## **UNITED REPUBLIC OF TANZANIA**



## **Ministry of Health**

| HEALTH FACILITY REGISTRY-FACILITY DETAILS |  |  |  |
|---|--|--|--|
| Facility Name:                            | ILUNGU   |  |  |
| Common name:                              | Ilungu   |  |  |
| Status:                                   | Operating  |  |  |
| Facility Code:                            | 101775-5   |  |  |
| Date Opened:                              | 2012-10-11   |  |  |
| Facility Type:                            | Dispensary   |  |  |
| Ownership:                                | Public, LGA : LGA  |  |  |
| Address:                                  | Southern Highlands Zone-Njombe Region - Makete District - Makete DC - Ipepo - Ilungu |  |  |
| Official Phone:                           | 0763284378   |  |  |
| Website:                                  |  |  |  |
| In-charge Qualification:                  | Not Set  |  |  |
| Nearest Facility:                         |  |  |  |
| CTC ID:                                   |  |  |  |
| MSD ID:                                   | MB520655   |  |  |
| MTUHA ID:                                 | 1103041  |  |  |

## **FACILITY SERVICES - ILUNGU**

| Service Category                               | Service Description                               |  |
|--|---|--|
| General Clinical Services                      | OPD - Outpatient Services                         |  |
| General Clinical Services                      | IMCI - Integrated Management of Childhood Illness |  |
| General Clinical Services                      | Nutritional Counseling                            |  |
| General Clinical Services                      | Minor Surgical Interventions                      |  |
| Malaria Diagnosis and Treatment                | mRDT - Rapid Diagnostic Tests                     |  |
| Malaria Diagnosis and Treatment                | First Line Treatment                              |  |
| HIV/AIDS Prevention                            | STI - Management of Sexually Transmitted Illness  |  |
| HIV/AIDS Prevention                            | PITC - Provider Initiated Testing And Counseling  |  |
| HIV/AIDS Prevention                            | DCT - Diagnostic Counseling and Testing           |  |
| HIV/AIDS Prevention                            | EID - Early Infant Diagnosis                      |  |
| 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                    | HBC - Home and Community Based Care               |  |
| Therapeutics                                   | Dispensing Room                                   |  |
| Health Promotion and Disease Prevention        | School Health Intervention                        |  |
| Reproductive and Child Health Care<br>Services | Family Planning                                   |  |
| Reproductive and Child Health Care<br>Services | Antenatal Care                                    |  |
| Reproductive and Child Health Care<br>Services | Postnatal Care                                    |  |
| Reproductive and Child Health Care<br>Services | Adolescent Reproductive Health Services           |  |

| Service Category                               | Service Description                    |  |
|--|--|--|
| Reproductive and Child Health Care<br>Services | BEmOC - Basic Emergency Obstetric Care |  |
| Reproductive and Child Health Care<br>Services | Breast Cancer                          |  |
| Growth Monitoring / Nutrition Surveillance     | Vaccination                            |  |
| Growth Monitoring / Nutrition Surveillance     | IMM-BASIC - Basic Immunization         |  |

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