



The United Republic of Tanzania
Ministry of Health, Community Development, Gender, Elderly and Children
Health Facility Registry Data Collection Form

1. Administrative Divisions			
Zone:	Region:		
District:	Council (e.g. TC, MC, DC or CC):		
Ward:	Village _____ or Mtaa _____ Vitongoji _____		
For District Council with Township Only:	Township Authority _____ Mtaa _____		
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 number:		Official Fax number:	
Official Email Address (es): _____@_____.____ Website: _____			
Facility In-Charge			
Name: _____		NID #: _____	
Cadre: _____		Registration/License #: _____	
Mobile Phone number: _____		Email: _____@_____.____	
4. Physical Location			
Location Description (e.g. Landmarks):			
Geographic Coordinates			
WaypointNumber/Facility Name: _____		Altitude (Elev): _____	
Latitude (S): _____. _____		Longitude (E): _____. _____	
Service and Catchment Area			
Service Area (Mention): _____		Service Population: _____	
Catchment Area (Mention): _____		Catchment Population: _____	
Date Inaugurated/Opened/Upgraded (dd/mm/yyyy): ____/____/____ (If Day/Month unknown, leave blank)			
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		
<input type="checkbox"/> Diagnostic centre			

Ownership		<input type="checkbox"/> Private
<input type="checkbox"/> Public	<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"/> Regional Secretary	<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"/> Under Construction	<input type="checkbox"/> Permanent Closed
<input type="checkbox"/> Pending Operation - Construction Complete	

Regulatory 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/Facilities

<p>Number of Rooms</p> <p>Reception: _____</p> <p>Consultation: _____</p> <p>Dressing: _____</p> <p>Injection: _____</p> <p>Ward: _____</p> <p>Observation: _____</p> <p>Clinical Laboratory: _____</p> <p>Laboratory for specific services: _____</p> <p>Physiotherapy: _____</p> <p>Operating Theatre: _____</p> <p>Radiology: _____</p> <p>Pharmacy: _____</p> <p>Dispensing: _____</p> <p>Store: _____</p> <p>Maintenance & Repair Workshop: _____</p> <p>Remarks: _____</p>	<p>Number of Vehicles</p> <p># of ambulance _____</p> <p># of cars _____</p> <p># of motorcycles _____</p> <p>Specify, Other: _____</p> <p># of Other: _____</p> <p>Number of Beds</p> <p>HF Bed capacity _____</p> <p>Available in</p> <p>Patient Beds: _____</p> <p>Delivery Beds: _____</p> <p>Examination Bed: _____</p> <p>Baby Cots: _____</p>	<p>Equipment, Infection prevention and Control</p> <p><input type="checkbox"/> Autoclave</p> <p><input type="checkbox"/> Sterilizer</p> <p><input type="checkbox"/> Pressure Pot</p> <p><input type="checkbox"/> Boiling Pot</p> <p><input type="checkbox"/> Safety Box</p> <p><input type="checkbox"/> None</p>
---	---	---

Means of Transport to Referral Point: _____

Distance to referral point _____

Challenges/Remarks to reach at referral point: _____

<p>Source of Energy</p> <p><input type="checkbox"/> National Grid</p> <p><input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Solar Panels</p>	<p>Communication Network</p> <p><input type="checkbox"/> TTCL</p> <p><input type="checkbox"/> Airtel</p> <p><input type="checkbox"/> Vodacom</p>	<p>Source of Water</p> <p><input type="checkbox"/> Piped water into Health Facility</p> <p><input type="checkbox"/> Piped water to yard/plot</p> <p><input type="checkbox"/> Public tap or standpipe</p>
---	---	---

<input type="checkbox"/> No Electricity <input type="checkbox"/> Other, Specify: _____ 	<input type="checkbox"/> Tigo <input type="checkbox"/> Zantel <input type="checkbox"/> Other, Specify: _____ 	<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"/> Improved traditional Pit latrine with washable slab <input type="checkbox"/> Tradition Pit latrine <input type="checkbox"/> Composting toilet <input type="checkbox"/> No toilet Remarks: _____		Waste Management <input type="checkbox"/> Incinerator, Functional? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Burning Chamber <input type="checkbox"/> Burning Pit <input type="checkbox"/> Placenta Pit, With lid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Garbage storage <input type="checkbox"/> Others, Specify: _____ <input type="checkbox"/> None

7. Services Offered

7.1) Clinical Services

- OPD - Outpatient Services
- IPD - Inpatient Services
- IMCI - Integrated Management of Childhood Illness
- Non-Communicable Disease Care and Treatment
 - Diabetes Care and Treatment
 - NCD - Other Non-Communicable Disease Care and Treatment (e.g. Asthma, Hypertensive & Rheumatism)
- Ophthalmology
- Mental Health Services
- Physiotherapy
- Major Surgical Interventions
- 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 Oxygen Concentrator
 - ECHO Cardiac Bed
- HIV/AIDS Prevention Services
 - STI - Management of other 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

- Disease-Surveillance and Response
- Health education
- School Health Intervention
- Psychosocial support
- Enforcement of public health laws and regulations

7.5) Diagnostic Services

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

7.6) Reproductive and Child Health Care Service	7.7) Growth Monitoring/Nutrition Surveillance
<input type="checkbox"/> Family Planning <input type="checkbox"/> FP-NONINV - Noninvasive Method <input type="checkbox"/> FP-INV – Invasive Method <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Antenatal Care <input type="checkbox"/> Postnatal Care <input type="checkbox"/> Adolescent Reproductive Health Services <input type="checkbox"/> BEmOC - Basic Emergency Obstetric Care <input type="checkbox"/> CEmOC - Comprehensive Emergency Obstetric Care <input type="checkbox"/> Post-Abortion Care <input type="checkbox"/> Newborn Care <input type="checkbox"/> Management of Hypertensive Pregnancies Pre-eclampsia <input type="checkbox"/> Reproductive Cancer Screening and Management <input type="checkbox"/> Cervical Cancer <input type="checkbox"/> Breast Cancer <input type="checkbox"/> GBV Trauma counseling <input type="checkbox"/> VAC Trauma counseling <input type="checkbox"/> GBV PEP <input type="checkbox"/> VAC PEP 7.12) Telemedicine <input type="checkbox"/> (Check box if service available) 7.13) Health Care Technical services <input type="checkbox"/> (Check box if service available) 7.14) Please Specify Any Other Services: _____ _____ _____	<input type="checkbox"/> Vaccination <input type="checkbox"/> IMM-Basic - Basic Immunization <input type="checkbox"/> IMM-ADD - With Additional Vaccine <input type="checkbox"/> PORT - Port Immunization Services <input type="checkbox"/> Nutrition Rehabilitation <input type="checkbox"/> Nutrition Counseling <div style="background-color: #cccccc; padding: 2px;">7.8) Oral Health Service (Dental Service)</div> <input type="checkbox"/> Dental Laboratory Services (Prosthesis) <input type="checkbox"/> Emergency Dental Services <input type="checkbox"/> Restoration <input type="checkbox"/> Scaling <input type="checkbox"/> Surgical Intervention <input type="checkbox"/> Dental Chair <div style="background-color: #cccccc; padding: 2px;">7.9) ENT Services, <input type="checkbox"/> (Check box if service available)</div> <div style="background-color: #cccccc; padding: 2px;">7.10) Other Support Services</div> <input type="checkbox"/> Kitchen Services <input type="checkbox"/> Laundry Services <input type="checkbox"/> Security Services <div style="background-color: #cccccc; padding: 2px;">7.11) Emergency Preparedness and response</div> <input type="checkbox"/> Basic Emergency Preparedness <input type="checkbox"/> Comprehensive Emergency Preparedness <input type="checkbox"/> Emergency Medicine

For Official Use Only

Filled by: _____ _____ ____/____/____

Name of Officer *Signature* *Date*

_____ _____

Mobile Number *Title*

Checked by: _____ _____ ____/____/____

Name of Facility In-charge *Signature* *Date*

Approved by: _____ _____ ____/____/____

Name of District Medical Officer *Signature* *Date*