## **UNITED REPUBLIC OF TANZANIA**



## Ministry of Health

| HEALTH FACILITY REGISTRY-FACILITY DETAILS |   |  |  |
|---|---|--|--|
| Facility Name:                            | MTANDI  |  |  |
| Common name:                              |   |  |  |
| Status:                                   | Operating   |  |  |
| Facility Code:                            | 105532-6  |  |  |
| Date Opened:                              | 1987-09-15  |  |  |
| Facility Type:                            | Dispensary  |  |  |
| Ownership:                                | Public, LGA : LGA   |  |  |
| Address:                                  | Southern Zone-Lindi Region - Kilwa<br>District - Kilwa DC - Kiranjeranje - Mtandi |  |  |
| Official Phone:                           | 0232202163  |  |  |
| Website:                                  |   |  |  |
| In-charge Qualification:                  |   |  |  |
| Nearest Facility:                         |   |  |  |
| CTC ID:                                   |   |  |  |
| MSD ID:                                   |   |  |  |
| MTUHA ID:                                 |   |  |  |

## **FACILITY SERVICES - MTANDI**

| Service Category                               | Service Description  |  |  |
|--|--|--|--|
| General Clinical Services                      | Diabetes Care and Treatment                                |  |  |
| General Clinical Services                      | IMCI - Integrated Management of Childhood Illness          |  |  |
| General Clinical Services                      | Minor Surgical Interventions                               |  |  |
| General Clinical Services                      | NCD - Other Non-Communicable Disease<br>Care and Treatment |  |  |
| General Clinical Services                      | OPD - Outpatient Services                                  |  |  |
| Malaria Diagnosis and Treatment                | First Line Treatment                                       |  |  |
| Malaria Diagnosis and Treatment                | mRDT - Rapid Diagnostic Tests                              |  |  |
| HIV/AIDS Prevention                            | DCT - Diagnostic Counseling and Testing                    |  |  |
| HIV/AIDS Prevention                            | EID - Early Infant Diagnosis                               |  |  |
| HIV/AIDS Prevention                            | PEP - Post Exposure Prophylaxis                            |  |  |
| HIV/AIDS Prevention                            | PITC - Provider Initiated Testing And Counseling           |  |  |
| HIV/AIDS Prevention                            | PMTCT - ANC (ANC PMTCT)                                    |  |  |
| HIV/AIDS Prevention                            | STI - Management of Sexually Transmitted Illness           |  |  |
| HIV/AIDS Prevention                            | VCT - Voluntary Counseling and Testing                     |  |  |
| Reproductive and Child Health Care<br>Services | Antenatal Care   |  |  |
| Reproductive and Child Health Care<br>Services | BEmOC - Basic Emergency Obstetric Care                     |  |  |
| Reproductive and Child Health Care<br>Services | Councelling  |  |  |
| Reproductive and Child Health Care<br>Services | Family Planning  |  |  |
| Reproductive and Child Health Care<br>Services | GBV PEP  |  |  |
| Reproductive and Child Health Care<br>Services | Maternal and Newborn Care                                  |  |  |
| Reproductive and Child Health Care<br>Services | Postnatal Care   |  |  |

| Service Category                           | Service Description  |  |
|--|--|--|
| Vaccination                                | Nutritional Counseling   |  |
| Laboratory Service-Parasitology            | Stool Analysis   |  |
| Disease Surveillance                       | Collect,package and refer to higher level (district,regional,zonal and national) |  |
| Growth Monitoring / Nutrition Surveillance | IMM-BASIC - Basic Immunization   |  |
| Growth Monitoring / Nutrition Surveillance | Vaccination  |  |

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