## **UNITED REPUBLIC OF TANZANIA**



## Ministry of Health

| HEALTH FACILITY REGISTRY-FACILITY DETAILS |  |  |  |  |
|---|--|--|--|--|
| Facility Name:                            | Kichangani   |  |  |  |
| Common name:                              | Kichangani   |  |  |  |
| Status:                                   | Operating  |  |  |  |
| Facility Code:                            | 102643-4   |  |  |  |
| Date Opened:                              | 1970-01-01   |  |  |  |
| Facility Type:                            | Dispensary   |  |  |  |
| Ownership:                                | Public, LGA : LGA  |  |  |  |
| Address:                                  | Eastern Zone-Morogoro Region -<br>Morogoro District - Morogoro MC -<br>Kichangani - Area Six |  |  |  |
| Official Phone:                           | 765065781  |  |  |  |
| Website:                                  |  |  |  |  |
| In-charge Qualification:                  |  |  |  |  |
| Nearest Facility:                         |  |  |  |  |
| CTC ID:                                   | 05-01-0120   |  |  |  |
| MSD ID:                                   |  |  |  |  |
| MTUHA ID:                                 |  |  |  |  |

## **FACILITY SERVICES - Kichangani**

| Service Category                               | Service Description                               |  |
|--|---|--|
| General Clinical Services                      | OPD - Outpatient Services                         |  |
| General Clinical Services                      | IMCI - Integrated Management of Childhood Illness |  |
| General Clinical Services                      | Mental Health Services                            |  |
| Malaria Diagnosis and Treatment                | mRDT - Rapid Diagnostic Tests                     |  |
| Malaria Diagnosis and Treatment                | First Line Treatment                              |  |
| HIV/AIDS Prevention                            | STI - Management of Sexually Transmitted Illness  |  |
| HIV/AIDS Prevention                            | VCT - Voluntary Counseling and Testing            |  |
| HIV/AIDS Prevention                            | PITC - Provider Initiated Testing And Counseling  |  |
| HIV/AIDS Prevention                            | DCT - Diagnostic Counseling and Testing           |  |
| HIV/AIDS Prevention                            | PMTCT - ANC (ANC PMTCT)                           |  |
| HIV/AIDS Care and Treatment                    | HIV/AIDS Care and Treatment                       |  |
| HIV/AIDS Care and Treatment                    | Both Adult and Pediatric                          |  |
| Therapeutics                                   | Dispensing Room                                   |  |
| Health Promotion and Disease Prevention        | Community Mobilization                            |  |
| Health Promotion and Disease Prevention        | School Health Intervention                        |  |
| Diagnostic Services                            | Laboratory  |  |
| Reproductive and Child Health Care Services    | Family Planning                                   |  |
| Reproductive and Child Health Care<br>Services | Antenatal Care                                    |  |
| Reproductive and Child Health Care<br>Services | Postnatal Care                                    |  |
| Reproductive and Child Health Care<br>Services | Adolescent Reproductive Health Services           |  |
| Reproductive and Child Health Care<br>Services | BEmOC - Basic Emergency Obstetric Care            |  |

| Service Category                               | Service Description             |
|--|---------------------------------|
| Reproductive and Child Health Care<br>Services | GBV PEP                         |
| Growth Monitoring / Nutrition Surveillance     | Vaccination                     |
| Growth Monitoring / Nutrition Surveillance     | IMM-BASIC - Basic Immunization  |
| Growth Monitoring / Nutrition Surveillance     | IMM-ADD - With Addition Vaccine |

| FACILITY EQUIPMENT - Kichangani |            |                |                      |  |  |
|---------------------------------|------------|----------------|----------------------|--|--|
| Equipment Name:                 | Functional | Not Functional | Under<br>Maintenance |  |  |