

United Republic Of Tanzania



MOHSW Health Facility Registry Data Collection Form

1. Administrative Divisions			
Zone:	Region:		
District:	Council (e.g. TC, MC, DC or CC):		
Ward:	Village _____ Or Mtaa _____ Kitongoji _____		
For District Council Only:	Township Authority _____ Kitongoji _____		
2. Identification			
Registered/Official Facility Name:			
Common Facility Name:			
Registration ID:	CTC ID:	MSD ID:	MTUHA Code:
3. Contact Information			
Postal Address:		Postal Code:	
Official Phone #:		Official Fax #:	
Official Email Address(es): _____@_____. _____			
Website:			
Facility In-Charge			
Name: _____		NID #: _____	
Cadre: _____		Mobile Phone #: _____	
Registration #: _____		Email Address: _____@_____. _____	
4. Physical Location			
Location Description (e.g. Landmarks):			
Geographic Coordinates			
Waypoint #: _____		Altitude (Elev): _____	
Latitude (S): _____. _____		Longitude (E): _____. _____	
Service and Catchment Area			
Service Area (Villages): _____		Service Population: _____	
Catchment Area (Villages): _____		Catchment Population: _____	
Date Inaugurated/Opened/Upgraded (dd/mm/yyyy): ____/____/____ (If Day/Month unknown, provide Year only)			
5. Classification			
Type of Health Facility			
<input type="checkbox"/> Dispensary		<input type="checkbox"/> Hospital	
<input type="checkbox"/> Health Center		<input type="checkbox"/> National Hospital	
<input type="checkbox"/> Clinic		<input type="checkbox"/> Zonal Super Specialist Hospital	
<input type="checkbox"/> Eye Clinic		<input type="checkbox"/> Zonal Referral Hospital	
<input type="checkbox"/> Dental Clinic		<input type="checkbox"/> Super Specialist Hospital	
<input type="checkbox"/> Others, Specify: _____		<input type="checkbox"/> Regional Referral Hospital	
<input type="checkbox"/> Nursing Home		<input type="checkbox"/> Designated District Hospital	
<input type="checkbox"/> Maternity Home		<input type="checkbox"/> District Hospital	
<input type="checkbox"/> Health Labs		<input type="checkbox"/> Other Hospital	

Ownership <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> MoHSW <input type="checkbox"/> LGA <input type="checkbox"/> Other MDAs <input type="checkbox"/> For profit <input type="checkbox"/> Military <input type="checkbox"/> Prisons <input type="checkbox"/> Faith based Organization (FBO) <input type="checkbox"/> Police <input type="checkbox"/> Parastatal <input type="checkbox"/> NGOs			
Owner Detail / Name: _____			
Operating Status <input type="checkbox"/> Operating <input type="checkbox"/> Closed (Temporary) <input type="checkbox"/> Pending Operation - Under Construction <input type="checkbox"/> Closed <input type="checkbox"/> Pending Operation - Construction Complete			
Registration Status <input type="checkbox"/> Registered <input type="checkbox"/> Registration Pending Certification <input type="checkbox"/> Registration Suspended <input type="checkbox"/> Registration Cancelled <input type="checkbox"/> Not Registered			
6. Infrastructure			
Number of Rooms Reception: _____ Consultation: _____ Dressing: _____ Injection: _____ Ward: _____ Observation: _____ Remarks: _____	Number of Beds Patient Beds: _____ Delivery Beds: _____ Baby Cots: _____	Number of Transport # of ambulance _____ # of cars _____ # of motorcycles _____ Specify, Other: _____ # of Other: _____	Sterilization/Infection Control <input type="checkbox"/> Autoclave <input type="checkbox"/> Sterilizer <input type="checkbox"/> Pressure Pot <input type="checkbox"/> Boiling Pot <input type="checkbox"/> Safety Box <input type="checkbox"/> None
Means of Transport to Referral Point: _____ Distance to referral point _____ Challenges/Remarks to reach at referral point _____ _____			
Source of Energy <input type="checkbox"/> National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar Panels <input type="checkbox"/> No Electricity <input type="checkbox"/> Other, Specify: _____ _____	Mobile Network <input type="checkbox"/> Airtel <input type="checkbox"/> Vodacom <input type="checkbox"/> Tigo <input type="checkbox"/> Zantel <input type="checkbox"/> Other, Specify: _____ _____	Source of Water <input type="checkbox"/> Piped water into Health Facility <input type="checkbox"/> Piped water to yard/plot <input type="checkbox"/> Public tap or standpipe <input type="checkbox"/> Tube well or borehole <input type="checkbox"/> Protected dug well <input type="checkbox"/> Protected spring <input type="checkbox"/> Rainwater Harvesting <input type="checkbox"/> Others, Specify: _____	
Toilet Facility <input type="checkbox"/> Flush toilet piped into sewer system <input type="checkbox"/> Flush toilet piped into septic tank <input type="checkbox"/> Flush/pour flush to pit latrine <input type="checkbox"/> Ventilated improved pit latrine (VIP) <input type="checkbox"/> Pit latrine with slab <input type="checkbox"/> Pit latrine <input type="checkbox"/> Composting toilet <input type="checkbox"/> No toilet Remarks: _____		Waste Management <input type="checkbox"/> Incinerator <input type="checkbox"/> Burning Chamber <input type="checkbox"/> Burning Pit <input type="checkbox"/> Placenta Pit <input type="checkbox"/> Others, Specify: _____	

7. Services Offered

7.1) Clinical Services

- OPD - Outpatient Services
- IPD - Inpatient Services
- IMCI - Integrated Management of Childhood Illness
- Diabetes Care and Treatment
- NCD - Other Non-Communicable Disease Care and Treatment (e.g. Asthma, Hypertensive & Rheumatism)
- General Ophthalmology
- Physiotherapy
- Nutritional Rehabilitation
- Nutritional Counseling
- Minor Surgical Interventions
- Major Surgical Interventions
- Mental Health Services
- Malaria Diagnosis and Treatment
 - Slide Microscopy
 - mRDT - Rapid Diagnostic Test
 - First Line Treatment
 - Treatment of Complicated Malaria
- TB Diagnosis, Care & Treatment
 - Smear Microscopy
 - Tuberculosis Culture
 - X-Ray
 - First Line Treatment
 - MDRTB Treatment
- Cardiovascular Care and Treatment
 - ECG
 - ECHO
- HIV/AIDS Prevention Services
 - STI - Management of Sexually Transmitted Illness
 - VCT -Voluntary Counselling and Testing
 - PITC - Provider Initiated Counselling and Testing
 - DCT - Diagnostic Counselling and Testing
 - EID - Early Infant Diagnosis
 - PMTCT- ANC (ANC PMTCT)
 - PMTCT – MATERNITY (MAT PMTCT)
 - VMMC - Voluntary Medical Male Circumcision Services
 - PEP - Post Exposure Prophylaxis

7.1) Clinical Services Cont.

- HIV/AIDS Care and Treatment
 - Paed ART - Pediatric ART Only
 - Adult ART - Adult ART Only
 - Both Adult and Pediatric
 - HBC - Home and Community Based Care

7.2) Therapeutics

- Pharmacy
- Dispensing Room

7.3) Prosthetics and Medical Devices

- Prosthetics (e.g., Miguu / Mikono Bandia)
- Other Medical Devices (e.g., Neck collar)

7.4) Health Promotion and Disease Prevention

- Epidemiological Surveillance and Response
- Community Mobilization
- School Health Intervention
- Psychosocial support

7.5) Diagnostic Services

- Laboratory
 - Parasitology
 - Microbiology
 - Clinical Chemistry
 - Immunology and Serology
 - Hematology
 - Blood Transfusion
 - Pathology
 - Histopathology (Tissue Diagnosis)
 - Cytology
- Radiology Services
 - X-Ray
 - Ultrasound
 - CT-Scan
 - MRI

