## **UNITED REPUBLIC OF TANZANIA**



## Ministry of Health

| HEALTH FACILITY REGISTRY-FACILITY DETAILS |                                                                                                |  |  |
|-------------------------------------------|------------------------------------------------------------------------------------------------|--|--|
| Facility Name:                            | MTAPENDA                                                                                       |  |  |
| Common name:                              | Mtapenda                                                                                       |  |  |
| Status:                                   | Operating                                                                                      |  |  |
| Facility Code:                            | 110258-1                                                                                       |  |  |
| Date Opened:                              | 1970-01-01                                                                                     |  |  |
| Facility Type:                            | Dispensary                                                                                     |  |  |
| Ownership:                                | Public, LGA : LGA                                                                              |  |  |
| Address:                                  | Southern Highlands Zone-Katavi Region -<br>Mlele District - Nsimbo DC - Mtapenda -<br>Mtapenda |  |  |
| Official Phone:                           | 0767202681                                                                                     |  |  |
| Website:                                  |                                                                                                |  |  |
| In-charge Qualification:                  |                                                                                                |  |  |
| Nearest Facility:                         |                                                                                                |  |  |
| CTC ID:                                   |                                                                                                |  |  |
| MSD ID:                                   |                                                                                                |  |  |
| MTUHA ID:                                 |                                                                                                |  |  |

## **FACILITY SERVICES - MTAPENDA**

| Service Category                               | Service Description                               |  |
|------------------------------------------------|---------------------------------------------------|--|
| General Clinical Services                      | OPD - Outpatient Services                         |  |
| General Clinical Services                      | IMCI - Integrated Management of Childhood Illness |  |
| General Clinical Services                      | Nutritional Counseling                            |  |
| Malaria Diagnosis and Treatment                | mRDT - Rapid Diagnostic Tests                     |  |
| Malaria Diagnosis and Treatment                | First Line Treatment                              |  |
| Health Promotion and Disease Prevention        | Epidemiological Surveillance and Response         |  |
| Health Promotion and Disease Prevention        | Community Mobilization                            |  |
| Reproductive and Child Health Care<br>Services | Family Planning                                   |  |
| Growth Monitoring / Nutrition Surveillance     | Vaccination                                       |  |
| Growth Monitoring / Nutrition Surveillance     | IMM-BASIC - Basic Immunization                    |  |
| Emergency Preparedness                         | Basic Emergency Preparedness                      |  |

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