## UNITED REPUBLIC OF TANZANIA



## **Ministry of Health**

## HEALTH FACILITY REGISTRY-FACILITY DETAILS

| Facility Name:           | KAMENA  |  |  |
|--------------------------|---|--|--|
| Common name:             | Zahanati ya Kamena  |  |  |
| Status:                  | Operating   |  |  |
| Facility Code:           | 120523-6  |  |  |
| Date Opened:             | 2020-08-01  |  |  |
| Facility Type:           | Dispensary  |  |  |
| Ownership:               | Public, LGA : Tanzania  |  |  |
| Address:                 | Lake Zone-Geita Region - Geita District -<br>Geita DC - Kamena - Kamena |  |  |
| Official Phone:          | 0282520061  |  |  |
| Website:                 | http://www.geitadc.go.tz  |  |  |
| In-charge Qualification: |   |  |  |
| Nearest Facility:        | 106245-4 - NDELEMA Dispensary   |  |  |
| CTC ID:                  |   |  |  |
| MSD ID:                  |   |  |  |
| MTUHA ID:                |   |  |  |

| FACILITY SERVICES - KAMENA                  |   |  |  |  |
|---|---|--|--|--|
| Service Category                            | Service Description                                     |  |  |  |
| General Clinical Services                   | IMCI - Integrated Management of<br>Childhood Illness    |  |  |  |
| General Clinical Services                   | NCD - Other Non-Communicable Disease Care and Treatment |  |  |  |
| General Clinical Services                   | OPD - Outpatient Services                               |  |  |  |
| Malaria Diagnosis and Treatment             | First Line Treatment                                    |  |  |  |
| Malaria Diagnosis and Treatment             | mRDT - Rapid Diagnostic Tests                           |  |  |  |
| Malaria Diagnosis and Treatment             | Treatment of Complicated Malaria                        |  |  |  |
| Health Promotion and Disease Prevention     | Epidemiological Surveillance and Response               |  |  |  |
| Vaccination                                 | Nutritional Counseling                                  |  |  |  |
| HIV/AIDS Prevention                         | DCT - Diagnostic Counseling and Testing                 |  |  |  |
| HIV/AIDS Prevention                         | EID - Early Infant Diagnosis                            |  |  |  |
| HIV/AIDS Prevention                         | PITC - Provider Initiated Testing And Counseling        |  |  |  |
| HIV/AIDS Prevention                         | PMTCT - ANC (ANC PMTCT)                                 |  |  |  |
| HIV/AIDS Prevention                         | PMTCT - Maternity (MAT PMTCT)                           |  |  |  |
| HIV/AIDS Prevention                         | STI - Management of Sexually Transmitted                |  |  |  |
| Laboratory Service-Parasitology             | Malaria Rapid Diagnostic Test (mRDT)                    |  |  |  |
| Reproductive and Child Health Care Services | Antenatal Care  |  |  |  |
| Reproductive and Child Health Care Services | BEmOC - Basic Emergency Obstetric Care                  |  |  |  |
| Reproductive and Child Health Care Services | Emergency Contraception                                 |  |  |  |
| Reproductive and Child Health Care Services | Family Planning   |  |  |  |
| Reproductive and Child Health Care Services | Post-Abortion Care                                      |  |  |  |
| Reproductive and Child Health Care Services | Adolescent Reproductive Health Services                 |  |  |  |

| Service Category                            | Service Description                                    |  |  |
|---|--|--|--|
| Reproductive and Child Health Care Services | Breast Cancer  |  |  |
| Reproductive and Child Health Care Services | GBV PEP  |  |  |
| Reproductive and Child Health Care Services | Management of Hypertensive Pregnancies (Pre-eclampsia) |  |  |
| Reproductive and Child Health Care Services | Postnatal Care   |  |  |

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