**แบบรายงานการตรวจราชการกระทรวงสาธารณสุข ประจำปีงบประมาณ พ.ศ.2563**

**ประเด็นที่.......................................................................................................**

**หัวข้อ.............................................................................................................**

**เขตสุขภาพที่ 6 รอบที่ 1/2563**

**1. ประเด็นการตรวจราชการ**

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**2. หน่วยงานที่รับผิดชอบ**

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**3. สถานการณ์**

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**4. ข้อมูลประกอบการวิเคราะห์ (ระบุรายการข้อมูลที่จำเป็นสำหรับการตรวจติดตามที่จำเป็นในแต่ละประเด็น)**

**4.1 .......................................................................................................**

**4.1.1 ลักษณะการดำเนินงาน (เช่น ปัจจัยสำคัญในการขับเคลื่อน มาตรการ โครงการ/กิจกรรม) ...............................................................................................................................................................................................................................**

**4.1.2 งบประมาณ**

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**4.1.3 ตัวชี้วัด/เป้าหมาย**

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**4.1.4 ผลลัพธ์/ผลสัมฤทธิ์**

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**4.1.5 ความก้าวหน้า**

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**4.1.6 ปัญหาที่พบ**

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**4.1.7 การแก้ไข**

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**4.1.8 ข้อเสนอแนะ**

**1) ต่อพื้นที่**

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**2) ต่อนโยบาย**

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**4.2 .......................................................................................................**

**4.2.1 ลักษณะการดำเนินงาน (เช่น ปัจจัยสำคัญในการขับเคลื่อน มาตรการ โครงการ/กิจกรรม) ...............................................................................................................................................................................................................................**

**4.2.2 งบประมาณ**

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**4.2.3 ตัวชี้วัด/เป้าหมาย**

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**4.2.4 ผลลัพธ์/ผลสัมฤทธิ์**

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**4.2.5 ความก้าวหน้า**

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**4.2.6 ปัญหาที่พบ**

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**4.2.7 การแก้ไข**

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**4.2.8 ข้อเสนอแนะ**

**1) ต่อพื้นที่**

**...............................................................................................................................................................................................................................**

**2) ต่อนโยบาย**

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**5. นวัตกรรมที่สามารถเป็นแบบอย่าง (ถ้ามี)**

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**ผู้รายงาน..........................................................................**

**ตำแหน่ง............................................................................**

**วัน/เดือน/ปี.......................................................................**

**โทร................................e-mail : ....................................**