QUICK REFERENCE GUIDE

ROUTINE ENHANCED MONITORING SYSTEM (REMS)
What it is and what it does

REMS leverages existing routine expenditure and output data to produce estimates of unit cost of service at the point of care. By combining data from existing siloed information systems, REMS produces facility-level performance metrics (unit cost of service) on a quarterly basis. The REMS relational database contains a series of stepdown tables which are used to allocate quarterly expenditures from National, Provincial, or District level "accounts" to specific services at individual facilities, so they can be linked to service delivery reports for the facility from the same quarter. By dividing expenditures allocated to a service by the volume of services provided (clients served) the unit cost per service can be computed and monitored over time, as well as compared across similar facilities. This basic performance metric provides insight into the relative efficiency of service provision at the facility level.

With this information, MoH planners can gain increased insight into utilization of resources allocated to service provision, and whether potential efficiency gains exist that would allow more persons to be served with the resources available. In addition, by tracking performance over time, the MoH can assess the impact of any interventions designed to improve efficiency of service provision.

In the longer term, the MoH may be able to establish performance benchmarks for different types of facilities (health posts, rural health centers, urban health centers, etc.)

> REMS IS A RELATIONAL DATABASE DRAWING DATA FROM MULTIPLE SILOED INFORMATION SYSTEMS TO PRODUCE QUARTERLY PERFORMANCE METRICS

ROUTINE ENHANCED MONITORING SYSTEM

- **Routine** – a regularly updated information source
- **Enhanced** – adds additional information
- **Monitoring** – allows comparisons over time
- **System** – accessible over computer network.

REMS will provide estimated cost of resources used to provide specific services at point of care as well as costs incurred above facility level (district, provincial, national, above national)
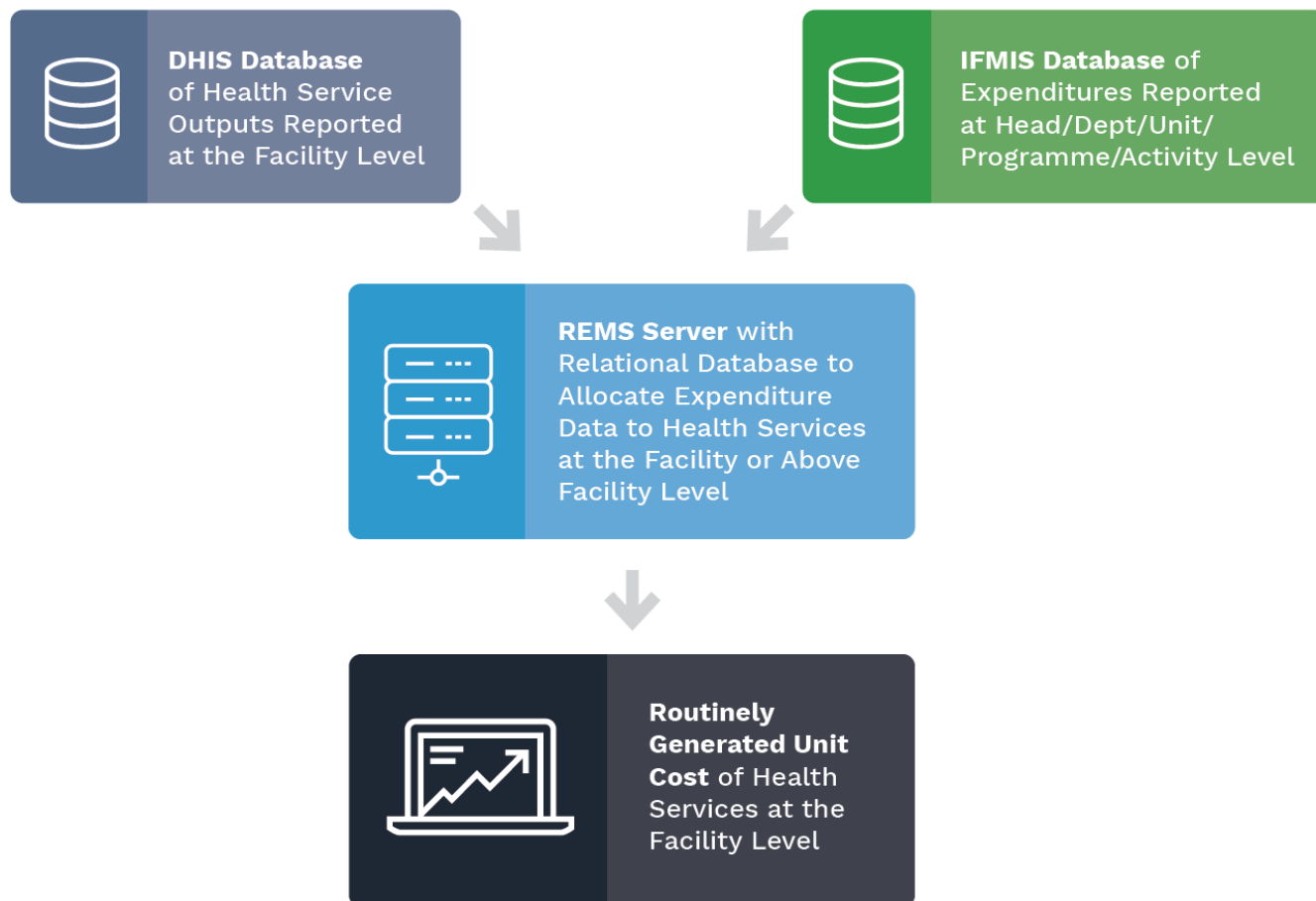
and use these to monitor performance across facilities, districts, and provinces.

In addition to providing insight into the resources that are used at the point of care, the REMS database will also be able to document the magnitude of resources that are used in support of service provision, but above the facility level.

A further benefit of the REMS relational database is that it can be used to track resource flows within the health system from the central level all the way down to the point of care. This allows for assessment of how resource flows correspond with disease burden, and how different funders of health services are complementing each other, or possibly duplicating effort.

DHIS Database
of Health Service
Outputs Reported
at the Facility Level

IFMIS Database of
Expenditures Reported
at Head/Dept/Unit/
Programme/Activity Level

REMS Server with
Relational Database to
Allocate Expenditure
Data to Health Services
at the Facility or Above
Facility Level

**Routinely
Generated Unit
Cost** of Health
Services at the
Facility Level

This Quick Reference Guide is provided as an aid to understanding the REMS relational database. Other Quick Reference Guides can be accessed through the REMS website at:
http://REMS.fhi360.org/resource_library