

e-HEFAMAA

(Health Facilities Monitoring and Accreditation Agency)



FACILITY REGISTRATION PORTAL - USER GUIDE

February 2022

How it works - e-HEFAMAA Portal Overview

Operators of Healthcare Facilities in Lagos are, by law, required to register to operate their facilities every year.

In the convenience of your office, and a computer, a complete registration can be done in a few minutes.

On successful completion of registration or renewal of a facility, a copy of a Provisional Certificate of Registration will be issued via email to validate Facility Registrations or Renewals.

<https://www.hefamaaportal.com.ng>



How it works – Register Profile

To use the e-HAFAMAA portal, a user profile needs to be created with a unique email.



Profile Registration

Please enter your details below to sign up

FIRST NAME

LAST NAME

EMAIL

MOBILE

PASSWORD

CONFIRM PASSWORD

SIGN UP

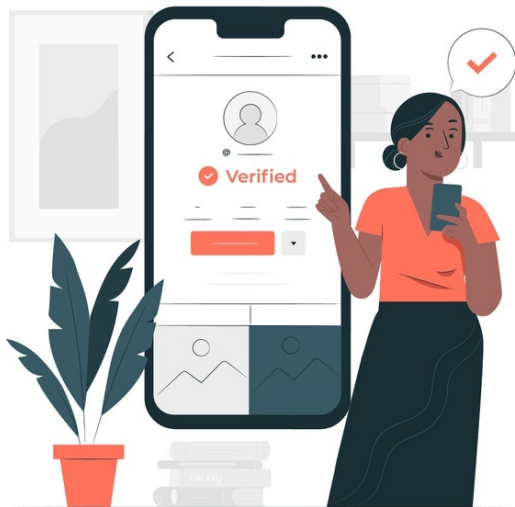


Already have an account? [Sign in](#)

How it works – Verify Profile

Once a User Profile is successfully registered, an automated email from the e-HEFAMAA portal will be sent to your email provided to verify and ascertain the authenticity of ownership.

A verified profile will be granted access to the User Dashboard where details of each facility registered can be managed.



E-HEFAMAA

Hello!

Please click the button below to verify your email address.

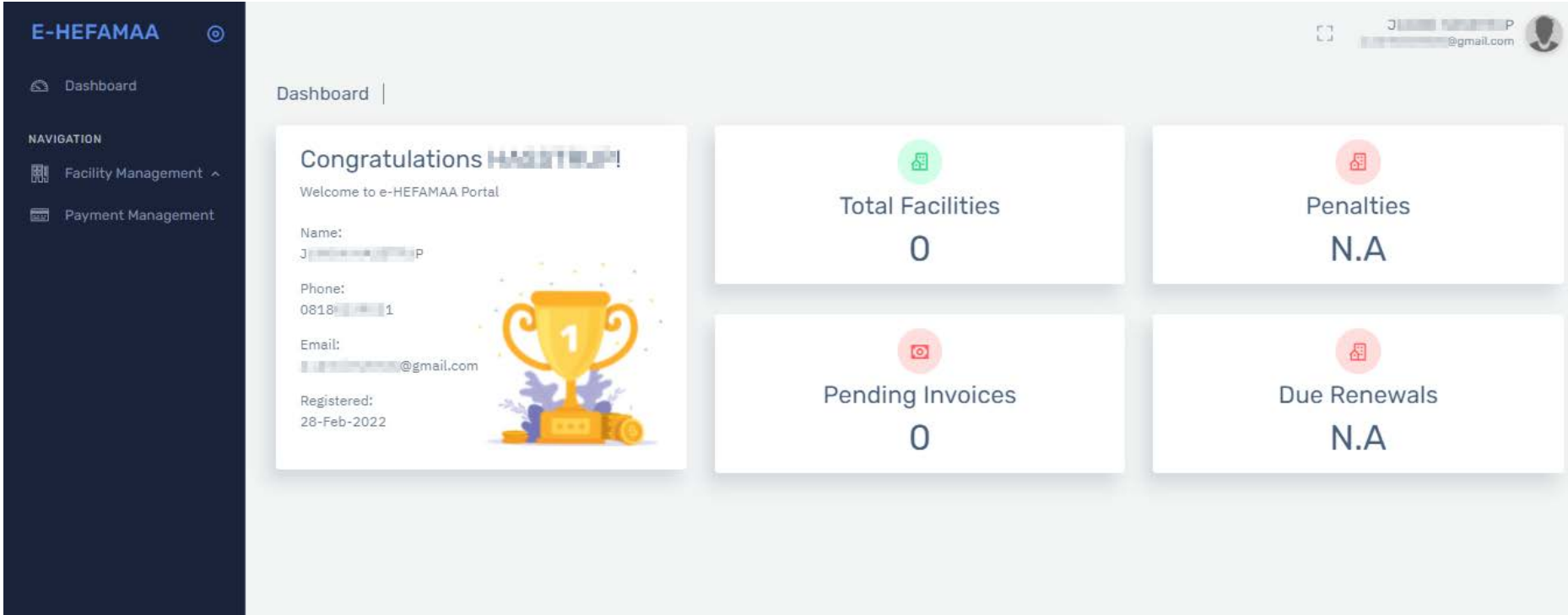
Verify Email Address

If you did not create an account, no further action is required.

Regards,
E-HEFAMAA

If you're having trouble clicking the "Verify Email Address" button, copy and paste the URL below into your web browser: <http://portal.hefamaaportal.com.ng/email/verify/27/cd623c14cdf59b75f80c1b4996c390826acd616c?expires=1646052502&signature=118093bb4abf45a6adc5f9f5318ed7014454386de305541f81196e4efe3b6d27>

How it works – Dashboard



The screenshot displays the e-HEFAMAA dashboard. On the left is a dark navigation sidebar with the following items: 'E-HEFAMAA' with a home icon, 'Dashboard', 'NAVIGATION', 'Facility Management' with a dropdown arrow, and 'Payment Management'. The main content area is titled 'Dashboard' and features a 'Congratulations' message with a trophy icon. Below the message is a user profile with the following details: Name: J [redacted] P, Phone: 0818 [redacted] 1, Email: [redacted]@gmail.com, and Registered: 28-Feb-2022. To the right of the profile are four summary cards: 'Total Facilities' (0), 'Penalties' (N.A), 'Pending Invoices' (0), and 'Due Renewals' (N.A).

Once successfully signed in, your dashboard is displayed.

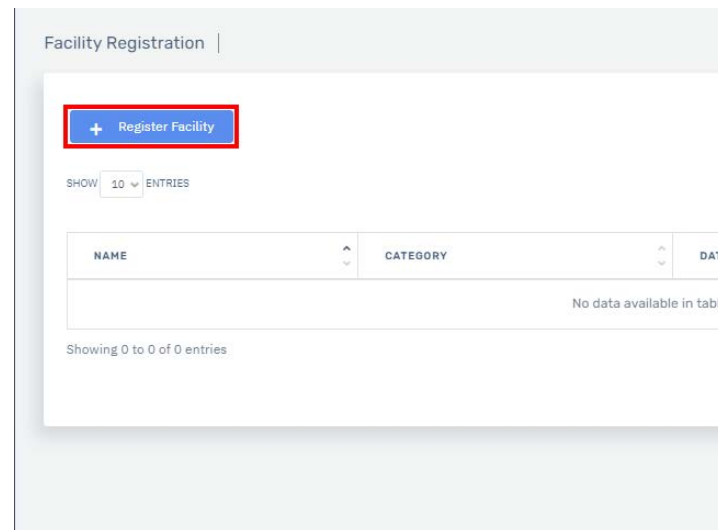
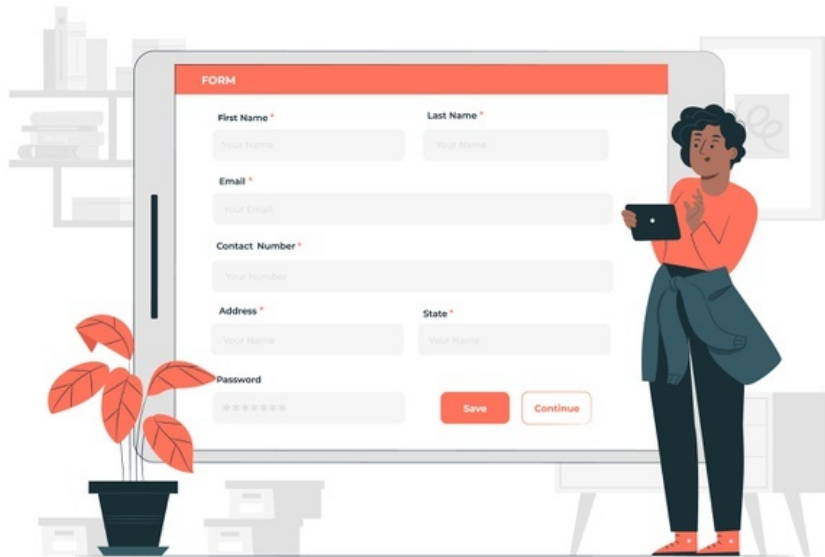
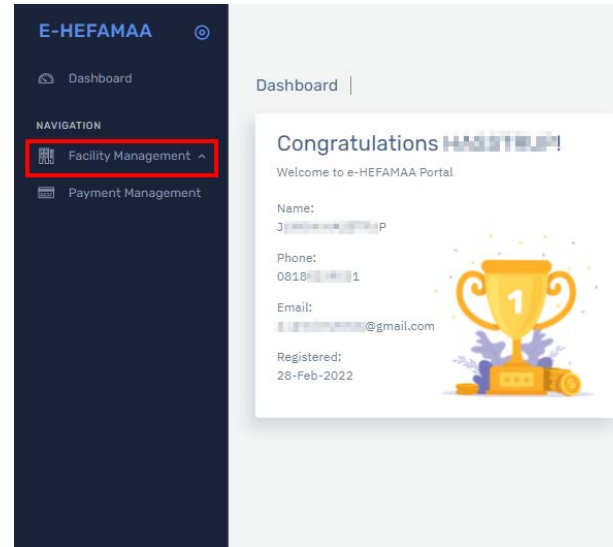
The dashboard presents an overview/status of the facilities registered/monitored.

How it works – Register Facility

From the menu panel on the left side of the screen, click on FACILITY MANAGEMENT and then on REGISTRATIONS.

This will display a page list of already created facilities if any. Click the green button “Register Facility” on the page that opens up.

A blank form will be generated for you to fill.



How it works – Facility Types

Facility Types

1. Hospital
2. Clinic
3. Eye Clinic / Optical Centre
4. Diagnostic Center (Lab, Scan, X-Ray and EEG)
5. Eye Hospital
6. Dental Clinic / Dental Laboratory
7. Dental Hospital
8. Special Diagnostic Center (Lab, Scan, EEG, MRI, CT)
9. Dialysis Centre
10. Medical Laboratory
11. Physiotherapy Clinic
12. Specialist Clinic
13. Specialist Hospital
14. Multi-Specialty Hospital
15. Assisted Reproductive Therapy Centre
16. Nursing / Convalescent Home
17. Maternity Centre
18. Industrial Clinic
19. Mobile Clinic
20. Mortuary



How it works – Uploading Letter of Intent

New Facility | [Home](#) > [Registrations](#) > [Register](#) > [New Facility](#)

Submit Your Letter Of Intent

FACILITY NAME: *

SECTOR CATEGORY: * FACILITY CATEGORY: *

Select Select

UPLOAD LETTER OF INTENT (PDF & 200KB MAX): *

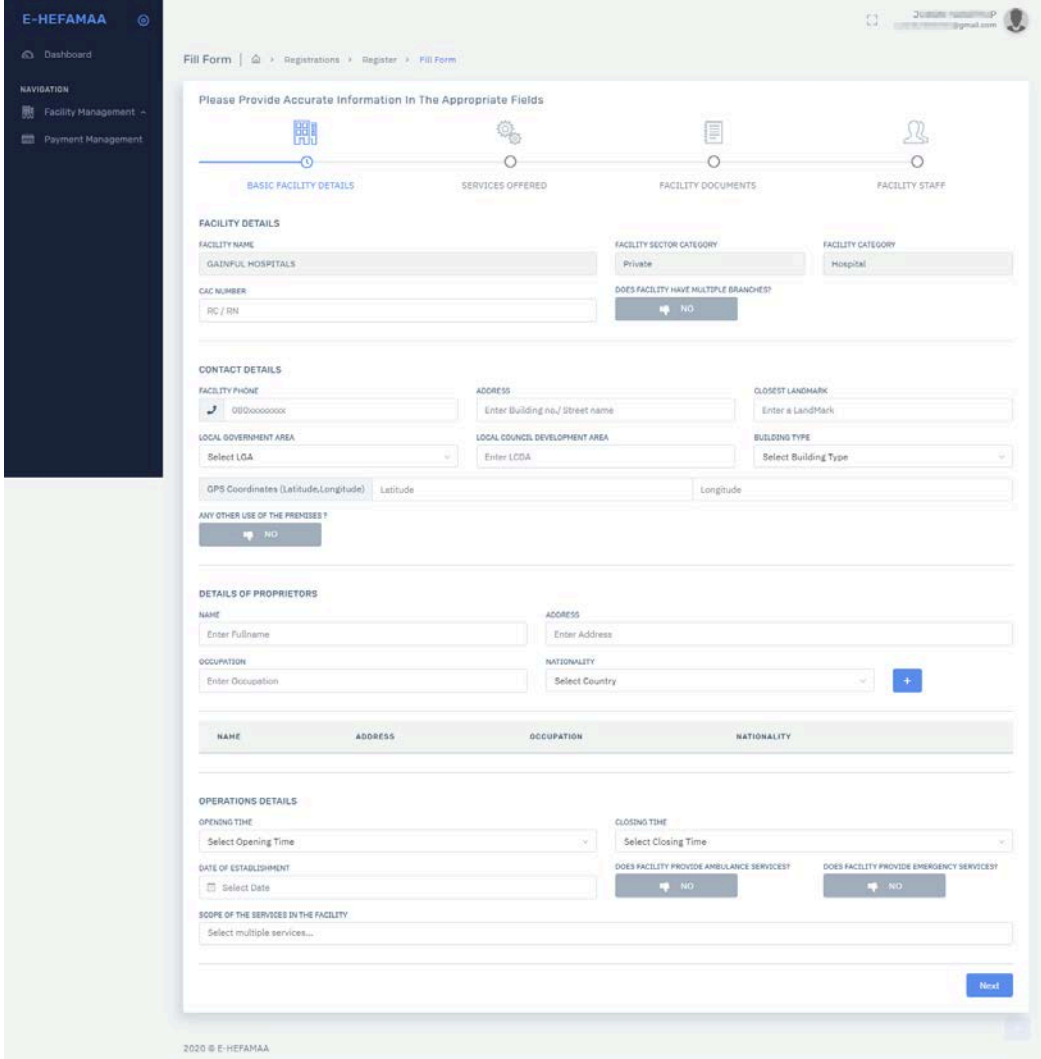
No File [Choose file](#)

Save

To begin the registration process, a hand-written 'Letter of Intent' to 'THE COMMISSIONER OF HEALTH' must be scanned and uploaded as provided in the portal.

How it works – Form 1

- 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



E-HEFAMAA

Dashboard

NAVIGATION

- Facility Management
- Payment Management

Fill Form | Registrations > Register > Fill Form

Please Provide Accurate Information in The Appropriate Fields

Progress: 1. BASIC FACILITY DETAILS | 2. SERVICES OFFERED | 3. FACILITY DOCUMENTS | 4. FACILITY STAFF

FACILITY DETAILS

FACILITY NAME:

FACILITY SECTOR CATEGORY:

FACILITY CATEGORY:

CAC NUMBER:

DOES FACILITY HAVE MULTIPLE BRANCHES?:

CONTACT DETAILS

FACILITY PHONE:

ADDRESS:

CLOSEST LANDMARK:

LOCAL GOVERNMENT AREA:

LOCAL COUNCIL DEVELOPMENT AREA:

BUILDING TYPE:

GPS Coordinates (Latitude,Longitude):

ANY OTHER USE OF THE PREMISES?:

DETAILS OF PROPRIETORS

NAME:

ADDRESS:

OCCUPATION:

NATIONALITY:

NAME	ADDRESS	OCCUPATION	NATIONALITY

OPERATIONS DETAILS

OPENING TIME:

CLOSING TIME:

DATE OF ESTABLISHMENT:

DOES FACILITY PROVIDE AMBULANCE SERVICES?:

DOES FACILITY PROVIDE EMERGENCY SERVICES?:

SCOPE OF THE SERVICES IN THE FACILITY:

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How it works – Form 2

DISTRIBUTION OF BEDS

- Couches
- Observation Beds
- Admission Beds

SOURCE OF WATER & ENERGY

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

METHOD OF WASTE DISPOSAL


- Refuse disposal
- Human waste
- Medical Waste

BASIC PROTECTIVE ITEMS

- Basic Protective Items

Fill Form | [Home](#) > [Registrations](#) > [Register](#) > [Fill Form](#)

Please Provide Accurate Information In The Appropriate Fields



BED DISTRIBUTION

COUCHES:

OBSERVATION BEDS:

ADMISSION BEDS:

SOURCES WATER AND ENERGY

TOLIETS IN FACILITY:

SOURCES OF WATER SUPPLY:

SOURCES OF POWER SUPPLY:

METHODS OF WASTE DISPOSAL

HUMAN WASTE DISPOSAL:

REFUSE DISPOSAL:

MEDICAL WASTE DISPOSAL:

BASIC PROTECTIVE ITEMS

Enter Basic Protective Items separated by commas

[Previous](#) [Next](#)

How it works – Form 3

MEDICAL PROFESSIONALS AND INSTITUTION DETAILS

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

UPLOAD DOCUMENTS

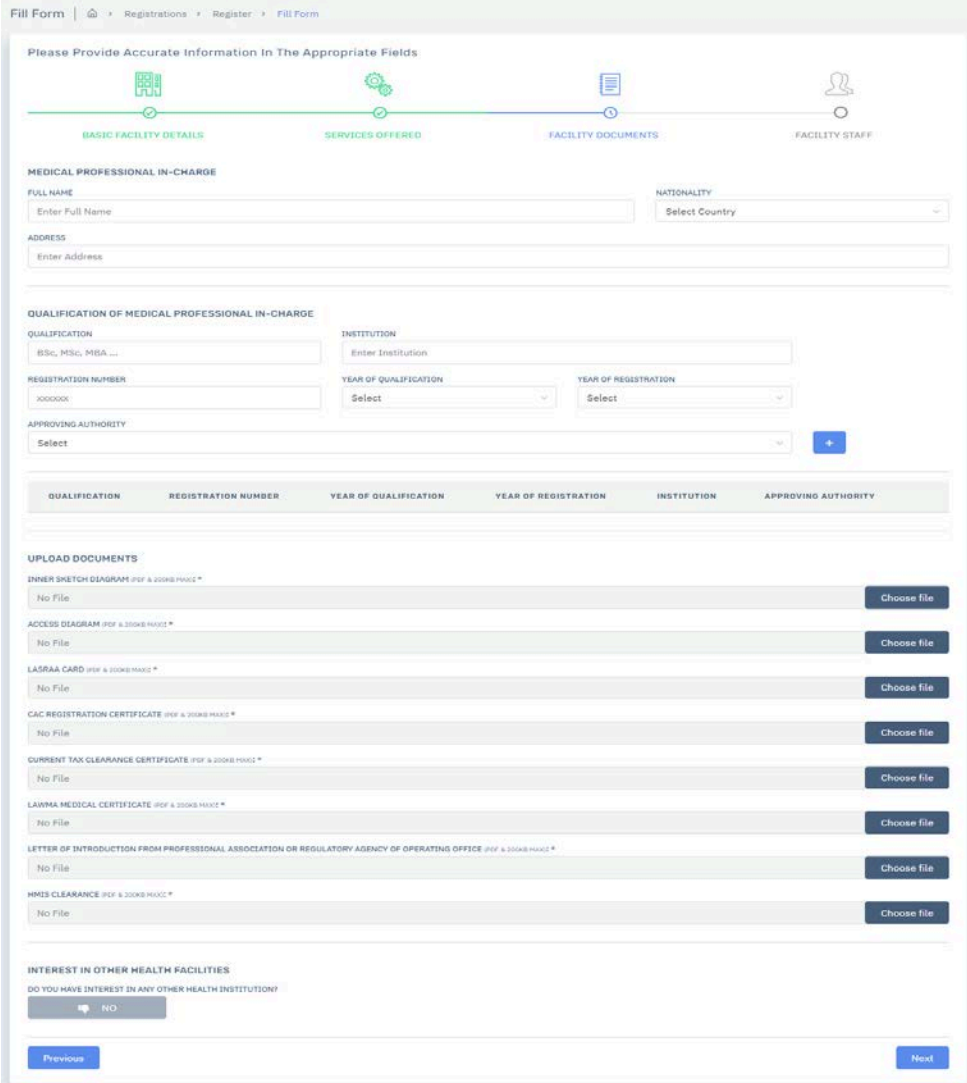
- CAC Registration Certificate
- Current Tax Clearance Certificate
- LAWMA Medical Certificate
- Letter of Introduction from Professional Association of Operating Officer
- HMIS Clearance

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



Fill Form | Home | Registrations | Register | Fill Form

Please Provide Accurate Information in The Appropriate Fields

MEDICAL PROFESSIONAL IN-CHARGE

FULL NAME: Enter Full Name
NATIONALITY: Select Country

ADDRESS: Enter Address

QUALIFICATION OF MEDICAL PROFESSIONAL IN-CHARGE

QUALIFICATION: BSc, MSc, MSA ...
INSTITUTION: Enter Institution

REGISTRATION NUMBER: XXXXXXX
YEAR OF QUALIFICATION: Select
YEAR OF REGISTRATION: Select

APPROVING AUTHORITY: Select

QUALIFICATION	REGISTRATION NUMBER	YEAR OF QUALIFICATION	YEAR OF REGISTRATION	INSTITUTION	APPROVING AUTHORITY

UPLOAD DOCUMENTS

INNER SKETCH DIAGRAM (PDF & 200KB MAX) *
No File [Choose file]

ACCESS DIAGRAM (PDF & 200KB MAX) *
No File [Choose file]

LASRAA CARD (PDF & 200KB MAX) *
No File [Choose file]

CAC REGISTRATION CERTIFICATE (PDF & 200KB MAX) *
No File [Choose file]

CURRENT TAX CLEARANCE CERTIFICATE (PDF & 200KB MAX) *
No File [Choose file]

LAWMA MEDICAL CERTIFICATE (PDF & 200KB MAX) *
No File [Choose file]

LETTER OF INTRODUCTION FROM PROFESSIONAL ASSOCIATION OR REGULATORY AGENCY OF OPERATING OFFICE (PDF & 200KB MAX) *
No File [Choose file]

HMIS CLEARANCE (PDF & 200KB MAX) *
No File [Choose file]

INTEREST IN OTHER HEALTH FACILITIES

DO YOU HAVE INTEREST IN ANY OTHER HEALTH INSTITUTION?
[NO]

[Previous] [Next]

How it works – Form 4

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.

Professional Complement Includes

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

Fill Form | [Home](#) > [Registrations](#) > [Register](#) > [Fill Form](#)

Please Provide Accurate Information In The Appropriate Fields



PROFESSIONAL STAFF COMPLEMENT

Please download the Excel template below, complete accordingly and upload in the appropriate field below.

Upload scanned copies of respective staff in PDF format only against the staff records.

The entire documents of any staff will be scanned into one PDF document with various pages.

[Download Template](#)

Upload Completed Template

PROFESSIONAL STAFF TEMPLATE DOCUMENT (EXCEL & 10,000KB MAX): *

No File [Choose file](#)

NON-PROFESSIONAL STAFF COMPLEMENT

HOSPITAL ATTENDANTS: [+](#) [-](#)

ADMIN STAFF: [+](#) [-](#)

SECURITY STAFF: [+](#) [-](#)

OTHERS: [+](#) [-](#)

[Previous](#) [Preview Registration](#)

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.

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

NON-PROFESSIONAL STAFF COMPLEMENT

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

PROFESSIONAL STAFF TEMPLATE DOCUMENT (EXCEL & 10,000KB MAX): *

No File Choose file

NAME	ADDRESS	COMPLEMENT	FULL-TIME / PART-TIME
DR. PEEJAY ONA	121, EWENLA, LAGOS	Doctor	Full-time
BASIC QUALIFICATION	INSTITUTION ATTENDED	YEAR OF QUALIFICATION	REGISTRATION NUMBER
MBA	UNILAG	1999	2001
POST QUALIFICATION	INSTITUTION ATTENDED	YEAR OF QUALIFICATION	REGISTRATION NUMBER
M.D	UNILAG	2005	DT54321

SCANNED CERTIFICATES (PDF & 200KB MAX): *

No File Choose file Update DELETE

NAME	ADDRESS	COMPLEMENT	FULL-TIME / PART-TIME
PHARM. IFY DEEDOT	121, EWENLA, LAGOS	Pharmacist	Full-time
BASIC QUALIFICATION	INSTITUTION ATTENDED	YEAR OF QUALIFICATION	REGISTRATION NUMBER
MBA	UNILAG	1999	2001
POST QUALIFICATION	INSTITUTION ATTENDED	YEAR OF QUALIFICATION	REGISTRATION NUMBER
M.D	OWO QRV	2000	TR4433222

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 200KB.

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.

How it works – Generate Invoice

To generate your invoice, click on the **SUBMIT REGISTRATION** button (blue) at the bottom of the page.

The invoice indicates the following

- Amount Payable
- Invoice Number
- HEFAMAA Bank Account

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




Invoice Payment | > Payment Management > Invoice Payment

Invoice# INV-00000008 ← Invoice Number Date Issue: 28-02-2022 Date Due: 28-02-2022

Invoice
REGISTRATION - NEW

UNPAID

 **HEFAMAA**
Health Facility Monitoring
and Accreditation Agency

Bill From
HEFAMAA

Bill To
Profile Name: [REDACTED]
Facility Name: GAINFUL HOSPITALS
Address: [REDACTED]
LGA: [REDACTED]
Registration Date: 28-Feb-2022

DESCRIPTION	COST
Registration - New Fee: Hospital	₦ 50,000.00
Late Registration Fee Q1 (January - March)	₦ 0.00
Registration Form and Processing	₦ 10,000.00
HEFAMAA Identification Logo	₦ 25,000.00
<hr/>	
Please pay to the Bank Account stated Ensure you specify invoice number in your transaction description	Subtotal ₦ 85,000.00
Bank : GTBank Account Name : HEALTH FACILITY MON & ACC AGENCY Account Number : 0015873571	Invoice Total ₦ 85,000.00

HEFAMAA Bank Details

Amount Payable

How it works – Generate Invoice

Scan evidence of payment in PDF format and upload.

To upload this,
Click on **UPLOAD PAYMENT** option beside **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 PROOF OF PAYMENT** button
at the top right side of the page, against the facility.

Payment Management |

Search Invoice Filter Invoice ▼

SHOW 10 ENTRIES

INVOICE#	AMOUNT	DATE	FACILITY	TYPE	STATUS	ACTIONS
INV-00028	₦ 85,000.00	28/Feb/2022	GAINFUL HOSPITALS	Registration - New	UNPAID	

Showing 1 to 1 of 1 entries

Previous 1 Next

Invoice Payment | [Payment Management](#) > [Invoice Payment](#)

Invoice# INV-000008 Date Issue: 28-02-2022 Date Due: 28-02-2022

Invoice
REGISTRATION - NEW
UNPAID



HEFAMAA
Health Facility Monitoring
and Accreditation Agency

Print invoice 

UPLOAD PROOF OF PAYMENT (PDF & ZODIAC MAX): *

No File  Choose file

Bill From: HEFAMAA

Bill To: Profile Name:
Facility Name: GAINFUL HOSPITALS
Address:
LGA:
Registration Date: 28-Feb-2022

How it works – HEFAMAA Processes

Every Registration or Renewal Application goes through an internal process to determine if such application should be approved to operate a health facility in Lagos State.



How it works – Inspection for New Facility Registration

A physical inspection is carried out on first-time applications and a satisfactory inspection report, recommends the facility for Approval.



How it works – Registration Approval and Certificate

Once approved, a Provisional Certificate of Operation will be generated via the portal as proof of Approval for Operation.

A Physical copy of Certificate can be collected from the Agency's office on a later date.

This completes the registration or renewal process of a HealthCare Facility.



Contact Us – For Support and Enquiries

HEFAMAA Support Center

In order to streamline support requests and better serve you, we utilize a support ticket system.

Every support request is assigned a unique ticket number which you can use to track the progress and responses online.

A valid email address is required to submit a ticket.

<https://support.hefamaaportal.com.ng>

Address:

Plot 6, Alhaja Ashabi Cole Street,
TISCO Plaza, Central Business District,
Alausa, Ikeja, Lagos

Phone:

+234 901 563 7023, +234 905 727 3396
+234 903 879 5500, +234 817 270 4228

