



Health Facility  
Monitoring and  
Accreditation  
Agency

## **HEFMAA Electronic Portal**

.Healthcare Facility Registration and  
Management

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User Guide for Health Facility Owners

**Pharm**~~A~~**ccess**  
F O U N D A T I O N

# DOCUMENT VERSIONING

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## Version Control

Date	Version	Author	Section	Amendment
20/05/19	1.0	Olubunmi Akala	All	First draft of User Guide

## Contributors

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## INTRODUCTION

The Health Facility Monitoring and Accreditation Agency (HEFAMAA) was established in March 2006 and is charged with the responsibility of monitoring both private and public health facilities to ensure registration and in the near future, accreditation of all health facilities in Lagos State.

With the recent launch of the Lagos State Health Scheme, the Lagos State Health Management Agency (LASHMA) has given HEFAMAA the responsibility of assessing health facilities to be enlisted for empanelment on the scheme, using some strict eligibility criteria.

## FUNCTIONS

- Set required minimum standards for operations of health facilities both in public and private health sector.
- Issue a format for registration form to include information on projected patient flow and monitoring chart for actual performance.
- Register, inspect and monitor all health facilities.
- Evaluate performance based on set standards by at least a monitoring visit twice a year.
- Oversee the Quality Drug Assurance Laboratory.
- Ensure actual performance of the indicators.
- Process applications for registration submitted to the Agency from applicants.
- Inspect the premises to be registered under the law.
- Collate all necessary information on registered health facilities in the State.
- Advise the commissioner/ special adviser on all matters relating to the registration, inspection and supervision of private and public hospitals in the state.
- Enforce compliance with the provisions of the law.
- Ensure the authenticity of credentials of facilities personnel.

# PROCESS FLOW

Healthcare facilities in Lagos State are expected to register with HEFAMAA and also renew registration annually.

## FOR FACILITY OWNERS

1. A Facility Owner creates a USER PROFILE on the eHEFAMAA Portal.
2. A VERIFICATION EMAIL is sent to the email address the Facility Owner provides to confirm the existence and genuity of the email.
3. The facility owner clicks on an ACTIVATION LINK in the verification email to activate the account and gain full access to the portal.
4. The Facility Owner then creates his / her facility(ies) and submits required information after filling the forms.
5. Invoices are generated for each registration and Payments are made to designated HEFAMAA Bank Accounts as stated on the invoices.
6. Proof of payments are scanned and uploaded for verification by HEFAMAA.
7. Once all necessary procedures are completed, registered facilities are APPROVED and ISSUED **PROVISIONAL** REGISTRATION CERTIFICATES

## FACILITY TYPES

- |   |  |
|---|--|
| 1. Hospital                                     | 10. Medical Laboratory                   |
| 2. Clinic                                       | 11. Physiotherapy Clinic                 |
| 3. Eye Clinic / Optical Centre                  | 12. Specialist Clinic                    |
| 4. Diagnostic Center (Lab, Scan, X-Ray and EEG) | 13. Specialist Hospital                  |
| 5. Eye Hospital                                 | 14. Multi-Specialty Hospital             |
| 6. Dental Clinic / Dental Laboratory            | 15. Assisted Reproductive Therapy Centre |
| 7. Dental Hospital                              | 16. Nursing / Convalescent Home          |
|   | 17. Maternity Centre                     |

- |  |                       |
|--|-----------------------|
| 8. Special Diagnostic Center (Lab, Scan, EEG, MRI, CT) | 18. Industrial Clinic |
| 9. Dialysis Centre                                     | 19. Mobile Clinic     |
|  | 20. Mortuary          |

## PROFILE REGISTRATION

Users are expected to create USER PROFILES through which different functions can be carried out. Information required for profile creation are:

- First name and Surname
- Email
- Mobile Number
- Password (a minimum of 8 characters including at least 1 uppercase letter, 1 number and 1 special character)

Please note that health facilities with multiple branches do not need to register individual profiles for each branch. Several branches can be managed from a single profile.

### New Profile Account - Signup

Please fill out the following fields to signup:

**Firstname Surname**

**Email Address**

**Mobile Number**

Password (Please use at least 1 Uppercase, 1 Number and 1 Special Character in your password)

**Repeat Password**

×

Account was created. Follow the link in your mail box to proceed

### Account Login

Profile ID

Password

☒ Remember Me

• [Forgot password?](#) |

• [New Facility](#)

Fill in the required information in the fields and click on CREATE ACCOUNT at the bottom of the registration form.

On successful submission, a verification email is sent to the email address provided. This serves to validate email authenticity whilst assuring a trusted means of communication with HEFAMAA. Without clicking the link in the verification email, users will not be able to continue with the registration process.

Dear [REDACTED]

Your account has been created on HEFAMAA portal. A temporary HEFAMAA ID has been created to for you.

Upon completion of all registration process, a permanent HEFAMAA Identification number would be assigned to your facility.

To proceed, [click on the link to proceed](#)


**Your HEFAMAA PROFILE:**


Name: [REDACTED]  
Profile ID: HEFA0710  
Password: [REDACTED]

## LOGIN

A unique Profile ID is generated for each user and will be required for login purposes. The Profile ID and Password are contained in the verification email.

**Account Login**

Profile ID 

Password 

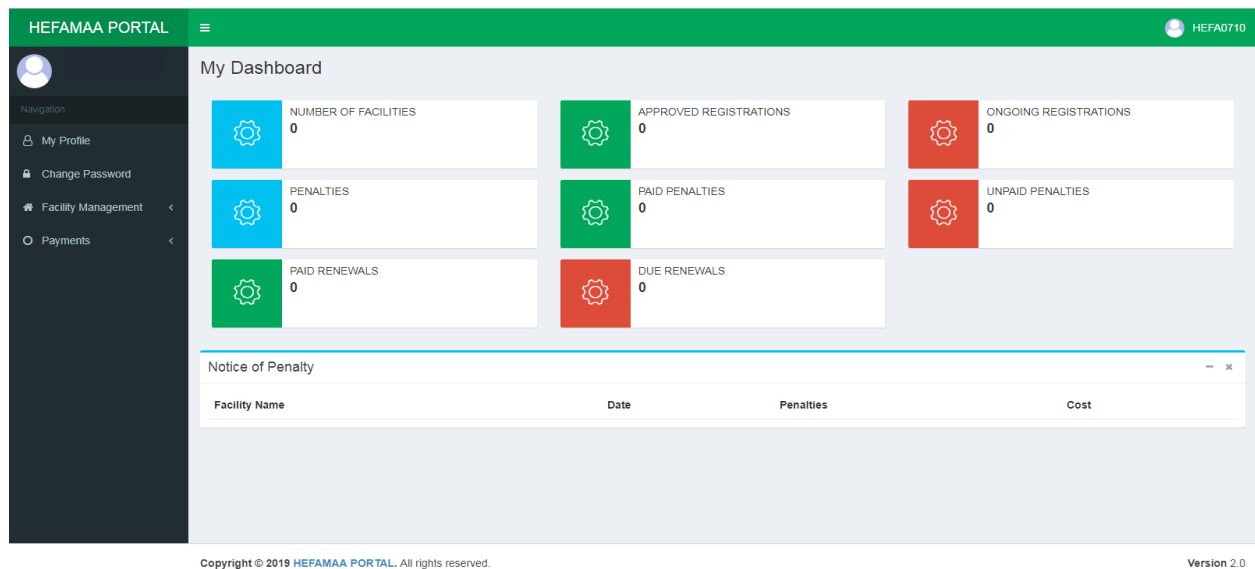
☒ Remember Me

- [Forgot password? |](#)
- [New Facility](#)

Provide your PROFILE ID and PASSWORD, then click on the SIGN IN button to login.

## DASHBOARD

Once successfully signed in, your dashboard is displayed.



The dashboard presents an overview of the entire system.

### DASHBOARD

- Total Number of Facilities
- Total Number of Facilities with Approved Registration
- Total Number of Facilities with On-going Registration
- Total Number of Penalties
- Total Number of Paid Penalties
- Total Number of Unpaid Penalties
- Total Number of Paid Renewals
- Total Number of Pending Renewals
- Overview of Penalties issued to facilities under user profile



# FACILITY MANAGEMENT

## FACILITY REGISTRATION

HEFAMAA PORTAL

HEFA0710

Home > Facilities

Facilities

Create New Facility Create Existing Facility

#	Facility Name	Category	LGA	Created	Status	Renewal Status

No results found.

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### New Facility Registration

This option is for health facilities that are not registered with HEFAMAA.

From the menu panel on the left side of the screen, click on FACILITY MANAGEMENT and then on FACILITIES. Click the green button “CREATE NEW FACILITY” on the page that opens up. A blank form is generated for you to fill.

### Existing Facility Registration

This option is for health facilities that are registered and were allocated HEFAMAA Facility Codes prior to the introduction of the electronic portal.

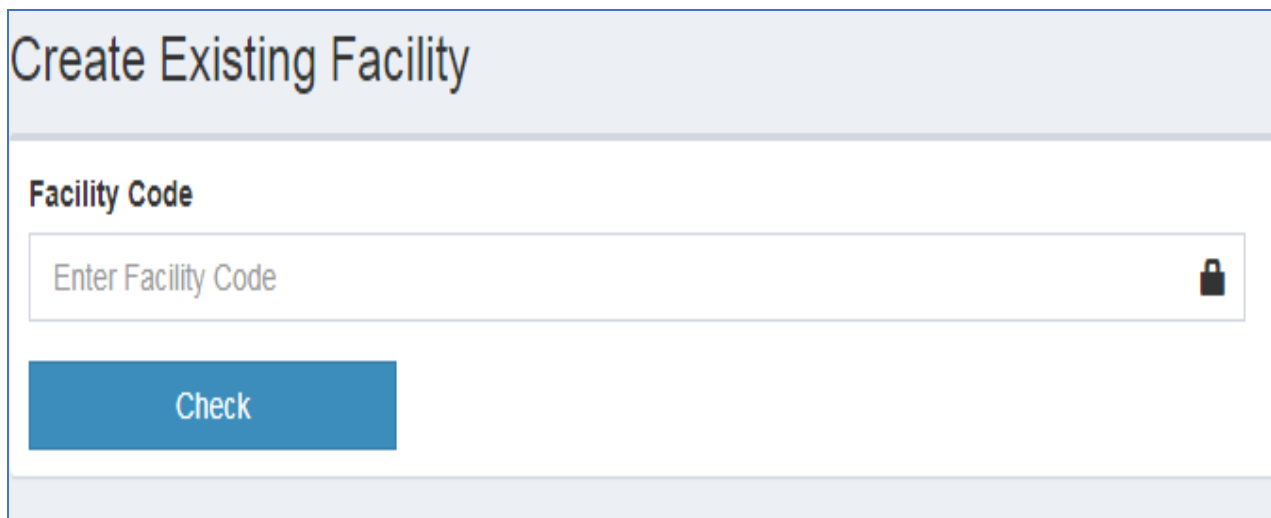
From the menu panel on the left side of the screen, click on FACILITY MANAGEMENT and then on FACILITIES. Click the red button “CREATE EXISTING FACILITY” on the page that opens up. Enter your HEFAMAA Facility Code and click on CHECK. The system runs a check on your facility code through its database and if found, brings up a form filled with basic information about your facility.

### For Both New and Existing Facilities

The form has 4 parts and all entries must be complete to progress. Click on SAVE & CONTINUE to move to the next part.

If the screen is left idle for 10 minutes, it times out and any unsaved entries will be lost. Entries can however be saved at the completion of each form and users can log out of the portal to continue at a later time.

To continue form completion from where it was left off, SIGN-IN to your profile and click on FACILITIES under FACILITY MANAGEMENT on the Menu Panel. A list of the facilities you have created in your profile pops up. For the facility you intend to update, click on the UPDATE button at the far right.



The screenshot shows a web form titled "Create Existing Facility" in a light blue header. Below the header, the label "Facility Code" is positioned above a text input field. The input field contains the placeholder text "Enter Facility Code" and a small black padlock icon on the right side, indicating a required field. Below the input field is a solid blue button with the word "Check" in white text. The form is set against a light gray background.

## FORM 1

**HEFAMAA PORTAL**

**Olususan Akinwande**

**Facility Management**

**Removable**

Important Notice! Note that you can't proceed further using this portal without completing facility registration form. You can only make payment after Successful facility registration. FOLLOW THE FOLLOWING STEPS TO COMPLETE YOUR REGISTRATION

**New Facility**

Progress: 1. Home 2. Facility 3. User 4. Success

**Facility Name**  
Facility Name cannot be blank.

**Facility Address**

**Facility Phone**

**LGA**  
Select a Local Government

**Facility Category**  
Select category

**Latitude** **Longitude**

**CAC Number**

**LCDA**

**PROPRIETORS :**  
Add More

**Name** **Nationality** **Address** **Occupation**

**Opening Time** **Closing Time** **Type of Building**

**Closest Landmark:**

**Any other use of the Premises:**

**Date of Establishment:**

**State Scope of the Services in the Institution:**

**Does Institution provide Ambulance Services ?**

**Does Institution provide Emergency Services ?**

**Save & Continue**

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## FORM 1 ENTRIES

- Facility Name
- Category of Facility
- Facility Address
- Latitude and Longitude
- Facility Phone
- CAC Number
- Local Government Council
- Local Council District Area
- Proprietors
  - Name
  - Nationality
  - Address
  - Occupation
- Opening Time and Closing Time (Only Hospitals are allowed 24Hrs operation)
- Type of Building
- Access Road to Premises with Landmark
- Any other use of the Premises
- Date of Establishment
- Scope of the Services in the Institution
- State if Institution Provides Ambulance Services
- State if Institution provides Emergency Services

## FORM 2

**HEFAMAA PORTAL**

**Facility Management**

**New Facility:**

**DISTRIBUTION OF BEDS:**

- Couches
- Observation Beds
- Admission Beds

**PHYSIO THERAPY CLINIC:**

- State equipment available in the Gymnasium
- State equipment available in the electrotherapy room

**DENTAL CLINIC:**

- State equipment available

**RADIOLOGICAL CENTER:**

- State Diagnostic Center

**MEDICAL LABORATORY:**

- State Diagnostic Center
- State equipment available

**OPTICAL CENTRE:**

- State equipment available in State eye Optical Workshop
- State equipment available in the Refraction Room

**SOURCE WATER & ENERGY:**

- Total Number of Toilets
- Source of Water Supply
- Source of Electricity Supply

**METHOD OF WASTE DISPOSAL:**

- State refuse disposal
- State Human Waste Disposal
- State Medical Waste Disposal

**BASIC PROTECTIVE ITEMS:**

- Basic Protective Items

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## FORM 2 ENTRIES

### DISTRIBUTION OF BEDS

- Couches
- Observation Beds
- Admission Beds

### METHOD OF WASTE DISPOSAL

- Refuse disposal
- Human waste
- Medical Waste

### SOURCE OF WATER & ENERGY

- Total Number of toilets
- Source of Water Supply
- Source of Electricity Supply

### BASIC PROTECTIVE ITEMS

- Basic Protective Items

## FORM 3

**HEFAMAA PORTAL** Olusegun Akintunde HEFAMAA

**Facility Management** Home Facility Management

**Removable**

Important Notice! Note that you can't proceed further using this portal without completing facility registration form. You can only make payment after successful facility registration. FOLLOW THE FOLLOWING STEPS TO COMPLETE YOUR REGISTRATION

**New Facility**

Progress: 1. Home 2. Add Facility 3. **Facility Details** 4. Review & Submit

**MEDICAL PROFESSIONALS AND INSTITUTION DETAILS**

Full Name of Doctor / Health Professional:

Nationality of Health Professional In-Charge:

Address of Doctor / Health Professional:

**Qualification**  **Year of Qualification**  **Year of Registration**  **Institution**  **Approving Authority**

**UPLOAD DOCUMENTS**

Document Type	Upload	Cancel	Remove
Inner Sketch Diagram	<input type="text"/>	<input type="button" value="Cancel"/>	<input type="button" value="Remove"/>
Access Diagram	<input type="text"/>	<input type="button" value="Cancel"/>	<input type="button" value="Remove"/>
LASRAA Card	<input type="text"/>	<input type="button" value="Cancel"/>	<input type="button" value="Remove"/>
CAC Registration Certificate	<input type="text"/>	<input type="button" value="Cancel"/>	<input type="button" value="Remove"/>
Current Tax Clearance Certificate	<input type="text"/>	<input type="button" value="Cancel"/>	<input type="button" value="Remove"/>
LAWMA Medical Certificate	<input type="text"/>	<input type="button" value="Cancel"/>	<input type="button" value="Remove"/>
Letter of Introduction from Professional Association or Regulatory Agency of Operating Officer	<input type="text"/>	<input type="button" value="Cancel"/>	<input type="button" value="Remove"/>
HMS Clearance	<input type="text"/>	<input type="button" value="Cancel"/>	<input type="button" value="Remove"/>

**COMPLETE THE TABLE BELOW**

Do you have interest in any other Health Institution?

If Yes, State Name of Operating Officer:

Health Institution	Name	Address	Registered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous** **Save & Continue**

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## FORM 3 ENTRIES

### MEDICAL PROFESSIONALS AND INSTITUTION DETAILS

- Full Name of Doctor/Health Professional
- Nationality of Health Professional In-Charge
- Address of Doctor Health Professional
- Qualification
- Year of Qualification
- Year of Registration
- Institution
- Approving Authority

## UPLOAD DOCUMENTS

- CAC Registration Certificate
- Current Tax Clearance Certificate
- LAWMA Medical Certificate
- Letter of Introduction from Professional Association of Operating Officer
- HMIS Clearance

## INTEREST IN ANY OTHER HEALTH INSTITUTION

Do you have interest in any other Health Institution?

If Yes, State Name of Operating Officer

- Health Institution Type
- Name
- Address
- Registered
- Interest

## FORM 4

The screenshot displays the HEFAMAA PORTAL interface. The top navigation bar is green with the portal name and a user profile icon. A dark sidebar on the left contains navigation links: My Profile, Change Password, Facility Management (selected), and Payments. The main content area is titled 'Facility Management' and features a 'Removable' warning box about facility registration. Below this is the 'New Facility' section, which includes a progress indicator with four steps (Home, Facility, Staff, Confirmation). The 'PROFESSIONAL STAFF COMPLEMENT' section contains a green instruction box, a 'Download Template' button, and a file upload area for Excel files. The 'NON-PROFESSIONALS STAFF COMPLEMENT' section includes dropdown menus for 'Hospital attendants', 'Number of Security Staff', and 'Number of Admin Staff', along with a text input for 'Others'. At the bottom are 'Previous' and 'Save All & Confirm' buttons. The footer shows the copyright notice and version number.

HEFAMAA PORTAL

Olusean Akinwande

Navigation

My Profile

Change Password

Facility Management

Payments

Facility Management

Home - Facility Management

Removable

Important Notice! Note that you can't proceed further using this portal without completing facility registration form. You can only make payment after Successful facility registration. FOLLOW THE FOLLOWING STEPS TO COMPLETE YOUR REGISTRATION

New Facility

PROFESSIONAL STAFF COMPLEMENT

Use the below field to upload all professional staff in your facility. Please download and use the template provided below to upload all professional staff complements. All columns in the template must filled accordingly.

Download Template

Add Attachments(EXCEL FILE ONLY)

File Upload

Select file...

Cancel

Browse ...

Upload & Save

PROFESSIONAL STAFF COMPLEMENT

NON-PROFESSIONALS STAFF COMPLEMENT

Hospital attendants

Number of Security Staff

Number of Admin Staff

Others

Select

Select option

Select option

Previous

Save All & Confirm

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## PROFESSIONAL COMPLEMENT INCLUDES

- Doctor
- Nurse / Midwife
- Pharmacist
- Laboratory Scientist
- Laboratory Technician
- Radiographer
- Physiotherapist
- Optometrist
- Medical Records Officer

## FORM 4 ENTRIES

### PROFESSIONAL STAFF COMPLEMENT

Download an Excel template to populate all professional staff complement.

- Complement
- Full Name
- Address
- Basic Qualification
- Institution Attended
- Year of Qualification
- Registration Number
- Post Graduate Qualification
- Post Graduate Institution Attended
- Post Graduate Year of Qualification
- Post Graduate Registration Number
- Full Time / Part Time

Please note that no professional can work as a FULL TIME staff in more than one facility

### NON-PROFESSIONAL STAFF COMPLEMENT

- Number of Hospital attendants
- Number of Security Staff
- Number of Admin Staff
- Others

Click on DOWNLOAD TEMPLATE at the top of the page. A copy of the Excel Template to capture the required information about professional staff of the facility is downloaded.

Save the template on your desktop, fill it with required information and save all entries. To upload the filled template on the portal, click on BROWSE, identify the excel document, and then click on UPLOAD & SAVE. Once accepted, all information entered in the excel template is automatically populated on the page.

PROFESSIONAL STAFF COMPLEMENT			
Name	Complement	Part Time/Full Time.	Basic Qualification
<input type="text" value="Aminu Babachir"/>	<input type="text" value="Doctor"/>	<input type="text" value="Full Time"/>	<input type="text" value="Bsc"/>
<b>Institution Attended</b>	<b>Year of Qualification</b>	<b>Registration Number</b>	<b>PG Qualification</b>
<input type="text" value="University of Lagos"/>	<input type="text" value="2002"/>	<input type="text" value="988001237655"/>	<input type="text"/>
<b>Institution Attended</b>	<b>Year of Qualification</b>	<b>Registration Number</b>	<b>Upload Documents</b>
<input type="text" value="Lagos State University"/>	<input type="text" value="2002"/>	<input type="text" value="98800127655"/>	<input type="button" value="Choose File"/> No file chosen
<input type="button" value="DELETE"/>			

---

Name	Complement	Part Time/Full Time.	Basic Qualification
<input type="text" value="Amarachi Ogunleye"/>	<input type="text" value="Nurse / Midwife"/>	<input type="text" value="Full Time"/>	<input type="text" value="Bsc"/>
<b>Institution Attended</b>	<b>Year of Qualification</b>	<b>Registration Number</b>	<b>PG Qualification</b>
<input type="text" value="University of Lagos"/>	<input type="text" value="2002"/>	<input type="text" value="988001237659"/>	<input type="text"/>
<b>Institution Attended</b>	<b>Year of Qualification</b>	<b>Registration Number</b>	<b>Upload Documents</b>
<input type="text" value="Lagos State University"/>	<input type="text" value="2002"/>	<input type="text" value="98800127659"/>	<input type="button" value="Choose File"/> No file chosen
<input type="button" value="DELETE"/>			

Scan all the credentials for each professional into one PDF document (per individual), and upload. Upload PDF document under the UPLOAD DOCUMENTS section for each professional. Please ensure you match the right credentials with the right professional during the upload process. The maximum file size for each upload is 5MB.

Complete the section on Non-Professional Staff Complement and click on SAVE ALL & CONFIRM at the bottom of the page.

Once Form 4 is successfully submitted, a preview page is displayed showing all details you have provided. You have the option of printing out the information you have inputted by clicking on the PRINT PAGE button at the top of the page.



[Print this page](#)
[Generate Invoice](#)

View Facility : Oshodi Hospital

<b>Facility Name</b>	<b>Category of Facility</b>	<b>Longitude</b>	<b>Latitude</b>
Oshodi Hospital	Hospital	6.5405388	3.2602479
<b>Facility Address</b>	<b>Facility Phone</b>	<b>CAC</b>	
bank Olemo	08028978574	4576433	
<b>LGA</b>	<b>Local Council District Area</b>		
Alimosho	Ikotun		

**Proprietor : Please fill these form below accordingly where applicable:**

<b>Name</b>	<b>Nationality</b>	<b>Address</b>	<b>Occupation</b>
Kemi Oshodi	Nigeria	Ajao Estate	Nurse
<b>Opening Time</b>	<b>Closing Time</b>	<b>Type of Building</b>	
24	hr	Purpose-Built Building	

Area of building available for the institution. Attach two diagrams sketches and access road of the premises. (You can select more than 1 file for upload)

<b>Access Road to Premises with Landmark:</b>	<b>Any other uses of the Premises:</b>
Bank PHB	No

To generate your invoice, click on the GENERATE INVOICE button (blue) at the top of the page.

HEFAMAA PORTAL

Olusesan Akinwande

Generate Invoice

Home > Facility > Demola Davies Hospital > Generate Invoice

Invoice for facility Demola Davies Hospital

Invoice Generated

<b>Profile Manager :</b> Olusesan Akinwande <b>Name of Facility :</b> Demola Davies Hospital <b>Address of Facility :</b> 9A, Service Road, Murtala Muhammed International Airport way <b>Registration Date :</b> 14-August-2019	<b>INVOICE</b> <b>Invoice Number :</b> 00103
---	---

Registration Processing	N 50,000
Registration Form	N 10,000
Certificate of Registration – Hospital with 3 beds	N 0
<b>TOTAL PAYMENT DUE</b>	<b>N 60,000</b>

**Please pay to the Bank Account stated**  
**Ensure you specify invoice number in your transaction description**

Bank : GTBank  
Account Name : HEALTH FACILITY MON & ACC AGENCY  
Account Number : 0015873571

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# PAYMENTS

## FACILITY PAYMENTS

The invoice indicates the following

- Amount Payable
- Invoice Number
- HEFAMAA Bank Account

HEFAMAA PORTAL

Olusesan Akinwande

Generate Invoice

Home Facility Demola Davies Hospital Generate Invoice

Invoice for facility Demola Davies Hospital

Invoice Generated

Profile Manager : Olusesan Akinwande  
Name of Facility : Demola Davies Hospital  
Address of Facility : 9A, Service Road, Murtala Muhammed International Airport way  
Registration Date : 14-August-2019

**INVOICE**  
Invoice Number : 00103

Registration Processing	N 50,000
Registration Form	N 10,000
Certificate of Registration – Hospital with 3 beds	N 0
<b>TOTAL PAYMENT DUE</b>	<b>N 60,000</b>

Please pay to the Bank Account stated  
Ensure you specify invoice number in your transaction description

Bank : GTBank  
Account Name : HEALTH FACILITY MON & ACC AGENCY  
Account Number : 0015873571

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Payment should be made to the bank account details on the invoice. Please quote the invoice number in the transaction description / narration / remark / comment.

Scan evidence of payment in PDF format and upload. To upload this,

- Click on UPLOAD PAYMENT option under PAYMENT in the menu panel on the left side of the page.
- A list of facilities with invoices awaiting payment is generated.
- Identify the facility for which payment is to be made and click on the UPLOAD PAYMENT button at the right side of the page, against the facility.

HEFA0565

Facility Payments

Home > Facility Payments

Showing 1-1 of 1 item.

#	Facility Name	Facility Type	Facility Address	Payment Type	
1	Anne	Dental Hospital	Agege	REGISTRATION	<a href="#">UPLOAD PAYMENT</a>

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HEFA0565

Upload Proof of Payment for Anne

Home > Upload Proof of Payment for Anne

Payment Proof

No file chosen

[Save](#)

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# TRANSACTION HISTORY

HEFA0710

Facilities Transaction History

Home > Facilities Transaction History

Start Date
End Date

[Search](#)
[Reset](#)

Showing 1-1 of 1 item.

#	Created At	Facility Name	Transaction Type	Amount	Status	Invoice Number	Payment Proof
1	May 23, 2019	Oshodi Hospital	Facility Registration	N 60,000	PAYMENT SUBMITTED	00043	<a href="#">Download</a>

Facility owners can also view their transaction history. To do this click on TRANSACTION HISTORY under PAYMENTS in the menu panel on the left side of the page.