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Titolo	Doing Educational Research / / edited by Geoffrey Walford
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ISBN	1-134-93979-5 1-280-07914-2 0-203-40948-5 0-203-32140-5
Edizione	[First edition.]
Descrizione fisica	1 online resource (250 p.)
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Soggetti	Education - Research - Great Britain Education - Great Britain Electronic books.
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Book Cover; Title; Contents; Notes on Contributors; REFLEXIVE ACCOUNTS OF DOING EDUCATIONAL RESEARCH; REFLECTIONS ON YOUNG CHILDREN LEARNING; RESEARCHING COMMON KNOWLEDGE: STUDYING THE CONTENT AND CONTEXT OF EDUCATIONAL DISCOURSE; BREAKTHROUGHS AND BLOCKAGES IN ETHNOGRAPHIC RESEARCH: CONTRASTING EXPERIENCES DURING THE CHANGING SCHOOLS PROJECT; RESEARCHING THE CITY TECHNOLOGY COLLEGE, KINGSHURST; YOUNG, GIFTED AND BLACK: METHODOLOGICAL REFLECTIONS OF A TEACHER/RESEARCHER; WORKING TOGETHER? RESEARCH, POLICY AND PRACTICE. THE EXPERIENCE OF THE SCOTTISH EVALUATION OF TVEI PRIMARY TEACHERS TALKING: A REFLEXIVE ACCOUNT OF LONGITUDINAL RESEARCHPOWER, CONFLICT, MICROPOLITICS AND ALL THAT!; DOING EDUCATIONAL RESEARCH IN TRELIW; THE FRONT PAGE OR YESTERDAY'S NEWS: THE RECEPTION OF EDUCATIONAL RESEARCH; Index
Sommario/riassunto	Thirteen major educationalists offer semi-autobiographical accounts of their own influential research work, focusing on the practical and

personal realities of the research process. Authors such as Barbara Tizard and Martin Hughes, Stephen J. Ball, David Reynolds and Peter Mortimore discuss their approaches to aspects of research from conception and funding of the project to information gathering and analysis, writing up and publishing.

2. Record Nr.	UNINA9910796047703321
Autore	Wang Huihui
Titolo	Ghana National Health Insurance Scheme : : Improving Financial Sustainability Based on Expenditure Review / / Huihui Wang
Pubbl/distr/stampa	Washington, D.C. : , : The World Bank, , 2017
Descrizione fisica	1 online resource (68 pages)
Collana	World Bank Studies
Disciplina	368.42
Soggetti	Efficiency Expenditure Control Financial Sustainability Ghana Health Insurance Ghana
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Sommario/riassunto	Ghana National Health Insurance Scheme (NHIS) was established in 2003 as a major vehicle to achieve the country's commitment of Universal Health Coverage. The government has earmarked value-added tax to finance NHIS in addition to deduction from Social Security Trust (SSNIT) and premium payment. However, the scheme has been running under deficit since 2009 due to expansion of coverage, increase in service use, and surge in expenditure. Consequently, Ghana National Health Insurance Authority (NHIA) had to reduce investment fund, borrow loans and delay claims reimbursement to providers in order to fill the gap. This study aimed to provide policy

recommendations on how to improve efficiency and financial sustainability of NHIS based on health sector expenditure and NHIS claims expenditure review. The analysis started with an overall health sector expenditure review, zoomed into NHIS claims expenditure in Volta region as a miniature for the scheme, and followed by identification of factors affecting level and efficiency of expenditure. This study is the first attempt to undertake systematic in-depth analysis of NHIS claims expenditure. Based on the study findings, it is recommended that NHIS establish a stronger expenditure control system in place for long-term sustainability. The majority of NHIS claims expenditure is for outpatient consultations, district hospitals and above, certain member groups (e.g., informal group, members with more than five visits in a year). These distribution patterns are closely related to NHIS design features that encourages expenditure surge. For example, year-round open registration boosted adverse selection during enrollment, essentially fee-for-service provider mechanisms incentivized oversupply but not better quality and cost-effectiveness, and zero patient cost-sharing by patients reduced prudence in seeking care and caused overuse. Moreover, NHIA is not equipped to control expenditure or monitor effect of cost-containment policies. The claims processing system is mostly manual and does not collect information on service delivery and results. No mechanisms exist to monitor and correct providers' abnormal behaviors, as well as engage NHIS members for and engaging members for information verification, case management and prevention.
