United Republic Of Tanzania



MOHSW Health Facility Registry Data Collection Form

1. Administrative Division	ns							
Zone:	Region:	Region:						
District:	Council (Council (e.g. TC, MC, DC or CC):						
Ward:		Village_ Kitongoji		Or Mtaa				
For District Council Only:				Kito	ngoji			
2. Identification								
Registered/Official Facility Nam	ie:							
Common Facility Name:								
Registration ID:	CTC ID:		MSD ID:	MTU	HA Code:			
3. Contact Information								
Postal Address:				Postal Code:				
Official Phone #:		Offici	al Fax #:					
Official Email Address(es):		@_						
Website:								
Facility In-Charge								
Name:		NID #:			<u></u>			
Cadre:								
Registration #:		Email	Address:	@	·			
4. Physical Location								
Location Description (e.g. Land	marks):							
Geographic Coordinates								
		Ititude (Elev):					
Latitude (S):	L	ongitude (E)	:					
Service and Catchment Area								
Service Area (Villages):				· · · · · · · · · · · · · · · · · · ·				
Catchment Area (Villages):			Catchment Popul	ation:				
Date Inaugurated/Opened/Up Year only)	graded (dd/mr	m/yyyy):	//_	(If Day/Mo	onth unknown, provide			
5. Classification								
Type of Health Facility								
☐ Dispensary		[☐ Hospital					
☐ Health Center				National Hospital				
Clinic				Zonal Super Specialis	st Hospital			
☐ Eye Clinic				Zonal Referral Hospit	al			
☐ Dental Clinic				Super Specialist Hos	pital			
Others, Specify:				Regional Referral Ho	spital			
☐ Nursing Home				Designated District H	ospital			
				District Hospital	Dogo 4 of 4			
☐ Health Labs				Other Hospital	Page 1 of 4			

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

7.	Services Offered				
7.1)	Clinical Services	7.1)	Clinical Services Cont.		
	OPD - Outpatient Services		HIV/AIDS Care and Treatment		
	IPD - Inpatient Services		☐ Paed ART - Pediatric ART Only		
	IMCI - Integrated Management of Childhood Illness		☐ Adult ART - Adult ART Only		
	Diabetes Care and Treatment		☐ Both Adult and Pediatric		
	NCD - Other Non-Communicable Disease Care and Treatment (e.g. Asthma, Hypertensive & Rheumatism)		☐ HBC - Home and Community Based Care		
	General Ophthalmology	7.2) Therapeutics			
	Physiotherapy Nutritional Rehabilitation		Pharmacy		
			Dispensing Room		
	Nutritional Counseling	7.3)	Prosthetics and Medical Devices		
	nor Surgical Interventions		Prosthetics (e.g., Miguu / Mikono Bandia)		
	Major Surgical Interventions		Other Medical Devices (e.g., Neck collar)		
	Mental Health Services Malaria Diagnosis and Treatment		7.4) Health Promotion and Disease Prevention		
	☐ Slide Microscopy		Epidemiological Surveillance and Response		
	mRDT - Rapid Diagnostic Test		Community Mobilization		
	☐ First Line Treatment		School Health Intervention		
	☐ Treatment of Complicated Malaria		Psychosocial support		
	TB Diagnosis, Care & Treatment	7.5)	Diagnostic Services		
	☐ Smear Microscopy		Laboratory		
	☐ Tuberculosis Culture		☐ Parasitology		
	☐ X-Ray		☐ Microbiology		
	☐ First Line Treatment		☐ Clinical Chemistry		
	☐ MDRTB Treatment		☐ Immunology and Serology		
	Cardiovascular Care and Treatment		☐ Hematology		
	☐ ECG		☐ Blood Transfusion		
	☐ ECHO		☐ Pathology		
	HIV/AIDS Prevention Services		☐ Histopathology (Tissue Diagnosis)		
	☐ STI - Management of Sexually Transmitted Illness		☐ Cytology		
	☐ VCT -Voluntary Counselling and Testing		Radiology Services		
	☐ PITC - Provider Initiated Counselling and Testing		☐ X-Ray		
	☐ DCT - Diagnostic Counselling and Testing		Ultrasound		
	☐ EID - Early Infant Diagnosis		☐ CT-Scan		
	☐ PMTCT- ANC (ANC PMTCT)		☐ MRI		
	☐ PMTCT – MATERNITY (MAT PMTCT)				
	☐ VMMC - Voluntary Medical Male Circumcision Services				
	☐ PEP - Post Exposure Prophylaxis				

7.6	Reproductive and Child Health Care Service	7.7)	Growth Monitoring/Nutr	rition Surveillance		
	Family Planning		Vaccination			
	☐ FP-NONINV - Noninvasive Method		☐ IMM-Basic - Bas	sic Immunization		
	FP-INV – Invasive Method		☐IMM-ADD - With	Additional Vaccine		
	☐ Emergency Contraception		PORT - Port Imi	munization Services		
	Antenatal Care					
	Postnatal Care	7.8) Oral Health Service (Dental Service)				
	Adolescent Reproductive Health Services		☐ Dental Laboratory Services (Prosthesis)			
	BEmOC - Basic Emergency Obstetric Care		Emergency Dental Services			
	CEmOC - Comprehensive Emergency Obstetric Care	Restoration				
	Post-Abortion Care		Scaling			
	Newborn Care		_			
	Management of Hypertensive Pregnancies Pre-eclampsia		7.9) ENT Services			
	Reproductive Cancer Screening and Management		ENT Services			
	☐ Cervical Cancer	7.10) Support Services			
	☐ Breast Cancer		Kitchen Services			
	GBV Trauma counseling		Laundry Services			
	VAC Trauma counseling		Mortuary Services			
П	GBV PEP	7 11) Emergency Preparedn	ASS		
	VAC PEP		☐ Basic Emergency Preparedness			
	WHO I EI		Comprehensive Emerge			
7.1	2) Please Specify Any Other Services:		Compronents Intergr	,		
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	For Offici	ial Us	e Only			
	Filled by:					
	Name of Officer		Signature	Date		
	Mobile Number	Title				
	Approved by:					
	Name of Facility In-charge		Signature	Date		
	Approved by:			1		
	Name of District Medical Officer		Signature	// Date		