



## CHAPTER V

### RECOMMENDATIONS

1. AIC is a process consuming a great deal of time and resources. It should be used for other activities requiring participations.
2. To develop health workers, it should start at the local problem identification and learning, and together with information development for an actual utilization, with a view for sustainability and continuity, and also for updating information.
3. There should also be information development for other target groups in the area because information of different target groups somehow connect to one another, in individual, family, community, and society scope. Community analysis could be done better as well.
4. There should be connection among health service provider of both same and different levels: horizontally among villages and among health centers; and vertically from village to Tambon, district, and provincial levels.
5. Computerized data collection needs preparation of both hardware and software. The important point is the people ware; ready health worker, because there are still some problems of health worker's acceptance of the tool, recording, processing, trouble shooting, etc. The success depends so much on personnel's readiness.

6. MS Access application is good for database of small number of records, such as database of a target group. For greater number of target group such as all age groups, an application, which can deal with big number of data, is recommended, e.g. Visual Basic.
7. Evidence-based data is idealistic when it could be utilized both quantitatively and qualitatively. Mostly data collected was in quantitative, but little qualitative data. The linking of both of them is very useful for health workers for public health implementation.
8. The developed information system is just a beginning, or a part of, the use of information for holistic care. Yet it does not respond the local need for information use because to be holistic, the information is supposed to cover all aspects of physical, mental, social and spiritual. To achieve this level, other sectors must be synchronically developed e.g. manpower, system, etc. And it is to be more active.
9. Regarding to the acceleration of national insurance policy (Thirty Bath Project), this developed information system can appropriately meet the purpose. For example, the registration of target population for service, the individual information is available, or the resource management especially budgeting in proportion to workload, or to capita. This information is useful. However, not only the information of target group but also that of other sorts such as service provider, finance and treasury, etc. must be regarded in order for compliance with the Thirty Bath Project 's efficiency and appropriateness.

**Recommendation for the Sector Wishing to Develop this Project**

1. AIC is not compulsory for any area, it depends on each area context
2. Teamwork is very important in system development because information system concerns data collectors, users, and system managers. All have to respond to one another's requirements.
3. Local workshop with a big number of health workers is difficult to control, thus lessens output. Smaller group, with specific expertise of participants, is recommended.
4. Supervision, evaluation and feedback of data from district organizations and provincial ones are supportive to the continuity and success of the implementation