



Health Facility
Monitoring and
Accreditation
Agency

HEFAMAA Electronic Portal

Healthcare Facility Registration and
Management

User Guide for Health Facility Owners

PharmAccess
FOUNDATION

DOCUMENT VERSIONING

Version Control

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

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TABLE OF CONTENT

1	Introduction	Error! Bookmark not defined.
	1.1 ..Introduction	Error! Bookmark not defined.
	1.2 ..Process Flow.....	5
2	Portal Usage.....	Error! Bookmark not defined.
	2.1 ..Profile Registration.....	Error! Bookmark not defined.
	2.2 ..Login	Error! Bookmark not defined.
	2.3 ..Dashboard.....	8
	2.4 ..Facility Registration	9
	2.5 ..Payments	18

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.

The screenshot displays two main sections: a registration form on the left and a login form on the right, with a notification banner at the top right.

New Profile Account - Signup
Please fill out the following fields to signup:

- Firstname Surname**: Input field
- Email Address**: Input field
- Mobile Number**: Input field
- Password**: Input field with a red note: "Please use at least 1 Uppercase, 1 Number and 1 Special Character in your password"
- Repeat Password**: Input field
- Create Account**: Green button

Account Login

- Profile ID**: Input field with a user icon
- Password**: Input field with a lock icon
- Remember Me
- Sign in**: Blue button
- [Forgot password? |](#)
- [New Facility](#)

Account was created. Follow the link in your mail box to proceed (Green notification banner)

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.

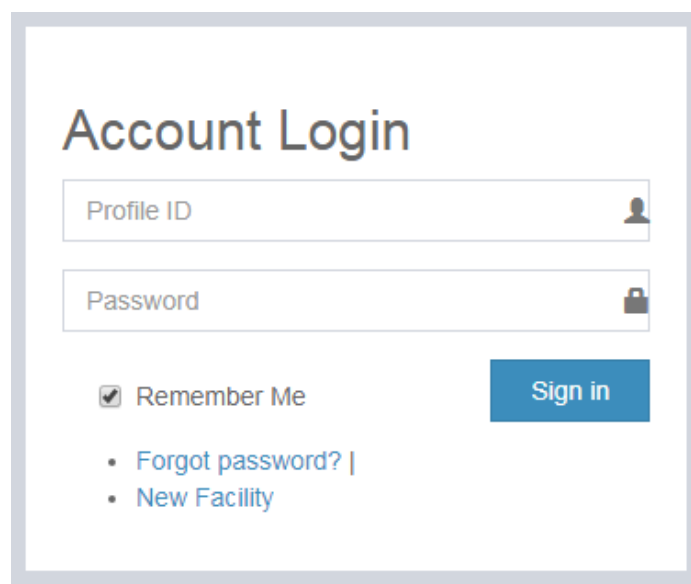
To proceed, [click on the link to proceed](#)

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.



The image shows a screenshot of the 'Account Login' form. It features a title 'Account Login' at the top. Below the title are two input fields: 'Profile ID' with a user icon on the right, and 'Password' with a lock icon on the right. Below these fields is a checkbox labeled 'Remember Me' which is checked. To the right of the checkbox is a blue 'Sign in' button. At the bottom, there are two links: 'Forgot password?' and '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 screenshot displays the HEFAMAA PORTAL dashboard. At the top, there is a green header with the text 'HEFAMAA PORTAL' and a user profile icon labeled 'HEFA0710'. A dark sidebar on the left contains navigation options: 'My Profile', 'Change Password', 'Facility Management', and 'Payments'. The main content area is titled 'My Dashboard' and features six colored cards with gear icons and numerical values: 'NUMBER OF FACILITIES' (0), 'APPROVED REGISTRATIONS' (0), 'ONGOING REGISTRATIONS' (0), 'PENALTIES' (0), 'PAID PENALTIES' (0), and 'UNPAID PENALTIES' (0). Below these cards is a 'Notice of Penalty' table with columns for Facility Name, Date, Penalties, and Cost. The table is currently empty. At the bottom of the page, there is a copyright notice: 'Copyright © 2019 HEFAMAA PORTAL. All rights reserved.' and the text 'Version 2.0'.

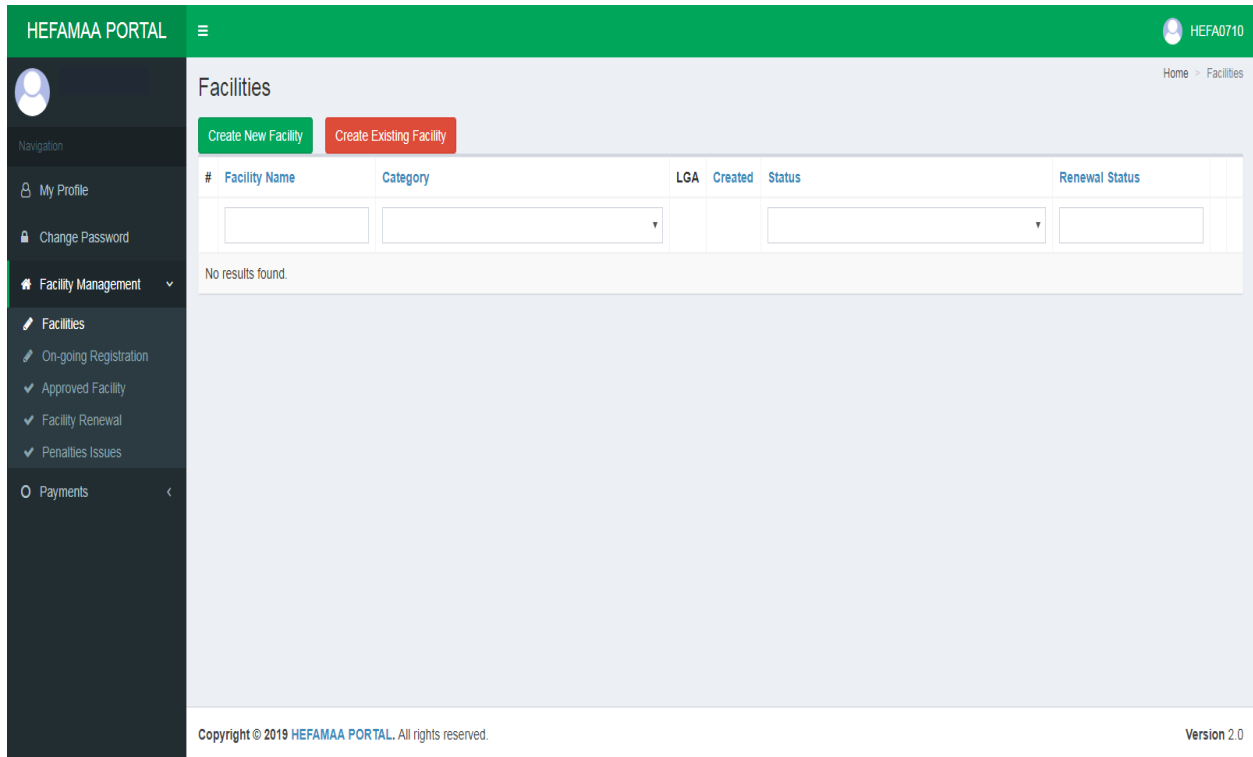
The dashboard presents an overview of the entire system.

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



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". The form is contained within a light blue header bar. Below the header, the text "Facility Code" is displayed in bold. Underneath, there is a white text input field with the placeholder text "Enter Facility Code" and a small black lock icon on the right side. Below the input field is a solid blue button with the word "Check" written in white text.

FORM 1

The screenshot shows the 'Facility Management' section of the HEFAMAA PORTAL. It features a 'Removable' notification bar at the top with an important notice about registration completion. Below this is a progress indicator with four steps: Home, Facility, Proprietors, and Save. The main form is divided into several sections:

- Facility Information:** Includes fields for Facility Name (with a validation error: 'Facility Name cannot be blank'), Facility Address, Facility Phone, LGA (Local Government Area), Facility Category, Latitude, Longitude, CAC Number, and LCDA.
- PROPRIETORS:** A section with an 'Add More' button and fields for Name, Nationality (pre-filled with 'Nigeria'), Address, and Occupation.
- Operational Details:** Includes Opening Time and Closing Time (both with 'Select' dropdowns), Type of Building, Closest Landmark, and Any other use of the Premises (with a 'Select option' dropdown).
- Services:** Includes Date of Establishment (with a 'Select date of establishment...' dropdown), State Scope of the Services in the Institution (with a 'Select scope of service' dropdown and a validation error: 'State Scope of the Services in the Institution - cannot be blank'), and two questions: 'Does Institution provide Ambulance Services?' and 'Does Institution provide Emergency Services?' (both with 'Select option' dropdowns).

A 'Save & Continue' button is located at the bottom right of the form. The footer contains 'Copyright © 2019 HEFAMAA PORTAL. All rights reserved.' and 'Version 2.0'.

FORM 1 ENTRIES

- Facility Name
- Category of Facility
- Facility Address
- Latitude and Longitude
- Facility Phone
- CAC Number
- Local Governemnt 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

The screenshot shows the 'Facility Management' section of the HEFAMAA PORTAL. The main heading is 'New FACILITY'. Below this, there are several sections for data entry:

- DISTRIBUTION OF BEDS:** Includes fields for 'Couches', 'Observation Beds', and 'Admission Beds'.
- PHYSIO THERAPY CLINIC:** Includes fields for 'State equipment available in its Physiotherapy' and 'State equipment available in its electrotherapy room'.
- DENTAL CLINIC:** Includes a field for 'State equipment available'.
- RADIOLOGY CENTER:** Includes a field for 'State Diagnostic Center'.
- MEDICAL LABORATORY:** Includes fields for 'State Diagnostic Center' and 'State equipment available'.
- OPTICAL CENTRE:** Includes fields for 'State equipment available in their any Optical Workshop' and 'State equipment available in its Refraction Room'.
- SOURCE WATER & ENERGY:** Includes fields for 'Total Number of Toilets', 'Source of Water Supply', and 'Source of Electricity Supply'.
- METHOD OF WASTE DISPOSAL:** Includes fields for 'State refuse disposal', 'State Human Waste Disposal', and 'State Medical Waste Disposal'.
- BASIC PROTECTIVE ITEMS:** Includes a field for 'Basic Protective Items'.

At the bottom right of the form, there are buttons for 'Previous' and 'Save & Continue'.

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 | Otusean Akintunde | 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

MEDICAL PROFESSIONALS AND INSTITUTION DETAILS

Full Name of Doctor / Health Professional: (First name and Surname)
 Nationality of Health Professional In-Charge: (Select Country)
 Address of Doctor / Health Professional: (Enter Address)

Qualification: **Year of Qualification:** (Select Year) **Year of Registration:** (Select Year) **Institution:** (Enter information) **APPROVING AUTHORITY:** (Referent/Approving)

UPLOAD DOCUMENTS

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

COMPLETE THE TABLE BELOW

Do you have interest in any other Health Institution? (Select Option) **If Yes, State Name of Operating Officer:** (Enter information)

Health Institution	Name	Address	Registered
<input type="text"/> (Select Option)	<input type="text"/> (Enter information)	<input type="text"/> (Enter Address)	<input type="text"/> (Select option)
Interest: <input type="text"/> (Enter information)			

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 for Facility Management. The user is logged in as Olusesan Akinwande. The page title is 'Facility Management' and the breadcrumb is 'Home > Facility Management'. A blue banner at the top reads 'Removable' and contains an important notice: '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'. Below this is a progress indicator with four steps, the fourth of which is active. The main form area is titled 'New Facility' and contains a section for 'PROFESSIONAL STAFF COMPLEMENT'. This section includes a green instruction box: '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.' Below the instruction is a 'Download Template' button. A file upload section is titled 'Add Attachments(EXCEL FILE ONLY)' and includes a 'File Upload' area with a 'Select file...' input, 'Cancel', 'Browse...', and 'Upload & Save' buttons. Below this are two empty boxes for 'PROFESSIONAL STAFF COMPLEMENT' and 'NON-PROFESSIONALS STAFF COMPLEMENT'. The 'NON-PROFESSIONALS STAFF COMPLEMENT' section has four input fields: 'Hospital attendants' (dropdown), 'Number of Security Staff' (dropdown), 'Number of Admin Staff' (dropdown), and 'Others' (text input). At the bottom of the form are 'Previous' and 'Save All & Confirm' buttons. The footer contains 'Copyright © 2019 HEFAMAA PORTAL. All rights reserved.' and 'Version 2.0'.

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"/>
Institution Attended	Year of Qualification	Registration Number	PG Qualification
<input type="text" value="University of Lagos"/>	<input type="text" value="2002"/>	<input type="text" value="988001237655"/>	<input type="text"/>
Institution Attended	Year of Qualification	Registration Number	Upload Documents
<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

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"/>
Institution Attended	Year of Qualification	Registration Number	PG Qualification
<input type="text" value="University of Lagos"/>	<input type="text" value="2002"/>	<input type="text" value="988001237659"/>	<input type="text"/>
Institution Attended	Year of Qualification	Registration Number	Upload Documents
<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

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

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

Proprietor : Please fill these form below accordingly where applicable:

Name	Nationality	Address	Occupation
Kemi Oshodi	Nigeria	Ajao Estate	Nurse
Opening Time	Closing Time	Type of Building	
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)

Access Road to Premises with Landmark:	Any other uses of the Premises:
Bank PHB	No

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

HEFAMAA PORTAL
HEFA4518

Olusesan Akinwande

Navigation

- My Profile
- Change Password
- Facility Management
- Payments

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	<h2 style="margin: 0;">INVOICE</h2> <p>Invoice Number : 00103</p>
Registration Processing	N 50,000
Registration Form	N 10,000
Certificate of Registration – Hospital with 3 beds	N 0
TOTAL PAYMENT DUE	N 60,000
<p style="color: red; font-size: small;">Please pay to the Bank Account stated Ensure you specify invoice number in your transaction description</p>	
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

HEFA4518

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
TOTAL PAYMENT DUE	N 60,000

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.

HEFA0566

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

[UPLOAD PAYMENT](#)

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HEFA0566

Upload Proof of Payment for Anne

Home - Upload Proof of Payment for Anne

Payment Proof

Choose File 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	Download

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.