

UNITED REPUBLIC OF TANZANIA



Ministry of Health

HEALTH FACILITY REGISTRY-FACILITY DETAILS

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|---------------------------------|--|
| Facility Name: | Isangha |
| Common name: | Isangha |
| Status: | Operating |
| Facility Code: | 101885-2 |
| Date Opened: | 1998-01-01 |
| Facility Type: | Dispensary |
| Ownership: | Public, LGA : LGA |
| Address: | Central Zone-Dodoma Region - Bahi District - Bahi DC - Chibelela - Isangha |
| Official Phone: | 0625644281 |
| Website: | |
| In-charge Qualification: | |
| Nearest Facility: | |
| CTC ID: | 01-06-0113 |
| MSD ID: | DM520025 |
| MTUHA ID: | |

FACILITY SERVICES - Isangha

| Service Category | Service Description |
|---|--|
| General Clinical Services | OPD - Outpatient Services |
| General Clinical Services | Nutritional Counseling |
| General Clinical Services | Minor Surgical Interventions |
| General Clinical Services | Mental Health Services |
| Malaria Diagnosis and Treatment | mRDT - Rapid Diagnostic Tests |
| Malaria Diagnosis and Treatment | First Line Treatment |
| TB Diagnosis, Care and Treatment | MDRTB Treatment |
| HIV/AIDS Prevention | STI - Management of Sexually Transmitted Illness |
| HIV/AIDS Prevention | PMTCT - ANC (ANC PMTCT) |
| HIV/AIDS Care and Treatment | HBC - Home and Community Based Care |
| Therapeutics | Dispensing Room |
| Health Promotion and Disease Prevention | Community Mobilization |
| Health Promotion and Disease Prevention | School Health Intervention |
| Reproductive and Child Health Care Services | Family Planning |
| Reproductive and Child Health Care Services | Antenatal Care |
| Reproductive and Child Health Care Services | Postnatal Care |
| Reproductive and Child Health Care Services | BEmOC - Basic Emergency Obstetric Care |
| Growth Monitoring / Nutrition Surveillance | Vaccination |
| Growth Monitoring / Nutrition Surveillance | IMM-BASIC - Basic Immunization |

FACILITY EQUIPMENT - Isangha

| Equipment Name: | Functional | Not Functional | Under Maintenance |
|-----------------|------------|----------------|----------------------|
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