## **UNITED REPUBLIC OF TANZANIA**



## Ministry of Health

| HEALTH FACILITY REGISTRY-FACILITY DETAILS |  |  |  |
|---|--|--|--|
| Facility Name:                            | IBINDO   |  |  |
| Common name:                              | Ibindo   |  |  |
| Status:                                   | Operating  |  |  |
| Facility Code:                            | 101440-6   |  |  |
| Date Opened:                              | 1950-07-10   |  |  |
| Facility Type:                            | Dispensary   |  |  |
| Ownership:                                | Public, LGA : LGA  |  |  |
| Address:                                  | Lake Zone-Mwanza Region - Kwimba<br>District - Kwimba DC - Nyambiti - Ibindo |  |  |
| Official Phone:                           | +255(0)747475945   |  |  |
| Website:                                  |  |  |  |
| In-charge Qualification:                  | Not Set  |  |  |
| Nearest Facility:                         |  |  |  |
| CTC ID:                                   |  |  |  |
| MSD ID:                                   | MZ520329   |  |  |
| MTUHA ID:                                 | 190429   |  |  |

## **FACILITY SERVICES - IBINDO**

| Service Description                               |  |
|---|--|
| OPD - Outpatient Services                         |  |
| IMCI - Integrated Management of Childhood Illness |  |
| General Ophthalmology                             |  |
| Nutritional Counseling                            |  |
| Minor Surgical Interventions                      |  |
| mRDT - Rapid Diagnostic Tests                     |  |
| First Line Treatment                              |  |
| STI - Management of Sexually Transmitted Illness  |  |
| PITC - Provider Initiated Testing And Counseling  |  |
| DCT - Diagnostic Counseling and Testing           |  |
| PMTCT - ANC (ANC PMTCT)                           |  |
| PMTCT - Maternity (MAT PMTCT)                     |  |
| HIV/AIDS Care and Treatment                       |  |
| Adult ART - Adult ART Only                        |  |
| Epidemiological Surveillance and Response         |  |
| Community Mobilization                            |  |
| School Health Intervention                        |  |
| Family Planning                                   |  |
| Antenatal Care                                    |  |
| Postnatal Care                                    |  |
| Adolescent Reproductive Health Services           |  |
|   |  |

| Service Category                               | Service Description                                    |
|--|--|
| Reproductive and Child Health Care<br>Services | Management of Hypertensive Pregnancies (Pre-eclampsia) |
| 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 - IBINDO |            |                |                      |  |
|-----------------------------|------------|----------------|----------------------|--|
| Equipment Name:             | Functional | Not Functional | Under<br>Maintenance |  |