## UNITED REPUBLIC OF TANZANIA



## Ministry of Health

## HEALTH FACILITY REGISTRY-FACILITY DETAILS

| Facility Name:           | HALUNGU   |  |  |
|--------------------------|---|--|--|
| Common name:             | Halungu Dispensary  |  |  |
| Status:                  | Operating   |  |  |
| Facility Code:           | 101304-4  |  |  |
| Date Opened:             | 1985-07-15  |  |  |
| Facility Type:           | Health Center   |  |  |
| Ownership:               | Public, LGA : LGA   |  |  |
| Address:                 | Southern Highlands Zone-Songwe Region<br>- Mbozi District - Mbozi DC - Halungu -<br>Halungu |  |  |
| Official Phone:          | 252580272   |  |  |
| Website:                 |   |  |  |
| In-charge Qualification: |   |  |  |
| Nearest Facility:        | 109910-0 - LWATI Dispensary   |  |  |
| CTC ID:                  |   |  |  |
| MSD ID:                  | MB520032  |  |  |
| MTUHA ID:                |   |  |  |

| FACILITY SERVICES - HALUNGU                 |  |  |  |  |
|---|--|--|--|--|
| Service Category                            | Service Description                                  |  |  |  |
| General Clinical Services                   | OPD - Outpatient Services                            |  |  |  |
| General Clinical Services                   | IMCI - Integrated Management of<br>Childhood Illness |  |  |  |
| General Clinical Services                   | Nutritional Counseling                               |  |  |  |
| Malaria Diagnosis and Treatment             | mRDT - Rapid Diagnostic Tests                        |  |  |  |
| Malaria Diagnosis and Treatment             | First Line Treatment                                 |  |  |  |
| Malaria Diagnosis and Treatment             | Treatment of Complicated Malaria                     |  |  |  |
| HIV/AIDS Prevention                         | STI - Management of Sexually Transmitted Illness     |  |  |  |
| HIV/AIDS Prevention                         | VCT - Voluntary Counseling and Testing               |  |  |  |
| HIV/AIDS Prevention                         | PITC - Provider Initiated Testing And Counseling     |  |  |  |
| HIV/AIDS Prevention                         | PMTCT - ANC (ANC PMTCT)                              |  |  |  |
| HIV/AIDS Prevention                         | PMTCT - Maternity (MAT PMTCT)                        |  |  |  |
| HIV/AIDS Prevention                         | PEP - Post Exposure Prophylaxis                      |  |  |  |
| HIV/AIDS Care and Treatment                 | HIV/AIDS Care and Treatment                          |  |  |  |
| HIV/AIDS Care and Treatment                 | Both Adult and Pediatric                             |  |  |  |
| Therapeutics                                | Dispensing Room                                      |  |  |  |
| 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                                       |  |  |  |
| Reproductive and Child Health Care Services | Adolescent Reproductive Health Services              |  |  |  |
| Reproductive and Child Health Care Services | BEmOC - Basic Emergency Obstetric Care               |  |  |  |
| Reproductive and Child Health Care Services | Post-Abortion Care                                   |  |  |  |

| Service Category                            | Service Description                                    |  |
|---|--|--|
| Reproductive and Child Health Care Services | Management of Hypertensive Pregnancies (Pre-eclampsia) |  |
| Growth Monitoring / Nutrition Surveillance  | Vaccination  |  |
| Growth Monitoring / Nutrition Surveillance  | IMM-BASIC - Basic Immunization                         |  |

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