

e-HEFAMAA

(Health Facilities Monitoring and Accreditation Agency)



FACILITY REGISTRATION PORTAL - USER GUIDE

February 2022

How it works – New e-HEFAMAA Portal Overview

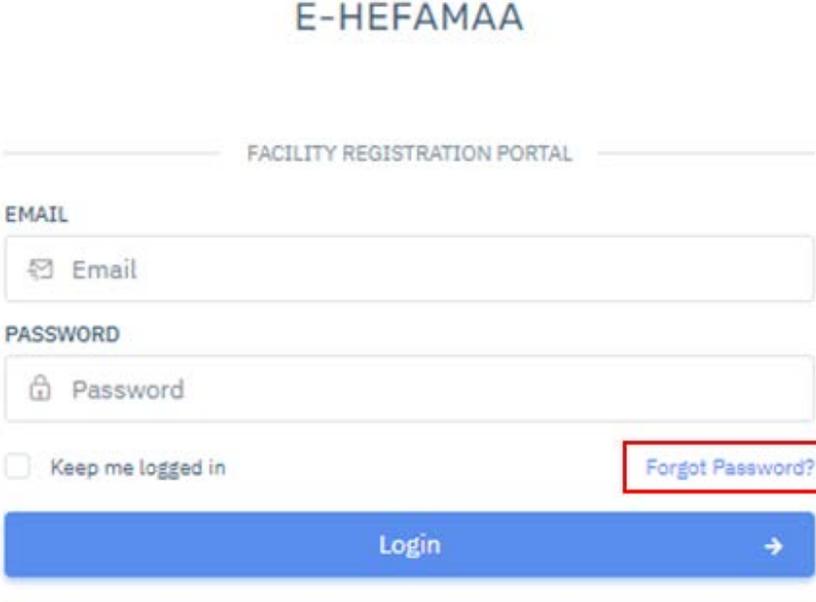
Returning Facility Owners already have their details inherited from the previous system.

There is no need to create NEW PROFILES as their existing details have been migrated from the previous portal.

They are expected to carry out a PASSWORD RESET to gain access to their accounts.

An PASSWORD RESET email is sent to their emails and a new password is set.

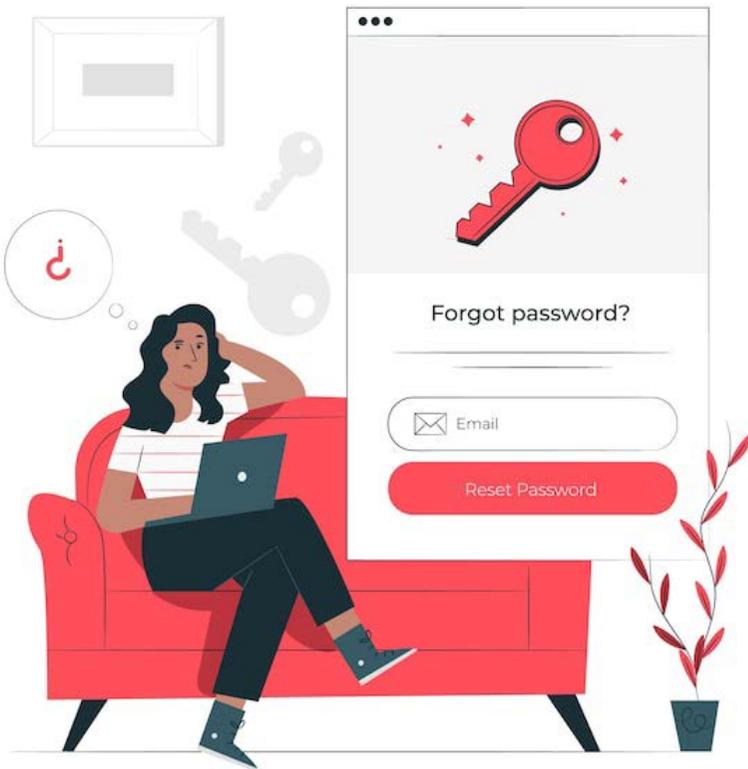
<https://www.hefamaaportal.com.ng>



The screenshot shows the login interface for the E-HEFAMAA Facility Registration Portal. At the top, it says "E-HEFAMAA" and "FACILITY REGISTRATION PORTAL". Below this, there are two input fields: "EMAIL" with an envelope icon and "PASSWORD" with a lock icon. A checkbox labeled "Keep me logged in" is present, along with a "Forgot Password?" link highlighted by a red box. A blue "Login" button with a right-pointing arrow is at the bottom. At the very bottom, there is a link: "Don't have an account? Sign up".

How it works – Register Profile

To use the New e-HAFAMAA portal, a FORGOT PASSWORD process should be initiated to set a new password for access to previous account.



Forgot Password?

Sign in

Sign up

Enter the email you used when you joined and we will send you temporary password

EMAIL

Email

SEND PASSWORD →

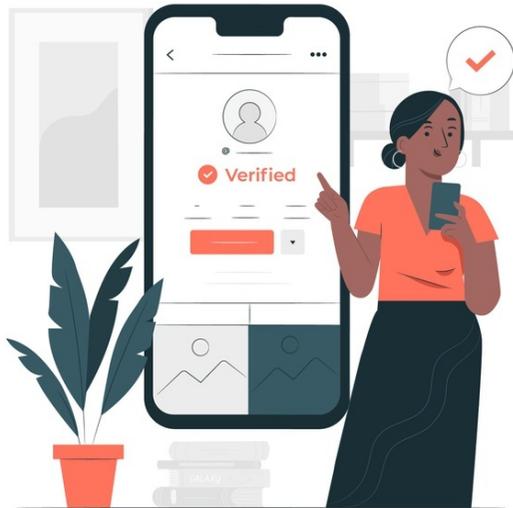
I remembered my password

How it works – Verify Profile

On successful submission, a Password Reset email is sent to the email address provided.

This serves to validate email authenticity and ownership.

Without clicking the link in the Password Reset button, the profile will not be activate.



Forgot Password?

We have e-mailed your password reset link!

Enter the email you used when you joined and we will send you temporary password

EMAIL

SEND PASSWORD →

[I remembered my password](#)

E-HEFAMAA

Hello!

You are receiving this email because we received a password reset request for your account.

Reset Password

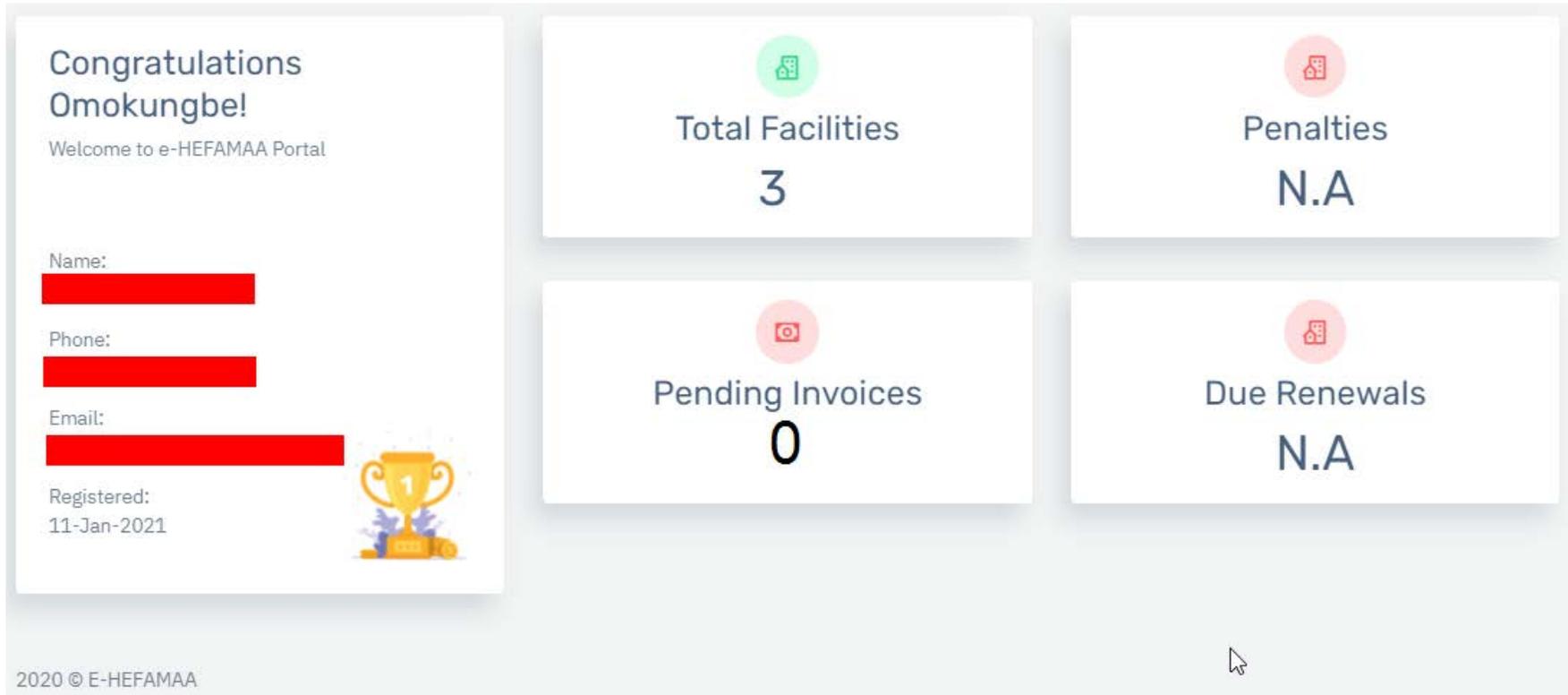
This password reset link will expire in 60 minutes.

If you did not request a password reset, no further action is required.

Regards,
E-HEFAMAA

If you're having trouble clicking the "Reset Password" button, copy and paste the URL below into your web browser: <http://portal.hefamaaportal.com.ng/password/reset/9b9ba3f945260795b55f972b48fc61a342d316a4ec6367e9035b6263a6ad381>

How it works – Dashboard



The dashboard displays the following information:

- Congratulations Omokungbe!**
Welcome to e-HEFAMAA Portal
- Name:** [Redacted]
- Phone:** [Redacted]
- Email:** [Redacted]
- Registered:** 11-Jan-2021
- Total Facilities:** 3
- Penalties:** N.A
- Pending Invoices:** 0
- Due Renewals:** N.A

2020 © E-HEFAMAA

Once successfully signed in, your dashboard is displayed.

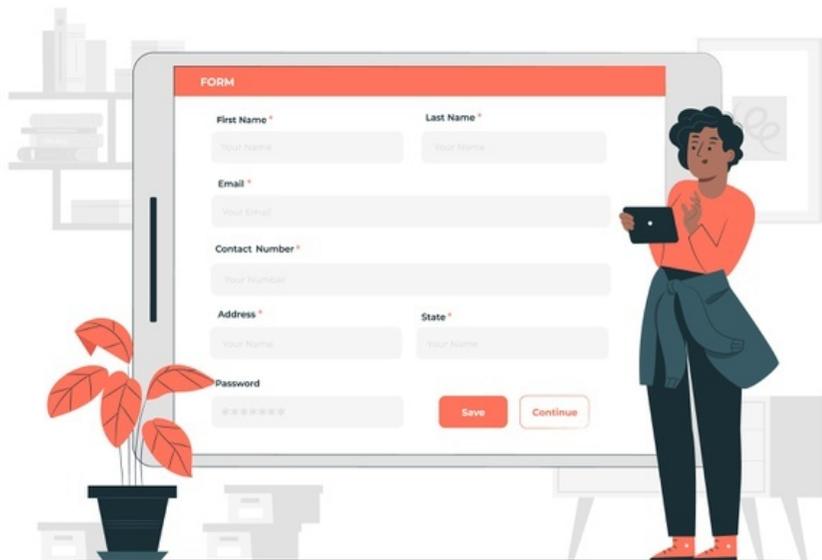
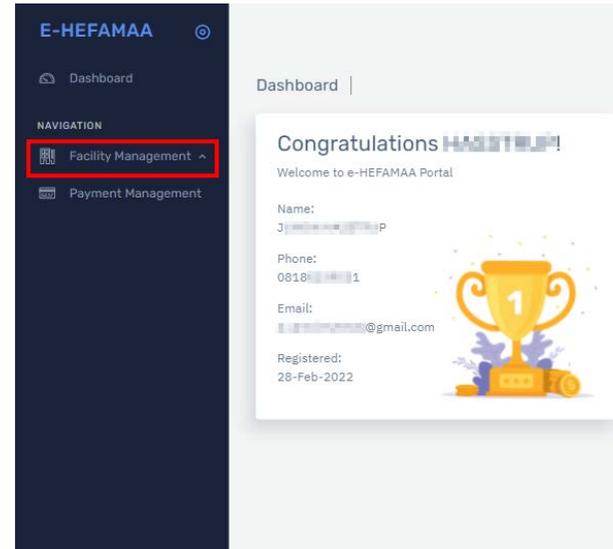
The dashboard presents an overview/status of the facilities registered/monitored.

How it works – Register Facility

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

This will display a page list of your already created facilities. Click the corresponding action button to start your facility renewal process.

Details from your existing facility registration will be displayed.



Facility Registration |

[+ Register Facility](#)

SHOW 10 ENTRIES

NAME	CATEGORY	DATE	STATUS	ACTIONS
[REDACTED]	Medical Laboratory	14/Jan/2021	● WAITING TO ON-BOARD 1	[REDACTED]
[REDACTED]	Diagnostic Center (Lab, Scan, X-Ray and EEG)	14/Jan/2021	● WAITING TO ON-BOARD 1	[REDACTED]
[REDACTED]	Hospital	14/Jan/2021	● WAITING TO ON-BOARD 1	[REDACTED]

How it works – Facility Types

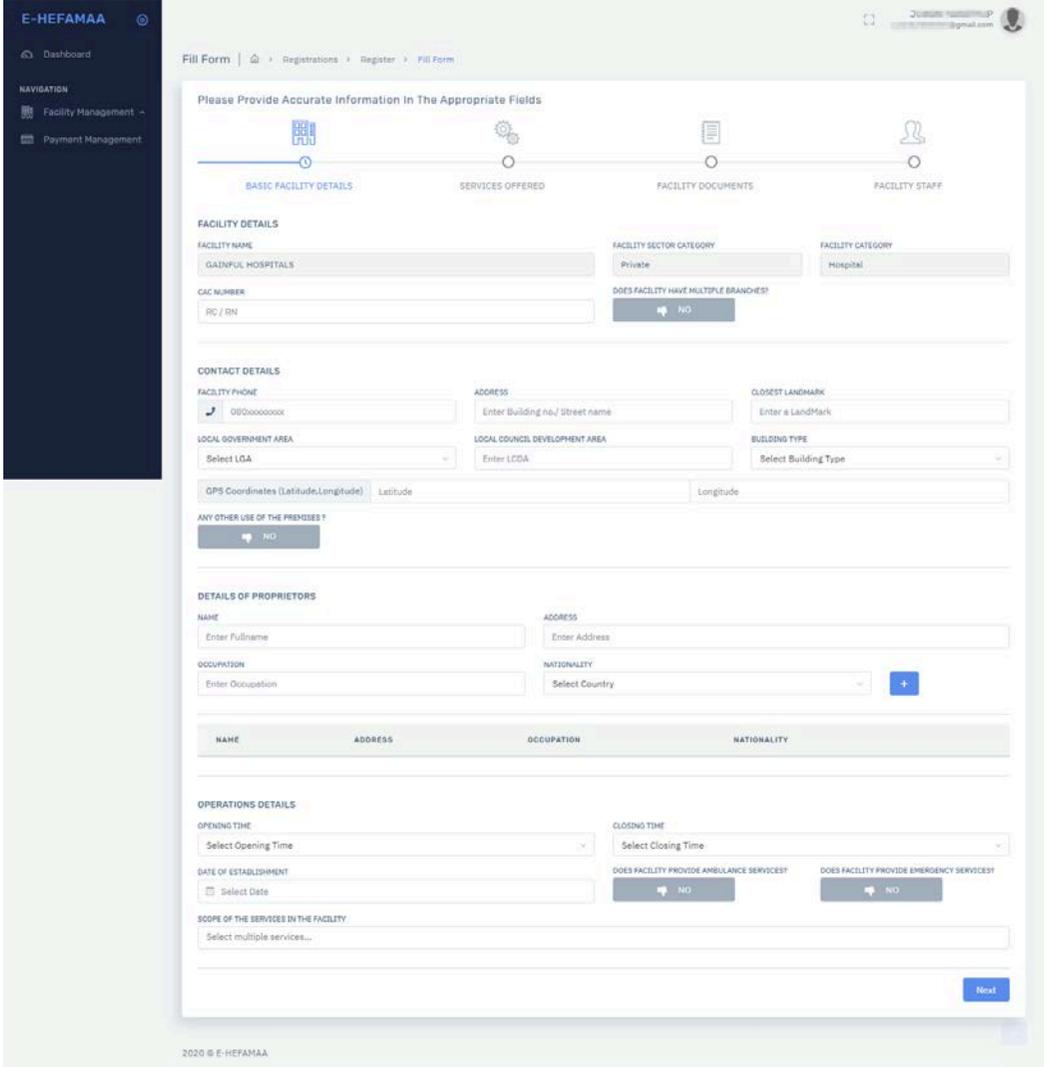
Facility Types

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 – Form 1

- 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



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

TOILETS 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

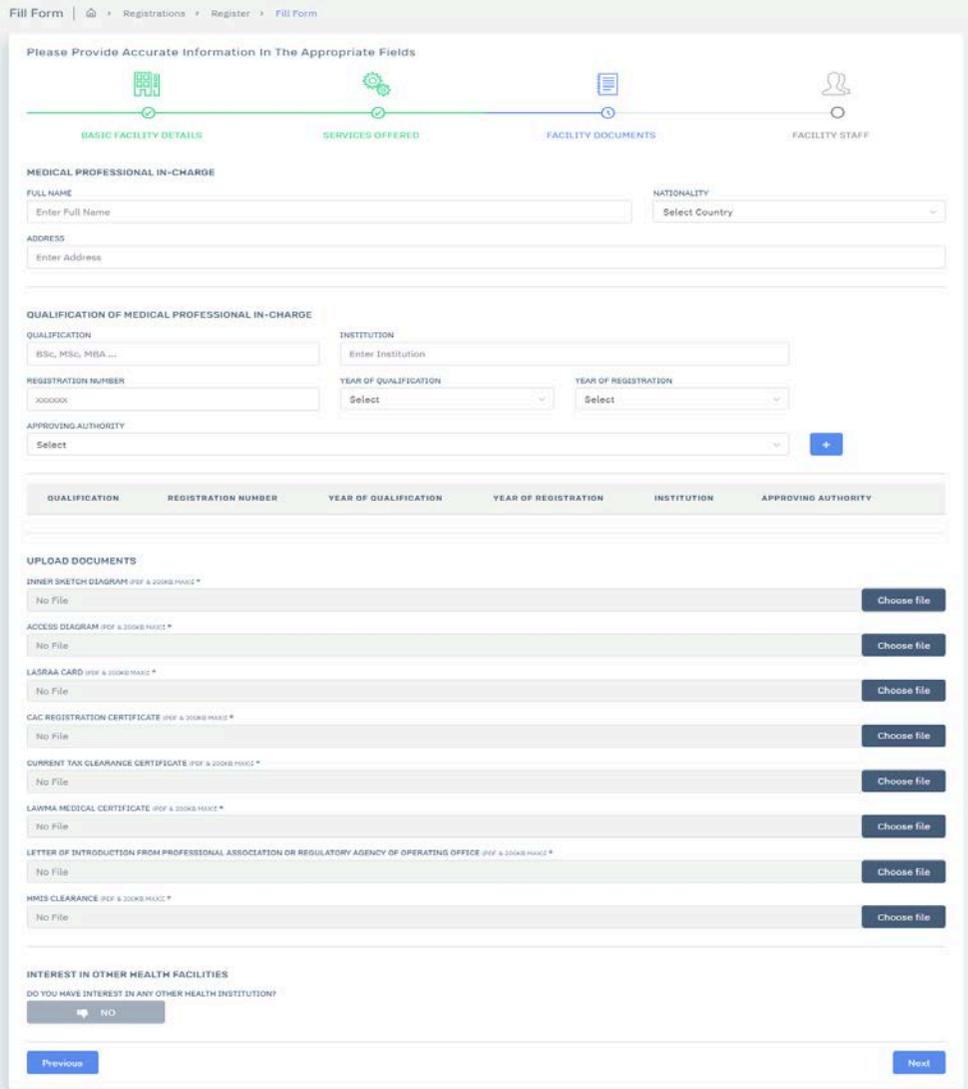
- CAC Registration Certificate
- Current Tax Clearance Certificate
- LAWMA Medical Certificate
- Letter of Introduction from Professional Association of Operating Officer
- HMIS Clearance

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# INV-00022 Date Issued: 15-02-2022 Date Due: 15-02-2022

Invoice
REGISTRATION - EXISTING

 **HEFAMAA**
Health Facility Monitoring
and Accreditation Agency

UNPAID

Bill From
HEFAMAA

Bill To
Profile Name: [REDACTED]
Facility Name: [REDACTED]
Address: [REDACTED]
LGA: [REDACTED]
Registration Date: 14-Jan-2021

DESCRIPTION	COST
Registration - Existing Renewal Fee: Hospital	₦ 20,000.00
Late Renewal Fee 01 (January - March)	₦ 0.00
Subtotal ₦ 20,000.00	
Invoice Total ₦ 20,000.00	

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

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

Bill From: HEFAMAA

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

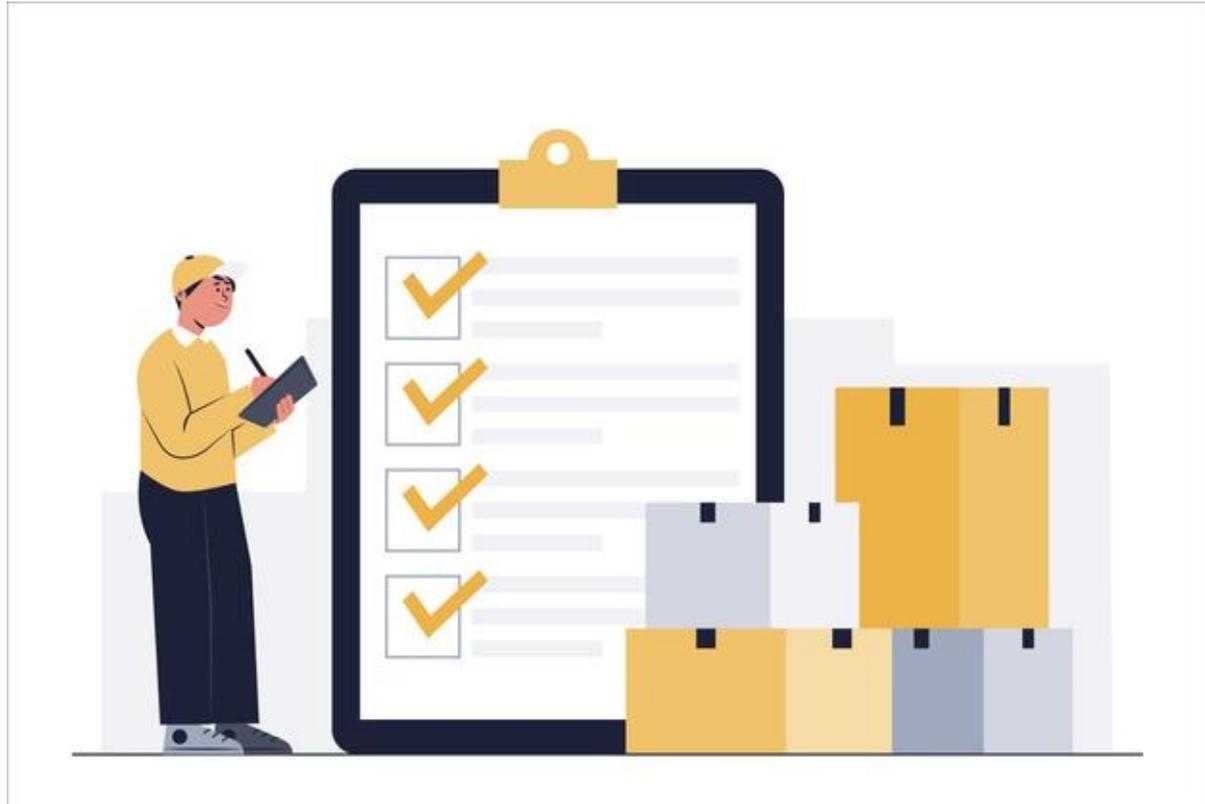
How it works – HEFAMAA Processes

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

