## **UNITED REPUBLIC OF TANZANIA**



## Ministry of Health

| HEALTH FACILITY REGISTRY-FACILITY DETAILS |  |  |  |
|---|--|--|--|
| Facility Name:                            | WACHAWASEME  |  |  |
| Common name:                              | Wachawaseme  |  |  |
| Status:                                   | Operating  |  |  |
| Facility Code:                            | 122927-7   |  |  |
| Date Opened:                              | 2023-06-24   |  |  |
| Facility Type:                            | Dispensary   |  |  |
| Ownership:                                | Public, LGA : Tanzania   |  |  |
| Address:                                  | Western Zone-Tabora Region - Kaliua<br>District - Kaliua DC - Igagala -<br>Wachawaseme |  |  |
| Official Phone:                           | 0742915391   |  |  |
| Website:                                  | www.kaliuadc.go.tz   |  |  |
| In-charge Qualification:                  |  |  |  |
| Nearest Facility:                         | 110901-6 - IGAGALA Health Center   |  |  |
| CTC ID:                                   |  |  |  |
| MSD ID:                                   |  |  |  |
| MTUHA ID:                                 |  |  |  |

## FACILITY SERVICES - WACHAWASEME

| Service Category                               | Service Description                    |  |
|--|--|--|
| General Clinical Services                      | OPD - Outpatient Services              |  |
| Malaria Diagnosis and Treatment                | First Line Treatment                   |  |
| HIV/AIDS Prevention                            | PEP - Post Exposure Prophylaxis        |  |
| HIV/AIDS Care and Treatment                    | HIV/AIDS Care and Treatment            |  |
| Reproductive and Child Health Care<br>Services | Antenatal Care                         |  |
| Reproductive and Child Health Care<br>Services | Family Planning                        |  |
| Reproductive and Child Health Care<br>Services | BEmOC - Basic Emergency Obstetric Care |  |
| Vaccination                                    | Nutritional Counseling                 |  |

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