



Implementing Nigeria's Master Facility List

Guidelines

June 2019





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ABBREVIATIONS

DHPRS	Department of Health Planning, Research and Statistics
FMOH	Federal Ministry of Health
GPS	global positioning system
HCH	Honorable Commissioner of Health
HEFAMAA	Health Facility Monitoring and Accreditation Agency
HFR	Health Facility Registry
ICT	information communication technology
ID	identification
LGA	local government area
MFL	Master Facility List
NHMIS	National Health Management Information System
PHIMA	Private Health Institutions Management Agency
SFRO	State Facility Registration Office
SOP	standard operating procedure
TWG	technical working group
USAID	United States Agency for International Development

INTRODUCTION

Background

Healthcare services in Nigeria are provided by thousands of public and private health facilities around the country. The facilities include hospitals, clinics, pharmacies, laboratories, radiological centers, and several other types of physical premises at which health services are delivered. The Government of Nigeria routinely requires information about the distribution of health facilities and the services that they offer to make decisions about the health system. The compilation of lists of health facilities has therefore been done from time to time to provide information on infrastructural strength in the country, which is then used for decision making. The most recent nationwide effort to list the health facilities in Nigeria was completed in 2013.

The World Health Organization defines a Master Facility List (MFL) as “a complete listing of health facilities in a country (both public and private) and is comprised of a set of identification items for each facility (signature domain) and basic information on the service capacity of each facility (service domain)” (World Health Organization, 2012). The 2013 MFL consisted of a list of the hospitals and clinics in the country, with information on the state of location, local government area (LGA) of location, level of care offered, ownership of the health facility, and a unique identifier developed using an intelligent coding system (Federal Ministry of Health [FMOH], 2013). Despite this coordinated nationwide effort, some shortcomings were identified. First, the development of the MFL was done as a snapshot; it lacked processes to keep the list continuously updated. Second, there was no information system to actively manage the MFL across states (Makinde, Azeez, Bamidele, Oyemakinde, Oyediran, Adebayo, ... Mullen, 2014). Third, the MFL collected only a few parameters, which did not satisfy the many stakeholders interested in a national MFL. The MFL should be a dynamic list because new health facilities are continuously built and some health facilities end operations; it therefore requires processes to keep the list continuously updated. Last, soon after the 2013 MFL was completed, similar health facility mapping and service availability exercises were started by several projects across different parts of the country to fulfill their project goals.

Based on the Federal Government of Nigeria’s interest in improving coordination of the various lists of health facilities in the country, and to monitor the types of services provided and the quality of care at these facilities, the need for a complete list of health facilities was determined to be important. Part II, Section 2, 12–19, of the 2014 National Health Act calls for the reclassification of health facilities in the country, with the need for recertification of health facilities based on an agreed set of criteria (Federal Republic of Nigeria, 2014). At the inauguration of the National Health Data Governance Council, in January 2017, the Honorable Minister of Health emphasized the need to eliminate duplication of effort and maximize the use of resources. The proper coordination of a national Health Facility Registry (HFR) was therefore seen as an opportunity to address the issue of multiple health facility listing efforts.

According to national guidelines, different categories of health facilities exist in the country and are expected to provide a variety of healthcare services based on their level of certification. Healthcare providers and stakeholders work in this complex system to leverage the best strategies and approaches to manage patient care and improve the public’s health. Stakeholders have continuously struggled to understand the complete context and nature of services provided in the community. This is further complicated by the rapidly evolving health facility infrastructure throughout the country, and the need to have information on the location of health facilities, the types of services they offer, and the functioning status of health facilities, all of which is important information when deciding where to locate new health facilities or to revitalize moribund ones.

Rationale for an Electronic Health Facility Registry

The introduction of information and communications technology (ICT) in the management of routine health data and the use of different applications for managing various aspects of routine health information highlighted the need for the unique identification of health facilities across different applications being deployed for this purpose in the country. Because the MFL is the place for these unique identifiers, the use of an application for the coordinated management of these identifiers is important. Thus the idea to develop an HFR to manage the MFL was born. The HFR is an information system that is designed to manage the MFL. It has built-in processes to address the continuous status changes of individual health facilities. The HFR will facilitate the integration and interoperability of different applications being deployed for the national health information architecture in the country (Makinde, Azeez, & Adebayo, 2016).

The FMOH identified the need for an MFL containing a unique code for each health facility. The list should be up-to-date, continuously accessible, and the MFL codes should be used by all health information systems in Nigeria. This document presents the definitions of the information contained in the MFL. It is an implementation guide on how to use this information. Other resources developed by MEASURE Evaluation (a project funded by the United States Agency for International Development and the United States President's Emergency Plan for AIDS Relief) to support the implementation of the MFL in Nigeria are available here: <https://www.measureevaluation.org/countries/nigeria/toolkit-for-implementing-the-health-facility-registry-in-nigeria/>.

The benefits of the HFR are as follows:

- **Administration:** Knowledge of the type and location of health resources
- **Data harmonization:** Comparing and contrasting data across different surveys and across time
- **Data linkages:** Allowing linkages and collaboration between departments and ministries with related data to optimize the use of all databases
- **Prerequisite for health facility assessments:** Provides a comprehensive list that can be used for sampling facilities to be surveyed
- **Health information strengthening:** Demonstrating efficiencies, trends, gaps, and the ability to generate facility, regional, and national profiles that combine data from multiple systems and providing the information needed for effective planning
- **Resource-saving:** Reducing financial and human costs by eliminating the duplication of effort and reducing the reporting burden
- **Transparency:** Allows transparent and efficient access to facility data by the FMOH, partners, and the public
- **Health information for the public:** Gives up-to-date information on the location of health facilities and services offered, providing an efficient mechanism for finding desired services
- **Health information benefits:** Able to show efficiencies, trends, and gaps, and generate facility/LGA/state/national profiles that combine data from multiple systems
- **Linking regulatory information:** This information is kept at the national level by professional bodies, such as the Medical and Dental Council of Nigeria, Medical and Laboratory Science Council, Pharmacists Council of Nigeria, and the Radiographers Council of Nigeria. Also, operational information, which is kept at the LGA level by the Local Government Council Health Management Team.

The HFR is an Internet-based application, which is designed to permit updating by multiple officers across the country. Facility data are kept up-to-date by national and state-level health facility regulatory teams. The national regulatory authorities (boards and councils and the Director of Hospital Services and their counterparts at the state ministries of health) also contribute registration information for each facility. Table 1 summarizes the parties responsible for each health facility class and the roles they play.

Table 1. Parties responsible for updating health facility data

Health facility class	Regulatory office	Role
Hospitals and clinics	State Hospital Management Board, State Department of Hospital Services, Agencies (Health Facility Monitoring and Accreditation Agency [HEFAMAA] for Lagos State, Private Health Institutions Management Agency [PHIMA] for Kano State)	Inspects and registers new hospital premises, issues annual licenses, can sanction health facilities
Pharmacies	Pharmacists Council of Nigeria, State Pharmacy Regulatory Unit, State Department of Hospital Services	Inspects and registers new pharmaceutical premises, regulates their practices, and issues annual licenses for this category of facility
Laboratories	State Department of Hospital Services, Medical and Laboratory Science Council of Nigeria, Department of Laboratory Services, or the Laboratory Inspection Unit, HEFAMAA	Inspects and registers new laboratory premises, regulates their practices, and issues annual licenses for this category of facility
Radiological and imaging centers	State Department of Hospital Services, HEFAMAA	Inspects and registers new radiological and imaging premises, regulates their practices, and issues annual licenses for this category of facility

Method for the Development of the 2017 MFL Baseline

Method for consolidating the 2017 MFL: Since 2013, when the FMOH developed and printed the paper-based MFL, which listed more than 30,000 facilities, different institutions/organizations have supported the development of additional health facility lists for various purposes. These lists tracked the availability of services for specific diseases and often covered only one part of the country. Neither the 2013 MFL nor the multitude of health facility lists in circulation collected the complete set of data deemed necessary. They lacked data describing the services provided by hospitals and clinics, Global Positioning System (GPS) coordinates of health facilities, and information on pharmacies, laboratories, and imaging centers. The team contributing to the harmonization of the 2013 MFL with the additional facility lists recommended adding key missing data.

Harmonization of the existing facility list data: The FMOH made an official request to the institutions that had carried out a health facility listing in the country. MEASURE Evaluation proposed a harmonization protocol to merge the 11 facility lists that were obtained:

- FMOH Department of Health Planning, Research and Statistics (DHPRS) 2013 Master Health Facility List (with unique identification [ID])
- NHMIS list in the DHIS 2 (with unique ID)

- PEPFAR's Data for Accountability, Transparency and Impact (DATIM) list (with unique ID)
- Logistics Management Information Systems list (with unique ID)
- HEFAMAA list (with unique ID)
- National Agency for the Control of AIDS list eNNRIMS (unique ID)
- NACA list (mapping)
- National AIDS and STIs Control Program list
- Malaria list
- Sustaining Health Outcomes through the Private Sector list
- National Primary Health Care Development Agency list

The 2013 MFL was used as the principal list, on which information from other lists was matched, and information not available on this list was updated accordingly. This effort produced a 2017 MFL, which was subjected to further verification and validation at the state level.

Harmonization of the National Health Management Information System (DHIS 2) Facility List with the HFR

The MFL technical working group (TWG) decided to integrate the DHIS 2 holding the National Health Management Information System (NHMIS) and the HFR holding the MFL in 2018. The vision is for all facility management processes to be tracked in the HFR, while the DHIS 2 will receive facility updates automatically once the modifications have been approved in the HFR.

In preparation for this integration, a comprehensive harmonization of facilities between the two electronic systems was undertaken which affected the number of facilities in both the DHIS2 and HFR.

The rationale is to construct a clear and complete picture of the resource capacity of health facilities across Nigeria to report in the DHIS 2 accurately, and to record the findings in a national data repository that will form the core backbone of metadata for the national DHIS 2

Facility Mapping Stages

a. Attribute mapping:

The primary objective was to identify and map all attributes that are vital for HFR and DHIS 2 integration. The process involved identifying and describing the differences and similarities in the attributes to inform what changes were needed in both systems. This process also identified the minimum attributes required to create a facility in the DHIS 2.

b. Data mapping

i. State names and codes

This exercise was conducted to ensure that both systems had the same number of states and used the same state name and state code.

ii. LGA names

This exercise was undertaken to ensure that both systems had the same number of LGAs and had the same LGA names.

iii. Facility names

This exercise was conducted to ensure that the facility lists in the two systems were the same, and to identify duplicate facilities, facilities that were missing in both systems, and to correct facility names.

The process involved both manual and automated methods of comparing attributes, states, state codes, LGAs, LGA codes, and facilities. The exercise resulted in the identification of differences and similarities in naming attributes, duplicate facilities, and missing facilities. The team was able to resolve some of the differences while state authorities were contacted to address others. As a result of this activity, both the HFR and the DHIS 2, have been updated to include a total of 41,454 facilities

GOVERNANCE (LEADERSHIP AND STEWARDSHIP OF THE MFL)

Roles and Responsibilities of the MFL Actors

Because multiple actors are involved in the definition of standards for health facilities and in the registration of new health facilities and health professionals, and to ensure that the status of already registered health facilities is continuously monitored, high-level collaboration and coordination between and among key stakeholders is needed across ministries, departments, and agencies at federal, state, and LGA levels. The management of data in an electronic system also requires the development of standards to facilitate data exchange to ensure the quality of the data, proper maintenance of the system, and efficient delivery of information to target users. The DHPRS of the FMOH, with its mandate to manage the national health management information systems is coordinating all other departments and allied institutions/agencies that have some responsibility for the management of this national data warehouse.

As part of the learning process, Cross River and Lagos States and the Federal Capital Territory were visited to study the health facility registration processes in these locations. The information obtained from these studies was very useful and contributed to the contents of this document.

The stakeholders that have a governance role in the national MFL are described below.

Federal Ministry of Health

Monitoring and Evaluation Division, DHPRS

- Oversees and manages the operational activities of the HFR.
- Coordinates the definition of requirements for the HFR.
- Leads the provision of technical support to states on using the HFR.
- Documents lessons learned, users' feedback, and suggested improvements to the HFR.
- Analyzes the distribution of health facilities and uses evidence to advocate for the placement of new health facilities in disadvantaged parts of the country.
- Assesses the quality and effectiveness of the HFR annually.
- Advocates for the use of the HFR by the public to verify that their providers are registered and licensed, and to also solicit information from the public on unregistered health facilities.

Department of Hospital Services

- Defines the standards for secondary and tertiary health facilities in the country.
- Accredits tertiary health facilities in the country as stated in the 2014 National Health Act (Federal Republic of Nigeria, 2014).
- Oversees regulatory agencies that are important to the registration of health facilities and professionals (Medical and Dental Council of Nigeria, Nursing and Midwifery Council of Nigeria, Medical and Laboratory Science Council of Nigeria, Radiographers Registration Board of Nigeria, Optometrists and Dispensing Opticians Registration Board of Nigeria).

Department of Food and Drugs

- Defines the standards for pharmaceutical care and pharmaceutical premises in the country.
- Oversees the regulatory agency (Pharmacists Council of Nigeria).

Department of Information, Communication and Technology

- Provides technical assistance on the HFR infrastructure, including server management and software development.
- Supports the DHPRS to conduct a periodic audit of system performance.
- Recommends prospective improvements to the system.
- Advocates for the HFR.

National Primary Healthcare Development Agency

- Defines standards for primary healthcare facilities in Nigeria.
- Advocates for the HFR

State Ministry of Health

The three-state study previously mentioned revealed that the unit/department that implements ongoing registration of health facilities varied state by the state. Observations about the assignment of responsibility for registration in the three states included the following:

Lagos State: Health Facility Monitoring and Accreditation Agency

Federal Capital Territory: Private Health Establishments, Registration, and Management Committee; Hospital Management Board; Pharmacy Services

Cross River State: Directorate of Medical Services; Pharmaceutical Services Unit; Laboratory Services Unit

Therefore, for the MFL, the concerned departments/units in each state will include any department with responsibility for licensing or regulating any of the health premises that are included in the HFR. They may include the following: State Hospital Management Board, Department of Hospital Services, Pharmacy Regulation or Inspection Unit, Laboratory Services Unit, and Radiological Services Unit. Their role for the management of the HFR includes:

- Register health premises (hospitals, clinics, pharmacies, medical laboratories, radiological centers) in their defined boundary, as allowed by law.
- Grant annual practicing licenses to the health facilities in their jurisdiction or as required by law.
- Update service domain attributes for health facilities collected in the HFR¹.
- Report issues/concerns/problems encountered when using the HFR.
- Recommend prospective improvements to the system.
- Advocate for the HFR.

¹ Depending on the model of implementation selected by each state

Health Management Information System Unit of the State DHPRS

- Provides technical assistance to the HFR users in their respective states.
- Supports capacity building activities.
- Update service domain attributes for health facilities collected in the HFR²
- Reports issues/concerns/problems encountered when using the HFR.
- Recommends prospective improvements to the system.
- Advocates for the HFR.

Local Government Health Management Team

- Ensures that all health facilities in the LGA are included in the HFR, whether registered or otherwise, with the appropriate status noted in the system.
- Depending on the data entry model the state decides to follow, the LGA is also responsible for creating and updating the new attributes of all health facilities in the HFR.
- Suggests prospective improvements to the system.
- Ensures that registration certificates are prominently displayed in health facilities.
- Advocates for the HFR.

Institutional Arrangements for the HFR

The maintenance of the MFL requires long-term commitment and support from multiple stakeholders. The FMOH and the state-level counterparts should secure the collaboration and partnership of relevant institutions. As mentioned previously, the HFR is not simply a list of health facilities; it is a tool that assists in the enforcement of best practices of information sharing and standardization, which are used across the health sector. As such, the FMOH and state ministries of health will set up a TWG as a subcommittee of the National Health Data Consultative Committee to obtain strong commitment from relevant stakeholders. The MFL TWG will be responsible for setting the overall policy framework for the MFL, coordinating the input of information by various stakeholders, and developing the implementation plan for the HFR.

Establish an MFL Technical Working Group for Coordination

A Technical Working Group (TWG) to oversee the implementation of the MFL and subsequently the HFR was established. The role of the TWG is to oversee and facilitate the planning, implementation, management, and maintenance of the MFL including:

- Leveraging support from key stakeholders, ministries, agencies, and other partners.
- Defining strategic user requirements, essential domain elements, and data element definitions.
- Developing plan to ensure that the MFL is continuously updated through HFR implementation
- Disseminating the MFL to ensure widespread use across the health sector.

² Depending on the model of implementation selected by each state

Membership in the TWG is intended to be inclusive of all relevant governmental stakeholders as well as these technical and financial partners:

- DHPRS, FMOH
- Department of Hospital Services, FMOH
- Department of ICT, FMOH
- National Primary Healthcare Development Agency
- National Population Commission and National Bureau of Statistics
- Representatives of public and private health facilities
- Nongovernmental organizations and other organizations involved in data collection
- Health-related United Nations organizations in the country (i.e., World Health Organization, United Nations Population Fund, and World Bank)
- International funders active in Nigeria (United States Agency for International Development [USAID]; United States Centers for Disease Control and Prevention; Department for International Development; MEASURE Evaluation).

The members of the TWG can also be drawn from among stakeholders and partners, as circumstances warrant. The TWG includes people with the technical competencies required to oversee the technical implementation of the HFR.

DESCRIPTION OF DATA ELEMENTS IN THE HFR

Overview

Providing operational definitions is one of the key steps for ensuring data integrity in any data collection system. The various users of the HFR have different needs and requirements; however, for the purposes of standardization, it is important to have clear definitions. Should any of these definitions change, a formal communication will be made so that the changes can be enacted simultaneously, which will allow comparisons across time. The following definitions describe each variable in the HFR data collection form (Appendix A).

Signature Domain

Identification Fields

The data elements provide information that will facilitate the unique and explicit identification of each health facility. Names should be entered in the proper case. This means that the first letter of each word is capitalized. These fields are vital to a successful national process of making facility information readily available and useful for programs, including policy formulation in Nigeria. There should be one space between each word. Below are the important data elements that help uniquely and explicitly identify each health facility.

Data rules: Facility identification

- National Facility Unique Identifier
Definition: This is a unique number generated by the HFR system for a facility. The HFR produces this number during the facility creation process. This number will never change.
- State Unique Identifier
Definition: This is a number that is currently generated by the state to identify the facility uniquely in a state.
- Corporate Affairs Commission Registration Number
Definition: This is a registration number that is provided by the Corporate Affairs Commission when a company is registered.
- Registered Facility Name
Definition: This is the official (business) name of the health facility.
- Alternate Facility Name
Definition: This is any other name used to describe the health facility.
- Date of Commencement of Operation (DD/MM/YYYY)
Definition: This is the date that the facility started operations.

Administrative and Governance Fields

These data elements provide information that will facilitate the identification of the physical and administrative areas of each health facility.

Data rules: Administrative and governance fields

- State
Definition: This is the name of the state where the facility is located.
- Local Government Area
Definition: This is the name of the LGA where the facility is located.
- Ward
Definition: This is the name of the ward where the facility is located.

Classification Fields

These data elements provide information that will facilitate the unique and explicit identification of each health facility.

Facility Type

Definition: This data element contains information about the kind of health facility, for example, hospitals and clinics.

Data Rules: Facility types

Hospitals and Clinics

Facility Level

Definition: Facility-level data elements cover the hospital facility type only. It shows the different levels at which facilities operate.

Data Rules: Hospital Levels

The hospital-level data element is disaggregated into the following:

1. Primary

The primary hospital-level data element is disaggregated into:

- a. Health Post
- b. Primary Health Clinic
- c. Primary Health Care Centre

2. Secondary

The secondary hospital level is not disaggregated.

3. Tertiary

The tertiary hospital level is disaggregated into:

- a. Teaching Hospital /Federal Medical Centres
- b. Specialized Hospital

The Specialized Hospital category is further disaggregated into:

- i. Ophthalmological Centre
- ii. ENT/Otorhinolaryngology
- iii. Orthopedic
- iv. Neuro-Psychiatric

Data Source: Official documents, such as certificates of registration and any other official documents available.

Ownership Fields

Definition: Ownership means the power or authority of having exclusive legal rights to the facility, which includes the right to possess, use, and dispose of the facility. For this Implementation Guide, ownership, especially for the faith-based facilities, will be classified as “Private.”

At registration, the government officer responsible for facility registration at the LGA, state, or federal level determines the owner of the facility, and the national regulatory body that will register or has registered the facility.

Unlike the facility type and facility-level fields, which are functions of gazette and accreditation, ownership is defined at registration. It can only change through executive orders and legal processes governing the transfer of ownership for such a category of property (facility).

Ownership

Definition: There are two categories of health facility ownership, namely, public and private.

Data Rules:

1. Public

The public ownership data element is disaggregated into:

- a. Local Government
- b. State Government
- c. Federal Government
- d. Military & Paramilitary formations

2. Private

The private ownership data element is disaggregated into:

- a. For Profit
- b. Not For Profit

Data Source: Official documents, such as certificates of registration, private practitioner’s licenses, and any other official documents available.

Physical Location and Contact Fields

The data elements under the physical location and contact fields provide information that will facilitate the identification of the physical and geographic areas, and all information about how to communicate with the health facility.

Physical Location Description (Address)

Definition: This is the physical address of the facility, which includes the street and house number for each facility.

Postal Address

Definition: These fields identify the postal address for the facility as a whole; they are the official address fields.

Data Rules:

- The format of the address is “P.O. Box 25, Ado-Awaye.”
- P.O. should have capital letters and a full-stop after the “P” and the “O.” There should be no spaces between the P and the O, but there should be one space between the letters.
- P.O. and Box and one space between Box and the number. The Box should be written in the proper case. Ado-Awaye is the town component of the postal address.

Geographic Code

These data elements contain information about the geographic position of the facility captured using a GPS.

Data Rules:

- GPS Coordinate (Latitude)
For example: N 003.12345
- GPS Coordinate (Longitude)
For example: E 007.12345

Official Phone Number(s)

Data Rules:

- **Phone Number (Official):** This is official phone number for the facility.
Example: **09-4619110**
- **Alternate Number:** This is any other phone number that can be used to communicate with the health facility.

Official Email Address(es)

Email Address (Official): This is the official email address of the facility.

Example: info_babaginaPHC@kebbi.gov.ng

Website

Definition: This is official website of the facility or organization managing the facility at which more information about the facility can be found.

Service and Operational Fields

These data elements provide information about the type of health services offered by the facility, and the days and hours of the facility's operation.

Days of Operation

Definition: This describes the days that the facility provides services.

Data Rules: The following are the options that can be selected:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Hours of Operation

Definition: Describes the operating hours of the facility.

Data Rules: There are two options for this data element:

- 24 Hours
- Period Range: Specify the hours of operation: For example, 8 am–4 pm

Operational and Regulatory Fields

These data elements cover the status of the facility, whether the facility is functioning, and its registration status.

Operational Status

Definition: Operational status covers the following elements: whether the facility has been approved to operate, is operating, is temporarily non-operational, or is closed down.

Data Rules: Physical inspection of the facility may be necessary to get accurate information.

- **Operational:** This status is for a facility that is already offering services.

- **Pending Operation-Under Construction:** This status is for a facility that is still under construction and has not yet started offering services.
- **Pending Operation-Construction Complete:** This status is for a facility that has not yet started offering services, but construction is complete.
- **Closed (Temporary):** This is a facility that is not offering services, and that will start providing services again at that location.
- **Closed:** This is a facility that is not offering services and is not expected to ever start providing services at that location.

Data Source: The government officer responsible for registration and accreditation at the LGA, state, or federal level is responsible for maintaining the operational status at a defined frequency of update.

Regulatory/License Status

Definition: Regulation status addresses whether the appropriate national regulatory body has approved the facility.

Data Rules:

- **Provisionally Registered:** This is a facility that has received temporary approval by the government officer responsible for registration and accreditation at the LGA, state, or federal level as an institution subject to addressing identified issues.
- **Pending Registration:** This is a facility that has been approved by the government officer responsible for registration and accreditation at the LGA, state, or federal level as an institution, and a request for registration has been sent to the State Hospital Management Board or the Department of Hospital Services.
- **Registered:** This is a facility that has been approved by the state office responsible for registration and has been given a registration number.
- **Registration Suspended:** This is a facility whose registration has been temporarily stopped for various reasons, including self-request, sickness, disciplinary action, or any other purpose.
- **Registration Cancelled:** This is a facility whose registration has been permanently stopped by the national body.

License Status

Definition: License status addresses whether the facility has been approved to operate by the appropriate licensing authority.

Data Rules:

- **Licensed:** This is a facility that has been approved and issued a license by the appropriate national regulatory body.
- **Not Licensed:** This a facility that has not been approved and issued a license by the appropriate national regulatory body.
- **License Cancelled:** This is a facility whose license has been permanently stopped by the national body.

Services Domain

These data elements classify and identify the type of service that the health facility provides.

Service Type

Definition: This field specifies what kind of service the facility offers.

Data Rules:

Outpatient: This is the service offered to people with health problems who visit the health facilities for diagnosis or treatment, but who do not require admission for overnight care.

Outpatient services are disaggregated into the following service categories:

Medical

This data element is disaggregated into:

- a. Cardiology
- b. Gastroenterology
- c. Nephrology
- d. Dermatology
- e. Hematology
- f. Endocrinology
- g. Geriatrics
- h. Neurology
- i. Pulmonology
- j. Nuclear Medicine
- k. Family Medicine
- l. Infectious Diseases
- m. Psychiatry/Behavioral Medicine

Surgical

The surgical data element is disaggregated into:

- a. Ophthalmology
- b. General Surgery
- c. Cardiothoracic Surgery
- d. Neuro-Surgery
- e. Orthopedic Surgery
- f. Urology
- g. Anesthesia

- h. Otorhinolaryngology (ENT)
- i. Oncology/Radiotherapy
- j. Radiology
- k. Vascular Surgery
- l. Pediatric Surgery
- m. Plastic Surgery
- n. Pathology

Obstetrics and Gynecology

This data element is disaggregated into:

- a. Obstetrics
- b. Gynecology
- c. Maternal and Newborn Care
- d. Fertility/Assisted Reproductive Techniques

Pediatrics

This data element is disaggregated into:

- a. Gastroenterology
- b. Pulmonology
- c. Nephrology
- d. Neonatology
- e. Oncology
- f. Endocrinology
- g. Child Psychiatry/Behavioral Medicine

Dental

This data element is disaggregated into:

- a. Oral and Maxillo-Facial Surgery
- b. Periodontics

Specific Clinical Services

This data element identifies and classifies other clinical services that are provided by a health facility.

The specific clinical services are disaggregated into:

- a. Antenatal Care (ANC)
- b. Immunization
- c. HIV/AIDS Services
- d. Noncommunicable Diseases

- e. Family Planning
- f. Intensive Care Services
- g. Hepatitis
- h. Accidents and Emergency
- i. Nutrition
- j. Health Education and Community Mobilization
- k. Tuberculosis

Other Services

This data element identifies and classifies other health services that are provided by a health facility.

The other services data element is disaggregated into:

- a. On-site Pharmacy
- b. On-site Laboratory
- c. Mortuary Services
- d. Onsite Imaging/Radio-Diagnostics Centre
- e. Ambulance Services

Inpatient

This is the service offered to people with health problems who visit health facilities for diagnosis or treatment and who require admission for overnight care.

This data element provides the total number of beds at the health facility.

Human Resources (include counts for each class)

This data element identifies and classifies the type and number of different health workers at a health facility.

The human resource data element is disaggregated into:

- a. Number of Medical Doctors
- b. Number of Dentists
- c. Number of Dental Technicians
- d. Number of Pharmacists
- e. Number of Pharmacy Technicians
- f. Number of Laboratory Scientists
- g. Number of Laboratory Technicians
- h. Number of Nurses (Single Qualified)
- i. Number of Midwives (Single Qualified)

- j. Number of Nurses and Midwives (Double Qualified)
- k. Number of Community Health Officers
- l. Number of Community Health Extension Workers
- m. Number of Junior Community Health Extension Workers
- n. Number of Environmental Health Officers
- o. Number of Health Records/Health Information Management Officers
- p. Number of Health Attendants/Assistants

PROCEDURES FOR UPDATING THE MFL

Background

Standard operating procedures (SOPs) were developed to guide facility management processes, including the registration of new health facilities, updates on health facilities already registered, and requests to delete registered facilities, when necessary. The SOPs will allow federal regulatory authorities, and all other offices and agencies responsible for the management of facilities, to use standard processes and procedures through which to engage with the HFR. These entities will be able to add new facilities, deactivate facilities that are no longer operational, and update other facility information, when necessary.

The fundamental Principles of the MFL and maintenance of the HFR are that:

- The information should always be up-to-date.
- Information should be entered on the MFL by either the LGA or the state or national-level regulatory authority as soon as new information is known.
- Information should be available to everyone who needs it, provided that they have permission to access the data.
- The HFR is intended to simplify workflows rather than add to the reporting burden.

Adding a New Facility

The process of registering a facility starts when the State HCH receives a request from a person or organization to open a new facility in the state. The State HCH will direct the application to the department/unit/agency that is responsible for registration and accreditation of a facility in the state.

The document “Standard Operating Procedures for Maintaining Nigeria’s Health Facility Registry” (available at <https://www.measureevaluation.org/countries/nigeria/toolkit-for-implementing-the-health-facility-registry-in-nigeria/>) describes all processes and actions needed to facilitate the addition of a new facility in the HFR. This process involves several actors in the facility registration process.

This implementation guide is not designed to describe any of the processes and procedures used by states to grant a certificate for a new facility to start operating. Instead it aims to direct the process and actions needed to update the HFR by adding a new facility when concerned authorities at the LGA and/or state levels approve it.

Updating Facility Information

Facility information may change for many different reasons. The state should update the facility information when the change(s) occur.

Some of the reasons for changes to facility information are:

1. Change of facility level
2. Changes to, or incorrect information about, any signature domain for a facility, such as the name of the facility, owner of the facility, address, geographical coordinates, and any other facility information that may change.
3. Changes to, or incorrect information about, any service domain for a facility, such as the type of services provided by the facility, and the number and type of human resources at the facility.

4. Changes to the operating status of a facility, for example, the facility was operating but it has closed temporarily or closed permanently, or the facility was closed temporarily but has started to function again.
5. Change of license status, if the facility was licensed but the license has expired.

Such changes require that the facility information in the HFR be updated to reflect the actual status of the facility. The HFR update should follow the steps described in the SOPs, which also identify the various actors and their roles in the facility update process.

Request for Deletion of a Facility

Deleting a facility record in the HFR means completely removing a facility record from the HFR. It is not the same action as changing the status of a facility from operating to closed or making a facility inactive. The facility record will no longer be available in the HFR; it permanently ceases to exist.

A facility record will be deleted in the HFR when the following conditions are present:

1. When any level of government has reviewed the facility list for a state or LGA and realizes that there are multiple facilities with different names, but all refer to one physical facility in a state/LGA.
2. When any level of government reviews a state/LGA facility list and identifies the names of facilities that do not exist in their state/LGA.
3. When any level of government reviews a state/LGA facility list and identifies a facility with an identical facility name, and all other facility details are similar, and it refers to the same physical facility in the state or LGA.

These scenarios require the facilities to be deleted from the HFR to reflect the reality on the ground. The facility deletion follows the steps described in the SOPs, which also identify the various actors and their roles in the facility update process.

HFR Data Entry Process

The HFR is configured to allow data entry to be done at any level of government (LGA, State DHPRS, department responsible for the registration of facilities). The document “Standard Operating Procedures for Maintaining Nigeria’s Health Facility Registry” (a link is given above) describes the processes, actions, and actors playing various roles in facility management at the state level.

The SOPs identify the various state/LGA offices involved in the data entry process. The following are some of the offices that are designated to play various roles in the facility management processes.

State Facility Registration Office (SFRO)

The SFRO is the state department or independent agency responsible for health facility registration and management. States have various names for this department or agency. Examples are State Hospital Management Board, Department of Hospital Services, and Department of Medical Services.

Some states use agencies to manage their facility registration and management. Examples of agencies that oversee facility registration are HEFAMAA for Lagos State and PHIMA for Kano State.

If a state decides that HFR data entry will be done by the SFRO, data entry will require another person in the registrar’s office to approve all changes and facility creation in the HFR.

State DHPRS

A state can decide that HFR data entry will be done by the state DHPRS office. If the state chooses to do HFR data entry at the DHPRS level, then the SFRO will be responsible for approving all facility updates and registrations in the HFR.

LGA

A state can decide that HFR data entry will be done by the LGA. If the state chooses to do HFR data entry at the LGA level, then the SFRO will be responsible for approving all facility updates and registrations in the HFR. HFR data entry at the LGA level is the ideal; it is the recommended level for data entry at the state level.

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APPENDIX A. HFR DATA COLLECTION FORM FOR HOSPITALS AND CLINICS

Health Facility Registry (HFR) Data Collection Form for Hospitals and Clinics



SIGNATURE DOMAIN

1	National Facility Unique Identifier *		
2	State Unique Identifier		
3	Corporate Affairs Commission Registration Number		
4	Registered Facility Name		
5	Alternate Facility Name		
6	Date of Commencement of Operation (DD/MM/YYYY)		
7	State		
8	Local Government Area		
9	Ward		
10	Hospital/ Clinic Level	Primary <input type="checkbox"/>	Health Post <input type="checkbox"/> Primary Health Clinic <input type="checkbox"/> Primary Health Care Centre <input type="checkbox"/>
		Secondary <input type="checkbox"/>	Teaching Hospital/ Federal Medical Centres <input type="checkbox"/>
		Tertiary <input type="checkbox"/>	Specialized Hospital <input type="checkbox"/> Ophthalmological Centre <input type="checkbox"/> ENT/Otorhinolaryngology <input type="checkbox"/> Orthopedic <input type="checkbox"/> Neuro-Psychiatric <input type="checkbox"/>
11	Ownership	Public <input type="checkbox"/>	Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Military & Paramilitary formations <input type="checkbox"/>
		Private <input type="checkbox"/>	For Profit <input type="checkbox"/> Not For Profit <input type="checkbox"/>
12	Physical Location (Not P.O. Box or PMB)		
13	Postal Address		
14	GPS Coordinate (Latitude) e.g., N 003.12345		
15	GPS Coordinate (Longitude) e.g., E 007.12345		
16	Phone Number (Official)		
17	Alternate Number		
18	Email Address (Official)		
19	Website		
20	Days of Operation		Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
21	Hours of Operation		24 Hours <input type="checkbox"/> Period Range <input type="checkbox"/> Specify _____
22	Operational Status	Operational <input type="checkbox"/>	Pending Operation - Under Construction <input type="checkbox"/> Closed (Temporary) <input type="checkbox"/> Pending Operation - Construction complete <input type="checkbox"/> Closed <input type="checkbox"/>
		Provisionally Registered <input type="checkbox"/> Registration Cancelled <input type="checkbox"/>	Pending Registration <input type="checkbox"/> Registered <input type="checkbox"/> Registration Suspended <input type="checkbox"/>
23	Registration Status		
24	License Status	Licensed <input type="checkbox"/> Not Licensed <input type="checkbox"/> License Cancelled <input type="checkbox"/>	

Note:

* The unique ID will automatically be generated by the system

SERVICE DOMAIN

25	Service Type	Outpatient <input type="checkbox"/>	Inpatient <input type="checkbox"/>
26	Services Rendered	Medical	Cardiology <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Nephrology <input type="checkbox"/> Dermatology <input type="checkbox"/> Hematology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Geriatrics <input type="checkbox"/> Neurology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Psychiatry/Behavioral Medicine <input type="checkbox"/>
		Surgical	Ophthalmology <input type="checkbox"/> General Surgery <input type="checkbox"/> Cardiothoracic Surgery <input type="checkbox"/> Neuro-Surgery <input type="checkbox"/> Orthopedic Surgery <input type="checkbox"/> Urology <input type="checkbox"/> Anesthesia <input type="checkbox"/> Otorhinolaryngology (ENT) <input type="checkbox"/> Oncology/Radiotherapy <input type="checkbox"/> Radiology <input type="checkbox"/> Vascular Surgery <input type="checkbox"/> Pediatric Surgery <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Pathology <input type="checkbox"/>
		Obstetrics and Gynecology	Obstetrics <input type="checkbox"/> Gynecology <input type="checkbox"/> Maternal and newborn care <input type="checkbox"/> Fertility/ Assisted Reproductive Techniques <input type="checkbox"/>
		Pediatrics	Gastroenterology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Nephrology <input type="checkbox"/> Neonatology <input type="checkbox"/> Oncology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Child Psychiatry/ Behavioral Medicine <input type="checkbox"/>
		Dental	Oral and Maxillo-Facial Surgery <input type="checkbox"/> Periodontics <input type="checkbox"/>
		Specific Clinical Service	Antenatal Care (ANC) <input type="checkbox"/> Immunization <input type="checkbox"/> HIV/ AIDS Services <input type="checkbox"/> Noncommunicable Diseases <input type="checkbox"/> Family Planning <input type="checkbox"/> Intensive Care Services <input type="checkbox"/> Hepatitis <input type="checkbox"/> Accidents and Emergency <input type="checkbox"/> Nutrition <input type="checkbox"/> Health Education and Community Mobilization <input type="checkbox"/> Tuberculosis <input type="checkbox"/>
		Other Services	On-site Pharmacy <input type="checkbox"/> On-site Laboratory <input type="checkbox"/> Mortuary Services <input type="checkbox"/> On-site Imaging/ Radio-Diagnostics Centre <input type="checkbox"/> Ambulance Services <input type="checkbox"/>
		Total number of beds	

HUMAN RESOURCES

27	Number of Medical Doctors	
28	Number of Dentists	
29	Number of Dental Technicians	
30	Number of Pharmacists	
31	Number of Pharmacy Technicians	
32	Number of Laboratory Scientists	
33	Number of Laboratory Technicians	
34	Number of Nurses (Single-Qualified)	
35	Number of Midwives (Single-Qualified)	
36	Number of Nurses and Midwives (Double-Qualified)	
37	Number of Community Health Officers	
38	Number of Community Health Extension Workers	
39	Number of Junior Community Health Extension Worker	
40	Number of Environmental Health Officers	
41	Number of Health Records /Health Information Management Officers	
42	Number of Health Attendants/Assistants	

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