UNITED REPUBLIC OF TANZANIA



Ministry of Health

| HEALTH FACILITY REGISTRY-FACILITY DETAILS | | | |
|---|---|--|--|
| Facility Name: | KANGE | | |
| Common name: | Kange | | |
| Status: | Operating | | |
| Facility Code: | 102322-5 | | |
| Date Opened: | 1970-01-01 | | |
| Facility Type: | Dispensary | | |
| Ownership: | Public, LGA : LGA | | |
| Address: | Northern Zone-Tanga Region - Tanga District - Tanga CC - Maweni - Kichangani | | |
| Official Phone: | 027- 26500 | | |
| Website: | | | |
| In-charge Qualification: | | | |
| Nearest Facility: | | | |
| CTC ID: | | | |
| MSD ID: | | | |
| MTUHA ID: | | | |

FACILITY SERVICES - KANGE

| Service Category | Service Description | |
|--|---|--|
| General Clinical Services | OPD - Outpatient Services | |
| General Clinical Services | IMCI - Integrated Management of Childhood Illness | |
| General Clinical Services | Nutritional Rehabilitation | |
| General Clinical Services | Nutritional Counseling | |
| General Clinical Services | Minor Surgical Interventions | |
| Malaria Diagnosis and Treatment | Slide Microscopy | |
| Malaria Diagnosis and Treatment | mRDT - Rapid Diagnostic Tests | |
| HIV/AIDS Prevention | STI - Management of Sexually Transmitted Illness | |
| HIV/AIDS Prevention | PITC - Provider Initiated Testing And Counseling | |
| Therapeutics | Pharmacy | |
| 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 | |
| Growth Monitoring / Nutrition Surveillance | Vaccination | |
| Growth Monitoring / Nutrition Surveillance | IMM-BASIC - Basic Immunization | |
| Growth Monitoring / Nutrition Surveillance | IMM-ADD - With Addition Vaccine | |
| Emergency Preparedness | Basic Emergency Preparedness | |

| FACILITY EQUIPMENT - KANGE | | | | |
|----------------------------|------------|----------------|----------------------|--|
| Equipment Name: | Functional | Not Functional | Under Maintenance | |