintain the warm chain concept for the newborn

5.1.13. Provide appropriate hygienic care for the newborn

5.1.14. Cord care for the newborn

5.1.15. Immunize with BCG vaccine

5.1.16. Ensure availability and duly filled CHDR is handed over to the mother before discharge

5.2. Shall promote and support breast feeding and refer mother with breast feeding problems for appropriate and advanced care

5.2.1. Support the mother in positioning and attachment of the neonate for breastfeeding

5.2.2. Check for any issues and complications pertaining to breast feeding practice

5.2.3. Provide information on exclusive breast feeding for six months and on any anticipatory problems such as combining with work, maintaining milk supply and breast milk storage and the availability of supportive services for lactating mother.

5.2.4. Look for signs of jaundice of the newborn and dehydration

5.2.5. Inform signs on danger signs of the newborn

5.2.6. Watch for the colour of the sclera and pallor of the eyes of the neonate

5.3. Shall provide postnatal care for the woman

5.3.1. Detect and stabilize postnatal complications in mother and inform the medical officer /nurse as necessary

5.3.2. During the ward stay, regularly check for any bleeding episodes, abnormal pain, body temperature and thirst as instructed by the medical team

5.3.3. Provide information on rest, support and nutrition to the woman while providing pain control strategies if necessary

5.3.4. Provide information on hygiene including episiotomy/caesarian incision and perineal care

5.3.5. Inform mothers on maternal danger signals

5.3.6. Discuss on psychological responses to motherhood / parenthood

5.3.7. Identify and support psychological conditions during post partum period and inform medical staff as appropriate

5.3.8. Provide and participate in bereavement care with the medical team whenever necessary

5.4. Shall provide counselling and guide mother for family planning services

5.4.1. Arrange proper communication regarding the family planning methods and counselling

5.4.2. Provide information about sexual practices following child birth and adequate birth spacing

5.4.3. referring to medical care (if the woman had antenatal complications)

5.4.4. Counselling and consent

6. Shall contribute as a team member in managing obstetric emergencies during antenatal, intranatal and postnatal period

6.1. Early detection

6.2. Effective communication and calling the team members

6.3. Initiate management until the team arrives and assist managing the emergency

6.4. Consider the safety of the woman at all times

7. Shall care for mother who experience physical, sexual violence and abuse

8. Ensure in provision of standard and quality service

8.1. Shall take part in taking periodical roster-based service provision in the antenatal & postnatal wards, Labour room, Lactation management units to ensure in maintaining the skills necessary to practice midwifery

8.2. Shall engage regularly in capacity building programmes to update knowledge, attitude and skills necessary to perform expected responsibilities of a professional midwife

8.3. Shall actively contribute for maternal and perinatal death investigations and conferences conducted in the hospital

8.4. Shall support the profession's growth through participation in midwifery education in the roles of clinical preceptor, mentor and role model

9. Gender based violence

9.1. Shall care for mother who experience gender based physical and sexual violence and abuse

10. Any other duties related to midwifery care as assigned by the Head of the institution

C. Person Specifications

C1. Minimum Educational Qualifications:

Successful completion of one and half year training programme conducted by the Ministry of Health which inclusive of theory and one-year practical training at the antenatal, gynecology (Subfertility and 1st trimester based deviations from normal), and postnatal wards and also in the Labour Room in a hospitals and six months practical training in community setting.

Should have a letter of appointment as a Midwife, issued by the Head of the Department followed with confirmation/provisional from the Public Service Commission or Provincial Public Service Commission

C2. Skills required:

1. Effective interpersonal communication skills with mother and their families and health care teams.
2. Skills in facilitating normal birth processes in an institutional setting
3. Skills to assess the health status of pregnant woman and screen for health risks
4. Skills to promote general health and well-being of mother and neonates
5. Skills to recognize not normal (abnormalities) or deviations from normal and complications related to the pregnancy in woman or in neonate and inform a doctor or a nursing officer, as appropriate.

C3. Competencies (General& Career):

1. Communicate effectively with mother and their families and health care teams.
2. Facilitating normal birth processes in an institutional setting
3. Assess and screen the mother in pregnancy or related events and the newborns in the ward for the health status and any of the health risks

4. Promote general health and well-being of mother and neonates in the ward
5. Recognize any deviations or not normal circumstances or complications related to the pregnancy in the mother or in the neonate and inform a doctor or a nursing officer

C4. Special circumstances affecting the job, associated risks/working conditions:

1. Injuries
2. Exposure to contagious diseases due to body fluid and blood
3. Burn out

C5. Service Standards:

Should follow the national and institutional standards and guidelines as appropriate during provision of the services, with the intention of provision of best services to the mother and fetus/neonate

C6. Values and ethics:

1. Assume responsibility for one's own decisions and actions
2. Communicate professionally with the other members of the health team
3. Assume responsibility for self-care and self-development as a professional midwife
4. Appropriately delegate aspects of care when necessary
5. Uphold fundamental human rights of individuals when providing midwifery care
6. Adhere to jurisdictional laws, regulatory requirements, and codes of conduct related to midwifery practice.

C7. Responsibility of facilities and resources:

Ensure proper maintenance and safety of the facility and use the resources efficiently and effectively

9.1. Shall care for mother who experience gender based physical and sexual violence and abuse

10. Any other duties related to midwifery care as assigned by the Head of the institution

C. Person Specifications

C1. Minimum Educational Qualifications:

Successful completion of one and half year training programme conducted by the Ministry of Health which inclusive of theory and one-year practical training at the antenatal, gynecology (Subfertility and 1st trimester based deviations from normal), and postnatal wards and also in the Labour Room in a hospitals and six months practical training in community setting.

Should have a letter of appointment as a Midwife, issued by the Head of the Department followed with confirmation/provisional from the Public Service Commission or Provincial Public Service Commission

C2. Skills required:

1. Effective interpersonal communication skills with mother and their families and health care teams.
2. Skills in facilitating normal birth processes in an institutional setting
3. Skills to assess the health status of pregnant woman and screen for health risks
4. Skills to promote general health and well-being of mother and neonates
5. Skills to recognize not normal (abnormalities) or deviations from normal and complications related to the pregnancy in woman or in neonate and inform a doctor or a nursing officer, as appropriate.

C3. Competencies (General& Career):

1. Communicate effectively with mother and their families and health care teams.
2. Facilitating normal birth processes in an institutional setting
3. Assess and screen the mother in pregnancy or related events and the newborns in the ward for the health status and any of the health risks

4. Promote general health and well-being of mother and neonates in the ward
5. Recognize any deviations or not normal circumstances or complications related to the pregnancy in the mother or in the neonate and inform a doctor or a nursing officer

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1. Injuries
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3. Burn out

C5. Service Standards:

Should follow the national and institutional standards and guidelines as appropriate during provision of the services, with the intention of provision of best services to the mother and fetus/neonate

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1. Assume responsibility for one's own decisions and actions
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6. Adhere to jurisdictional laws, regulatory requirements, and codes of conduct related to midwifery practice.

C7. Responsibility of facilities and resources:

Ensure proper maintenance and safety of the facility and use the resources efficiently and effectively

D. Key Relationships

D1. Authorising Officer:	Secretary of Health
D2. Reporting to:	Head of the Institution or any other appropriate officer designated by the Ministry of Health
D3. Supporting staff:	SKS, KKS

D4. Approved by:

Director General of Health Services

Date: 2024/3/27

Dr. ASELA GUNAWARDENA
Director General of Health Services
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha
Colombo 10.

Secretary of Health

Date: 29/03/2024

Dr. P. G. Mahipala
Secretary
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.