UNITED REPUBLIC OF TANZANIA



Ministry of Health

| HEALTH FACILITY REGISTRY-FACILITY DETAILS | | | |
|---|---|--|--|
| Facility Name: | IGUNGA CHF | | |
| Common name: | CHF | | |
| Status: | Operating | | |
| Facility Code: | 101590-8 | | |
| Date Opened: | 2010-08-10 | | |
| Facility Type: | Dispensary | | |
| Ownership: | Public, LGA : LGA | | |
| Address: | Western Zone-Tabora Region - Igunga District - Igunga DC - Igunga - Igunga | | |
| Official Phone: | 0767960112 | | |
| Website: | | | |
| In-charge Qualification: | Clinical Officer | | |
| Nearest Facility: | | | |
| CTC ID: | 14-02-0154 | | |
| MSD ID: | TB520211 | | |
| MTUHA ID: | | | |

FACILITY SERVICES - IGUNGA CHF

| Service Category | Service Description | |
|--|---|--|
| General Clinical Services | OPD - Outpatient Services | |
| General Clinical Services | IMCI - Integrated Management of Childhood Illness | |
| Malaria Diagnosis and Treatment | Slide Microscopy | |
| 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 | PMTCT - ANC (ANC PMTCT) | |
| HIV/AIDS Prevention | PMTCT - Maternity (MAT PMTCT) | |
| Therapeutics | Dispensing Room | |
| Diagnostic Services | Laboratory | |
| Reproductive and Child Health Care Services | Family Planning | |
| Reproductive and Child Health Care Services | Antenatal Care | |
| Reproductive and Child Health Care Services | Postnatal Care | |
| Reproductive and Child Health Care Services | BEmOC - Basic Emergency Obstetric Care | |
| Growth Monitoring / Nutrition Surveillance | Vaccination | |
| Growth Monitoring / Nutrition Surveillance | IMM-BASIC - Basic Immunization | |
| Growth Monitoring / Nutrition Surveillance | PORT - Port Immunization Services | |

| FACILITY EQUIPMENT - IGUNGA CHF | | | | |
|---------------------------------|------------|----------------|----------------------|--|
| Equipment Name: | Functional | Not Functional | Under Maintenance | |