

UNITED REPUBLIC OF TANZANIA



Ministry of Health

HEALTH FACILITY REGISTRY-FACILITY DETAILS

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|---------------------------------|--|
| Facility Name: | KANGE |
| Common name: | Kange |
| Status: | Operating |
| Facility Code: | 102322-5 |
| Date Opened: | 1970-01-01 |
| Facility Type: | Dispensary |
| Ownership: | Public, LGA : LGA |
| Address: | Northern Zone-Tanga Region - Tanga District - Tanga CC - Maweni - Kichangani |
| Official Phone: | 027- 26500 |
| Website: | |
| In-charge Qualification: | |
| Nearest Facility: | |
| CTC ID: | |
| MSD ID: | |
| MTUHA ID: | |

FACILITY SERVICES - KANGE

| Service Category | Service Description |
|---|---|
| General Clinical Services | OPD - Outpatient Services |
| General Clinical Services | IMCI - Integrated Management of Childhood Illness |
| General Clinical Services | Nutritional Rehabilitation |
| General Clinical Services | Nutritional Counseling |
| General Clinical Services | Minor Surgical Interventions |
| Malaria Diagnosis and Treatment | Slide Microscopy |
| Malaria Diagnosis and Treatment | mRDT - Rapid Diagnostic Tests |
| HIV/AIDS Prevention | STI - Management of Sexually Transmitted Illness |
| HIV/AIDS Prevention | PITC - Provider Initiated Testing And Counseling |
| Therapeutics | Pharmacy |
| Therapeutics | Dispensing Room |
| Health Promotion and Disease Prevention | Community Mobilization |
| Health Promotion and Disease Prevention | School Health Intervention |
| Reproductive and Child Health Care Services | Family Planning |
| Reproductive and Child Health Care Services | Antenatal Care |
| Reproductive and Child Health Care Services | Postnatal Care |
| 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 - KANGE

| Equipment Name: | Functional | Not Functional | Under Maintenance |
|------------------------|-------------------|-----------------------|------------------------------|
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